which can generally be counteracted by the free use of strychnine, hypodermically, and full doses of brandy. If the reaction does not take place and the course of the temperature is uninfluenced, in the absence of cardiac symptoms a second dose of half the amount of the first may be given with only a two or three days interval. As a rule, a ten days' interval should be allowed.

A PLEA FOR THE REGISTRATION OF ENTERIC CARRIERS.

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It does not appear to me that advantage is being taken of our recent knowledge of enteric carriers. I believe that it is now universally acknowledged by the profession that an enteric patient may, for a great many years after recovery, periodically pass large numbers of typhoid bacilli in his stools and urine. Taking this for granted, there are means at our disposal, whereby we might hope to minimise the chances of infection by these carriers.

The first step in the right direction has already been taken in India. I refer to the following:

Standing Orders for the Military Medical Services in India, 1908, para. 142 (a) . . . . No man who has recently suffered from enteric fever should be so employed (whose duties entail the handling of food intended for British troops, in kitchens, officers', and N.C.O.'s messes, regimental and other institutions, and club, government, and regimental dairies, bakeries, mineral water factories, &c) until it has been placed beyond all doubt, by repeated bacteriological examinations of feces and urine, that he no longer harbours the Bacillus typhosus.

In cases where means for carrying out such examinations are not available, these men must not be employed.

I would like to see the above order added to our Home Regulations, but the wording "who has recently" might well be altered to "who has ever."

For the past five months I have worked on this plan; my method of procedure has been as follows:—

The commandant was requested to have the following added to garrison standing orders:—

29. Medical inspection. As soon after the arrival of detachments as possible, the companies will make arrangements with the medical officer for the inspection of their men. Nominal rolls and medical history sheets to be sent with them.

30. N.C.O.'s and men who have at any time suffered from enteric fever, are on no account to be employed in cookhouses or in the distribution of food.
As one already inspects all arrivals and departures, the inquiries for carriers add very little to one's work. I ask each man if he has ever had enteric or typhoid fever, purposely giving both its names, for many men only know the disease by one or other name, but not by both.

Having seen all the men of a detachment, I inform the officer, if present, and always each colour-serjeant, that all those men who have suffered from enteric should not be employed either in the kitchen or as orderly men. The orderly man I consider even a more dangerous source of infection than the cook. To give a simple illustration:—

An orderly man, immediately prior to drawing the bread ration for his barrack-room, enters the urinal and soils his fingers, now he handles the bread which other men eat, and, if an enteric carrier, infects the bread. In my humble opinion this is one of the chief causes of sporadic cases.

The number, rank, name, regiment, and date of disease of those who answer in the affirmative I then enter in a book. This might well be kept up in all military hospitals and called the Enteric Carrier Register.

In the case of regulars, their statements are verified by reference to their medical history sheets. Irregular troops (Special Reserve, &c.), on the other hand, rarely show entries on their medical health sheets.

The enteric carrier register might be worked on the same method as the syphilis register, new cases and transfers being dealt with as in the latter case.

Each regiment, battery, &c., should keep a nominal roll of their own carriers, and colour-serjeants might be held responsible that none of these men are detailed as cooks or orderly men. Of course, there are many people who object to all innovations, but I think the great majority of officers of all branches of the Service would soon take an intelligent interest in the system.

The few commanding officers to whom I have had an opportunity of explaining the mysteries of the enteric carrier have, without exception, manifested real interest. I must explain that this station (Fleetwood), although it has only a permanent garrison of fifty-four N.C.O.'s and men, yet as a musketry centre is much used by both Regulars and Special Reserve, the latter camping here during five months. Approximately 3,250 N.C.O.'s and men have been here during the last five months, and of these 122 were possible enteric carriers, which gives 3.75 per cent.

I feel sure that my total of 122 possible carriers is an under-estimation, for many soldiers seemed reluctant to admit having had enteric fever until they were informed that the admission would do them no harm. Of the 3,250 men, 2,470 were encamped here, and in the case of the camp, I invariably questioned all civilian mess waiters, civilian servants, civil canteen attendants, &c., re enteric fever. Four civilians had had enteric, three of them being cooks. They were given other employment.