

could decide the question of their specificity. There can be no doubt that in 1887 Dr. Mantle fully recognised the likelihood of rheumatic fever being due to an infection, and that he further carried out some important and laborious investigations in support of his contention. Most of our references to foreign workers were chosen because of the experimental work they had carried out, but had we been aware of Dr. Mantle's paper we should certainly have alluded to his researches.

One sentence in Dr. Mantle's letter we should like to interpret carefully. Dr. Mantle writes: "I am thankful to find that it has been now clearly demonstrated by the experiments of Dr. Poynton and Dr. Paine that the diplococci alone or with other micro-organisms are the cause of rheumatic fever and its complications." We believe we have demonstrated that a certain micro-organism in the form of a diplococcus is a cause of rheumatic fever. Valvulitis, pericarditis, arthritis, tonsillitis, probably pleuritis and chorea, are manifestations, not complications, of rheumatic fever, and results of this diplococcal infection. Whether right or wrong the view has the merit of being definite and not complicated by the question of secondary infections, and it is the outcome of our investigation. We concluded that such bacilli as were present were not a cause of the disease. Whether or not the diplococci are the *only* cause of rheumatic fever we are not as yet in a position to state.

We are, Sirs, yours faithfully,

F. JOHN POYNTON, M.D., M.R.C.P. Lond.,
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Oct. 29th, 1900.

THE DIAGNOSIS BETWEEN PERICARDIAL EFFUSION AND ENLARGED HEART.

To the Editors of THE LANCET.

SIRS,—Although I have not any additions or corrections to make to the lines of diagnosis suggested in 1896,¹ the importance of any means whereby mistakes may be obviated which are always serious but sometimes, as in the case of fatal puncture of the heart quoted by Dr. Norman Moore,² disastrous, is a sufficient excuse for re-stating facts not yet generally utilised. Independently of skiagraphy, any expert percussor can rapidly and safely identify an uncomplicated enlargement of the heart, or, on the other hand, a considerable effusion with or without cardiac enlargement; and the recognition of smaller collections, as in "ephemeral pericardial effusions," on the same lines merely needs slight additional care and experience.³ The *anterior test* is applied to that extension of the dulness over the right fifth interspace which was first insisted upon by Rotch, but is not in itself diagnostic. It consists in the sharp contrast between the outlines of dulness of a pericardial effusion and of the right border of the heart. The *posterior test* is even more reliable, as it is independent of the influence of partial agglutinations which sometimes exclude the fluid from the anterior corners of the pericardium. It is therefore essential that this test should not be misunderstood. The familiar infra-scapular patch of tubular breathing and egophony to which Sir William Broadbent refers in his third edition⁴ in connexion with my name is often set up, particularly in small chests, by a simple enlargement of the heart with compression and engorgement at the left base. This sign was put forward as merely confirmatory and not distinctive, and as "occurring also in pleural effusions." It is the other sign, the "lower dorsal dull patch," which is of practical use in difficult cases. "The value of this sign is that, unlike many others, it is very sharply defined and does not fit any other diagnosis."⁵

¹ Cf. "Practical Aids in the Diagnosis of Pericardial Effusion in Connexion with the Question as to Surgical Treatment," Brit. Med. Jour., March 21st, 1896, p. 717. "Remarks on the Dorsal Test for Pericardial Effusion"—An Addendum, Brit. Med. Jour., Jan. 23rd, 1897, p. 185.

² Cf. Hunterian Lecture, THE LANCET, Oct. 20th, 1900, p. 1123.

³ "On Latent and Transient Pericardial Effusion," THE LANCET, Nov. 21st, 1896, p. 1446. "Cases of Latent and Ephemeral Pericardial Effusion," Transactions of the Clinical Society of London, vol. xxxi., p. 97.

⁴ Cf. "Heart Disease with Special Reference to Prognosis and Treatment," third edition, 1900.

⁵ Cf. Brit. Med. Jour., loc. cit.

The almost median position of this dulness below the tenth rib, that is, below the vault of the diaphragm, its quadrilateral shape, and its extension to the spine and beyond it for one or two inches into the right chest render it quite unmistakable, unless it should be merged into the dulness of a double pleural effusion. I do not remember that any of the pupils to whom it has been demonstrated failed to recognise it; the failure of some of their first attempts to elicit it does not, of course, invalidate the test. I have examined for this characteristic dulness numerous cases of excessive enlargement of the heart, but always in vain, and I am satisfied that it cannot be produced by the latter. An actual demonstration to the contrary would therefore possess much value. As a fact, however, the dulness in question is not the dulness of the heart or of the fluid effusion, but is a dulness merely induced by the presence of fluid higher up. The patch of dulness being situated below the level of the floor of the pericardium is not likely to be caused by an enlarged heart.

I am, Sirs, yours faithfully,
Curzon-street, W., Oct. 26th, 1900. WILLIAM EWART.

"THE CAUSE OF CARIES OF THE TEETH."

To the Editors of THE LANCET.

SIRS,—Mr. A. Berlyn's statement in THE LANCET of August 25th, 1900, p. 629, regarding the majority of South African natives, that "their only method of cleansing their teeth is to fill the mouth with water and rub the teeth with the finger," may be very true as applied to those natives who live in the towns. The typical "Red Kaffir" at home invariably after each meal rubs his teeth with a little of the cold wood-ash from the fireplace, afterwards flushing his mouth with water, a proceeding that may in a measure account for the absence of tartar and the fine colour of the teeth. As to food, the "Red Kaffir" does not often eat "mealie meal" which, as a rule, he is obliged to buy, and "mealie meal" of his own manufacture bears little resemblance to the properly ground mealie. His ordinary food consists of either the unground "mealie" or the "stamped mealie," from which the fibrous shell is removed by means of pounding in a wooden mortar. In either case when cooked the resulting "porridge" is certainly soft to handle, but one finds it extremely glutinous and somewhat tough to masticate. During the "mealie" season the "green mealie"—the unripened "cob"—is greatly relished. These "cobs" are, as a rule, roasted at the side of the fire and though undoubtedly palatable are decidedly tough and require considerable mastication. In this portion of the country and in the native territories, too, I have often noticed a flattening and often actual cupping—caries apart—of the crown surfaces of the teeth, more particularly of the molars, and this not only in the Kaffir but also in those colonial-born whites whose food has consisted mostly of "mealies." How long the native has cultivated the mealie seems somewhat uncertain. It is not mentioned by travellers in Africa before the sixteenth century, and though probably first imported from America I can find no mention of its introduction to this country. In 1687 a shipwrecked crew in Natal victualled a ship of their own construction with provisions purchased from the natives, and though Kaffir corn, salted and smoked meat, goats, fowls, and pumpkins are mentioned, the "mealie" is conspicuous by its absence. Before civilisation overwhelmed him the "Red" rejoiced not only in his own flocks but in the risks and excitement of the chase, and skilled as he was in the use of his own weapons his larder was accordingly always well stocked with meat. His love for meat still exists, but the inevitable "mealie" forms his staple food, and as long as there are "mealies" and Kaffirs the latter will continue to consume the former and maintain his fine teeth and well-formed jaw in the best of condition.

I am, Sirs, yours faithfully,
THOMAS QUERNEY, M.R.C.S. Eng., L.R.C.P. Lond.
Komgha, Cape Colony, Oct. 6th, 1900.

THE DANGERS OF "TICKLERS."

To the Editors of THE LANCET.

SIRS,—Passing along the Strand yesterday (C.I.V. day) I saw a peacock-feather-tip thrust into the eye of a person obviously suffering from purulent ophthalmia. Almost immediately thereafter the same feather-tip was sent