

in children—*vide* Table No. VII attached. During the past year, in no case was it considered to be a direct cause of death.

Experiments were made in order to find the mode of infection. Five different varieties of snails, common in Hongkong, were kept in vessels containing the eggs of this worm. The eggs contained active embryos, and were ingested by the snails. In no case, could further development of the eggs be traced, the snails passing the eggs unhatched. These molluscs were chosen for the experiments, as the sheep fluke has a snail as its intermediate host. It may be added that the intermediate host of none of the human distomes has been discovered, although much work has been done on the subject by different observers.

No other human Trematodes have been found at the Public Mortuary.

*Cestodes*.—So far these worms have not been found in Chinese cadavers."

Filariasis is rare in Hongkong and no case of guinea-worm was found during the year.

The *trichocephalus dipar* is often found, but no case of *trichina spiralis*. Ankylostomes are found "rarely and always in small number." *Ascaris lumbricoides* is common, and is found in 90 per cent. of bodies in the Public Mortuary. *Oxyuris* is not common in Hongkong.

Dr. Hunter also gives brief note of his observations on hamatozoa. We note that "THE LEISHMAN-DONOVAN BODY is not present in the spleen of the Chinese in Hongkong;" "cases of spirillar fever are always imported."

The whole report is a valuable one.

## MEDICAL SOCIETY.

### BOMBAY MEDICAL AND PHYSICAL SOCIETY.

The Transactions of this Society for April contain three papers of interest. The first is one on two cases of acute form of fatal dysentery, reported by Assistant-Surgeon Prescott of Aden; the heading of the paper adds "possibly due to an organism not yet detected," but no discussion of this point is given and no evidence pointing to any special form of infection. Dr. J. I. De Quadros read notes on three cases of EXTRA-UTERINE GESTATION, all three fatal; in the first the rupture was caused by a fall; in the second it followed a severe fit of vomiting, and the third was consequent on a severe strain in lifting a heavy weight.

Dr. R. Row of the Petit Laboratory read a paper on some properties of PLAGUE TOXIN with special reference to the characters of a "salted plague vaccine," which is too technical to be here extracted.

## Correspondence.

### WEIGHT OF VESICAL CALCULI.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to a question by "Lithotomist" in your September issue, asking to be informed of the weight of the largest vesical calculi removed by suprapubic lithotomy, I may say that the largest stone known to me is one composed of uric acid and urates which is now in the Museum of the Grant Medical College. Its weight is now 27½ ounces: some of the fragments have been lost. When recent the weight was over 30 ounces.

The history of the specimen is as follows:—The patient, aged 25 years or thereabouts, suffered from symptoms of stone from childhood, and when admitted to hospital was in a very low state from the prolonged pain of the vesical disease. The great size of the stone does not appear to have been fully recognized before the operation was begun. An attempt was made to extract it by the lateral operation, but this being unsuccessful, the suprapubic operation was performed. Even now it was impossible to extract the stone. By means of some improvised instrument (a craniotomy forceps) the stone was broken in pieces and removed. The patient died about twelve hours after the operation.

The operation was performed in 1876 or 1877 by the late Apothecary Wright at the Tando-Atyhar Dispensary near Hyderabad in Scinde.

I should say that the unfractured stone would be about one quarter as large again as the ordinary foetal head.

BOMBAY,  
September 30th, 1907.

Yours faithfully,  
E. F. GORDON-TUCKER,  
Captain, I.M.S.

### CYLLIN AND RIDEAL-WALKER CO-EFFICIENT.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

DEAR SIR,—We note that the Government of India are to some extent adopting the Rideal-Walker method of standardizing disinfectants; as several enquiries have reached us from various Government departments for a "Saponified Cresol with a guaranteed Rideal-Walker Co-efficient of 3.5 on B. Typhosus." As there are numerous disinfectants which claim varying "Carbolic Co-efficients," we desire to point out that Messrs. Rideal and J. T. Ainslie Walker expressly state that modifications of the Rideal-Walker method (the "garnet," the "thread," and other modifications) do not give accurate results. Many makers have adopted these methods, and publish the results obtained as "Carbolic Co-efficients"—these should not be accepted as Rideal-Walker Co-efficients.

Some months ago for our own information, we sent to Mr. J. T. Ainslie Walker, F.C.S., for examination, samples of most of the disinfectants which have a wide sale in India: and we enclose a list of the Rideal-Walker Co-efficients he assigns to these: the original reports are in our possession, and may be inspected at our Dalhousie Square premises by any one interested. Being certified by one of the originators of the Rideal-Walker method, we assume that these Co-efficients quoted are correct.

It is possible that some of these preparations may be offered to purchasing officers with "Carbolic Co-efficients" quoted which have been obtained by other than the Rideal-Walker test and which are frequently misleading.

