

phases of cancer cells which is commended to the perusal of all who are interested in the study of malignant growths.

*Annals of Otolaryngology, Rhinology, and Laryngology*, September, 1907.—This number contains ten articles, either original communications or papers which have been read at meetings of societies. The first is by Dr. C. R. Holmes, on the Etiology of Erysipelas and its Relation to the Nasal Cavities, and Destructive Effects upon the Eye. It is a long article of nearly 100 pages and is an interesting *résumé* of the subject. There are three papers on secondary disease of the labyrinth, and several others.

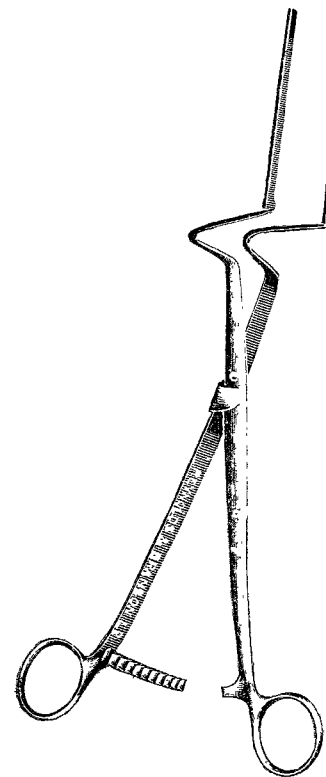
*Journal of Laryngology, Rhinology, and Otolaryngology*, December, 1907.—This number contains two original articles, the first on Tracheo-Bronchoscopy, by Dr. Chevalier Jackson of Pittsburg, and the second, part of an article by Dr. H. M. Fish of Chicago, on a study of 36 consecutive cases of Optic Neuritis, with Nasal Accessory Sinus Disease present in 26.

## New Inventions.

### ABDOMINAL WOUND SUTURE AND RETRACTOR FORCEPS.

THESE consist of a pair of forceps as seen in the illustration. Two pairs are used, for the right and left sides respectively. They have two flat blades, the lower being the smaller, set on a curved shoulder with long handles and a rack. The blades are tempered so that they meet at the points first and by means of the rack any pressure desirable may be obtained. They are designed for use in the following way. The abdominal wound having been made and the peritoneum opened to the desired extent, the lower blade, or smaller of the right forceps, is introduced and placed parallel

to the incision, half an inch from the cut edge on the peritoneal surface; the forceps are then closed and the upper blade presses on the skin parallel to the incision and half an inch removed from it; a firm grasp is thus taken of the one side of the incision. The left forceps is then similarly introduced and fastened. It is then easy for an assistant standing well towards the thighs of the patient to rotate each handle onward, that is to say away from the wound, and thereby to evert the edges of the abdominal wound, at the same time retracting it. If it be thought advisable to protect the edge of the wound in the abdominal wall, as in dealing with some focus of septic matter within the abdomen, this can be accomplished by placing a piece of sterile gauze round the edge of the wound before applying the forceps, when they will hold it firmly in position during any manipulation within. When the wound has to be closed layer to layer, the assistant by a little pressure can approximate the



edges of the wound with the cut surfaces everted, so that it is easy to pass a continuous suture along the cut surfaces of the peritoneum and another along aponeurosis or muscle, leaving the last stitch slack until the forceps are released and the lower smaller blades withdrawn, when the stitches may be drawn taut and tied together. This materially facilitates the closing in layers of the abdominal wound and thereby saves time. The forceps could also be used for bowel clamps and would be useful in enteranastomosis.

These forceps have been made for me by Messrs. Reynolds and Branson, Limited, of Leeds.

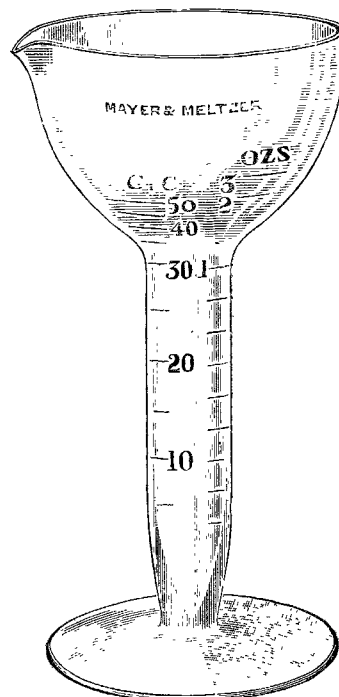
B. MAYHEW BONE, M.B., C.M. Edin., F.R.C.S. Edin.  
Lancaster.

### THE MECHANICAL TREATMENT OF PULMONARY TUBERCULOSIS.

WE have received from the Roborat Company a specimen of Kuhn's Suction Mask for the treatment of pulmonary tuberculosis according to Professor Bier's treatment by passive hyperæmia. The apparatus consists of a light celluloid mask fitting over the mouth and nose, divided by a cross partition into two chambers, for mouth and nose respectively. In both chambers free expiration is permitted by means of valves, while inspiration can occur only through an adjustable slit in the portion allotted to the nose. The margins of the mask are well padded by means of a rubber air tube which causes the minimum of pressure, and the natural nasal inspiration, by means of the slit just referred to, can be impeded in a graduated manner for the desired length of time without discomfort to the patient. Untoward consequences are said not to occur. On placing the mask over the mouth and nose with the slit only slightly open a distinct impediment to free inspiration is experienced. In this manner a certain amount of passive hyperæmia of the lungs is induced; the circulation of the lymph stream, however, is maintained. This method of treatment is stated to have been tried by Professor von Leyden in the medical clinic of the Charité at Berlin with encouraging results. The following effects have been claimed by the use of the mask: improvement of respiration and diminution of dyspnoea; considerable widening of the thorax, reduction of the frequency of respiration, cessation of cough, and disappearance of expectoration, bacilli, and adventitious sounds in the lungs. The colour of the patient improves owing to the improvement of the blood and there is increased appetite. Further, in consequence of the improvement in the circulation, the respiratory musculature is strengthened and the heart's power is raised. We shall watch with interest to ascertain if these results are corroborated by English physicians.

