your columns, the hospitality of which you have so courteously extended to me and which I must therefore not abuse, I would ask leave to add a few words.

I desire to point out that the reviewer's criticism in question seems to be amply justified by what appears on p. 67 of his book, "The Rôle of Modern Dietetics in the Causation of Disease." Here Dr. Wallace says—

This year [i.e., 1905] we read in the "Dental Annual" that "interest has been aroused by iconoclastic opinions ventilated in medical periodicals as to the efficacy of tooth-powders and the artificial operation of brushing the teeth and gums. There has been a remarkable consensus of opinion as to the superiority of early mastication, the use of hard and resisting food, and the general exercise of the jaw muscles ..... as compared with soft feeding and artificial cleansing."

Immediately after which he proceeds to add—

I doubt if converts to a *new* truth are so speedily got unless both the older beliefs are hopelessly insufficient and the new ones are obviously in accord with known facts.

The italics, I may say, are my own. Moreover, while Dr. Wallace in his letter quotes selected portions of pp. 103, 104, of Mr. Alfred Coleman's well-known manual he ignores the following passage to be found on p. 107, which page is one of those alluded to by Mr. F. Coleman—

An animal's tooth brush is its proper food, which, if changed for an improper one, will often result in injury to the teeth.

I am, Sir, yours faithfully,
THE EDITOR OF THE "DENTAL SURGEON."

Dec. 17th, 1908.

TREATMENT OF NEPHRITIS.

To the Editor of THE LANCET.

SIR,—The following was communicated to me by a gentleman returning from a malarious district in Africa, where the great dread was hæmoglobinuric fever. He assured me that it had been exceptionally successful. It seems to be allied to a form of therapy which is somewhat discredited, I think, at present. Yet, because this gentleman assured me that under his personal observation it had been so very successful, I think it worth while to communicate it:—

Un rein de porc absolument frais est decortiqué et haché menu. On le lave rapidement à l'eau distilleé pour enlever l'urine stagnante que peut contenir le hachis. Le hachis de rein est ensuite broyé, pulpé au piloy dans un mortier avec 450 c.c. de serum artificiel à 7·50 pour mille (soit 3·25 pour 500 environ). Le pulpage effectué, on laisse exposer la bouillie qui en résulte, toujours dans un endroit frais, en été dans la glace entourant le mortier. Au bout de 4 heures on décante. Le liquide décanté forme environ 400 gr. d'une sorte de lavure de chair que le malade doit absorber en 3 ou 4 doses le 24 heures. Ce medicament peut être pris dans une tasse de bouillon ou de julienne tiède à la condition expresse que la température du mélange ne dépasse pas 38° C.

Dr. Touin, the prescriber, adds as a note: "Le traitement ne doit pas dépasser dix jours consécutifs."

Translation.—An absolutely fresh pig's kidney is decorticated and minced. It is next washed rapidly in distilled water to remove any stagnant urine. The minced kidney is next pounded in a mortar with 450 c.c. of artificial serum at 7·50 per 1000. This being done the resulting broth is left standing, always in a cool place, in summer surrounded by ice. At the end of 4 hours the supernatant liquid is decanted. It forms about 400 c.c. of a sort of "washing of flesh" which the patient should take in 3 or 4 doses during the 24 hours. This medicament may be taken in a cup of beef-tea or soup, on the express condition that the temperature of the mixture is not more than 38° C. This treatment should not be continued for more than ten days consecutively.

Opportunities for the treatment of nephritis of malarial origin are infrequent in these latitudes, but possibly this fresh infusion of nephritic tissue may be of service in the ordinary forms of acute nephritis.

I am, Sir, yours faithfully,
S. G. MOORE, M.D. Vict.,
Medical Officer of Health of Huddersfield.

Dec. 14th, 1908.

*** It will be seen by the letter of our Paris Correspondent (p. 68) that a paper on this mode of preparing kidney extract was read before the Paris Therapeutical Society on Dec. 9th, 1908.—ED. L.

THE LATIN NOMENCLATURE OF BLOOD PARASITES.

To the Editor of THE LANCET.

SIR,—May I be allowed the hospitality of your columns to plead with those responsible, for some uniformity in the Latin nomenclature of blood parasites? I have recently been reading the third edition of "The Practical Study of Malaria and other Blood Parasites" (is malaria a blood parasite?), by Dr. J. W. W. Stephens and Dr. S. R. Christophers. At the end of the preface to the third edition it is stated that the authors have included a new unclassified parasite called Histoplasma capsulata. Why the feminine adjective? A reference to the index under the word Piroplasma shows that *plasma* is rightly considered neuter. Thus the terms P. bigeminum, P. quadrigeminum, and P. parvum appear. Let me take another parasite, Herpetomonas. The word *μονάς* is feminine except when used of a man. But in the index I see H. algeriense with a neuter adjective and H. subulata with a feminine adjective.

