

Own (Middlesex Regiment): Surgeon-Lieutenant E. Farr to be Surgeon-Captain.

#### VOLUNTEER MEDICAL STAFF CORPS.

The London Companies: Alexander Granville to be Surgeon-Lieutenant.

#### VITAL STATISTICS IN THE AUSTRIAN NAVY.

In the year 1896 the average strength of the Austrian navy was 9871 officers and men, of whom 3728 were employed on land and 6143 afloat. The admissions to hospital, invalidings out of the service, and deaths were at the rate of 682, 21·36, and 9·30 per 1000 respectively, but if seven suicides, eight accidental deaths, and four casualties in an affray with the natives at Guadalcanar (one of the Solomon Islands) be deducted the death-rate falls to 7·36 per 1000. In 1897 the average strength was 10,058 (3775 ashore and 6283 afloat), while the admissions to hospital and invalidings were at the rate of 579 and 24·04 per 1000. Deducting seven deaths by suicide and 14 by accidents the death-rate for the year was only 5·06 per 1000. Judged by the extent of their hospitalisation the health of the men in sea-going ships was better than that of their comrades on land, the admissions per 1000 of strength having been 577 afloat against 708 ashore. During the biennium 604 cases of typhoid fever were treated, but of these no fewer than 560 occurred at Pola in Istria, between the beginning of November, 1896, and the end of February, 1897. Early in the former year some sporadic cases showed themselves, and others continued to appear during the summer and autumn until the end of October when the disease burst forth in epidemic form all over the town. In the military portion of the garrison there were 725 cases, and the number officially reported among the civilian population was 1148. By general consent the Caroline spring, from which the central water-supply is derived, was incriminated as the cause of the epidemic. From a bacteriological investigation which was instituted locally and received subsequent confirmation at both Gratz and Vienna it appears that in dry weather this water remains wholesomely free from germs, but that after rain unmistakable traces of faecal contamination are always present. Considering that a great part of the watershed from which the spring is fed is thickly inhabited this is not to be wondered at; and further evidence of the water-borne character of the disease is furnished by the fact that in the present instance, as well as on several previous occasions, the typhoid outbreak was preceded by a heavy rainfall. When the epidemic first showed itself excavations for a new series of water-pipes were in progress in most of the streets, but that the typhoid fever was not owing to the disturbance of the subsoil thus occasioned seems to be proved by the immunity of the excavators, of whom only two out of a total of 150 were attacked. In combating the outbreak dependence was at first placed upon water-boiling and after that upon sterilisation by means of chloride of lime and hyposulphite of soda, but in neither case were the results satisfactory. It was not until water from the Tivoli spring was substituted for that from the Caroline that the disease showed any signs of abatement. Amongst other points of interest it may be mentioned that in 1896 there were 261 cases of sunstroke or heat apoplexy without a death, whereas in 1897 out of 24 cases two proved fatal. Almost the whole of the first series occurred on land at Pola during July and August, 1896, the compiler's remarks in this connexion being to the following effect: "The very large number of cases that in 1896 were diagnosed as heatstroke or sunstroke shows that persons whose work keeps them on shore are more liable to suffer from a high temperature than their congeners afloat."

#### THE TRANSVAAL CRISIS.

It must be obvious to everyone, even to the least thoughtful, that affairs in South Africa have reached such a state of tension that, unless the Transvaal Government gives way, war is imminent. No one can now tell whether it can be averted or not. There is, as might be expected, much difference of opinion—should unfortunately a campaign be inevitable against the Boers on the part of this country—as to the difficulties that will have to be overcome before any final settlement can be reached. Where both sides are brave and determined and well armed with the most modern weapons of precision the gravity of the task is not likely to be under-estimated any more than, with our previous experience to guide

us, it is likely that the error will be repeated of under-estimating the enemy. A very large military force will be required, with, of course, a corresponding provision of hospitals and medical service. If we may judge from the reports published in the daily press it is probable that the Boers may speedily assume the aggressive. There must be in this, as in all campaigns conducted on a large scale, periods of some anxiety to be passed through. It is highly probable that there will be a good deal of hard fighting before the war is ended and quite possible that the enemy may be more or less successful in their encounters at the beginning of the campaign, but there cannot be a doubt as to what will be the final end of the struggle which is really one for maintaining our supremacy in that part of the world. We can only trust that an ample supply of medical officers, hospitals and hospital stores will be forthcoming. We suspect that in this as in all wars the difficulty will be mainly one of transport, and we are glad to see that orders on a considerable scale have already been issued for the purchase of transport animals in America and in South Africa.

