officer has to face as much danger in the field, and that he will do it with as much pluck as any of his "combatant" companions. We observe [in the despatch] that a bugler who remained by the body of Captain Close has been recommended for the Victoria Cross, and we trust that the claims of Assistant-Surgeon Grant may enable us at no distant date to record the addition of another laurel to the Medical Department of the army.

Colonel Grant served for 13 years with the 43rd Light Infantry, at stations abroad and in England and Ireland. In 1873 he was appointed by the Director-General to the charge of the Military Prison, Malta, which he held for five years. On his return to England he was appointed to the charge of the the Headquarter Staff at York, under the late General Sir George Willis, K.C.B., and subsequently to the charge of the Station Hospital at Edinburgh Castle. When the Cameron Barracks at Inverness were occupied in 1886 Colonel Grant was selected for the charge, and has continued ever since, a period of 16 years, his services having been retained owing to the war in South Africa.

AFFECTIONS OF THE EAR IN THE GERMAN ARMY.

In the German Army 55·2 per cent. of the disability due to affections of the ear are referable to the external parts, including the tympanum; 38·7 per cent. to the inner regions of the auditory apparatus; and the balance, 6·1 per cent., to "hardness of hearing" independent of any appreciable physical changes. Affections of the ear occur with greatest frequency in January, July, and November, the reasons assigned for their prevalence during these months being respectively cold, bathing, and the arrival of recruits. Three chief causes of ruptured tympanum are mentioned in the official reports: direct violence, diving head foremost into water, and the concussion from heavy ordnance. Amongst rarer causes there are insufflation by means of instruments, sneezing, loud speaking as in giving the word of command, fits of coughing, vomiting, thunder, and foreign bodies, such as pieces of straw, grains of wheat, insects, pointed pencils, paper spills, matches, and knitting-needles. The form of direct violence which most frequently gives rise to rupture of the tympanic membrane is boxing on the ear, but the wounds thus produced are said to heal very rapidly and without implication of the inner tracts. On the other hand, rupture from diving is often followed by inflammatory complications, cerebral or meningeal. In a recent compilation of the 13 official reports dealing with the health of the German army which have been issued during the period from 1873 to 1896 Dr. Villaret states his belief that the customary punishment by boxing on the ears seldom or never causes rupture of the tympanum in healthy and normal subjects. Whenever the accident does supervene there is nearly sure to be disease present in a chronic or latent form or else some malformation of the part which renders it peculiarly susceptible to injury. The mortality from disease of the ear is still considerable in the German army. During the period from 1873 to 1881 32 deaths were ascribed to affections of the internal ear. Operative interference seems to have been first essayed in 1881, when two cases of trephining proved fatal. In the course of the next five years, however, 13 similar operations resulted favourably. In the period from 1888 to 1896 the total number of operations for internal disease of the ear was 123, with a mortality equal to 18·7 per cent. Since 1888 the instruments required for operations on the ear have been regularly supplied to all garrison hospitals, but although the number of operations on the ear is steadily rising the invaliding is also increasing. From 1873 to 1888 the annual discharges from the service on account of disease of the ear were at the rate of 0·13 per 1000 of strength, while during the period from 1889 to 1896 they were at the rate of 0·31 per 1000. Dr. Villaret, in conclusion, recommends the adoption of the following measures: (1) prohibition of all diving head foremost; (2) a strict auricular examination of all soldiers at the beginning of the bathing season; and (3) the systematic purification of all water used for ablutionary and balneal purposes in order to insure a complete freedom from pathogenic germs.

ENTERIC FEVER IN ARMIES.

A correspondence has, as our readers are aware, been recently taking place in the columns of the *Times* in regard to this subject. It seems to have arisen out of the reported results of a commission of inquiry instituted by the American War Office into the causes of the outbreaks of enteric fever in the military camps of the United States army in 1898 and the publication of the important paper read by Major R. H. Firth, R.A.M.C., and Major W. H. Horrocks,

R.A.M.C., at the late meeting of the British Medical Association. We called attention in our issue of Oct. 4th (p. 945) to the scientific merits of that paper. We need scarcely say that the question of the etiology and causation of enteric fever is too big and intricate a subject to be adequately or usefully discussed in the lay press. Dr. H. E. Leigh Canney, who has very prominently interested himself in the subject of the causes and prevention of this disease, points out in his communication to the *Times* of Oct. 6th that the prevention of enteric fever in armies is to be discussed at the meeting of the Medical Society of London on Oct. 27th. If the discussion is to lead to useful results it must be both technical and thorough and it will probably not be confined to one meeting.

"WIND SHOTS."

