

2. Mortality from each of the principal diseases except fever was below that of the previous ten years. There is little doubt that many of the deaths shown under fever were really due to *kala-azar*. Influenza was not seriously epidemic. Except in certain areas in the Sylhet district, cholera was less prevalent than it has been for many years. On tea gardens, though the ratio of deaths from this disease was very much lower than in 1919, it was higher than for the ten years ending with April, 1917. All new coolies were inoculated with anti-cholera vaccine before they came into the province while some of the old coolies were inoculated on the gardens. The relatively high mortality (6.5) from dysentery on the tea gardens, on most of which no latrine system exists, points to the necessity of improving sanitary arrangements as soon as financial conditions permit.

Special anti-malarial measures were carried out at Haflong, Lunding and Pasighat; the results were satisfactory. The medical officer of the Assam Sugar Estates in the Kamrup district made an investigation into the conditions responsible for the prevalence of malaria in that tract. It is hoped that his work will form a useful basis for a scheme of improvement.

The death-rate from small-pox during the year was below the decennial average, but slightly higher than in 1919. The areas chiefly affected by this disease were certain parts of the Habiganj subdivision in which vaccination had not been effectively carried out. Vaccination was not compulsory, and there was considerable opposition to it. With the help of a Government grant-in-aid made to the Habiganj Local Board, a number of additional vaccinators were employed in the infected area.

3. The outstanding feature of the year's work was the strenuous campaign which was conducted against *kala-azar*. While the death-rate from this disease as recorded this year was as high as 2,798, there is evidence that it was in fact very much higher. More deaths were recorded than in any year since 1905, the greatest number being in the districts of Kamrup, Nowgong and Goalpara.

Till the year under review segregation was the main though not the only measure used for controlling the disease. The system of treatment by intravenous injection of tartar emetic had been tried but only on a small scale. It was found to be more popular and efficacious than segregation. Towards the end of the year facilities for its use were, therefore, greatly extended.

In infected areas treatment was given at most of the dispensaries under the Medical Department, while temporary *kala-azar* dispensaries were provided in areas not effectively served by existing dispensaries. New hospitals as well as wards in connection with existing dispensaries were opened for the in-door treatment of cases. It was at the same time necessary to train and strengthen the medical staff. The District Medical staff co-operated closely with the Sanitary Department, and the special thanks of Government are due to the Civil Surgeons and others, including the staff of the Pasteur Institute, who contributed so much to the success of the work. Over seven thousand cases were treated during the year, the known mortality among them was only five per cent. The work is being developed so rapidly that it is probable that some twenty thousand cases will come under treatment during the present year.

A matter which deserves mention is that in August, 1920, revised *kala-azar* regulations were published. Under these regulations Government may notify areas within which sufferers from *kala-azar*, subject to proper safeguards for the liberty of the individual, may be ordered to undergo a course of treatment. The penal powers under these regulations were intended to be and have, in fact, been used most sparingly.

4. Satisfactory progress was made with the installation of the new water-works at Dhubri. This is the only large sanitary scheme which is at present being carried out in the Province. Substantial grants were, however, given by Government to Local Boards for the improvement of water-supply in rural areas. Sanction was given during the year to the training of four Health Officers for rural areas.

5. The new appointment of Deputy Sanitary Commissioner for Assam was taken up in August by Captain S. R. Rao. Major McCombie Young was in charge as Sanitary Commissioner till the middle of August, 1920 and Major Taylor for the rest of the year. The thanks of Government are due to these officers for good and energetic work. The excellent service which has been done in connection with *kala-azar* cannot be too highly commended.

Correspondence.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—In the July number of your Journal on the subject of Influenza and other Respiratory Infections you refer to some means of cleansing the upper air passages being one of the most urgent needs of the time. I would suggest the agency of smoking.

The practice of tobacco cigarette smoking is practically universal and the smoke is invariably inhaled into the upper air passages. We have thus a means of introducing into the upper air passages together with tobacco smoke some cleansing or antiseptic agent. By its irritating effects tobacco smoke induces an increase of secretions in the upper air passages and also expectoration, resulting in expulsion of these accumulated secretions together with any organisms that might have adhered to them. Tobacco smoking would therefore be helpful, and in the case of those with whom smoking has become a confirmed habit, no inducement would be required to practise inhaling it. The remedial measure would therefore readily appeal to vast numbers of the world's population.

