

Any other disorders due to degenerative conditions of the arteries.

If there is opportunity for comparing the frequency of the above conditions in those who are and those who are not habitual consumers of animal food, please furnish information on this point to me.

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HEIGHTS AND WEIGHTS OF PRISONERS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the article on the Heights and Weights of Prisoners by Dr. Macnamara, which appeared in the August number of the *Indian Medical Gazette*, a reference is made to the paper written by me on the same subject and which appeared in the May issue. I think all will admit that it would be well if some uniform system of classification of prisoners for labour could be adopted in all Indian jails, or that some rules could be laid down by which it would be possible to secure uniformity of action between two successive Medical Officers in the same Jail or between the Medical Officers and his Hospital Assistant in regard to such classification. Some Medical Officers consider that the weights offer the best means of securing such uniformity, and others, among whom is Dr. Macnamara, are of opinion that the weights do not afford a liable indication of the class of labour for which a man is fit. It is well that the question should be discussed freely, that both sides should give their opinions, and that the advantages and disadvantages should be fully considered.

Dr. Macnamara states that Dr. W. J. Buchanan's paper left a distinct impression on his mind that one of the principal uses to which the table could be put was to enable non-medical subordinates to classify, &c., &c., and further down he says that in the Punjab "the impression created was that it was in some way to supplant the Medical Officer's examination, and that this was the original intention can now scarcely admit of doubt." Now, as far as Dr. W. J. Buchanan's views were concerned, there was no room for doubt, because he distinctly states at the very beginning of his paper (April 1895) that the table is given to assist Medical Officers. I had noticed that for every increase of one inch in height, there is an average increase of (taken roughly) about 3 lbs., and it will be interesting to enquire how far this observation tallies with what has been noted by others. In the Annual Report for the Bengal jails for 1896, the average weights as taken in seven Bengal jails are given. I have taken out the differences in weight for each inch of increase in height and these differences are shown in the table below. With these are placed for purposes of comparison the Nagpur figures and the figures from the twenty-eight thousand (odd) weightments which were subsequently collected by Dr. W. J. Buchanan.

Table showing increments for each inch of height.

	Alipur.		Presidency.		luxar.		Midnapur.		Rampur.		Dacca.		Hazaribagh.		Averages, cols. 1 to 7.		Dr. W. J. Buchanan, 28,000 (odd).		Central Jail, Nagpur.		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
To	4	5	2	2	2	3	7	3	2	1											
5 ft. 1 in.	..	2	3	3	2	2	2	0	3	3	1										
" 2 "	..	3	3	3	2	2	2	0	3	3	1										
" 3 "	..	5	4	3	5	3	2	3	3	3	3										
" 4 "	..	1	3	2	2	4	3	4	3	4	2										
" 5 "	..	4	3	3	1	3	3	2	3	4	5										
" 6 "	..	2	1	3	5	4	3	4	3	4	3										
" 7 "	..	4	7	5	3	2	4	2	3	3	3										
" 8 "	..	4	2	2	5	1	2	6	4	4	1										
		26	23	23	25	21	22	23	25	24	22										

If Dr. W. J. Buchanan's table be inaccurate, is it not strange that there is such a remarkable similarity between his results and those of the other jails?

The alteration of the body weight from one part of the day to another, which Dr. Macnamara brings forward as a serious objection to the use of a table of weights, does not seem to me to present any great difficulty, for is it not easy to avoid the influence of such variation by weighing those men who are on this borderland, before and not after their meals? As the weights

are taken in the Nagpur Jail early in the morning before the prisoner has had a meal, the difficulty in regard to the daily variation would not arise.

I regret that in my former paper I omitted the word *nearly* before the 800 yards, but the main fact which I wished to point out, and which, I doubt if Dr. Macnamara will yet admit, was that in taking averages if fractions in each weightment are neglected, the resulting error will be less than a unit.

A. BUCHANAN, M.A., M.D.,
 CENTRAL JAIL, NAGPUR. *Captain, I.M.S.*

ALLEGED INFECTIOUSNESS OF MALARIA—
 KALA-AZAR.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I am now in receipt of the numbers of *The Indian Medical Gazette* containing Captain Rogers' "Reply to Criticisms" on his report on *Kala-Azar*; but, after reading the article through, I fail, save on one important particular, to find any facts or arguments not already advanced in his original report. These arguments have already been crushingly refuted on the various articles, editorial and communicated, that have already appeared in your own medical journal, and to repeat this refutation, as Captain Rogers has repeated his arguments, would be a mere waste of your space.

The one important point in Captain Rogers' reply that requires notice is that he now appears to recede from his original position as to the infectiousness of malaria in Assam. Whatever he may have meant to convey, no one can read section IX of his report without being left with the impression that he desired to prove that malaria is there directly infectious in the common and restricted sense of the word.

