more serious cases with most beneficial results. The supply of flour was so limited, however, that as soon as convalescence began each patient had to be put back on rice again. A convoy bringing biscuit and millet was held up by the enemy. The supply of fresh meat failed on July 13, and that of preserved meat on August 3. The only available food was rice boiled in water.

On August 16 a small quantity of millet was received. On August 23, a relief convoy bringing biscuit and millet arrived at the post. From this time onwards no more rice was issued, and the health of the garrison rapidly improved. During the epidemic there were five deaths.

A small quantity of rice was received on June 6. This had been roughly husked by native methods and stored in sacks; it had been about three months on the road from the Soudan. This rice was substituted for the government ration rice issued in soldered-up tins, but did not appear to effect any improvement, as the number of sick continued to increase rapidly while it was being used.

It is difficult to account for the occurrence of scurvy among the Europeans, as these were all fit and drawing their full rations, which included fresh meat daily. Between May 14 and July 14, preserved meat was issued only ten times in place of fresh. The incidence of scurvy ceased with the end of the hot dry weather, during which a large quantity of water was being consumed, and the water in the wells being very low contained an excess of mineral salts. On August 16 a violent rainstorm occurred during which several barrels of rain water were collected. This water was given to the patients suffering from scurvy; an immediate improvement was observed in their condition.

C. E. P.

**Correspondence.**

DEFENCELESS CONDITION OF THE TERRITORIAL MEDICAL UNITS.

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

Sir,—There is, I think, a very important matter, which specially affects the Territorial Branch of the Corps, and which has been very forcibly brought to notice during the recent strikes, and that is the absolutely defenceless condition of the medical units.

These units are charged, not only with the care of the wounded, but as matters have recently shown they will have to protect them, as there is no question that the mobs which have been pillaging, &c., during the recent strikes, will be no respectors of our distinguished emblem, unless the Corps is capable of defending itself, if attacked.

Of course during war, theoretically a certain number of men would be detailed from the nearest combatant unit, but with the small number of men at their disposal, the authorities will require every man they have either for actual service in the field, or for guarding the long lines of
railway and other important strategic positions, light stations in all towns, &c., and will, when the time does come, find that they have no men at all to detach for guarding the hospitals, &c., as it is only right that the lines of communication should, and must, be defended at all costs.

How then are these units to defend their wounded? For if such things can take place as we have recently witnessed when we are at peace, they will be a thousand times worse when we are at war, and when starvation and the absence of most of our regular troops are also factors in the situation.

It seems to me that the only way to deal with the problem is to arm the personnel, and I would suggest for this purpose the short rifle, or the discarded cavalry carbine and a bayonet; the carbine would be quite sufficient, as the latest pattern weapon is not required, but it must be one taking service ammunition. There are probably nearly enough of the latter pattern weapon in stock to go round.

As far as the field ambulances are concerned, during their actual work in the field, the arms could be piled at the dressing-station or other convenient place.

As far as the general hospitals are concerned, the question is far more urgent, as they will be in the very centre of all the troubles, but I personally think that all the medical units should have armed personnel, so that they could protect those under their care, and also it would save a tremendous amount of worry and anxiety to the authorities, as they would then know that these units could be left to look after themselves in case of emergency, and that all their other men would be available for the other and more important duties as I have stated above.

The Geneva Convention evidently foresaw this state of affairs, as it distinctly states that the personnel of the medical units may be armed, and may use its arms for the defence of its wounded. Our Corps now does almost everything for the men it takes charge of, except protect them if they are attacked; surely it might with great advantage to all concerned add this to its duties, and so relieve others.

The amount of time required to train the men would not be much, as they would not be required to be expert marksmen.

The argument that it would take men from their duties, cannot I think be used, as the fact that the unit was armed would probably be sufficient to render it free from attack, and, even if it were attacked, the men would be away from duty for a short time only—probably a volley would settle matters; and, supposing even the small guard from another unit was present, if the medical unit were attacked its personnel would have to turn out as well, to help this guard, so they might just as well be responsible altogether.

Lastly, I am sure it would be popular with the men of the Territorial Force, and would be a factor in encouraging recruits; this last is, I know,
Correspondence

the least important part, and pales in importance when the other and
more important part of the question is considered.

I should be most interested to hear what regular officers have to say
on this point, and must apologize for taking up so much room in your
valuable Journal.

I am, &c.,
GEORGE R. BIGGS,
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Major, R.A.M.C. (T.F).

PARATYPHOID FEVER IN SOUTH AFRICA.

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

Sir,—I have just read the papers of Colonel R. H. Firth, and of Major
Grattan and Captain Wood, on "Paratyphoid Fever in India," in the August
number of the Journal. In both papers it is stated that I claim that, in
South Africa, the causal organism in paratyphoid fever is Bacillus para-
typhosus B. I have carefully looked through my paper on "Paratyphoid
Fever in South Africa," which appeared in the May number of the
Journal, and cannot find that I made any such assertion. I stated
that Major Statham had found in an extensive series of blood cultures made
at Pretoria, that 25 per cent. of the cases of continued fever investigated
were "paratyphoid fever." A reference to Major Statham's papers in
the Journal and Transvaal Medical Record will show that he has
isolated from the blood both B. paratyphosus A and B. paratyphosus B,
besides allied organisms corresponding to neither type.

Personally, I have not isolated B. paratyphosus B from the blood
in any case of fever in South Africa. I have twice isolated it from
the urine.

As regards diagnosis by agglutination tests I have only ventured to
diagnose paratyphoid fever when I either obtained no reaction with
B. typhosus and a good reaction with B. paratyphosus B, or when the
reaction with B. paratyphosus B occurred in a much higher dilution than
that with B. typhosus. In seven such cases there was no reaction with
B. typhosus in \(\frac{1}{50}\) dilution in one hour, while a complete positive reaction
was obtained with B. paratyphosus B in \(\frac{1}{60}\) dilution in one hour. I have
never obtained a positive result with B. paratyphosus A even in \(\frac{1}{50}\) dilu-
tion. I may say that on talking over this matter with Dr. Robertson,
Bacteriologist for Cape Colony, he told me that he frequently obtained
positive reactions with B. paratyphosus B, but only very rarely with
B. paratyphosus A.

In the latter part of my paper I described a disease which has been
regarded as paratyphoid fever, but which I consider is a distinct disease.
This conclusion has also been come to by clinical observers of much
experience in South Africa. The temperature chart of a typical example