

2. A plea is made for classing them separately until agreement is reached as to their identity.

3. A warning is sounded against a facile diagnosis of eosinophilia.

4. Four cases are described where such cells have been studied, though the paper is based on 12 cases.

Postscript.—Since the above was written more instances of T cells have been seen. The identity of the cell would perhaps matter little if there was agreement as to their place in a differential count. It is feared that errors have already crept into literature owing to inclusion of these cells sometimes with neutrophils and at other times with eosinophils. The dictum that a cell is known by the company it keeps is fallacious here, because with a large proportion of T cells it is the company itself that becomes unrecognizable.

REFERENCES

- FRENCH, A. J., and *Amer. J. Path.*, **18**, 109.
WELLER, C. V. (1942).
WEINGARTEN, R. J. (1943). *Lancet*, *i*, 103.

ORDINARY WATER IN PLACE OF DISTILLED WATER IN SALINE TRANSFUSION IN CHOLERA

By S. K. SEN GUPTA

*In-charge, Mundi Hospital, Mundi, Nimar District,
C. P.*

DURING the recent severe cholera epidemic (June to September 1945) in a group of villages in the Central Provinces I, as medical officer-in-charge of the Mundi Hospital, had occasion to treat ninety-five cases by saline transfusion with a mortality of only four persons. Of these four deaths, one was due, in my opinion, to my not being able to give a second transfusion owing to the distance and pressure of work; the other three being due, in my opinion, to the patients having been given unsuitable food too soon.

I am convinced that the percentage of mortality in cases of moderate virulence, if properly treated by saline, should be very low, and in any case not more than 10 per cent. The usual difficulty in treating large number of cases in rural areas is the absence of sufficient stocks of distilled water. My supplies of distilled water were exhausted after I had treated only three cases, after which I had to work with sterilized and filtered ordinary well water. In not a single case was any untoward result noticed except an initial shivering which passed off after about fifteen minutes. On the other hand I am inclined to think that this shivering reaction had actually some beneficent effect on the patients in stopping the vomiting and purging earlier than those treated with distilled water. The usual Roger's hypertonic saline solutions with the addition of glucose (25 c.c., 25 per cent to each pint) was employed. No other drugs were employed except coramine in cases of obvious shock, and small doses of atropine sulphate in some cases complaining of

severe pain over the abdominal area, and excessive cramps.

Under these circumstances, I would suggest that other workers in the field should not be deterred by the non-availability of distilled water, but should give ordinary clean water a trial.

[*Note.*—For intravenous use, fresh pyrogen-free distilled water is of course highly desirable. In a cholera epidemic in rural areas, and often even in urban areas, fresh distilled pyrogen-free water is often unobtainable. Old distilled water, unless it has been stored in completely sealed and sterile containers, is often highly pyrogenic. Fresh undistilled water is often much better than doubtful old distilled water.

In the cholera wards in Calcutta hospitals, Calcutta tap water has usually been used, and while it gives rise to some febrile reactions, these are not usually very serious, and the results are usually good.

In rural areas, the editor has used fresh well water, filtered and boiled, with good results. He always teaches: 'In cholera give saline in the best water you have, but in case of necessity use well water, tap water or tank water rather than leave a patient collapsed from cholera without a transfusion'.—*Editor, I.M.G.J.*

GLYCERINE-SALINE FOR THE PRE- SERVATION OF DYSENTERIC STOOLS

A NOTE ON CONCENTRATION

By P. V. GHARPURE

MAJOR, I.M.S./I.A.M.C.

SACHS (1939) published an article, his summary of which is as follows:—

'It has been found that neutral glycerine-saline solution as prepared in military hospitals in this district is unsuitable.

The preparation of a buffered glycerine-saline solution containing an indicator is described. There has been an increase in the isolation of organisms belonging to the enteric, dysentery and cholera groups from specimens sent in this solution from out-stations. The solution has the advantage of being stable, and the presence of an indicator acts as a check on the suitability of the solution.

The undermentioned points relevant to specimens of faeces from dysentery cases have been discussed: (a) The age of fresh specimens; (b) the best type of specimen to be sent to the laboratory; (c) the most suitable method for selecting specimens.

Details of some improved methods of laboratory technique are given.'

Sachs gave his method of preparation of buffered glycerine-saline solution as follows:—

'To 1,000 cubic centimetres glycerine add 2,000 cubic centimetres saline solution.

To this mixture add sufficient phenol red solution to match the standard indicator (phenol red) tubes in the pH set.

Add sufficient Na_2PHO_4 solution to adjust reaction to pH 8.0.

Tube off in 10 cubic centimetres bulks in one ounce screw capped bottles.

Sterilize either fractionally or for ten minutes in the autoclave at ten pounds pressure.

The reaction after sterilization will be about pH 7.4.'

The results were rightly claimed to be superior to those claimed with the ordinary neutral glycerine-saline solution in isolating dysentery bacilli and, in some cases, salmonella. The new fluid was found to be more stable in its reaction.