which spirochætes were found in the liver the maternal blood was negative to the Wassermann reaction, whereas in 12 cases in which the blood was positive (strong in 4, moderate in 5, and weak in 3), the liver did not show any spirochætes.

DEATHS.

Thirty-one deaths occurred during the year under report, which are thus classified:—

ACCIDENTS OF CHILD BIRTH.

Placenta prævia	3
Eclampsia	1
Ruptured uterus	3
Concealed accidental hæmorrhage	1
Exhaustion from prolonged labour	2
Total ..	10

PUERPERAL CAUSES.

Pulmonary embolism	1
Puerperal tetanus (acquired outside) ..	1
Septicæmia (acquired outside)	7
Total ..	9

NON-PUERPERAL CAUSES.

Eclampsia	2
V. D. H.	1
Pneumonia	1
Pernicious anæmia	5
Influenza	3
Total ..	12
Grand total ..	31

Fourteen of these cases were admitted moribund.

Correspondence.

To the Editor of THE INDIAN MEDICAL GAZETTE.

DEAR SIR,—I read with much interest your article on Chronic Dysenteric Peretonitis in *I. M. G.*, Sept., 1921. You say "They are assumed to be cases of cirrhosis of the liver in spite of the fact that there is seldom a history of excessive drinking of alcohol."

My own theory on this point is something else which I put before you and if you think proper you may publish it so that other people may also try their brains about it.

The majority of the people whether high or low, Hindu or Muslim, Indian or European are overeaters. They eat so much so that the whole food is never digested in due time. Hence this undigested food remains in the stomach for a longer time than it ought to be. The same man or woman takes yeast cells found so many in the atmosphere into the stomach. These cells act on that food and thus this very person makes his own stomach a regular distillery and absorbs alcohol and hence condition of cirrhosis of the liver is produced. A Musalman who never touches a drop of wine in my humble opinion can get this condition.

Yours faithfully,
M. UMAR.

District Hospital,
UNAO, *19th October,* 1921.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—In the October issue of your Journal there appears an interesting communication by Lt.-Col. Megaw, I.M.S., entitled "A Typhus like fever in India."

It will be extremely useful if a more detailed report of the bacteriological findings in these cases can be obtained.

I am sure several of your readers have, either in their private or hospital practice come across cases coinciding in clinical detail with those described by Col. Megaw; and the cases of Col. McKechnie, described by Col. Megaw. These cases have been diagnosed, "pyrexia of uncertain origin" or "pyrexia enteric group." Owing to the failure to obtain positive evidence of a typhoid or paratyphoid infection from the blood or excreta and to negative Gruber-Widal tests.

Col. Megaw referring to certain of his cases expressly states that blood cultures were sterile, whereas in other cases that the bacteriological findings for the enteric group were negative. This does not exclude the presumption that organisms other than those of the "enteric group" were isolated and regarded as "contaminations." I have on several occasions isolated B. fæcalis alkaligenes, in cases clinically resembling those described by Col. Megaw. It is my intention in this letter to put forward a suggestion that the existence of this infection should be eliminated before the diagnosis of typhus fever can be made.

I wish also to point out that Major Grattan, R.A.M.C., who conducted some of the bacteriological examinations in the cases of Col. McKechnie, was one of the pioneer workers in the isolation of the paratyphoid organisms in India, but was rather dogmatic in his statements and regarded as "contaminations." All organisms other than those of the "enteric group" when isolated from the blood, Bacteriologists in India were for some time guided by this dictum.

Now, however, in the light of the work done by Professor Castellani, we are required to proceed with a more open mind with regard to the isolation of organisms from the blood.

I beg therefore in concluding to repeat my suggestion that these group of cases may possibly be an infection caused by B. fæcalis alkaligenes, as I have repeatedly obtained pure culture of this organism in cases clinically resembling those described by Col. Megaw.

J. H. T.

Government General Hospital,
MADRAS, *17th October,* 1921.

[J. H. T's letter raises an interesting point.

There are two points strongly against infection by the bacillus fæcalis alkaligenes even if we assume that Major Grattan did not report the blood to be sterile in the cases examined by him.

The one is that in infections by the fæcalis bacillus there is no typhus rash and this was one of the most prominent features of the cases seen by McKechnie and of my own case. The other is that Major Watson in his experience at the Naini Tal depôt only met with two cases of infection with the fæcalis bacillus and in each of these cases there was evidence of a co-existing paratyphoid infection. It is thus clear that in the Naini Tal neighbourhood there is no evidence of the existence of such a widespread infection by the bacillus fæcalis alkaligenes as would have to be assumed before we could consider McKechnie's cases to be due to that infection.

It is likely that Major Grattan can decide the point definitely as I have a strong impression that the cultures were actually sterile though at the moment I cannot assert that they were so.—J. W. D. MEGAW.]

Service Notes.

THE undermentioned officers are permitted, subject to His Majesty's approval, to resign their temporary commissions, with effect from the dates specified:—

Captain Fidelis Conceicao. Dated 24th May, 1921.
Captain Nasarvanji Arjani. Dated 24th May, 1921.
Captain Dadabhoy Barjorji Doctor. Dated 24th May, 1921.