It is also possible that the exhalations of smoke loaded with antiseptic agents would have purifying effects on the vitiated air in cinema halls and other shows where many people are crowded together in a confined area.

This suggestion, put in a practical form might be taken up by Messrs. Burroughs Wellcome & Co., or even by popular tobacco manufacturers like Wills or Ogdens.

Yours, etc.,
W. L. BROOKES,
Civil Surgeon.

KATHA, BURMA,
The 23rd July, 1921.

THE CURE OF HERNIA BY VACCINE.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—I am glad Major Porter has taken the trouble to criticize my article; besides I received several letters from Medical Practitioners from different parts of India asking for more details about my treatment; hence I take this opportunity to explain my technic a little more fully. I am sure every one will agree with me that if a disease can be cured by a simple method why undergo a major operation. Up to now as there was no other cure for hernia except operation, surgeons had the sole monopoly but now as I firmly believe the disease can be cured by vaccine, at any rate in a certain percentage of cases, why the physicians should not take a share in it and why the public should not derive the benefit from this discovery?

My technic is as follows:—

After getting the lower part of the abdomen and the scrotum shaved, the skin is painted with tincture of iodine. After reducing the hernia I introduce my left forefinger, having been painted with tincture iodine, into the internal abdominal ring after having passed the external abdominal ring and the canal. When I am satisfied that the finger is in the internal abdominal ring, I keep it there straight and not bent and with my right hand I introduce the needle alongside my left forefinger which forms a guide, into the internal abdominal ring, keeping the needle quite parallel to the finger. I then

inject the fluid just inside the internal abdominal ring and after withdrawing the needle I withdraw my left forefinger and not till then. Well this surgical feat after all is quite a simple thing and the fluid can be placed quite accurately just inside the internal abdominal ring. Or one of the assistants can pass the finger for you and you inject the fluid by passing the needle alongside his finger. There are three points which ought not to be forgotten in this technic. 1. The finger introduced must remain straight and not kept bent. 2. The needle should be introduced quite parallel to the finger. 3. The finger should be withdrawn after the needle is removed. It is true that the inflammatory exudation which follows the injection of vaccine disappears after a time but the induration which follows does not, as it is made up of fibrous tissue which experience shows becomes firmer and firmer as time goes on. Well this is my conjecture, only time and experience will show whether it is so and whether the result of my treatment will be permanent or not. As regards vaccine I use that of *Bacillus Pyocyaneus* as I find the inflammation caused by it is not so severe as that caused by *Staphylococcus* or *Streptococcus*.

This experience I have gained while treating cases of hydrocele with vaccine. I am quite prepared to believe that a certain proportion of cases may not be cured by my method, and in some cases a second injection may be necessary as I find it to be the case in a case of hydrocele. I am however quite certain that injection of vaccine does no harm whatever as the experience of prophylactic inoculation against plague, cholera and typhoid amply shows, provided it is carried out with all aseptic precautions. The object of spica bandage is not to exert any pressure but simply it was advised as a precautionary measure.

Yours, etc.,
S. MALLANUAH.

HYDERABAD DN.
The 26th July, 1921.

The above letter is published so that Dr. Mallanuah may have a full opportunity of stating his point of view. Like Major Porter most of our readers will probably find it difficult to form a mental picture of the "Cure" of hernia by this procedure. No useful purpose will be served by continuing the discussion on the subject at the present time.—[EDITOR.]

IN connection with the article by Dr. Chabukswar in the February number of the Gazette Dr. M. Umar of the District Hospital, Unao, writes to point out that "I. Muslims never believe that Lord Mohamed is the author of the Quran, they take it as a revealed book from God, hence the Quran is not by the Prophet. II. It is not enjoined in the Quran that an infant should be circumcised on the seventh day after its birth."

Service Notes.

