

unusual opportunity of showing its readiness for active service and of rehearsing the removal of wounded men from the battle-field under circumstances of as much realism as was practicable in peace time. During the August military manoeuvres on Salisbury Plain and elsewhere in that neighbourhood the operations on the 22nd, 23rd, and 24th of the month provided the incidents necessary for the purpose, under the direction of Major-General Sir Henry Rawlinson. An invader was supposed to have landed in Dorset and to have sent a small force (the White army) in a northerly direction. The defending force (the Brown army) consisting of 3rd Division troops to represent a division under General Drummond, was to supply the casualties. This force encountered a portion of the invaders on August 22nd, and on the following day the two armies fought a battle at Yarnbury in Wiltshire. The enemy was represented by a very small force, but each man carried 150 rounds of blank ammunition so as to be able to keep up an intense fire. Labels indicating a great variety of wounds were at suitable periods attached to the uniform of a proper proportion of men of the Brown army, who thereupon fell and remained on the field until removed by the regimental stretcher-bearers. The labels directed whether the men in each case were to be removed "sitting" or "lying," or whether they might walk to the ambulance. The stretcher-bearers rendered first-aid, taking the field dressing which every soldier carries and applying it in such a manner as would be required for the wound described on the label. The bearer divisions of the field ambulances then took charge of the men, carrying them to the horsed ambulances and dressing stations. They were then conveyed to the tent divisions of the field ambulances near Shrewton and Winterbourne Stoke, the next stage being removal to the clearing hospital at Tidworth Park. The battle resulted in the defeat of the White army, which retreated to Codford. The men of the Brown army who became casualties numbered 33 on August 22nd and about 1840 on the 23rd, on which day the last convoy of wounded arrived at Tidworth about 10 P.M.; on August 24th there was a further list of casualties. This simulation of physical injury naturally presented some features more or less humorous, according to the point of view of the person concerned. A soldier labelled as severely wounded was quite pleased at being carried on a stretcher by the bearer division for several miles on a hot day, with the prospect of a comfortable repast at his journey's end; on the other hand, it was rather tantalising when the patient was told at the hospital that the treatment of the internal injuries mentioned or implied in his label made it necessary to withhold all food and drink for some time. For the purpose of these manoeuvres three field ambulances were mobilised. Each field ambulance was provided with 10 large wagons for conveying the sick and wounded, each wagon having accommodation for 12 patients who can sit up or for less than half of that number in the recumbent posture. Besides these 30 wagons there were also water carts, kitchens, and soup boilers on wheels. The *personnel* of each field ambulance included 192 officers and men of the Royal Army Medical Corps, and 59 of the Army Service Corps, giving the medical force a total strength of 753. Two of the ambulances proceeded towards the scene of the battle, while the third one remained in reserve. Every officer and soldier who became a casualty was sent back to quarters after receiving attention at the hospitals. Major-General Sir Henry Rawlinson, the director of the medical manoeuvres, has already issued some preliminary comments on them. He said that the movement of a field ambulance to a flank within view of the enemy might, and did, partially disclose to the enemy the intention of the divisional commander. He also praised the heartiness with which all ranks coöperated in making the situation as realistic as possible.

REGULATIONS OF THE TERRITORIAL FORCE AS TO DISABILITY THROUGH MILITARY DUTY.

The *Broad Arrow* of Sept. 2nd states that in the revised regulations of the Territorial Force it is provided that a sum not exceeding 3s. 6d. a day may be granted for a period not exceeding six months to a non-commissioned officer or man who is injured in and through the performance of military duty, and rendered incapable of resuming his trade or calling. The injury will be at once reported to the General Officer Commanding-in-Chief, who will, if he considers it necessary, after perusal of the medical evidence, direct an officer of the

Royal Army Medical Corps to report on the case unless the injured man is in a civil hospital. In the latter event the injured man should be directed to furnish a medical certificate from the hospital authorities as to the nature of his injuries. This gratuity may be paid under the same conditions to a Territorial who is incapacitated by illness proved to the satisfaction of the Director-General of the Army Medical Service to have been contracted in and through the performance of military duty, but no claim will be allowed which is not preferred within 12 months of the termination of the military duty in question. If the gratuity is claimed on account of an injury the application will be forwarded for the decision of the General Officer Commanding-in-Chief; if on account of illness, it will be sent to the War Office; in all cases it will be accompanied by (1) the proceedings of the board (if any) which reported on the case, or if no board has assembled, a statement setting forth in detail the circumstances in which the disability was contracted; and (2) by a certificate showing the period during which the non-commissioned officer or man was unable to follow his trade or calling.

Correspondence.

"Audi alteram partem."

BLACKWATER FEVER.

To the Editor of THE LANCET.