The tendency which Captain Rogers exhibits throughout his report, to confuse the promulgations of a more or less lame hypothesis with its proof, is strongly marked in these pages, and if he merely desired, as he now suggests to convey the idea of "communicability in its widest bacteriological meaning," I can only say that he has very ill expressed himself. Nor am I alone in this opinion, for it does not seem to have so much as occurred to any commentator, whether favourable or unfavourable, that he could mean aught but direct infection. Further, some of his instances, *e.g.*, that of the forest officer and his punkah coolies, can only be explained by direct infection, if the disease was communicated between the persons mentioned at all. Of course, "in the widest bacteriological meaning of the word," all malaria is communicable, for though no one has yet demonstrated how the germ must be "communicated" to the human body from some other body, animate or inanimate. It is true that it is possible that the malarial protozoon may be an optional parasite, equally able to maintain itself either as a parasite or as a free organism; that passage through a human being is in no way necessary to the maintenance of the species; and that it is only communicated to man, when the latter comes to reside in the region it inhabits. But even such a method as this comes within the vague limits of the "widest bacteriological meaning of the word."

If this be all that Captain Rogers means by infection, few will be disposed to disagree with him; but in making such an admission he appears to me to relinquish his entire case, as he thereby deprives himself of the only explanation for the peculiarities of *Kala-Azar* which we had hitherto understood him to offer: for Assam malaria is reduced to what I have always maintained it to be,—mere ordinary malaria,—and this Captain Rogers himself admits cannot explain the peculiarities of the condition known as *Kala-Azar*, or it would be prevalent wherever malaria is known.

As I strove to make plain in my report, I decline to look upon *Kala-Azar* as a specific disease at all, but as a mixed condition; for, if we accept as *Kala-Azar* all cases brought to you as such, you will meet with instances and combinations of every possible form of anæmia and debility. Malaria has always been extremely prevalent in Assam, and constantly supplies large numbers of cases of anæmia. When any district is invaded by anchylostomiasis, these two main co-operating causes raise the incidence of cases of precocious anæmia to a pestilential level, while anchylostomiasis being, unlike malaria, quickly though indirectly communicable, the disease becomes infectious in something more than the widest bacteriological meaning of the word, if not so in its most restricted application.

Of course, under such circumstances, it is perfectly easy for any one to beg the question by refusing to recognise as *Kala-Azar* anything but pure malarial cases or otherwise; but this, I submit, I carefully avoided doing in my report.

In conclusion, I trust that no such vague nomenclature as "Anæmia of Coolies," &c., will be sanctioned for official returns, as its adoption would render them valueless for any scientific purpose, and could only result in the lurking of all future expression of professional opinion, as to the relative prevalence

of the various forms of anæmia to which coolies, like other human beings, are subject.

PLYMOUTH,
2nd September 1898. }

G. M. GILES.

Dr. Hayman Thornhill also writes to us a long letter to the same effect, complaining that Captain Rogers in his "Reply to the Criticisms" on his assertions (1) that anchylostomiasis is not a factor in producing the state called *Kala-Azar*, and (2) that *Kala-Azar* is an infectious-malarial fever, brings forward no new arguments to support his speculations, but merely re-states what has already been adequately refuted.

A Correspondent from Kurseong wishes to correct the misleading note of the case reported by the late Dr. Weatherly in support of the infectiousness of malaria. The circumstances of this case were thoroughly well-known to our correspondent who maintains that they did not in any way favour this hypothesis.—ED., I. M. G.]

FIELD-HOSPITAL OPERATION-TABLES.

WANTED SUGGESTIONS FOR IMPROVED PATTERN.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In your valuable journal for the current month there is a leading article on the defects of Field Hospitals, in which you refer particularly to the pattern of the operation table now in use and suggest that a modification of Greig Smith's operation table would be the most desirable pattern.

As we originally made the Greig Smith's tables under the late doctor's personal instructions, and continue to manufacture them, we should be glad to know what modification you suggest, and we will endeavour to make a pattern table which will embody them.

We enclose description of table as now made. We think iron tubing might be used and the parts made to fold up, the tubing being enamelled instead of plated, and the surface of the table could be made of metal or wire-netting over which some water-proof sheeting could be placed during operation, but you may be able to suggest some better plan. Of course the question of cost is an important one, and our object would be to produce a really good, firm and portable table at a moderate cost.

BRISTOL,
30th Sept. 1898. }

FERRIS & CO.

Service Notes.

THE new Principal Medical Officer of Her Majesty's Forces in India, Surgeon-General William Taylor, M.D., R.A.M.C., has received the distinction of Companionship of the Order of the Bath, for his services as Principal Medical Officer with the Sirdar. He joined the army as Assistant-Surgeon in September, 1864; was promoted Surgeon in March, 1873; Surgeon-Major in September, 1876; Brigade-Surgeon in February, 1890; Surgeon-Colonel in March, 1895; and Surgeon-Major-General in March, 1896. Surgeon-General Taylor served with the expedition to Ashanti in 1895 as Principal Medical Officer with the forces. For his services on this occasion he was promoted to be Surgeon-Major-General, and received the Star. Pending his arrival in India, Colonel E. Townsend, C.B., R.A.M.C., officiates with the temporary rank of Surgeon-General.

