8. Data relative to "neo-natal conditions" were obviously of doubtful value in the absence of pathological examinations, but it is of interest to note that of the total early infantile deaths tabulated from all causes, 87.22 per cent. occurred in the first week of life, while 37.88 per cent. took place in the first 24 hours of existence.

9. Practically no All-India Questionnaire cases were returned diagnosed as due to "placental disease."

10. The percentage of macerated babies dying from "causes unknown," varied greatly in the different districts.

With reference to community, in the majority of places, the still-birth rate among Mohammedans was, in general, significantly higher than among Hindus, while, with the exception of Lahore, the figure for "Christians and others" was the lowest of the three communities.

Additional data regarding the investigation, together with a review of work already carried out in India and in other lands, suggestions for further research, and acknowledgments of the help freely given during the course of the enquiry will be found in the main report just published.

The figures adduced show, however, the great need for skilled ante-natal care of the expectant mother. Only as the public realise the necessity for such care, and consequently demand it, will the still-birth and early infantile death-rate from such generally preventable causes as the complications of labour, eclampsia and syphilis be substantially diminished.

A PRELIMINARY REPORT ON THE PREVALENCE OF INFANTILE BILIARY CIRRHOSIS IN THE MYSORE STATE. BANGALORE: PRINTED AT THE GOVERNMENT PRESS, 1931.

This report is of interest to the people of Mysore in giving a general survey of the incidence of infantile biliary cirrhosis in the various districts in the State. We do not quite see how a correct survey could be done within a period of 6 months as there is no sure criterion on which a diagnosis can be made. It is often necessary to change the diagnosis of infantile biliary cirrhosis after observation and careful clinical examinations. The observation that the disease is related to heavy rainfall requires confirmation; it is not the case in Bengal.

In the laboratory notes the author says that in the early stages there is a lymphocyte increase at the expense of the polymorphonuclear leucocytes. The total counts that he reports correspond to the usual findings. There is a leucocytosis in a large number of cases and in late cases the white-cell count is greatly increased. He reports one case in which there was a count of 78,500 white blood corpuscles per c.mm. with 3,000,000 red blood corpuscles; there seems reason to doubt whether this was a case of cirrhosis of the liver, or one of leukæmia. The differential count of increased lymphocytes at the expense of polymorphonuclears is normal in children, and we have found in Bengal that the normal count is 4,500,000 to 5,000,000 red blood corpuscles and 10,000, or even more, white blood corpuscles per c.mm. in quite healthy infants.

The prevalence of the disease amongst Brahmins, observed by the author, is not seen in Bengal where we have found cases amongst all castes with the exception of the labouring classes. So the high incidence amongst Brahmin children must be due to some peculiarity *in their diet*. The diet as the causative factor has been dismissed in a casual way.

In the section on treatment the author has given a table showing the cure rate. This is shown to be high with a certain Ayurvedic drug (Vjayanagaram Pandit's specific), but he does not seem to know the composition of the specific. This observation is hardly to be relied upon in the absence of control cases. But as this is a preliminary report we will wait with interest for further dissertations.

S. P. B.

Correspondence.

ON THE PRESENCE OF A FILARIAL WORM IN A TUMOUR REMOVED FROM THE LEFT SIDE OF THE NOSE OF A CHILD.

To the Editor, The Indian Medical Gazette.

Dear Sir,—With reference to my paper on "On the Presence of a Filarial Worm in a Tumour removed from the Left Side of the Nose of a Child" published in the October number of the *Gazette*, I think that the structures that appeared to be sheaths in the Giemsa-stained sections are really degenerated worms. This will necessarily mean a revision of my suggestions as to classification. Meanwhile I must thank Lieutenant-Colonel Acton, Director of the Calcutta School of Tropical Medicine, for expressing his opinion that the lesion, as seen in the slides sent to him, resembles these produced by the *Onchocerca cœcutiens*. To a large measure this suggestion was responsible for a further scrutiny of the embryos.—Yours, etc.,

A. J. NORONHA, M.D.,
Pathologist.

29, Civil Lines,
Poona,
27th September, 1931.

