

ANNUAL REPORT ON THE HOSPITALS AND DISPENSARIES IN THE CENTRAL PROVINCES AND BERAR FOR THE CALENDAR YEAR 1933. BY COLONEL N. M. WILSON, O.B.E., I.M.S., INSPECTOR-GENERAL OF CIVIL HOSPITALS, CENTRAL PROVINCES

Number of hospitals and dispensaries

THE number of hospitals and dispensaries at the close of the preceding year was 327. During the year under report, cheap-plan dispensaries were opened at Borakhedi in the Buldana district and at Patanbori and Fulsaongi in the Yeotmal district. A dispensary was also opened at the Government Press, Nagpur, in order to give medical relief to the staff working there, and one at the Baraduar limestone quarry in the Bilaspur district. Subsidized dispensaries at Ner Pinglai in the Amraoti district and Arni in the Yeotmal district, and one city branch dispensary of the Mure Memorial Mission Hospital at Nagpur, *i.e.*, three in all, were closed during the year. The Mission Dispensary at Panagar in the Jubbulpore district was transferred from class IV (private-aided) to class V (private non-aided). Thus, the number of hospitals and dispensaries open in the province at the close of the year 1933 was 329 of which 164 were rural and 165 urban.

Number of patients

The total number of indoor patients treated in the state-public, local fund and private-aided hospitals and dispensaries increased from 34,035 in 1932 to 35,507 in 1933 and the average daily attendance from 1,312.66 to 1,415.05. The number of beds available rose from 2,112 to 2,163 or an increase of fifty-one, forty-eight of which were on the female side, *viz.*, Victoria Hospital, Jubbulpore (20), Mission Hospital, Seoni (12), Main Hospital, Bhandara (7), Mayo Hospital, Nagpur (8), and Waraseoni dispensary, district Balaghat (1). There were 1,416 deaths during the year against 1,405 in the preceding year, the ratio thereof to the total number treated being 3.99 against 4.13 per cent during the last year. Of the total number treated during the year 5,127 were police cases, 1,221 paupers and 3,033 medico-legal cases against 5,328, 1,176 and 3,280, respectively, in the preceding year.

The number of outdoor patients treated in these hospitals and dispensaries decreased from 2,996,603 in 1932 to 2,871,962 in 1933 and the average daily attendance from 20,281.62 to 19,979.12. This decrease is partly due to the general health of the province being comparatively better than that of the past year and partly to the introduction during the year of the half-anna ticket system which has affected the attendance, especially in the outlying dispensaries in which people who frequently used to seek medical relief for minor complaints have stopped doing so to avoid payment.

Infectious diseases

The infectious diseases show an increase over the past year's figures under the following heads:—Influenza (8,288), leprosy (3,394), cholera (829), gonococcal infection (513) and pneumococcal infection of lung (366). Two hundred and thirty-seven patients were treated for smallpox against 280 during the previous year. Of these 73 were vaccinated, 74 were unprotected, while the vaccinal condition of the remainder was not known.

Venereal diseases

The total number of in- and out-door patients suffering from venereal diseases treated in all classes of hospitals and dispensaries rose from 31,749 in 1932 to 32,328 in 1933.

The treatment of cases of venereal disease in the branch dispensaries is most unsatisfactory owing to lack of drugs and equipment. The Civil Surgeon, Raipur, suggests that the leprosy specialist and leprosy duty assistant medical officers, all of whom are attached to the Public Health Department, should be

turned into venereal specialists as there is much venereal disease. The result of treatment in venereal disease is much better and the attention paid to leprosy by missionary institutions is considerable. The Commissioner, Chattisgarh division, while agreeing with the Civil Surgeon that the question of venereal disease is certainly a very important one in that division, states that it might be possible to have a staff that could deal with both of these scourges instead of only one.

Antirabic treatment

Antirabic treatment was carried out as usual at the five centres, *viz.*, Nagpur, Jubbulpore, Raipur, Hoshangabad and Akola, where 1,655 patients were treated during the year against 1,517 in the past year.

Ticket system

With a view to improving the financial position, the proposal to charge a fee of two pice on each new patient, excepting paupers and those covered by paragraph 341 (4), (5) and (7) of the Central Provinces Medical Manual, at all the main hospitals, including provincialized ones, and the dispensaries managed by the dispensary fund committees, was given effect to during the year and a report on its working submitted to Government. As it has been found that this system has adversely affected the outdoor attendance in outlying dispensaries, the local Government, while sanctioning the continuance of the experiment for another year, has left these dispensaries from its operation.

Correspondence

NORMAL SALINE IN CHOLERA

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—I wish to draw the attention of your readers to a very simple and efficient method of administering normal saline either in cholera or other conditions of dehydration, after operations, etc.

The method one usually resorted to in cholera is intravenous transfusion which is often not only difficult but sometimes wellnigh impossible in the circumstances in which a medical man or woman has to work in a village or even in the poor hamlet of an ordinary head-quarter town. Further, intravenous transfusion is unnecessary in most cases, for one has to have recourse to it in cases of collapse, or when the pulse is, hardly, or not, perceptible at the wrist.

The method I devised in 1912 when on duty as a plague medical officer in the Central Provinces.

The following are needed:—

(1) A big enamel bowl, an aluminium or a brass *dekchi* or other suitable container (at a pinch) will serve the purpose for boiling water. (2) Water (preferably distilled or rain water) to make normal saline in the proportion of one drachm of sodium chloride (common table salt) to a pint of water. The saline can also be prepared by dissolving three tablets (hypertonic solution tablets made by Parke, Davis and Company or Burroughs Wellcome and Company) in a pint of water.

