Bengalensis; but the Nesokia appeared to prevail only in the neighbourhood of the Port.

Only two doubtful specimens of *Mus Decumanus* were captured at Dacca.

Comparing these figures with the numerical ratios of rats at Calcutta recorded by Dr. Hossack (*Mus Rattus* 14 per cent., *Nekosia* 60 per cent., and *Mus Decumanus* 26 per cent.), we find:—

(1) That contrary to Dr. Hossack's experience, *Mus Rattus* predominates at Dacca, and probably also in Chittagong.

(2) That the *Nesokia*, which forms the majority of the rats in Calcutta, is not so prominent, except in the neighbourhood of the Chittagong Port, where its predominance is probably accounted for by the large number of granaries.

(3) That the *Mus Decumanus*, which is essentially a sewer rat, is very scarce.

The results of the enquiry are interesting; but as the number of rats examined was small, they require confirmation. Seeing that the people of this Province have not hitherto suffered from plague in an indigenous form, it seems probable that a considerable addition to our knowledge of its natural history might be gained by a more extended study of the conditions under which they are living, and their relations with rats and rat fleas."

The success of the method of distributing QUININE BY THE PICE-PACKET SYSTEM in this province is well known, and we hope that it will follow the example of the other Bengal in making use of tablets of quinine. We quote Lieutenant-Colonel Hare's remarks as follows:—

"The total number of packages sold was 18,993,—16,832 in the Eastern Bengal districts and 2,161 in the Assam and Surma Valley districts. There are no figures available for comparison with the sales of previous years in the Eastern Bengal districts, and in Assam there has only been a slight increase of 67 packages.

By far the largest proportion of sales has been in *Bakarganj* (35·13) where quinine has had a great reputation for many years past.

Next in order come the *Khasia Hills* (15·23), in which district the drug is regularly distributed by the Welsh Presbyterian Mission, and Sibsagar (10·11) where the increase in the sales is entirely due to the personal interest shown by the Civil Surgeon. There are several other districts (Faridpur, Chittagong, Tippera, Mymensingh and Rajshahi) in which the number of packages distributed was considerable, though the percentage to the population is not so high.

The above table also shows that in many of the districts such as *Dinajpur*, *Rajshahi*, *Jalpaiguri*, *and Goalpara* (to take the most obvious examples) where the mortality from fevers is very high, there is ample scope for the extension of sales. In *Kamrup* the sales seem to have made no progress and have only reached 1·8 per cent. of the population. Instructions have been issued to Civil Surgeons of all districts in which there are registering circles reporting a mortality of over 35 per mille from fevers, to take special steps to advertise and give facilities for the sale of the drug in the affected villages.

The provincial Postmaster General is taking great interest in the scheme, and has given much valuable aid. He is collecting from each district a list of the Postmasters whose permanent advances he considers might be increased and of those who have experienced difficulty in obtaining their supplies. He is also arranging that all Postmasters shall annually send statements to the district Civil Surgeon of their probable requirements for the year, to enable him to indent beforehand on the Calcutta depôt, and obviate the risk of supplies falling short during the fever season. The Civil Surgeons have also been instructed not to allow their stock in hand to fall below a certain minimum sufficient to cover emergent expenditure.

It will shortly be necessary to revise the scale of remuneration of the Civil Surgeons' clerks, so as to make their compensation more in accordance with the amount of their business, and in some districts it will also be necessary to provide a temporary peon to pack and despatch the parcels.

Attention is being paid to the issue of advertisements. I believe that much advantage might be gained if these were distributed with more purpose and system.

Little good is to be gained by the present practice of issuing a few thousand copies once in the season and distributing them broadcast over the district. The chance of their reaching the villager for whom they are intended is remote. The drug should rather be advertised on more commercial principles. In each district, special limited areas, which are known to be particularly malarious, should be selected, and the advertisements should be liberally distributed at short intervals during the fever season by travellers paid for the purpose.

Several Civil Surgeons have recommended the use of sugar-coated tablets. Captain Ritchie, I.M.S., in Jalpaiguri, has been distributing such to selected Postmasters for sale. The majority reported most favourably upon them, and stated that they were prepared to receive further supplies. Enquiries are being made as to the possibility of substituting sugar-coated tablets for the powders at present in use.

The services of many other agents besides the village Postmasters have been utilised—Pandits, Shop-keepers, Panchayats, Zemindari Naibs, Vaccinators, Mandals, Dispensary Hospital Assisstants and Stamp Vendors. A certain success with each of these has been obtained according to local circumstances; but on the whole the results have hitherto been disappointing. No agent is so universally employed, or so satisfactory as the village Postmaster.

Correspondence.