A communication from "F.R.C.S." in the *Times* of Oct. 7th reopens an old question which has been frequently raised by army surgeons in the past—namely, so-called "wind shots" producing fatal injuries without any apparent lesion. "F.R.C.S." is convinced that such cases, though, of course, comparatively rare, do nevertheless occur, adding that the late Sir William Mac Cormac apparently held a similar view, and asks that any instances of the sort may be put on record. The subject is discussed but differently accounted for, however, in the late Sir T. Longmore's treatise on Gunshot Injuries (1895) which is the only work available for reference at the moment. In violent explosions by gunpowder or otherwise great internal injuries may result from the explosive force with little, if any, external lesion.

THE FIRST ARMY CORPS.

An official memorandum has been issued at Aldershot regarding the organisation and distribution of the First Army Corps and First Cavalry Brigade with a view to the centralisation of command of its various component parts. From this it will be seen that among other dispositions field hospitals and bearer companies have been allotted to brigades, divisions, and corps troops, and that the First Army Corps has been modelled on the lines previously approved by the War Office. This promises to be a step in the right direction in that it will lead to the unification of the system on which the troops and medical service have to work together in the field and a training at Aldershot will thus, as far as this can be done in peace, become a practical training for war.

BARRACK-ROOM LIFE.

Without entering into the very debateable question of the merits and demerits of the cubicle system for barracks we may say that large barrack-rooms, accommodating from 30 to 40 men, if considered in regard to comfort and from a sanitary, social, and administrative or disciplinary point of view, compare unfavourably with barrack-rooms of smaller size—for 10 or 20 men, for example. It struck us that there was much common-sense in what "An ex-Squadron Sergeant-Major" urged in favour of the latter in a recent communication to the *Standard*. The present tendency is, we believe, to provide newly constructed barracks with rooms of smaller size and on the company principle.

Correspondence.

"Audi alteram partem."

THE ELECTION OF THE DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL AND THE MEDICAL PRESS.

To the Editors of THE LANCET.

SIRS,—May I be allowed a word of criticism on a remarkable sentence in Mr. Joseph Smith's letter of thanks to his supporters¹ which seems to me to raise a very important question? "I had the whole medical press against me, including the *British Medical Journal*, which, I maintain, should have remained neutral." (The italics are mine.) This sentence is hard on Mr. Brown and the *General Practitioner*, but what concerns me more is Mr. Smith's wish to tie the

¹ Vide THE LANCET, Oct. 4th, 1902, p. 951.

hand of the editor of the *British Medical Journal*. I am disappointed at such a feeling in Mr. Smith and I venture to hope that it does not express his permanent opinion. The freedom of the press is perhaps exaggerated, but it is certainly one of the glories of England and it will be a bad day for the medical profession if the medical press has its freedom limited. So long as editors are fair and above board, so long as they display courage and interest and full information, and a faculty of leading, and complete independence of persons and cliques, so long should they be independent and much praised for their independence. It will be another blow at the influence of the British Medical Association, in addition to that involved in the wooden and mechanical system of representation lately introduced at the instance of less than a hundred of its members, if its journal is to be silenced in discussing the claims of candidates for direct representation. Such a change, I need not say, will be still more injurious to direct representation itself which must come to grief if it and all its would-be representatives cannot bear the fullest discussion.

I am, Sirs, yours faithfully,
Highbury-place, N., Oct. 7th, 1902. J. G. GLOVER.

SOME OBSERVATIONS ON INTRAVENOUS INJECTIONS WITH A DEATH FOLLOWING THE INJECTION OF ANTI-STREPTOCOCCIC SERUM.

To the Editors of THE LANCET.

SIRS,—On one occasion two pints of normal saline solution which “felt cold” to the finger of the surgeon and which he estimated to be about 85° F. were given intravenously in an emergency to a woman who was in a low state from long-continued sepsis. She had never had convulsions, but within 10 minutes she began to shiver with great violence and a severe rigor resulted, which lasted an hour in spite of the administration of a quarter of a grain of morphia and of brandy and the application of hot bottles, &c. In another case, a lad, aged 15 years, was admitted unconscious and apparently moribund, suffering from bubonic plague, with the respirations 16 and the temperature 36.5° C. (97.6° F.). His pulse was 140 and very feeble. He was given Pasteur’s “serum antipestis” intravenously. Six bottles were prepared, but by the time four had been injected (a Roux syringe with a cannula in the median basilic vein being used) the boy’s respirations had dropped to five or six a minute with most intense respiratory embarrassment and but little cyanosis, so I stopped the injection. Strychnine and coffee and brandy enema were given and his respirations and pulse, which had become imperceptible at the wrist, gradually improved, so that in two hours his respirations were 15 and his pulse 110 and his general condition was astonishingly good. From this time onwards he improved rapidly and recovered completely under ordinary stimulating treatment. In another case in which plague serum was being given intravenously I remember noticing intense respiratory distress with great slowing of respiration and but slight cyanosis, all of which disappeared in a few hours.

