

Conclusion.—The same sample of Lancashire recruits has a greater range by 0.2 inches or $\frac{1}{5}$ of the variability of the all-country recruits. The difference of age would make the range 0.004 inches less (i.e., 16×0.026), so that the characteristic difference is slightly over 0.2 inches. The variability is again considerably less.

Summary.—In the sample of Lancashire recruits under analysis, in comparison with the all-country recruits, the *age* is less by $\frac{1}{10}$, the *height* less by $\frac{1}{2}$, the *weight* less by $\frac{1}{2}$, *max. chest* less by $\frac{1}{4}$, *min. chest* less by $\frac{1}{3}$ of the standard deviation, but the *range of expansion* is *greater* by $\frac{1}{3}$ of the standard deviation.

The variability from the mean is also less in the Lancashire recruit in each measurement except in that of the *min. chest*, in which it is rather greater.

REFERENCES.

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A CURIOUS CASE OF FEVER IN CALCUTTA.

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THE patient (aged 22; service four years; service in India two years) was an inmate of the Station Hospital, Calcutta, and was the subject of much discussion. The disease was contracted at Jaffarpur Musketry Camp, near Barrackpur, a few miles from Calcutta. The man was admitted to hospital on the day of his return from the camp to Calcutta. He was then obviously very ill. The conjunctivæ were injected and his face was dusky. A few days after admission a rash appeared; this covered the face, extremities and body, it was of the nature of a subcuticular mottling, which at first glance suggested measles. The rash persisted, small pinkish spots also appeared on the chest and abdomen. The bowels were constipated. The man became notably dull and apathetic with a congested look about the face. Clearly this was no ordinary case; a "dangerously ill" report was sent in. Clinicians who judged by the patient's odour said it must be enteric, but a blood-culture did not afford any aid in forming a diagnosis. A note appears in the case sheet, "eyes have a heavy appearance and are red and watery." The condition became graver, urine was passed in bed, the catheter had to be used frequently, delirium set in. Then there was a sudden fall of temperature, followed by collapse necessitating intravenous

injections of saline fluid, under which the man rallied, while there was no return of the fever. Meantime, bedsores had developed in spite of the usual precautions, and his condition was still precarious with restlessness, muttering delirium and subsultus tendinum. Under a full dose of opium he got some sleep that night—he was distinctly better next morning. Two days later he answered questions when roused, but was lethargic. The bedsores and his general condition improved, but a catheter still had to be used. The following day the bladder acted, but the patient was still only partially sensible, and thought the orderlies wanted to poison him. Six days after the fall of temperature the patient was considered to be out of danger.

The important points in the case are : the injected, flushed appearance of his eyes and face, the eruption, the marked delirium, the nervous prostration and general severity of the case as contrasted with the mild and short fever. Blood-films were examined but gave no indication of malaria.

Diagnosis.—In consultation one of us suggested typhus. No one else had seen the disease, but on reading up the subject the whole hospital staff was struck with the general correspondence of this case with text-book descriptions. Nevertheless, counsels of wisdom prevailed, and the disorder was returned as “Pyrexia of uncertain origin.” Typhus fever is a forgotten disease as far as the Army is concerned, and it is difficult to find anyone who knows much about it. Diagnosis of a case would raise a storm of hostile criticism. We might be told that a correct diagnosis was “measles.”

REMARKS.

Charteris, who knew typhus in Glasgow, says, in his “Practice of Medicine”: “in an epidemic form the diagnosis is easy, but isolated cases may be very difficult to distinguish from typhoid fever.” Absence of epidemicity is not of much account, the disease would not be likely to spread in a community living under sanitary conditions such as the British Army in India, and as a matter of fact, when typhus appeared a few years ago in London, it did not spread, neither does it nowadays to any great extent as far as we know in the epidemic centres—Glasgow, Dundee and Dublin. Withal there is difficulty in accounting for an isolated case in Calcutta, where the disease seems to be unknown.

Typhus occurs in the Punjab—see Jail Report, 1886, and Report of Sanitary Commissioners with the Government of India, 1888; also Annual Report of Sanitary Officer, 1st Division, for 1907, concerning an outbreak among Indian troops and followers at Peshawar; also *Indian Medical Gazette* for June, 1908. Some followers of the Gurkhas in Abbotabad were believed to have died of typhus in 1908. It is possible, therefore, that in some obscure way infection may have reached this man from the Pathans who come to Calcutta in large numbers in the autumn.

It is likely that an odd case of the disease among British troops would not be recognized. Few people having seen the disease, and it having been looked upon as more or less extinct, the idea of typhus would not always occur to the puzzled diagnostician.

After all, we have perhaps in this case an example of a new disease—unknown to medicine.

Abstract.

THE RUSSIAN MANUAL OF PHYSICAL TRAINING.

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THE existing instructions for the gymnastic training of troops (*Nastavleniye dlya obucheniya voisk gimnastikye*) are contained in the form of a manual published in 1910.

It is laid down in the general instructions that the aim of this training is to develop the physical strength of the soldier in all respects, to prepare him for military training, to train him to sustain the fatigues of fighting and marching, and to skilfully overcome obstacles met in war.

The training is to be carried out daily during the winter period for the whole term of service in all branches; in the summer period, when the troops have plenty of other physical work to do, the daily physical training is carried out when possible.

The duration of the daily lesson should be from half an hour to an hour.

The direction of physical training is the duty of company, squadron, or battery commanders. Junior officers are appointed to train parties and detachments, and should be well able to instruct. Non-commissioned officers, who work as instructors under the direction of officers, should be prepared and able to take the place of the latter on occasion.

The training should take place at suitable times, in order to avoid distress, not immediately after hard exercise or work of other kinds, or when the men are hungry, or less than two hours¹ after a meal.

For gymnastic work either blouses or coats are worn, with waistbelts loosely buckled. Cravats and caps may be discarded. Apparently the men work in the ordinary breeches and long boots.

Ventilation and freedom from dust are matters to which attention is to be paid; the work is to be as much as possible in the open air.

¹ One hour is the period mentioned in our Manual.