

Vital Statistics & Sanitation.

BULLETIN FROM CALCUTTA MUNICIPAL LABORATORY.

ANTI-CHOLERA INOCULATIONS IN CALCUTTA.

From 25th of June to 24th of July 1894.

MAHOMEDANS.					HINDOOS.					OTHER CASTES.					GRAND TOTAL.
ADULTS.		CHILDREN UNDER 12 YEARS.			ADULTS.		CHILDREN UNDER 12 YEARS.			ADULTS.		CHILDREN UNDER 12 YEARS.			
Male.	Female.	Male.	Female.	TOTAL.	Male.	Female.	Male.	Female.	TOTAL.	Male.	Female.	Male.	Female.	TOTAL.	
16	16	215	45	38	33	331	6	3	..	..	9	356

Of 331 Hindoos inoculated, 60 were Brahmins. Nine Europeans were inoculated during this period, including Dr. Gregg, Sanitary Commissioner of Bengal; Mr. Ritchie, Chairman, Calcutta Municipality; Dr. Simpson, Health Officer, Calcutta; Dr. Scott Reid, I.M.S. and Mr. Corkhill, Marine Superintendent and Municipal Commissioner. Dr. U. K. Dutt, Municipal Commissioner, and Dr. J. N. Dutta, Assistant Analyst, Calcutta Corporation, were also inoculated.

Note.—At 16, Jorabagan Street, in Gonessee Bewah's house four members out of a family consisting of five were inoculated in May last. The only member that was not inoculated was affected with and died of cholera on 11th July 1894.

There was no case of cholera among the inoculated.

W. J. SIMPSON, M.D.

MORTALITY IN PRESIDENCY TOWNS.

CALCUTTA (Population, 681,560).

Year 1894. Weeks ending	SPECIAL DISEASES.						Annual ratio per 1,000 of population.	Average death-rates for corresponding week of previous 5 years.
	Cholera.	Bowel-complaints.	Fevers.	Small-pox.	All other causes.	TOTAL.		
23rd June 1894	..	27	30	105	8	134	304	23.2
30th .. "	..	28	30	128	14	149	349	26.7
7th July .. "	..	14	35	139	6	138	332	25.4
14th .. "	..	13	37	113	5	130	298	22.8

MADRAS (Population, 452,518).

7th to 13th April 1894	..	..	23	132	1	138	294	33.7	34.3
14th to 20th .. "	..	..	28	107	3	150	288	33.0	34.0
21st to 27th .. "	..	..	1	21	108	..	130	260	29.8
28th to 4th May .. "	..	..	1	20	116	1	154	292	33.5

BOMBAY (Population, 821,764).

24th April 1894	..	2	45	105	32	407	591	37.79	33.63
1st May .. "	..	1	46	126	29	372	574	36.36	32.92
8th .. "	..	1	46	161	21	342	571	36.13	30.72
15th .. "	..	11	33	147	32	401	624	39.48	32.92

NORTH-WESTERN PROVINCES (FEBRUARY 1894).

City or Municipality.	Area in acres.	Population, 1891.	Number of persons to an acre.	Death-rate per 1,000 of population per month.	Annual death-rate per 1,000 of population.
Moradabad ..	1,660	72,068	43	3.01	36.12
Bareilly ..	2,785	107,785	38	1.49	17.88
Shahjehanpore ..	5,625	76,977	13	1.70	20.40
Meerut ..	401	73,637	183	1.97	23.64
Koel ..	400	61,485	183	2.42	29.04
Muttra ..	1,146	56,431	49	3.41	40.92
Furruckabad ..	2,551	73,009	28	3.33	39.96
Agra ..	14,452	146,208	10	2.15	25.80
Cawnpore ..	2,381	163,779	68	2.94	35.28
Allahabad ..	19,237	162,895	8	3.32	39.84
Goruckpore ..	2,990	64,398	21	2.74	32.88
Benares ..	3,141	213,168	67	3.36	40.32
Mirzapore ..	3,376	84,130	24	3.08	36.96

PUNJAB (FROM 16TH DEC. 1893 TO 6TH JAN. 1894).

Delhi ..	14,437	189,648	13	3.41	41.00
Umritsur ..	807	135,401	167	4.60	55.21
Lahore ..	461	159,597	346	4.18	50.15
Peshawar ..	500	63,079	126	5.17	62.11

Reviews and Notices of Books.

ON COMMON NEUROSES, OR THE NEUROTIC ELEMENT IN DISEASE AND ITS RATIONAL TREATMENT.—By JAMES FREDERIC GOODHART, M.D.—H. R. Lewis, London.

