

THE MILITARY MEDICAL DEPARTMENT.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—From a letter recently addressed by the Government of India, Home Department, to the Government of Bengal, Municipal Department, it will be seen that it is in contemplation to style the Service of the "Civil Assistant Surgeon" as the "Provincial Medical Service" and their designation be changed to "Provincial Medical Officer." If this change and re-baptism comes into force it will, I am sure, be very gratifying and much appreciated by the members of that service, and it will to a great measure raise their social status.

It will probably not be out of place to point out that however desirable it is that this branch of the service should have a suitable name, and the one suggested is as suitable as it can be, yet unless some alteration is made in the styling of a sister service, namely, that of the Military Assistant Surgeons, some little difficulties might sometimes be created.

It sometimes happens that a senior Military Assistant Surgeon of Indian Subordinate Medical Department is in charge of a district and a Civil Assistant Surgeon may be serving in some capacity under him, the situation would be the least bit anomalous to have an officer of the Provincial Medical Service serving under another who is 'dubbed' "Subordinate."

This would appear a very favourable opportunity if the authorities would be graciously pleased to consider the Military Assistant Surgeons as well. The appellation "Subordinate" serves no purpose. The Warrant and Honorary Commissioned Officers of no regiment in the British forces are branded as "Subordinate such and such Regiment" nor are the Warrant and Honorary Commissioned Officers of any of the departments in military, such as Supply and Transport Corps, the Military Works, or the Royal Engineers branded 'Subordinate,' whereas the Warrant and Honorary Commissioned Officers (*i.e.*, the Military Assistant Surgeons) of the Medical Department are, and their position and status greatly affected both in military and civil employ in their relation with other subordinate officers.

In this respect may I suggest that if the Military Assistant Surgeons' service cannot be incorporated and made part of the Indian Medical Service, forming what it actually is, the Warrant and Commissioned branch of it, the department may be styled the "Indian Medical Department" or the "Military Medical Service."

Yours faithfully,

The 30th August 1910.

CIVIL SURGEON.

THE CONTENTS OF A HERNIA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—While it is not unusual to find the cæcum and vermiform appendix forming the contents of a right inguinal hernia, especially in male children, I was struck by finding these organs forming the contents of a left inguinal hernia while performing a radical cure some months ago in the case of a young boy. As this is the only instance of the condition which I have come across, I take the opportunity of your publishing a special number on operative surgery to record it, and to invite testimony from the experience of other operators as to whether they have met with similar cases.

BOMBAY.

Yours truly,

W. E. JENNINGS, M.D., D.P.H.,
LIEUT.-COLONEL, I.M.S.

"ROGERS' SEVEN-DAY FEVER."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—It was with great interest that I read in your last issue Colonel Wimberley's article on the outbreak of a Dengue-like fever amongst the 15th Sikhs.

It struck me that if there is a differential diagnosis at all between 'Breakbone Dengue' and the Seven-Day Fever described by Major Leonard Rogers—then these interesting cases must fall under the latter heading—and this, in spite of the fact that the fever of 50 per cent. of Colonel Wimberley's cases lasted only three or four days, and also of the fact that Nowshera is an inland station.

For on the one hand, it is quite conceivable that some abortive or mild cases of Seven-Day Fever may only last for three, four or five days; and on the other hand, as Colonel Wimberley says "it is difficult to calculate the exact duration of the pyrexial attack (*i.e.*, in this Nowshera outbreak), as some men did not report sick at once and were indefinite as to how long they had been ill before coming to hospital."

Again the epidemiology of Seven-Day Fever is too little known at present to limit its occurrence to sea port towns.

The connection between Pappateci Fever and McCarrison's Three-Day Chittal Fever and Breakbone Dengue seems quite a different story, but from the literature and from the description of true dengue given in conversation with men who contracted it in the Rangoon and Madras epidemic of 1902, this latter fever, at least, appears to me to be quite a distinct entity.

It would be most instructive to bear what Major Rogers thinks of these Nowshera cases, which Colonel Wimberley has reported.

Yours, etc.,

ST. THOMAS' MOUNT,
MADRAS. }

H. STOTT,
LT., I.M.S.

SEVEN-DAY FEVER.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I am much obliged to you for your courtesy in sending me Lieutenant H. Stott's letter on Seven-Day Fever for comment. In the absence of any important new facts regarding the etiology of this fever, I had not intended to have returned to the subject, which is not likely to be advanced much further by clinical work, while even a settlement of the present controversy on these short fevers would be of little practical importance compared to the fact of their differentiation from malarial fevers, with which they had been so long confused. Nevertheless, I may state that I am in agreement with Dr. Stott that Colonel Wimberley's cases more closely resemble Seven-Day Fever than Three Day Fever, and also with his explanation of much of the confusion as being due to the exact date of the onset of the fever being often earlier than thought in the mild cases which frequently only come to the doctor during the terminal rise of temperature, as occurred in almost half my original cases. Personally the simple fact that McCarrison never saw a typical saddle back seven-day chart in several hundred cases of Chittal Fever (the duration of which he gives as two or three days rarely extending to 84 hours), is to my mind alone conclusive against Three-Day Fever of the Punjab being identical with Calcutta Seven-Day Fever, for in patient seen early in the disease neither Major J. G. Murray nor myself ever saw a case of the latter fever at the General Hospital, Calcutta, of as short a duration as three days, while only 3 per cent. were under five days. Even including the terminal cases only 2 per cent. of the whole ended within three days, and in these the history of onset is not beyond question. The frequency of cases showing high continued fever for seven days absolutely indistinguishable from typhoid in Calcutta is also quite unlike any cases described in dengue epidemics, and personally I fail to see why dengue should become so much more prolonged and severe when it assumes a sporadic form, as it has been said to have done. If it has become sporadic did this occur after the great 1824 pandemic or only after the equally widespread one in 1872? If after the former, how could the latter universal prevalence arise in a population in which the disease had been sporadic for nearly fifty years? If only after the latter, why did it not become sporadic after the earlier epidemic? I fear we must patiently await the discovery of the causative organisms of these various fevers before such barren speculations can be laid to rest.

Yours, etc.,
LEONARD ROGERS.

THE OPIUM QUESTION IN CHINA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the August *Indian Medical Gazette* in your article on "the Illegal Trade in Cocaine" you imply that the Chinese are wholly insincere in their profession of wishing to rid their country of the opium habit. On the other hand, you at least imply praise for those in America who are trying to rid their country of the cocaine habit. If one is to take all the evidence that is available as to China's sincerity in this matter, and not just the prejudice opinion expressed by those who live in the treaty ports, who know little or nothing of the real life of the people, and who are naturally biased in their opinion seeing their own pockets suffer; there seems to be no doubt whatever that the Chinese Government, as a whole, are at least strongly desirous (whether they will succeed or not) of riding their country by the opium habit. In your editorial you take for granted without producing any evidence that China will take up the cocaine habit instead, supposing she is able to rid herself of opium. I think, if one studies the relative effects of the two "habits," that this is not at all so logical a result to arrive at as it might at first appear. There is no doubt that the effects of cocaine are much more rapid than those of opium or morphia in causing destruction and wasting of the tissues of the body. While people may take morphia for years without any one,