

milk from "Harropa" were then centrifugalised, and the deposit plated on litmus-nutrose agar; the *M. melitensis* was readily isolated from the plates. The chain of evidence in this case appears complete; there can be little doubt that the man acquired Mediterranean fever by drinking infected goats' milk.

CASE 3.—J. A., the captain of a British sailing ship, arrived in Gibraltar on December 7, 1906, and was seized with fever the same day. He stated that he had recently discharged a cargo of timber in Malta, and remained there thirteen days. He slept on board his ship, but frequented *cafés*, where he used to drink two or three glasses of goats' milk daily. He had visited Malta on four previous occasions, but always drank whiskey or beer in the *cafés*; this year, being an abstainer, he only drank milk. Seventeen days after leaving Malta, while at Marseilles, he suffered from fever, which subsided after about a fortnight; he then sailed for Gibraltar and had a relapse immediately on his arrival. He was admitted into the Colonial Hospital, and a specimen of his blood being obtained, the serum, diluted 1 in 40, was found to completely agglutinate the *M. melitensis*, the clumps being visible with the naked eye.

In Gibraltar the supply of goats' milk is most plentiful during the months of February, March, April, May and June. It begins to rapidly decrease in July, and is comparatively scarce and much dearer during the winter months. Owing to the favourable temperature and rich pasturage in the spring, the goat-herds arrange that the female country goats shall be impregnated, so as to be in milk at this time of the year. In order to obtain the winter supply of milk, stall-fed goats of better breed coming from Malaga are covered, so as to give milk from September to December, but the quantity available is comparatively small. The increased supply of milk during the early summer months may help to explain the rise in the Mediterranean fever wave, which used to occur during March, April, May, June and July.

INCONTINENCE OF URINE IN THE SOLDIER.

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HAVING had a few outbursts of this malady to deal with from time to time, I should like to give my experiences, and, in the first place, I have noticed that previous writers on the subject in the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, when going into the etiology of this affection, do not appear to have been struck by the important part played by the season of the year. In this connection I have invariably found that, when the occurrence prevailed almost in epidemic form, the nights were long and the weather very cold. But coming to the investigation of the individual case, the latter can, as a rule, be divided into three classes:—

(1) In the first no doubt we do come across a few—very few—instances of genuine atony of the bladder, in my opinion the result of defective early training in control of the bladder, and the habit becoming confirmed is sometimes carried on into manhood. I should like to try the effect of circumcision on all such cases in childhood, as I have no doubt it would prove beneficial in this as in other ways. I have found treatment of little avail in such cases, still less punishment or even pecuniary loss, and for this class invaliding seems to be the remedy.

(2) In this category I include all cases suffering from irritability of the bladder, whether the cause be stricture, neglected gonorrhœa, or a condition of hyperacidity of the urine from whatever cause; bowel trouble, too, such as colitis, often occasions excessive irritability of this organ. In all cases of this kind the cause must be carefully ascertained and removed, when, of course, the incontinence, which was merely a symptom, at once disappears.

(3) In this, the third class, which is by far the most numerous, I think it will generally be found that there is a good deal of heavy drinking going on, and the culprits, having to choose between getting up and relieving their bladders in the ordinary way (being naturally of irregular habits and regardless of decency), commit themselves at the expense of their beds and bedding. A simple but very effective procedure in dealing with such gentry is to have a parade at uncertain times of all bedding, the latter to be ranged up in a conspicuous place in barracks. The lazy ones can then no longer hide their shame, besides which, a man of this sort would think twice before committing himself, when he finds that he has to face the quartermaster's bill on the one hand and the wholesome chaff of his comrades on the other, the moral effect of which latter is most salutary. A few such parades, carried out systematically, have a wonderful effect in checking epidemics of this nuisance, and I desire to commend a trial to such of my brother officers who may find themselves called upon to deal with an outbreak under similar circumstances.

MOSETIG-MOORHOF'S METHOD OF TREATING BONE CAVITIES.

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WITH reference to Captain F. F. Carroll's paper on Professor Mosetig-Moorhof's method of filling bone cavities with iodoform wax in the September issue of this Journal ("Some Notes on Continental Surgical Procedure," vol. vii., p. 255), the following account of a case in which this new treatment was put into practical application may be of general interest.

E. R., aged 6, the daughter of a sergeant in the Royal Marine Light