We venture to think that the publication of these Co-efficients will be of service to those medical men who wish to know exactly the disinfectant value of preparations offered to them, and to secure the maximum of disinfectant efficiency for their expenditure.

Yours faithfully,

SMITH, STANISTREET & CO.

CALCUTTA.

### RIDEAL-WALKER CO-EFFICIENTS OF THE FOLLOWING DISINFECTANTS (ON BACILLUS TYPHOSUS).

FROM REPORTS BY MR. J. T. AINSLIE WALKER.

Disinfectant	R/W Co-efficient	Time
Cyllin, Medical	...	20:00
" Disinfectant	...	15:00
Okol (Sanitis Co.'s)	...	11:50
Izal	...	9:00
Phenolote, Smith, Stanistreet & Co.'s	...	4:50
Cooper's Fluid	...	3:00
McDougall's Soluble No. 5 Carbolic	...	2:90
" Disinfecting Fluid	...	2:50
Creolin, Jeye's	...	2:50
Pearson's Antiseptic	...	2:50
Lysol	...	2:50
Little's Soluble Phenyle	...	2:50
Kill-germ	...	2:00
Lawe's Disinfectant Fluid	...	1:75
Essett's Fluid	...	1:50
Zotel, Burgoyne Burbidge & Co.'s	...	1:30
Germocene	...	1:20
Bactox	...	1:20
Carbolic Acid	...	1:00
Lozar	...	0:50
Rowan's Fluid	...	0:40
Lysoform	...	0:10
Eukotas	...	0:10
Antozone	...	0:02
Sanitas Fluid	...	0:02
Phenyle imitations, without brand, usually sold as "Phenyle", "Sanitary Fluid," etc., in bazaars; average of 3 samples tested, purchased from different dealers in Calcutta.	"	1:70

### QUACKERY IN INDIA.

To The Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Before entering into the general evils arising from quackery I first of all beg to cite some of its cases which will give an idea of its results and consequent sufferings to the public.

1. A case of an abscess near the knee-joint was diagnosed to be the dislocation of that joint by an unqualified bonesetter who tried severe manipulation to reduce his diagnosed dislocation and confined the part to bandages after application of some country medicine; this brought about severe inflammation and pain into the joint and resulted into an acute arthritis. The abscess afterwards burst and then the patient sought for better medical aid.

2. A case of simple fracture of the lower end of humerus diagnosed to be dislocation of the elbow-joint by a quack was subjected to severe manipulation by him; this gave rise to much inflammation and not being cured, the patient resorted to the treatment of a qualified medical man.

3. One quack diagnosed syphitic iritis to be catarrhal conjunctivitis and dropped two grains argenti nitras solution into the eye; this intensified all the symptoms and then gave much trouble both to the patient and to the qualified man under whose treatment he was afterwards placed.

4. A case of sprain was similarly wrongly diagnosed to be dislocation by a quack who having tried manipulation induced swelling of the part whose motion thereupon remained impaired for a very long time.

5. Some quacks treat cases of plague by strong diaphoretics to lower down the temperature, causing failure of the heart and preventing their patients from breathing longer in this world.

It is a matter of great regret that the people suffer thus unnecessarily owing to non protection of the medical profession in India where quacks are numerous in proportion to qualified medical men. These quacks have neither sense of responsibility nor of duty and care nor whether their patients are killed or cured as long as they can get half an anna to pocket.

The natives of India where there is a majority of illiterate persons have no idea of the value of assistance to be obtained from a qualified medical man and seek for treatment wherever they find a board of a so-called doctor whether he may be a compounder, a compounder's compounder, a native quack, an apothecary, a druggist, a clerk of a druggist or a dresser (*malampattavalla*). In most of the villages certain Brahmins pretending to carry on the occupation of a priest, keep some books of materia medica in their houses, to practise medicine and are called Vaidyas.

Every profession is overcrowded and every one has to face the problem of life in this age of keen competition and only the fittest can survive, whereas the medical profession, though noble, has many intruders owing to its being unprotected by law and even the unfittest finds room enough for himself and manages by hook or crook to keep himself ahead. Men of mean ability and little sense without any scientific or systematic training start at once as medical practitioners. Some of them are called Vaidyas or Hakims, most of whom are not trained at all systematically; they instil into the minds of innocent illiterate persons a fear and distrust of English medicine and thus prevent them from going to a qualified medical man. They deceive the people into the belief that English medicines which consist of spirits, etc., will pollute them and are not much effective.

Besides, these Vaidyas, having no knowledge of treatment according to native science, use English medicines. This shows that not only they cheat the poor persons but endanger their lives by their ignorance of the western medical science.

These quacks should not be left to carry on their trade out of mercy lest they may lose their living. These persons who are so-called doctors, not only spoil the cases but bring the medical profession as a whole into discredit and degrade its nobleness and sanctity. Under these circumstances all medical men, whether qualified or non-qualified, are equal, because patients when they try medicines of these so-called doctors, will not care again to entrust their lives to qualified medical men.

