Correspondence

provided they can see it near their homes, and much could be done to bring the work in touch with the daily life of large numbers, if those military hospitals, however small, in or close to large towns and populous centres, were used as instructional units for probationary officers, N.C.O.'s and men, in the purely military side of the work. For instructional purposes a military hospital's position in relation to population is of infinitely greater importance than its size.

I am, Sir,

Wallasey,

July 10th, 1907.

Yours faithfully,

J. H. P. GRAHAM.

WANTED, AN EXPLANATION.

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

SIR,—I am much obliged to Major Durant for his suggested explanation re the absence of mosquitoes at Sarant Wadi, but if he saw the place himself he would be the first to admit that his solution is quite inadequate. The tank, or rather lake, is full of plants, particularly lilies, the shores are shelving with innumerable shallows that no fish, however small, could get into, the Residency is anything but the ideal abode which his fancy pictures, and on the opposite side the native town comes down to the shore, and its condition is exactly that of the villages he describes. Of course, when trying to solve the problem I thought of fish destroying the larval, but fish never eliminated mosquitoes anywhere, and never will. There are myriads of possible breeding places for mosquitoes in Sarant Wadi to which no fish could gain access; but there are neither mosquitoes nor larval. Why? My house in Bombay, both as regards construction and environment, is far in advance of the Sarant Wadi Residency, yet, if I tried in the former to sleep without curtains, a very few minutes would convince me of my folly, whereas in the latter I could do it, and did do it, with impunity, as did everybody else. I know of no place on the Plains of India, other than this, where everyone can sleep without curtain or punkah throughout the year, and I gravely doubt if such exists; nor is my experience a limited one, for at different times I have travelled from Peshawar to Tuticorin and from Karachi to Mandalay. I wish I were an expert on the subject of culicidæ, for it is, to my mind, just possible that this apparently unimportant fact—the absence of mosquitoes from this limited area where conditions seem eminently suited to favour their propagation—may contain within it the germ of discoveries whose application may conceivably have the widest signification in the elucidation of the outstanding problems connected with that tropical scourge, malarial fever. I quite admit that I am promulgating the vaguest hypothesis based on an isolated fact, and that there may be nothing whatever in it but
the vapourings of a vivid imagination; nevertheless, as a well-known officer in the Corps and an intimate friend of mine once wrote me some months ago, "we are far from knowing everything about the relationship of mosquitoes to malaria," and we all know that some of the most notable advances in medical science (vaccination, for example) owe their inception to the observation of such isolated facts, and are based, in greater or less degree, on empiricism. I am not going to let the matter alone if opportunity offers, but I wish I could interest some more competent observer than I can claim to be.

I am, &c.,

Bombay, June 23rd, 1907.

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

CASE OF ASPIRATION OF THE LIVER, &c.

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

Sir,—May I be allowed to answer the criticism of my case of aspiration of the liver which appears in your issue for last June (p. 661).

It is perfectly correct that the aspirating needle was not in communication with the exhausted bottle. I believe it is the custom, when searching for a small abscess, to partially withdraw the needle after the first puncture and push it into the liver in a different direction, and so thoroughly search that area of the liver without a second or more skin puncture. This is obviously difficult with a heavy bottle and stiff rubber tube connected to the needle. The extreme rarity of air embolism in connection with liver puncture must be my excuse for neglect of the precaution of attaching the bottle. With regard to the blood in the peritoneal cavity I must deny the soft impeachment of a punctured vena cava in toto. A probe was passed into the needle puncture and cut down upon, with the liver in situ. It opened a branch of the portal vein, and there was no indication whatever of any injury to the vena cava. The point of the needle had just reached this branch of the portal vein, only one wall of which was punctured. The post-mortem was performed by Captain E. T. Harris, I.M.S., who will doubtless confirm my statement on this point. The needle in question was three inches long. With regard to the suggestion that the position of the needle puncture was very low, I might remark that the lowest intercostal space in the anterior axillary line is given as one of the sites of election for aspiration of the liver in Osler's "Principles of Medicine."

I am, &c.,

St. Thomas Mount, Madras, June 26th, 1907.

N. Low, Lieutenant, R.A.M.C.