carotid artery was isolated and ligatured. The aneurysmal cavity was plugged with gauze and the wound closed. The wound healed and the patient was discharged cured three weeks later.

3. A chronic guinea-worm abscess of the abdominal wall.

Patient, aged 10 years, male, Hindu, was admitted with a tumour of the size of an orange of 9 months' duration, in the anterior abdominal wall in the left hypochondriac region. The skin was freely movable over it. It was distinctly circumscribed, lobulated, not quite cystic but soft. It did not move with respiration; had no reasonance in front; had no connection with the spleen, iliac bone, spine or ribs. It was fixed to the external oblique fascia. The most probable diagnosis was a myo-sarcoma from the external oblique fascia.

On opening, it turned out to be a chronic abscess between the external and internal oblique. The muscles contained 10 ounces of pus. Bits of a dead worm, probably a guinea-worm, came out. The cavity was plugged with iodoform gauze and closed.

Pathological report. Guinea-worm. The tumour therefore turned out to be a chronic guinea-worm abscess in a rather unusual situation.

In the Ear, Nose and Throat Department, Dr. P. V. Cherian, F.R.C.S., dealt with 26,625 patients in all, and carried out 681 operations. Tonsillectomy heads the list, followed by submucous resection of the nasal septum. Mastoid operations totalled 61. He contributes the following notes:—

Rhinosporidium Kinealyi.—Sir St. Clair Manson in his book on *Diseases of the Nose and Throat,* 1926 edition, says about rhinosporidiosis. "All recorded cases so far have been in males." But in March 1928 a Malabar lady, Kunji Kuttiammal, aged 33, was admitted into my wards for a growth in the nose. This was of 15 years' duration and had been operated on ten times during that period. There was a pedunculated growth arising from the floor of the right nostril. A portion of the growth was projecting in front occluding the right nostril. The main mass of the growth however was behind and on opening the mouth a pedunculated mass was seen hanging behind the soft palate. There was also a small growth of the same kind absolutely separate and attached to the left posterior pillar of the fauces. The growths were characteristic, with several spots on the surface. The clinical diagnosis of rhinosporidiosis was confirmed by the pathologist. The growths were removed surgically, when it was found necessary to split the soft palate to remove the entire growth. The bases were cauterized. Up to date the growth has not recurred and it is not likely to recur as the surgical removal was thorough. Several attempts at cultivation during the year failed.

One case of great interest that was admitted during the year was that of a boy aged six years with a safety pin in the larynx. The pin was in the larynx for about two months. The history was that the child swallowed the safety pin while playing with it. The parents gave the child purgatives, but the foreign body was not found in the stools. The child's voice was getting hoarser and when he arrived in Madras, he was practically voiceless. The pin could not be seen on indirect laryngoscopy as the larynx was full of foul secretion. *X*-ray examination showed the safety pin open with the point upwards in the larynx opposite the 4th, 5th and 6th cervical vertebræ. The child was then anæsthetised and on introducing Hasslinger's directoscope and cleaning the larynx, the rusty safety pin was visible wedged in between the vocal cords. Both vocal cords were inflamed and ulcerated. No attempt was made to close the open safety pin as there was danger of breaking it. An ordinary straight hook—Irwin Moore's—was introduced through the directoscope and the pin was removed with the greatest ease. The child remained in the hospital only for a few more days after removal of the pin, but on discharge the voice had improved considerably.

In the Venereal Department, under the charge of Dr. W. Happer, Ch.B., M.D., M.R.C.P., 638 patients were dealt with. General out-patients for the year totalled 74,444. Antirabic patients numbered 451, and of these 388 completed the course of antirabic treatment. The newly created Bacteriological Laboratory had a very large scope of work, from agglutination reactions, the preparation of autogenous vaccines, to tests for the sterility of catgut and examinations for relapsing fever. The Government *X*-Ray Institute, under Capt. T. W. Barnard, showed no less than 67,063 patients dealt with during the year, and deals with patients sent from hospitals scattered all over the Madras Presidency. Here much therapeutic work is carried out, as well as diagnostic routine, and this centre constitutes one of the most important radiological centres in India. Radiologists would do well to read Capt. Barnard's report in the original.

