

While the abovementioned dispensaries normally work in the circles given above their distribution is entirely at the discretion of the Inspector-General of Civil Hospitals and he transfers them to any places where their services are specially required in connection with outbreaks of epidemic diseases, famine, etc.

During the past cold weather a considerable number of these dispensaries were concentrated in the eastern districts owing to the prevalence of plague. Several were concentrated at Hardwar for Kumbh mela duty, and during the past hot weather several were concentrated in the hills and in the Budaun district in connection with outbreaks of cholera and relapsing fever. Owing to the absence of Supervising Indian Medical Service Officers the provincial travelling dispensaries are all at present controlled by the Civil Surgeons of the districts to which they may happen to be temporarily attached.

The distinction which was formerly observed between the two kinds of travelling dispensaries, *viz.*, "Plague" and "Malarial" has been abolished in accordance with G. O. No. 366-V-127-1911, dated the 19th June, 1914.

It may now be confidently said that the travelling dispensaries have won the confidence of the people."

Correspondence.

THE TRIP TO BUSRAH.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The following rhyme of a trip to Busrah in a hospital ship, you may think worth publishing in your columns:—

The Chief observed, "We're in for socks,"
Before we left the Bombay docks,
But nobody could understand,
Not having seen the promised land,
How accurate was his surmise
No one could ever realise,
Who hadn't travelled wide and far
And spent some time at Busrah bar,
What the Gulf is like at times,
It's quite the latest thing in climes.

We went there in the ship *Takada*,
The finest made since the *Armata*;
As a hospital she had been fitted
For which she was right well adapted;
Broad in the beam, with rolling chocks
The sure preventative of shocks,
Red crosses three on either side
Nine feet by six and two feet wide,
Telemotor steering gear,
Duplicated in the rear;
And other "jims" of new invention
Much too numerous to mention.

The Arabian sea was bad, 'tis true,
But, if we except a roll or two
Not worse than might have been expected,
Enough to show we weren't neglected;
This lasted to the Isle of Love,
When something leaden up above
Warned us that the Gulf "shamal"
Would soon be on us, like a wall
Of superheated steam, and then
We stuck it till it cleared again:

Next day we reached our destination,
What may be called a transfer station;
The prize steamship *Franz Ferdinand*
Brought sick and wounded from the land
Where Eden is supposed to be,
From all accounts a bad country.
We transhipped sick and then began
To make for India's coral strand,
"Proceed to Bombay at full speed,"
Was what the R. I. M. decreed.

What breeze there was came direct aft,
Not a breath went down the shaft,
Hell with the lid off was the score
We played to, for two days or more.
The demon Heat-stroke made us blink,
Gave us furiously to think,

As his relentless trade he plied,
And cut our numbers down by five.
Once through the straits, we made for Jask,
Always a pretty serious task,
Ten to one the light is out,
The Keeper is asleep, no doubt;
We round the corner, and after that
The gulf of Oman, and fair Muscat,
The water changes colour too,
From dirty yellow to royal blue.

With heavy swell and blinding rain,
The monsoon greets us once again;
We roll and roll in spite of chocks;
The Chief was right about the socks.

Yours, etc.,
W. T.

ABDOMINAL ABSCESS CAUSED BY ASCARIS LUMBRICOIDES.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The following case may be of interest: Dwarkiba Luxmon, a girl aged twelve years, was brought to the dispensary by her father on the 29th October 1915, for a sinus in the right iliac fossa discharging thin serous fluid.

The present complaint, on admission, was of more than two months' duration. It started as a painful red swelling of the size of a walnut in the right iliac fossa which burst after about a week, leading up to the present sinus. State on admission:—The patient was very emaciated, pale and of poor nutrition.

On examination the sinus was found deep, leading almost to the peritoneum. The sinus was opened along with its offshoots in the abdominal wall, its wall scraped and was plugged with iodoform gauze. On the third day after the operation the patient complained of gnawing pain in the wound and on removing the dressings a yellowish white thread-like body presented itself in the wound which on being pulled out was found to be a small *Ascaris Lumbricoides*.

The worm had evidently burrowed through the intestinal wall and peritoneum—as has been described occurring in some cases by Manson and Taylor—and had lodged in the abdominal parietis forming an abscess there which eventually led up to the sinus. There is no history of a worm coming out of the sinus before operation.

A dose of santonin was given after detection of the worm in the wound which brought out about half a dozen worms per rectum.

As the wound, which was deep and gaping, was very indolent in granulating hypertonic saline dressing was substituted for iodoform dressing on the 30th November 1915, which constituted the rapid healing up of the wound with healthy granulations from the bottom and the patient is on a highway to recovery putting on flesh and colour.

