all in the tissue of the flesh." It is further stated that "such cows are therefore fit for human consumption, and in none of the cases, either on the farm or in those subsequently purchased, was a case of tubercle in the udder found, the essentially dangerous condition for contamination of the milk." Whilst congratulating Mr. Purrott on his pluck in seizing his cows by the tubercle, I venture to believe that the statements to which I refer merit the attention of those of us who are skilled bacteriologists. The facts that at least half of the cows on a particularly well managed dairy farm were found to be tuberculous, and that those cows were said to be apparently thriving and in good health, are worthy of consideration. The statements as to meat obtained from beasts infected with tubercle being fit for human consumption, and that it is only in cases of tubercle being found in the udder that the milk is infected, are statements about which I personally desire the opinion of the scientific pathologists. So far as my experience goes, very few dairy keepers would be willing to adopt the method which Mr. Purrott has adopted, and the practical question arises, Is it necessary or desirable that all dairy keepers should be compelled by law to take the same course?

I am, Sirs, yours faithfully,

Hatfield.

LOVELL DRAGE.

LIQUID VACCINE VIRUS.

To the Editors of THE LANCET.

SIRS,—In the year 1870 Dr. Stephen Mackenzie, then resident medical officer at the London Hospital, used vaccine with glycerine in re-vaccinating the patients, nurses, and others, so that the process advocated by Dr. S. Monckton Copeman is not quite so new as supposed.

I am, Sirs, yours faithfully,

Flaxton, York, Jan. 26th, 1897.

ALFRED KEBBELL.

THE LEICESTER BOARD OF GUARDIANS AND THE MIDWIVES QUESTION.

To the Editors of THE LANCET.

SIRS,—Dr. Rentoul cites the action of the Leicester board of guardians in their attempt to foist on the poor a midwife in the place of duly qualified practitioners; but this is not all the story. When the Local Government Board refused to sanction this appointment the Leicester board, after a great deal of quibbling, appointed their medical officers at half the pay promised to this L.O.S. diplomate. The uneducated woman was to receive 20s. where the qualified practitioner was to receive 10s. (it would probably have been 5s. if the law permitted it), so that it will be seen the board had not got the paltry excuse of economy. The Leicester board was loudly praised by the local press and the medical profession denounced in no measured terms. Why do the second-rate papers seek to magnify the virtues of quackery at the expense of education? Here we have leading articles almost daily on some new form of quackery.

I am, Sirs, yours truly,

R. BROADBENT, M.D. Edin.,

Jan. 26th, 1897.

Member of the Leicester Board of Guardians.

"THE GLANDULAR FEVER OF CHILDHOOD."

To the Editors of THE LANCET.

SIRS,—I should like to express my appreciation of the admirable article by Dr. Dawson Williams in THE LANCET of Jan. 16th last. Until reading it I was totally unacquainted with Pfeiffer's writings on the subject, although for several years past I have been conversant with the complaint in question. On several occasions I have met with it in out-patient practice, and in at least two have known it epidemic amongst the members of the same household. With regard to fever, successive involvement of the glands beneath the sterno-mastoids, the freedom from definite pharyngitis or tonsillitis, and the subsequent retarded convalescence, all my cases tallied with the description given by Dr. Dawson Williams. In no one of my cases, however, was the abdominal pain sufficiently marked to call for any special examination of the abdomen, but after reading Dr. Williams's article I shall make a point of examining that region in every future case. With

the name "glandular fever" I confess I am not particularly enamoured, although I am free from having any better one to suggest for the complaint. The "glandular fever of childhood," at least, I am sure is misleading, as in two cases I have known the complaint contracted by young adults when it was epidemic in their households. Dr. Donkin, too, I note by THE LANCET of Jan. 23rd, has known it occur in a young married woman. That the complaint is chiefly confined to children is indisputable; but that it is not exclusively so I feel certain. In this respect—its chief incidence in childhood—it agrees with measles, whooping-cough, and many other complaints, although no one doubts the occasional occurrence of these last in adult age. Dr. Dawson Williams's article will no doubt call forth further comments which may help to settle some of the doubtful points in the disorder.

I am, Sirs, yours faithfully,

Upper Berkeley-street, Jan. 24th, 1897.

J. A. COUTTS.

"THE ASSOCIATION OF GALL-STONES WITH DERANGEMENTS OF THE PANCREAS."

To the Editors of THE LANCET.

SIRS,—The case recorded by Dr. Morton of Pancreatic Cyst associated with Gall-stones in THE LANCET of Jan. 23rd interests me very much. In the *British Medical Journal* of Nov. 14th I recorded a case which I judged to be one of acute pancreatitis in which the pancreatic disease was associated with gall-stone. One gall-stone was found post mortem projecting into the duodenum. I ventured to suggest that possibly the gall-stone may have furnished the necessary abrasion of surface for the entrance of micro-organisms to the adjacent pancreas. Since recording that case I noticed in the description of the Pathology of the Pancreas by Ziegler (translated by Dr. MacAlister) a case is referred to, recorded by Chiari, of suppurative pancreatitis associated with gall-stones. The relation between the acute and chronic diseases of the pancreas has yet to be determined.

I am, Sirs, yours faithfully,

R. H. KENNAN.

City Hospital, Park-hill, Dingle, Liverpool, Jan. 23rd, 1897.

THE MOSQUITO AS A VEHICLE OF INFECTION.

To the Editors of THE LANCET.

SIRS,—Professor Bignami's hypothesis of mosquitoes carrying malarial infection from one person to another is surely not intended to be taken seriously. If it were true every European in India would be attacked sooner or later, and yet how very few European women ever suffer from malaria. For more than the past year I have been taking very careful notes of all malarial cases admitted into the Royapettah Hospital, and in no instance has an intern patient developed malarial fever in the hospital. My hospital contains fifty beds, and all sorts of cases, medical and surgical (excepting obstetrical), are admitted. The hospital is only an old dwelling house, the sanitary surroundings are execrable, and it is for a hospital about as badly constructed as could be imagined. The neighbourhood abounds in mosquitoes, chiefly the grey or brown variety, and I have counted as many as 102 on the outside of a patient's mosquito net in the morning.

Next to a case of summer-autumn or winter-spring fever may be found a case of fractured femur: the latter will certainly remain in the hospital more or less helpless for a month, and if mosquitoes have the power of inoculating malarial fever, surely a case of protracted residence in the hospital would sooner or later contract the disease. I have had and kept mosquitoes, after a good feed, over nine days in captivity, and under less artificial restrictions they would probably live longer. As mosquitoes are not given to travel much, one which had sucked the blood of a malarial patient would have ample opportunity of inoculating other patients; but, as I have said before, I can recall no case. New-comers to India, whose blood is much sought after by mosquitoes, do not appear to suffer more from malaria than old residents. That malaria can be imported into a district seems proved by the history of the islands of Réunion and Mauritius. Recently the inhabitants of some villages to