Correspondence.

THE KURCHI TREATMENT OF AMŒBIC DYSENTERY.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—I note that in Dr. Majumdar's article on the use of kurchi bark in dysentery in the February number of the *Indian Medical Gazette,* he states that Acton, Knowles and Chopra are to be congratulated on having established, on a scientific basis, the value of this time-honoured remedy for dysentery in India, and concludes that in kurchi we appear to possess the ideal remedy for intestinal amœbiasis.

My interest in kurchi originated during clinical tests with this drug in Jullundur in 1911.

In 1922 (*British Medical Journal,* Vol. I, p. 993), I gave an account of the action of conessine upon free-living amœbæ and showed that the action on these organisms was very similar in degree to that produced by emetine. The protozoocidal action of conessine and the associated tannins has also been investigated by Dr. T. A. Henry and myself, *Trans. Roy. Soc. Trop. Med. and Hyg.,* 1923, XVII, p. 61 and p. 378. As the direct result of this research a supply of Kurchi Tabloids was sent to Major Knowles in September 1924, with a request that he should test them in cases of amœbic dysentery.

His preliminary account of the trial of this drug, brought to his notice by the above investigation, was described by him in the annual report of The Calcutta School of Tropical Medicine, 1924.

It would appear that the recent work in Calcutta on the subject of Kurchi originated from this date, but there is no mention of this in Dr. Majumdar's article on the subject and no reference is made of the work of Burn, *Jour. Pharmacology,* 1915, VI, p. 305, on the physiological action of conessine or to that of Pyman, *Trans. Chem. Soc.,* 1919, CXV, p. 163, on the chemical properties of the contained alkaloids.—Yours, etc.,

H. C. BROWN,
MAJOR, I.M.S. (Retd.),

THE WELLCOME BUREAU OF SCIENTIFIC RESEARCH,
LONDON, W.C. 1,
12th March, 1930.

BLUNDERBUSS THERAPY.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—May I crave the indulgence of a little space in your journal to bring to the notice of the medical profession in India at large an instance (which must be one of thousands) of negligent practice by our noble profession?

My daughter, aged 17, was married in December last. After a month's residence with her husband she became seriously ill. News being received a month later that her state was critical, my wife proceeded to Barisal to bring the girl back here so that I might treat her myself.

During this time she had been under the treatment of an M.B. of an Indian university. This man made no attempt to diagnose the case by any orthodox methods, and evidently believed in "shot-gun" treatment.

First, he prescribed the noisome concoction given below for no apparent reason:—

℞ Hexamina	..	gr. x.
Glyocthymoline	..	gr. vi.
Sodii benzoas ..	..	m. xx.
Tinct. carminativa	..	m. iv.
Tinct. scillae ..	..	m. xv.
Thiocol (Roche) ..	..	gr. viii.
Syr. vasaka et tolu	..	℥i.
Aqua chloroformi	..	℥i.

One such dose thrice daily. Later there was added to the above mixture:—

Extract. kalmagh. liquid	..	℥i.
Syr. cascara arom. ..	..	℥fs.

Together with this prescription the following powders were ordered:—

℞ Sodii-sulphocarbolas	..	gr. vi.
Dimol ..	..	gr. viii.
Orphal ..	..	gr. i.
Pulv. ipecac. ..	..	gr. ¼.
Kaolina pulv. ..	..	gr. x.

One such powder twice daily. The Orphal was omitted after the second day.

Next, as the girl had been born and had been resident in Assam, *on this ground alone* he gave her three injections of urea-stibamine, thereby producing abscesses. The patient was meanwhile getting worse, and was also being starved at the orders of the said M.B., who incidentally charged a very heavy rate of fees.

By the time my daughter arrived here, after thirty odd days of fever, she was in an extremely critical condition. I at once called in the help of the European district medical officer, who immediately established the diagnosis of heavy malignant tertian malaria microscopically. Examination of the stools showed an infection with *Trichomonas hominis* (a harmless commensal of the intestinal tract), and nothing else. Quinine treatment was promptly administered in large doses with an immediate effect in the reduction of temperature and general improvement for a few days. Unhappily, at this stage the patient was overcome by a severe and fatal attack of lobar pneumonia, thus terminating the course of a very sadly neglected case.

