* At *Kurkurie* we had 16 cases: uninoculated 14, of which 11 died and 3 recovered, one case twice inoculated recovered, the other case only received the first inoculation and died, but there is some doubt if death was not caused as much by a long attack of dysentery.

H. CHAMNEY.

KURKURIE TEA ESTATE, }
The 14th July, 1895. }

These letters indicate the interest that is being taken in the subject, while their contents furnish strong proof of the value of the inoculations.

15. At the Indian Medical Congress when the observations of Assam had not been made and when the observations in Calcutta were only 13 instead of 36 as now, the medical profession received the results with much favour, and were unanimously of opinion that the inoculations should be tried, on as extensive a scale as possible. More recently at a largely attended meeting of the Calcutta Medical Society, when similar figures to those I now bring to the notice of the Commissioners were laid before the members, they were so impressed with their value, that they unanimously passed a resolution that the inoculation ought to be continued.

16. With this report before them I trust the Commissioners will have no hesitation in sanctioning a grant of Rs. 10,000. This sum is needed to place the inoculations on a satisfactory basis. By securing more than one trained vaccinator, the inoculations can be spread with greater facilities, and much can be done which it was impossible to do this year owing to a very limited establishment. By granting facilities to carry out this important work in the capital of India, which is regarded as the centre of "the home of cholera" and the city of all others in the East, to which Governments turn for information concerning this disease, as indicated in the scientific missions of Koch from Germany, Klein from England, Zahn from Geneva and Shakespere from America, the Commissioners will not only be conferring a public benefit on the inhabitants of Calcutta who are so subject to cholera, but they will also be leading the way to the introduction of a prophylactic measure, which, either in its present or in a modified form, may be expected to effect an enormous reduction in the ravages of cholera among Eastern and Western populations.

W. J. SIMPSON, M.D., M.R.C.P., D.P.H.,
Health Officer.

Reviews and Notices of Books.

A MANUAL OF GYNÆCOLOGICAL PRACTICE FOR STUDENTS AND PRACTITIONERS. By Dr. A. DUHRSEN. Translated and edited from the Fourth German Edition by JOHN W. TAYLOR, F.R.C.S., and FREDERICK EDGE, M.D., M.R.C.P., F.R.C.S.) H. K. Lewis. Crown 8vo., pp 260. 120 Illustrations. 6s.)

WE are indebted to Mr. Taylor and Dr. Edge for translating into English one of the best German manuals on Gynæcology by such an eminent authority as Dr. Dührssen. The book is completely original and extremely condensed.

There is an introduction of 59 pages, of which the first 53 pages deal with general observations about gynæcological examination, minor manipulations, uses of speculum, sound, &c., disinfection of instruments, preparation of patient, &c., for laparotomy. These pages are admirable, and the beginner should study them very carefully. Then comes the chapter on Vaginal Laparotomy, which is evidently intended for the specialist.

Under the chapter on Diseases of the Vulva, we have *chronic* rupture of the perineum. This seems to us a rather unique use of the term *chronic*. Tait's method of peri-neorrhaphy is, according to the author, "the ideal one of peri-neoplastic operations;" but the description of the operation is too meagre for the beginner.

In dealing with the treatment of endometritis corporis chronica, the author gives a splendid description of the

operation of *curetting*. In the diagnosis and treatment of displacements of the uterus, the routine use of the sound is very rightly done away with. "The former usual practice of reposition with the sound has been superseded in every way by the methods of B. S. Schultze and Küstner."

The description of the treatment of diseases is very full—much more than we could expect in a manual of this compass. The reader, when in difficulty, is sure to find what an experienced teacher like Dr. Dührssen has got to say.

We don't think we need say much about this manual. It is simply a store-house of practical information. The exclusion of all unnecessary points has been admirably achieved. The book will be of great value to the expert gynæcologist who desires to know what is going on in foreign practice.

THE FEMALE OFFENDER. By Prof. CESAR LOMBROSO and WILLIAM FERRERO. London: Fisher, Unwin, May 1895. Criminology Series I.

THE appearance of this series, of which this work is the pioneer, marks an epoch in the history of English penal administration. Signs are not wanting that the English public are beginning to become aware of the work done with regard to the criminal in France and Italy. The lately published report of the Special Committee on English prisons directs attention to this work. It shows that in England while the greatest attention has been paid to the economy, discipline, and health of English prisons, little or nothing has been done with regard to the criminal himself. In fact, as we said before in another place,* while we have reformed the prison, we have not succeeded or attempted to reform the prisoner—a much more difficult task. What then is this new view of the criminal? These writers look upon what they call the born or instinctive criminal (*delinquente nati*) as a special type of humanity. He is not a normal person. He is a product of abnormal biological conditions as well as of adverse social circumstances.

