

being called in by members of the independent local profession, either at their own instance, or at that of the patient, or his friends, and I may add that any reduction of my usual fee is entirely at the discretion of the practitioner who calls me in. I absolutely deny any opposition in interest between myself and the members of the independent local profession. I absolutely deny that their efforts at private practice are frustrated by the existence of the "subsidised private practitioner of the Government" as represented by myself. On the contrary, I merely provide them with the consultative aid which they wish, and which both they and their patients have every right to get. To refuse to the sick and to their medical attendants consultation and from one who is in nearly every district marked out by experience and qualification as the person best able to give it would surely be an act of folly and one which would be strongly resented by the very people whom it is supposed to benefit.

It would seem that your correspondent is disposed to look on the improvement of the local independent profession as an end, and not as merely a means towards the betterment of the lot of the sick Indian. Would anyone in England seriously suggest that the public should be debarred from the advantage of the experience gained by the Physicians and Surgeons of our great British Hospitals, unless they be hospital patients? You cannot justly suggest that conditions should be different in India.

If the facts I have given were singular they would have no value. I am only however one of many in precisely similar case, and I have merely brought in these personal matters as being the only way of showing that your correspondent is most decidedly not intimately acquainted with the facts. He has not been fair to the service either in fact or in implication. If the I.M.S. officer is debarred from private practice the suggestion obviously is that you will get an equally good man as a consultant. If the matter is reasoned out it comes to this. Is it to be expected that you will get the same professional standard from a man who is to be dependent entirely on the fees now made by the Civil Surgeon, as from one who has both his pay and fees to live upon. One can scarcely expect to get in the future an article of equal value for from half to one-third of the cost now paid. As a matter of fact, it would not suit those who want later to replace the Indian Medical Service Officer as Civil Surgeon to have the right of private practice now taken away from the Civil Surgeon.

Your Special Correspondent is not only inaccurate, but he is also ungallant, for he has entirely omitted all mention of the ladies. In this part of India the purdah system is dying, so far as doctors are concerned. The lady-doctor is nearly always in direct competition with the male except in the matter of obstetric and gynaecological work, and even here the man is coming in so rapidly that the woman's monopoly will, in my opinion, be broken by the time that the next generation has grown up. Possibly to his ignorance in other matters your Special Correspondent adds that of the fact that the suffragette has not yet invaded India, so he has covered his rudeness to the ladies by taking refuge behind the purdah of anonymity.

I am, Sir, &c.,

CLAYTON LANE, M.D. (LOND.),

MAJOR, I.M.S.,

Civil Surgeon.

BERHAMPUR, BENGAL,

2nd April 1913.

✓ COCOANUT OIL AS AN INSECTICIDE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to the extract from the United States Public Health Service Reports on the bed-bug, by Dr. W. C. Rucker, published in your issue of February last, I would point out for the information of the readers of your valuable journal and of all who are interested in the destruction of this canny insect that coconut oil is a very effective insecticide in this connection. Its use is simplicity itself; all that is necessary is to smear a little of the oil over places where the bugs are found. Where there are cracks or crevices requiring treatment the oil should be dropped into them. By an intelligent use of coconut oil any barrack or Hospital Ward, or articles of furniture or bedding, can, in a short time, be freed of bugs and with a minimum amount of disturbance or upheaval; and furthermore a little care devoted to the use of this oil where bugs are likely to breed will keep any place free of them.

2. If any of your readers wishes to test the efficacy of coconut oil as an insecticide in the case of the bed-bug he has only to smear a little of the oil on a smooth surface and drop a few bugs on to it. It is surprising to see how quickly this insect, notwithstanding its usual vitality, dies in such a situation.

3. The methods of disinfection mentioned in the extracts referred to above, *viz.*, fumigation with sulphurous and hydrocyanic acid gases except under a pressure of several atmospheres could not be expected to be of much use in dealing with deep cracks and crevices infested with bugs and besides owing to the danger of such gases their use is ordinarily impracticable. Then it is a question whether the ova would be sterilized by such gases. Coconut oil will without fail destroy ova as well as the adult insect.

4. The use of coconut oil as a bug destroyer was brought to my notice by my Lady Superintendent some years ago, and its introduction into this hospital has been a source of great satisfaction in dealing with the bug pest.

5. I shall be greatly obliged if you will kindly publish this letter in the *Indian Medical Gazette*, as I believe it is not generally known what a valuable insecticide coconut oil is in dealing with bed-bugs.

Yours faithfully,

THOS. JACKSON, M.B.,

LT.-COL., I.M.S.,

Civil Surgeon, Ahmedabad.

March 1913.

[We commend this simple insecticide to the notice of our readers.—Ed., *I. M. G.*]

SMITH'S OPERATION.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In the present unsettled state of opinion, it seems the duty of every man, who has made a fair trial of Smith's operation for cataract, to give his opinion thereon. After an experience of about five hundred operations on the old lines, I tried extraction in the capsule from Colonel Smith's description, and was well satisfied with the result in comparison with the old operation. As I had an unduly large escape of vitreous, I visited Amritsar and was kindly shown by Lieutenant-Colonel Smith the exact technique. I have done over fifteen hundred operations on his lines and am very much pleased with the result. My percentage of vitreous escape is about eight per cent.; and I can say that a moderate loss does not seem to effect the subsequent vision. The great and chief advantage is the practical abolition of iritis. A large proportion of my cases were operated on in Branch Dispensaries, and the cases left to the care of Sub-Assistant Surgeons. I would never have dared to have performed the old operation under those circumstances owing to the great amount of care needed in the after-treatment. Practically the only complication is a somewhat increased tendency to prolapse of the iris; but with increased experience in the art of properly replacing it, which has been erroneously called "stirring up the vitreous," the incidence of this complication has much diminished; I learn, by hearsay that a number of men, doing what they call Smith's operation have a 40 or 50 per cent. escape of vitreous. Although a moderate vitreous loss is not a disaster, as it was deemed in the old days, it is undesirable mainly because it causes increased change of iris prolapse, and I would strongly advise any man with a large percentage of vitreous loss to visit Colonel Smith who, I am sure, would be glad to show him the best way of doing the operation. In conclusion, I would like to thank him warmly for his valuable aid and advice.

Yours truly,

R. G. TURNER, F.R.C.S.,

LT.-COL., I.M.S.,

Civil Surgeon, Naini Tal.

✓ "BLUE PATCHES ON NEWBORN INFANTS."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Would you kindly allow me a little space in your well-esteemed journal to insert a few passing remarks of my experience on Dr. Newell's theory of the causation of blue patches on newborn infants, which he attributes to be the effect of pressure (intermittent) caused by the method of Indian women tying their skirts on or about the level of the umbilicus. This theory, in my opinion, does not hold good in cases of Khasi women, who neither tie their skirts on that level, nor do they bind any string, belt or anything around their abdomen; but still you can see the distinct patches on every newborn child. If, however, the effect of such a so-called pressure had to do anything with the indirect causation of blue patches, then I suppose the children of Khasi women would not have been subjected to such patches as said to be in cases of European ladies. On the other hand, I crave your indulgence to infer that it is hardly possible that tying the skirts (tightly) on the umbilical region can