Thus the general public and the real medical profession suffer a great deal under the rule of this just and benign Government which has framed laws for all professions but the medical. Perhaps it is not understood how the attitude of Government in this matter has allowed quackery to trample over the rights of the qualified medical men. In India, where one is required to take out a license for such matters, as sale of tobacco, Cannabis Indica, etc., there is no license for practising on human beings even where there is a question of life and death; everybody is left free to prescribe medicines or set up as a medical practitioner.

This is an unjust encroachment on the rights of the real medical profession. I therefore humbly beg to request the editor and several readers of your esteemed journal to be so good as to take up the cause, not only in the interest of the qualified medical men but in the interest of the general public who require to be protected from unnecessary sufferings, and move the authorities to adopt such measures as may be deemed proper to remedy the evils arising therefrom.

I beg, etc., etc.,

OLPAD,  
October 13th, 1907.

GANPATRAM DALSUKHRAM,  
Hospital Assistant, Olpad Dispensary.

#### DOCTORS' FEES FOR CANCELLED ENGAGEMENTS.

REF.: ARTICLE IN OCTOBER 1907 NUMBER.

SIR,—The Judge is quite within his rights in accepting the "Native doctor's" certificate. He may even dispense with a certificate altogether and rely on the Raja's statement and

exempt him from attendance. No countersignature is necessary to such certificates. They are required only in the case of certificates issued to Government servants as such.

The Judge would not have been justified if he had insisted on the Civil Surgeon's certificate, as it would put the Raja to a lot of unnecessary expense.

2. The Civil Surgeon was not right in altering his tour programme and postponing attendance on his private cases for the sake of giving a certificate to a Raja living 14 miles away. If his appointment was for treating the Raja and giving him medical or surgical aid, then it would be a different matter; in such a case, the Surgeon might claim a fee. I remember some guidance is given in "The Young Practitioner, his Code and Tariff," but I regret I have not the book with me at present.

3. When the question is one of principle, the income of the Raja is irrelevant.

Yours, etc.,  
DUTY.

#### THE FORMS OF RHEUMATISM.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I shall feel obliged if you will give the following a place in your paper in reply to Dr. Clarke's criticism of my contribution in Rheumatism in August number.

I was, indeed, not very particular about the nomenclature and took it as it was; and I considered it as a certain manifestation attended with pain, incapacities with certain tissue changes caused by different factors setting up such pathological conditions and treated and found that such and such remedies were proved useful; and I gave out what observations I made; and in the concluding portion of the contribution I said, that chemistry and microscopy were not called to my aid, as I was ill-supplied with them and I called upon others to take up that line of work and work out fully. Dr. Clarke made a cursory study and adjudged matters very wrong, as pains and Rheumatism could not possibly be synonymous, and I never meant that. Again, his views are singular and one-sided. I cannot agree with him in saying that there exists no Rheumatism in the Tropics in India. The specific nature of Rheumatism has been variously conjectured since the disease was known as such and no decision whatever has yet been arrived at, and I think College of Physicians was right to retain its place; and not to change it until definitely decided, and surely others participated in the idea, but I never mean by this that further investigations cannot throw further light on the subject to solve the pathology of Rheumatism.

UDAIPUR.

R. P. BANERJEE.

[We have already commented on Dr. Bannerjee's paper and Dr. M. T. Clarke's criticism. Undoubtedly "Rheumatism" is a convenient term, but it is unfortunate that the same word is used to denote things very different. An attack of "Rheumatism" or of "rheumatic pains" is a very different thing from the disease clinically known as "rheumatic fever." We agree with Dr. Clarke that the clinical entity common in hospitals in Europe and called "Rheumatic fever" is rare in the tropics, but as Dr. Bannerjee's article has shown, there are very many forms of so-called "Rheumatism."—ED., I. M. G.]

#### MALARIA IN PREGNANCY.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Can any of your readers kindly let me know through the columns of your paper the proper way of treating Malarial fever in pregnant women. What other medicines can be used instead of quinine and what amount of antimalarial properties they possess? If quinine is to be given, what precautions should be taken to avoid abortion.

I remain,  
Sir,

JODHPUR,  
September 29th, 1907.

Your most obedient servant,  
ABDUR RAZZAK, H.A.,  
2nd Branch Dispensary.

#### TREATMENT OF OTORRHOEA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Kindly allow me a space in the corner of your widely circulated journal for insertion of the following lines, regarding a simple remedy for ordinary cases of Otorrhœa, that affect Indian babies and children mostly.

The affected region should first be washed with warm boracic lotion (1 in 40), and quickly dried up. Pack the affected portion of the cavity up with boracic acid in powder through an insufflator when procurable or in its absence a