

rooms and amusements, with means of moderate indulgence without intemperance, are provided to suit their wants; and thus the streets are rendered free from disorderly scenes, and in them a drunken sailor has become as much a *rara avis* as a sea-gull would be in an inland town. Formerly, "to hand and reef the sails, to shift the spars, to heave the lead, and to steer the ship and work the guns", were the simple requirements of an able seaman, and the boys for the first time entered were just so many as were wanted to fill the places of officers' servants; now, every seaman must be in every sense a skilled artisan in seamanship and in gunnery, and his improving or deteriorating qualities in each of these, as well as in conduct, are noted every year on his parchment certificate, which forms the criterion for his promotion, as well as the guide to his claims for badges and rewards and for pension on discharge. Encouragement is afforded him by a savings' bank to be prudent in money matters, and, by an easy mode of remittance, to be thoughtful and considerate towards his relatives; thus cultivating good social principles, while, in instruction by a seaman's schoolmaster and the use of a good ship's library, he has the means of improving his mind.

The watchful pains of their superiors in these matters have done much towards changing the characters of our seamen, as is strongly marked in the large proportion of married men having respectable wives, in the voluntary classes they form for religious instruction, also in the benefit societies they maintain in most large ships for the aid of those who are disabled by the accidents incidental to their calling, and in the liberal donations they make to charitable institutions on shore for the benefit of the orphans of their class.

On board his ship, the sailor is surrounded with conditions that enforce regularity of life, and, beyond these, the total abstinence movement is making a most satisfactory progress in the navy, mainly promoted by the philanthropic efforts of a few benevolent ladies, who devote themselves to its diffusion at the seaports. These men are allowed the value of their ration of spirits, while others receive theirs under restrictions that render it difficult to exceed their ration. Twice daily, the whole crew are paraded for inspection, and, during their watches on deck, they are so frequently brought under the notice of their officers, that any approach to intoxication is almost sure of detection during the active exertions they are then frequently called on to make; and, in the routine of ships, the whole crew are often employed in general drills or in exercise aloft; and thus, when at sea, discipline and routine duties combine to render drunkenness an exceptional fault. When in harbour, the discipline is unrelaxed, and, during the daytime, the whole crew are employed on duty while the ship is refitting; in English harbours or in those of friendly nations, leave on shore, by day or by night, according to the degree of safety, is granted; while, in most ships, in order to moderate the desire for the shore, a greater scope of evening amusements on board is permitted; and I have known, in some ships, considerate officers to allow what is termed "the ship's company's cask of beer" to be introduced and dealt out in safe quantities, with much benefit to the health and morality of the ship, because "Jack", enjoying his pint of beer and pipe, with songs and the dance, is a contented man; and in some ships the canteen system is adopted. Under such kindly treatment, drunkenness is rare, and those terrible evils of direct excess, as poisoning by alcohol, alcoholic apoplexy, and suffocation by food in the act of vomiting, which occur among those who indulge to excess in the inferior kinds of spirits which are freely supplied in seamen's haunts ashore, are avoided, and the evil—delirium tremens—to which they are exposed by the sudden withdrawal of stimulants after debauch, is prevented.

Under the obsolete system of entering boys from the shore to each ship, when put in commission, they were exposed to the prolific dangers of example from the worst men of their messes, of which they were the more susceptible from want of primary training; but this is now, in a measure, obviated by the excellent system of educating a superior class of boys for the navy in the schools of Greenwich Hospital, and in the preliminary training so well provided for in our training ships for all boys before drafting them into seagoing ships. In this manner, five thousand boys are brought up for the navy annually, with the good results not only of adapting them to the service, but of eliminating at an early age such as, from defects of constitution, are or will soon be unfitted for the arduous duties of the seaman's calling; thus securing a healthier and more vigorous class of men at the threshold of the service. The age for entry is between 15 and 16½ years, and, after a year's training to qualify for first class, they are drafted into seagoing ships. Each boy, when drafted from a training-ship, takes with him a certificate of his efficiency in the details of "gunnery instruction, seamanship, and school education", in each of which details his proficiency is marked "fair, good, or very good". Boys who pass through the training ships are engaged to complete ten

