

generally quieter, and to increase the privacy of the existing patients' room.

#### THE EMETINE TREATMENT OF DYSENTERY.

All Government hospitals throughout Ceylon have now been supplied with emetine for the treatment of dysentery, and it would be interesting to know when similar steps will be taken with regard to Indian hospitals.

#### OVERCROWDING IN BURMESE GAOLS.

According to the Prison Administration Report for Burma for last year, though the number of convicts admitted showed a comparatively slight increase over the corresponding number for 1911, the total number of prisoners of all classes admitted rose by 1,432, and the number of those discharged decreased by 813. The result was that the daily average strength of all classes increased by 56, and the overcrowding in certain gaols became serious. The fact that the admissions and the daily average strength were the highest recorded since 1900 is an indication of the increased prevalence of crime in many parts of the province.

#### PROPRIETARY MEDICINES IN INDIA.

The *Pioneer*, in a note on this subject, states that the popularity of proprietary medicines among the town populations of India is amazing. Vernacular and other newspapers are flooded with advertisements containing wonderful testimonials. Many of the quack remedies thus thrust upon public notice are harmless enough, but there are some that are positively poisonous. In the annual report of Major Windsor, Chemical Examiner to the Bengal Government, attention is drawn to a case of sulphuric acid poisoning in Calcutta. An adult Bengali who was suffering from dyspepsia took a small quantity of an "extract" and became so ill immediately afterwards that he had to be removed to hospital, where fortunately he recovered under treatment. The "extract" was sent to the chemical examiner, and was found to consist of strong commercial sulphuric acid. The report notices four instances of cocaine poisoning, and it is to be feared that these cases will become more numerous, as the drug is now smuggled so extensively into India.

#### THE ENTERIC FEVER RESEARCH COMMITTEE.

A short report by Major E. D. W. Greig, I.M.S., has been issued on the results obtained from the practical working of the recommendations of the Enteric Fever Research Committee of the Government of India (1906-8). He states that one of the main conclusions of the research work was that a patient convalescent from enteric fever should be segregated and carefully examined bacteriologically, and not allowed to return to his home or regiment until he had been shown to be free from the *B. typhosus*. The Government of India had given effect to this recommendation, as far as the troops in India were concerned, and had established two dépôts for the segregation and investigation of enteric convalescents—one at Naini Tal and the other at Wellington. Major Greig quotes from a report by Grattan and Wood, in which they state that the factors at work in connexion with the diminution in the number of cases of enteric fever in India were segregation of the convalescent patient until he is free from infection, the elimination of the "chronic carrier," inoculation, and improvement in sanitary details. The death-rate from enteric fever in the army in India has fallen from 5.62 per 1,000 in 1895-1904 to 0.62 per 1,000 in 1910. Another important result of the investigation was to demonstrate the existence of *B. paratyphosus* A and *B. paratyphosus* B. In 1897, 2,050 cases of enteric and paratyphoid fever occurred in the army, with 355 deaths; in 1911 the figures were 274, with 24 deaths. In 1910 systematic blood cultures were begun amongst the British troops as a means of differentiating *B. paratyphosus* A.

#### SANITATION.

*The Sanitary Conference at Simla.*—The inclusion of the Hon. Mr. Godfrey, Director of Public Instruction, and of two inspectors of schools in the Sanitary Conference which is to be held in Simla in the last week of August, indicates that the conference is to take up the all-important question of school hygiene. The Government of India has already commended to the consideration of local governments the question of holding a thorough inquiry

by a small committee of experts, medical and educational, into the condition of school-houses, hostels, and other places where pupils reside, and the introduction of a simple and more practical course of hygiene into the school course. Though in some provinces such a course is already prescribed, the lessons, it is to be feared, are often of too formal a type to be popular, and are not connected with the life of a pupil, so that they fail to form his habits or to enlist his intelligence in after-life in the struggle against disease. Another point worthy of detailed investigation is the length of the school day and the pupil's home studies, as it is doubtful if medical advice has always been sought in the framing of the curricula and such matters. Requirements must necessarily vary in different parts of India, and it is most desirable that the climate and other conditions of the Punjab should be considered by a committee able to formulate recommendations which, while they follow the general views of the Government of India, will yet fit in with the local requirements of this province.

