

stores from the base, and another month before they arrived. When the new boots at length came they were unpacked, but were found to be of wrong sizes. Luckily in the meantime the feet had become fit. M. Schreiner relates an anecdote of a new colonel arrived from France in Senegal, and, horrified at the unsoldierly appearance of the bare feet of the men, directed that they should in future wear their shoes and gaiters on the march. The officers urged in vain to the contrary. The next day's march was a long one not a man fell out; and at the end of it the Colonel pointed out the fact to the officers with a laugh at their ill-founded fears. He had, however, being a little short-sighted, failed to notice that the men had simply buttoned their white gaiters over their black feet without putting on boots, and had so done their march barefooted after all.

Correspondence.

YAWS IN ASSAM: CORRECTION.

TO THE EDITOR, INDIAN MEDICAL GAZETTE.

SIR,—In September number, on page 327, column 1, line 8, from bottom, for "pyogenic," read "pyrogenic." Column 2, line 29, for "Helva," "Kapox," read "Hebra, Kaposi." On page 328, column 2, line 7, from bottom, for "Syphilis," read "Syphilide." Page 329, lines 12 and 13, for "throwing a stone," read "throwing so true."

KALAIN, CACHAR,
22nd September 1894.

ARTHUR POWELL, M.CH.

A QUERY?

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—In order to have the light of public opinion on a question the solution of which would be interesting to all medical officers in charge of sub-divisions and dispensaries, I send you the following lines, and beg that you will be good enough to publish them in a corner of your much esteemed journal. I hope that through the intercession of your pen by publishing the question in your column of the next issue it will receive proper discussion from you as well as attention from the Government medical officers and subscribers of the journal.

The question is whether, by virtue of any Government orders or circulars, the Rural Sub-Registrars, located at the Sub-divisional head-quarters, are entitled to any gratuitous medical attendance at their residence from the medical officers placed in charge of sub-divisions and dispensaries.

It is a fact that persons who are Government officers properly so-called are entitled as such to have medical attendance free of charge from the said medical officers. The question then resolves itself into this: Whether Rural Sub-Registrars are Government officers? It would seem that the Rural Sub-Registrars do not come under the definition of "Officers" as defined in the Civil Service Regulations, Article 46, page 9. The article runs as follows:—

"In the Leave Rules" an officer means an officer of any class to whom leave of absence from duty may be granted under these regulations, and does not therefore include "A military officer subject to the military leave rules."

It is an admitted fact that the Rural Sub-Registrars are not entitled to any leave of absence in accordance with the provisions of the said article. It is therefore clear that the Rural Sub-Registrars are not Government officers properly so-called, nor does the Government consider that their services qualify for services. It is also a fact that the Rural Sub-Registrars are only paid by Government at a certain percentage of fees they realize by registering documents within their local jurisdiction, so that they do not answer the de-

scription of "qualified" officers as contemplated in the Civil Service Regulations. Article 430, page 110, lays down that—

"(A) Service in an office paid only by fees whether levied by law or under the authority of Government or by commission does not qualify."

"(B) Service in an office paid by fees or by commission in addition to pay from the General Revenues qualifies."

Article 55, page 11 of the same Regulations further goes on to say; "Qualify and Count" mean qualify and count for pension from the General Revenues or for leave of absence as the case may be.

Of course the appointments of Rural Sub-Registrars are gazetted, but much in the same way that Honorary Magistrates, Municipal Commissioners, District and Local Board members, and members of the Dispensary Committee, &c., are gazetted. Had the mere fact of the appointment being gazetted turned their recipients into Government servants who would be entitled to the above privilege, the persons I have named above would then certainly fall under the category.

Everybody knows that these persons, although their appointments are gazetted, are not entitled to any such privilege, why then the Rural Sub-Registrars from the mere circumstance of their appointment being gazetted would be entitled to claim the right of having medical attendance gratis on the same footing with the Government officers properly so-called?

From these, it would appear, that the Rural Sub-Registrars are never Government "qualified" officers such as are contemplated in the Civil Service Regulations quoted above; and one fails to see how would they be entitled to the privilege of having medical attendance free of charge on the same footing with "officers" who are qualified. The question being one of principle and its decision of general importance, I request the readers of your journal who are mostly Government officers to give their views on the point, substantiating them by quoting Government orders or circulars, if any, directly bearing on the subject.

JAHANABAD,

A. B. C.

September 3rd, 1894.

DYSENTERY IN JAIL.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—The following remarks of the Inspector-General of Jails, Bengal, will show that dysentery is the disease which causes a large number of deaths in Bengal jails:—

"A consideration of the mortality statistics of Bengal jails for the last 25 years shows that dysentery has always been a most prolific cause of high mortality. * * *"

The cause of prevalence of this jail scourge in prisons, I have already explained in this Journal (vide *The Indian Medical Gazette* of December 1891), and only the treatment of this disease is the subject of this letter.

