

The condensers could not provide enough fresh water so the wounds were washed with sea water and the passengers had to tear up their shirts to make dressings. The *Concho*, provided with 58 beds, arrived on July 29th with 172 sick and wounded. She had on board one medical officer who was himself suffering from illness and with him there was one hospital attendant.

THE ROYAL ARMY MEDICAL CORPS.

The *Army and Navy Gazette* of Jan. 7th, in dealing with the history of the military year, 1898, makes the following remarks: "The Army doctors have had their hearts gladdened, after years of vigorous agitation, by the issue of a Royal Warrant according to them the right of bearing military titles, whilst the old Medical Department, lately the Medical Staff, is now constituted a Royal Army Medical Corps. What the effect will be in attracting young men to the service remains to be seen, but at any rate some of the most pressing wants of the gallant and devoted body of men who are charged with the care of the sick and wounded have been met and Lord Lansdowne has thus earned the gratitude of the profession at large. It is for the profession of medicine now, the heads of schools before all, to show a proper appreciation of favours and assist the War Office to secure candidates in every sense suitable. If this is done we have no doubt the military authorities will even go further than they have at present in their endeavours to make the position of the Army medical officer comfortable and attractive. The future of the Army doctor now depends largely on the Army doctor himself and those who have influence over him outside the service. All the War Office for the moment can do is to watch events and be guided by the action of those to whom it looks for support. The support of which we speak ought certainly to be forthcoming."

THE SOUDAN EXPEDITION.

Since the occurrence of the battles at Atbara and Omdurman the remaining portion of the Dervish force under Ahmed Fedil has been attacked whilst crossing the Nile and badly defeated by Colonel Lewis, in command of the 10th Soudanese and some irregulars. We infer from Lord Cromer's speech to the Soudanese chiefs and sheikhs regarding the future policy of the Egyptian and British Governments that the conquered country is to be divided into districts and temporarily administered under resident military officials, very much as is done in India. We are naturally glad of this because it is what we have already indicated as in our opinion the best course. A few years' peace under such administration and government, will bestow a degree of prosperity, health, and happiness on the dwellers in the Soudan which they have not known for many years past—if they have indeed ever done so before.

THE ARMY MEDICAL SERVICE.

The announcement in the *London Gazette* of Jan. 10th of the new titles conferred upon medical officers serving at the Headquarter Office of the Army Medical Service was no doubt a cause of more or less surprise. Our interpretation of its object is, however, that it is simply with a view of placing the medical service upon a similar footing to that of other branches of the military service by assimilating the titles of medical officers in the Director-General's office to those of other military officers holding staff appointments in the War Office. The announcement in question, given on the previous page, is:—

Army Medical Service.—Surgeon-General W. Taylor, M.D., C.B., to be Deputy Director-General. Lieutenant-Colonel W. L. Gubbins, M.B., the Royal Army Medical Corps, to be Assistant-Director. Majors W. G. A. Bedford, M.B., and W. G. Macpherson, M.B., of the Royal Army Medical Corps, to be Deputy Assistant-Directors.

LEAN'S ROYAL NAVY LIST.

The eighty-fifth quarterly issue of this practically indispensable handbook is now on sale at the publishers, Messrs. Witherby and Co., 326, High Holborn, and 4, Newman's-court, Cornhill. Constant reference to its pages confirms its accuracy and the publication is now so well known as to make description unnecessary. The present issue is brought up to date and the work forms, as it has always done, a complete storehouse of reference with regard to our first line of defence.

THE APPOINTMENT OF MEDICAL OFFICER ON THE NEW VICEROY'S STAFF.

Lieutenant-Colonel H. Fenn, of the Royal Army Medical Corps, went from Calcutta to Bombay on the arrival of Lord

Curzon in order to take up his appointment as Medical Officer of the Viceroy and his Staff.

NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the Directors of the Naval Medical Supplemental Fund, held on Jan. 10th, Inspector-General W. H. Lloyd, M.D. St. And., in the chair, the sum of £65 was distributed among the several applicants.

THE AMEER OF AFGHANISTAN.

The Ameer, according to recent intelligence from Cabul, is stated to be seriously indisposed. In the event of his death political complications and difficulties may very probably arise in Afghanistan.

DEATHS IN THE SERVICES.

General Sir James Mouat, V.C., K.C.B., on Jan. 4th, at his residence in Palace-gardens-terrace, Kensington. (An obituary notice will be found in another column of THE LANCET.)

Lieutenant-Colonel R. Macrae, Indian Medical Service, Civil Surgeon of Dacca, has been appointed Civil Surgeon of the First Class, vice Lieutenant-Colonel R. D. Murray, Indian Medical Service.