The saline is injected subcutaneously not by a needle attached to a rubber tubing with a funnel or flask at the other end, but by a 100 c.c.m., 40 c.c.m., 20 c.c.m., 10 c.c.m. or 5 c.c.m. syringe (the smaller the syringe the more the manipulation required on the part of the medical officer). After washing the skin with soap and water and painting it with tincture of iodine, the whole thickness of the skin with the subcutaneous tissue either in the abdominal flank or other suitable area is pinched up and the needle (preferably a long one

with a thick bore) attached to the syringe is pushed well in almost to the hilt, and the saline injected. The syringe is now detached leaving the needle in position on the patient, refilled from the bowl or *dekchi*, adjusted again to the needle and the fluid injected. This process is repeated until, in the adult, a pint or so of saline is transfused on each side of the flank according to the requirements of each case (which will be indicated by the pulse, general condition, cramps, etc.); in the adolescent half a pint or more on each side, in the child four or five ounces or more on each side according to the age and the needs of the patient. The needle punctures are sealed with cotton-wool dipped in tinctura benzoini composita (Friars' balsam) or collodium flexible. The transfused fluid is dissipated by gentle massage, thus expediting absorption from the injected tissues and rapid improvement in the patient's general condition.

In a severe case I administer two pints at a time three or four times in the 24 hours; in a case of moderate severity two pints twice daily usually suffice.

It is my practice to give an initial injection of strychnine and digitalin and subsequently strychnine alone every three or four hours to support the heart. I have found this procedure uniformly very satisfactory. Atropine sulphate—grain 1/100—injections are also useful when purging and vomiting are very frequent. This may be given along with the saline.

When on the subject of cholera one might say a word or two about Tomb's (essential oils) cholera mixture. I have used it almost from the very time that Tomb published his experience with this in Egypt and India and I found that fifteen-minim doses every half an hour give far better and more satisfactory results, in respect of rapid and more cures, than one-drachm doses every hour advocated by its author. The large dose of one drachm is not tolerated by the stomach as well as is a quarter-drachm dose and the results with this smaller quantity are certainly more encouraging than with the larger, while the patient feels decidedly happier. Half-drachm doses may be given after some hours if thought necessary, but I have seldom had occasion to use the larger dose. Tomb's mixture is also beneficial in diarrhoeas.—Yours, etc.,

A. F. W. DA COSTA, F.R.C.S., D.T.M.,
L.M.S., V.D., Major.

KAMPTEE ROAD,
NAGPUR, CENTRAL PROVINCES,
1st August, 1934.

MEDICAL COLLEGE CENTENARY CELEBRATIONS

APPEAL

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—The Medical College Centenary celebrations will occur on January 28th to 31st, 1935. In this connection it is very desirable that the members of the staff of the College and former students should come forward with medical papers to be read at the morning sessions on the 29th, 30th and 31st. Such papers should be either (a) papers dealing with the history of the College and its development or (b) brief medical papers of practical interest in such subjects as medicine, surgery, gynaecology, ophthalmology, etc. It would also be desirable to exhibit interesting clinical cases.

May I appeal to you for help and collaboration in this matter? As the time will be limited, papers should be brief, or capable abstracts only being read.

In addition to the reading of papers and showing of clinical cases, it has been decided to have a medical exhibition, which will probably be housed in the pathology and physiology departments.

In this connection I would again appeal for your help and collaboration. Exhibits should be, as far as possible, self-explanatory with clear letter-press, and, as the amount of accommodation is limited, only the very best and most suitable materials should be exhibited.

As the programme has to be prepared well ahead, may I ask for an early reply?—Yours, etc.,

M. N. DE, M.B., M.R.C.P.,
*Secretary and Convenor, Scientific
Sub-Committee,
Medical College Centenary.*

MEDICAL COLLEGE HOSPITALS,
CALCUTTA,
25th September, 1934.

Service Notes

APPOINTMENTS AND TRANSFERS

LIEUTENANT-COLONEL M. D. WADIA, Civil Surgeon, is posted to Ambala on return from leave, with effect from 4th September, 1934.

Major A. Y. Dabholkar, M.C., is appointed to officiate as Director of Public Health for the Government of Bombay, with effect from the 14th March, 1934.

Major D. R. Thomas, O.B.E., Officiating Imperial Serologist, Calcutta, is appointed as Chemical Examiner to the Government of Punjab, Lahore, with effect from 6th September, 1934.

Captain W. McAdam is appointed temporarily to officiate as an Agency Surgeon and is posted as Chief Medical Officer in the Western India States Agency, Rajkot, with effect from the forenoon of the 4th August, 1934.

The services of Captain R. M. Lloyd Still are placed temporarily at the disposal of the Government of Burma, with effect from the 10th September, 1934.

Lieutenant C. B. Miller is restored to the establishment, dated 2nd August, 1934.

To be Lieutenants (on probation)

E. C. Rowlette, 1st August, 1934. (Seconded).

W. J. Virgin, 1st August, 1934, with seniority 1st August, 1933.

J. Brebner, 1st August, 1934, with seniority 1st August, 1933.

H. W. G. Staunton, 1st August, 1934, with seniority 1st August, 1933.

J. D. Gray, 15th August, 1934.

LEAVE

Lieutenant-Colonel K. G. Gharpurey is granted leave for five months and seven days, in India, with effect from 5th October, 1934, or subsequent date of relief.

Captain G. B. W. Fisher, Civil Surgeon, Rajshahi, is allowed leave for three months, and furlough under the military rules for five days, with effect from the 24th October, 1934.

PROMOTION

Captain to be Major

C. V. Falvey. Dated 17th April, 1934.

Lieutenant (on probation) to be Captain (on probation)

J. J. Barton. Dated 1st August, 1934.

RETIREMENT

Lieutenant-Colonel T. F. Owens retires 8th October, 1933