

## Correspondence.

## THE WIRE-GAUZE PROTECTION OF DWELLINGS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I am sorry to find you ranging your powerful support against a method which has, practically speaking, been never tried in India, the more as I am sure that from the nature of the argument you employ, you can have no experience of the use of metallic gauze in the concrete, and therefore assume that it will keep out the breeze. Good metallic gauze, however, is a very different material from our time-honoured "chicks," and I know from actual experiment in India that if there be any perceptible breeze outside, it will make its way through the gauze so freely, that you will find it makes very little difference which side of it you place any appliance for measuring the force of the current.

As a matter of fact, on the contrary, one of the greatest advantages of the "meat safe" plan, is the facility it gives for the admission of every breath of wind under all circumstances.

As far as I remember, it is not altogether safe in Calcutta to leave every door and window wide open all night; and I have painful memories of the effective obstruction of the breeze by the closed jalousie doors which, with the slits even opened to their widest, reduce the available space of the door opening by at least two-thirds, where as with wire gauze the reduction is only about one-sixth to one-tenth according to the gauze of wire used and the heaviness or lightness of the frames.

You do not, I suppose, condemn the use of mosquito-nets which offer two or three times the amount of obstruction to breeze as compared with metallic gauze. Why then say anything that may tend to prevent people from trying the plan by the use of the rather stale jest about the meat safe? or better still why not try it in your own sleeping room and make a few experiments with a pair of anemometers, one placed against the gauze and the other in an opening cut through it.

It does not appear to me that if I desired to prevent folks from trying the alternative plan of mosquito destruction, I should be adding any very valuable argument to the controversy by calling the plan the "catch 'em alive fakenem."

Whatever be the case, however, in Calcutta, "up-country" our houses, I am sorry to say, are almost all one storeyed; and it is impossible to leave the house open at night on account of the risk of having one's property stolen. Now a wire-gauze screen is a far more effective obstacle to burglars than the ordinary thin glass windows, which fill the upper half of an ordinary Indian door, and, quite apart from the question of malaria, it is well worth while to adopt the plan in order to be able to enjoy the inestimable comfort of taking advantage of every breath of wind. Thieves or no thieves, and to find one's house nicely cooled down in the morning if one has slept in the open, instead of finding it like the newly-opened oven it has become under the usual plan, when one is awakened from one's sleep in the compound by the noise, so familiar to all of us, of the servants opening the doors of the house in the early morning.

Anyhow *experto crede*. An ounce of experiment is worth reams of discussion, for I am sure that any one who tries the plan will at once find that all these purely theoretical objections about meat safes, will be found to be absolutely baseless when submitted to the test of the "common sense" course of trying a plan before condemning it.

Wire-gauze is, of course, in use in many of the better constructed houses in India as a substitute for "chicks," and all those who have inhabited houses so fitted, have, I have noticed, considered their gauze-fitted doors as the greatest of luxuries, because they allow every breath of air to pass and, if you come to think of it, that is the very reason why a meat safe is built on the same principle.

As a rule, however, the wire used in the manufacture of the gauze, and the frames over which it is stretched, are needlessly heavy for windows; and such doors as are not reserved for traffic, there is no need of frames at all as the material should be simply tacked on to the woodwork of the doorway, the edges being covered by thin battens.

The question of the disposal of night-soil is too large to be discussed in a few words, but I may say that apart from the puddle-producing tendencies of trenching grounds, I have personally, like many other people, long held a strong suspicion that the official and orthodox system of superficial trenching is one of the main of the prevalence of typhoid in cantonments.

I may be right or wrong, for I do not think that the question can be settled by a few laboratory experiments on flies, but it seems to me to give rise to most of the disadvantages of the

native plan of indiscriminate fouling of the surface without the enormous advantage of free exposure to the bactericidal rays of the sun incidental to the method of the primitive man.

In writing that you have seen what deep burial of night-soil means, you probably refer to deep *trenching*.

If properly carried out, I doubt if even this be as pernicious as the orthodox plan—but that method referred to was not deep trenching, but deep, very deep, pitting. Pits of the sort I mean are, practically speaking, small *kachha* septic tanks, as some five or six feet of clean earth intervene between the offensive material and the air and practically seal the pit. The plan is a native one in use, very much against official grain, in many small towns in the United Provinces; and of course every Deputy Sanitary Commissioner is officially expected to condemn the plan without troubling himself to enquire whether the system be really objectionable or not. I noticed, however, that where the plan was obstinately persisted in, the grounds used were far less objectionable than such places usually are.

It was the custom to let the stuff remain in the pits from six to twelve months, and then to exhume and sell the material as manure.

By chance I once visited a town when they were digging out the manure. Whether it had undergone "nitrification" or not, I will not pretend to say, but, very much to my surprise, I found that the night-soil had become an almost dry whitish brown mass, quite free from all offence, and personally being open to conviction, have ever since declined to pronounce the curses on the plan with which Government expects an orthodox official to fill the two square inches allotted to the subject in the official inspection report form.

Yours, etc.,  
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I.M.S. (Retired).

[We propose to refer to the subject again.—ED., I. M. G.]

## "ANTI-MALARIAL SANITATION IN INDIA."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the article on the above subject in your August issue, which is a résumé of Lieutenant-Colonel Giles' account of his cold weather tour in India, the following passage occurs:—

"He scores a point where he shows that 'alike in our civil and military hospitals, no attempt whatever is made to separate malarial patients from those suffering from other diseases.'" During the last year I have held three appointments, first at Midnapore as Superintendent of the Central Prison there. In the hospital of that jail the malarial patients were not only treated in a separate ward whenever possible, but were all provided with mosquito curtains. Next I was sent to Lucknow as Superintendent of the Jails there, and in both jail hospitals malarial patients are treated in separate cells as carefully as those suffering from dysentery. Finally, I officiated for a short time as Civil Surgeon of Sultanpore, and it was a routine practice there to isolate such malarial cases as required indoor treatment.

The separation principle had been in vogue at Midnapore I know for at least a year before I went there, at Lucknow for some time, and at Sultanpore for at least six months, if not longer.

In the light of the above facts I think you will agree with me that the statement quoted is sweeping and unfair to many medical officers in India who do their utmost to keep abreast with the latest improvements in scientific methods.

LUCKNOW, } I am, etc.,  
August 24th, 1904. } C. M. GOODEBODY.

## PERMANGANATE IN SNAKE POISON.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In sending you an extract from *Nature* of the 19th June 1901 (page 141) for ready reference and insertion, if you think necessary, in the next issue of the *Indian Medical Gazette*, I wish to point out that recognition is also due to the late Deputy Inspector-General of Hospitals, John Shortt, M.D., of the Madras service, who spent a good deal of his time, for years, in seeking for an antidote for cobra poison. *Nature* states that permanganate of potash as an antidote to snake-poison was first used by Fayer in 1869. I remember that Dr. Shortt, in 1868, illustrated among other experiments the action of permanganate of potash on cobra poison. He injected a fowl with cobra venom, and a few minutes after injected a solution of permanganate—the fowl died. He next mixed cobra venom with permanganate and injected part of this solution into a fowl, with the result that the bird lived. He explained then that the circulation of the snake poison was so quick that the permanganate following even in a few minutes was