

epidemics. It should not be confounded with measles, rheumatism and influenza as well as malarial fevers, whose symptoms are clear and differ from those of dengue. Initial fever with congested erythematous condition of the skin, secondary slight fever nearly eruption and articular pains are diagnostic signs in dengue.

*Treatment.*—Isolation which is most essential in this infective type of fever is recommended for, but it is not observed by natives, and hence there are many victims. It runs a definite course and hence it is useless to attempt to cut it short. The patient as soon as he feels ill goes to bed and takes perfect rest. He is asked not to leave his bed till his terminal eruptions fade or disquamate and disappear. Light liquid diet is necessary. Diaphoretic mixture is given adding in some cases Tinct. Aconite in moderate doses which no doubt lessens the severity, when the pains are found severe Phenacetin is added to give relief; cold applications to the head is advised and constipation is not overlooked by adding Epsom Salt to the mixture. For pains, Liniment Belladonna or Opium is given whereby relief is felt. Salicylates and Iodine of Potassium are advocated not neglecting Quinine early morning for 4 or 5 days. In addition tea of Tulshi (Basil-Ocymum Sanetum) and Fudina (Mutha Sativa) leaves twice a day is advised to all patients, who do take it with advantage.

In convalescent state tonics such as Quinine, Strychnine, Iron, mineral acids and vegetable bitters such as Quassia Columba Gentian, etc., are administered.

The above treatment has given relief to most of my patients by lessening their suffering from severe symptoms or shortening its course to some extent.

Yours obediently,

BORSAD DISPENSARY, } GANPATRAM DALSUKHRAM,  
27th August 1913. } Sub-Assistant Surgeon.

#### SALVARSAN IN ORIENTAL SORE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

DEAR SIR,—Will you or any of your readers kindly inform me through the medium of your journal if injections of Salvarsan or Neo-Salvarsan have been tried with success in the treatment of Tropical Ulcer (Oriental Sore).

KINDAT, } Yours, etc.,  
1st Sept. 1913. } W. L. BROOKS.

#### THE COMMON DISEASE OF HILL PEOPLE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—On the morning of 13th July 1913, at 5 A.M. I was called to see a Nepali woman, named Lochmi Kamini, 19 years age, who was collapsed from continued vomiting and purging which began at midnight. Her body and limbs were cold and face cyanosed, pulse was imperceptible at wrist, eyes sunken, but her voice remained unaltered (though low). There were intense thirst and retching, and colicky pain in the pit of the stomach. She was passing watery motions. There were cramps on her abdomen and lower limbs.

I applied hot bottles and hot stones wrapped up over her back and limbs. Turpentine, ginger powder and rum also rubbed over her body and limbs, and ice was given to relieve thirst, in the meantime I examined her faeces under 2/3 lens and readily discovered Ova of Round Worm in numbers.

The following medicines were immediately administered. Castor Oil and Turpentine followed by Santonine and Cinnamon powder 3 doses of above mixture and powder were given every 3 hours with stimulating massages and hot applications; one hour after the first dose of the Emulsion and Santonine powder the patient vomited violently which brought up 3 living round worms along with other liquid vomits. This encouraged me to push on the Santonine powders, etc., though the patient was still very restless and retching. At about 2 P.M., she had two motions which expelled 31 round worms in 3 bunches some living and some dead. But no improvement of her collapse state, restlessness and retching, a warm Saline solution with few drops of Turpentine and 2 pints of soap water as rectal douche were applied, with the buttock raised for about half an hour. This brought out not only 9 round worms but the signs of reaction followed:—Her pulse and breathing improved and marks of cyanosis disappeared. Body became warm and thirst relieved.

Another rectal douche followed at 5 P.M., secured further improvement of her condition, but occasional hiccough began to trouble her now. The following soothing drink was given to make her quiet and she slept for some hours.

A teaspoonful of barley water, salt, limejuice, white of egg duly mixed and strained in a pint bottle given every 15 minutes. At 10 P.M. she passed high colour urine and again slept at night.

14th July 1913.—She was better, hiccough left her off at night. She felt hungry, but she was still kept on barley water and milk salted, rice water and limejuice.

15th July 1913.—She was kept on soft rice and dal juice.

16th July 1913.—Felt better and began solid food.

In July 1902, while I was in charge of the Pedong Dispensary at Sikkim frontier, one Nepali Chetri Boy, aged 14 years came to me from Kalimping, and said he was suffering from dysentery with troublesome hiccough for a period of 9 months (for treatment as a last resort). As there was no in-door accommodation at the time, I had to keep the boy and his friends in one of the houses in the bazar.