CHOLOGEN TREATMENT FOR CHOLELITHIASIS.

To the Editor, The Indian Medical Gazette.

Sir,—In this country where surgical operations are unpopular and often fraught with great danger it is most useful to have in hand medicinal measures for the treatment of what is usually a surgical case.

A Russian physician recommended to me the "Chologen treatment" for cholelithiasis. This treatment is carried out in Germany very frequently. I have tried it in two cases with excellent results, and I know of a third case in which the result was quite as good. On inquiry from many doctors I have not found that it is at all well known to the profession out here, or indeed in England.

A pamphlet "Recent Medical Experiences with Chologen in the Treatment of Cholelithiasis" gives a very exhaustive description of the treatment, with notes on cases treated by such well-known physicians as Dr. Robert Glaser of Muri, Aargau, Switzerland, and Professor Loewy of Berlin. The agents for Chologen are Charles Yarrow and Co., 36, Basinghall Street, London.

The treatment is most simple as the whole course consists in the administration of the following in tablet form:—

Chloride of mercury (0.005 gramme) and podophyllin (0.005 gramme), *no.* 1 *tablet.* Chloride of mercury, *no.* 2 *tablet.* Podophyllin, chloride of mercury, camphor (0.0025 gramme), and menthol (0.0025 gramme), *no.* 3 *tablet.*

Treatment.

For ten days 1 to 2 tablets "no. 1" morning and noon. For forty days 1 to 2 tablets "no. 1" morning and noon, and evening two tablets "no. 2."

For ten days one tablet "no. 3," morning, noon, and evening. When an attack threatens three "no. 2" tablets should be taken.

During this treatment the following rules for diet are recommended:—"Good nourishment, with mixed diet (not merely milk and soups), moderate meals, and thorough mastication are essential. Abundant and hasty meals, very rich or highly seasoned food, raw fruit, salmon, lobster, beans, cream, beef-tea, beer, heavy or acid wines, strong coffee, and heavy smoking are to be avoided."

I may be entirely wrong in supposing that this treatment is not common in India, or in suggesting that it is hardly known. However, as it has helped me out of

at least one difficult situation (when a patient would not be operated upon) and as I cannot lay my hands on any general reference to this subject in the ordinary medical books, I thought that others might like to benefit by my good fortune in coming across a treatment which is both simple and, as far as I can see, extremely good. Study of the pamphlet mentioned above will give all the contra-indications for this line of treatment.

Please do not think I have any financial interest in the matter; I know nothing about either the agents from whom Chologen is procured in England or the manufacturers on the Continent; as the pamphlet shows there is no mystery in the drug's composition.—Yours, etc.,

C. S. P. HAMILTON, D.S.O., M.R.C.S., L.R.C.P., MAJOR, R.A.M.C. (Retd.).

KAPNAPAHAR TEA ESTATE,
JURI P. O. AND T. O.,
SOUTH SYLHET, ASSAM,
8th July, 1931.

NOTES ON THE DIAGNOSIS AND TREATMENT OF ULCUS TROPICUM.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—I was interested to read Dr. Flora R. Innes' article on the treatment of ulcus tropicum in your August number. This condition is fairly common in Assam, where it is known as Naga sore.

Hitherto we had been using plain eusol dressings, with results that on the whole were satisfactory.

Experimentally, we adopted the treatment described by Dr. Innes, the results were certainly very striking. The sores, far from improving, obstinately refused to show the least change. In one case a boy had two sores, about equal in size, one on each tibia; one we treated with eusol, the other with the bicarbonate-cinchona dressing. After three weeks, the former had filled in and presented healthy granulations, which would heal within a week or ten days, the latter remained, as it was, a foul, indurated ulcer with copious sero-purulent discharge. The cinchona dressing certainly relieved the pain, but that was all.

Local differences in temperament may perhaps account for the fact that whilst in its early stages the condition is undoubtedly painful, later it seems to affect the patient but little.

