"As an indication of the expansion of the Public Health Department during the past five years, the following figures may be of interest:—

| | 1920 | 1926 |
|---|---|---|
| Assistant Directors of Public Health | 1 | 3 |
| Health Officers .. .. | 5 (Not Provincial) | 55 |
| Health Inspectors .. | 109 + 80 (Cholera parties) | 261 |

"Most local boards allot small grants in their annual budgets for rural sanitation, but this money is not always spent to the best advantage. It has been suggested in a circular issued to all District Health Officers that they should select one or more villages in suitable parts of their districts, and persuade the local boards to utilize the sanctioned grants in carrying out sanitary improvements in these villages. In other words, an attempt should be made to have a few "model" villages in each district. District Health Officers and Health Inspectors should make frequent inspections and should encourage the visits of local board members. All expenditure should be closely supervised and village committees might raise sufficient enthusiasm to ensure the observance of sanitary rules. These villages, if suitably selected, should serve as a practical illustration of the advantages of a hygienic environment to a large proportion of the population, and thus help to create a demand for better conditions in other villages and towns, whilst some return for the expenditure made would be apparent."

# Correspondence.

## MEDICAL EDUCATION AND REGISTRATION IN INDIA.

*To the Editor,* THE INDIAN MEDICAL GAZETTE.

SIR,—During a stay of four years in Europe, I have been especially interested in the subject of medical education and registration in European countries, have attended various conferences in Berlin and Paris dealing with the subject, and interviewed the President and Chairman of the Educational Board of the General Medical Council of Great Britain. In India matters in this connection are in such a backward state that they call for reform. One would suggest that such measures as the following are urgently needed:—

(1) The establishment of a central Council of Medical Education and Registration for all-India, to be composed of members representative of the different provincial Medical Councils, the different medical colleges and schools in India, and of the medical profession in the country in general.

(2) The appointment of an official Inspector of medical examinations, colleges and schools in India—an appointment to be made by the India Office in collaboration with the General Medical Council of Great Britain. I understand that, as far as the medical examination of those Indian universities whose degrees are recognised by the General Medical Council of Great Britain are recognised, this step has already been taken, but perhaps wider powers and more extensive inspection are needed. Inspection should also take place of the courses of study and examination held by the different women's medical schools in India.

(3) The drawing up of an Indian Pharmacopœia, published under the direction of the proposed all-India Council of Medical Education and Registration. A Pharmacological Society for India should be established with various local centres for teaching and examining. Systematic research is also called for in connection with the indigenous systems of medicine in India under the direction of some such body.

(4) A liaison officer should also be appointed to visit the various centres of medical teaching and examination in Europe, England and America, and to make reports on the methods there current to the Council in India.

(5) One—or possibly two—representatives from India should be appointed to the General Medical Council of the United Kingdom. One European and one Indian representative would be the best.

(6) There is urgent need for the establishment of a Dental School for India, of the passing of an Indian Dental Registration Act, and the setting up of an Indian Dental Board.

(7) The rules with regard to medical registration in the various colonies of the Empire require to be studied, and some uniformity introduced with regard to mutual recognition and registration *vis-à-vis* India.

(8) Legislation is needed in India with regard to the appointment and powers of coroners, the registration of births and deaths, the registration of nursing homes, and with regard to dangerous drugs.

(9) The preliminary scientific examinations leading up to a medical career should be held three times a year, and the courses for them should be made more elastic; thus logic should be made one of the optional subjects, and French and German should be introduced as secondary languages.

(10) There is urgent need for the extension of voluntary hospitals in India; also for the closer association of the independent medical profession in the country with State-aided hospitals, and for the training of a class of ward-assistants who will not be qualified medical men, but who should be available for city as well as for *mofussil* hospitals and dispensaries.

(11) The progress of medicine in India would be greatly assisted by the formation of an Indian Medical Association on the lines of the British Medical Association, the American Medical Association, and the medical associations of other countries.

