

cave cylinder of 0.5 D, with the axis in a horizontal direction. This was quite enough cause for the localisation to the left eye of the pain, which soon left after suitable glasses had been prescribed for close work, and plain, smoked glasses had been adopted in place of *minisci*.

This case led me to suspect that such glasses might give rise to many of the slight ocular troubles which are so frequent here, and consequently, for the last two months, I have examined sixteen pairs of coloured glasses I have only taken those cases in which there was a distinct complaint of eye trouble, and in no case did I find both lenses normal. In two pairs I found one lens in each emmetropic. All the others proved to be concave *minisci*. It would be useless were I to give a detailed account of these results of my examination, but it may be stated that the variation ranged from -0.25 D. Sph. to -1.25 D. Sph. and from -0.25 ql. to -1.75 ql. The axis of the cylinders were generally at right angles and occupied the vertical and horizontal meridian. In many cases, however, an oblique angle obtained, and in three cases the astigmatism was so irregular as to defy measurement with the ordinary means at my disposal.

The following is a second case of hypermetropic astigmatism provided with concave cylinders. The patient's refractive condition is as follows:—

R. +1 D. ql. ax. vert. L. +0.75 D. ql. ax. vert.

Two months ago he was furnished by a well-known London oculist with a pair of blue goggles as well as with proper glasses for his hypermetropia. The goggles give the following result:—

R. -0.5 ql. ax. at 30°. L. -0.5 Sph.

The results of all these measurements is that I no longer prescribe tinted glasses without first seeing them for myself, and in most cases I prefer plain, smoked or blue glasses to curved lenses.

H. CAMPBELL HIGHET, M.D.

SINGAPORE, 6th Sept. 1893.

#### SANITARY ADMINISTRATION IN INDIA.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—In your issue for the month of October you draw up a scheme for an Imperial sanitary department to be attached to the Government of India, also Provincial and Local sanitary departments.

All these are of the highest order of usefulness and of the greatest possible importance to us in India and to the world in general, if, as Mr. (not Dr.) Ernest Hart is correct, India is the hot-bed for the propagation of cholera or other *filth* diseases. Whether this is so or not I do not intend to argue on, though I fancy that it is six of one and half-a-dozen of the other in the matter of the birth-place of all such *filth* diseases.

But I fear your scheme is far too costly for India, although the home people are still under the impression that India is an "Eldorado," and that we, one and all, are rolling in wealth, and have unlimited stores of gold, silver, jewels, &c., at our disposal.

I fully believe in your scheme, and will gladly see it entertained and started, if it is at all practical in the matter of money; unfortunately, sanitation is rather looked on in the light of trouble and a nuisance, the latter it certainly is in one sense; and more taking schemes that will make a stir and a show are preferred, costly, and, I may almost say, useless commissions on this, that, and the other, which if they do not tell us anything new as is often the case, tend to unsettle not only us medicos, but even those of the general public, and render the former doubtful and unhappy; but to the latter sceptical and unbelievers in the science of medicine. After all sanitation is nothing more than common sense. Alas! that this sense is so uncommon.

All district medical officers are fully competent to deal with the necessary sanitation of their different districts, provided they have the necessary powers given them. This is the weak point of all sanitation. Civil surgeons are *de facto* sanitary officers of their districts; but be sure they have but little power to carry out what is necessary to be done. They can talk and write *ad infinitum*, and go on month after month and year after year pointing out what is necessary to be done, and there the matter rests, more often than not.

Give the largest possible powers to the civil surgeon, and insist that his orders are to be orders with no right of ap-

peal, and that when he says a thing is to be done it must be done.

Sanitation is undoubtedly costly, but if life and health are of higher value, that must not stand in the way. But in many matters of cleanliness heavy expenditure is not required.

What is required is more and full power to the sanitary officers; any occupier of a house and surrounding grounds shall be responsible for the cleanliness of that house and grounds. For public places the municipality.

It is not much to ask for, and yet how difficult it is to carry out and get proper support from lawful authority. The old adage, "Any body can take a horse to the water, but hundreds cannot make him drink if he will not."

I have been for some years in medical charge of different districts in Assam, and yet, in a sanitary sense, "I am not happy."

Pray excuse this lengthy letter, but it is a matter I am deeply interested in.

Sanitation is so easy and, generally speaking, not difficult to carry out; but—"Oh! the pity of it."

T. O. PARTRIDGE,

SILCHAR, 15th October 1893 Civil Surgeon, Cachar.

#### INTERMITTENT CHILD-CRYING AND MALARIA.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—I have frequently met with in my practice and my own family, cases of children crying periodically at a certain stated time every day without any apparent cause. Enquiry fails to detect any irritation of gums, rectum, prepuce, &c. Children appear to be restless and irritable.

The little playmates, the mother, the fancy things, toys, &c., have no soothing effect, and the child goes on crying and remains irritable and peevish until the fit passes off. Such cases are generally seen in the malarious season, though occasionally they are also met with at other times. Quinine given a few hours before the expected time prevents recurrence of the crying fits, as well as it does that of intermittent fever. I will mention, however, that cases of intermittent child-crying are of two kinds: (1) those in which there is no fever, and (2) those in which there is some amount of fever.

I shall feel much obliged if other practitioners kindly inform me, through your journal, of their respective experience with reference to this subject.

CHETTEN SHAH, A T URGH,

Nov. 3, 1893. Civil Surgeon, Ludhiana, Punjab.

#### A SUPPOSED RARE SYMPTOM IN MALARIA.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—South Lushai Hills are notorious as a malarious district. About 80 per cent. of the cases treated are sufferers from malaria. Amongst the Government coolies, which constitute the largest number, especially in those who have lived in this climate for a period and have suffered from repeated attacks of ague, *black pigmentary deposits* are noticed on the tongue. These deposits generally begin at the sides of the tongue; when noticed early these are observed as minute dots, about the size of pins' heads and vary in shades from brown to black. Then, as the constitutional affection progresses, these dots coalesce and form into patches. These patches may be observed on both the surfaces, but more commonly on the dorsum. The deposits are not necessarily always accompanied with enlarged spleen and anæmia. On the other hand, they are comparatively rare amongst the sepoys, in whom enlargement of spleen and anæmia are very common. In a few cases, these seemed to have some connection with scurvy. When treated early these deposits disappear with the administration of quinine, arsenic and good food. I had not yet any opportunity of making *post-mortem* examination of such a case, so as to enable me to note the conditions of the internal organs and to examine the patches microscopically. I do not know whether in other malarious districts this symptom is observed or not.

M. GUPTA,

SOUTH LUSHAI HILLS, DEMAGIRI,  
15th September 1893.

Asst. Surgeon.