SIR,—Dr. J. E. Frere's notes and comments in THE LANCET of June 18th, p. 1716, on the second case of blackwater fever described by him are apt to create the impression that doctors in Burma are not yet aware of the existence of the disease in this country, and that in the treatment and prophylaxis of malaria large irregular doses are prescribed in a haphazard way. As far back as 1899 I drew attention to the fact that the disease existed in Burma. In that year I had my first case, a Ghurkha Sepoy, belonging to the Military Police Battalion at Myitkyina, which is the headquarters of a very malarial district in Upper Burma. This case was described by me in an article on "Blackwater Fever in Burma" on pp. 328-331 of the *Indian Medical Gazette* of September, 1907. I also drew attention to the fact that cases had occurred and been recognised in certain other districts of the province. During 1908-09 I made further investigation in the Myitkyina district, where four more cases occurred in the battalion. These cases were officially reported, and on inquiry I found that the disease was well known to the native Kachins, who spoke of it as "ngak," and diagnosed it in two cases that occurred in the headquarters Military Police Hospital. I have reason to believe that there is now very little, if any, ignorance on the part of medical men in Burma as to the existence of the disease in certain parts of the province. At least a dozen subassistant surgeons working under me in the Myitkyina district were shown cases and were trained to diagnose the disease. Some of these medical subordinates are now working in other districts, but they are wide awake and on the look out for cases wherever they go. I feel sure that they would not have been guilty of diagnosing the civil servants' malarial attacks, with bloody urine, as "malaria affecting the kidneys." The fact that Dr. Frere's patient was a civil servant in Burma leads one to infer that his medical attendant was a Government civil surgeon, and it is not conceivable how a medical officer holding such a responsible appointment could have made such an erroneous diagnosis when one knows that blackwater fever has attracted so much attention, and so much has recently been written on the subject in THE LANCET, the *Journal of Tropical Medicine*, the *Indian Medical Gazette*, and *Indian Public Health*, which are all supplied at Government expense to each civil surgeon in the province. Captain S. R. Christophers, I.M.S., and Dr. C. A. Bentley's memoir on "Blackwater Fever" was published by Government in 1909 and a copy supplied to each civil surgeon. The subject was also discussed at the Bombay Medical Congress in 1909, and the Transactions of the Congress have been published. Dr. A. G. Newell, editor of *Indian Public Health*, published his book on "Blackwater Fever" in 1909, and this has probably had a wide circulation in India and Burma.

As regards quinine administration in Burma, it may be safely asserted that 30-grain doses of the sulphate are not prescribed. So far as I am aware, 10 grains thrice daily is the usual practice, the doses recommended by Major Leonard Rogers, I.M.S., in his book "Fevers in the Tropics." I am aware of the fact that opinions still differ as to the dosage of quinine. For instance, at the recent Imperial Malaria Conference held at Simla in October, 1909, Major C. Donovan, I.M.S., stated that he usually employed 30 grains of the sulphate for a dose, or 20 grains of the hydrochloride, or 10 grains of the acid hydrochloride. Major James, I.M.S., on the other hand, favoured the "fractional method" of treatment and made some very valuable suggestions with reference to "problems relating to the use of quinine." He has brought ample evidence to prove that there is a great deal yet to be learnt as regards the proper dosage of quinine in cases of malaria. He has pointed out very emphatically that the matter is very complex, the success of the drug depending upon a number of factors about which we know little or nothing at present. The time of administration is all-important, because we know that the drug is immediately fatal to only one stage of the parasite—namely, to that stage which follows sporulation. It would take up too much of your valuable space to quote the many unsolved problems suggested by Major James, whose valuable contribution should be in the hands of all medical men interested in the subject of malaria and blackwater fever.

In regard to the quinine prophylaxis of malaria, different methods have been adopted. Major James recommends a small dose every evening, but admits that good results can be attained by other methods, as was obtained by Colonel G. F. W. Braide, I.M.S., in the Punjab jails, where 15 grains were given once a week to each prisoner. The following figures show the results obtained in 1908 by me in the Myitkyina Military Police Battalion, the average strength in each year being a little over 1400 men. Admissions for malarial fever at headquarters and the eight permanent outposts:—

		Indoor.	Outdoor.	Total.
1906	1602	3372	4974
1907	1693	2714	4407
1908	328	200	528

Ten grains of quinine sulphate dissolved in acid sulph. dil. and water were given by the mouth on two successive days, commencing from May and ending in December. During this year there were four cases of blackwater fever, the notes of which will be sent for separate publication.