*Bengal.*—In the Government resolution on the sanitary and vaccination reports of Bengal for 1912, it is stated that with a birth-rate of 35.30 per mille and a death-rate of 29.77, the Presidency, as now constituted, does not compare unfavourably with other provinces. Despite the measures taken to prevent the spread of malaria there was a rise in mortality from the disease. Of deaths in the Presidency, as many as 959,193 were attributable to fever. The increased expenditure on conservancy execution or the preparation of schemes of water supply, sewerage, and drainage, all indicate greater activity on the part of municipalities and greater realization of their responsibilities in this important work; but progress is far from rapid. Much time is lost by municipalities in the consideration of projects, while applications for loans from Government to finance the schemes are, as a rule, so imperfectly prepared in the first instance that considerable delay ensues. Government is ready to contribute liberally towards these sanitary schemes, but full advantage was not taken of the amount that was available during the year 1912-13.

## Special Correspondence.

### VIENNA.

#### *The International Congress on First Aid and Ambulance.*

THE week beginning September 5th was a real Congress week for Vienna. No less than four different congresses took place here simultaneously, and of these, two have much interest for medical men—the Statistical Congress and that dealing with first aid and ambulance work. The latter was opened on September 9th, and much excellent work was done in the sections. Over 1,200 members inscribed their names, and there were 200 reports and papers, so that each speaker could not be allotted more than fifteen minutes. There were ten sections, including first aid (medical) in accidents, instruction of non-medical persons in first aid, first aid in towns and in the country, first aid in travelling (railways, automobiles, aeronautics), first aid on the seashore and on the high sea, first aid in mines and allied industries, first aid in fire, first aid in mountaineering and in sport, prevention of accidents.

Apart from the papers, a practical demonstration of the methods of first aid by a street ambulance was given on the third day by the Vienna *Rettungsgesellschaft* (Ambulance Corps). The supposition was that an accident had happened during the races, a wooden stage having given way, and some forty or fifty persons being more or less seriously injured by the fall and by horses riding over them. A few minutes after the alarm had been given, an ambulance consisting of twenty doctors and twenty male nurses, on twenty cars, arrived at the scene, where boy scouts acted the part of the injured. The organization of this first aid was much admired by the foreign visitors, especially the small boards with the diagnosis on them, enabling the patient to be handled in a rapid and time-saving way in the hospital to which they were carried. The methods of bandaging used were also very instructive. A similar demonstration of life-saving in the water was given in the afternoon, when the practical methods of

first aid to persons unable to swim were shown, as well as the methods of resuscitation of the apparently drowned. It so happened that a stranger did actually jump or fall into the water during the demonstration, so that a genuine piece of live-saving work was witnessed. It is the intention of the authorities here to establish, after the model of the British Royal Humane Society, an institution for first aid in accidents on the water, shipwreck, floods, suicidal attempts, and the like. Among the papers read at the Congress were some of great interest. One of the subjects discussed was the relation of explosions in mines to the composition of the explosives used for blasting; whilst in some countries a variety of explosives may be had which produce harmless by-products, in Austria the Government does not allow any of the newer preparations to be used, dynamite and gun-cotton only being at the disposal of the industry. A collection of life-saving apparatus for mines, consisting of a fire-proof suit of clothes (asbestos-linen), with an airtight headpiece, an apparatus for generation of oxygen and removal of CO<sub>2</sub>, fitted with electric searchlights, was exhibited by the Austrian State Mines Administration in connexion with this paper. A similar exhibit of the Vienna Fire Brigade was also shown, together with some electric machines and ladders used to climb into smoke-filled or burning buildings.

The danger of transmission of Asiatic epidemics into European countries was well illustrated in the paper by Dr. Kobler, the head of the sanitary department of Bosnia and Herzegovina. The prevention of such epidemics has become a much more difficult task since the completion of the Hedjas railway between the holy places and Damascus. Formerly the pilgrims had to spend many weeks on the road, so that a natural quarantine was obtained. Now the journey lasts a few days. The sanitary conditions of the country are most rudimentary, and all European States with Mohammedan population have erected special pilgrim stations on the frontiers, where suspicious cases can be kept under observation.

The prevention of loss of life in aeronautics was discussed in a paper by M. Hinterstoisser. He maintained that smoking should be absolutely prohibited in all localities pertaining to airships; that no spectators should come near an airship or aeroplane intending to descend; that a doctor should always be present at the "air port" or on the airship; and that a transportable first-aid outfit with medicines and splints, as well as an apparatus for extinguishing a fire, should always be at hand there.