The case exhibited the following symptoms on his arrival there:—Body and limbs emaciated with oedematous feet, Abdomen retracted, pulse feeble with temperature ranging from 99°—101°, tongue red and irritable, conjunctiva yellow tinged, hiccough comes on now and then. Heart and lungs feeble. Liver enlarged below 1" costal margin. Spleen normal. He complained much of the colic pain at navel, and straining at his motions, and the stools consisted of scanty faeces mixed with mucus and blood stain passed 7-8 times in 24 hours. On examination of the faeces under microscope readily disclose numerous Ova of Ascaris. He was immediately put on Santonine, Turpentine and Emulsion Oil Ricini and he was not allowed any solid food, but rice water and milk mixed up with limewater. At about 3 P.M., that is, after 6 hours (when he had 6 grs in 2 doses of Santonine from 9 o'clock in the morning) he passed in two motions nothing but bunches of round worms which numbered 57. And the Santonine mixture was pushed on for another two doses for the night. On the morning I counted 61 worms passed in three motions during the night. His motions and colic pain became less but the hiccough and retching were still troubling him. The treatment of diet and medicines were continued for six days more which brought out a total number of 267 round worms. His hiccough disappeared from the 5th day and the motions also become free from mucus and blood from 7th day, when his faeces were again examined. Very few of the eggs were found in them. But as the boy became impatient to see his mother, his relatives took him back on the following morning much improved. Some bitter tonic for a few days use was supplied to the boy with necessary instructions. The total Santonine administered in 7 days was 42 grs. which expelled 267 round worms and recovered the long standing hiccough and dysentery.

In my 30 years' service I have had many opportunities to come in contact with diseases of intestinal parasites in Bankura, in Western Bengal, at Mymensing in Eastern Bengal, at Hazipore in Behar, and at last at Pedong and Kurseong in the hills. I notice in this hill these parasitic diseases are exceptionally common or more than in any other part of the Province.

In this point of view the hill people may be divided into three classes, i.e., Nepalese, Bhutias and Lepchas. The Nepalese are infected with Ascaris, Butias with tape worms, and Lepchas both tape and round worms.

The ankylostoma cases are also common amongst garden coolies irrespective of their race and sects. I have noticed some infected with all the three parasites at a time in cases of dysentery which were revealed under microscopical examination.

The following dispensary figures will show the prevalence of intestinal parasite cases over total admission:—

Intestinal parasite	1910.	1911.	1912.
...	2,400	2,595	3,116
Total admission	5,727	6,070	7,026

About 50 p.c. of the total patients were treated for intestinal parasite.

KURSEONG HOSPITAL, } Yours faithfully,  
1st September 1913. } SASI MOHAN DAS,  
Senior Asst. Surgeon.

#### A CASE OF SINUS CURED UNDER IODINE TREATMENT.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR.—The following case may interest your readers:—

A Hindu lady, aged 32 years, came with a boil on her left breast about 3 inches below the clavicle for treatment on 31st July 1913. It was found when examined, quite mature and fit for opening. But operation was obstinately refused. Needling by the lady, however, brought the pus out; but there was considerable pain, swelling and redness about the region, giving indication of bagging. The external opening even was too small for free and efficient drainage. Operation was again proposed, but refused. The wound was probed, and a track to the length of about 2 inches was discovered. 15% watery solution of Iodine (as no spirit was available in my dispensary) was used as antiseptic lotion for washing and Tinct. Iodine was painted

externally. Internally Pot. Iodide gr. iii, Tinct. Belladonnae was administered. As for drainage a short strip of lint rinsed in Iodine solution was all that was needed and a loose over dressing and a sling to support the breast.

The discharge gradually stopped and the pain, swelling, etc., subsided. In ten days the sinus was completely healed up.

I beg to invite your readers to record their experience. I think this method of treatment is only admissible in uncomplicated cases and under circumstances when operation is refused by the patient or there is less risk of considerable damage of tissues and waste of time and general and progressive sepsis is not apprehended.

I remain,  
Sir,  
Your most obedient servant,  
SAT KARI GANGULI,  
Sub-Asst. Surgeon.

NAGRAKATA P. O.  
(JALPAIGURI),  
12th August 1913.

### SUNDAY HOLIDAYS IN MEDICAL DEPARTMENTS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Will you please find a little space for my proposal in your valuable paper and oblige.

It is rather curious that the medical department should have no holiday unlike other departments, and it is sometimes a matter which causes great inconvenience to its employes.

Some years back the work of the Indian dispensaries was light as most of the people were used to the eastern methods of treatment, and consequently very few persons attended the dispensaries, so the medical servants had some rest and could do their daily work with ease.

At present I think most of the dispensaries have such a great deal of work that the medical officers in charge of dispensaries and their subordinates get tired after a continuous hard work from morning till noon and sometimes till afternoon.

It would be advisable if a request be made to Government for Sunday holidays in all the dispensaries. If Sunday be not allowed for any reason, some other day of the week may be selected. The exception of urgent cases may be made even that day as they have to be seen at any untimely hour of the day or night.

I hope all the medical officers who are in charge of Indian dispensaries will please consider over the matter and take action on the subject if they should not think it unnecessary.

The editors of all the medical papers are requested to kindly publish the subject for general opinion, for which I shall feel highly grateful to them.