THE undermentioned officers are permitted, subject to His Majesty's approval, to resign their temporary commissions, with effect from the dates specified:—

- Captain John Baptist Rodrigues. Dated 8th May, 1921.
 Captain Albert Francis Winnington-da-Costa. Dated 21st May, 1921.
 Captain Amulya Charan Pal. Dated 26th May, 1921.
 Captain Coimbatore Venkatramanayar Krishnaswami. Dated 26th May, 1921.
 Captain Vadakke Kurupath Kochukrishna Menon. Dated 26th May, 1921.
 Captain Phanibhusan Mukerjee. Dated 29th May, 1921.
 Captain Harendra Nath Basu. Dated 1st June, 1921.
 Captain Lal Chand Khanna. Dated 1st June, 1921.
 Captain Royapuram Nellaveran Raja. Dated 1st June, 1921.

- Captain Sarat Chandra Chakravarti. Dated 1st June, 1921.
 Captain Narayenrao Marntirao Chavan. Dated 10th June, 1921.
 Captain Bhai Naranjan Singh Sethi. Dated 11th June, 1921.
 Captain Sachindra Kumar Bagchi. Dated 12th June, 1921.
 Captain Periyatan Katinjippally Raman Nambiar. Dated 14th June, 1921.
 Captain Arthur Gonsalves. Dated 16th June, 1921.
 Captain Satya Kumar Ray. Dated 17th June, 1921.
 Captain Coimbatore Srinivasa Rao Venkatakrishna Rao. Dated 18th June, 1921.
 Captain Subodh Chandra Bhattacharya. Dated 20th June, 1921.
 Captain Bhupendra Nath Basu. Dated 21st June, 1921.
 Captain Argemiro da Gama Barreto. Dated 21st June, 1921.
 Captain Balbir Singh. Dated 28th June, 1921.
 Captain Indra Narayan Sen Gupta. Dated 1st July, 1921.
 Captain Mukand Lal Talwar. Dated 1st July, 1921.
 Captain Thekkencheri Kunhanunni Nayar. Dated 4th July, 1921.

THE undermentioned are permitted, subject to His Majesty's approval, to retain the rank of Captain on resigning their temporary commissions, with effect from the dates specified:—

- Nil Mani Pal. Dated 12th January, 1921.
 Vinayak Laxman Sathe. Dated 1st March, 1921.
 Abundius Joseph Abreu. Dated 23rd March, 1921.
 Dhanjishaw Dorabji Mogul. Dated 14th April, 1921.
 Chandiprasad Mukherjee. Dated 20th April, 1921.
 Saradindu Bhusan Mukerjee. Dated 22nd April, 1921.
 Radhika Prosad Ghosh. Dated 1st May, 1921.
 John Baptist Rodrigues. Dated 8th May, 1921.
 Kakkadan Nandanath Krishnan. Dated 9th May, 1921.
 Daya Ram Kumar. Dated 17th May, 1921.
 Albert Francis Winnington-da-Costa. Dated 21st May, 1921.
 Bulchand Ratanmal Malkani. Dated 24th May, 1921.
 Sham Lal. Dated 29th May, 1921.
 Lal Chand Khanna. Dated 1st June, 1921.
 Royapuram Nellaveran Raja. Dated 1st June, 1921.
 Sarat Chandra Chakravarti. Dated 1st June, 1921.
 Coimbatore Srinivasa Rao Venkatakrishna Rao. Dated 18th June, 1921.
 Thekkencheri Kunhanunni Nayar. Dated 4th July, 1921.

THE undermentioned officers are permitted, subject to His Majesty's approval, to resign their temporary commissions, with effect from the dates specified:—

- Captain Jamshed Edulji Frenchman. Dated 17th May, 1921.
 Captain Atamahomed Tajmahomed Shaikh. Dated 1st June, 1921.
 Captain Nilkanth Anant Dalvi. Dated 14th June, 1921.
 Captain Priyadar Gupta. Dated 8th July, 1921.
 Captain Nripendra Kumar Basu. Dated 9th July, 1921.
 Captain Dodballapur Hari Rau. Dated 13th July, 1921.
 Captain Aloysius Xavier Pereira. Dated 17th July, 1921.

THE following acting promotions are notified, subject to His Majesty's approval:—

- Captain L. K. Ledger, Indian Medical Service, to be acting Major while holding an appointment as Registrar of an Indian General Hospital. Dated 28th March, 1921.
 Captain J. Findlay, M.B., Indian Medical Service, to be acting Major while holding an appointment as Registrar of an Indian General Hospital. Dated 30th May, 1921.