Again, take the genus hæmamœba. The authors evidently know that the gender of this word is feminine, for on p. 247 they make its plural hæmamœbæ, but on p. 249 appears the term H. murinus, a masculine adjective, and H. melanipherus. The last-mentioned adjective may possibly be considered as feminine from being a Greek compound adjective (cf. *μελάνιππος* and *καλλίσφυρος*), such as a rule has no feminine form. But what can be said of H. monosoma? Is monosoma adjectival? On p. 250 appears H. relicta, a correct title. Surely, Sir, if it is necessary to adopt Latin terms for parasites, and undoubtedly it is necessary, some care should be taken to adopt uniformity.

I am, Sir, yours faithfully,
OXONIENSIS.

Dec. 29th, 1908.

MALTA FEVER IN SOUTH AFRICA.

To the Editor of THE LANCET.

SIR,—It may serve a useful purpose to call the attention of the profession at home, and especially of those frequently consulted by people recently home from South Africa, that "Malta fever" is quite a common disease throughout this country. In apparently obscure cases the application of the Widal test for Malta fever would perhaps frequently materially help towards a speedy diagnosis. What prompts one to write this letter is the announcements of the home cables of our daily newspapers during the past few days about the illness of a distinguished visitor who has just reached home from this country and whose illness is evidently causing some difficulty in diagnosis.

I am, Sir, yours faithfully,
KARROO PRACTITIONER.

Dec. 4th, 1908.

SANITATION IN INDIA.

THE PREVALENCE OF ENTERIC FEVER AMONGST BRITISH TROOPS IN INDIA.

(FROM A SPECIAL CORRESPONDENT.)

I.—*Historical Statistical Retrospect.*

BEFORE considering the general subject of enteric fever in India a brief retrospect of the disease with regard to its occurrence among the British garrison in that country will not be without interest. Perhaps the earliest mention is that of Dr. Moorhead in his "Researches on the Diseases of India," Vol. I., p. 307, published in 1856, where he states "that typhus and typhoid fevers are unknown in India"; still he records in the same volume a few cases of fever which showed characteristic enteric ulceration. In the Army Medical Department Report for 1861 a paper appears on Typhoid Fever in India from a Sanitary Point of View, by Surgeon W. Hanbury, 33rd Foot, in which he gives an account of two cases of fever (attended with ulceration of Peyer's glands) in the 2nd Queen's Regiment under Dr. Hunter at Deesa in 1841–42, and of six other cases in the same station in 1859—a most accurate account, clinical and pathological, of enteric fever. In his introductory remarks to the paper Surgeon Hanbury writes:—

As the interest of the disease rests mainly on the morbid changes disclosed after death, and the clinical history and character of the affection can be fully exhibited in the description of the fatal cases, I shall refer to these only. The identity of the subject will thus be preserved, and no doubt will arise as to the real matter under consideration; but it will be readily understood (though we do not affect to diagnose them) that a large number of cases of fever, which at this time terminated in recovery, presented symptoms greatly resembling those which characterised the cases selected for observation.

Describing the six fatal cases he adds:—

And taking the direct and corroborative proofs of the existence of typhoid fever at what I conceive to be their legitimate value, I am not only of opinion that its identity is fairly established in the history of

the cases, but that the disease may have hitherto escaped detection in many instances in this country simply because the lesions characteristic of it were not sought for nor expected.

It may be interesting to note that these cases of enteric fever were probably the first cases diagnosed as "typhoid" or, as it is now called, enteric fever among British soldiers in India. Nevertheless, it is very probable that the disease was always more or less present in the British army of India, although classified under the heading of "Continued Fevers." Thus, we find it reported in the Army Medical Report for 1867 that "continued fever" gave rise to an annual high death ratio among the 11th Hussars at Mhow and the 2nd Battalion, 1st Regiment, at Nasirabad, the 11th Hussars returning 16 admissions with six deaths during August and September and the 1st Regiment 25 admissions with 12 deaths during May, June, and July of that year. In 1869 Hyderabad and Rangoon circles returned high admissions for "continued fever." In the Hyderabad circle the 2nd Battalion, 24th Regiment, alone returned 158 admissions, with eight deaths, for "continued fever," seven for enteric fever, and one for typhus fever. This is the first Indian report in which the designation "enteric" is used. During 1870 "continued fevers" were much above the average and the death ratio was very high in the Peshawar, Jhelum, Lahore, Sangar, and Oudh divisions. In the Oudh division the 1st Battalion of the 17th Regiment at Lucknow suffered most, 13 fatal cases occurring between May and September, 1870. In the report for 1871 the principal medical officer of the Bengal Command, writing under the heading of continued fevers of enteric type, states:—

> This form of fever has apparently increased much in frequency and mortality during the past four years, but it may be a question whether this is not rather a result of more careful study and diagnosis than of any actual increase of this disease in the command.

