

Correspondence.

REMITTENT FEVER.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I notice in Major Leonard Rogers' interesting paper on malaria that he makes the following statement: "It appears that any remittent fever of over 4 days' duration is almost certainly not malarial in nature." This may be quite true of the fevers he was dealing with in Calcutta, but it would certainly be very misleading in other places. I have unfortunately only too much reason to know this in my own person. I got malaria first in Quetta in 1878 and my attacks followed the description of ague in the books in the most minute way. In the course of a few months they ceased to be intermittent and became remittent lasting usually three to five days in a low form. After repeated fresh infections the remittent character became more and more established, and in 1887 I had an attack that lasted over three weeks. In 1888, I had an attack that lasted ten days. In 1897 after fresh infection I had a low remittent varied with days of high fever and an occasional day off, and in following May at home I had an attack that lasted three weeks. Finally in 1903, after fresh infection in Barrackpore or Sikkim, I had an attack that lasted ten days. In this for the first time my blood could be examined, and it was found to be "swarming with crescents and pigment."

AMBALA,
9th March, 1906. }

H. HAMILTON,
Colonel, I. M. S.

XYLOL IN SMALL-POX.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—By coincidence I happened to read in the February Number of the *Practitioner* a small paragraph on "Xylol in Small-pox" the same day that the small-pox rash declared itself in a sepoy under observation. Having xylol by me I at once started treatment with it.

The doses given were 1st day 10 mms., 2nd day 45 mms. in three doses, 3rd to 6th days, 60 mms. daily in three doses. Each dose was given in milk, and at no time was there the slightest symptom observable due to the xylol.

The result was as follows: On the second day of the xylol treatment, when 45 mms. were administered, the rash was fully pustular. On the next day the pustules were nearly all dried up, and the following day found every trace of pustule disappeared.

The sepoy bears four good vaccination marks (evidently of childhood) and a failed revaccination in 1899. The case was severe, the rash being very dense, chiefly discrete, though in several places confluent.

The case will be discharged in a few days now and will go out with no pox marks on his face at all.

It is true that this is the result of one case only, but the result is so extremely encouraging that it seems worthwhile asking others to try the same treatment, and it appears that most of us will have ample opportunities this year.

The drug (?) is not expensive and as Belin and Salomon in France were able to reduce their case mortality from 37% to 12.34%, a trial is well worthwhile in this country.

Possibly this method of treatment is much used in India; if such is the case I must beg you to pardon me troubling you with this letter and must give the excuse of an out-of-the-way station and consequent isolation as my excuse.

I have recently had a case under my treatment that seems to shew that Quinine Hydrochlorate is next to useless as a prophylactic against malaria.

The case occurred in a British officer. Roughly his history with regard to malaria is as follows: With his British Regiment in the Madras Command he had a very bad go of malaria. In a year's time he had another bad go in Peshawar, and lastly after another two years he had one or two slight goes whilst with me in Chakdara, and in which I found the parasite. He went home in March 1904, and whilst at home had "Fever" and consulted Sir Patrick Manson. His advice was, to take Quinine Hydrochlorate "as it was the more soluble salt." This he started taking in the beginning of 1905, and took 15 grs. each day on the 10th, 11th, 20th, 21st, 30th and 31st of each month. He continued taking these doses till 11th February and then stopped for some reason.

On the 21st February he had a typical attack of malaria fever. I gave no medicine, and on the 23rd I took blood films and found as good rosettes as I have ever seen and counted ten in two minutes using a mechanical stage. No other cases have occurred.

Have other people found this preparation as equally inefficacious?

Yours truly

S. H. LEE ABBOTT, M.B. (LOND.),

Captain, I. M. S.

NOWGONG,
12th March, 1906. }

LITHOLAPAXY AT HYDERABAD, SIND.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The results of the past year's litholapaxy operations in the Civil Hospital, Hyderabad, Sind, may be of interest to your readers. During the year 1905, there were performed 521 operations of pure litholapaxy.

The Stones varied greatly in size, weighing, when thoroughly dried, from 6 ozs. 5 drs. (the largest) to a few grains only.

The ages of the patients also varied largely from babies of a few months old, to men of advanced age.

The total number of fatalities in these 521 operations was five giving the low death-rate of, not quite, '96 per cent. Of these five fatalities, one could hardly be properly considered to be due to the operation, as it occurred in an old and feeble man, whose heart suddenly failed under chloroform anaesthesia, before the operation had been commenced.

These cases were in no way selected, and were operated on just as they came to the hospital, and mostly without preparation of any sort.

Yours faithfully,

H. W. STEVENSON,

Lieut.-Colonel, I. M. S.

HYDERABAD, SIND.

THE TREATMENT OF SNOW-BLINDNESS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I would like to call attention to a very simple and effective treatment for that most distressing and painful affliction "Snow-blindness."

During and after a very heavy fall of snow here and on the Gnathu La pass (14,500 feet) recently, over 30 persons (one European, the remainder Tibetan and Bhutia dak runners) became snow-blind, some slightly, some severely.

By the application of one or two drops of castor oil in each eye, immediate relief was obtained, all discharge at once ceased, and in one hour after one application the slight cases quite recovered, and after two or at the most three applications in the most severe cases, vision was completely restored before three hours, slight photophobia persisting for a few days. The effect was the same, whether the cases were seen at once or after some hours, in two cases after two days.

Snow-blindness, as is well known by all those unfortunate persons who have been thus afflicted, is extremely painful with a variable amount of muco-purulent discharge and severe inflammation of the conjunctiva, and lasts usually anything from two to fourteen days. A common sequela is "weak" eyes for several months afterwards. In slight cases a marked degree of photophobia is present varying to in severe cases complete (temporary) loss of vision. What action castor oil has in these cases, I am at a loss to understand, but I think that it should be widely known and distributed with instructions for use among all persons likely to be brought into contact with snow, as if it were to fail in curing the actual blindness, its application would afford relief to the inflamed conjunctiva. The treatment suggested itself on account of its extraordinary effect in "night-blindness" in which, although temporary only, a good result is usually obtained from this treatment.

I hope it will be tried in future cases by other hands and its efficacy verified.

Yours, etc.,

HUGH R. DUTTON,

Captain, I. M. S.

CHUMBI, TIBET, }
March, 1906. }

[The efficacy of cod-liver oil in a somewhat similar affection, night-blindness, is well known. Night-blindness is also a glare retinalgia and is common during and after the hot dry weather. Ed., I. M. G.]

CHOLERA TREATED WITH EUCALYPTUS OIL.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In an epidemic of cholera that broke out in October 1905 in the vicinity of Chanchal, fifty-one cases were residents of villages situated within a mile and consequently attended regularly. The patients were mostly Hindus, thirty-five adults and sixteen children. All brought to notice in the collapse stage except six children who were treated from the diarrhoea stage.

The treatment adopted in all the cases was the administration of oil of eucalyptus suspended in mucilage. In cases that were treated from the diarrhoea stage subnitrate of bismuth was combined with the oil. The percentage of recovery was sixty-five.

Yours, etc.,

CHANCHAL.