Among various minor reforms called for are that every medical college and school in India should issue a printed syllabus shewing exactly the character and details of the various courses of study pursued, and the names of its tutorial staff. Many such institutions already do so, but others do not. Study tours for students might also be instituted, for travelling in itself is an education, and exchanging of ideas one of the best methods of learning. An all-India medical students' conference also suggests itself.

There is no doubt that if a comprehensive survey were made of the conditions of medical education and registration in India, very important reforms could be instituted, with great benefit to the country.—Yours, etc.,

K. M. HIRANANDANI.
*Sub-Assistant Surgeon.*

HYDERABAD, SIND,
*15th September,* 1926.

## A CASE OF ACUTE GLOSSITIS.

*To the Editor,* THE INDIAN MEDICAL GAZETTE.

SIR,—The publication on p. 448 of your issue for September 1926 by Dr. Gopal Singh Chawla of a case of acute glossitis reminds me of a similar case seen by me in this district in April 1925. Details of the case are as follows:—

The patient, a Hindu male, aged about 50 years, was brought to this dispensary on the evening of the 1st April 1925 in a cart. He was partly unconscious and had to be carried to the ward. He was restless and with a flushed face; the tongue was purple in colour, hugely swollen, and protruding for more than an inch outside the mouth, with a constant dribble of saliva from the angles of the mouth. His temperature was 104°F., pulse fairly good, respirations quickened and impeded; the heart and lungs appear to be normal, the liver and spleen not enlarged, but the abdomen a little distended.

His relatives stated that when taking his evening meal on the previous night he had suddenly complained of pain at the base of the tongue. Next morning fever ensued and the swelling of the tongue commenced. As they objected to my using a knife, I had recourse to the hypodermic syringe and injected 6 m. of tincture of iodine in 2 c.c. of distilled water intravenously. A dose of calomel gr. iv. with sodium bicarbonate was introduced into the mouth with difficulty, and an enema given.

That night he had a severe reactionary temperature and profuse sweating, but next morning the temperature was only 99.8°F. and the tongue considerably reduced in size. He could not speak, but made signs. On examination of the tongue superficial ulcers covered with thin whitish yellow sloughs were seen situated on the upper and left lateral part of the posterior third of the tongue, close to some sharp-edged and dirty molar teeth. Permanganate and alum mouth washes were now prescribed, and Mist. Salina with potassium iodide. The temperature dropped to normal by 4 p.m., but the patient was still unable to speak. By the 5th April he had made a complete recovery and spoke normally.

Having no microscope in my dispensary, I was unable to incriminate any causative organism, and had to content myself with a diagnosis of acute ulcerative glossitis.—Yours, etc.,

S. K. BHAVE,
*Medical Officer, Hirekerur, Dharwar District, Bombay Presidency.*

21*st October*, 1926.

## A FATAL CASE OF INFECTION WITH *ASCARIS LUMBRICOIDES*.

*To the Editor*, THE INDIAN MEDICAL GAZETTE.

SIR,—Dr. Nauhorya's notes in your issue for August 1926 on a case of acute intestinal obstruction caused by *Ascaris lumbricoides* remind me of a typical case seen by me some ten years ago, when a medical student of the Berry-White Medical School, Dibrugarh.

The patient, an adult Hindu male, was admitted to hospital with all the clinical signs and symptoms of acute intestinal obstruction, but the presence of roundworms was not for a moment suspected. He was operated upon by Dr. H. K. Das, L.M.S., then Teacher of Surgery at the School, and now Civil Surgeon of Nowgong, Assam. At operation about 500 roundworms were removed, and when placed in a bowl presented a truly remarkable sight. In spite of all precautions taken the patient unfortunately died on the table before the operation was completed.—Yours, etc.,

M. BAROOA, L.M.P.

MANCOTTA TEA ESTATE,
DIBRUGARH P. O., ASSAM,
15*th October*, 1926.

