

on 10th October, 1929, and continued for a fortnight. Has had no fever since the 12th October.—Yours, etc.,

BHUPENDRA K. CHATTERJEE, B.Sc., M.B.,  
*Medical Officer.*

ADAMJEE JUTE MILLS, BELUR,  
18th January, 1930.

(Note.—The "safe-dosage" referred to by our correspondent appears to us to be excessive. Present day tendency, we believe, is to abandon the immense, heroic, and long continued courses of quinine which were given in the past. Dr. Chatterjee is in accordance with old and well established opinion, however, in advocating arsenic and iron during convalescence, and in paying special attention to constipation. The reviewer's present practice is to administer Sinton's alkalies and quinine treatment for a continuous period of 12 to 14 days; 30 grs. of quinine a day if the patient will take it, 20 grs. a day if he will not. This is followed by one month's treatment, with one Tabloid after each meal, of Burroughs, Wellcome & Co.'s Tabloid Ferri Citras Co., the formula of which is:—

Ferri et Ammonii Citras	..	gr. 3
Quininae Sulphate	..	gr. 1
Acidi Arseniosi	..	gr. 1/60th

(sugar-coated).

It is probable that the administration of quinine never completely eradicates all the malaria parasites in a patient's blood stream; but if the parasite population can be brought below the febrile threshold by quinine administration, then a prolonged course of arsenic, iron, and quinine in small doses will so improve the hæmatinic system that the patient's own powers of resistance will eradicate the few remaining parasites. At least such a line of treatment appears to be preferable to the prolonged and drastic courses of quinine treatment of the past, with their accompanying misery to the patient, who suffers more from the quinine than he ever did from the malaria.—EDITOR, *I. M. G.*)

#### AN EPIDEMIC IN RATS.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—Rats have been dying here in large numbers for the past one and a half months. Smears of blood from the heart and spleen were sent to the Director, Haffkine Institute, Bombay, and were declared to be free of plague infection. The Principal, Veterinary College, Bombay, is of opinion that the disease from which the rats have been dying is an atypical form of plague. No human case has been recorded to date.

I remember to have read some time ago in the *Indian Medical Gazette* that rats may die under epidemic conditions from a disease called sarcosporidiosis, which is not communicable to human beings. Do you think that the present mortality among rats may be due to this disease? If the mortality is due neither to plague nor to sarcosporidiosis, can any of your readers suggest through your columns the possible cause of such an epidemic in rats?—Yours, etc.,

S. R. INGLE,  
*S. M. S. Officer.*

CIVIL HOSPITAL, RATNAGIRI,  
23rd December, 1929.

(Note.—Sarcocystis infection, as a rule, does not give rise to symptoms, though it is recorded in the literature that mice and rats may die from the infection. The parasites especially affect the striated muscles; usually those of the skeletal muscles, but also the heart, larynx, tongue, and diaphragm. Full descriptions of the parasites, whose exact systematic position is still uncertain, are given by Wenyon in his *Protozoology*, and by Knowles in his *Medical Protozoology*, p. 333. It does not seem likely that sarcosporidiosis will account for the epidemic. *Leptospira* infections in rats are usually believed to be symptomless, though the same is by no means the case in experimentally infected guinea-pigs. Whether *Pasteurella* infections occur in the rat we do not know; but if this was the cause it would certainly not have been overlooked by the Haffkine Institute.

Perhaps some of our veterinary readers—if any—might make suggestions?—EDITOR, *I. M. G.*)

#### GANGRENOUS STOMATITIS FOLLOWING DYSENTERY.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—I request you to kindly publish this record of a case of gangrenous stomatitis following an attack of bacillary dysentery in your correspondence columns.

The patient, a boy aged about 3 years, was suffering from bacillary dysentery for about a fortnight before the onset of gangrenous stomatitis. General debility was probably the predisposing cause. It is usually considered that this rare disease occurs during convalescence from acute fevers, most commonly after measles and infrequently after scarlet fever and typhoid fever. As the occurrence of this condition as a sequel to bacillary dysentery is rare, it may be of interest to the profession in this country.—Yours, etc.,

T. S. NAIDU, L.M. & S. (Hyd.),  
*Private Practitioner.*

RAICHUR, HYDERABAD STATE,  
20th December, 1929.

(Note.—Gangrenous stomatitis is not a very rare condition; it is a sequel of several of the debilitating diseases of children. This fact is not always remembered by practitioners in Bengal at least, who administer the treatment for kala-azar in a very large percentage of such cases, whether the previous history is suggestive of that disease or not.—EDITOR, *I. M. G.*)

#### MYCETOMA IN RAMNAD.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—In your editorial in the August, 1928, number of the *Indian Medical Gazette*, I find Ramnad District mentioned as a district where mycetoma is common. I beg to state that none of the hospitals in this district have recorded a single case of endemic origin of mycetoma infection for many years. During the last three years only the Virudunagar and Ramnad hospitals have had cases, and the hospital statistics show that between 1925 and 1927, 7 cases were treated in Ramnad, and 4 in Virudunagar. These all came from outside the district.—Yours, etc.,

T. S. ADISUBRAMIAN, M.B., B.S., B.S.S.C.,  
*District Health Officer.*

5th November, 1928.

(Note.—We regret that this letter was not published earlier. It had been "referred for opinion" elsewhere and overlooked.—EDITOR, *I. M. G.*)

## Service Notes.

#### APPOINTMENTS AND TRANSFERS.

IN modification of Education, Health and Lands Department Notification No. 510-H., dated the 14th March, 1929, Lieutenant-Colonel (now Colonel) C. A. Sprawson, C.I.E., M.D., F.R.C.P., V.H.S., I.M.S., Principal and Professor of Medicine, King George's Medical College, Lucknow, is appointed to officiate as Inspector-General of Civil Hospitals, United Provinces, with effect from the 11th March, 1929, and is appointed permanently to that post with effect from the 16th March, 1929.

Lieutenant-Colonel A. D. Stewart, M.B., F.R.C.S.E., I.M.S., Professor of Hygiene, School of Tropical Medicine and Hygiene, Calcutta, and officiating Principal, Medical College, Calcutta, and Superintendent of the College Hospitals, is placed on foreign service under the Indian Research Fund Association for employment as Director designate of the Public Health Institute, Calcutta, with effect from the 1st October, 1929.

On return from leave, Lieutenant-Colonel W. L. Harnett, M.B., F.R.C.S., I.M.S., was re-dosted as Superintendent, Campbell Medical School and Hospital, Calcutta,