

### IS ORDINARY (PNEUMOCOCCAL) PNEUMONIA AN INFECTIOUS DISEASE?

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I was interested in reading an article by Dr. Samuel West in the *British Medical Journal* of 14th March 1908, in which he lays stress on the fact that ordinary pneumococcal "pneumonia is not very infectious," and states that "it hardly ever happens that a patient lying in a ward with pneumonia, gives it to another patient next to him, or in his immediate vicinity."

This statement is in accordance with the teaching and practice in the Edinburgh University wards, when I was studying there in "the eighties," and pneumonia cases were treated in the general wards.

I must say that I have not seen anything in practice in Indian Hospitals or Jails during the past seventeen years, which has led me to differ from the above teaching. For a number of years in the Punjab, special "pneumonia wards" have been set apart in Jails and other Hospitals for the segregation of these cases, and I have, in accordance with standing departmental orders, treated pneumonia cases in them.

Of course, the percentage of case mortality in these special wards has been much higher than in the general wards, and patients (natives) are fully aware of this fact. In fact, I have been much struck by the active dread (expressed by some prisoners and policemen) of being removed for treatment to the 'pneumonia ward.' In some cases this has been so marked that I have deferred to the patient's wishes and left him in the ordinary ward; as I considered that the depressing effect of fear in an acute disease like pneumonia was a very serious obstacle against carrying the case to a successful issue, and therefore not to be ignored.

Where this was done, I am bound to say that I have never seen any bad results to other patients in the general ward (in the way of their "catching pneumonia") and there was no question about the benefit derived by the original patient, and the consequent aid to his treatment. In pneumonia, nothing which keeps up the vital forces can be neglected, consequently any thing like fear, which markedly depresses them, ought, of course, to be avoided.

I have written this note with the view of eliciting opinions in the *Indian Medical Gazette* from other medical officers in India, with regard to the point, whether any have, in their experience, found ordinary (pneumococcal) pneumonia infections; or contrary to the opinion expressed in the above quoted article by Dr. West, which I, for one, fully endorse. If medical opinion in India agrees with Dr. West, I venture to suggest that "pneumonia wards" should be done away with altogether, as I daresay other medical officers have noticed (like myself) that some patients do actually dread being treated in them; and, therefore, in such cases, the special ward must have an actively prejudicial effect on treatment. Dr. West in his article also points out how quickly the pneumococcus perishes even in the sputum; and that, "if it becomes dry, it dies almost at once." So even without disinfection of his expectoration, no special risk of infection to others is entailed by treating an ordinary pneumonia case in a general ward.

Of course, none of the above remarks apply to so-called epidemics of this disease; or to special forms, viz., plague, tubercular, influenza, anthrax or typhoid pneumonias, where the special germ is more actively infectious.

DALHOUSIE: } A. W. T. BUIST,  
10th May 1908. } MAJOR, I.M.S.

[We invite discussion.—ED., I. M. G.]

### QUININE AND PREGNANCY.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In reply to this question, recently asked in the *I. M. G.*, I have to state that I have given quinine, both by the mouth, hypodermic and intramuscular injections, for malaria in pregnant patients without any harmful result.

The following case, however, is both interesting and peculiar. An unmarried lady could not take more than five grains of quinine on a sea voyage without producing a flow of the menses. There was no seasickness.

I believe quinine should never be withheld from a malarial case on the ground of pregnancy, but at the same I do not believe the necessity of giving large doses at a time (i.e., over 10 grains). I believe quinine to have a tonic influence on the uterus and that it cannot, by itself, produce uterine contractions, but that, should uterine contractions arise from other causes, it can augment such contractions.

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Kurseeong.

April 29th, 1908.

### QUININE SULPHATE AND BLACKWATER FEVER.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

Sir,—The following note extracted from the *Transvaal Medical Journal* (March 1908) is worth reprinting.

Yours, etc.,  
Q.

### QUININE AND BLACKWATER FEVER.

By Wm. Robertson, M.D., Durban, Natal.

Since McCay, I.M.S., published his researches on the action of sulphates generally, and particularly on the action of Quin. Sulph. in malarial fever, I have, no doubt with many others, abandoned the use of the sulphate in favour of other less dangerous compounds of quinine, e.g., the acid bihydrochloride.