#### DEATHS IN THE SERVICES.

Fleet Surgeon Robert Willcox, on Sept. 5th, in his eighty-fifth year, at Southsea. He joined the service as assistant surgeon in 1841. He was surgeon of the *Spitfire* during the Crimean War and was landed at the battles of Alma and Inkerman, and assisted the army medical service in the care of the wounded on the field. He was also at the bombardment of Sebastopol, the taking of Kertch, the bombardment and capture of Kinburn, and the destruction of Sulina (Turkish and Crimean medals with Sebastopol clasp). He was appointed Fleet Surgeon in 1863 and retired in 1870. He was granted the Greenwich Hospital pension in June, 1896.

Surgeon-Major-General Stewart Aaron Lithgow, C.B., D.S.O. (retired), A.M.S., Superintendent of the Edinburgh Royal Infirmary, on Sept. 20th, in his sixty-seventh year, at Melrose. He entered the army in 1855, served at the Cape and in the Indian Mutiny, being wounded at the siege of Delhi. He also served in Egypt in the Nile Expedition of 1884-85 as Principal Medical Officer on the lines of communication (Egyptian medal and Khedive's bronze star). He retired in 1893.

The *Jelunga* (chartered troopship) sailed from Southampton on Sept. 20th with 55 officers, three ladies, 1047 of all ranks, 64 soldiers' wives, and 63 children, for Malta, Port Said, and Natal. Major H. O. Trevor, R.A.M.C., is in medical charge of the troops.

## Correspondence.

"Audi alteram partem."

### SYPHILIS OF THE STOMACH.

To the Editors of THE LANCET.

SIRS,—The descriptions of cases diagnosed as syphilis of the stomach which have appeared in THE LANCET<sup>1</sup> are very interesting to me because of a case I had which, I thought, came under the same heading.

My patient was a thin pale individual, aged 40 years. I had treated him previously for a tubercular syphilide over the sacrum which cleared well away under potassium iodide. He came to me in August, 1897, with a troublesome cough, which was accentuated while on his back in bed. He complained of a pain in the pit of the stomach. Examination of the chest revealed nothing, so that a simple cough mixture was thought sufficient to relieve the symptoms. A fortnight later after a heavy day in the harvest field, while walking from his work and having a heavy tarpaulin thrown over his shoulder, he suddenly felt an acute pain in his stomach as of something having given way. He was uneasy for the rest of that night and early the next morning he began to vomit blood and to pass it per rectum. The vomiting continued at intervals during the day and until the following morning when I saw him. I found him lying in bed utterly prostrate, his body covered with cold sweat and well-nigh

<sup>1</sup> An annotation on a case by Dr. Dubuc in La France Médicale is to be found in THE LANCET of July 16th, 1898, p. 164, and the case is described by Dr. Dalglish in THE LANCET of August 12th, 1899, p. 410.

pulseless. Restlessness was marked and from time to time he uttered feeble moans. He complained of sickness, faintness, and a pain in the pit of his stomach. He appeared dreadfully anæmic, his tongue was dry, and his abdomen was distended with flatus and tender to the touch over the epigastrium. The recti resisted pressure by the tips of the fingers. Rest, ice to the epigastrium, and perchloride of iron in drop doses of the liquor sufficed to stop the hæmatemesis, but the following day brought a fresh complication, to wit, stercoraceous vomiting. Strange to say, this disagreeable innovation did not persist. Food by the mouth had been stopped from the first and this perhaps may account for the cessation of the vomiting, which only occurred during the morning of this day. The vomited material was very foetid.

At this stage of the attack I wrote to a well-known Liverpool surgeon asking for his advice with a view to operation. I thought that, an opening having been made between the stomach and the colon, there would be very little likelihood of a satisfactory termination to the case unless that opening were closed.

The surgeon did not advise operation. He thought that considering the history the case was in all probability one of malignant ulceration and that the prognosis would be bad in any case. I therefore continued the rectal feeding and waited. Strange to say, there was no return of the faecal vomiting after the first day.

After a fortnight of rectal feeding fluid nourishment was allowed by the mouth and gradually increased. The rectal feeding was discontinued. One of the most troublesome symptoms to deal with was insomnia. All the ordinary hypnotics produced disagreeable effects and their useful effect did not last. Potassium iodide in five-grain doses thrice daily cured the insomnia. The patient was up and moving quietly about in a month from the onset of the illness. He was examined in June, 1899. The first attack has not been repeated, but warnings of its approach in the shape of digestive disturbances with excessive flatulence and tenderness over the epigastric region have recurred at intervals up to the present time. During these threatened attacks he has been kept in bed, dieted, and given iodide of potassium. Under this treatment the symptoms have passed off quickly. In appearance he is still cadaverous and anæmic. He says he feels very well. His height is 5 ft. 10½ in., and weight is 11 st. He has evidently not lost ground. The heart, lungs, and liver are normal. There is no skin rash, and no tenderness over the epigastrium on pressure. He sleeps fairly well. As to the past history, by occupation he was first a fireman and then a policeman. At a fire in 1883 he sustained an injury to his back which kept him in bed for two months in hospital. He states that he has never had syphilis. Since the accident in 1883 he has never followed any occupation regularly, but has tried first one thing and then another. As to alcohol he has drunk a good deal of beer in his younger days, but for the last few years he has been very abstemious. I should add that the younger children present Hutchinson's signs of hereditary taint in their first teeth.