METHYLENE BLUE IN FEVERS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—For several years past I have been in the habit of administering methylene blue, from time to time, to patients, suffering from fever, considered to be malarial, on whom quinine seemed to have no beneficial effect. I have now used methylene blue in this manner in a considerable number of cases, and I am convinced that it is a useful stand-by for the treatment of those Indian fevers, which are neither enteric nor tubercular in their nature, and which possibly also are not always caused by the malarial parasite. It is well worth while to try it in such cases when quinine proves unavailing. The dose I generally give to an adult is 2 grs. in pill, morning and evening, and I think it is best not to employ it for more than two or three days together. At the end of this period, whether it has been successful in defeating the fever in whole, or only in part, or not at all, it is, in my experience, wisest to drop it, and to change to some other line of treatment; perhaps quinine or arsenic. An argument in favour of the necessity, or advisability, of this change after two, or, at the outside, three days, is to be found in the fact—which, by the way, is not mentioned in any text-book so far as I know—that methylene blue is cumulative in the blood. It is excreted in the urine, which it turns deep blue, and, when it has been administered for a couple of days, the urine continues to be tinged with it for several, sometimes as many as six, days after it has been stopped. Two objections to the employment of methylene blue are that it may sometimes upset the digestion, or that it may sometimes cause irritation and a burning sensation in the bladder and urethra; if, however, it be given in moderate doses and for a strictly limited time, these difficulties can be overcome.

I remain, Sir,

Yours faithfully,

G. H. FROST, B.A., M.B.,

MAJOR, I.M.S.,

4th Goorkhas.

DIABETES IN INDIA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the programme of subjects, which come for discussion before the coming Indian Medical Congress at Bombay, I find that one subject, which is of great interest, is omitted and that is "Diabetes in India." Could it not be included, as I am sure you will agree with me that a collection of opinion on it, will be of greatest help to practitioners in India.

A. MITRA,

Chf. Medical Officer,

Kashmir.

13*th September* 1908.

TREATMENT OF HYDROCELE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In recent issues of the *Indian Medical Gazette* a good deal of discussion has been going on about the radical cure of hydrocele, and various opinions expressed as to details such as site of incision, the number of ligatures applied, etc. No special rule can be laid down, but every case dealt with on its own merits. I have seen many operations done for this complaint, eversion of sac as well as partial and complete excision, and found all followed by suppuration, this I attribute to the too free use of ligatures. In mofussil stations the difficulty is to get cases to submit to any cutting operation, they generally prefer the old method of "tapping with injection." I performed a few cases of partial and

complete excision of the sac in Serampore where the Hospital Assistant informed me the operation had never been done before, all these cases I may say ended in suppuration, healing eventually by the tedious process of granulation.

In my present station I have done two cases (one as large as two good sized cocoanuts put together) both healing by first intention, no ligatures were left inside nor drainage tubing used; all bleeding points were dealt with by torsion and pressure. In the first case the incision was made low down, the sac was separated by fingers and after the fluid was let out, it was cut off by scissors. In the second case, a large portion of the redundant scrotum had to be taken away, and a good deal of dissection done to release the imbeded penis, owing to cicatricial adhesions from long standing ulceration, the man was in miserable health on admission with extensive scrotal ulceration, he made an uninterrupted recovery, complaining of no pain and no fever, not even the day after operation. I attribute the excellent results achieved in these two cases to the non-usage of ligatures, the rapid enucleation of the sac by fingers, and as little knife work as possible. This procedure has the advantage of being short and quick, and I intend to follow the practice in all future cases.

Yours faithfully,

JNO. C. GILLMON,

Sambalpore.

WOUND OF THE ABDOMEN.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I shall feel highly obliged if you publish the following case in your popular Gazette.

1. Busappa Nugappa of Chickerur was admitted into this dispensary with the following injuries on his body:—One wound on the left side of his trunk between the 10th and 11th ribs about 2 inches long and placed transversely. Through this wound a portion of small intestines about the size of a lemon fruit was protruding. On this the patient's friends had applied cowdung ashes, etc., and tied the wound. On opening, the portion of intestine was found inflamed and dirtied, this was cleaned properly with warm antiseptic lotions, the skin wound was sutured after replacing the intestinal protrusion and dressing applied.

2. Wound on the middle of the left fore-arm cutting the radial artery; this wound was about 5 inches long semi-circular and 3½ inches broad cutting the whole thickness of the muscles on the front aspect of the fore-arm. After tieing the artery, this wound was sutured and dressed, few other wounds of less importance.

In publishing this case, I wish to say that these big wounds healed without suppuration and though the intestine was inflamed and dirtied yet there was not the slightest symptom of peritonitis, &c.; these wounds were caused by a scythe, a clean instrument.

Yours sincerely,

GANESH RAMCHANDRA.

1ST GRADE HOSPITAL ASSISTANT,

In charge Dispensary, Hirekerur.

