Vincent’s conclusions are as follows: The presence of a large number of anaerobic germs in water is a certain proof of its bad quality. Pure waters, in fact, do not contain more than a very few anaerobes—one or two per cc. or even less. Inferior, unwholesome, or seriously contaminated waters contain a proportion of anaerobes varying from 10, 20, 50 per cc. up to 500, 1,000, 10,000, 15,000, or more. When—as is generally the case—the number of aerobes much surpasses that of anaerobes, one may conclude that the water under analysis is only a passive vehicle for organic matters, which may be harmless or dangerous, specific or indifferent, which have found their way into it, but in whose case fermentation is arrested or limited. When, which more rarely occurs, the microbic formula is inverted, the number of anaerobes exceeding the number of aerobes, this fact indicates the existence of a source of active organic putrefaction in the water, this putrefaction being due to either animal or vegetable matter. It is usually in the water of wells, reservoirs, or cisterns that this inversion of the formula may be found, as the stagnation of organic matter in them favours the multiplication of anaerobes. For example, in a well full of decomposing vegetable matter and dead tadpoles the anaerobes numbered 16,000 and the aerobes 14,000 per cc. In another well in which the anaerobes were innumerable and far exceeded the aerobes, the carcass of a dog was found.

The quantitative and qualitative determination of the obligatory anaerobic microbes contained in a water should, consequently, form an integral part of a thorough bacteriological analysis. Combined with the usual methods of search for, and enumeration of, the saprophytic and pathogenic organisms, and the precise enumeration of Bacillus coli, the importance of which has been already demonstrated, this determination always affords a very useful aid in the estimation of the value of potable waters.

J. G. McNaught.
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totally disagree with Colonel Wardrop. We cannot consider a man capable of making an efficient soldier who may at any moment be seized with an epileptic fit, perhaps when on important duty, perhaps on active service, and possibly, subsequent to his fit, being maniacal for a certain period, endangering his fellow soldiers, perhaps at a time when he has a rifle, ammunition, and a bayonet on his person. Would Colonel Wardrop allow an orderly who was an epileptic to look after a seriously ill patient? I should be greatly surprised if his answer was in the affirmative. If not as an orderly, why as a soldier in a regiment?

When at the largest hospital in London I treated many epileptics, whose tales were most harrowing to hear, for, although many were capable and bright, yet they could obtain no permanent work, being discharged immediately they were found in a fit—a sad occurrence, but one in which my sympathies are equally divided between the employer and the employed, for no man can be expected to retain in his service a man who may do serious damage, not only to his effects, but also to his other employees.

Further, some friends of mine most kindly engaged a man as butler, knowing him to be an epileptic, mainly taking him on account of his inability to get work owing to his malady. The result was rather unfortunate, for he had a fit when they had a dinner-party and he broke a large trayful of very valuable Venetian glass, and after this they naturally did not care about keeping on an epileptic servant, though I believe, in this case, the fits were few and far between. Thus, to my personal knowledge, I know that civilians are frequently discharged from service on account of epilepsy.

Again, one can never foretell what may happen in a post-epileptic condition, even though the former fits have passed off in a mild and inoffensive way. I call to mind a navvy I treated for epilepsy some years ago; the history of the disease dated back several years and all the fits had passed off quietly. One day he was working at a main drain in Whitechapel, when he had an epileptic fit; on coming round he seized his pick-axe and began to chase the foreman, chopping violently at him with the pick-axe; this exciting chase lasted for nearly half a mile, nobody daring to interfere, when the navvy suddenly became aware of his position and wondered why he was tearing along with the foreman flying in front of him. He quaintly informed me that “The foreman was afraid,” and no wonder, considering the navvy stood considerably over six feet and was an enormous powerful man. This was purely a maniacal attack subsequent to the fit, for the man had no grudge whatever against the foreman. Now, what might have happened if this man had been a soldier with rifle and ammunition?

Colonel Wardrop further states: “Once brand him with those three letters ‘V.D.H.’ and he will never work again, if he does not want to—we have already taught him that.” I would also suggest that once let
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a man know he has been treated for an epileptic fit, *i.e.*, has been treated as a genuine sick man and not as a malingering, he will, if necessity arise, use this and "will never work again if he does not want to."

Malingering an epileptic fit is one of the commonest methods employed in attempting to get into hospital—anyhow, in civil life. Branded as a genuine epileptic he can employ a fit at any time to get off unpleasant duties or active service, and I think all will grant that if a man is known to have genuine epileptic fits the difficulty in making a differential diagnosis is multiplied enormously, and one would have great difficulty in pronouncing him a malingering.

For these reasons I think soldiers who have genuine epileptic attacks (*grand mal*) should be invalided as soon as possible, and even those with *petit mal* would be better in civil life.

*August, 15th, 1907.*

L. Bousfield,

Captain, R.A.M.C.

LEPROSY AND AN INDIAN FAKIR.

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

Sir,—The following was delivered at my office, and may amuse your readers. Apparently, Western Scientists will have to look to their laurels. I understand the Urdu postscript is the "Professor’s" qualifications *plus* his address, &c. He did not favour me with a sample.

Yours faithfully,

*August 25th, 1907.*

R. H. Forman,

Colonel, R.A.M.C.

Bombay August, 1907.

To

The Principal Medical Officer

Town Hall

Bombay Castle

Bombay

RESPECTED SIR

I most humbly and respectfully beg to state that I am a "Fakir" from Deccan Hyderabad, and have in my possession a "Wonderful," and Charming Cure for "Leprosy." On hundreds Occasions I have personally tried it on miserable Victims of the disease in all stages, and the results achieved have been entirely satisfactory. But thinking that this miraculous remedy will find more extensive wide-spread use in your hand than in mine and will be the invaluable means of snatching many hundreds of the miserable suffers from the fatal jaws of the Baneful cankers.

Under the circumstances I most humbly requst you to give it a fair