

mean that their qualifications are superior, equal, or uncomparable?

The reply by the Indian Medical Council (Bombay) is not clear, hence I am seeking the hospitality of your columns as the matter concerns all the medical institutions.

The position of the Indian Medical Councils with the General Medical Council of Great Britain is, I believe, independent and not subordinate, but nevertheless they adopt and adhere to the rulings of that body. What does this signify to their relativity? It is now for the General Medical Council of Great Britain to assert their authority and show the rightful right.—Yours, etc.

K. M. HIRANANDANY, Ex.M.P.
(Dublin).

HYDERABAD, K. J. ROAD, SIND.
4th December, 1928.

NIGHT-BLINDNESS AND ITS SPEEDY CURE WITH LIVER.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—In your August number, I have just read Dr. J. M. Richardson's letter regarding night-blindness and its speedy cure under treatment with liver. Obviously, there are cases of functional night-blindness in which there are no ophthalmic changes and which are the result merely of defective nutrition, anæmia, ill-health, etc. The rapid improvement under liver treatment is not, therefore, surprising while conversely, failure of treatment with cod-liver oil is also not surprising, as it is a truism that only certain brands of this are of any medical value.—Yours, etc.

B. J. BOUCHÉ, M.R.C.S. (Eng.), L.R.C.P.
(Lond.), I.M.D.

B. M. HOSPITAL, DINAPORE.
25th December, 1928.

TREATMENT OF GONORRHOEA.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—Recently I treated 2 cases of acute gonorrhœa by irrigation with warm E. C. lotion, 1 in 20. I used a douche can and Janet pattern glass nozzle. The irrigation was carried out thrice daily after micturition. An alkali mixture was given by the mouth to keep the urine alkaline. The result was magical; all urethral discharge in each case was stopped after 24 and 48 hours, respectively.—Yours, etc.,

M. S. PAL, I.M.D. (Retd.),
Deamoolie Tea Estate.

DOOM-DOOMA P. O., UPPER ASSAM.
7th January, 1929.

AURICULAR FIBRILLATION AFTER ASPIRIN.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—I was very interested to read of the case of auricular fibrillation brought on as a result of taking acetylsalicylic acid reported by Dr. A. K. Dutt Gupta in the September issue of the *Gazette*.

The interest is intensified because it seems to confirm the value of the formula

$$F = \frac{P + I}{S + T}$$

where F = fibrillation or failure

P = blood-pressure

I = impulses, nervous or otherwise

S = support of heart afforded by the pericardium

T = tone of muscle.

The support of the pericardium is due to the negative pressure in the pericardial cavity which I have shown is present in health. This negative pressure causes a suction action which keeps the pericardium right up against the heart save for the thin layer of pericardial fluid so necessary for lubrication. F varies directly with the pressure or nervous impulses, i.e., the greater the pressure the greater the tendency to failure or fibrillation. On the other hand, the greater the support, the less the tendency to failure.

The normal negative pressure and pericardial fluid depend on the normal healthy exudation which takes place through the coronary vessels, and any variation of this exudation tends to modify the support of the heart.

If we apply the formula it will be seen that though the blood-pressure P remains constant, yet because S the support is diminished, it follows that the tendency to F (fibrillation) is increased.

The acetylsalicylic acid evidently disturbed the exudation into the pericardial cavity and so modified the pericardial support.

Further details of my formula will be found in the *New York Medical Journal and Record* for 21st March, 1928, as well as in the *Medical Press and Circular* for 1st February, 1928, and the *Lancet*, 1st September, 1928.—Yours, etc.,

G. ARBOUR STEPHENS,
Consulting Cardiologist,
King Edward VII Welsh National
Memorial Association.

SWANSEA.
31st December, 1928.

Service Notes.

APPOINTMENTS AND TRANSFERS.

ON return from leave, Lieut.-Colonel Sir Frank Powell Connor, Kt., D.S.O., F.R.C.S., I.M.S., was reposted as Professor of Surgery, Medical College, and Surgeon to the Medical College Hospitals, with effect from the 16th December, 1928.

Lieut.-Colonel W. D. Ritchie, M.B., I.M.S., Civil Surgeon, Darrang, is appointed to officiate as Inspector-General of Civil Hospitals and Prisons, Assam, during the absence on leave of Colonel Hitchens.

Lieut.-Colonel Sir L. Rogers, Kt., C.I.E., M.D., F.R.S., F.R.C.P., F.R.C.S., I.M.S. (Retired), is granted the temporary rank of Major-General whilst Medical Adviser to the Secretary of State for India and President of the India Office Medical Board, 3rd November, 1928.

On being relieved of his appointment as Professor of Surgery, Medical College, and Surgeon to the Medical College Hospitals, Lieut.-Colonel H. B. Steen, M.D., I.M.S., was appointed to act as Professor of Clinical and Operative Surgery, Medical College, and Surgeon to the Medical College Hospitals, with effect from the 16th December, 1928.

On return from leave, Lieut.-Colonel R. F. Steel, M.B., B.Ch. (Dub.), F.R.C.S.E., I.M.S., to be Civil Surgeon and Superintendent, B. J. Medical School, Poona.

On return from leave Lieut.-Colonel K. G. Gharpurey, L.R.C.P. & s. (Edin.), L.F.P. & s. (Glas.), I.M.S., to officiate as Civil Surgeon, Nasik.

Major H. S. Anand, M.B., Ch.B., D.P.H., I.M.S., is appointed to act as Health Officer, Simla, with effect from the date on which he assumes charge of his duties.