patient then passed a ball of worms, all knotted together, and about a hundred in number. The convulsions ceased almost immediately, and did not recur.—Yours, etc.,

H. T. INCE, L.M.S. (Lond.), I.M.D.,
Superintendent.

Wellesley Sanatorium Jail,
Bellary,
2nd June, 1930.

A DIFFERENCE OF OPINION.

To the Editor, The Indian Medical Gazette.

Sir,—I would be obliged if you will kindly arbitrate in a matter over which I have recently had what I consider an amazing experience. A medical officer in the course of examination of a case of pleurisy with effusion which had undergone rib resection and drainage, more or less convalescent, found the chest moving well but was unable to hear any breath sounds, for which my explanation was asked. My reply naturally was "a thickened pleura." The medical officer flatly disagreed and made the astonishing statement that in thickened pleura the breath sounds would be augmented. Will you, Sir, undertake to give us the benefit of your opinion?

I think this poor understanding of physical signs in these days of medical education is deplorable.—Yours, etc.,

B. J. BOUCHÉ, M.R.C.S. (Eng.),
L.R.C.P. (Lond.), I.M.D.

B. M. Hospital,
Cawnpore,
30th May, 1930.

PSITTACOSIS OR TYPHOID FEVER?

To the Editor, The Indian Medical Gazette.

Sir,—Since reading your interesting editorial on psittacosis in the *Indian Medical Gazette* for May 1930, I have been observing several cases of similar nature occurring in this locality. Altogether I have seen 12 or 13 cases up to this, and I have got 3 cases under my care at present. Although the origin of these cases could not be traced directly from any disease amongst birds, there was a great mortality amongst fowls and crows, only about a few months back. Parrots are seldom found in these parts. So, I am not quite sure whether these cases are in any way related to psittacosis.

The gradual rise of temperature during the first week, its continuance on a high level during the second and third, and gradual fall during the fourth week, were very characteristic. The course was very protracted in all the cases and nothing could cut it short. In mild cases, there was nothing notable besides the continued pyrexia. But in almost all other cases severe complications came on during the latter part of the second week. There was epistaxis in some cases and in one case there was hæmaturia. In almost all cases the bowels remained constipated throughout. Besides a little distension, the gastro-intestinal symptoms were trivial. The spleen and liver were slightly enlarged. The most characteristic feature in almost all the cases was the involvement of the lungs during the latter part of the second week. Signs of bronchitis appeared during this time in almost all cases. In only two cases did I find patches of broncho-pneumonia. Nervous symptoms, too, appeared during this time. Some patients remained delirious for 2 weeks or more.

The more protracted course, the absence of gastro-intestinal symptoms, and the involvement of the respiratory system in almost all cases were very peculiar and made me suspicious about the nature of the disease. The clinical picture in these cases almost convinced me that they were not cases of true typhoid.

The treatment I adopted in these cases was mostly symptomatic. Quinine, which was used in some cases, was quite ineffective. Alkaline citrates and carbonates with urotropin and oil of cinnamon were used with other drugs according to symptoms. Most of the cases recovered, although they took a pretty long time to regain normal health. A desperate case which I saw on the 15th and 16th day of his illness in a typhoid condition stopped further treatment and died after 2 or 3 days. Another patient who was taken elsewhere on the 14th day of her illness took a serious turn and ended fatally on the 24th day. Besides these two cases all others recovered. No scientific investigation could be made in these cases for want of laboratory facilities.

I send these notes for publication in your esteemed journal and for further light on the subject.—Yours, etc.,

ASUTOSH PAUL, L.M.P., L.T.M.,
Medical Officer.

P. O. Chilmari,
Rangpur,
11th August, 1930.

EMETINE IN BACILLARY DYSENTERY.

To the Editor, The Indian Medical Gazette.

Sir,—I have read with much interest and surprise the article on "Bacteriophage in its clinical aspect" written by Dr. J. London, appearing on page 370 of your July 1930 number.

The bacillary dysentery cases were cited, in my opinion, in incomplete shape, not only in their bacteriological aspect, but with regard to signs and symptoms too; the only guide for a mofussil practitioner.

Out of 141 cases he was exceptionally fortunate not to meet with a single collapsed case, I have had a dozen of them out of sixty treated with bacteriophage recently, and ten ended fatally. It is not always possible to find the characteristic stools as described in textbooks—viz., thin bloody stools with mucus—in every case of bacillary dysentery. There are instances to prove that the stools often assume the character of rice water, with or without any trace of blood or mucus in it—and the patient sinks with as great rapidity as he does in Asiatic cholera; again on close microscopic examination of the stools no cholera-like vibrios can be detected but the usual appearances of bacillary dysentery are present.

It is an admitted fact that bacteriophage is the best treatment that we are equipped with at present, to confront these sometimes unaccountable enteritis cases.

The marked difference between the two types of dysenteries, both with regard to their signs and symptoms and treatment, is well known to most practitioners but what I cannot understand is the object of arbitrarily giving emetine, the most toxic drug in a case diagnosed as a bacillary type.

Failing to find references in any textbook or leading journal supporting this view, I appeal to your numerous readers and the contributor of this article to throw some further light on the subject and establish an opinion from the scientific point of view.—Yours, etc.,

B. L. DEY, L.M.P.

Doolahat Tea Estate & P. O.,
North Lakhimpur,
Upper Assam,
13th August, 1930.

[We take it, from a study of Dr. London's article, that he used emetine only in such cases as clinically suggested amœbic dysentery. He points out that full laboratory facilities were not available.—Editor, *I. M. G.*]

Service Notes.

Appointments and Transfers.

Major-General J. W. D. Megaw, C.I.E., M.B., V.H.S., I.M.S., is appointed Honorary Physician to the King, *vice* Major-General A. Hooton, C.I.E., I.M.S. (Retired), 16th February, 1930.

His Excellency the Viceroy and Governor-General has been pleased to make the following appointment on His Excellency's personal staff:—