affection to which I was not liable. The infection in this case must have been through the alimentary tract, probably the stomach or intestines.—I am, etc.,

London, Nov. 28th. S. ZOBEL, M.B.

AN AID TO PROGNOSIS IN TYPHOID FEVER.

SIR,—Probably most medical men who have typhoid-fever wards, and see cases of that disease in the mass, rely at times on the output of urine as a point in prognosis. It is, however, a long step from this position to the one outlined by Dr. Simon in his brief but interesting note in the BRITISH MEDICAL JOURNAL of November 18th. Referring to observations made by him over a period of nine years, he writes:

It was found that polyuria occurred not only in every case that was doing well, but also in many cases of great severity in which no general improvement or amelioration of symptoms could be observed. It was found that even in severe cases, if polyuria occurred, the patients all recovered.

The outlook in typhoid fever is so uncertain that, if this remarkable finding holds after the further examination for which Dr. Simon asks, there will be good reason to be grateful. And even if the free excretion of urine as an aid to prognosis should still prove subject to far greater qualification than appears from his particular series, something will be gained in the clearer definition of its relative value.

It seems to me a pity that a matter of practical interest to the great body of clinicians should have been dealt with in a bare note. From its very compression it is vague at one or two points, and inevitably raises pertinent questions that are left without answer. What, for example, of the protean forms, erratic course, widely varying duration, and numerous complications of typhoid fever? Is it not difficult to conceive the diverse factors that may make for death in so complex a disease all linked up with the discharge of urine in such a way that they rarely become effective unless the output is small? This was a matter for analysis within the series prior to outside criticism and comparison. Again, there is the question of accurately measuring the urine. Is this not least often possible in the cases which are most likely to give anxiety, and are not mere estimates, as against measurements, often very unreliable even when they are made by a nurse expert in the work?

Some of the following conclusions, based on the measurement of the urine in 10 cases of typhoid fever at Plaistow Hospital would, if representative, lessen the utility of Dr. Simon's sign. The daily amount of fluid given to the patients averaged from 3 to 3½ pints.

1. In the average case that ends in recovery the urine is more or less scanty in the earlier part of the developed stage.
2. The increase which subsequently occurs does not in the majority of cases reach 60 oz. within the febrile period.
3. The increase is usually gradual.
4. It may appear midway in the developed stage, but is more likely to occur towards the end of it, during defervescence, or in convalescence.
5. Wide fluctuations are not rare.
6. The course of a case may be quite favourable although the output remains well below the average throughout the developed stage.
7. A patient may die although the output is free, approaching 100 oz. in the twenty-four hours.—I am, etc.,

London, W., Nov. 23rd. JOHN BIERNACKI.

THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS BY THE ROENTGEN RAYS.

SIR,—With regard to the statement made by Dr. Theodore Williams at the recent Tuberculosis Congress, and quoted in the previous correspondence on the subject in these columns, that there is a numerous class of cases of early pulmonary tuberculosis where physical signs detect lesions undetected by the Roentgen rays, I should be glad to know on what grounds this assertion is based, since at present one is loth to accept the statement as proven, seeing that it is opposed to the experience of, at any rate, the great majority of workers in this special branch of investigation.

Dr. Stanley Green's letter I read with much interest, and I fully endorse his remarks. In a paper published in the *Lancet* of June 27th, 1903, as a result of many careful observations, I formulated three conclusions. One of these was:

That unilateral limitation of diaphragmatic movement, as seen by means of the fluoroscope, is often the earliest indication of commencing pulmonary tuberculosis.

Up to the present I have seen no reason to change the opinion which I then expressed. With reference to "nervousness and surface chill" causing unilateral diaphragmatic limitation, I can only say that in some hundreds of cases I have never seen this happen.

In the two lungs the difference in degree of transradiancy depends upon the varying content of air and blood in the thorax, and the "difference in degree of illumination on deep breathing," and the other sign, "difference in luminosity at the apices"—which latter is really only a part of the general difference in transradiancy—are not "earlier than," but synchronous with and directly dependent upon the descent of the diaphragm, causing influx of air and efflux of blood. The reasons that the affected side does not "light up" as readily are, first, because the diaphragm on the affected side moves badly; secondly, because the sound side often appears comparatively more transradiant on account of compensatory hypertrophy owing to the diseased lung being to some extent put out of action; and thirdly, later in the disease because of the infiltration of the lung tissue.—I am, etc.,

London, W., Nov. 22nd. J. F. HALLS DALLY.

OBSTETRIC EMERGENCIES AND THE DOCTOR'S FEE.

SIR,—An "emergency" is an emergency whether it be medical, surgical, or obstetrical, and I think that, in common humanity, we should and do go to all or any if the need arises. If the patient is an actual or potential pauper, we need not continue our attendance after the "emergency" has been tided over, but can refer the case to the Poor-law authorities.

It is not the patient who would pay but who cannot that we mind seeing; it is the patient who can pay but who won't who makes the long-suffering medico querulous. And my experience is that it is of no use pressing the second class, either by collector or by county-court. There is only one remedy. Don't attend them, except, of course in "emergencies." There are plenty of people who can afford moderate fees who are ready and willing to be attended by us till the crack of doom, if need be, so long as they do not pay, and so long as they can, therefore, make other use of the money that should pay us—for example, by spending it on fine clothes, drink, or pleasure. These people frequently are heavily in debt to small local tradesmen. They are interesting from a sociological point of view, but they are no use as patients.

There is yet another aspect of the question. Attendance on "obstetrical emergencies" may be viewed in the light of post-graduate work. All knowledge is ultimately utilitarian, and I venture to think that a knowledge of obstetrical emergencies gained by practical experience is speedily and markedly so.

We could afford to be far more charitable if a good many of our patients were honest. What we want is some system of combination whereby those who impose on us to further their own pleasures shall be brought to reason.

The State cannot make people honest by Act of Parliament. I quite agree with Dr. Maidlow that it is not dignified for us to dun public bodies for private debts owing to us. I repeat—what we want is combination for mutual assistance and protection.—I am, etc.,

Upham, Hants, Nov. 21st. JAMES C. HOYLE.

SIR,—I admire Dr. Maidlow's sentiments, and am sorry I cannot act up to them; but if I did so I should soon become a pauper myself. I have held a large Poor-law district for more than 30 years, and soon after the Midwives Act came into operation I was sent for by a district nurse to a difficult forceps case with complications, four miles from home. The people had no money, and were heavily in debt, so I wrote to the head of the nursing institute asking for my fee. She replied, "very sorry, but had no fund from which, etc." I then applied to the guardians, but they declined any responsibility. I then wrote to the guardians and to the head of the nursing institute, to the effect that I should for the future refuse to attend any case for which I had not been previously engaged unless the messenger brought either £2 or a parish order, and that the responsibility and any scandal would rest on them and not on me. I have had no trouble since. A relieving officer, or even an overseer, is bound to give an order, on loan if he thinks fit, in any case of sudden and urgent necessity. The public will respect us if we are independent—not otherwise.—I am, etc.,

November 20th. J. G. C.