McCay points out that while sulphates lower the resisting power of the blood to hæmolysis, chlorides on the other hand increases this power.

Following up this hint, I now give calcium chloride, grs. 10, with each dose of quinine, and with, so far, very gratifying results.

If further research clearly proves this action of the sulphates referred to, then a very important step in advance in the treatment of malaria has been reached, and one that ought to be immediately acted on.

### A RADICAL CHANGE IN METHODS OF DOSAGE.

To The Editor of "THE INDIAN MEDICAL GAZETTE."

Sir,—The thought might have occurred to many but I never saw it in print. I claim originality for it, in so far as I am not aware of a similar suggestion, or if there was any it was never put to discussion. The change, if carried out (which can only be done, if conservatism does not stand in its way), will make the task of the student lighter, diminish a medical man's labour, reduce the chance of poisoning a patient to a minimum and obviate any waste of time on the draft of stringent rules for safe custody of poisons. The suggestion is a plain one and does not admit of intricacies. For its introduction, the discovery of a harmless vehicle will be a necessary factor, and until the former is found out, its place may be taken by other innocuous substances that do not exert any action of their own, but are simply additions to make for the standard weight. Any of the following substances:—starch, sugar of milk, arrowroot, cornflour, powdered ginger, black pepper, country liquorice and allied substances might fulfil the desired conditions. There might be objections against each of these, but by careful study and observation it will not be difficult for the experienced chemist to find out a substance that will exactly answer the purpose. Drugs of mineral origin may be excluded, by virtue of their forming chemical combinations which might destroy the active principle of the drug itself.

Vegetable substances are more liable to decomposition, but as much as the vegetable drugs themselves are. The substance sought for should also be easily soluble in water which none of the aforesaid articles are with the exception of sugar of milk. This is an established fact, that drugs of mineral origin are more readily soluble than members of the vegetable class. For the liquid drugs the desideratum is already largely employed in their manufacture and there could be nothing better than "Rectified spirit of wine," which in varying proportions will no doubt help in carrying out the proposed change. In older Pharmacopœias, a dose of each drug was different from a member of its class. An effort has been made in more recent editions to harmonise the doses, but the improvement effected was so slight that although it relieved the burden of the student to a degree, yet it did not aim at the fundamental idea. I suggest that the doses of all drugs be brought to a uniform scale. Widely speaking, there are two classes of drugs, poisonous and non-poisonous, both of which have liquids and solids in their ranks. One scale should be laid down for poisonous powders and the other for non-poisonous ones. Similarly, there is to be a standard dose for poisonous liquids and a separate one for the non-poisonous liquids. The dose of a poisonous powder should be fixed at from 2 to 8 grains, that of a non-poisonous one from 15 to 60 grains. Again, the dose of a poisonous tincture should range from 15 to 20 minims, and that of a non-poisonous tincture from 15 minims to 60 minims. There should be no necessity for retaining oils; they can all be reduced to essences by the addition of spirit. For all posological purposes, they can be treated as tinctures. For liquid extracts the standard doses of tinctures should answer. The doses of semi-solid drugs, such as extracts, should be fixed at from 2 to 8 grains, the gap being filled up by Extract Gentian, which should also serve as a vehicle for the pills, whose doses can be arranged from 3 to 5 grains. Difficulty, no doubt, will arise in cases of

drugs, which have larger doses, but their number is so limited, that they can be discarded for all practical purposes. The drugs which would come under this category are castor oil, Epsom Salts, and some salts of sodium and potash. A list can be made out of the exceptions which will be easy to remember.

I have now stated the principle; its application to practice is quite a matter of simple mathematical calculation. Necessary quantity of the vehicle may be added to each drug whose weight is to be increased. There is no necessity of addition in cases of drugs, which have already the standard doses proposed by me. There might be some difficulty in regulating the minimum doses, which can, however, be changed wherever necessary. The whole burden of responsibility will lie upon the Pharmaceutical chemist. To him it does not matter much, for he is specially trained in that branch. The potentiality of each drug is to remain the same, only there will be varying proportions of the vehicle.