In a fourth case, a married woman, aged 30 years, a strong “wiry” subject, admitted with post-puerperal sepsis, was treated on ordinary lines by curettage, continuous irrigation, &c., for some weeks until finally Douglas’s pouch was opened and, later, hysterectomy was performed. She went on fairly well for six days, but with a considerable degree of bronchitis, the temperature averaging from 37.8° to 39° C. (from 100° to 102.2° F.). On the evening of the sixth day I injected into the right median basilic vein (after constricting the upper arm and plunging a fine trocar and cannula into the distended vein) some “anti-streptococcic serum” (B. W., and Co., Series 68). I injected one bottle (10 cubic centimetres) without having warmed it and was about to inject a second dose of 10 cubic centimetres when the woman instantly uttered a low cry and after a few twitching convulsive movements of the head and face stopped breathing—that is, she could not have taken more than two or three breaths after the first drops of serum entered the vein. I noticed that her pupils very quickly widened and that her face assumed an ashy pallor, but no cyanosis was present. Oxygen, artificial respiration, and the battery were tried, all unsuccessfully. Seven minutes after she stopped breathing occasional feeble churning movements

of the heart were audible on direct auscultation, but ten minutes after the respiratory stoppage the heart was silent and the woman was dead. As to the cause of death (which I believe was certainly attributable to the injection of the serum) I do not think “air embolism” is admissible, because immediately after disconnecting the syringe barrel from the cannula a few drops of blood exuded before I could apply my thumb, showing that there was certainly not a negative pressure in the vein. My procedure, too, was exactly the same in this case as in many other cases in which I have injected serum (including two injections of two bottles into this same woman three weeks previously when her general condition was not so very unsatisfactory). With regard to “cardiac syncope,” her respirations ceased immediately though her heart could be heard beating seven minutes afterwards. “Pulmonary embolism” seems very likely, but the serum, though not perfectly clear, did not contain any large shreds. “Immediate effusion into the lungs” suggested itself, but no râles were audible in her last two or three breaths or while artificial respiration was going on. Was the death due to some violent specific action of the serum on a debilitated patient? I remember reading of a collapse after intravenous use of anti-diphtheritic serum but am unable to find the account. I should be glad to hear of any similar experiences by others and suggestions as to the cause of death. The husband had the body removed within an hour of death, precluding the possibility of a post-mortem examination. For permission to report this case I am indebted to Dr. Connolly.

I am, Sirs, yours faithfully,
Brisbane Hospital. R. A. O’BRIEN, M.B., B.S. Melb.

THE DANGERS OF COMMON COLDS.

To the Editors of THE LANCET.

SIRS,—In his letter in THE LANCET of Oct. 4th, p. 957, Dr. R. Prosser White calls attention to a subject of practical importance. In my case coryza begins with a peculiar feeling of dryness in the posterior nares, sometimes in the throat. This is followed in about 24 hours by increased secretion from the nostrils, watering of the eyes, and other painful symptoms. The area of distress goes on increasing for three or four days. It occupies the whole nasal passages and may get into the frontal sinus. It creeps down the pharynx, enters the larynx, and may reach the bronchial tubes. I am inclined to think that this disease is infectious. Whether it be due to a microbe or some specific morbid process the important question comes, Can medicine do nothing to arrest the onward spread of the disease by direct applications to the spot originally affected, which we can reach by injections or by spray? I have tried injections by a glass syringe of solutions of boric acid, menthol, laudanum, and nitrate of silver. The first of these drugs seems useless; the last appeared to me to be the most efficacious in stopping the march of the disease; but it causes painful irritation of its own, which, however, soon subsides. I am hopeful that some more effectual means will yet be discovered of arresting the morbid process ere it has spread widely.

I am, Sirs, yours faithfully,
Musselburgh, Oct. 5th, 1902. WILLIAM W. IRELAND.

THE REPORT OF DR. DARRA MAIR ON “SORE-THROAT ILLNESS AT DITCHAM.”

To the Editors of THE LANCET.

SIRS,—This significant report, about which the members of the public health profession are strangely silent, has brought into prominence three important facts: (1) the extraordinary capacity for spreading disease possessed by hospital cases; (2) the fact that a scarlet fever patient on discharge from a hospital may sow broadcast both scarlet fever and diphtheria; and (3) the fact that the mischief thus wrought is generally covered up by the definition of a “return case” as a case which arises in the home within three weeks of the return thither of a hospital case. Dr. Killick Millard has called attention to the fact that not one of the cases which formed the subject of Dr. Darra Mair’s investigation occurred in the home to which the case child was sent from