THE ANNUAL TEMPERANCE BREAKFAST AND THE BRITISH MEDICAL ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—I shall feel obliged by your kindly allowing me to announce through your columns that the annual breakfast to those members of the British Medical Association who will kindly apply for cards will be given by the National Temperance League on Thursday morning of conference week as usual. I am, Sirs, yours faithfully,

J. T. RAE, Secretary.

Paternoster House, London, E.C., June 17th, 1902.

TEMPORARY REMINISCENCE OF A LONG-FORGOTTEN LANGUAGE DURING THE DELIRIUM OF BRONCHO-PNEUMONIA.

To the Editors of THE LANCET.

SIRS,—With reference to Dr. C. A. Mercier's remarks on Dr. H. Freeborn's case of temporary reminiscence of a long-forgotten language during the delirium of broncho-pneumonia in THE LANCET of June 14th, p. 1685, I should like to say that personally I do not believe in Coleridge's tale of the illiterate maid-servant who talked Greek and Hebrew in her delirium. Indeed, I thought that the tale was known to have been a fabrication. Dr. Leonard Hill in his "Manual of Physiology," p. 379, states that the whole story was a mischievous invention of Coleridge's.—I am, Sirs, yours faithfully,

GEORGE PERNET.

Upper Gloucester-place, N.W., June 28th, 1902.

WHAT IS SCROFULA?

To the Editors of THE LANCET.

SIRS,—Owing to pressure of work I have been unable to reply before this to the letter of Dr. J. Tatham in THE LANCET of May 31st, p. 1560. I am afraid that I can hardly regard his arguments on the retention of the word "scrofula" as convincing. In reply he quotes a paragraph from a System of Medicine which in substance says that "scrofula" may or may not be due to the tubercle bacillus. This is certainly very informing; but against his quotation I may draw attention to the following, taken from the latest edition of Quain's Dictionary: "Scrofula (*scrofa*, a sow), a term applied to a supposed hereditary tendency to slowly progressive chronic inflammations and caseation, especially of lymphatic glands. The large majority of such cases are now known to be instances of chronic local tuberculosis, *and the term is rapidly falling into disuse.*" The italics are mine. This, I venture to suggest, is precisely what is happening—the up-to-date teachers in the medical schools are so instructing medical students that in another generation or so the word "scrofula" will be forgotten. Again, Dr. Tatham alleges as another reason for his retention of the term that "scrofula," as a term, "as distinct from tuberculosis, is in common use by medical men, not a few of whom (including certain physicians and surgeons of eminence) still believe the conditions which these terms imply to be distinct." I cannot help thinking that it would be just as wise to argue that the word "tubercular," expressive of lesions caused by the tubercle bacillus, should be retained because certain physicians and surgeons of eminence and other similar practitioners who know more about "scrofula" than 99 per cent. of the profession use it instead of the universally adopted term "tuberculous." It is noticeable, however, that Dr. Tatham has expunged the word "tubercular" from the list of diseases due to tuberculosis. Lastly, I come to the argument which is, perhaps, the most extraordinary of all. Dr. Tatham thinks that because "scrofula" has figured in the reports of the Registrar-General from their commencement therefore the term should still be retained "lest the comparability of figures in a series of years should be impaired"—that is to say, by affording the opportunity of filling in death certificates with the term "scrofula" he will enable a few members of the profession to satisfy their pathological consciences and thus imperil the accuracy of his reports. However, even in the present state of our knowledge it does not require a prophet to forecast what the record for deaths from "scrofula" will ultimately become. Presumably in 10 years' time we shall have some enterprising journalist, on the prowl for new "copy," contributing a paper to a magazine with the comforting title of "The remarkable decline in the mortality from 'scrofula' based upon the statistics of the Registrar-General." I am, Sirs, yours faithfully,

June 17th, 1902. PES.

THE OPEN-AIR TREATMENT OF PULMONARY PHTHISIS.

To the Editors of THE LANCET.

SIRS,—The following testimony to the good effect of open air and mountain air in phthisis, quoted from the late Geo. F. Buxton's "Adventures in Mexico and the Rocky Mountains" (Murray, 1849, p. 288), may interest some of your readers:—

"My two companions had left the United States the preceding year, having been recommended to try the effect of change of climate on a severe pulmonary disease under which both laboured. Indeed, they were both apparently in a rapid consumption and their medical advisers had given up any hope of seeing them restored to health. They had remained in the mountains during one of the severest winters ever known, had lived upon game, and frequently suffered the privations attendant upon a mountain life, and now were returning perfectly restored and in robust health and spirits. It is an extraordinary fact that the air of the mountains has a wonderfully restorative effect upon constitutions enfeebled by pulmonary disease, and of my own knowledge I could mention a hundred instances where persons whose cases have been pronounced by eminent practitioners as perfectly hopeless have been restored to comparatively sound health by a sojourn in the pure and bracing air of the Rocky Mountains, and are now alive to testify to the effects of the invigorating climate. ..... The elevation above the level of the sea of the plains at the foot of the mountain is about four thousand feet, while the mountain valley of the Bayon Salado must reach an elevation of at least eight or nine thousand and Pike's Peak has been estimated to exceed twelve thousand." I am, Sirs, yours faithfully,

June 16th, 1902. F. L. B.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Decline of the Plague Epidemic—The All-India Victoria Memorial.—Results of the Census.—A Case of Medico-Legal Interest.—Legislation against Indians in Natal.

THE plague epidemic is rapidly declining throughout India. For the past week there have been 5498 deaths reported as against 7008 for the previous seven days. The Punjab, which is chiefly affected, reports 4234 deaths, being a decline of 1219.

The All-India Victoria Memorial Fund has now reached the large amount of Rs. 4,500,000, equivalent to about £300,000.

The census tables show a great variation in population in certain districts. While there has been an increase of over 335,000 people in Sind there has been a decline of over 650,000 in Bombay. Bengal, Madras, Burmah, and the Punjab make up for the 10,000,000 increase in the British provinces. Aden has been practically stationary. It is in the Native States that the effects of famine and immigration are most apparent. Rajputana has lost 2,250,000 of its inhabitants, the Central India Agency over 1,500,000, and the Bombay native states over 1,000,000. Baroda, Gwalior, and Hyderabad have all lost considerably. An explanation is wanted for the much larger decreases in native territory.

A case of considerable interest from a medico-legal point of view is reported by the chemical examiner to the Bengal Government. A murder was committed at the Bengal Club in Calcutta and examination of the blood-stains on the garments of the murderer showed that the blood contained filariæ. This established a connexion between the murderer and his victim and it indicated, moreover, that the murder had been committed at night.

The proposed legislation against British Indians in Natal seems oppressive. Every male will be liable to pay a tax on reaching the age of 16 years, even though he was born in the