TREATMENT OF JAIL DYSENTERY.

I. *Preventive*.—"Prevention is better than cure."

(1) Poisoning by retained excretion is one of the causes of dysentery (vide Tanner's "Practice of Medicine"). This is very rife in jails where everything even voluntary actions of nature, such as visiting latrines, is regulated by strict law, and although prisoners are allowed to visit latrine three times a day and each prisoner gets more than five minutes on each occasion, it is quite impossible that every individual can have the benefit of free evacuation on such occasions. Consequently the result is, that either the prisoners have to retain excretion or visit latrine at out-of-hours with the punishment of being locked up in cells with sago diet. I therefore venture to propose that each workshed should be provided with a day latrine and each prisoner, or at least the new-comers—those who are not accustomed to jail rules—should be allowed to visit these latrines once a day at out-of-hours in case of emergency, provided that the man allowed such indulgence is not sick, in which case he should be kept under observation and treated accordingly. This will save loss of prison labour, medical aid and hospital expenses.

(2) It is the duty of the Civil Hospital Assistants attached to the jails to examine the prison-diet—both raw materials and cooked food. This duty should be performed with much scrutiny. They (the Civil Hospital Assistants) should examine minutely each food-article before its issue from the godown and the cooked-food before its distribution, seeing that there is no dust, husk, or other filthy matters in it, and that it is well-cooked with proper quantity of oil, salt and condiments.

(3) The Civil Hospital Assistants should inspect the health of all the prisoners at least twice a day; on their rounds they

should try to detect any failing in health by looking at the countenance, etc., of the prisoners, and simple loss of appetite, acidity, flatulence, etc., should attract their attention, and prompt measures be taken to avoid serious ailment: a tonic be given to every individual early in the morning every day. This will save waste of prison labour, medical attendance, medicine, and sometimes human life. Good doctors will not wait for the report from the prisoners themselves or any other jail officers to take a case under treatment, as it is often seen that prisoners (mostly illiterate, ignorant men of small wit) do not come forward to take assistance of a medical man in slight illness, for fear of being deprived of their usual food and swallowing medicines of bad taste and smell; and prison officers (laymen) do not generally attach any importance to simple ailments.

(4) Cellular system of imprisonment (keeping each prisoner in a cell) as recommended by Dr. Mouat, late Inspector-General of Jails, Bengal, instead of locking up a large number of men in a crowded barrack, should be introduced, as detention in crowded barracks is one of the causes of dysentery (vide Tanner's "Practice of Medicine").

(5) The scale of condiments should be increased as the one in use is simply ridiculous and the quantity allowed is hardly sufficient to add any flavour, colour or taste to the curry prepared for the prisoners. The scale of vegetables should also be increased.

(6) Tobacco-smoking should, to a certain extent, be encouraged, as the sudden deprivation of such habit is a fruitful source of bowel-complaints. To prove this, I think, the following remark of a medical man in charge of a jail will suffice:—

"There is one great difference between the dietary of the Medical Board and that afterwards adopted by Mr. Loch, which, I think, has exercised a material influence on the health of the prisoners. I allude to the use of the tobacco. In the former scale a considerable quantity of this article was allowed, but in the latter its use has been totally prohibited. The natives of India, generally, are accustomed to smoke tobacco from their infancy (especially the low class men whom the jail is intended for) and it appears to me that to deprive them of this luxury (necessary?) suddenly cannot be otherwise than prejudicial to their health.

"It is well-known to habitual-smokers that the use of tobacco stimulates the peristaltic action of the bowels and a regular daily evacuation is the consequence.

"If the customary stimulant is not used, constipation ensues, with all its usual bad consequences, dyspepsia, irritation of the mucous membrane, diarrhoea and dysentery. After the use of tobacco was prohibited in the Monghyr Jail, sickness much increased, and I feel confident that much of it depended on this cause. At first the effects were not well marked, because much of the prohibited article was brought into the jail and used by the prisoners working on the roads, but as the discipline became more strict, and great care was taken to prevent its use, the bad effects of the system became apparent.

"Moreover, I consider that, to a certain extent, the smoking of tobacco is prophylactic in epidemics; and does not dysentery, the scourge of jails, occur epidemically?"

(Sd.) J. C. COLLINS,
Civil Assistant-Surgeon,
Darjeeling.

II. Curative.—The frequent examination of stools in bowel-complaints especially in dysentery is indispensably necessary to attain speedy relief and complete cure, and it cannot therefore be too much insisted upon. It is not out of place to mention here that cases coming under treatment in a very early stage are cured speedily with less medical skill, medicine and the reverse is the case in cases in the advanced stage.