Her Royal Highness Princess Christian of Schleswig-Holstein has consented to present the prizes to the London Companies Volunteer Medical Staff Corps, on Friday, Jan. 27th.

Correspondence.

"Audi alteram partem."

VACCINATION LITERATURE.

To the Editors of THE LANCET.

SIRS,—It has been suggested to me that the members of the medical profession might give valuable help in educating the public in the cause of vaccination by allowing samples of Jennerian literature to be on the tables of their waiting-rooms where they might be seen by their patients and others. The Jenner Society will be happy to supply such literature to anyone who will apply for it. I am glad to find from communications I am increasingly receiving that the members of the profession are beginning to take a much more active part than they have hitherto done in this good work by giving lectures and addresses on the subject, by correspondence in the public papers, and by joining in debates on it. I shall be pleased to give any assistance in this direction to any who may desire it.

I am, Sirs, yours faithfully,

FRANCIS T. BOND, M.D. Lond.,

Gloucester, Jan. 3rd, 1899. Honorary Secretary Jenner Society.

"RECRUDESCENCE OF PSITTACOSIS."

To the Editors of THE LANCET.

SIRS,—I see that your correspondent at Rome sends you an account¹ of the recrudescence of this complaint in Italy. It is endemic in this country and if cases are not notified it is that they are not recognised. Something over a year ago you were good enough to publish my views upon the subject, which views I have since seen no reason to modify. Still there is a danger that the disease may spread to human beings by contact with the diseased parrots and especially so if people are uncleanly enough to put the birds' bills into their mouths. One firm of importers states in its advertisements that it receives 80,000 (eighty thousand) grey parrots a year, and I have the best of reasons for saying that these birds invariably die within six weeks of their arrival from psittacosis, a form of fever akin to typhus, and they will continue to do so until either the public ceases to buy or the supply of parrots fails.

I have called attention to this excessive mortality for years past but it still goes on and there is no doubt that

¹ THE LANCET, Dec. 10th, 1898, p. 1591.

There is a risk of the fever extending its sphere of destructiveness. At first it was confined to the grey parrot, but now I find evidence of its fatal effects in other birds of the same family but different species coming from West Africa, and also, quite lately, in other birds, and although inoculation failed to convey the disease to pigeons and guinea-pigs, exposing the former to immediate contact for some days with a death-smitten parrot was effective in transplanting the fever. So it may go on, and probably will, unless something is done to purify the dens to which the birds are conveyed on their arrival at the coast, the cages or crates in which successive batches are imported, and even the part of the ship in which the poor creatures are lodged during the voyage.

To show how deadly is the scourge and how persistent the infection people have written to me to say that they have had several (from 3 or 4 to 20) die within a few weeks of buying them, and they could not imagine why it should be so, for not only had they taken every precaution in the ordinary way but they had lost birds which had been brought over privately and which had never been near a dealer's shop. The explanation is simple. The cage in which one of these birds has died is henceforth a source of infection and can only be cleansed by stoving, all domestic methods of disinfection utterly failing to stamp out the germs of the disease which I have reason to believe has its origin in overcrowding and dirt.

Personally I have failed to trace any connexion between fever in a favourite parrot and any ailment subsequently manifested by its master or mistress, but I can conceive that such is possible; therefore it is high time that sanitary authorities should interfere and see that the "emporium" whence these birds are distributed over the country are put into a healthy, wholesome condition, or if this be found impossible that they be compulsorily closed, for humanity revolts at the thought of the wholly preventable massacre of the innocents and its possible consequences. All dealers in livestock should be compelled to take out a stiff yearly licence and their premises should be periodically inspected by competent officials who should report to a central authority vested with sufficient power to put down a nuisance of which the consequences may soon prove to be more dangerous to the public welfare than is generally supposed.

I need say no more about bird and pet stores; anyone who likes can make a tour of those in London and judge for himself or herself, but I have no hesitation in affirming that the result will be a prompt decision that something should be done, and done quickly. I find that although the lungs are affected in some cases the disease concentrates its virulence in the liver, kidneys, and more particularly the spleen.—I am, Sirs, yours faithfully,

W. T. GREENE, M.D., T.C.D., F.Z.S., &c.

Belvedere, Kent, Jan. 4th, 1899.

POISONING BY BROMOFORM.

To the Editors of THE LANCET

SIRS,—In THE LANCET of Dec. 31st, 1898, your Manchester correspondent records a case of poisoning by bromoform in Lancaster. I think the following case may be of interest as it seems to resemble the one mentioned with the great difference that my patient recovered.

