

CATARACT STATISTICS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to Col. Maynard's letter in your June number the facts he states are correct. I regret that by an oversight the mistake was made.

AMRITSAR,
June, 1915.

Yours truly,
H. SMITH,
LT.-COL., I.M.S.

QUININE IN MALARIA.

To The Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the last two parts of his "Studies in Malaria" * Captain Stott gives the impression that there are only two ways of giving quinine, namely, oral and hypodermic. His paper further implies that the risk of tetanus from hypodermic injection of this drug is so slight that, if proper precautions are taken, the results justify the risk. He omits to insist that there are two other excellent ways of administering quinine, namely rectally and intravenously. At the London School of Tropical Medicine, where the facilities for the study of malaria from all parts of the world are very great, the reliance placed on the rectal administration of quinine is very remarkable. I believe that I am correct in saying that there the physicians rely entirely, and successfully, on the rectal administration of quinine, and that the hypodermic administration is wholly or almost wholly unknown. If that be granted, then it is unjustifiable to give a hypodermic injection of quinine except in very rare circumstances, and after the gravest consideration. If you have two equally efficient methods, one with the danger, however slight, of a horrible death, and the other without, there is not even a question of choice.

Sulphate of quinine is soluble in water to the extent only of 1 in 800, but is very soluble in acid. Its efficiency as a preventive and curative agent in malaria is largely dependent on the presence of a normally acid, gastric juice to dissolve it. If the gastric juice be not acid, and I believe from clinical observations that this is not infrequently the case in malaria, the salt is not dissolved. If the juice be acid, or the sulphate be given in solution, then the possibility of rapid absorption only exists for so long as the quinine is in an acid medium. Such sulphate of quinine as is not absorbed from the acid medium is precipitated as soon as the medium becomes alkaline, and is thereafter very slowly absorbed. I have seen certain cases of malaria stubbornly resisting the influence of sulphate of quinine, usually taken in the form of tablets, becoming cured at once on the administration of the bihydrochloride, which is soluble in less than its weight of water. It is essential to remember that to administer sulphate of quinine by the mouth is not the same thing as securing its absorption into the blood; and that in certain cases you might as well expect to cure your patient by yourself complacently dropping the drug direct into his bedpan, as by letting him deposit it there himself, unaltered and largely unabsorbed, after a devious and tiresome passage through his alimentary canal. Possibly, I think probably, these considerations throw a light on Captain Stott's conclusions. At least there is to my mind no doubt that the failure of sulphate of quinine to cure certain bad cases of malaria is going to bring a measure of discredit on the Government anti-malarial campaign, and to provide a handle for those whose real opposition to it is due to the fact that it is taking away their means of livelihood.

DARJEELING,
June, 1915.

Yours, etc.,
CLAYTON LANE, M.D.,
MAJOR, I.M.S.

TETANUS AND USE OF QUININE HYPODERMICALLY.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I notice an article by Capt. Stott, I.M.S., in your issue for June on quinine injections in malaria in which he brushes aside Colonel Semple's work on the relation of tetanus following quinine injections to one another. It would be interesting to know how he explained the fact (a) that tetanus does occasionally follow quinine injections and that we never hear of following morphia injections; (b) why it is that most of the tetanus which follows surgical operations follows hernia operations in which there is an anaerobic stump left.

The implication that we who have seen tetanus follow surgical operations and that those who have seen it follow quinine injections are careless will bring conviction to no one.

Colonel Semple is a very careful worker, and he has proved his case for those who are prepared to follow where reason

leads. His facts persuade many of us, when we have to administer quinine hypodermically in bad cases of fever, that we should at the same time administer a dose of tetanus antitoxine.

AMRITSAR,
June, 1915.

HENRY SMITH,
LIEUT.-COL., I.M.S.

WHAT IS A "GRIEVOUS HURT."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to the query of Sub-Asst. Surgeon Pala Ram in your journal of May, 1915, I write for his information that loosening of a tooth or teeth, which is a dislocation of the tooth or teeth, is a grievous hurt. The following kinds of hurt are classed as grievous according to Section 320, Indian Penal Code.

1. Emasculation.
 2. Permanent privation of the sight of either eye.
 3. Permanent privation of the hearing of either ear.
 4. Privation of any member or joint.
 5. Destruction or permanent impairing of the powers of any members or joint.
 6. Permanent disfiguration of the head or face.
 7. Fracture or dislocation of a bone or tooth.
 8. Any hurt which endangers life or which causes the sufferer to be during the space of twenty days, in severe bodily pain, or unable to follow his ordinary pursuits.
- Mr. Pala Ram's query falls under clause 7 of the section quoted above.

Yours, etc.,
C. R. CHETTY,
SENIOR SUB-ASST. SURGN.,
Bassein, Burma.

THERAPEUTIC NOTICES.

MESSRS. W. WATSON AND SONS, LTD., of 196, St. Portland St., W. London, have issued a bundle of useful pamphlets on their well known X-ray Equipments for war service, which can be recommended to all needing such apparatus.

THE GLAXO Co., 945, Kings Road, London, N. W., have issued a pamphlet on the value of *Glaxo* in Summer Diarrhoea. This diet is used in many kinds of flux also. The Calcutta Agency is at P. O. Box 341, and in Bombay P. O. Box 366.

AN IMPROVED ADAPTABLE SPLINT.

As originally designed the "Tabloid" Splint Outfit provided a straight splint of any length required, but, later, the addition of angle pieces made an "L" splint readily available. Attachments have now been devised to make the outfit also adaptable for fractures of the wrist and ankle.

For Colles' fracture a cylindrical attachment fits on to the straight arm splint. Over this attachment the fingers may be bound comfortably, after the manner of Carr's splint, but the "Tabloid" splint has the advantage of being adaptable to either hand.

For use in Pott's fracture, a rectangular attachment is now added to enable the leg splint to be secured to the foot, making shifting almost impossible. This foot-piece may also be joined to one of the straight narrow sections to provide a small "L" splint suitable for a child's arm. (Messrs. Burroughs, Wellcome and Co.)

Messrs. Burroughs, Wellcome & Co. send us an interesting pamphlet on photography in five lessons which is well worth the attention of amateurs. The B. & W. photographic tabloids are well known and approved of.

We may add, says *The Prescriber*, that Messrs. Burroughs Wellcome and Co. are now turning out salvarsan and neosalvarsan (under the names of "Kharsivan" and "Neo-Kharsivan") of a standard identical with the German products—a feat which Teutonic writers agreed was quite beyond the powers of British manufacturers. This firm is also manufacturing a number of alkaloids, hitherto obtained almost entirely from Germany, including atropine, cocaine, emetine, eserine, homatropine, hydrastine, hyoscyne, pilocarpine, and sparteine, and their salts.

Medical men may therefore take heart of grace. So long as they avoid in their prescriptions those German tradenamed products against which we have already warned them, there is little fear of their patients suffering from a dearth of good and useful drugs.

Messrs. Parke, Davis and Co., Bombay, send us an Abridged Index of Therapeutical Preparations which will be found very useful to medical men.

* *Indian Medical Gazette*, May and June, 1915.