

in recent years. An investigation on modern lines might be rewarded by valuable results.

Mr. Hutchinson's tour in India, while it has stimulated enquiry, has not obtained much support for his theory. The above remarks are written with a view of showing that the evidence which can be brought against the "Contagionists" is extremely strong.

GOVERNMENT OF BENGAL ADMINISTRATION REPORT, 1901-1902.

THE report for 1901-1902, like its predecessors, forms quite a handsome volume. There were 558 charitable dispensaries outside Calcutta at the end of 1901. The fact that these dispensaries serve larger areas, and yet have a smaller average attendance than in most other provinces, is explained on the grounds that the medical schools in Bengal turn out treble the number of qualified practitioners as compared with similar institutions in Bombay and the Punjab, and it is alleged that native practitioners are to be found in every town or large village in Bengal.

The total number of patients treated in these mofussil dispensaries was 3,711,839, being an increase of 244,458, which was shared fairly equally amongst Hindus and Mahomedans. The total number of operations was 157,377, being an increase of 10,797. In Calcutta there was also an increase in the outdoor patients attending the various hospitals; the total was 253,615, and the increase was specially marked at the Medical College Hospital. The Sambhu Nath Pundit Hospital is also mentioned as specially popular. In the Calcutta hospitals there was an increase of 1,529 operations, the total being 27,552.

The total number of vaccinations in the province was 2,682,826, being an increase of 316,515. The average number for paid vaccinators was 1,060, as compared with 914 for each licensed vaccinator. The total number of deaths from small-pox was 48,207, which shows that there is still much to be done for vaccination in Bengal. The total expenditure on Municipal vaccination was Rs. 21,523. The best work was done in the Monghyr and Bhagalpur Municipalities, where each vaccinator performed over 1,400 operations at an average cost of three annas.

There is a very interesting section on the details of the last census, which was taken in 1901. At the close of the 18th century, the British territories in Northern India consisted of the provinces of Benares, Bengal, Behar and Orissa, with an approximate area of 97,200 square miles. The first published estimate of the population of Bengal, Behar and Orissa was made soon after the Company's accession to the Dewani, when it was considered to be about ten millions. In 1787 Sir William Jones thought the population of Bengal, Behar, Orissa and Benares amounted to about twenty-four millions. In 1802 Mr. Colebrooke computed the population to be thirty millions. In 1835 Mr. Adams assumed the population to be thirty-five millions. In 1844 the territories under the Bengal Government were much as at present, and Mr. Dampier, the Superintendent of Police, estimated the population at 31,200,000. In 1857 the population was given as 40,852,337, and in 1870 the population was assumed to be slightly over forty-two millions.

The first general census of Bengal was carried out in 1872, and the total ascertained was 64,649,406. Since then the census has been taken in 1881, 1891 and 1901. The present census gave a population of 78,493,410, which was obtained at a total expenditure of about Rs. 3,90,000, or under Rs. 5 per 1,000 of the population. This compares very favourably with the Rs. 7,00,000, or over Rs. 9 annas 7 per 1,000, expended in the 1891 census. This great reduction was obtained by the introduction of the slip system invented by Herr von Mayr of Bavaria, by improved record-room arrangements, by lower pay to the men employed and by greater economy all round.

Primi facie there appears to be a progressive decline in the rate of growth of the population of the province of Bengal; but considerable allowance must be made for errors in the earlier enumerations. It is believed that plague, which appeared in 1898, accounted for 150,000 deaths, and the cyclone of the 24th October 1897 was responsible for about 50,000 deaths. Apart from this there does not appear to have been an increase in the death-rate, the slower rate of growth of the population seems to be attributable rather to a lessened birth-rate.

Taking Bengal as a whole, it appears that 95 persons out of every 100 live in villages, while only five persons reside in towns, the province being distinctly an agricultural country. The general standard of comfort is highest in Eastern Bengal, although it has the smallest proportion of people living in towns.

The census of Calcutta and its suburbs shows a population of 951,000; but if Howrah is added, the figure rises to nearly 1,107,000, which is greater than that of any European city except London, Constantinople, Paris and Berlin, and of any American City except New York, Chicago and Philadelphia. Two-thirds of the inhabitants of Calcutta are immigrants, and of these barely one fourth are females.

Hindus represent 63 per cent. of the total population, Muhammadans 33 per cent., while the remaining 4 per cent. is composed of all other religions. Muhammadans have increased by nearly 8 per cent. as compared to a gain of only 4 per cent. by Hindus. This increase of the Muhammadans is attributed to their being more prolific, to their diet being more nourishing, to the fact that their girls marry at a later age than Hindus, and to the re-marriage of their widows.

Service Notes.

ASSOCIATION OF MILITARY SURGEONS, U. S. A.

THE Medical Officers of the Army, Navy, Public Health and Marine Hospital Service of the United States, and of the Militia of the different States, have been incorporated into "The Association of Military Surgeons of the United States." The object of the Association is to increase the efficiency of the medical services by the consideration of medico-military matters. Amongst the *ex-officio* members are the Secretaries of the Treasury, War and Navy Departments, the Surgeon-Generals of the Army, Navy, Public Health and Marine Hospital Services, who also constitute an Advisory Board. The Honorary Members include the President of the United States, the senior General, and the Senior Flag Officer of the Navy. The Association possesses a seal, a coat-of-arms, and insignia comprising a special cross and a button, the two last bearing the motto "*Omnia pro Patriae Caritate.*"

SULPHUR FOR DYSENTERY.

DR. J. H. DOUGLASS, who was recently a Civil Surgeon to the forces in South Africa, found that ipecacuanha had little or no effect on dysentery in that country. He got better results with calomel in small and frequent doses, along with tonics. Salines, dissolved in cinnamon water, and given hourly, often proved efficacious. But he is most enthusiastic over the use of sulphur in dysentery cases. In acute cases he advocates the administration of 20-30 grs. of sublimed sulphur, combined with 5 grs. of Dover's powder, made up with mucilage and flavoured with syrup of orange every four hours. In chronic cases he omits the Dover's powder, and gives smaller doses of sulphur. The advantages claimed for sulphur over ipecacuanha are the absence of vomiting, and the regular feeding of the patient is not interfered with, there being no enforced abstinence before and after the dose as in the use of ipecacuanha. He also recommends sulphur in chronic diarrhoea. "In conclusion, I must say, I place great faith in sulphur in the treatment of dysentery, not only from my own experience, but also from what I have heard from other medical men in South Africa. And I believe that in future dysentery will be treated by sulphur, combined with rest, diet and tonics."—*The Dublin Journal of Medical Science*, April, 1903.

I. M. S. GRIEVANCES.

THE Editor of *Truth* appears to have taken up the cudgels for the Indian Medical Service. In a recent issue he states that "It is no exaggeration to say that the Indian Medical Service is seething with discontent from the lowest ranks to the highest. Many of the grievances responsible for this state of things—first among them being the inadequacy of the pay, the worst in any of the superior services in India—have been ventilated in *Truth* from time to time." This grievance was dealt with in a long article which appeared in the *British Medical Journal* of the 31st January 1903, from which the following is quoted:—

"The pay of officers of the Indian Medical Service in military employment is inadequate. This becomes clear when the rates are compared with those now received in India by the Royal Army Medical Corps, and the deficiency is especially marked in the junior ranks. It is a little