What Dr. Frere says about small regular doses of quinine being used in Africa is not borne out by the observations recently made by a correspondent (Surg.-Lieut.-Col. I.M.S., Retd.) on pp. 29 and 30 of the *Journal of Tropical Medicine and Hygiene*, dated Jan. 15th, 1910. He says: "Although I made scores of inquiries I failed to meet anyone using quinine as a prophylactic who took more than 5 grains of the remedy daily. Very few took as much, the majority contenting themselves with 3 grains a day or with only occasional doses of 10 grains or so whenever they feel run down; others again took 15 grains once or twice a week, and so on. Several men, from indifference or inertia, frequently omitted to take any quinine whatever for days together, while a few professed to have no faith in its protective power and did not take it at all. No wonder that under such circumstances quinine prophylaxis of malaria on the West Coast of Africa has been a failure, and that deaths from blackwater fever still are, as in the past, of constant occurrence." This emphasises the fact that the problems suggested by Major James should receive careful and early consideration, but there will probably be no uniformity of practice amongst medical men in the quinine prophylaxis and treatment of malaria till such time as the points raised by him are satisfactorily settled.

I must apologise for the length of this letter, but I trust that I have succeeded in showing that the question of blackwater fever and the correct treatment and prophylaxis of malaria are receiving careful attention in India and Burma. It sometimes happens that patients have their own ideas on treatment and very likely the civil servant from Burma was one of these. The statements made by such patients are apt inadvertently to cause unmerited reflections of ignorance or neglect on the part of their medical attendants.

I am, Sir, yours faithfully,

LAWRENCE G. FINK, M.B., C.M. Edin.,
Civil Surgeon, Myaungmya, Lower Burma.

July 21st, 1910.

THE CAUSATION OF DIFFUSE LIPOMA OF THE NECK.

To the Editor of THE LANCET.

SIR,—I shall be much obliged if you will kindly assist me in an inquiry which I have at present in hand. Your readers are doubtless well familiar with the condition of diffuse lipoma of the neck and other regions, which we have been accustomed of late (following, I think, the lead of Mr. Marrant Baker) to associate with beer-drinking. Has this condition come under observation in any of the domestic animals? I have at present two good examples of it in asses, and I am told that others may be found if looked for. The condition should be sought, if I am not mistaken, in castrated males which have been well fed.

If any of your readers can refer me to anything which has been written on the subject or to examples which they have themselves observed I shall be much obliged. Some may possibly remember that in my recent paper before the British Medical Association I made especial reference to this region in connexion with paleogenetic speculations.

I am, Sir, yours faithfully,

Haslemere, Sept. 4th, 1910.

JONATHAN HUTCHINSON.

THE OUTBREAK OF CEREBRO-SPINAL MENINGITIS IN LEICESTERSHIRE.

To the Editor of THE LANCET.

SIR,—As this outbreak of cerebro-spinal meningitis has caused much writing in the press and sundry statements have been attributed to the Local Government Board inspector, I would ask those who are interested in the question to await the publication of the full notes. These will be published by me, so far as my cases are concerned, when I am able to add the report of the examinations by the several bacteriologists who have the matter in hand.

I am, Sir, yours faithfully,

GUY C. B. ATKINSON.

Long Clawson, Melton Mowbray, Sept. 6th, 1910.

THE TREATMENT OF RINGWORM.

To the Editor of THE LANCET.

SIR,—I was agreeably surprised to read Dr. J. Mackinnon's letter *re* action of formalin 40 per cent. solution on ringworm. Dr. Mackinnon does not specify if he used formalin with such success in ringworm of the head. Its use he appears to limit to tinea corporis, which most medical men admit sometimes yields to the domestic remedy ink. In my practice I have found formalin very deadly to fleas as well as to flies.

I am, Sir, yours faithfully,

SANDY MACPHERSON.

THE JAPAN-BRITISH EXHIBITION AWARDS.

To the Editor of THE LANCET.

SIR,—On July 9th the name of our firm appeared in the List of Awards as the only recipients of the Grand Prix for disinfectants, and we duly announced that fact by an advertisement in the columns of your journal. We now learn (eight weeks after the original publication of the list) that within the last few days a similar distinction has been conferred upon another firm of manufacturers, making our statement erroneous as at the present time. We now ask the courtesy of your columns to correct our statement, which was, of course, made in good faith and in no sense intended to mislead.

Yours &c.,

For JEYES' SANITARY COMPOUNDS CO., LIMITED,
WM. PLANNER, Secretary.

Cannon-street, E.C., Sept. 3rd, 1910.

ON THE NOTIFICATION OF CONSUMPTION.

To the Editor of THE LANCET.

SIR,—I see that in THE LANCET of August 20th a correspondent, Dr. J. Cunningham Bowie, comments upon a letter from me which you published in your issue of August 6th, and says that he would feel much obliged by my replying to three questions which he propounds at the close of his communication. Before stating these he points out, apparently as a ground of complaint against me, that I have not disproved a single fact or controverted a single statement in