THANA, BOMBAY. }
18th December, 1915. }

Yours, etc.,
K. P. MULLAN,
Civil Assistant Surgeon.

GRIEVOUS HURT.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to Senior Sub-Asst. Surgeon C. R. Chetty's reply in your August number, to my query I may state that I was not ignorant of the definition of Grievous Hurt.

Now the question for decision is whether loosening of a tooth comes under the heading of dislocation?

Dislocation means forcible displacement of one of the bones entering into an articulation, as the result of an injury.

Can loosening of a tooth occur without forcible displacement from its socket? If the reply comes in the negative, then will Mr. Chetty please mention whether bad laceration of gums will cause loosening of a tooth without leaving its socket?

In case loosening of a tooth can be caused by laceration of the gums and it becomes firm, after laceration is healed up within a few days, will it still remain a Grievous Hurt?

PAKPATHAN, }
28th September, 1915. }

Yours, etc.,
PALARAM,
Sub-Assistant Surgeon.

A MEDICO-LEGAL SUGGESTION.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The medico-legal suggestion made by Dr. Motilal T. Avasia in your number of July 1915, is no doubt a very interesting one, since it saves both time and trouble; but how far is it safe to follow it is the first question of consideration.

In my humble opinion there are various grounds to prevent medical men from following that suggestion even if they are required to opine very early.

The reasons likely to prevent from following it are the following:—

(a) The routine of post-mortem examination not only requires in poisoning cases to send stomach contents, but it also absolutely requires some portions of solid organs, namely, liver and spleen and kidney to be sent as shown in jurisprudence.

(b) We read in jurisprudence that poison may disappear from the body by purging, vomiting, and by the urine or even may be decomposed during life and hence in such cases after death; if only the contents of the stomach have been preserved for chemical analysis, the chemical analyser is sure to fail to detect any poison at least from the sample preserved and sent to him.

(c) The importance of submitting the portions of solid viscera is mainly because the poison taken in tends to be absorbed in the said organs even if the poison has disappeared from the body by purging, vomiting, etc., during life.

(d) Certain authorities concerned may not also accept an incomplete examination.

To corroborate all these I deem it to be necessary to quote a line or two from "Lyon's Medical Jurisprudence":—

"The longer the duration of the case the less likely is it that any of the poison will be found after death in the contents of the stomach, and the more likely is it that if poison is detected at all in the body, it will only be found in solid viscera. Hence the importance of submitting the portions of these to analysis."

In conclusion, I therefore say that the suggestion is only important to be put into practice where we have to satisfy our own mind, but surely not so in cases (however requiring very early opinion) which are likely to be tried and then we have to stand in the courts as medical experts.

Yours, etc.,

NARANJI M. GHELANI,

Sub-Assistant Surgeon.

THERAPEUTIC NOTICES.

ALL surgeons and physicians are on the look out for British-made articles which will replace the too numerous German articles which have got on the market. A new *all British* antiseptic and disinfectant fluid for medical and surgical use is LYCRYL made by Eneryl Ltd., 61 Lant Street, Southwark, S.-E. London. It has been certified to have a high bactericidal efficiency and has a very high percentage of cresols in a free state. It is particularly useful as it has a special solvent action on grease, mucus, etc., and the user's hands are not "benumbed" as is the case with many carbolic preparations. One tablespoonful of Lycryl to a pint of water makes approximately a 3 p.c. solution and weaker solutions are recommended for skin disinfection, cleaning of surgical instruments, cleaning sponges, saturated with blood, pus, etc. It is also used as a disinfectant for closets, sinks, bed pans, and in stables, kennels, etc. It seems to be a very useful and reliable article.

Messrs. Horlick's Malted Milk have sent us one of their 1916 Almanacs and we congratulate this concern on the tastefulness displayed in the design.

It is hardly necessary for us to remind our readers that the sales of Horlick's Malted Milk in this country are increasing day by day. This is due to the fact that this popular milk-food has proved itself a veritable boon to all ages. It helps to solve the milk question often so difficult to overcome in Hot Climates.

Horlick's Malted Milk can always be relied upon. It helps nature during convalescence, etc., to build up enfeebled conditions. Then again, no cooking is required. It can be made in a moment by adding water only.

Service Notes.

WAR AND SERVICE NOTES.