In the early part of last year my partner's five children were suffering from pertussis and, other remedies failing, he decided to try bromoform, one and a half drachms of which were put in a mixture made up to eight ounces with mucilage and water. The eldest girl, aged eight years, took one tablespoonful and the others smaller doses according to their ages; for four or five days they took the medicine and were so benefited by it that it was discontinued. On the sixth day, about 4.30 P.M., I was sent for, as my partner was out, and on arriving I found the eldest girl in the following critical condition. She was lying in a wholly unconscious state, snoring deeply. Both pupils were strongly contracted and hardly reacted to light. The conjunctival reflexes were almost lost, the pulse at the wrist was scarcely perceptible, and the heart-sounds were very weak. The face was pinched and the lips were blue. I gave two drachms of ipecacuanha wine which produced fairly free vomiting, and followed this up by a hypodermic injection of $\frac{1}{120}$ gr. strychnine and applied hot flannels over the heart. As the improvement in the child's condition was very slight I gave an injection of two drachms

of whisky under the skin of the chest and an enema of strong coffee. The pupils were now more dilated and the pulse was better in strength and quality and though still unconscious the patient's general condition had improved. Her father then returned and drew my attention to a peculiar sweetish smell which was evolved from the vomit and breath and on inquiry we received the following particulars of the onset from the mother. The girl had a violent fit of coughing at 3 P.M. and was given a dose of the bromoform mixture, the last in the bottle. She then lay down. From half to three-quarters of an hour later her mother heard loud snoring issuing from the room and being unable to rouse the child sent for me. About 8 P.M. the patient recognised her father and seemed to be improving. At 10 P.M. there was a change for the worse; the character of the respiration, however, changed from the loud snoring to a soft sighing, becoming so feeble that we resorted to artificial respiration. Owing to the recurrence of the symptoms we suspected that some of the drug must be left in the stomach which we accordingly washed out with an ordinary syphon pump and noticed that the water which returned had the same sweetish smell, which smell the child's breath retained for several days. The remaining treatment through the night consisted in putting the patient near an open window, where she gradually recovered, and with the exception of a very bad headache the next day she did not seem much the worse for the misadventure.

I am, Sirs, yours faithfully,
Littleport, Cambs, Jan. 9th, 1899. HAROLD W. EVANS.

"THE 'OPEN-AIR' TREATMENT OF TUBERCULOSIS."

To the Editors of THE LANCET.

SIRS,—Your correspondent, Staff-Surgeon Gipps, in his anxiety to emphasize the value of Alpine climates has been guilty of some exaggeration and aroused the suspicion that he knows little of the results obtained in non-Alpine sanatoria in Europe and America. Anybody who had not specially studied the subject would be led by a perusal of Staff-Surgeon Gipps's letter to believe that the open-air treatment is only possible in Alpine and other specially favoured climates. Alpine sanatoria need no puffing, but they are by no means suitable for every case of consumption, even in an early stage, and are not available for the majority of suitable cases in this country. It is therefore fortunate that exceedingly good results are obtained in non-Alpine sanatoria, which constitute by far the larger number of those in existence, and some of which are no more favoured by soil and climate than many parts of the British Isles.

The results in non-Alpine sanatoria of Germany were sufficiently good to warrant the insurance companies there in paying between three and four million marks in 1898 for the maintenance and erection of such sanatoria for the people. One of these insurance companies has published elaborate statistics of 1541 phthisical patients, showing that in such sanatoria general improvement has taken place in 85.5 per cent., local improvement in 61.1 per cent., and complete restoration of working capacity in 71.8 per cent. In 15.5 per cent. the local signs were slight on admission and disappeared during treatment; in 15.4 per cent. they were unchanged; in 42.6 per cent. the local signs were well marked on admission and greatly improved on leaving; in 13.9 per cent. the local signs remained of a well-marked character and in only 6.6 per cent. they increased. It is also shown that a large proportion of those treated in former years have remained well. This is but one out of many examples of the value of rational treatment in medically-managed sanatoria even where the climate is not ideal. For the sake of the many who cannot go abroad, owing to expense, domestic ties, and a variety of medical and other reasons, I would urge Staff-Surgeon Gipps to be less sweeping and more accurate in his statements and not try to take from such patients their best hope of recovery. To exalt the value of climate (great as it is) at the expense of medical supervision of the details of daily life is a most dangerous policy which will only lead to a further extension of the "go-as-you-please" methods which are answerable for at least half the failures. What has been done in the Sharon Sanatorium in a consumption-ridden district, and at German hill sanatoria where the weather and climate are at times far