Correspondence

in the same room in which they sleep, and in which some may be dying and, at any rate, many suffering, while others are at their meals.”

“Tout vient à qui sait attendre,” but the wait has been a long one.

I am, &c.,

M. W. Russell,
Lieutenant-Colonel, R.A.M.C.

London.

MALTA FEVER IN THE SUDAN.

TO THE EDITOR OF THE “JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.”

Sir,—Captain Bousfield, in his paper on “Malta Fever in the Sudan,” in the December Journal, suggests that the prevalence of Malta fever during the hottest months (in the Sudan and in Malta) is due to the poverty of grazing. I think, however, that, at any rate in Malta, the explanation must be looked for elsewhere.

In February and March the kidding season begins, so that during the summer the majority of the goats are in full milk, towards autumn they dry up. The incidence of the fever amongst the Maltese corresponds with the supply of milk. The incidence curve begins to rise in March and steadily goes up month by month till its highest point is reached in June, July, or August, as the case may be. The grazing, such as it is, does not begin to fail before June. The goats in and about the cities and large villages are not dependent on the grazing, as they are well fed on beans, and it is these very goats that are infected with the micrococcus in the largest proportion. The goats kept in the small outlying villages, on the other hand, are dependent on the grazing and are not infected to nearly the same extent as those who are carefully fed and whose milk is a source of income to their owners. Further, it is the animals who are giving the largest quantities of milk that are the most infective. On several occasions on applying the blood agglutination test to a herd, the animal with the highest reaction was found to be the best milker. As the milk gets scanty the micrococcus is apt to lie dormant in the mammary gland until the next parturition, when it gets a fresh lease of reproductive activity.

It would be of interest if Captain Bousfield could state what the custom is in the Sudan as regards the impregnation of the milch goat, and whether it has relation to the greater demand for milk in the hot weather, or, as Major Horrocks has suggested, to the season in which the best grazing is available, so that the pregnant animal can obtain its own fodder. I fancy that the officer mentioned by Captain Bousfield
Correspondence

as having been taken ill at Kassala is the one now in Millbank Hospital, and from whose blood we isolated the *Micrococcus melitensis*. We are, therefore, able to confirm his diagnosis.

*Millbank, S.W., January 10th, 1909.*

J. Crawford Kennedy, Captain, R.A.M.C.

---

ARTIFICIALLY PRODUCED CARDIAC BRUIT.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—In reply to the letter by Captain Davy in a recent number of the Journal suggesting a cause for the bruit described by me in an earlier one, the two men were examined by the other officer and myself with a binaural stethoscope and the explanation he offers is certainly not the correct one, for wherever the murmur was generated it was certainly intrathoracically. Neither of the men made the least attempt to evade any part of his duty, and when we again examined one of them—the other, unfortunately, not being available—some months later the murmur was elicited just as before, and disappeared and reappeared in exactly the same way.

*January 17th, 1909.*

I am, &c.

Norman E. Harding, Captain, R.A.M.C.