THE casualties among officers reported during the fourteen days, 16th to 29th December inclusive, amounted to 434, of which 269 occurred in France and Flanders, and 84 in the Mediterranean. Five of these shown as killed, and four wounded, in Flanders, were due to gas poisoning. What is meant by the term "overseas," which appears in the casualty list of 20th December, is not clear; all our forces are overseas:—

	Killed.	Died.	Wounded.	Missing.	Prisoners.	Total.
Navy	3	1	13	1	...	18
<i>Mediterranean.</i>						
Army	22	3	30	1	...	56
Australians	6	...	16	1	...	23
New Zealanders	1	...	1	...	...	2
British officers, Indian troops ... ..	...	...	1	...	...	1
Indian officers ... ..	...	...	2	...	...	2
Balkans	1	...	17	8	...	26
<i>France and Flanders.</i>						
Army	67	...	177	4	4	252
Canadians	1	...	11	1	1	14
British officers, Indian troops ... ..	...	...	1	...	...	1
Indian officers ... ..	...	...	...	...	2	2
<i>Persian Gulf.</i>						
British	4	...	21	1	...	26
Indian officers	1	...	...	...	...	1
Egypt ... ..	...	...	6	...	...	6
West Africa ... ..	...	...	3	...	...	3
Overseas ... ..	...	1	...	...	...	1
TOTAL	106	5	299	17	7	434

Eleven casualties among medical officers were reported during the fortnight. In France and Flanders Colonel E. O. Wight and temporary Lieutenant A. Hegarty were killed; and four wounded, temporary Captains J. S. Hall and C. A. Bernard, temporary Lieutenant A. C. Edwards and Lieutenant F. G. Foster, Special Reserve, all of the R.A.M.C. Four officers were wounded in the Mediterranean, Surgeon C. F. Schuler, R.N., Captain H. P. Brownell, of the Australian forces, Captain A. L. Shearwood, Special Reserve, R.A.M.C., and temporary Lieutenant J. Campbell, R.A.M.C. Captain K. K. Mukerji, I.M.S., was wounded in the Persian Gulf.

Lieutenant Andrew Hegarty, killed in France on 15th December 1915, was the fourth son of Dr. C. Hegarty, of Magherafelt, county Londonderry. He took a temporary Commission as Lieutenant in the R.A.M.C. in July 1915, and was attached to a battery of Royal Field Artillery when killed. He qualified as L.A.H., Dublin, in 1915.

Colonel Ernest Octavius Wight, R.A.M.C., was killed in Flanders, near Ypres, on 19th December. He was born in May 1858, educated at St. Mary's, and qualified in 1881 as L.R.C.P. Edinburgh, and M.R.C.S. Subsequently he also took the D.P.H. of the London Colleges in 1902. He entered the R.A.M.C. (then the A.M.D.), as Surgeon on 6th February 1882, became Surgeon Major on 6th February 1894, and Lieutenant-Colonel on 6th February 1902, and retired on 6th March 1907. When the war broke out he rejoined the R.A.M.C., and in April 1915 was appointed A.D.M.S. of the 49th Division, the post he was holding when killed. He had previously seen service on the North-East frontier of India, in the Lushai campaign of 1892, receiving the frontier medal with a clasp. He also held the Royal Humane Society's bronze medal and two vellum certificates for saving life from drowning on three occasions. When killed by a shell he was engaged in helping to extricate some motor ambulances from a dangerous position. Colonel Wight was the youngest son of the late Dr. Robert Wight, of the Madras Medical Service, one of the most distinguished botanists who have served in India.

Surgeon Charles Frank Schuler, R.N., wounded in the Dardanelles, was educated at St. Thomas', where he took the Treasurer's gold medal in 1910. He qualified as M.R.C.S. and L.R.C.P. London in 1910, and as M.B. and B.S. London in 1911, after which he acted as clinical assistant in the children's department and as House Surgeon at St. Thomas' hospital, and as House Physician at the Evelina hospital for sick children. He took a temporary commission in the Navy on 3rd August 1914, and was serving with the Hawke battalion.

Captain H. P. Brownell, of the 7th Field Ambulance, Australian Army Medical Corps, had an Australian qualification, his name not being in the *Medical Register*.

Captain Kalyan Kumar Mukerjee, I.M.S., wounded in Mesopotamia, took the L.M.S. at Calcutta in 1906, entered the I.M.S. as Lieutenant on 29th January 1910, and became Captain on 29th January 1913. He was medical officer of the 8th Rajputs.

Lieutenant Alfred Cecil Edwards, R.A.M.C., wounded in Flanders, took the M.B. and C.M. at Liverpool in 1908, after which he acted as assistant surgeon to the Southern dispensary, and as senior resident medical officer and honorary anaesthetist to the Northern Hospital, Liverpool. He was attached to the 4th battalion Yorkshire Light Infantry.