of the profession on the subject. As far as I know, this mode of causation is not specially mentioned in the text-books.

I look on the tonsils as a filter to prevent certain noxious matters entering the system by way of the mouth. When such noxious matters are in excess, the filter becomes clogged and is unable to cope with the material and in consequence becomes inflamed and morbidly hypertrophied.

I am, Sir, yours faithfully,

F. LUCAS BENHAM, M.D., M.R.C.P. Lond.
Exeter, South Australia, July 21st, 1915.

MEDICAL ATTENDANCE AT NIGHT.

To the Editor of THE LANCET.

SIR,—I am glad you have again drawn attention to this matter, as it is a grave defect in the organisation of the profession for attendance upon the public. From time to time some scandal occurs, and strong but often quite unfair comments are made upon the conduct of some medical practitioner who possibly for perfectly good reasons was unable to attend the emergency call.

I have previously drawn attention to the scheme which apparently works quite well in Paris (see *Medical Ethics*, second edition, p. 87). In that city doctors who are willing to undertake night work inscribe their names in a list kept at the police office of each district, and are then liable to be called upon by any person provided with an order from the police office, which is kept open all night and to which applicants in need of medical assistance can go. The doctors are paid by funds raised partly by charity and partly from public money; this last is essential, as it is monstrously unfair to expect that doctors should attend night calls without a reasonable prospect of being paid for their trouble.

I am, Sir, yours faithfully,

Birmingham, Sept. 13th, 1915.

ROBERT SAUNDBY.

THE VALUE OF PROLONGED REST IN THE TREATMENT OF HEART DISEASE IN THE YOUNG.

To the Editor of THE LANCET.

SIR,—I have read with much interest Dr. Guy Barton's article on the above subject which appeared in *THE LANCET* of Sept. 11th. I note that he makes no mention of treatment by baths and exercises, commonly known as the "Nauheim" treatment. I have used this treatment in cardiac cases in children of from five years of age upwards, and it is my experience that the "Nauheim" treatment, combined with rest, is productive of a much more rapid and complete return to health in cases of children suffering from the results of rheumatic myocarditis and endocarditis than is the case if rest is the only treatment. In cases of valvular disease, where there is good compensation and no cardiac dilatation, the treatment is not necessary, but when any cardiac dilatation is present it produces results which cannot be obtained by any other methods. As the treatment can be given in England with results as satisfactory as those obtained at Nauheim, I should be interested to know if Dr. Barton has used it, and, if so, whether he has given the "still" baths in the first half of the course.

I am, Sir, yours faithfully,

LESLIE THORNE THORNE.
Harley-street, W., Sept. 13th, 1915.

MEDICAL STUDENTS AND COMBATANT COMMISSIONS.

To the Editor of THE LANCET.

SIR,—Lord Kitchener's opinion that junior medical students should not be discouraged from taking combatant commissions clears the air for those who still have doubts. It is obvious that junior students, as such, cannot be of use to their country during the war; while manifestly it would be a pity that the study of medicine should be regarded as a bomb-proof shelter where lack of patriotism could be euphemistically described as doing better work at home. Logically it could be shown that everyone is better at home; but alas! it would be a German home. In times of war there is always an apparent dearth of doctors, and this must be more marked in Germany than with us; in times of peace this soon rights itself. The scarcity of medical residents for hospitals before the war is no index of the shortage of numbers in the profession, it is merely evidence that the medical curriculum is too long.

I am, Sir, yours faithfully,

Formby, Sept. 4th, 1915.

ARTHUR C. WILSON.

THE PRESENT INCIDENCE OF GLAUCOMA.

To the Editor of THE LANCET.

SIR,—During the past three months I have seen four times as many fresh cases of glaucoma as in the corresponding period of any former year. In a large proportion the patients so affected have relations serving in the war. It would be interesting to know if others of your readers have remarked the same occurrence.

I am, Sir, yours faithfully,

KENNETH CAMPBELL.

Wimpole-street, W., August 29th, 1915.

A "NEW SIGN" IN PULMONARY DIAGNOSIS.

To the Editor of THE LANCET.

SIR,—The mid-dorsal strip of symmetrical dullness between the fifth and seventh spinous levels, which has been identified by Dr. Clive Riviere, is of great interest as a new departure for study. The practical use which he claims for it in the early diagnosis of pulmonary tubercle or of its threatenings, is enough to earn for it a thorough investigation. At the least, this sign cannot fail to be of permanent value as a substantial basis for the study of the so-called "pulmonary reflex" to which he refers as a part factor in its production. The somewhat immature nature of the evidence which has thus gained a free pass into an argument of fact is not the least important feature in the main proposition, and may justify some brief comment.

Abrams's theory of the occurrence of reflex fluctuations in the local ventilation of the lung is an undeniably suggestive addition to our vague conceptions concerning the intrapulmonary distribution of air. Yet we should not overlook the coarser mechanisms which govern the pulmonary air-charge as a whole, and also the varying local air-charge. Their consideration is nowhere so essential as for our interpretation of the results of any "mechanical" interference, such as blows or local pressures over the thoracic surface. Bones, cartilages, and fibrous tissues are the actual moving levers in respiration; but they are entirely passive