Certainly none of our cases shed tears when the daily dressing is performed, and it would take more than a trifle like a Naga sore to keep them from sleeping at any hour of the day.

I would not for a moment doubt the admirable results obtained by Dr. Innes, but I suggest that ulcus tropicum is far from being a single clinical entity. Such differences in therapeutic response point to wide differences in ætiology.

In view of the disabling nature of the disorder and its wide distribution, the point is one of no little interest.

G. H. FITZGERALD,
CAPTAIN, I.M.S.,
Civil Surgeon.

KAMRUP,
ASSAM,
September, 1931.

COCOANUT MILK AS AN ANTHELMINTIC.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—You were good enough to print a letter from me some time back requesting further trial of, or the results of those who had tried, the anthelmintic action of the juice of the tender cocoanut.

Since writing that letter I have come home so have not myself tried it out any further, but on talking the matter over with a pharmaceutical chemist we looked up the item in "*The Extra Pharmacopœia*," Martindale and Westcott, 19th edition (page 91), to read this note under cocoanut oil. "The endocarp or meat of the nut is said to be a powerful taenicide. The patient should drink the milk and then eat the flesh of the nut (U. S. D.)."

And according to the references U. S. D. stands for the United States Dispensary and probably is also a work embodying the latest additions to this pharmacopœia.

May I therefore again ask through your valuable columns if there is any virtue in the endocarp and milk of the tender cocoanut, or how best it could be tried out to find an answer?—Yours, etc.,

H. BAYLISS-STOKES.

C/o MESSRS. GRINDLAY & CO.,
54, PARLIAMENT STREET,
LONDON, S.W. 1,
8th August, 1931.

VACCINATION AND WHOOPING COUGH.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—In the *Medical Annual* for 1931 it is stated that the paroxyms of whooping cough can be arrested by vaccination against small-pox, but since this method of treatment was recommended in the early part of the present century, it cannot be claimed as something new, but only as something forgotten and revived.

Vaccination was recommended as a method of treatment in whooping cough under the impression that it produced a leucocytosis, and was by that means beneficial. There was then no familiar means of producing an artificial leucocytosis, and blood counts were done only by a few experts; hence the idea was but a conjecture. No virtue was attached to the vaccine.

In 1907, when I was stationed at Ghagiabad on the East Indian Railway, I had a patient—the young daughter of a European employé—who had a cough, with a good deal of general physical disturbance and a distinct "whoop." I suggested vaccination as being most likely to cut short the course of the disease, but I need hardly say that the suggestion was at first received with scepticism and ridicule. However, by persisting and pointing out that no possible harm could follow, I was permitted to vaccinate the young lady. By the following morning the effect was so marked that it seemed incredible to the relatives that the vaccination was really the cause of the improvement. The patient had a good night, her temperature was down, and there were no more "whoops" nor distressing bouts or coughing. The patient made a rapid recovery, and there was no return of the cough.

This was the only case of whooping cough on which I tried this method. The patient had been previously vaccinated, so my operation was a secondary one.

Perhaps small-pox vaccine is to whooping cough what the malarial toxin is to general paralysis of the insane, for when this treatment was first introduced, the malaria was believed to benefit by the high temperature produced sterilizing the system of the causative organism; but opinion is now in favour of the belief that the malarial toxin has some specific effect in syphilis.

My object in drawing attention to the vaccination method of treating whooping cough is that those who may have the opportunity, such as medical officers of hospitals, may try it and prove its utility.

Will an artificially produced leucocytosis—however brought about—cut short the disease? Or is it the small-pox vaccine that has a specific effect?—Yours, etc.,

J. E. L. CHINAL, M.D., D.T.M., L.M.

MONGHYR,
E. I. RY.,
21st September, 1931.

Service Notes.

APPOINTMENTS AND TRANSFERS.

LIEUTENANT-COLONEL J. D. SANDES, officiating Professor of Medicine, Medical College, and First