

and ensures a more lasting cure than many of the local anaesthetics, such as cocaine, novacaine and other allopathic remedies so far tried for this malady.

I have tried this herb in about 70 to 80 cases and in all of them I have had very encouraging results. This herb has proved its efficacy even in cases of huge big red scorpions which are generally found in many areas.

Yours, etc.,
A. R. HARIGOPAL MUDALIAR,
L.M.S., D.P.H.,
Assistant Health Officer.

NANDER-DIST.,
(NIZAM'S STATE),
15th August, 1939.

[Note.—The reference appears to be to the leaves of *Acalypha indica*; these leaves are stated to be useless as an external application in snake-bite by Mhaskar and Caius—*vide* Kirtikar, K. R., and Basu, B. D. (1933). *Indian Medicinal Plants*, Vol. III, p. 2263. L. M. Basu, Allahabad.—EDITOR, I. M. G.]

CONSENT FOR EXAMINATION

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—I had to examine a female child aged about 11 to 12 years for rape on 24th July, 1939. Her father accompanied her and he gave consent for examination. But on the table the child girl refused to allow herself to be examined. It was 6-30 p.m., so I left her unexamined. Later, she was persuaded and she gave consent for the examination next morning at 10 a.m.

Now the question is can a medical man examine a minor in spite of her refusal. Consent of the guardian is legal for examination, but what when she refuses? She is old enough to understand. What is the duty of the medical man at this time? Has he to believe the patient or the law?

I will be obliged if you or any of your experienced readers reply to this. In my 25 years of service this is my first experience of this nature.

Yours, etc.,
K. ACHARYA, M.B., B.S.,
In-Charge Civil Hospital.

DWARKA,
16th September, 1939.

[Note.—'As already explained, a medical man has no right to examine a person against his or her will, no matter who may have asked that the examination should be made.' (Lyon's *Medical Jurisprudence for*

India, 1935, p. 106, para. 2.)

... 'Similarly there is no legal power to enforce examination of school children.' (*Forensic Medicine* by Sydney Smith, 1938, p. 367, Consent in Examination.)—EDITOR, I. M. G.]

CLINICAL OBSERVATIONS ON WEIL'S DISEASE IN INDIA

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—Our attention has been drawn to a sentence in our article in the last number of your journal (p. 596, 3rd para). This sentence appears to be susceptible to misinterpretation. It was not our intention to suggest that our colleagues at the Medical College in particular had missed cases, because we were aware that at least two other cases had been diagnosed in the Medical College, and probably in others the diagnosis of Weil's disease had been considered, but we wished simply to draw attention to the probability that cases are being missed by those unfamiliar with the disease; we ourselves probably missed some typical cases before we became more familiar with the symptomatology, and anyone might miss an atypical case.

Yours, etc.,
N. R. KONAR,
H. K. ROY,
M. N. DE.

DEPARTMENT OF MEDICINE,
MEDICAL COLLEGE, CALCUTTA,
31st October, 1939.

[Note.—We read this sentence as the reiteration of a statement we had already made in last year's May number of this journal, namely, that the finding of five sporadic cases in so short a space of time indicated the widespread existence of leptospirosis in Calcutta, and probably in India; time has shown that this was true, as many cases, including some of those reported by Dr. De and his colleagues, have since been diagnosed.

We admit, and regret, that the sentence is capable of another interpretation, but had we interpreted this sentence as a personal criticism, we should certainly have drawn the attention of the writers to it.

Whilst many of our readers are undoubtedly familiar with the symptomatology of Weil's disease, there are a much larger number who are not, and both our editorial and Drs. Konar, Roy and De's paper were written primarily for the latter.—EDITOR, I. M. G.]

Service Notes

APPOINTMENTS AND TRANSFERS

COLONEL G. G. JOLLY, C.I.E., V.H.S., Inspector-General of Civil Hospitals, Punjab, assumed officiating charge of the Office of Director-General, Indian Medical Service, on the afternoon of the 29th September, 1939.

The Governor is pleased to reappoint Major-General P. S. Mills, C.I.E., K.H.P., on return from leave *ex-India* to be the Surgeon-General with the Government of Bengal.

Colonel D. H. Rai, M.C., is appointed as Officer on Special Duty in the Office of the Director-General, Indian Medical Service, with effect from the 9th October, 1939, or any subsequent date on which he assumed charge of his duties.

The services of Lieutenant-Colonel M. M. Cruickshank were placed permanently at the disposal of the Government of Madras, with effect from the 10th May, 1934.

Lieutenant-Colonel A. C. L. O's Bilderbeck reverted to military duty from civil, Bombay, and joined

I. M. H., Rawalpindi, on the afternoon of 2nd August, 1939. He was appointed Officiating O. C., I. M. H., Rawalpindi, from 3rd August, 1939.

Lieutenant-Colonel R. V. Martin, C.I.E., reverted to military duty from civil, Bombay, on the 9th August, 1939, and was appointed Officiating A. D. M. S., Peshawar District, from the same date.

Lieutenant-Colonel F. J. Anderson, Professor of Surgery, Medical College, Calcutta, was appointed to act, in addition to his own duties, as Principal, Medical College, and Superintendent, Medical College Hospitals, Calcutta, during the absence on leave of Lieutenant-Colonel J. C. De.

Lieutenant-Colonel B. H. Singh made over medical charge of the Mymensingh Jail to Dr. S. C. Mukherjee on the forenoon of 1st September, 1939.

Lieutenant-Colonel K. R. Batra on having been recalled from leave, resumed charge of the Office of Civil Surgeon, Ferozepur, on the forenoon of the 8th September, 1939.