

(d) never allow the discharges of the patient to be thrown about carelessly: The vomits and motions should be immediately treated with disinfectants such as phenyle lotion and quicklime;

(e) never use the bedding and clothes of cholera cases without proper disinfection by boiling or exposure to sun's rays for some days;

(f) never use their own bucket for drawing water from a common street well. They should ask other people or the special guard to supply them water with municipal buckets.

(8) All sources of water-supply should be properly guarded and disinfected with permanganate of potash. The water carriers' skin (mushak) and all old earthen pitchers used for the storage of water should be daily disinfected with permanganate lotion.

(9) People should not be allowed to bathe or wash their clothes on the parapets of wells used for drinking purposes.

(10) In cholera days as a precautionary measure keep the following remedies at hand:—

(i) Acid Sulphuric Aromt.

(ii) Camphorodyne.

(iii) Spt. Camphor.

(iv) Brandy.

In case there are even slight indications of gastrointestinal disturbance take acid sulph. aromt., camphorodyne, and spt. camphor, each 10 minim in one ounce of water at once. Daily use of acid, sulph. aromt. in 15 minim doses in a little water every morning is a good preventive of cholera.

N. B.—Since pot. permanganate has become very dear on account of the war quicklime may be used freely for the disinfection of wells and excreta.

GUJRANWALA HOSPITAL,  
Dated 18th August, 1916.

Yours, etc.,  
AMRIK SINGH, M.B.

### SUCCESSFUL TREATMENT OF SOLID ŒDEMA OF SCROTUM AND PENIS BY SILK STRANDS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Patient, a boy of 11 years, admitted into Unao Sadar Hospital in September, 1916, for considerable swelling of the scrotum and penis. On close examination this swelling was found to be solid. No fluctuation of any kind could be discovered. The boy had it for two or three years and the swelling was gradually increasing. History showed that he had had an attack of plague four years ago as a result of which glands in both groins got considerably enlarged and suppurated. The boy did not receive any surgical treatment for his glands. These of themselves burst and continued to discharge for some time.

Present examination showed presence of white cicatrices in both groins and slight puckering of the skin round these. Measurement of swelling round the scrotum at its junction with the penis was ten inches, and round the body of the penis about its middle three inches. The case was diagnosed as *Lymphœdema* of the scrotum and penis following lymphangitis and lymphademitis as a sequelæ of plague. Operation was advised and done at once. Two stout silken threads (sterilized) were made to traverse the œdematous region of the scrotum and the healthy region of the abdomen above on the right side under strict antiseptic precautions. They were left embedded beneath the skin. Swelling was measured again after a week and it was found on naked eye examination to have shrivelled. Measurement round the scrotum showed a reduction of two inches and round the penis half an inch.

The boy was advised to undergo a second operation on the other side. This time three silk threads were put on the left side traversing œdematous region below and healthy region above. A week after measurements were taken and a further reduction of  $3\frac{1}{2}$  inches and  $\frac{1}{4}$  inch occurred. The boy was a labouring class patient and could not afford to stay in the hospital for any considerable length of time. He left the hospital practically cured.

These strands of silk drain the affected area by capillary counteraction and thus act as new lymphatic vessels and will withstand absorption for many years.

Yours, etc.,  
B. U. VARMA, L.R.C.P. & S.  
(EDIN.), & C., & C.,  
Civil Surgeon, Unao.

29th October, 1916.

### A PROBABLE FACTOR IN DIABETES.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I have to tender to you my best thanks for your kindly publishing my communication in your October

issue on "A Probable Factor in Diabetes." I may, however, be permitted to point out an error in the last part of it. The sentence which runs "The varying racial susceptibilities and personal idiosyncrasies are conditioned by the qualities of the vital potentiality and individual personal factors" will be found to be as follows in my original communication:

"The varying racial susceptibilities and personal idiosyncrasies are conditioned by the qualities of the 'aulagen,' vital potentiality, and individual personal factors."

The word "aulagen" is of German origin and expresses the meaning "the matrix tissue from which organs originate." (*Vide Pathology Adami and McCrae, 1912 Edition, p 65*)

Trusting to be excused for the trouble and favoured with the correction as requested above.

Yours, etc.,  
B. N. ANKLESARIA, B.Sc., L.M. & S.  
Private Medical Practitioner.

## THERAPEUTIC NOTICES.

WE regret to say that owing to our printer's mistake the advertisement of Galyl Hectine and Hectargyre include the following:—Substantial samples (box containing 6 ampoules of 3 cc.) sent free on application to the Sole Agents.

No free samples are supplied for Galyl Hectine and Hectargyre. The samples referred to are Cyto-Serum.

THE Anglo-Swiss Watch Co. of Calcutta have put on the market an ingenious wrist watch, specially designed for medical men. The figures and hands have been "radiumized" and there is a novel feature in a centralised seconds hands (also radiumised). The watch is well made and in gold of 9, 14, and 18 cts.

### A NEW VENTILATING WINDOW.

A NOVEL device for letting fresh air into a building during the monsoon without rain or draught has recently been tested with satisfactory results by prominent architects in Bombay. We are all familiar with the stuffiness that is caused in a room when the glass windows have to be closed against wind or rain. The Simplex Ventilating Window, as the invention is called, overcomes this discomfort by a simple contrivance which admits air through slits or openings under each pane of glass. To effect this the sash rails which support the panes are made in two pieces instead of one; each piece is so made that an S-shaped passage, about an inch wide, is formed through the rail. When the windows are closed the air enters the room through these hollow sash rails, the rain being kept out by the peculiar form of the openings. As each pane has an opening of its own the aggregate area for the admission of air is sufficient to keep the room cool and dry. In bungalows and houses exposed to wind and rain the Simplex Ventilating Window will prove a blessing, because with the glass windows all closed the air will circulate through the building in all directions with the minimum of dust.

M. BRESILLON & Co., Gamage Building, Holborn, E. C., send us a bundle of clinical records on the value of Galyl in the treatment of Syphilis. Surgn. S. F. Dudley, R.N., after a trial of Galyl at the Naval Hospital, Chatham, in 1,500 intravenous injections concludes as follows (*Journal of R. N. Med. Service, July, 1916*).

"A study of the preceding paragraphs suggests that: (1) Less reaction is to be expected after Galyl than neo-salvarsan. (2) The majority of reactions after intravenous injections of either drug are due to the liberations of the spirochatal endotoxins. (3) Galyl has simply less effect on the Wassermann reaction than neo-salvarsan. (4) The treponemacidal action is a little slower. (5) The composition of Galyl is a point in favour of arsenic, being the important element in these drugs (6) A 0.4-grm. dose of Galyl is not quite equal to a 0.9-grm. dose of neo-salvarsan in the cure of syphilis.

It would seem that the present routine of allowing a month's interval to elapse between arsenical injections, though satisfactory in the case of neo-salvarsan, is too long an interval in the case of Galyl. The object of the long interval is to allow plenty of time for the patient to get rid of the arsenic as a safeguard against cumulative poisoning, following a second or third dose.

In Galyl, which contains only half as much arsenic per dose as neo-salvarsan, such a long interval is unnecessary, and unfair to the preparation, as apparently the effects of the first injection have time to wear off before a second is