KAISARGANJ,  
DIST. BAHRACH,  
21st August 1913.

Yours, etc.,  
AHMAD HASAN,  
Sub-Asst. Surgeon.

[We sympathise, but we fear that in all lands Sunday shines no holiday to the medical man.—ED., I. M. G.]

### OPTIMISM v. PESSIMISM IN I.M.S.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I was present the other evening at one of those pleasant gatherings of men of our Service which have become a welcome feature of an I.M.S. officer's life in India, and was very much surprised to hear our president, beloved and esteemed to a degree that is the fortune of few, address us in tones full of foreboding for the future of our Service.

It is only too true that as regimental officers we may for months at a time be thrust into enforced idleness; that as we grow older our responsibilities may not increase; that in civil we are not eligible for appointments which were open to us a few years ago; that our incomes are not what we expected; and that we can rarely get our leave when it is due. These and more are all true, but in our life in India are there not very real compensations?

It has been my privilege to see my brother officers at work in eight Provinces. Every where I have been shown new hospitals, new operations, novel methods of treatment, new schemes for the organization of dispensaries, jails and asylums, and for the reform of the sanitation of cities, towns and villages. To these the authors had in every case given a zealous enthusiasm that called forth my deepest admiration.

There is no greater happiness for a medical man than to be able to aid in these ways the progress of his profession, and nowhere are there greater opportunities than in India.

A striking feature of the present time is the support these men receive. In this country the interest in medical and sanitary questions is so great among those responsible for the government that in these connections a necessity need only to be properly stated to awaken a favourable response.

Not less striking is the friendly stimulus we now derive from our non-official brethren. A brother officer writes me from a distant mofussil station that a medical society with thirty members has been formed in his town. Your columns report meetings of our professional brothers at Lucknow, Lahore and Dibrugarh, and each of the Presidential towns boasts, I understand, of more than one active society.

Last year saw one important Sanitary Conference whose proceedings fill four volumes. Another has already been held this year. A third is notified to take place early in the New Year. Our corporate professional activity has never been so great as it is now. Never has the profession in India been so well placed to promote the welfare of this Empire and never has our Service had better opportunities to serve.

Nor are these opportunities to be limited to those, who, often by accidental circumstances, have found themselves in the more purely scientific branches of our Service. Progress in medical as in other matters in India may be urged from above, but the real steps are taken not in Simla, or in the laboratories of our special departments, but in our dispensaries, our hospitals, the municipal councils of our towns and the local boards that seek the welfare of our villages.

As the District Officer is the mainstay of the Administration in the introduction of reforms so the Medical Officer at his Collector's right hand is the one who above all others in this land, will be privileged to advance his Profession and his Service.

We as a service have had our ebb-tide but the most insensitive must feel the coming flood on which we cannot fail to rise to heights of usefulness and prosperity never known before. Soon it will be cheerfully said:

"Quantum mutatus ab illo."

JUNIOR.

### CASE OF HYDROPHOBIA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—A case of hydrophobia came to the Arrah Hospital on the 15th September 1913, in which the history given was that the patient was bitten on the hand by a dog, eight days previous to the commencement of the disease, and had not been bitten on any other occasion by any other animal. The man was taken away from the hospital the same day before I had an opportunity of seeing him, but the diagnosis was made by Rai Bankim Chander Ghosh, Bahadur, Assistant Surgeon, Arrah Hospital, from the symptoms of spasm of swallowing inability to take food and terrified expression. Subsequent enquiry proves that he died in his village on September 16th. It was stated by the enquirer that he was "barking like a dog before his death."

I have never heard of a case of hydrophobia with so short a period of incubation as this and in view of this, to my mind, authenticated case, the practice of waiting for a report of the examination of the brain material of the animal which bit the patient, before commencing Pasteur treatment causes delay which is likely to prove fatal and should cease.

Rabies has been so prevalent in Shahabad District during the last year that the need for action by the State to control the number and the ownership of dogs is almost daily brought to my notice. The practical difficulties should not be insurmountable.

I have the honor to be,

Sir,

Your most obedient servant,

M. H. THORNELY,

MAJOR, I.M.S.,

Civil Surgeon, Shahadad.

### THERAPEUTIC NOTICES.

IN connection with the 17th International Congress of Medicine recently held in London, an interesting exhibition was held at the University of London.

The whole of the large vestibule of the building was occupied by the strikingly impressive and instructive exhibit arranged by Burroughs Wellcome & Co., who achieved the unique honour of being the only firm to receive two grand prizes, the highest awards for pharmaceutical products, antiseptics and fine chemicals and for sera animal substances and bacteriology.

It consisted of a comprehensive display of the products issued by this house under the following headings: (1) Pharmaceutical Preparations and Fine Chemicals; (2) Medical Equipments and First-Aid; (3) Surgical Appliances and Instruments; (4) Physiological Section; and (5) Materia Medica Farm Exhibit.

Medical Equipments and Cases adapted for various requirements were shown and included not only travelling