

them, and I remember that two poor fellows who were full of life and spirit, full of vigour and soldierly qualities watched by the bedside of a sick comrade suffering from pneumonia, were both stricken down, and one of them died after a hard struggle against death.

There was very little pneumonia among the infantry, nothing to speak of.

The coolies who were exposed as much as any to the cold, and who had no huts but were out in the open almost, except a few sticks and a blanket or two as a sheltering place at night, did not suffer from pneumonia, but from diarrhoea and dysentery chiefly. The inhabitants of the Loralai bazar had scarcely any sickness among them, in fact none. They were men accustomed to the climate of the country, who were sheltered from cold and heat, were in lines of huts close together and comfortably cosy. I must, however, mention the noticeable fact that whenever the crops of the villagers around Loralai were watered by irrigation from the Karezes, a couple of days after, large numbers of sick arrived in hospital, chiefly suffering from ague and remittent fever. These crops were chiefly to the extreme right of the whole encampment, so that, on the whole, the cavalry were most unfavourably situated. Not only did the men suffer, but even their horses; but these might possibly have suffered from want of proper attention owing to sickness of the owners.

In my opinion the chief causes of pneumonia appearing in such unusually large numbers and assuming such a deadly type are:—

1. The overcrowding and bad ventilation at night.
2. The early rising from their warm tents and going into the cold atmosphere for purposes of nature, where they sat down with their clothes tucked up and their backs exposed to the chilly air.
3. The predispositions through attacks of malarial fever.
4. Infection most probably.—I say most probably because I feel that it is possible with the above conditions under which they were living for several cases of pneumonia to come in at the same time, and yet I am inclined to the view very strongly that it was infectious from the above instance. I have cited in the Artillery Hospital, where two sick attendants were struck down suddenly in hospital within two or three days, with a bad type of pneumonia to which one succumbed, and the other made a tardy recovery. I also favour the infectious view because of the highly virulent type of pneumonia it was. That it was pneumonia, there is not the least shadow of a doubt, for the *post-mortem* examination showed it, and generally double pneumonia, with few exceptions that overcrowding and bad ventilation greatly favour the disease in a cold climate is well exemplified from the manner in which the cavalry suffered. If cold simply were the cause of this peculiar form of pneumonia, one would have expected that the wretched coolies, who were least sheltered and worst off of the lot, would have suffered most.

I am also of opinion that the pneumonia was not a complication of some specific fever; but unmistakably pneumonia since the disease was ushered in by sudden prostration and all the other accompaniments, physical signs and symptoms of pneumonia, except that it was most virulent, rapid in its attack, and proved fatal most rapidly in the majority of cases. In fact men "died like rotten sheep" is the term which expresses its fatality best.

I cannot help feeling that the term epidemic or infectious might rightly be applied to this form of the disease on the frontier. Whether it was truly infectious, I would not like to give an emphatic affirmative to, but the case I have above illustrated in the Artillery Hospital looks very much like it, otherwise it was a mere coincidence. If several persons are attacked together successively and succumb to the same disease rapidly, one is liable to express his opinion in the side of its epidemic origin, although it must be remembered that if all these people live under precisely the same bad hygienic conditions, and the disease continues to rage among them in a large numbers, it cannot be rightly described as purely infectious in its origin. But the artillery were living under good hygienic conditions, and yet there were some cases of being next door to the cavalry, there were some cases of pneumonia among them which assumed a truly infectious character as regards the two sick attendants who were stricken down. The infantry were furthest away from the cavalry. Hence the comparative immunity they enjoyed from this particular disease which raged with all its force in the cavalry camp.

If remittent and intermittent fever alone were the powerful predisposing causes, then the officers as well as the artillery and infantry should have suffered equally from pneumonia, as they suffered considerably from these forms of fever, and had to rise early for parade, &c. No, it is my firm opinion that the sowars suffered most, because they were crowded together, and their tents were overcrowded and badly ventilated at night; and, in fact, all possibility of fresh air entering was prevented. Whether the horses being picketed in line with each troop and squadron had the additional effect of overcrowding and preventing pure air, I would not like to offer further comment upon; but they too suffered considerably with the men, and the regiment lost several horses, too, from disease.

I must not omit to mention one more fact in connection with the pneumonia which was present among the cavalry sowars, namely, that previous to death occurring, several men had critical diarrhoea, distressingly loud râles, followed by a comatose condition, and at last death closed the scene a few minutes after.

G. H. FINK, SURG.-CAPT., I.M.S.

BJNOR, 18th February 1893.

RHINOCEROS' URINE IN HINDU MEDICINE.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—Some years ago, in the Calcutta Zoological Gardens, I noticed some men collecting the urine voided by one of the rhinos, and measuring it out in bottles. On enquiry from Mr. Sanyal, the resident manager, I was informed that the rhino's urine was in great demand for the treatment of enlarged spleen and chronic fever, and that its sale contributed annually a considerable amount to the revenue of the Gardens. Mr. Sanyal kindly sent me a sample of the urine, which I found to present the following characters about two hours after it had been passed:—

Urine clear, very pale, almost colourless; sp. gr. 1,000; slightly alkaline reaction; phosphates abundant; chlorides in small amount; ammonia present in free state, and also as; urate and carbonate, no albumen; no sugar.

From the foregoing it would seem that this urine is used for its stimulating properties, on account of its containing ammonia; but why an animal so seldom captive or accessible to villagers should have been selected for such a purpose, and the origin of the belief of the efficacy of its urine, is not at all evident. Perhaps some of your readers can enlighten us on the subject.

Bankipur.

L. A. WADDELL, M.B.

Appointments, Leave, &c.

APPOINTMENTS.

THOMSON, Brigade-Surgeon-Lieutenant-Colonel, to be Surgeon-Colonel, *vice* Hilson, retired.

PILCHER, Surgeon-Colonel J. G., is confirmed in the appointment of Inspector-General of Civil Hospitals, Bengal.

MAUNSELL, Surgeon-Colonel T., M.S., to be P. M. O., Rawal Pindi District.

MURRAY, Surgeon-Lieutenant-Colonel W. Flood, is confirmed as Civil Surgeon of Shahabad.

MACRAE, Surgeon-Major, on furlough, is appointed Civil Surgeon of Puri.

MACDONALD, Surgeon-Major T. R., is appointed Officiating Deputy Sanitary Commissioner of the Western Bengal Circle.

RUNDLE, Surgeon-Major C. S., to act as Civil Surgeon of Mandalay.

DUTT, Surgeon-Lieutenant-Colonel R. L., is appointed Civil Surgeon of Hooghly, but will act as Civil Surgeon of the 24-Pergunnahs and as Medical Inspector of Emigrants.

GUPTA, Surgeon-Lieutenant-Colonel K. P., is appointed Civil Surgeon of Backergunge, but will act as Civil Surgeon of Hooghly.

SEAMAN, Surgeon-Lieutenant-Colonel A. B., to the medical charge of the 1-1 Gurkhas.

MACCARTIE, Surgeon-Major F. F., to officiate as Deputy Assay Master, Bombay.

YELD, Surgeon-Major H. P., is appointed as Assay Master, Calcutta.