of arsenic by the Styrian peasants, he would like to ask if any one knew for a fact that they did eat arsenic. He thought Dr. Manson's theory of beri-beri might be given in the line of Ovid, "Non hominis culpa sed ista loci." He regretted that in the discussion no allusion was made to the outbreaks of peripheral neuritis which occurred in the Richmond Asylum, Dublin, and in some asylums in England.

ENTERIC FEVER IN SIERRA LEONE—NOT YET ENDEMIC?

WITH A NOTE ON A CASE OF INFECTION THREE MONTHS AFTER CONTACT.

By Major F. SMITH, R.A.M.C.,
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ENTERIC fever has not been generally regarded as a Sierra Leone disease, and, as a matter of fact, it is very rare indeed. The object of this paper is to record the fact that enteric is among us, to moot the question as to whether it is a new thing or not, and to point out a danger which overhangs us in the shape of an extension of the disease. Our insanitary surroundings are likely to conduce to its establishment in Freetown. The city contains some 40,000 inhabitants spread over a large area, and the place is honeycombed with unsteined wells and cesspits, the latter generally at a higher level than the former, and within twelve yards' distance. A great part of the inhabitants do not yet use any common water supply. These conditions are more likely to bring about an endemic state than to give rise to a sudden extensive epidemic.

It seems an extraordinary thing that enteric has not been more common in Sierra Leone considering that there is nothing to prevent it from travelling from the North of Africa, where it is common, or from South Africa, where it has played such havoc with our soldiers.

Malaria has, however, been hitherto regarded as almost our only fever, and the facts seem to justify this view. The absence of records of enteric cannot be looked upon as being to any great extent due to cases having escaped the notice of medical men. We have had skilful physicians here since the early part of last century, men with experience of diseases of other countries, and they are not likely to have all of them overlooked the existence of a malady having such marked characteristics. No doubt many like myself have been on the look-out for it.

The following is a list of all the causes and suspected cases I have heard of:

List of Cases of Enteric Fever and Suspected Cases in Sierra Leone from Remote Times to May, 1902.

No. of Case.	Date or Approximate Date.	Remarks.
1	1892	Negro soldier of the West India Regiment at Tower Hill. Died three weeks after arrival in the country. Probably contracted disease elsewhere.
2	Dec., 1898	Case not returned as enteric, but came under my care towards end of attack, and I suspected enteric (European).
3	Late in 1899	Native negro soldier reported by Dr. Horrocks, and verified *post mortem* at Panguma, far away in the hinterland.
4	1900	Case landed from a man-of-war. Died a few days later in the Colonial Nursing Home.
5 & 6	"	Dr. Renner informs me that he had two suspicious cases among the European residents.
7	Second quarter of 1901	A West Indian negro woman in Freetown. Two attacks of haemorrhage. Brought to my notice by Dr. Latchmore.
8	"	West Indian negro soldier in Tower Hill Barracks. Verified at necropsy.
9	Dec., 1901	A suspected case in a Freetown native.
10	Jan., 1902	Ditto.
11	Feb., 1902	Three native children living in one house in Freetown.
12	"	
13	"	

The diagnosis in Cases 11 and 12 is strengthened by the fact that the dried blood examined by Professor A. E. Wright in the laboratory of the Army Medical School at Netley gave a positive reaction in the agglutination test.

Eight of the 13 cases, namely, Nos. 2 and 7 to 13 came under my personal observation. Though there is no definite evidence of any connexion of these cases one with another, the sequence of occurrence is such as to suggest relationship between Nos. 2 and 3, also between No. 7 and all those which followed except No. 8.

Case No. 2 was in a man who had recently arrived from Egypt, where enteric was rife. He was taken ill almost immediately after arrival in this country, and while on service in the hinterland. He was brought down through Panguma, and stayed there two days in quarters in the barrack enclosure, in which case No. 3 occurred a few months later.

Case No. 7 is dealt with below, but of those which followed No. 8 was in a soldier in isolated barracks on a hill, and was most likely connected with the arrival early in 1901 of some comrades who came from St. Helena in the same ship which brought the case No. 7.

The remainder occurred on the same side of the town as No. 7, but the houses were by no means near and there was no common water supply. It is probable, though, that the clothing was washed in the same stream. Dirty clothes in Sierra Leone are "taken to the brook" and washed in the pools which in the dry season are more or less stagnant, but communicate by rivulets of running water—hot water is never used by our washerwomen. These cases, might, of course, have arisen out of Nos. 2, 4, 5 or 6; or again, out of unrecognized cases from the hinterland.

Case No. 7 bears on the question as to whether or no enteric fever is always waterborne. The woman was in St. Helena with her husband; she came to Sierra Leone in the middle of January on a transport which had carried soldiers and Boer prisoners from South Africa. Towards the end of the following April she developed enteric fever. Her husband, who came with her, had not been ill, neither had her only child or any one connected with the family. The woman was in lodgings in the town, where, as before stated, the disease is almost unknown. No local source of infection could be discovered.

There is little doubt that in this case the germs of infection came from St. Helena or the transport. The assumption, then, is that the infection was carried about on the person or belongings of the woman or some member of her family for some weeks before it found its way into her system.

It will be gathered from the remarks on the other cases that there is no certainty about the origin of this case No. 7; but the rarity of the disease in Sierra Leone, and the absence of evidence of other cases occurring in or near the house before this West Indian woman was attacked, together with the important point that she had recently come from an infected place, is strongly in favour of the theory that she brought the bacillus with her.

The serious fact in any case is that we have enteric fever in Sierra Leone; and it is well that all should know it in good time. Our climate is bad enough already, without the addition of typhoid to our burdens.

THE CLIMATE AND DISEASES OF BANGKOK.

By P. A. NIGHTINGALE, M.D.Edin.,
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THE only excuse I have to offer for my paper is that hitherto nothing authentic has been written or published as to that much abused place, Bangkok—which is usually regarded by the inhabitants of Singapore and Hong Kong, especially those who have never visited Siam, as a certain death-trap, where not even the necessaries of life can be obtained, and where Europeans might with wisdom follow the Chinese custom and keep their coffins handy in the storeroom or godown.

The difficulty of collecting reliable medical facts in Bangkok is very considerable, for though several hospitals have existed for years they have for the most part been in the hands of natives and other irregular practitioners, so that any statistics collected by them would have to be looked upon with considerable suspicion.

Some five years ago a sanitary department was started, which, though working against the many difficulties inseparable from a treaty port and Asiatic government, has been able to do a good deal of practical if not very scientific work.

A police surgeon was later appointed who some three years