years in the fleet after their arrival at 18 years of age, with this subsidiary advantage to the mercantile community at large, that, if, after that length of service, they elect to leave the navy, they pour into the merchant navy a large community of well trained seamen, who, for the most part attaching themselves to the Naval Reserve, form a considerable depôt for the navy in the event of war, to which their primary apprenticeship will be the link of safety. During the period of tutelage in training ships, they are taught, if previously uneducated, to read, write, and cypher, and are trained in habits of sobriety, cleanliness, and obedience to command, and those personal adjuncts of making their own clothes, taking care of their "kits", and otherwise providing for their own wants, in which they prove themselves to excel, whenever the calls of the service detach them from their ships on boat service or in naval brigades, of which there are many praiseworthy examples. Fortunately for the country, this admirable system will admit of indefinite extension proportionate to its wants, and thus the service, training its boys at home in boat service, in duties aloft, in sword exercise and gun drill, before they are sent to sea in ships of war, secures all the preliminary rudiments of the "skilled artisan", which every able seaman must be now, when the means of combat have undergone so vast an extension in the altered class of ships, provided with scientific artillery of refined construction.

The training of boys to the specialties of the navy, and the improved treatment of seamen under the modern system of continuous service, are, I believe, the fundamental causes of that remarkable improvement in the *morale* of the seamen of the Royal Navy, which is irrefutably proved to exist in the medical statistics of decreasing intemperance, as well as of criminal deaths by suicide and homicide, which may reasonably be imputed to that enervating and destructive vice.

In offering these facts as a further exemplification of the pervading force of the maxim, "Obsta principiis", so far as the State service with which I am familiar is concerned, I would here terminate my inquiry into causes, as I feel my own inability to indicate those which lead to contrary results in the sister service, beyond ascertaining that these results of increasing criminal deaths by suicide and homicide coexist in the army on foreign stations with a decreasing ratio of deaths by intemperance, which is an important leading point in arriving at just conclusions as to the truly efficient causes.

#### ON "MALTA FEVER": WITH A SUGGESTION.

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IN the course of the invaliding season at Netley now drawing to a close, my colleague Surgeon-Major Webb remarked to me "that many of the invalids from Malta arrive in a more shattered condition than those from India". The remark was just, and suggestive of serious reflection as to the sanitary condition of that important military post.

To what is this "shattered" condition due? The answer must be, "Malta fever". What is this fever? Is it malarial, enteric, or relapsing? or is it a hybrid, *i. e.*, typhoid fever complicated by a thread of malaria—a typho-malarial fever, to use a term now creeping into our nomenclature? It is very desirable that a satisfactory answer should be given to this question; and this answer, it is plain, must come from those who have the opportunity of studying the disease where it arises, with the additional advantage derived from careful observation of the sanitary surroundings of the population, civil and military. This much is certain: it is one of the most distressing forms of fever, both in its primary manifestations and in its sequels, which the British soldier has to face, and the medical officer to treat, in their respective careers; and the latter is often called on not only to treat it, but to suffer from it in his own person.

The most notable part of the disease is its extraordinary duration, extending not unfrequently over seventy days before anything approaching to convalescence is established. We have at this time a young medical officer under observation here, who landed from Malta on June 22nd. At that date, he had been on the sick-report with "Malta fever" for sixty days. His temperature on arrival at Netley was 104 deg. Fahr.; and even now, under the most favourable hygienic conditions, careful diet, and good nursing, this young officer has little more than entered on the distressing stage of neuralgic and rheumatic pain through which the majority of those affected have to pass before convalescence. It will be seen from this that the term "long fever", by which the disease is known among soldiers, is appropriate.