LIEUTENANT-COLONEL E. HAROLD FENN, C.I.E., of the Royal Army Medical Corps, who has been appointed Surgeon on the Staff of Lord Curzon of Kedleston is now serving in India on exchange, quite recently, from the Grenadier Guards into the Royal Army Medical Corps. Lieutenant-Colonel Fenn was also on the Staff of Lord Lansdowne, a former Governor-General of India. He has a little over twenty-three years' service and served in the Afghan War 1879-89, accompanying the column under the command of Lord Roberts in the celebrated march from Cabul to Kandahar.

SURGEON-GENERAL W. A. CATHERWOOD, R.A.M.C., is appointed to be Principal Medical Officer, Bengal Command, *vice* Walsh. Captain R. H. Maddox, I.M.S., is to be his Personal Assistant, *vice* Major G. B. French, I.M.S.

COLONEL FRANKLIN, I.M.S., who goes home with the Viceroy, will on return be Inspector-General of Civil Hospitals, Punjab. Meanwhile Lieutenant-Colonel A. Deane will officiate in that appointment, eventually being posted to the Central Provinces as

Administrative Medical Officer, when Colonel Franklin returns: Colonel Hutcheson then becoming Inspector-General of Civil Hospitals in the North-West Provinces.

FOR many years past, writes a correspondent of the *U. S. Gazette*, have I pitied the condition of affairs at the sergeants' mess of the old Medical Staff Corps, but it is satisfactory to note that with the passing away of the old title there has also passed away the old wooden mess-house, built since the days of the Crimea, and that now the sergeants of the Royal Army Medical Corps have a home worthy of the name. It has been opened by Surgeon-General O'Dwyer, the Principal Medical Officer, and it is indeed a comfortable abode, the arrangements reflecting the greatest possible credit upon Staff-Sergeant Speary and the other members of the mess who constituted themselves the furnishing and decorative committee. The mess possesses much beautiful plate, and many trophies, which deck the new home to great advantage.

THE subject for the next Parkes Memorial Prize, which is open to Medical Officers of the Royal Navy, Army, and Indian Medical Services of executive rank on full pay (with the exception of the Assistant Professors of the Army Medical School during their term of office) is Venereal Diseases in the British and Indian Armies: their Prevalence and Prevention. Essays, which must be illustrated as far as practicable from the personal experience of the writer, must be sent to the Secretary of the Parkes Memorial Fund, Royal Victoria Hospital, on or before December 31st, 1900. Each essay to have a motto, and to be accompanied by a sealed envelope bearing the same motto, and containing the name of the competitor.

SURGEON WILLIAM J. MAILLARD, Royal Navy, has received the Victoria Cross for gallantry at Candia during the massacre. Lieutenant J. H. Hugo, I.M.S., has received the Distinguished Service Order for attending a dangerously wounded brother officer for three hours under fire, holding his bleeding artery, and finally bearing him to a place of safety during the recent frontier campaign.

THE second annual dinner of St. Bartholomew's men was held at the United Service Club, Calcutta, on December 19th, 1898, and was a very successful reunion. The following old Bart'smen were present: Colonel T. H. Hendley, C.I.E., I.M.S.; Drs. Nield Cook and Pettifer, Major Pilgrim, Captains Maynard, O'Kinealy, Oldham and Bird, I.M.S.

THE War Office pattern first field-dressing packets received from England, having undergone an exhaustive trial with eminently satisfactory results, the Government of India have sanctioned the gradual introduction of that pattern into India.

DR. C. W. DANIELLS, of the Malaria Commission, sent out for the Home Department to study Major Ross's methods, has arrived in Calcutta.

AMONGST the candidates who passed the recent D. P. H. Examination in Sanitary Science at Cambridge was Dr. P. W. O'Gorman.

THE times of the year when Captains of the Royal Army Medical Corps can conveniently go through a course of operative surgery are altered as follows:—*Calcutta*—End of February. *Madras*—Between 1st January and 31st March. *Bombay*—Between 1st April and 31st May.

It has been decided that British officers of Native Infantry regiments dressed in red may wear the field cap in all orders of dress, the forage caps now in possession being continued in wear off parade until the 31st December, 1900.

CAPTAIN A. THOMPSON, R.A.M.C., has been granted a gratuity of six months' pay for the injury sustained by him in the execution of his duty at the station hospital at Barrackpur.

CAPTAIN A. ANDERSON, Surgeon Naturalist to the Indian Marine Survey, proceeds from Bombay to Calcutta for two months to complete his description of the *echinoidea* collected in the Indian seas.

THE Secretary of State for India has sanctioned a grant of extra allowances for the additional medical charge of Imperial Service troops on field service. This sanction applies to any cases which may have occurred during the recent frontier operations.