

granted permission as an exceptional measure to return to their families for medical treatment, commanding officers shall grant leave of absence for a period in accordance with the probable duration of the disease, but not until they have satisfied themselves that the families are in a position to receive their relatives." The Minister of War's instructions on the foregoing run as follows: "The decree is designed, so far as possible, to prevent soldiers proceeding on leave of absence while in the incubative stage of disease. The neglect of this precaution might at any moment lead to overcrowding in the civil hospitals or to sick soldiers whose state did not permit of their reception and treatment among their friends being left without an asylum."

#### THE HEALTH OF THE JAPANESE NAVY.

The Director-General of the Japanese Imperial Navy has just issued his report for the twenty-eighth year of Meiji (1895). The general health he states to be satisfactory. The returns of the number of cases of disease show a decrease of 53·96 per 1000, while the ratio of each day's sickness shows an increase of 0·36 per 1000 of the force when compared with the previous year. As the battle of Wei-hai-wei and the rebellion of Formosa occurred in 1895 the number of casualties was naturally greater than in an ordinary year. The ratio of cases of venereal disease and their sequels was 152·39 per 1000. The mean daily force in service for the year was 13,006 men, an increase of 2003 men over the previous year. Of the total number of 13,006 men 0·02 per cent. were under the age of fifteen years, 5·73 per cent. were between the ages of fifteen years and twenty years, 38·30 per cent. between the ages of twenty years and twenty-five years, 31·58 per cent. between the ages of twenty-five years and thirty years, 18·90 per cent. between the ages of thirty years and thirty-five years, 4·32 per cent. between the ages thirty-five years and forty years, 1·05 per cent. between the ages of forty years and forty-five years, and 0·10 per cent. between the ages of forty-five years and fifty years. As the terms of service were lengthened by the Japan-China War there were some men over forty-five years of age.

#### SURGEON GENERAL TAYLOR.

Surgeon-General Taylor, R.A.M.C., has, as we have stated, been selected for the appointment of Principal Medical Officer of the Anglo-Egyptian force in the forthcoming advance on Khartoum and is probably in Egypt at the present time. We presume that the size and importance of the expedition and the strength of the British contingent taking part in it were considered to be such as to warrant and require the appointment of an officer of high rank in medical charge of the expeditionary force and its sanitary and hospital arrangements in the field.

#### DEATHS IN THE SERVICES.

Surgeon-General William Johnston, I.M.S., Madras (retired), at his residence, Cheltenham, on July 24th. He served throughout the Chinese War and was present in ten engagements (medal with clasp). For many years he was deputy inspector of hospitals in the Madras presidency. He retired in 1876.

The appointment of Secretary to the Principal Medical Officer of Her Majesty's Forces in India will, we understand, become vacant on Aug. 14th by extended time expiration in the post of Surgeon-Colonel Beatson, 9th Bengal Cavalry, who will be succeeded by Surgeon-Major Shearer, 27th Punjab Infantry, late in medical charge of the 63rd Native Field Hospital.

**THE ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.**—Founder's day was celebrated on Monday, July 25th. The Rev. T. N. Hart-Smith presided, and among those present were Dr. T. W. Shore, Sir Joseph Fayrer, Dr. Holman, Dr. Lumsden Propert, Dr. Baines, Mr. Kiallmark, Colonel Gordon Watson, Mr. H. E. Vardon, Mr. Clement Smiles, and Mr. A. Oldaker. In his address the headmaster, the Rev. T. N. Hart-Smith, called attention to the large number of scholarships connected with the college and referred to the favourable alterations recently made in the conditions under which they were awarded. Dr. Shore, Warden of St. Bartholomew's Hospital Medical School, bore testimony to the excellence of the education given at Epsom College.

## Correspondence.

"Audi alteram partem."

### THE RECTAL INJECTION OF THE SERUMS.

To the Editors of THE LANCET.

SIRS,—In the treatment of diphtheria I have successfully employed a method of sero-therapy which has, so far as I am aware, not yet been brought under the notice of the medical faculty in this country. In this borough, and I think in most places where anti-vaccination precepts are rampant, any method of procedure which to the uninitiated savours of what our opponents are pleased to term the "Jennerian ritual" is certain to meet with most unreasonable and bigoted opposition. This spirit of interference is habitually manifesting itself in a stubborn refusal on the part of parents to allow their children to be treated with anti-diphtheritic serum. I think, however, that it is in large measure the method of administration which attracts the attention and calls down the anathemas of these parents. I was, therefore, last year tempted to inject sera *per rectum* instead of hypodermically and with such gratifying results that I see no reason to revert to the ordinary method of administration. So far I have not had a sufficient number of cases under my care to enable me to adduce evidence of any real value for statistical purposes, but I consider it expedient at this early stage to direct the attention of colleagues to what appears to be a simple method of employing a most excellent remedy. Certain it is that no harm can accrue through administering antitoxin by the bowel if the diagnosis is established and if the ordinary rules as to posology and aseptic preservation of the serum are observed. I have not seen a single case of rash or other complication which could reasonably be attributed to the serum. Such complications are, I believe, almost invariably caused by the coinjection of adventitious organisms or their products and it is at least possible that many of these would fail to pass through the rectal mucous membrane. The serum itself, judging by results, appears to undergo rapid and complete absorption, so that I have observed the usual posological rules. A difficulty with which many provincial practitioners have to contend is to procure fresh serum expeditiously. It deteriorates rapidly if kept and the twenty-four hours' delay which perhaps ensues before it can be obtained fresh may determine a case. For this reason dried serum has commended itself, but I think most practitioners will agree with me that its viscosity when dissolved interferes with its hypodermic injection—that is, unless it be mixed with an inconveniently large volume of water. Moreover, it is by no means easy to ensure its sterility when mixing it. If, however, we administer it *per rectum* these two difficulties vanish and it becomes, *cæteris paribus*, the ideal serum for provincial practitioners.

Briefly, the advantages of rectal over hypodermic sero-therapy appear to be as follows: (1) It can be employed in almost all cases without fear of prejudicial interference; (2) solid sera can be conveniently used; (3) it is expeditious and simple; and (4) the absorbed serum is purer. I have also administered anti-streptococcic serum *per rectum* with gratifying result in a case of scarlet fever. Reasoning by analogy the method appears to be deserving of trial, and should my expectation as to its general employment in the near future be verified we may possibly hear of some enterprising firm supplying solid sera in the form of suppositories. The adduction of experimental as well as clinical evidence as to the absorption of sera and, indeed, of lymph by mucous membranes would be pregnant with interest.

I have the honour to be, Sirs, yours faithfully,

J. E. O'CONNOR, M.B. R.U.I.,

Physician to the Lowestoft Isolation Hospital.

Lowestoft, July 21st, 1898.

### "ONLY A PAUPER."

To the Editors of THE LANCET.

SIRS,—I notice that you have in THE LANCET for the second time cast a slur on what you term the Marylebone infirmary workhouse. There is no such place as the Marylebone