

the Madras Presidency; jackal bites numbered only 8 cases out of the 572—a very low percentage and in marked contrast to the figures for such institutes as that at Shillong; 24 out of 193 brains received for examination for Negri bodies were in a condition unfit for examination; whilst it is noted that almost all the District Boards and Municipalities in the Presidency have continued to pay their annual contribution to the Institute, in addition to paying for the vaccine issued from the institute to out-stations. Sales of antirabic vaccine realised the sum of Rs. 41,459; the total income during the year was Rs. 69,374, and the total expenditure Rs. 49,898.

Lieut.-Col. J. W. Cornwall, C.I.E., M.D., I.M.S., held the post of Director up till January 28th, 1926, when he proceeded on leave prior to retirement, and was succeeded by Lieut.-Col. T. H. Gloster, I.M.S.

## Correspondence.

### THE COUNTRY *DAI* AND HER MINISTRATIONS.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—I shall be much obliged if you will kindly allow me space in which to publish notes on the following two cases.

*Case 1.*—On the 28th Nov. 1926, I was called in to attend a labour case in the *mofussil*, about twelve miles from this town. On enquiry, I was told that the case was one of hand presentation and that labour had already lasted for two days. The man who called me wished me to bring a midwife with me, but I preferred to take the sub-assistant surgeon to help me.

When we arrived at the patient's house, the relatives did not wish us to attend the case, but after some two hours' discussion we were permitted to do so. The patient was lying in a small hut, with very little light, and dusk was drawing on. She was a multipara, the mother of six or seven previous children, and some 40 years of age. She appeared to be in sound health, but all labour pains had ceased since the previous night; the pulse was 91 per minute, and the temperature elevated. The bladder was distended and a catheter was passed and relieved this condition.

The labia were swollen, and on examination a piece of bone was found to be protruding from the vagina. On examination I found the case to be one of left handed presentation with the head on the right side. The hand of the foetus had been torn off at the wrist. Foul smelling gas was escaping from the vagina.

Under chloroform anaesthesia I succeeded in carrying out internal version and in delivering the foetus and placenta. The patient—to my surprise—made an uneventful recovery. The child, of course, was dead.

The special point about this case is that the untrained country *dai* who had attended the patient before I saw her had used sufficient violence to tear off the presenting hand, which she had concealed from everyone present. The amount of violence necessary to tear off a foetal hand can easily be imagined.

*Case 2.*—On the 20th December 1926 I was called in to attend a labour case in a neighbour's house, and was told that the case was one of breech presentation. On reaching the house I found the *dai* still in attendance and pulling hard at the presenting parts. She informed me that she was doing her share of effort, but that the patient would not bear down sufficiently hard, as she had been directed to. On examination I found the foetus with both elbows well jammed into the brim of the pelvis. I succeeded in bringing down the arms, but the chin rotated forwards and became fixed. The aftercoming head gave considerable difficulty, and after some time a well-developed but dead foetus was delivered.

A live child could have been delivered in this case had it not been for the ministrations of the so-called "expert" *dai*.

How long is India going to put up with such barbaric midwifery?—Yours, etc.,

TARAK NATH CHAKRAVARTY, L.M.S.  
NILPHAMARI,  
11th February, 1927.

### THE INDIAN SCIENCE CONGRESS.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—It was a matter of satisfaction to see the great interest shown by the Medical and Veterinary Section of the Indian Science Congress in the deliberations at Lahore last January, and more so because the number of papers sent exceeded all previous records. One may anticipate a similar increase in the next year's Congress.

Considering the time at disposal at any single session, to strike an average one gets 12 papers per day of 3 hours work, a time which is very unreasonable both to the author and to the large audience who attend, especially the younger of my age with a desire to pick up new ideas and newer work on older known things.

May I suggest that papers of prime importance involving original work or original ideas should be given a much longer time for the author to detail as much as he likes?

At Lahore it was observed that a great deal of the time was spent in a sort of popular talk about prevention, etc., thus leaving aside some very original papers, e.g., those by the President and Lieut.-Col. H. W. Acton, nearly unread or taken as read.

If it would not be presumptuous on my part, as I very keenly follow the medical and veterinary research work from year to year, I would make the following suggestions:—

The papers be grouped in distinct classes, as follows:

(a) Papers relating to original work or original ideas, e.g., the theory of acquired angiomata by Colonel Acton, "Vaccinia Virus" by Dr. Pandit, etc.

(b) Papers relating personal observations of scientific technique; e.g., the pharmacological work by Major Chopra, the production of a tumour by inoculation of *B. lepræ* by Dr. Muir, and the physiology of the coronary circulation by Prof. Cruickshank.

(c) Papers relating to the invention of instruments or apparatus of a purely physical or chemical nature, or papers relating to animal or plant life useful to medical science, e.g., "Fish in the control of mosquitoes" by Hora; an apparatus for recording the temperature of insects by Colonel Acton; a cold incubator, etc.

(d) Papers embodying personal observations of a controversial nature, new methods of treatment (the idea alone being narrated without details of clinical work), e.g., "Sanocrysin in the treatment of Tuberculosis" by Möller.

(e) A number of papers which the authors wish to be brought to the notice of the Congress to be allowed only if printed copies are supplied and to be taken as read.

Under the last heading will come all papers on tuberculosis, child welfare, statistics, etc.

In case there is a large number of members desirous of discussing one single subject, printed summaries being circulated one day previous, all the interested members can have a sectional meeting for discussion, specially on the day on which the presidential address is delivered, as this address is generally of general interest of wider scope.

If the papers are taken up in this order, the best material will get the greatest scope and will receive the honour hard and laborious work deserves. It was a pity that some of the best papers were dismissed in a very short time and an amount of time wasted over popular discussions which knew no end.

This is in no way meant as a criticism on the management of the Section, but is a humble suggestion from an eager listener, interested in scientific medicine.

An important idea was expressed by the President in his address about the establishment of a Central Research Institute in Pharmacology and is very inviting. With a view to setting out the strength of the Medical and Veterinary Research Section will it help to issue