Such neglect and blunderbuss treatment brings the greatest discredit on the medical profession. The medical register is disgraced by the inclusion of such men in its pages. Further, a second scandal is the number of men who qualify but never register at all. It is to be hoped that other such cases will be reported in your columns to bring to light the almost universal custom of shot-gun "treatment." It would clear the atmosphere considerably if the Medical Councils could take action in such instances.

My deepest gratitude is due to the District Medical Officer and the Manager of this estate, who did their best to save the life of my daughter. Unfortunately it was too late for them to do anything.

Thanking you for the courtesy of publication.—Yours, etc.,

DURGA CHARAN CHATTERJI, L.M.S.,
Medical Officer.

HALEM TEA CO., LTD.,
HALEM P. O., DARRANG, ASSAM,
25th March, 1930.

THE TREATMENT OF ACUTE INTESTINAL OBSTRUCTION.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—On p. 178 of your issue for March 1930, Lieut.-Col. R. C. M. McWatters, I.M.S., refers to the treatment of acute intestinal obstruction where operation is refused. I should like to mention the line of treatment which I successfully adopted in five such cases that came under my care between 1927 and 1930, only one of which had to be operated on.

Case 1.—The condition was of 36 hours' duration. The relatives were warned that there was imminent necessity for an operation the next morning, when, to the surprise of myself and the relatives, the patient had a large, loose evacuation at 3 a.m., and was immediately relieved.

Cases 2 *and* 3.—These were of from 12 to 24 hours' duration, and in both the treatment was successful.

Case 4.—This was a weakly old man of 65, with obstruction of at least 3 days' duration, and a very feeble and thready pulse. He was in a semi-comatose condition, with a clammy skin. Eleven hours after the institution of treatment he had a spontaneous evacuation, and promptly recovered.

Treatment.—In all these cases I gave 1 c.c. of pituitrin and 1/100th gr. of atropine sulphate hypodermically at once. Turpentine and soap and water enemata were given from time to time, and turpentine stupes to the tumid abdomen frequently. I also gave orally

℞ Tinct. asafœtida	..	m. x.
Tinct. bellodonnæ	..	m. x.
Mist. Olei ricini	..	℥i.

every two hours until the bowels were opened.—Yours, etc.,

A. S. VAIDYANAT IYER,
Medical Practitioner.

TELLIDEVY,
11th April, 1930.

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 J. W. D. Megaw, C.I.E., being an official, to be a member of the said Council of State.

To be Honorary Surgeon.

Colonel E. A. Walker, M.B., F.R.C.S.E., I.M.S. Dated 1st April, 1930, *vice* Colonel A. B. Fry, C.B., C.I.E., D.S.O., M.D., I.M.S., retired.

The services of Colonel C. A. Sprawson, C.I.E., M.D., F.R.C.P., V.H.S., I.M.S., Inspector-General of Civil Hospitals, United Provinces, are lent temporarily to the Government of Nepal, with effect from 10th February, 1930.

Lieutenant-Colonel H. B. Steen, M.D., I.M.S., Officiating Professor of Clinical and Operative Surgery, Medical College and Surgeon to the College Hospital, Calcutta, is appointed until further orders to officiate as Surgeon-General with the Government of Bengal, with effect from the 15th March, 1930.

Lieutenant-Colonel W. Tarr, I.M.S., Civil Surgeon, Nagpur, is appointed to officiate as Inspector-General of Civil Hospitals, Central Provinces, during the absence on leave of Colonel W. V. Coppinger, C.I.E., I.M.S.

Lieutenant-Colonel W. A. Mearns, M.A., M.B., D.P.H., I.M.S., Assistant Director of Public Health, II Range, to officiate as Director of Public Health, United Provinces, *vice* Lieutenant-Colonel C. L. Dunn, granted leave.

Lieutenant-Colonel C. A. Gill, I.M.S., Director of Public Health, Punjab, is appointed to officiate as Inspector-General of Civil Hospitals, Punjab, during the absence on leave of Colonel H. M. Mackenzie, M.B., I.M.S., with effect from the date on which he assumes charge of his duties.