### A NEW FORM OF URINE TRIAL GLASS.

THE accompanying illustration represents a modified form of urine trial glass which I have found to be a decided convenience in the examination of the urine of patients and proposers for insurance. The apparatus is well adapted (1) by its wide mouth, to enable urination to be performed into it without splashing; (2) by its narrow calibre, to allow the



specific gravity of a minimum amount of urine to be tested; and (3) by the bottom being tapered conically, to facilitate the collection of the sediment. These points have been effectively carried out by the manufacturers, Messrs. Mayer and Meltzer, 71, Great Portland-street, London, W.

Mountpottinger, Belfast. R. M. FRASER, B.A., M.B. R.U.I.

THE Society of Tropical Pathology of Paris has elected Dr. David N. Nabarro a corresponding member of the society.

# THE LANCET.

LONDON: SATURDAY, FEBRUARY 22, 1908.

## The Sanitary Administration in India.

WE have been long accustomed to keep our readers informed of the progress of sanitary affairs in India and of the chief events in connexion with the work of the Indian Medical Service. The problems resulting from the consideration of these matters have grown greatly in importance during recent years, with the result that lately official opinion in India, and even to some extent in our own country, has been compelled to recognise their gravity, and indeed to consider them as amongst the most vital concerns of the administration of our great Eastern dependency. Truly vital are they in this, that on them hangs the life or death of hundreds of thousands of our fellow beings. Signs are not wanting that this has at last been driven home to the Indian bureaucracy and that it is setting itself seriously to work to promote the sanitary welfare of its country, and especially to combat that awful scourge which for over ten years has raged amongst the people whose destinies are in its keeping. In earnest of this we publish on another page a letter addressed some two months ago by the Secretary to the Home Department of the Government of India to all local governments and administrations under its control, stating its views on the subject of Sanitary Reform in India and asking for their advice and co-operation in the matter. Without considering them in detail at present we may say that the proposed plan seems to us to be laid on a broad and safe basis, but many important decisions must be come to before the best course is made manifest through a sea of conflicting perplexities. In calling attention to this new activity of the Indian Government it must not be considered that we think the sanitary administration in India has been neglected by the officers of the Indian Medical Service who are charged with its actual performance, for only recently we published a refutation of a shameless and anonymous calumny aimed against its members.<sup>1</sup> That service has a record for steady continuous hard work, conspicuous even in India, which has been served by its military and civil officials, working in many spheres and often under most arduous and disheartening conditions, with a loyal devotion of which any country might well be proud. But men, though they be as giants, cannot work miracles, and the task which to-day confronts the sanitary service in India is one with which its administration can hardly cope under present conditions. In support of this opinion the terrible plague problem comes at once to mind. We have dwelt on this matter often and it will be our duty to

dwell on it, even to weariness, until by some means its ravages have been stayed. The last available reports received in this country state that from the beginning of last year to the end of October more than 1,100,000 deaths had occurred from plague in India. Plague has not left the country since its outbreak in 1896, and since that year has claimed at least 5,500,000 victims, the lowest yearly mortality during this century having been 274,000 in 1901. Chiefly on this account, but partly from other causes, the death-rate of all India has greatly increased since that year. To face this task we have urged that a special Plague Service is essential, for it is not within the power of the Indian Medical Service to stem that tide without well-organised assistance, however courageously it sets about doing so.

There are other factors which make the sanitary administration of India a task of increasing difficulty. Our methods of rule, including the very existence of that administration, have greatly increased the population with whose needs it must cope. In former days, moreover, we had to deal with enormous masses of people unversed in Western knowledge and ruled by feudal overlords whose education differed widely from our own. Now we have raised up a middle class of young Indians, highly trained in many directions, with a keen appreciation of modern scientific methods and with a growing influence on popular opinion in their country; these men cannot be dictated to on matters of science as though they were an ignorant peasantry, and though their support may be of the greatest value in the sanitary reformation of India, yet they must be honestly convinced of the soundness of our methods and not coerced into accepting them. As will be seen in the circular letter of the Indian Government, it proposes to open up the Sanitary Service as a useful and suitable career for this growing class. Whatever reforms are proposed in the direction of increasing the service, it must be remembered that before the country can derive the fullest advantage from its medical service there are certain grievances to the removal of which its officers are justly entitled and to which we have from time to time called attention, such as the period of their service, the multiplicity of their duties, and the limitation of the emoluments which they may derive from civil practice.

Being thus fully alive to the growing importance of this complex problem we intend to devote an increased amount of space to reports of Indian medical and sanitary affairs in future. We are enabled to do this largely by the courtesy of the governors, lieutenant-governors, and commissioners of the various provinces and the principals of the medical schools of the Indian Empire, who have consented to forward regularly to us the published reports dealing with these matters. Out of a very large pile of figures and facts we hope to present our readers with a digest which will fairly summarise the position of the many matters under the control of the Indian Medical Service, and the first of these articles is published in this issue. Amongst the subjects with which we shall deal will be the administration of hospitals, lunatic asylums, and gaols, the work of medical colleges, the progress of research in bacteriological and pathological laboratories, general sanitary administration, and the measures employed to suppress plague. We hope that

<sup>1</sup> THE LANCET, Jan. 4th, 1908, p. 37.