I do not pretend to be able to give a good clinical description of this fever; for, although familiar with its sequels, I have never had an opportunity of studying it in its "home". As in most fevers, there is a stage of *malaise* of some days' duration, followed by a sharp rigor,

with well marked gastric and hepatic disturbance. Sometimes this stage is as well pronounced as in the severe remittents of a malarial locality in the tropics. With the above symptoms, there is severe headache, generally frontal. The temperature-curve differs widely from that in true malarial fever; it does not rise rapidly; and some days elapse before it attains its maximum, which appears to be 104 to 105 deg.; and this, as I have mentioned, is often maintained for forty, fifty, sixty, and even seventy days, with, as the unavoidable result, wasting and degeneration of muscular tissue and excessive prostration. From all I can gather, the disease is not, as a rule, paroxysmal, although in some cases of officers landed from Malta, seen by me in consultation, I have observed a distinct and well-marked morning remission, as in a malarial remittent. Such cases were benefited by quinine, which is seldom found useful in "Malta fever". Sometimes there is diarrhoea, with or without iliac tenderness; the evacuations being sometimes dark-coloured and offensive; at other times, particularly when there is abdominal tenderness, presenting the appearance commonly seen in enteric fever. In a word, if I may venture to judge from what I have gathered from our Malta invalids at Netley, sometimes the symptoms of typhoid, sometimes those of malarial fever, predominate. In the majority of the cases seen by me, the spleen has been more or less affected. We have in our wards at this time a case in which this gland is as much enlarged as if the patient had come direct from the Peshawur valley.

There is one symptom common to every form; viz., a stage of neuralgic and rheumatic pain, sometimes muscular, sometimes articular, not unfrequently both, through which eight out of ten of those affected have to pass before they can be said to be really convalescent. This stage is often not reached till some weeks after the more urgent febrile symptoms have subsided. A rise in the temperature usually precedes the setting in of this fresh addition to the patient's sufferings. A number of weakly young soldiers do not convalesce at all, or only to a partial extent; developing, instead, either tuberculosis or some other form of destructive lung-disease, the result of the metamorphosis of catarrhal or pneumonic deposits which have taken place in the course of the disease, or which may have existed previously.

My friend Staff-Surgeon Lambert, R.N., who served for some time in the Naval Hospital at Malta, and who suffered severely from the disease himself, informs me that a large number of seamen were in his time invalided home, after having gone through this fever, on account of deposits of this kind, which, in the vigorous and those presumably not of a phthisical tendency, were absorbed, as many of them returned after some months' absence, in good health.

It would appear that the treatment of this disease is, to say the least, unsatisfactory. It is certain that, save in cases in which malarial symptoms predominate in a very marked manner—in other words, where the fever is more or less paroxysmal—quinine is useless, if not hurtful, exercising no influence either in reducing temperature, shortening the duration of the disease, or even mitigating the pains of the rheumatic stage. This being so, I have a suggestion to offer on this point for the consideration of those who have to contend with this disease. It may appear very unscientific, very empirical, to discuss remedies before we have settled the proper place of this fever in our nosological system; but I am afraid this is what physicians have to do every day. There is, however, no reason why the use of this or that provisional remedy should in the least interfere with those careful observations which are so much needed here. Let us hope that more than one of our capable medical officers quartered at Malta will take this fever in hand, and, after the manner of Louis, and Jenner, and Parkes, and Stewart, patiently investigate it. Judging from the careful report of those who have studied the sanitary surroundings of the troops, there is much to rouse the suspicion, at the very outset, that a faecal element plays an important part in the genesis of this disease, for the whole inhabited part of this "military hothouse" seems supersaturated with excrementitious matters; so much so that, on looking over the report of the Committee of which Surgeon-General Ker Innes was President, it has often struck me that if, by any accident, yellow fever were introduced into that closely peopled island, with its sterco-raceous accumulations in houses, it would find the conditions most favourable for the development of its destructive power.