Much interest was evoked by the paper on first aid in mountaineering, which has been organized by the German and Austrian Alpine Society at considerable outlay. A network of ambulance stations has been established all over the mountains in the two countries. Over 200 first-aid outfits have been distributed amongst these stations; the services of a large number of voluntary or paid helpers have been secured for cases of emergency, for the saving of living persons, or for search parties to recover the bodies of climbers killed in the mountains. Each station is fitted out with one box for first aid with splints and medicines, one pair of stretchers or a hammock, several packets of bandages, several small first-aid outfits for the authorized mountain guides (who have to carry them on every trip), probes for searching avalanches (these have proved exceedingly useful), and rope-ladders and ropes. A knowledge of first-aid work is spreading rapidly, and the international Alpine danger signal has been adopted by many societies and clubs. It should be added that the society defrays for its members all costs arising out of an accident or an expedition for help. Much good has been done by the instruction (in special first-aid classes) of the guides in all matters pertaining to mountain accidents. They are taught how to treat injuries, insect bites, snow blindness, glacier disease, how to apply a splint, to conduct artificial respiration, and how to prepare stretchers.

The prevention of loss of life in the large ships of modern times was discussed by Professor Flamm. He advised the formation of watertight compartments in the long axis as well as in the transverse diameter, with due respect to the stability of the ship. The number of the life boats and their capacity ought to depend on the number of persons on board not on the tonnage of the ship, and need not be brought into relation with the watertight compartments. Wireless telegraphy, as well as careful considera-

tion of the ballast and fuel, and the fireproof storage of the latter, were, he said, indispensable in a modern ship. Medical help should be available on every ship, one doctor at least being provided for each five hundred persons on board.

(To be continued.)

## Correspondence.

### GREAT TENACITY OF LIFE.

SIR,—This week I read in the JOURNAL of June 21st, 1913, p. 1320, the case illustrating great tenacity of life, by Dr. Turnbull. But the day before yesterday the following appeared in the Sydney Morning Herald (July 24th), and it is sufficiently noteworthy to induce me to send it to you:

Wellington (N.Z.), Wednesday.

J. Millar, an employee of the electrical works at Timaru, fell from the top of a lighting pole in February, striking his head on the concrete kerb footpath and fracturing his skull. His other injuries were a pelvis broken in three places, five ribs broken, one piercing the kidney, breast bone broken, left arm broken in three places, and shock. He lay in the hospital for five days unconscious, and the case was deemed hopeless. Yet Millar has now resumed work, and says he feels as well as ever.

Comparing the two cases, then, we have:

Dr. Turnbull's Case.	This Case.
1. A fractured skull.	1. Fractured skull.
2. Extensive fracture of the ribs.	2. Five ribs fractured.
3. Pulping of the spleen.	3. One kidney pierced.
4. Pulping of the kidney and lesions in the vicinity of the solar plexus.	4. Pelvis broken in three places.
5. Result—Death.	5. Breast bone broken.
	6. Left arm broken in three places.
	7. Shock.
	8. Has resumed work, and says he feels as well as ever!

—I am, etc.,

ANDERSON STUART.

Department of Physiology, Medical School,  
University of Sydney,  
July 26th, 1913.

### IDIOPATHIC ANASARCA.

SIR,—I have read carefully, and with much interest, the report in our JOURNAL of the proceedings at the International Medical Congress, but was disappointed in not finding any reference to the discovery of a new disease by a Russian physician, called by him "idiopathic anasarca," which discovery was noticed in the Epitome of Current Medical Literature, and the importance of which discovery I endeavoured to emphasize in a letter to the JOURNAL. No one seems to have appreciated the value of the discovery except the writer of the notice of it in the Epitome, and, seeing that it was not noticed at the International Medical Congress, I should like once more to call the attention of your readers to the symptoms, which, I believe, will be found to be associated with the cause of what are called sudden deaths, which are becoming so common even in our own profession. It is a symptom which I have recognized for years in my own person, and I am gratified to know that another has recognized it. In my former letter I pointed out that "idiopathic" was a term used as a cloak for ignorance.

In a medical vocabulary published in 1836, "idiopathic" is said to be "A disease not consequent on another, but originating by itself," and "anasarca" as "Dropsy in the integuments of the body; a genus of the Ord. Intumescenciae; Cl. Cachexiae, of Cullen's Nosology." Not having been taught (when a student at Edinburgh University) the views current as to the dropsy now associated with the name of Dr. Bright, I turned up Craigie's *Practice of Physic*, of which I happened to have a copy. Writing on inflammation of the kidney, he says: "The acute form of the disorder has been usually distinguished into two varieties, according to the supposed nature of the exciting cause—the idiopathic, or that originating spontaneously, and without the presence of any mechanical irritation; and the symptomatic, or that which is induced more or less immediately by the irritation of one or more urinary concretions or sandy particles in the pelvis, or in any of the infundibula of the gland. The first variety is supposed to be rare, the second greatly more common."