by chemical disinfectants, it seems reasonable to expect that it may fail to act if applied by means of an instrument which has been lying in a strong antiseptic before use. The flame of a spirit lamp would appear a safer means of disinfection.

I am, &c.,
F. J. W. Porter,
Major, R.A.M.C.

February 4th, 1907.

PREVENTIVE MEDICINE IN THE ARMY.

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

SIR,—I have read, with much interest, Major Pearse's article on "Preventive Medicine in the Army," in the current number of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, December, 1906, and I cannot help thinking that while a great deal of what he says is perfectly true, yet, underling the whole scheme, there is an entirely wrong principle which would certainly be subversive of all discipline, especially in cases where a special Sanitary Officer may chance to be of a hasty or tactless disposition.

Major Pearse seems to assume that Principal Medical Officers are incapable of appreciating the true value of any recommendations made by a special Sanitary Officer, and also to think that the latter has a better chance of having his views understood, and his wishes carried out, by a General Officer Commanding who (almost certainly) has never had the smallest amount of training in the science of "Preventive Medicine," than by a Principal Medical Officer who, on the other hand, has, at various stages of his service, been obliged to go through courses of instruction in that science, and therefore must be in a better position than the General to sift the good from the bad proposals made to him.

As Principal Medical Officers are selected officers of long service, it may be assumed that they are men of exceptional ability and common-sense and great experience—an assumption that does not necessarily apply to all special Sanitary Officers. Principal Medical Officers have, as a rule, infinitely more practical experience than most Sanitary Officers and are consequently better able to judge how more purely scientific recommendations can be carried out without interfering with the military duties of the troops, &c.

If it was the rule for the special Sanitary Officer to communicate directly with the General Officer Commanding, the latter would certainly (in 99 cases out of 100) refer to his Principal Medical Officer any recommendation made by the special Sanitary Officer, and say, "Do you consider this officer's recommendations sound; and am I to follow his advice in the matter?" and in the end he would undoubtedly follow the advice of his Principal Medical Officer.

The advice of a special Sanitary Officer is most valuable, but, in my
opinion, it ought to be given to the Principal Medical Officer, whose duty it should be to thoroughly sift the advice thus given and then make the necessary recommendations to the General Officer Commanding.

In the same way as a General Officer Commanding in the field receives advice from his several staff officers as to the proper method of attack to be adopted, and, after carefully considering all the advice he has received, forms his own opinion as to the right course to pursue, and has to assume all responsibility for his action, so it should be with a Principal Medical Officer—he should receive expert advice from his special Sanitary Officer. As I have said above, he is, from the nature of his training, better able (than the General) to understand and appreciate that advice and the technicalities involved; he should base his opinions as far as possible on the advice of his special Sanitary Officer, and then offer the General any recommendation he may consider necessary; in doing so he rightly takes upon himself all responsibility for the recommendation made.

To allow a special Sanitary Officer to become a free lance would, I am sure, be followed by disastrous results.

Yours &c.,

SEBRETT F. GREEN,
Major, R.A.M.C.

WANTED, AN EXPLANATION!

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

Sir,—During Christmas week I went to stay with the Resident at Sarant Wadi—a native State not far from Goa, and about seventeen miles inland from the small seaport of Vingorla. The climate is tropical, vegetation luxuriant, rainfall 130 inches; there is any amount of water about, even in the dry season—tanks, wet "paddy," and the like—yet there are no mosquitoes and no malaria. The Residency is ideally situated in respect to mosquitoes, but none of the party used, or required, curtains, and my host assured me they were never wanted at any season of the year. This was confirmed by others, including the doctor of the hospital—a qualified Parsi. I hunted for larvae, but failed to find any. To add to the mystery I was informed that sixteen miles away the villages were well nigh depopulated with malignant malaria, and that though such cases were brought to the hospital from time to time, no contagion resulted. I rooted about in the vague hope that I was on the threshold of some epoch-making discovery; for, if we could locate the cause, it might be applicable elsewhere; but, I confess, I am just as puzzled now as I was then.

Yours faithfully,

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