Some months ago, Dr. Alfred A. Woodhull, of the United States Army, was good enough to send me a copy of a paper of his, reprinted from the *Atlanta Medical and Surgical Journal*, giving an account of his clinical studies with large non-emetic doses of ipecacuanha in the treatment of dysentery. From this, it clearly appears that this method of treatment, once more happily established in India, is not much known or appreciated in the United States. Dr. Woodhull's cases, which are carefully and conscientiously recorded, show that the *radix antidiysenterica* is as effective against the dysenteries of

America as it is in India. I have since received from the same author a reprint of another paper from the same journal, giving his "clinical studies on the use of non-nauseating doses of ipecacuanha in intermittent fevers". Dr. Woodhull gives a series of twenty-eight cases treated with ipecacuanha in doses varying from one to twenty grains. Emesis followed only once or twice, and nausea very seldom, although the author thinks "a good preliminary emetic would sometimes be useful". Dr. Woodhull gives the cases in some detail, with the thermometrical readings; and he notes that they were kept under observation as long as the thermometer gave any indication of a tendency to relapse, whether the patient was or was not sensible of an aguish disposition. Ipecacuanha was the only remedy used, for the most part in grain-doses every three or four hours. There were nine "recurring cases", but in only one did more than two chills recur after beginning the medicine. Four cases had only one chill after resuming the ipecacuanha. In thirteen cases, no chill was experienced after the exhibition of the remedy. It is particularly noted that, when dysenteric symptoms co-existed with those of intermittent fever, they were promptly suppressed by large doses of ipecacuanha. Dr. Woodhull has a theory as to the action of the drug. He regards it as a nerve-stimulant, especially to the ganglionic system. Into this question I do not mean to enter here. The suggestion I beg respectfully to offer to medical officers who have to treat "Malta fever" in its "home", is to give this drug a fair trial in the manner used by Dr. Woodhull. I have long been anxious to see a fair trial given to ipecacuanha in the treatment of the early stages of typhoid fever pure and simple, not for the sake of its emetic properties, but for its power as a blood-depurant. There is abundant evidence that the functions of the liver are much disordered in the early stages of "Malta fever"; and I have elsewhere shown that ipecacuanha is one of our best and safest remedies in acute hyperæmia of this gland. I ask for a fair trial to this method of treatment with confidence, because, if it fail, it is not likely to do harm, or to expose patients to the smallest risk or even inconvenience.

#### MALIGNANT DISEASE OF BOTH OVARIES.

By M. CHARTERIS, M.D.,  
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A. M., a female aged 21, was admitted into the Glasgow Royal Infirmary on March 27th. She had been sent from a neighbouring mining town to the Maternity Hospital, under the idea that she was pregnant, and was transferred from there to the Royal Infirmary. Her history was as follows.

From the age of fourteen, she had been a prostitute; and she stated, without a blush of shame, that she had often had connection with three or four men in a night. Fifteen months ago, she had a child, which died shortly after birth; and since then she had never been well. As soon as the lochial discharge ceased, having no friends, and no other means of subsistence, she commenced again her calling, and continued at it until two months previously to her coming to Glasgow, when she caught a cold, and noticed her feet and legs swelling; and a pain which had existed in her right side since her confinement became greatly aggravated.

Her symptoms, on admission, were as follows. Her appearance was pale and pasty, with facial palsy of the right side. Her feet and legs were considerably swollen. Her abdomen was distended. On percussing it, dulness was detected over the right iliac region, which became more defined when she lay on the opposite side. What this dulness was due to gave rise to some difference of opinion. By some it was considered to be caused by the ascitic fluid gravitating to the side. Others suggested that it was an enormously enlarged liver: an opinion which her previous dissipated career somewhat favoured. On a subsequent day, however, and on more carefully percussing the region, it was found that the dulness was distinct from the area of hepatic dulness, though this was considerably increased, and was incompatible with the supposition of its being simply ascitic, from the fact that the dulness, though not so well defined in some positions as in others, was never entirely absent from one particular spot in the iliac region. An obscure, ill-defined, dull percussion-sound was also found on the left side of the same region. On examining with the speculum, the introduction of which caused great pain, the os uteri seemed normal. The sound was inserted; and, so far as could be judged, nothing was found wrong with the uterus. There was, however, a purulent discharge from the vagina, which was considered most likely to be of gonorrhœal origin. The urine was albuminous; and, under the microscope, tube-casts were seen in great abundance. The respiratory and cardiac systems were at that time healthy. Her digestion was greatly impaired. She had little