Hamlets): Surgeon-Lieutenant F. S. Edwards to be Surgeon-Captain (dated June 25th, 1904).

Rifle: 2nd Volunteer Battalion the Northumberland Fusiliers: Surgeon-Lieutenant F. N. Grinling is borne as Supernumerary whilst commanding the Tyne Volunteer Infantry Brigade Bearer Company (dated June 25th, 1904). 2nd Volunteer Battalion the Lancashire Fusiliers: Lieutenant J. A. C. Roy resigns his commission and is appointed Surgeon-Lieutenant (dated June 25th, 1904). 3rd Volunteer Battalion the Welsh Regiment: Evan James Trevor Jones, to be Surgeon-Lieutenant (dated June 25th, 1904). 13th Middlesex (Queen's Westminster): Surgeon-Lieutenant J. S. Hudson to be Surgeon-Captain (dated June 25th, 1904). 2nd Volunteer Battalion the York and Lancaster Regiment: Surgeon-Lieutenant V. Graham to be Surgeon-Captain (dated June 25th, 1904).

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

Argyll and Sutherland Bearer Company: William Cochran Murray, to be Lieutenant (dated June 25th, 1904).

THE HOUSES OF PARLIAMENT AND WAR OFFICE RECONSTRUCTION.

The recent debate in the House of Lords on War Office Reconstruction led to some important statements on the part of Lord Lansdowne and Lord Donoughmore which will serve to indicate in a general way the view entertained by the Government in respect to the report of Lord Esher's Committee on that subject. Whilst agreeing in many ways with its aim and general principles it is clear from what their lordships said on behalf of the Government that Ministers do not by any means hold themselves bound by everything that appears in that report and on some points even emphatically dissent from it. But the discussion in the House of Peers, however interesting in itself, does not touch the scheme of army reform which has still to be drafted and laid before Parliament. There was a lively debate on Army Reform in the House of Commons on Tuesday last, started by Mr. Beckett. Some important and instructive information was elicited from Mr. Arnold-Forster and from the Prime Minister. The country, no doubt, is keenly interested in the production of the long-expected scheme of army reform, but it cannot be denied that the problem to be solved is difficult and complex and so long as it is honestly tackled the nation will not grudge any reasonable delay in making public the scheme. Mr. Arnold-Forster does not despair of putting a scheme before the country in a fairly complete form or of getting an army suited to the requirements of the Empire at a reduced rate of army expenditure.

THE BIRTHDAY HONOURS.

The names of members of the medical profession who are included in the list of birthday honours will be found in another part of the present issue of THE LANCET. The list includes the following officers connected with the services: Deputy Surgeon-General J. H. Thornton, C.B., I.M.S. (retired), and Surgeon-General E. Townsend, C.B., C.M.G., A.M.S., who have been promoted to Knight Commanderships of the Bath, and Surgeon T. Ligertwood (retired pay), late physician and surgeon to the Royal Hospital, Chelsea, Surgeon-General W. J. Fawcett, A.M.S., and Hon. Colonel J. E. Squire, R.A.M.C. (Volunteers), London Companies, who receive Companionships of the same Order.

THE WAR IN THE FAR EAST.

Since the fiercely fought battle of Telissu with such disastrous results to the Russian forces Admiral Togo's naval victory at Port Arthur has to be recorded. Without entering into the details connected with the attempt of the Russian fleet to escape it may be said that the attempt failed. The circumstances were very similar to those which took place in February last. The Japanese torpedo flotilla was launched at night against the Russian fleet, the Japanese battle-ships keeping outside the mine area. The dire results as regards the Russian fleet are well known. The attempted sortie from Port Arthur ended in disaster and Admiral Togo's fleet purchased a victory at a relatively insignificant cost. Nor can it be said that the progress of the events on the land side has been more favourable to the Russians. The strategical outlook from a Russian standpoint is not a promising one and it is not surprising to learn that fears are entertained in Russia that General Kuropatkin is not ready at the present time to cope with the advancing enemy. Whether he will seek by a rapid northward march to escape from the Japanese fast closing in upon him or will

