

About 15 cases of post-puerperal polyneuritis have been admitted within the last 15 months as in-patients in the Railway General Hospital at Lallaguda, a suburb of the city of Hyderabad, Deccan. Hyderabad has not been known as an endemic area of beri-beri, nor has any case of post-puerperal polyneuritis from Hyderabad been reported in the *Indian Medical Gazette*.

This disease generally commences about the second month after delivery with numbness and tingling in the lower extremities; the patients are unable to walk, the calf muscles are tender, the deep reflexes are always absent, and there is flaccidity and wasting in some cases. The sensations were affected in a few cases, but the bladder and rectum were normal, and there was no albumin in the urine. In a few cases the upper extremities were also affected. Lately, we had a fatal case of post-puerperal polyneuritis with mitral incompetence.

A point of very great interest to be noted is that not even a single woman later than six months after delivery was admitted into this hospital for polyneuritis during the period under report.

It was sometimes thought that this disease might have been caused by some medicine, such as mercury or arsenic, given by quacks during the puerperium, but a careful enquiry from the patients failed generally to elicit such a cause. This disease affected usually ill-nourished young Indian women. With nourishing diet, germinating *gram*, and potassium iodide these patients were cured or improved considerably within two to three months. In cases where there is definite history of syphilis, anti-syphilitic treatment has given rapid improvement.

I am grateful to Dr. B. V. Pulla Reddy, our Acting Chief Medical Officer, for permitting me to refer to the cases treated in the Railway General Hospital.—Yours, etc.

I. VENKATAPAYYA,
Sub-Assistant Surgeon.

RAILWAY GENERAL HOSPITAL, LALLAGUDA,
SECUNDERABAD, DECCAN,
9th February, 1934.

FEVERS IN PREGNANCY

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—It has been brought to my notice that, in my article on 'Fevers in Pregnancy' which you kindly published in the November 1933 number of your *Gazette*, in lines 8 and 9, second column, page 621, I have referred to Glucose 'D' (Sandoz). This is a mistake, in that Glucose 'D' is not a 'Sandoz' preparation. It is a product of the Glaxo Laboratories.—Yours, etc.

M. SARKAR, B.A., M.B., F.R.C.S.E.,
Second Professor of Midwifery and
Second Surgeon.

EDEN HOSPITAL, MEDICAL COLLEGE,
CALCUTTA,
6th March, 1934.

PLANOCAINE IN SPINAL ANALGESIA

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—In reply to Mr. Surti's letter in the February issue of the *Indian Medical Gazette*, we have to say that we have used one per cent planocaine solution for spinal analgesia for the last two years for all operations, both major and minor, with such good results that in not a single instance has there been a failure in anaesthesia. Regarding the use of percain, we plead inability to express an opinion as we have no experience of this drug. Our reluctance to use percain is the waste of time entailed in keeping the patient in the prone position for ten minutes after injection.

With planocaine the patient is ready for operation while being draped in three minutes after injection. Acute dilation of the stomach was met with in a few cases in the early days when we were using large doses of planocaine for upper abdominal work. Since the introduction of graded dosage for various levels, as detailed in our article in the *Indian Medical Gazette* of September 1933, this complication has not been met with. We should like to quote Dr. F. W. Marwin, M.D., whose article on the 'Present Status of Various Spinal Anaesthetics and their Clinical Usefulness' in the *Journal of the American Medical Association* of 4th November, 1933, which you have extracted in the *Gazette* for February 1934, page 103. He says: 'The use of spinal anaesthesia requires a precise technique for unique results. I strongly advise everyone to employ his own technique in his own clinic. Not every new method that comes along should be adopted. If an anaesthetist has good results, he should continue his technique but, on the other hand, he should not be contented to squat and ignore the newer and better preparations with the improved methods of application'.

We feel that this sums up our attitude towards the usage which we have found most satisfactory in every way.

Regarding the mention of a firm's name in relation to the drug employed (which was not criticized in Mr. Surti's communication) the usual disclaimer is appended.—Yours, etc.

J. F. ROBINSON,
T. SESHACHALAM.

MYSORE, S. INDIA,
1st March, 1934.

Service Notes

APPOINTMENTS AND TRANSFERS

In pursuance of the provisions of sub-rule (2) of rule 26 of the Council of State Electoral Rules, the Governor-General is pleased to nominate Major-General C. A. Sprawson, C.I.E., K.H.P., being an official, to be a Member of the said Council of State.

In pursuance of the proviso to sub-section (2) of section 3 of the Indian Medical Council Act, 1933 (XXVII of 1933), the Governor-General in Council is pleased to nominate Major-General C. A. Sprawson, C.I.E., K.H.P., Director-General, Indian Medical Service, as the President of the Medical Council of India.

Lieut.-Col. H. E. Shortt, an officer of the Medical Research Department, is appointed to officiate as Director, Central Research Institute, Kasauli, during the absence on leave of Lieut.-Col. J. Taylor, D.S.O., with effect from the date on which he assumes charge of his duties.

Lieut.-Col. B. Gale, Civil Surgeon, Simla East, was appointed to hold charge of the duties of the Medical Officer of Health, Simla, in addition to his own duties, with effect from the forenoon of the 17th November, 1933, until further orders.

Under rule I (41) of the Rules and Regulations of the Imperial Council of Agricultural Research, the Indian Research Fund Association has elected Lieut.-Col. A. J. H. Russell, C.B.E., to be its representative on the Imperial Council of Agricultural Research, *vice* Major-General J. D. Graham, C.B., C.I.E., K.H.S., resigned.

Lieut.-Col. K. G. Gharpurey, Civil Surgeon, Belgaum, is appointed to officiate as Surgeon-General with the Government of Bombay during the absence on leave of Major-General H. R. Nutt, V.H.S.

Lieut.-Col. K. S. Thakur, Civil Surgeon, Howrah, is appointed as Civil Surgeon, 24-Parganas, *vice* Lieut.-Col. A. Denham White.