He goes on to state that enteric fever was most prevalent during 1871 in Peshawar, Charat, Hazareebagh, Lucknow, Meerut, Agra, Allahabad, Shahjahanpur, and Ambala, and in the same year the Bombay Command returned 22 cases with 14 deaths and the Madras Command 15 deaths (number of admissions not given). The total number of enteric fever admissions for 1872 in India was 225 with 102 deaths, comprising 79 admissions with 26 deaths from the Madras Command, and 42 admissions with 25 deaths from the Bombay Command. From 1872 to 1882 regular records are given for the three commands, but the disease is classed under the heading of "continued fevers." In 1872 the Army Medical Department report states that great difficulty was experienced by medical officers in diagnosing between simple or malarious fever, attended with gastric irritability and intestinal disturbance, and the slighter cases of enteric fever; it was remarked that a number of the latter cases escaped recognition, probably this being the reason why enteric fever in India was considered more fatal than in Europe. The principal medical officer, Bombay Command, in his report for 1874 stated "that the number of admissions returned is not the measure of the prevalence of enteric fever in the Bombay Command." And again for the same year the principal medical officer, Bengal Command, writes as follows: "It will be apparent that the extracts from the reports in 1874 afford strong grounds for suspecting that enteric fever prevailed in the Bengal Command to an extent far exceeding that for which there is statistical evidence." In 1877 Dr. Bryden, a most accomplished medical officer who held the important position of statistical officer with the Government of India, pointed out the very significant fact that "the ratio of fever mortality (in the gross) of past years, if taken in relation to months and newly-arrived regiments, is nearly absolutely identical with that of enteric fever at the present time." During 1878 we find it recorded that enteric fever was prevalent in every division of the Bengal Command and especially at Lucknow, Bareilly, Agra, Ambala, Meerut, and Sabathu, occurring chiefly between April and September. This shows that the hot monsoon months were the season of special prevalence, and that its victims were either young men or those who had recently arrived in the country. Very diverse opinions existed as to the real nature of the disease, some medical officers regarding it as the enteric fever of Europe, others as malarial in its origin, while others thought it a mixture of typhoid fever and malaria.

The admission ratios per 1000 of strength when examined from the year 1879 show an interesting curve. Rising from a minimum admission ratio of 5·0 per 1000 of strength in 1881 to a maximum admission ratio of 36·7 in 1898, it abruptly falls in the succeeding years to 12·7 in 1901. In 1902 it rose again to 19·6, in 1903 and 1904 to 19·55, and in 1905 came down to 16·1, and in 1906 to 15·6 per 1000. The mortality curve closely follows the rise and fall of the admission curve, its minimum, 2·2, being reached in 1881, and its maximum, 10·0 per 1000, in 1898, and falling steadily to 3·2 in 1901, 4·2 in 1902, 4·3 in 1903, 3·7 in 1904, 3·0 in 1905, and 3·19 in 1906.

(To be continued.)

BRISTOL.

(FROM OUR OWN CORRESPONDENT.)

The Medical Research Club.

SHORTLY before Christmas the Medical Research Club met in the Pathological Laboratory of University College. This club has been in existence for about two years; it meets at irregular intervals whenever sufficient material has accumulated to make a meeting worth while. Only those actively engaged in research are admitted to membership, and even this lapses unless the member makes at least one attendance a year. The communications made are of an informal kind; they must have relation to researches which are at the time incomplete but progressing, and in order to prevent piracy of ideas it has been enacted that any member who is guilty of such an offence shall be liable to expulsion from the club. Research under present conditions is no easy matter in Bristol, yet the meetings have been well attended and there has been no lack of interesting communications. Among the subjects discussed have been the following: typhoid carriers, the leucocytes present in milk, the functions of the colon, a method of building up anatomical models, the effect of drugs on the opsonic index, the course of certain "deep" sensory fibres, the nutrition of the embryo, the histology of rheumatic lesions, the cultivation of ringworm parasites, and other interesting matters. This club is doing good service by fostering the spirit of research in Bristol and bringing together those who take an active interest in this kind of work.

Anatomical and Anthropological Society.

This society was started about a year ago and owes its origin to the enthusiasm of the students in the anatomical department of University College, Bristol. It has been a great success; students, junior and senior, have brought forward various interesting observations and they have been encouraged and helped by Professor E. Fawcett and other members of the staff. The membership is open to science students and others, as well as to students of medicine, subject to an annual subscription of 1*s.* 6*d.*, and certain honorary members have been elected. Meetings are held weekly and in spite of this the attendances are always good. At a recent meeting Dr. E. J. Evatt of Cardiff read a paper on the Development of the Prostate which proved most interesting.

The Training of Nurses.

Bristol is making headway as a nursing school. Last year the opening of the Cossham Memorial Hospital added yet another to the four institutions where nurses were already being trained; within the past few months the General Hospital nursing staff has been provided with spacious and comfortable quarters; and now the Royal Infirmary has started a preliminary training school for its nurses, which was formally opened last week by the Duchess of Beaufort. "Beaufort House" will, it is hoped, be to the Royal Infirmary what the corresponding establishments have been to the London and Guy's Hospitals; it is the first of its kind in the provinces. Before they go into the wards at all new probationers will have a preliminary course, both practical and theoretical, lasting for six weeks; a seventh week will be spent in examinations. The school will be directed by a resident sister, under the supervision of the matron of the Royal Infirmary.

Bristol University College Colston Society.

The tenth annual dinner of Bristol University College Colston Society will be held on Jan. 14th under the presidency of Professor Lloyd Morgan. Sir Arthur W. Rücker, F.R.S., the late principal of the University of London, will