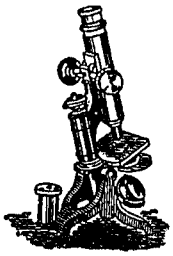
Medical Matters.

THE COST OF ENTERIC IN THE SOUTH AFRICAN CAMPAIGN.



The Commission appointed in 1900 by the Secretary of State for War to report on the nature, pathology, causation, and prevention of dysentery, and its relationship to enteric fever, has now issued its report.

The Commissioners were Professor Notter, of Netley, Professor W. J. Simpson, of King's College, and Lieutenant-Colonel Bruce, R.A.M.C. They arrived in Capetown in the first week of September, 1900, and shortly proceeded to Bloemfontein, where they remained for nearly a month investigating, as far as possible, after the event, the causes which gave rise to the Bloemfontein epidemic of dysentery and enteric, and the conditions still remaining for the continuance of these diseases. They then visited Kroonstad, Johannesburg, and Pretoria, and, leaving one of their number at the last-mentioned place to arrange a laboratory, the other two went down to Komatipoort, inspecting on the return journey some nineteen camps. This carried out the decision at Capetown, that the Commission should divide its work into two parts—(*a*) laboratory work, (*b*) the inspection of camps, water supply, &c. Lieutenant-Colonel Bruce undertook the first part, Colonel Notter and Professor Simpson the second.

The report is divided into three parts.

Conclusions of Lieutenant-Colonel Bruce.

"(1) That dysentery in South Africa is not caused by amœbæ, as there is some reason to believe is the case with the dysentery of certain other countries; (2) that the organs in dysentery are absolutely sterile. It is a local disease attacking the mucous and sub-mucous coats of the large intestine, and, unlike enteric fever, the causal agent, if any, confines itself to the intestines; (3) that in the large intestines no particular species of micro-organism stands out prominently, as in the case of cholera, so that it is impossible in the present stage of the investigation to say that any special bacterium plays a prominent part in the causation of dysentery; (4) that there is not sufficient evidence in this work to bring forward the theory that some of the normal inhabitants of the intestines belonging to the coli group take on a pathogenic power; (5) that there is no connection between dysentery and enteric fever. Eberth's bacillus is not found in the organs or intestines in dysentery; (6) that there is a certain amount of evidence to show that so-called cases of dysentery following enteric fever are relapses of enteric, where the disease has attacked the large intestine."

Conclusions of Professor Simpson.

Professor Simpson deals with the sanitary or health aspects of the campaign or the physical conditions giving rise to bowel complaints, dysentery, and enteric fever. From this aspect there is, it is said, a closer relationship between the two diseases in that the media by which the causal agent gains an entrance into the body are the same. Still, though many of the conditions associated with dysentery are similar to those of enteric fever, yet all the conditions are not the same, decomposition in food, putridity, and suspended matter in water, together with chills, being more especially connected with dysentery. He also points out that "the cost of enteric fever in the South African campaign has been very great, and, viewed merely from a financial point of view, the taking of the necessary preventive measures would effect a large saving. In order to make this clear it is, he says, only necessary to calculate the costs at the lowest figure. Assuming that the cheapest trained infantry soldier costs £40 by the time he arrives at his destination in South Africa, the monetary loss to the Government will be:—

"(1) If he dies from enteric fever and has to be replaced by a trained soldier he will cost £87 odd, estimated thus:—

	Amount.
Cost of man	£40 0
Cost of successor	40 0
Hospital	5 0
Burial	1 15
Pay in hospital	0 15
Per man	£87 10

"(2) If he is attacked with enteric fever but recovers and convalesces in South Africa he will be unfitted to join his regiment for at least four months, when the cost will be £57.

"(3) If he is attacked with enteric fever, but recovers and is invalided home and has to be replaced by another man: Cost per man, £108. During the two years of the war there have been at least 31,118 cases of enteric fever, which

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