The way of the reviewer is often, like that of the transgressor, hard, and it is a pleasure to have to deal with a work so suggestive and so free from heartless facts as that on *common neuroses* by Dr. Goodhart. The book contains three lectures originally delivered before the Harveian Society of London in November and December 1891. The writer apologises for their appearance in book-form in such a pleasant way that the reader of the preface at once guesses that the body of the work will be attractive and worth reading:—"If in thus responding I should seem to any one to have too readily inflicted an injury on medicine by adding yet another book to the existing deluge, I would ask my critic to pause and read it, and to mark well that it is but a little one." Dr. Goodhart is a believer in evolution in human physiology, and points out that as we mount higher in the scale of society the nervous system becomes more highly strung, more sensitive, and therefore more liable to injury and derangement. The working man is, he thinks, generally far less sensitive to many conditions such as would depress or even incapacitate those above him in the social scale. It is interesting to note that the author carries this difference into the region of therapeutics and believes from observation that drugs affect the lower grades less than the higher and more unstable organisms. Dr. Goodhart's remarks concerning a curious mental condition which is popularly called self-consciousness are interesting and may be quoted:—"I will mention the curious dread that some neurotics have of going into society or into any crowded place. Ladies will frequently complain that they cannot go to church because they are afraid that they will faint or that an attack of what they have generally agreed to call 'the fidgets' will come on, and that they will have to leave. I have known this dread to take possession of men, but in them it is perhaps more often a modification of the same thing—*viz.*, a disinclination to go out and see their friends." Every one knows how common is this condition which appears perhaps in its embryonic form in what is called *shyness*. "The best way of meeting these ailments is to allow to the full the misery that they cause to the individual, but in doing so to insist (1) that they are always transitory; (2) that they are purely subjective and not perceptible to others, and (3) that they never do any real harm or mean any organic change." Dr. Goodhart touches lightly on many other interesting points, such as the probable nervous origins of constipation and diarrhoea; asthma, which he considers to be mainly a disease of the "middle and upper strata" of society, and many other trivial conditions which many people hardly

regard in the light of diseases at all. Dr. Goodhart's book is enjoyable reading and calls to mind the style of Hilton's "*Rest and Pain*." We will conclude our review with an anecdote from Dr. Goodhart's book illustrating the mental feebleness which encourages quackery, faith healing and the whole gamut of patent medicines:—"A lady came to me for asthma, and in the course of conversation said she thought she ought to tell me everything. The confession she had to make was that she had put herself under some one who undertakes to treat disease by correspondence. I asked her what had led her to seek advice from so unreliable a source, and her reply was: "Well, I knew he must be a good man because he advertises in *The Christian*."

Miscellaneous Notes.

THE CARE OF WOUNDED IN WAR.

THE *Broad Arrow and Naval and Military Gazette* says:—"It is without doubt more easy to point out defects and shortcomings than to suggest remedies for rectifying them. But in the matter before us we have some suggestions to offer. What is required is that some systematic plan should be introduced which will ensure the medical service being able to transport sick and wounded, stores and *matériel*, with its own transport, formed of officers, N.-C.O.s and men of the Medical Staff Corps, under the command of responsible officers of the Corps. Such transport might easily be organised on lines similar to the present regimental system. This consists of a skeleton transport, maintained in certain corps, capable of being increased almost instantly if required, as the necessary establishment is always maintained in such regiments for this purpose, and is kept efficient by undergoing training in regular turn. Four such skeleton companies of the Medical Staff Corps transport should be formed at Aldershot, Woolwich, Dublin and the Curragh, and maintained during peace by a small permanent staff for each company. Two men and a corporal—having some knowledge of horses, if possible from each of the seventeen companies, Medical Staff Corps, should be sent for a course of training to one of the mounted companies, rejoining their own company on completion of the course. The number of men thus trained could be fixed at any required establishment—say 200—and this number be maintained. N.-C.O.s and men of the Hospital Transport who have passed to the Reserve would, on rejoining the colours, be also available. The skeleton company should be supplied with every known description of hospital transport, ambulance, waggons, cacolets, litters, etc., so that the men may be thoroughly trained in these special duties, as well as packing and unpacking medical stores, subdividing field hospitals, etc. There is, strictly speaking, now no medical transport in existence. The Commissariat and Transport Staff, who horsed and provided drivers for the ambulances, have been formed into the Army

Service Corps, a combatant branch of the Army, and, as such, are not eligible to work under the Red Cross. They might further be employed one day with ambulances and the next with an ammunition train, thus leading to serious complications. Medical transport companies could also be formed from drivers of the R.H.A., R.A. and light men of Hussar regiments belonging to the Reserve. These men should be encouraged to volunteer into these medical transport companies, wearing departmental uniform, receiving departmental pay and working under the Red Cross. They should be mobilised in summer at the manœuvres, and trained to drive waggons horsed with hired horses from the Reserve, working under medical officers and quartermasters of the Medical Staff. In short, every man employed in hospital transport should be so trained that he could, when required, be employed at nursing duties also, as the need for these latter might frequently occur. If a permanent nucleus of medical transport were organised and kept up at Aldershot for instruction, it would cost little or nothing, since it could be utilised for all medical transport, and the Army Service Corps, which now does this work, could be proportionately reduced.

"The advantages of the proposed system may shortly be summed up as follows:—1st. An efficient medical transport of members belonging to the same corps would be provided, and every man connected with the Hospital Service, whether transport or otherwise, would be able to assist as a trained attendant when required. 2nd. The medical transport being under the immediate control of medical officers, all delay in moving and taking up positions would be avoided. At present no reliance can be placed on transport, which is liable to withdrawal at any time for other work. 3rd. Being non-combatants, this transport would come under the protection of the Geneva Convention in the field. 4th. When mounted troops, artillery or cavalry, moved rapidly, they could be accompanied by a mounted bearer company, with necessary materials for a flying field hospital. At present there is no special medical organisation capable of rapid movement with mounted troops to render medical aid. So far back as the beginning of 1892 we referred to a scheme well worth consideration, for a certain number of mounted bearer companies to meet the rapid movement of cavalry, proposed by Brigade-Surgeon Williams, P.M.O., New South Wales Military Forces. 5th. The companies training at large military stations could be constantly employed, when not required for hospital or instructional purposes, in the ordinary transport duties.

"Having now pointed out the advantages of the proposed system, it will be well to consider the more glaring defects of the existing condition of affairs, for system there is none. 1st. An