I am, Sirs, yours faithfully,

R. LUCIUS WOOD, M.B., Ch.B. Vict.

Knowsley, Lancashire, Sept. 20th, 1899.

## "EPISTAXIS DUE TO A LEECH."

To the Editors of THE LANCET.

SIRS,—Mr. Manasseh's case of epistaxis due to a leech emphasises the importance of a careful local examination in cases of hæmorrhage from the nose. Mr. Manasseh states that he has not found "that the leech is given as a cause of epistaxis in any of the text-books." In my book on "Diseases of the Nose and Throat" under the head of Epistaxis I say: "Leeches sometimes give rise to severe hæmorrhage." While I am pen in hand I should like to mention in connexion with the annotation in THE LANCET of Sept. 16th, p. 796, on the Treatment of Aneurysm by the Subcutaneous Injection of Gelatin that I tried this plan of treatment in a patient with aneurysm of the first part of the arch of the aorta but without any effect on consolidating the aneurysm. In spite of this failure I had quite made up my mind even before reading your annotation to give the treatment another trial, as it is attended with but little risk or pain.

I am, Sirs, your faithfully,

F. DE HAVILLAND HALL.

Wimpole-street, W. Sept. 18th, 1899.

## THE GAPS IN THE ROYAL ARMY MEDICAL CORPS.

To the Editors of THE LANCET.

SIRS,—*Truth* on Sept. 14th comments on the failure of the Royal Army Medical Corps to fill vacancies. At the last examination for 28 places only 14 were filled. *Truth* makes a reasonable suggestion—that candidates holding recognised diplomas should be only examined physically. It does seem strange why medical men who hold diplomas obtained only after the most strict and searching examination—examinations deemed sufficient by the General Medical Council for all other appointments—should be subjected to a further examination for commissions in the Army and Navy Medical Departments. Owing to a recent order of the General Medical Council practitioners are debarred from employing unqualified assistants. This has increased the demand for medical men in civil practice. If commissions in the Royal Army Medical Corps were granted after a strict physical examination and a three months' military training there would be little difficulty in selecting men of the very best physique for the Royal Army Medical Corps, which at the present time is nearly 100 short.

I am, Sirs, yours faithfully,

Sept. 20th, 1899.

EXCELSIOR.

## NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

*The General Alarm of Plague and the Demand for the Prophylactic.—The Progress of the Epidemic.—The Escape of the Central Provinces.*

THE spread of plague westward to Spain and Portugal seems to have excited more or less general alarm and I hear that an unprecedented demand has suddenly arisen for the plague prophylactic fluid. The Government of India have been asked the cost of supplying from 50,000 to 100,000 doses and the earliest date at which this quantity could be despatched. It is also desired to know if in case of need 50,000 doses a week could be sent to London. Russia desires to obtain a considerable stock for Port Arthur. Italy has been making inquiries for home use and also Portugal in order to inoculate at Mozambique. The present laboratory is at Government House, Parel, Bombay, and has only recently been fitted up by the Government of India. About 10,000 doses a day can be turned out, but it is thought that still further enlargements will be required if the demand should increase beyond this amount.

The plague in India is still spreading, the returns for the week ending August 26th showing an increase of mortality to 3921 from 3585 in the previous week. To show the peculiar limitation of plague there were of this total no fewer than 3682 deaths in the Bombay Presidency, Poona City alone returning 1062 deaths. This frightful mortality in Poona has continued for the past three weeks and is at the remarkable rate of over 500 per thousand per annum. Several more Europeans have been attacked and I hear also that three nurses belonging to the Sassoon Hospital are down with enteric fever. Over 500 patients are in the General Plague Hospital. There are signs, however, that it is beginning to abate. Elsewhere throughout India little change is reported. Belgaum and Nasik districts and Kolapur state each return nearly 500 deaths. A few cases are reported from Bangalore City. There is no sign of diminution of plague in Calcutta, where about 40 cases are being reported weekly. There is, however, an ominous increase in the general mortality of the city of Bombay.

It is a remarkable circumstance that while plague has ravaged the adjoining districts of Bombay and the Deccan it has on each occasion of its appearance been apparently repelled from the territories of the Central Provinces. Small outbreaks occurred last November at two places and in one the disease was discovered on the occurrence of the very first case. Prompt and stringent measures were adopted. At the other place 19 cases had occurred when it was reported, but the quarter of the town was immediately cleared of all its inhabitants. Subsequently as cases continued to break out the whole town of 10,000 people was emptied. By March the disease was completely stamped out. At two other places the same