concentrate his forces and make a big fight of it somewhere about Tashichao now remains to be seen. If the Japanese have captured three passes General Kuropatkin, unable to retreat northward, may be compelled to fight or to surrender. Be all this as it may, there must soon come an end to speculation for the season is fast approaching when there must be a temporary suspension of all active hostilities. This fact must be well known to the Japanese and we may consequently be sure that they are now only waiting until the disposition of their forces is such as to enable them to strike with what they consider likely to be to the best advantage to themselves. We learn but little of the medical history of the campaign and what we do is rather conflicting. We shall probably know next to nothing of a trustworthy kind on this head until the war is over. The troops of the first Japanese army are reported to be in good health and spirits. Native reports from Niu-chwang state that the Russians are losing many horses from glanders. On June 24th there were 800 wounded at the Russian camp three miles east of Niu-chwang. A few surgeons of the Red Cross Society had arrived there but many more are needed. Local medical men are offering their assistance which the Russians decline. At the battle of Telissu the behaviour of the medical men and ambulance attendants who remained the whole time under fire with the Russian troops is described as having been admirable. The losses on the part of the Russians on that occasion were very large and turn out to have been much in excess of what was originally reported. General Oku reports: "Russian corpses buried by us near Telissu up to evening, June 17th, amounted to 1516. Russian corpses still forthcoming and believed to increase considerably. Natives say Russians during engagement carried back their killed and wounded by railway, while later, when about taking flight, they buried or cremated corpses near Huasungkou." The hardships of the retreat of the unhappy Russian soldiers following the battle of Telissu were terrible owing to the fatigue, want of food, exposure, and heavy rains after their two days of hard fighting. It is a notable feature of this war that the loss of Russian officers under fire has, as compared with men, been so disproportionately large.

The *Kharbin Viestnik* observes that near Tchita on the river Peschanoi the building of a large hospital to accommodate 5000 patients has been begun. It will consist of 25 buildings each to take in 200 beds exclusive of other buildings for the staff and stores.

The *Sviet* gives the following as the financial state of the Russian Red Cross Society on June 1st. The total in hand was £737,087. For special account of the Russo-Japanese war it had received £356,222 and paid out £298,925, balance £57,296 less a fraction. Besides this there is a reserve capital for the pressure of war time of £227,951. The May receipts were £117,341 and the payments were £82,756.

Correspondence.

"Audi alteram partem."

THE INFLUENCE OF THE UNRECOGNISED CASE IN THE SPREAD OF COMMUNICABLE DISEASE.

To the Editors of THE LANCET.

SIRS,—There is a statement and there is a deduction in your otherwise admirable leading article under the above heading in THE LANCET of June 11th, p. 1666, to which exception will be taken by those who have given special attention to the "isolation" question. As to the first it will be felt that the comparison of such with ignorant and unreasoning antivaccinationists can hardly hold in view of the fact that all the objections to the aggregation system have been raised on purely scientific grounds—unless, indeed, the word "science" has been modernised out of its etymological signification. Usefulness is a tangible thing and if "these useful institutions" are rendering any service to the community how is it that no data are forthcoming in support of such a claim? Not only has no man ever yet attempted to justify the existence of the isolation hospital

on scientific lines but nobody has dared to excuse it. And good reason why; for, on the one hand, we have the inexorable facts of secondary infection, post-scarlatinal diphtheria, return cases, and endemic scarlet fever, with numerous formidable aggregation et ceteras; on the other—what? a guess, a surmise—a guess with a memory so short that it forgot the teachings of experience, from the old Edinburgh fever house downwards—a surmise so crude that it was able to ignore the findings of bacteriology. So the spectacle presented to the world is that of the defeat of the objects and aims of sanitary betterment by a system designed as a preventive measure.

Turning to the part played in the spread of disease by the unrecognised case I submit, Sirs, with deep respect, that a very different lesson may be read into your article from the one you seek to inculcate. Were the world not already weary of registrations, notifications, "isolations," State regulation, and compulsion, would the harassing and costly espionage suggested in your article minimise the evil? I aver that it would not. Diphtheritic bacilli flourish in the throats of healthy people. Numbers of cases of scarlet fever remain unrecognised until the peeling stage and after, and my experience as public vaccinator has shown me that small-pox may run its course without rash and without any marked malaise. And where would the bacteriologist come in in any of the three diseases? In diphtheria where the presence of the organism does not necessarily predicate the existence of the disease nor its absence negative it? Scarlet fever and small-pox? in one of which the *materies morbi* is undiscovered and in the other only guessed at. We claim, Sirs, that the unrecognised case is but one of the many rifts in the lute which there is no mending. More frightening would mean more concealment and notwithstanding the tact and gentleness with which the sanitary officials have discharged their onerous duties it is concealment that has kept the epidemic of small-pox going in this city since January last. The present somewhat alarming recrudescence is entirely due to a concealed case.

The concluding paragraph of your leading article makes one wonder why much of the rest was written. "A careful study of the conditions which have led almost to the extinction of typhus fever and to the decline of tuberculosis in this country may perhaps help us to make greater resistance to other infectious diseases." They are wise words and I commend them to the consideration of those public health enthusiasts who see no brighter and better fate in store for their fellows than incarceration in a limbo which would make life not worth living. For these great happenings we are in debt neither to spying, collective "isolation," nor restrictive laws, but to works of sanitation and general sanitary betterment which left law-abiding individuals free from State interference and worrying espionage.

I am, Sirs, yours faithfully,

Nottingham, June 24th, 1904. EDWARD DEAN MARRIOTT.

