

advocated by Lord Roberts might have upon the physical condition of the people. Sir Frederick Treves, in the course of his remarks, said that the report of the Commission on Physical Degeneration was not very pleasant. It contained signs and hints of something that was coming, a weakness in our race, which if not paid heed to must lead to that degeneration which most of them feared. In his opinion the most striking feature of the age was the effect on the nervous system of the conditions of our modern life. The best remedy for this was perfect physical health, such as was gained by open-air exercise. That could be obtained by the system of military training suggested by Lord Roberts.

The *Broad Arrow* states that the administration of hospital services hitherto performed by the Royal Engineers has been handed over to the Director of Barrack Construction to whom, or to his representatives, should be addressed all communications respecting hospital buildings and their accessories which have until now been forwarded to the Royal Engineers.

Correspondence.

"Audi alteram partem."

ENTERIC FEVER IN THE ARMY.

To the Editors of THE LANCET.

SIRS,—Although most medical men who saw service at the front in South Africa recognise the impossibility of sterilising all water used either by boiling, filtering, or the addition of chemicals in tablet form (carefully elaborated and prescribed by armchair hygienic authorities on the prevention of enteric fever in a campaign), all will agree that, wherever possible, every opportunity should be taken to assist the men to obtain water which has been boiled. Whilst serving with General Plumer's force I had occasion to remark that the Australians and New Zealanders preferred at each and every halting place to drink tea. When a lime juice ration was served out very often they would not drink it. It was once or twice suggested that a double ration of tea would not only have given greater comfort to the Colonials but also have insured double the quantity of water being boiled. Thus they were always ready to fill their water bottles with tea before trekking. At the end of each day's trek it was a common sight to see them dismantle a farm house to obtain firewood to boil the "billy." Had full advantage been taken of this propensity to drink tea I was convinced the incidence of enteric fever would probably have been less. However, experience showed that this was not so. The worst attack of enteric fever that the New Zealanders and Queenslanders with Plumer had was after a rest of two weeks just outside of Wakkerstroom, where they availed themselves of the opportunity of getting copious supplies of tea from the field force canteen. However, as previous to the fight at Onverwacht, after which we went into Wakkerstroom to refit, we had never spent more than three or four days in a standing camp, we did not have the opportunity of exposing the force to the danger arising from a lengthy residence near its own or another column's excrement. Consequently (unless the epidemic of enteric fever was carried by "the filthy feet of faecal-feeding flies", my idea that it was best for each section of four to boil their own water—and to encourage them to do so we should have given them more tea—was not put out of court by the Wakkerstroom experience.

Speaking of boiled water it is necessary to remember that unless aerated it is very insipid. Also my experience was that the men and even the medical officers when really suffering from thirst (similar to that so graphically described by the late George Steevens in "With Kitchener to Khartum") never hesitated to drink water if nothing else was procurable. Until that thirst was satisfied one never worried about the possible dangers of enteric fever and dysentery. The serving out of Berkefeld filters to each company was an experiment which, with our column, was not a success, owing probably to the fact that we had no special orderlies told off to look after the sanitation of the squadrons. In the later stages of the war, when often 100 troops riding light by night with stripped saddles and no wheeled transport were out on patrol, each man weighted with a rifle and three bandoliers, the only chance of getting a drink of boiled water was from a "billy" (in which

each section of four generally made tea). For large standing camps and troops at the base it has long been known that the best method of treating water is to boil it.

For the benefit of those who seem to claim some originality for the idea I may mention that on the first page of Xenophon's *Anabasis*, Book II., reference is made to the using of the captured wagons, shields, &c., as firewood with which to boil the water for the 10,000. However, for mounted infantry and cavalry out on patrol, night marching, and doing work such as we did in South Africa, it was simply impossible to carry out sterilisation of the water on a large scale. It is worthy of note that in the irregular corps many of the men over thirty suffered less from enteric fever than the young regulars and the more youthful members of their own corps. Speaking for the New Zealanders and Queenslanders, the elder men were also able to withstand the wear and tear of the campaign better. Also their keenness for active service was not one whit less than that of the young bloods. From what I saw in South Africa and have since read I should think that inoculation against enteric fever, the taking of quinine if exposed to malaria or dengue fever (as we were in the Bushveldt and Pongola), the plentiful supply of soap, the frequent fresh issues of underclothing to prevent the miseries caused by body lice, together with instruction by the medical officers on the transports as to simple lines of health, the provision of special sanitary orderlies for each company, an expert sanitary officer attached to the staff to dissuade the chief staff officer from selecting an old camping ground, also to point out the advantage of a frequent change of camp, and the necessity of filling in latrines, would go far to reduce the incidence of enteric fever, dysentery, and other preventable diseases.

I am, Sirs, yours faithfully,

J. S. PURDY, M.D., C.M. Aberd., D.P.H. Cantab.,
F.R.G.S.,

late Surgeon-Captain New Zealand Militia.

Port Said, Jan. 10th, 1906.

THE PREVALENCE OF CONTAGIOUS DISEASE: A SUGGESTED INQUIRY.

To the Editors of THE LANCET.

SIRS,—During the past 20 years I have lived more abroad than in England and have noticed that amongst Americans, Colonials, Germans, and Japanese there is a curious unanimity of opinion that the modern British islander is degenerating. Some well-educated Germans have told me that one of the main causes of the decay of the Spaniards and the Portuguese was the prevalence of "specific" disease and intimated that the same cause is deteriorating the British race. It is all very well to laugh at these thoughtful foreigners and to ascribe their views to envy and prejudice but every year our population becomes more and more urban and a larger proportion thereby come in contact with contagious disease. Is it therefore possible that the British are commencing to show the effects of the *spirochæta pallida*? Permit me to suggest that the medical profession should endeavour to get a return for a period of three months of all cases treated at 12 of the largest hospitals in the kingdom, the direct or indirect cause of which is considered to be contagious disease. A return of this character would not cost much money and could commence on any date convenient to the hospitals; the result might be of national importance and could not fail to be of interest to the medical profession.—I am, Sirs, yours faithfully,

H. N. ROBSON, M.R.C.S. Eng., L.R.C.P. Lond.

Junior Constitutional Club, Piccadilly, W., Jan. 25th, 1906.

THE HEALTH OF MADEIRA.

To the Editors of THE LANCET.

SIRS,—As reports have been disseminated to the effect that either bubonic plague or some other infectious disease is prevalent in Madeira it is advisable that the medical profession should be informed that these rumours are absolutely without foundation. Some six weeks ago several so-called suspicious cases were removed to the "lazareto," a building used for isolating cases liable to spread infection, the persons who had been in contact with these patients being also removed and isolated in a separate part of the same building. Shortly afterwards it began to be said (rightly or wrongly) that these isolated individuals were not receiving that care