THE LOCKING-GRIP OF LITHOTRITES.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The range of grip of lithotrites is, as Colonel Keegan remarks in his letter published in the July number of the *Indian Medical Gazette*, of vital importance to all who may have to use these instruments, and both that letter and Colonel Keegan's article on lithotrites in the April number must have been read with great interest by many Indian Surgeons. For some time past I have been making enquiries with reference to this question, and there are certain details which I think will very well bear further discussion. In the first place, the point of view of the instrument maker must to a certain extent differ from that of the operator, for, while the latter requires to be provided with reliable instruments of the greatest range of grip reasonably possible, the maker is satisfied if he can produce something he can sell, and which will at the same time meet the case sufficiently well to escape any serious adverse comment. Thus, it is obviously to the advantage of any maker who enjoys a pre-eminent reputation for a special instrument of this description, and can rely on that reputation to disarm criticism, to minimise the strain to which his instruments are exposed, and thereby render them easier of manufacture and less likely to break down when in use. Now, probably in this way, there appears to have arisen a tendency of late years to progressively diminish the crushing range of lithotrites, and while deferring with the greatest respect to Colonel Keegan's remarks, particularly on this subject, and admitting the danger of an excessive range, my contention is that the locking grip is now restricted by certain makers to an unnecessary extent; to such an extent, in fact, as to make the average lithotrite incapable of dealing with a large proportion of the stones one meets with, at all events in the Deccan and Kathiawar.

In this I am supported by the opinion of several Surgeons of considerable experience, and, speaking for myself, I have fairly frequently had the unnecessary trouble of resorting to perineal litholapaxy, or the mortification of having to substitute one of the forms of lithotomy pure and simple for a crushing operation, as a result of the inadequate compass of the instruments at my disposal. My experience of the older lithotrites of Messrs. Weiss, for instance, is that they have an appreciably larger grip than those made by the firm in recent years, and this corresponds with the discrepancy between the measurements quoted by Colonel Keegan in the article referred to above, and those published in his later letter at the request of Messrs. Weiss.

That the later scale is unnecessarily restricted is the chief point I wish to lay stress on, and several arguments can be adduced in favour of this view. In the first place, it will probably be generally admitted that the majority of the lithotrites which fail during use jam, rather than break, and that jamming is more often due to an accumulation of fine debris in the groove of the female blade than to the size or hardness of the stone. It has once been my misfortune to have to perform a suprapubic cystotomy to free an instrument which bent slightly under these conditions, and became hopelessly jammed. Another reason, of a more personal nature, is that I have used with the greatest satisfaction lithotrites of a considerably larger range by makers not nearly so well known in this connection, and that while in possession of a complete set of Messrs. Weiss' beautifully finished instruments, it was these others, two in number, which bore the brunt of the preliminary crushing in the case of any stones at all beyond the average size.

To come to practical consideration I think that instrument makers may fairly be expected to accept a wider responsibility in this matter, while at the same time Surgeons must use discretion in dealing with the larger, and especially the harder stones. Size is by no means the only question, and a stone which weighs an ounce may be a much greater test of good workmanship than another of double the weight and measurement.

Taking the scale quoted in Colonel Keegan's letter in the July number as a basis, then I would suggest that an increase of ¼″ might be made in the grip of the smaller sizes, up to No. 6, ⅓″ from No. 7 to 10, and ½″ from No. 11 upwards. This, it will be noted, is not much in excess of the sizes mentioned in Colonel Keegan's original article, so far as they are quoted.

A HOOTON,

MAJOR, I. M. S.,

Actg. Agency Surgeon, Kathiawar.

NOTE.—Messrs. Weiss' present scale: No. 5 with ⅜″ grip; No. 6 with ½″ grip; No. 7 with ⅝″ grip; No. 8 with ⅝″ grip; No. 9 with ⅝″ grip; No. 10 with 1″ grip; No. 11 with 1⅛″ grip; No. 12 with 1¼″ grip; No. 13 with 1⅜″ grip; No. 14 with 1½″ grip; No. 15 with 1½″ grip; Nos. 16, 17, 18 with 2″ grip.

THE SURGERY OF ELEPHANTIASIS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Would Major C. R. Stevens, I.M.S., be so kind as to give your readers full details of the case of elephantiasis treated by excision of the affected skin (*I. M. G.*, June 1908, pp. 225) especially as regards the method of skin grafting employed, the source of the grafts, and the manner of dressing the limb? The writer would like also information as to the after-history. In his experience large grafted areas on the legs are extremely liable to ulcerate under injury or a severe attack of malarial fever, forming the most intractable form of chronic ulcer. Elephantiasis is by no means uncommon in this region; as a rule, however, the condition is more of a hindrance and an annoyance than an actual disablement.

AMOY, CHINA,
30th July 1908.

Yours, etc.,
J. PRESTON MAXWELL,
M.B., B.S., F.R.C.S.

[Will Major Stevens oblige?—ED., *I. M. G.*]

QUININE AND PREGNANCY.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to the question of quinine and pregnancy appearing in a recent issue of the *Indian Medical Gazette*, I believe it may not be out of place to state my