The suggestion I have put down for radical change in the system of dosage will, no doubt, be met with ridicule, notwithstanding any opposition from the conservative quarters. I am sure the change must take place some day or another.

Yours, etc.,

JAI GOPAL SETHI, L.M.S.,

*Assistant Surgeon in charge Civil  
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### BOMBAY NOTES.

IN my last letter I referred to the extensive rebuilding scheme which had been laid down for the Jamsetjee Jeejeebhoy Hospital, and I will now describe its salient features.

It is not to be all taken in hand at once, but the sections will be added one by one as they are most urgently needed.

The hostel for nurses has already been built and was opened last year. In the completed plan it will stand behind the large ward blocks.

The Anatomical department is also completed and consists of a large lecture theatre, an anatomical museum and preparation room. The dissecting room, which is on the upper floor, is particularly large and airy, and, indeed, is said to be one of the finest in the world.

New operating theatres are being built and will bear the name of Sir William Moore; they are expected to be ready for use at the beginning of next year.

There are three theatres, all on the ground floor, one for each of the senior surgeons and the third for septic cases, partially detached from the others. Each will have its own consulting room, lavatory, dressing room, instrument room and anæsthetic room, whilst the sterilising room is to be placed between the two main theatres.

Each of the two large theatres will be 26 feet in height by 26 feet  $\times$  25 feet; the students' galleries being of light iron work and approached by outside staircases. The floor above the theatres will be used for students' quarters, and the splint room. These theatres will form the left of the three main blocks in the finished scheme; an imposing administrative building forming the middle, and the new out-patient department the right hand block.

Behind these will be placed the wards proper. There will be four blocks of these, connected by verandahs, each consisting of four floors, and

each floor containing a 24-bed ward together with the usual special wards and nurses' rooms. There will be 418 beds in all.

Another building, which has not yet been begun, is the Coroner's Court and Pathological Department. This building will contain on the ground floor a Coroner's Court with Jury's rooms, a laboratory for the Police Surgeon, mortuaries and a large *post-mortem* room with three tables. On the upper floor the Pathological Laboratory, preparation rooms and a small private laboratory will be placed.

Adjoining the anatomical block a similarly designed physiological block will be erected. Finally, there will be a students' hostel and accommodation for the hospital menials.

The scheme is an ambitious one and should result in the provision of a very fine hospital, but let us hope that sufficient funds will be found to provide for the large daily expenditure which alone will ensure the work being kept up to date.

The coming Medical Congress and Health Exhibition will be, to us medical men, one of the great events of next season, and we sincerely trust that all will combine to ensure success to the undertaking, and that papers, specimens and other matters of interest will be contributed from all parts. It is also hoped that leave will be freely granted to all who may be desirous of attending the Congress from remote parts of India, and that those unable to attend will nevertheless contribute towards the expenses, if only the small sum necessary to ensure for themselves a copy of the transactions.

This year's I. M. S. dinner is, of course, a thing of the past, but it is worth while referring to an important point which was settled thereat, *viz.*, that on future occasions service matters be discussed at a preliminary meeting held during the afternoon preceding the dinner and not, as hitherto, after the dinner.

This welcome reform will come into force next year, and will not only materially enhance the sociability and conviviality of the function, but will obviate as well the disadvantage which has, in former years, been a barrier against inviting guests belonging to other departments.

### Service Notes.

THE late Lieutenant-Colonel Francis Samuel Peck was born on 1st April 1858, educated at Clifton College, and afterwards studied medicine first at Bristol, and then at St. Thomas, taking the diplomas of M.R.C.S. in 1879, and L.R.C.P. Ed., in 1880, and entering the Bengal Medical Service on 2nd October 1880. After completing two years' military duty he was posted to civil employment in Bengal, and appointed Resident Surgeon of the Medical College Hospital, Calcutta, on 6th May 1883. During the following year he acted for short periods as Second Resident Surgeon of the Presidency General Hospital, and as Civil Surgeon of Midnapore, and on 4th March 1884 was posted as Civil Surgeon to Bankura.

A quarter of a century ago very little surgical work was done in Bengal. In the Punjab and in the N.-W. P.