At whatever time of the day the case come under treatment, give ʒi of castor oil with m.x or xv of laudanum, and the next morning one dose of laudanum followed by a large dose of ipecac (I generally give gr. x or xv). The patient should be warned not to leave his bed or sit down for two hours after taking the dose of ipecac: bed-pans and urinals being supplied for defecating and the making water on the bed. Then a powder of ipecac or Dover's Powder, with bismuth subnitras and soda bicarb. three times a day, or a pill of lead and opium, if there be excessive bleeding from the intestines, is the only medicine to be given afterwards. In many cases I have seen that only the dose of castor oil and opium has cured all the symptoms of dysentery speedily, and the cases completely recovered soon. Of course, this mode of treatment is of no use in cases of dysentery which are the effects of phthisis pulmonalis (which are in other words called abdominal phthisis) which they follow, and terminate fatally.

This course of treatment is not new to the profession, but, I think, the practice of too hastily flying to the use of powerful astringents in the first instance is too common: the oil and laudanum should never be omitted in starting the treatment of dysentery, as it is only too often that dysentery results from the admission of some irritant substance to the intestines through the food.

Diet.—Burnt bael fruit (green) with sugar every morning plain sago, barley or arrowroot for the first two or three days, then, as the case improves and the quantity of mucus or blood is reduced, sago with milk, old fine rice well boiled and mixed with *dahi*, *ghole* (butter-milk) or a soup of good fish.

Accessory measures.—The abdomen should be tied round with a flannel belt, and every precaution taken to prevent chill or exposure to cold. Dysentery-stools should be disinfected and burnt at a distant place from the sleeping-rooms, feeding-places, cook-houses, etc. The walls of the hospital ward or other wards where such cases are located should be scraped and *leaped* with earth mixed with some organic matter (as recommended by Dr. Mouat) or white-washed once every three months.

This is the plan of treatment by which lots of patients have recovered within the last 20 months without there having been a single death from dysentery in this jail, although this is notoriously a hot-bed for dysentery—the principal jail scourge—and there had in former years been a lot of deaths from dysentery—the dangerous disease of the Bengal jails. I have of late heard from the jailor of another jail that a similar result has been obtained in his jail by following this mode of treatment.

CHATERANAN BANERJEE,
Civil Hospital Assistant, Dinajpur Jail.

3rd September 1894.

ENTERIC FEVER IN INDIA.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—With ever raging prevalence of "Enteric" fever among British soldiers in India, it is odd that so little seems to be made of the well known fact that the fever does not declare itself among natives in the plains. Compacted about with every disease germ, yet the "*Plains*" native obstinately refuses to get a fever with the appropriate "Peyers" patch. Yet it is well known that Gurkas and indigenous "hill" natives do get "Enteric" fever.

The poison so fatal to young soldiers and with such certainty so often ascribed to influences within barrack bounds, exists to an enormous extent, in daily contact with the native of the plains. That "Enteric" does not affect young children, European or other, is inferred from absence in them of the symptoms defining the disease in adults. The protection afforded by inoculation of a present-day-modified disease virus is obtained of course by a more or less weak impression of that disease; the virus by "cultivation" undergoing a change, weakening, so to speak, its "morbific" influence, while retaining its desired protecting power. Such slow "cultivation" change is carried out in test-tubes.

If a child be considered along with such a test-tube, we might say, that just as the contents of that tube under the gradually completed "cultivation" conditions had gradually been made to assume the harmless form, so as yet unknown properties in the young child's body in a similar way but *immediately* affects the poison and the protection is so obtained from it.

Believing therefore that a "Plains" native child, under the peculiar conditions of "*plains*" native life, comes necessarily in contact with and absorbs "Enteric" poison soon after birth, and that by such "absorption" contact it becomes defended as by vaccination, it would be defended from small-pox, we may conclude that there is more or less constitutional disturbance comparable to that of vaccination, and which, with attention directed to it, will always be seen in the native child.

Throughout I have purposely accentuated the word "*Plains*" because it is already well known that HILL TRIBES DO GET ENTERIC FEVER. With them temperature, drainage, habit, &c., are less favorable to such early infection in early life. That however early infection does occur, and with the same protecting power, may explain the comparative infrequency of "Enteric" even in the hills. I believe that a "*Plains*" native born in and confined to the hills would exhibit the same degree of immunity as the indigenous native there.

We might also believe that in the very long future, a "*Plains*" native evolved from his present day, insensate disregard of sanitary rules would come like all others to escape such early infection, and in consequence incur what is now known as "Enteric."