## A CASE FOR DIAGNOSIS.

*To the Editor*, THE INDIAN MEDICAL GAZETTE.

SIR,—With reference to the note on p. 526 of your issue for October 1926, under this heading, may I suggest that it was the injection of atropine on a hot day in the Punjab that caused the rise of temperature described?

Some years ago a patient with acute rheumatic fever was given an injection of morphine and atropine by the family physician, and at 10 p.m. suddenly developed a temperature of 107°F., about half an hour after the injection. The temperature at the time of injection was only 101°F. This case occurred in May 1921, and the patient was dead before any doctor could be called in.—Yours, etc.,

BRIJ RAJ KISHORE, B.SC., M.B., B.S.

THE JUMNA DISPENSARIES,
ALLAHABAD CITY,
16*th October*, 1926.

## INTRAMUSCULAR QUININE IN MALARIA.

*To the Editor*, THE INDIAN MEDICAL GAZETTE.

SIR,—I have seen the correspondence on this subject in two or more numbers of the *Gazette*, and perhaps I may be permitted to record my experience in it. Some years ago I was in charge of a hospital in a malarious district, and, if my memory serves me right, I had occasion to treat about 740 cases microscopically proved to be malaria in 2 years and 10 months' time. I administered over 3,000 intramuscular injections of quinine during this period and a few intravenous injections also. I met with no unpleasant results whatever. I might say that I had only 3 abscess formations in the whole series. I fail therefore to appreciate the fears expressed by your correspondents, and in my opinion, if due care be taken, quinine can be administered intramuscularly without any untoward consequences.—Yours, etc.,

F. CHRISTIAN, M.R.C.S., L.R.C.P., L.M.

VAJIRA HOSPITAL,
BANGKOK,
26*th October*, 1926.

## PNEUMOPERITONEUM IN RADIOGRAPHY.

*To the Editor*, THE INDIAN MEDICAL GAZETTE.

SIR,—In your review of my book "A descriptive Atlas of Visceral Radiograms" in your issue for September 1926, p. 470, you note the omission from it of the method of inducing pneumoperitoneum in radiography of the viscera. I am not a radiologist, but see a good deal of *x*-ray work, and have only actually seen one pneumoperitoneum. I understand that the method is accompanied by more danger than its results would warrant. I may add that it is rarely done in this country.

I should be grateful if you would make a note of this in your columns.—Yours, etc.,

A. P. BERTWISTLE, M.B., CH.B., F.R.C.S. (Ed.).

4, SPITAL SQUARE,
BISHOPSGATE,
LONDON, E.C.

## OBITUARY.

### THE LATE DR. H. M. CRAKE.

IT is with the deepest regret that we have learnt of the recent death at Home of Dr. H. M. Crake, Health Officer to the Calcutta Corporation. "Like many other medical men, Dr. Crake knew that he was engaged in a war with conditions that he could not hope to see swept away in his lifetime" remarks the *Statesman*. "Religious and social forms were all the time fighting against his desire to bring light into the dark places of the city. His epitaph must be that he wore himself out in public service, content that at the end of the day a little progress should have been made."

Dr. Crake came out to India first as one of the special officers appointed by the Secretary of State in 1898-1899 on the first outbreak of plague in Calcutta, his services being retained in that capacity until 1906, when he was appointed a District Health Officer. His work in connection with the sanitary survey of Burra Bazar and other congested areas of Calcutta City prepared data of very great value for the new thoroughfares and town-planning activities of the Calcutta Improvement Trust. In 1913 he was appointed Health Officer to the Calcutta Corporation and was re-appointed to the same post in 1923, and again in 1926. Much of his energy in Calcutta was devoted to the establishment and extension of maternity and prenatal welfare centres and schemes, and the infantile mortality in Calcutta was always the subject of his closest attention. In conjunction with the Calcutta School of Tropical Medicine he took vigorous steps to deal with kala-azar in the city, whilst the terrible incidence of tuberculosis and its special association with