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journeys to and from the laboratory; (4) no addition to the sanctioned strength of the Indian Medical Service is contemplated; local arrangements will be made for their ordinary duties, and for the purpose of recruitment they will be reckoned as present in their ordinary appointments; (4) I am to add that there is no objection to the reception in laboratories in special cases of such officers of the Royal Army Medical Corps as may desire to prosecute a research, or to learn technique."

INDIAN ENTERIC AND LATRINES.

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

Sir,—With reference to, and in support of, Lieutenant-Colonel Wardrop's short paper in your June issue, I might cite the case of Bangalore in 1904. In that year we had a sharp epidemic, about seventy-five cases, if my memory serves me aright. The disease first appeared in the Carabineers, and throughout the epidemic that regiment suffered more severely than any other unit. It was not until about two months or more after the outbreak that I was able to say that I could reasonably account for its origin and then it was more or less "a fluke." Chatting one day in the wards to the first victim after his convalescence, he casually mentioned that a man of the Warwicks who had been sent from Belgaum for change had slept in the next bed to him. Never having heard anything before of this man I made inquiries and found that he was an enteric convalescent, that it was not known whether he had bacilluria, and that urotropine had not been given. Naturally this man used the same latrine as the other men in the barrack room, and others in the same room were amongst the first sufferers. The latrines in Bangalore are specially designed to favour the cultivation of Bacillus typhosus: the floors are unpaved and inches deep in dust, stone and lime have been used with a prodigal hand, and even a tender regard for the comfort of the sweeper is manifested, for not content with a mere back wall, it was joined to the main building by a roof. The resulting effect on ventilation may be imagined. We had this roof removed, which certainly improved matters. For many a long day I had been inclining more and more to the belief that the fountain head of infection was latrines, either through the intermediary of flies, by direct dust infection, or both, and when the disease was raging in the Carabineers I determined to try an experiment. I argued that since we could prevent its spread in a hospital we could do it outside also, so I abandoned the dry-earth and substituted crude carbolic and chloride of lime; but further, I had "chulas" dug immediately in rear of the latrines and, utilising the ordinary air-tight receptacles for the purpose, I boiled the carbolised faces before transferring them to the Crowley cart. This was done for
a month, with the result that the outbreak ceased. Query, was this cause and effect? Personally I think so, and Lieutenant-Colonel C. Melville, the then Command Sanitary Officer, will bear me out in this contention.

I am in full agreement with Lieutenant-Colonel Wardrop, and I believe that we can in great measure stamp out the enteric scourge in India if we adopt the following: (1) Remove latrines well away from cook-houses; (2) make them light and airy structures, easily moved if necessary; (3) pave them with cement; (4) abolish dry-earth and substitute crude petroleum or carbolic; (5) let the seats be movable and the pans so placed that slopping is impossible; (6) eliminate flies; (7) scrupulous cleanliness, not make-believe, but scientific; (8) early sterilisation by boiling, if possible on the spot, and before transit; (9) efficient means of transit, in water-tight vehicles; (10) frequent sterilisation of all receptacles; (11) careful and scientific disposal at a distance.

There may be differences of opinion as to the best manner of carrying out these principles, but in the absence of sewers and a water system no Indian sanitary will, I venture to assert, gainsay the soundness of the premises. The difficulty, of course, is the perennial one, "expense." An useful catch-phrase in Indian legislation, carrying with it just that amount of weight which it merits. One thing is certain, however, that without expenditure, and free expenditure, enteric will still hold sway; therefore, it resolves itself—outside humanitarianism—into a simple question of values: in short, is the result worth the cost? I think it is, and well worth it; but if the expense "bugaboo" is too alarming to face in bulk, so to speak, why not select a few stations primarily for the purpose of experiment, stations such as Quetta, Rawal Pindi, Umballa, Poona and Bangalore—all notorious as hot-beds of enteric—select your staff of officers to apply the above-mentioned principles, do not grudge a free expenditure, and I am bold enough to prophecy that the results obtained would be so convincing that not even the most hide-bound sceptic could fail to appreciate them.

Yours faithfully,

Bombay,
June 25th, 1906.

R. H. FORMAN,
Colonel R.A.M.C.

HAMMER TOE.

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

Sir,—Colonel Poynder, in referring to the nomenclature of "hammer toe," states: "... 'hammer toe' which in the 'Nomenclature' is applied to a fixed, straight, hammer-headed great toe, ..."

The text of the nomenclature is simply:—

797a. Deformities of the great toe.

b. Hammer toe.