

system, although there has been an increase in the admissions by dysentery, diarrhoea, and hepatitis in the Mysore division, there has been no corresponding increase in the mortality, and in all the other divisions there has been a very satisfactory reduction in both the cases and the deaths. A table in the appendix shows the sickness and mortality in the different arms of the service in the Madras command to have been as follows :—

| | Per 1000 of mean strength. | | | |
|-----------------|----------------------------|-------|------------|------------------|
| | Admitted. | Died. | Invalided. | Constantly sick. |
| Cavalry | 1262 | 18·26 | 51·56 | 89·15 |
| Artillery | 1514 | 21·23 | 31·65 | 68·81 |
| Infantry | 1385 | 14·62 | 47·98 | 63·20 |

This shows the cavalry to have had the smallest proportion of cases ; the artillery, of invaliding ; and the infantry, of deaths and constantly sick. The cause of the very high ratio constantly sick in the cavalry appears to deserve investigation. In both corps—the 12th Lancers and the 14th Hussars—it was greatly above the average of the command.

In Bombay, in a force of 9901 men, the admissions into hospital were in the ratio of 2134, the deaths of 16 34, the invalids of 60·19, and the constantly sick of 76·53 per 1000. The admissions and invaliding exceed by one-half the average of the last ten years ; the deaths are slightly under, and the mean sick 22 per 1000 above, that average. The excess in the admissions has been chiefly in those by paroxysmal fever, but there has also been an increase in syphilis. The deaths were 5 per 1000 lower than in 1878, but only ·63 per 1000 under the average of the ten years. The decrease upon the ratio for 1878 was nearly all in cholera, by which only 3 deaths occurred, as against 47 in that year. Continued fevers were below the average both as regards cases and deaths. Of enteric fever 28 cases were returned, and 17 deaths—both considerably under the amount in the preceding year. The cases did not exceed two or three at any station, except Nasirabad, where there were 8, with 6 deaths. It is stated that “the young soldiers recently arrived in the country showed a peculiar predisposition to the disease.” Paroxysmal fevers furnished more than double the average of admissions, but with a very trifling increase in the deaths ; the increase in the cases was confined to ague, and an excessive rainfall for two years was the cause assigned for its great prevalence. Diseases of the respiratory system were considerably above the average both in prevalence and mortality, the latter being as high as 2·53 per 1000. It is stated that 11 out of 25 deaths occurred in the 6th Regiment, “the men of which were much debilitated from malaria during service in Bengal. Five of the deaths occurred in this corps on its passage from Bombay to Aden in the month of November, and complaint was made of an absence of proper warm clothing for such weakly men in the cold season. The other 6 occurred at Aden soon after its arrival.” There was a marked decrease in diseases of the digestive system in all the divisions, but an increase among troops on the march ; and the deaths show a similar decrease, except among the convalescents and invalids.

The relative health of the men composing the different arms of the service in Bombay was as follows :—

| | Ratio per 1000 of mean strength. | | | |
|------------------|----------------------------------|---------|-------------|--|
| | Cases. | Deaths. | Invaliding. | |
| Cavalry | 1578 | 13·89 | 16·67 | |
| Artillery | 2189 | 16·58 | 69·89 | |
| Infantry | 2156 | 15·82 | 59·72 | |

From this it would appear that the cavalry are the most healthy and the artillery the least. Unfortunately, the mean sick for the different arms is not stated, so that we do not know whether the cavalry has a very high proportion constantly of non-effective from sickness as in Madras.

The mortality and invaliding in the different grades is shown in the following table :—

| | Ratio per 1000 of mean strength. | | | |
|---------------------------------|----------------------------------|----------|------------|----------|
| | Died. | | Invalided. | |
| | 1879. | 1869-78. | 1879. | 1869-78. |
| Officers | 8·04 | 11·35 | 53·62 | 90·35 |
| Non-commissioned officers | 16·38 | 21·13 | 58·50 | 41·68 |
| Privates | 15·99 | 15·13 | 61·28 | 40·18 |

The same leading features are observed here as in the similar table for Bengal—the lower death-rate of the officers

1 We cannot see why these deaths were included in the Bombay command, instead of among “troops on board ship proceeding from one station to another.”

and the higher of the non-commissioned officers as compared with the privates, and the much greater facilities enjoyed by the officers of being able to return to England when desirable on account of their health. In 1879 the invaliding of the officers was exceptionally low, perhaps in consequence of the possibility of their services being required in the field.

There was nothing which appears to call for special notice regarding the health of the troops on board ship, except that the fact of the death-rate among troops proceeding from one station abroad to another being 8·12 per 1000 lower than in 1878 may possibly be accounted for by the omission to which we have referred above with reference to the 6th Regiment on its passage from Bombay to Aden.

We have endeavoured in these remarks to summarise the leading points connected with the health of the Army in 1879, as shown in the Blue Book before us. We may observe that there is an entire omission from the volume of that portion of the report which in former years was furnished by the head of the Medical Branch, and also of the interesting and useful report on the progress of hygiene during the year. We are informed that it was decided by the Treasury Committee that it was unnecessary to include such information in the report presented to Parliament, but that it will be published as an appendix for circulation among the medical officers and the members of the profession. When this is done we shall take an opportunity of bringing to the notice of our readers anything that may appear to be of sufficient interest, and at the same time advert to some other matters in the report, such as recruiting, &c., which we have been obliged to pass over at present from want of space.

DR. BRAXTON HICKS ON INTERMITTENT CONTRACTION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—In a letter on the above subject, which appeared in THE LANCET of last week, Dr. Hicks writes : “I have never found any condition of the uterus but that of pregnancy attended with these frequent contractions. I have never heard of anyone who has narrated such a case.” Permit me to refer Dr. Hicks to the following observations from a paper “On some Periodical Changes which occur in Fibroid Tumours, and their Significance,” published in THE LANCET of June 5th, 1880 : “I thought on the 12th that the tumour enlarged and diminished during examination. There was no question about this on the 13th, for while the hand was on the tumour it decreased and became harder, until the upper border was rather more than two inches from the umbilicus, and it relaxed and increased until the upper border was about one inch from the umbilicus.” Such contractions were repeatedly observed, although no further reference is made to them, inasmuch as the aim of the paper was to emphasise other and periodical changes in fibroid tumours.

I remain, Sir, yours truly,
Harley-street, W., Aug. 29th, 1881. JOHN WILLIAMS.

To the Editor of THE LANCET.

SIR,—In a letter published in to-day’s LANCET Dr. Braxton Hicks says that he is not aware that anyone has yet observed rhythmical contractions of the uterus, such as those which he has shown to occur in pregnancy, except in that condition.

Will he permit me to ask his attention to a case which I published in the *Medical Times and Gazette*, vol ii., 1879, p. 98, and the termination of which will be found in the *Obstetrical Journal*, vol. viii., 1880, p. 394 ? In this case, which was one of a soft uterine fibroid, rhythmical contractions of the uterus, and corresponding variations in loudness of the uterine souffle, were present.

If I may submit my own opinion as to the diagnostic value of these contractions, it at present is that their existence in an abdominal tumour is conclusive that the tumour is uterine ; but I do not think they help us further as to its nature. When the tumour is small and the abdominal wall thick, they may be difficult to make out, and in such a case I would suggest that the variations in loudness of the uterine souffle which accompany these contractions, and which were observed in my case, would be a sign equally conclusive, and perhaps more easily observed.—Yours, &c.,

G. ERNEST HERMAN.
West-street, Finsbury-circus, August 27th, 1881.