

The Sonthal Pergunnahs suffered slightly in May, and some parts of Chota Nagpore from February onwards, the disease being partial and slight. Thus, few districts of the province have been exempt from the plague during the first-half of the year, and the general aspect of the disease has been that of simultaneous and more or less sporadic prevalence over the whole area of Lower Bengal.

In the North-Western Provinces also cholera has shown an extensive range. In the Allahabad district a few cases occurred in January and February; the disease increased in March and April, attained a maximum in May, and was subsiding in June. A few cases occurred in the city in February.

In Benares, Mirzapore, and Ghazeeepore outbreaks occurred in March, April, May and June, as also in Bustee, Jounpore, Azimgurh, and Goruckpore to the north; the disease was very severe in the latter district in April. A few cases occurred in the city and district of Cawnpore in the same months, as well as in the adjoining districts of Humeerpore, Futtehpore, and Banda. Some cases occurred in Muttra in April and May, in Dehra Doon in the same months, and a slight outbreak took place in the neighbourhood of Mainpooree in May. The brunt of the disease has thus fallen on the southern and eastern districts of the province. In the adjoining province of Oudh, which, as it were, fits into the angle formed by the two sets of districts above-named, cholera was very generally prevalent, and in some cases severely so, from the end of March to the month of June, when it is generally reported as declining. No district of the province escaped, the disease, attaining its maximum intensity in April and May. Though generally diffused over the area of the province the incidence of the disease was very partial, a village or group of villages being attacked here and there. The data at our command do not enable us to describe the progress of the disease or indicate more accurately than we have done the particulars of its prevalence. For this purpose a complete knowledge of each individual outbreak would be necessary. The terms which we have used must be accepted as necessarily vague and figurative. In the Central Provinces, the disease has affected a few villages in several districts. It prevailed from February to June in some villages of Belaspore, spread to the adjoining district of Raipore in April and May, showed itself in Nimar in April, May and June, broke out in Hoshungabad in the beginning of May, and, increasing somewhat till the beginning of June, began then to decline, and appeared sporadically in Nursingpore and Bandara early in June. The disease appears to have broken out about the same time in some of the Hyderabad Assigned Districts. In Central India, the disease commenced in the Rewah territory at the latter end of March, and [flu]ing about that district till the end of April; broke out rather severely at the railway works at Fatteahbad in May; was severely prevalent in the Bheel country throughout the latter end of this month, when also a sharp attack occurred in Western Malwa. The disease continued to prevail in these parts till the end of June. In Rajputana, cholera appears to have affected the territories of Tonk, Kotah, Harowtee and Ajmere to a slight extent from the latter end of May till the end of June. In the Punjab, a few cases occurred in the city of Delhi in May, and in the district in June. In the adjoining district of Hissar, a few sporadic cases were reported throughout the month of June. In Rohtuk also cases occurred in May. In Umballah a few villages were affected in June and July. Severe outbreaks have occurred at Dhurmsala, Kussowlee and Simla, of which we shall endeavour to give particulars in our next. The foregoing sketch is very imperfect and vague as all general descriptions must be; but it shows that cholera has been very extensively prevalent in the presidency during the first-half of the current year. In our next issue we shall give more detailed notes of the prevalence of the disease during the months of July and August.

The "fish-scare" in Calcutta.—Quite a panic has recently taken place in Calcutta caused by the rumoured existence of parasites—"worms"—in the flesh of our most common and favorite river fish. The sale of fish was prohibited, and the Health Officer of Calcutta was ordered to make a special inquiry. The result is that worms were found in the intestines but not in the muscles, and, with one exception, the fish usually sold and consumed in the metropolis were pronounced wholesome. It appears that the spinal nerves were mistaken for lumbricoid worms! We know of one case in which a bit of nerve was actually sent to an expert for identification of the animal.

Review.

The Indian Army; actual defects and proposed remedies. By C. J. McNALLY, M.D., C.M., Surgeon, Madras Army. Madras: Higginbotham & Co.

THE object of this pamphlet is to suggest sundry improvements in the sanitary condition of the Native Army—more particularly of the Madras Native Army. The author considers his subject under the heads of clothing, food, marriage, hospitals and barracks, and offers some observation on each of these subjects. As regards clothing, he points out that the main requisites of a good costume for the soldier are to permit free play of the joints, muscles, and lungs, and prevent pressure on the blood-vessels and nerves. He proposes a radical change in the uniform of the Native Army, and recommends a turban wound round wicker work, a Jersey vest and Zouave jacket, wide trousers fastened by a *kummerbund* and ending below in gaiters; and an improved pattern of boots worn with socks. There can be no doubt that the present tight tunic, coarse, stiff, narrow trousers, and huge ill-fitting ammunition boots, worn without socks, tend to impede and disable the native soldier, and some such reform as Dr. McNally suggests has been repeatedly urged by medical officers. Indeed, many native regiments in this presidency have already adopted a loose costume which is an immense improvement on the casing in which it delighted the military martinet of former days to enclose the plaint frame of the sepoy. The defects noticed in the feeding of native soldiers are the improper nature of his diet, more particularly the comparative excess of carbo-hydrates and insufficiency of albuminates, vegetables, and salts, and the frequent scantiness of diet caused by the number of mouths he has to feed. A system of rationing by Government is advocated, and it is argued that if the British soldier cannot feed himself properly how much less the native.

The remarks on marriage apply to the Madras Native Army. The evils of early marriage and large families are pointed out. A Madras regiment, 600 strong, has generally a following of over 2,000 human beings. This causes overcrowding, poverty, uncleanness and inefficiency. Dr. McNally would place a restriction on marriage and gradually form unmarried corps by drafting the unmarried men into one regiment.

He considers that each hospital should be placed under the subordinate charge of an apothecary, and recommends the introduction of hospital dietaries. He also offers some remarks on the prevention of ague, shoe bite, guineaworm, and venereal diseases. He would have men punished for concealing rather than for contracting enthetic disease. Finally, he considers that barracks constructed on proper hygienic principles ought to be substituted for "lines."

There can be no doubt that there is much in the sanitary condition of the Native Army which admits of improvement, and whose improvement would add greatly to its efficiency, and the suggestions offered by Dr. McNally are, to say the least, worthy of consideration. The subject is, however, treated in a very general way, and no account is taken of difficulties or objections. The native sepoy is a very different being from the British soldier, and cannot be subjected to the same rules: it is doubtful indeed whether, in many respects, he should be. At the same time if his health and efficiency can be improved by measures otherwise unobjectionable, it is an imperative obligation to adopt them. Dr. McNally has done a good service in pointing out some of these.

Correspondence.

THE INDIAN MEDICAL SERVICE AND DR. FAYRER.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—I, in common with, I should hope, many other members of the Indian Medical Service, must feel grateful to you for your remarks on Dr. Fayer's recent address at Netley, in the June number of the *Gazette*.

I wish however, you had gone a little further, and analyzed somewhat the grievances and drawbacks alluded to, and pointed out some means of obviating such of them as are capable thereof, and ameliorating, if possible, such as are inevitable and inseparable from an Indian career.