APPLIANCES FOR PREVENTION OF MINERS' PHTHISIS.

To the Editors of THE LANCET.

SIRS,—With reference to annotations in THE LANCET re prevention of miners' phthisis I should like to call your attention to the following facts. Any remedy proposed must not interfere with the efficiency of the boring machine; there must be no substituting of an inferior machine for a better one. Now the water drill is much inferior to the air drill in efficiency and it is not reasonable to expect the managers of mines or even the miners on contract work to use a drill which will give them less returns of ore and consequently less pay. Through the courtesy of the Climax rock drill manufacturers I have had the opportunity of seeing Britten's appliance and also the Climax atomiser and will describe the superiority of the latter. From my observations when seeing Britten's device at work during the drilling of a dry hole I came to the conclusion that although the dust arising therefrom was partially wetted it was not wholly so, with the consequence that the partially wetted dust appeared to be blown about in the immediate neighbourhood of the hole to such an extent that the partly damped particles settled very readily on surrounding objects, including, of course, the men themselves.

It seems to me that an apparatus of this sort employs too much compressed air and not sufficient water, with the result

that the water used does not sufficiently damp the dust to drop it in the form of mud or sludge and that the apparatus employing, as before stated, a rather large quantity of air is inclined to blow the partly wetted particles of dust all over the immediate vicinity of the rock drill, and as it does not drop immediately to the ground will be liable to be inhaled by the men employed on the rock-drilling machines.

Now, the device of the Climax rock drill (admitted by the Royal Commission of inquiry as to trade in South Africa to be the only serious English competitor) has many advantages over Britten's. The volume of air used is much smaller, the quantity of water sprayed against the orifice of the dry hole is much larger, so that the particles of dust are thoroughly wetted and drop in practically a vertical line from the mouth of the hole being drilled. This apparatus of the Climax Rock Drill Co. of Carn Brea can be regulated to employ water in variable quantities. It can spray water at the rate of one gallon in five minutes or one gallon in 80 minutes. It also has the unique advantage of being able to employ the same water many times over and is entirely controlled by the air tap of the rock drill, so that both the rock drill and the spray are operated by the one rock drill man, obviating the employment of a second man to hold the water jet, as in the old methods. The machine itself cannot be operated without the spray being also operated, as it is attached to the air tap of the drill and the miner cannot possibly work one without the other.—I am, Sirs, yours faithfully,

JOHN HERBERT TONKING,
Surgeon, Miners' Hospital.

Camborne, Cornwall, June 25th, 1904.

HYDROGEN PEROXIDE AS A GERMICIDE IN TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—In making a number of experiments lately on the influence of antiseptics on digestants and infective microbes in conjunction with Dr. J. L. Dimond, pathologist to the Liverpool Royal Southern Hospital, we were particularly struck with the effect of hydrogen peroxide solution. In comparatively small quantities—20 minims in one ounce of water—this caused complete sterility of the bacillus typhosus. Many years ago Briege demonstrated the small degree of virulence of the toxin of this bacillus when cultivated on pure peptones and ever since reading his results I have supported my hospital patients—I think with great advantage—on these nutrients. If we possess in hydrogen peroxide, as I am persuaded we do, a harmless but efficacious germicide in typhoid fever we can attack the *causa morbi* in a double direction. As I do not remember to have seen in the general advocacy made by the late Sir B. W. Richardson and others of the germicidal effects of the drug a notice of its influence on the particular bacillus in question I venture to commend its trial to medical practitioners.

I am, Sirs, yours faithfully,

Liverpool, June 22nd, 1904.

WILLIAM CARTER.

A CHRONIC NEUROSIS CHARACTERISED BY FREQUENT PAROXYSMS OF PAIN, SWELLING, AND HÆMORRHAGE IN VARIOUS PARTS OF THE BODY.

To the Editors of THE LANCET.

SIRS,—An original article by Dr. T. K. Monro and Dr. A. N. McGregor dealing with this subject appeared in THE LANCET of April 16th, p. 1039, just to hand. A condition similar in many respects and which at the time was a cause for much speculation occurred in a patient, a single man, aged 26 years. He was under my treatment for pulmonary tuberculosis, both apices showing evidence of disease. A week after he was first seen swelling and severe pain occurred in the left knee. The pain was very intense down the front of the leg to the foot. Four distinct swellings appeared, reddish blue in colour, non-pitting and elastic on pressure, but extremely painful, two on the outer side of the leg, one over the tibia, and one on the calf. On the thigh of the same side two larger swellings approaching the size of an orange appeared a day later. These were not so painful. The knee was red and warm and fluid was present in the joint. Fomentations were applied and the limb was elevated on a splint and the swellings subsided in a week, leaving a brownish staining which entirely disappeared in