The great merit of Lombroso, the chief author of the work before us, is that he has devoted much labour to the examination of these biological, or as they are called anthropological anomalies. How laborious and minute this labour has been a glance at the present work will show. The result of his work is to show that the born instinctive, or habitual criminal, as he is variously called, is distinguished by possessing a much higher percentage of cranial, facial, muscular and mental abnormalities than the normal person. In short, he is a product of pathological and atavistic anomalies,—he stands midway between the savage and the lunatic, and represents a special type of the human race. But the criminal is only one branch of the decadent stem, he is a member of a family group, he shares his peculiarities in greater or less degree with the lunatic, the epileptic, the alcoholic and the prostitute.

It is obvious therefore that if the born criminal is an abnormal being much of the ordinary idea of punishment falls to the ground. We cannot punish an abnormal being for doing an abnormal act. That such a view would lead to far-reaching changes in our judicial procedure is obvious. Prisons instead of being places of punishment will rather become moral hospitals, where every convict will be a "case" to be diagnosed and treated with the same care and discrimination as is at present given in our lunatic asylums. How far we are from that stage is obvious to all, and much more requires to be done before this view can be generally accepted.

As regards the work before us it is a translation from the Italian "*La Donna delinquente*." The translation is an admirable one on the whole. The book is well got up. It is full of illustrations of criminal types, not, however, always well done and often incorrectly numbered. The want of an index is certainly inexcusable.

As regards the subject-matter to touch, upon it briefly would only give a false impression of the book. On the whole it may be stated that the female criminal shows less marks of degeneration than the male. What the characteristics of the male criminal are will be found in Lombroso's great work *L'Homo delinquente*, of which there are editions both in Italian and French. For English readers there exists the admirable little work by Mr. Havelock Ellis

* At *Kurkurie* over 400 were inoculated, and only 200 left uninoculated.

* *Calcutta Review*, January 1895, p 71.

in the *Contemporary Science Series*. In English few other works of this kind exist, but in French there is a long list, the best known to us is a study by a French prison Surgeon Dr. Laurent of Paris, entitled "*Les habitudes des prisons*." It contains numerous portraits. In conclusion, we may add there is ample material in our Indian prisons for a study of this nature.

Correspondence.

NOTICE TO MEDICAL MEN.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—I have had access to museums from time to time in North India (1872—90), I found to my regret all pathological specimens rather pickled up and only labelled, and beyond giving the idea of certain appearances the sample could not throw light in the way of researches.

I would therefore ask all my professional brethren to send a short note of cases when they intend to send samples to museums, with the bottle. All such notes, embodied in a book and carefully indexed by the Curator, will be invaluable addition indeed. Visitors will find the sight of specimens more interesting with notes in their hand than without them.

R. P. BANERJEE, B.A., G.B.M.S.L.

PACHBADRA SALT WORKS.

CAUSATION OF VESICAL CALCULUS.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—With reference to the letters on the above subject in your last issue, from the pens of Drs. Partridge and Powell, may I ask you and them for the indulgence of another month's delay before I venture to offer any remarks in reply to their very pertinent criticisms of the "theory" I ventured to suggest as to the causation of vesical calculus in India.

I greatly regret this delay which is due to great pressure of public work and to personal indisposition.

ERNEST ROBERTS,

August 25th, 1895. Civil Surgeon, Aligarh, N. W. P.

ANTIDOTE FOR SNAKE-POISON.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—I have been informed by a Muhammedan gentleman of some experience in medicine and of great intelligence that he has found the extract of tobacco, left after smoking the *hukka*, of great use in counteracting the effects of snake-poison, and he states that this is a remedy in common use in Persia when the "*tiryāg*" or antidote is not to be had.

Assuming the truth of the statement, the efficacy of the medicament is presumably due to the nicotine it contains, and inasmuch as the poison of venomous snakes bears some analogy in its physiological action to strychnine, there is an *a priori* likelihood of nicotine being useful as an antidote.

In any case it would be well worth a trial, as it is a remedy always at hand, and I consequently send you this note that you may publish it as a hint to medical officers, who may have the opportunity, to try the effect of the remedy and report on its value.

The way it is used by the Persians is to apply it locally to the wound after free scarification, and also to administer small doses internally. Properly conducted experiments with known doses of nicotine would naturally lead to a proper estimate of its value as an antidote to snake-poison.

Possibly it has already been tried and found wanting, of this I have no knowledge.

GEORGE RANKING.

"THE TREATMENT OF ENTERIC FEVER ON THE ANTISEPTIC PRINCIPLE."

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—Writing last month a surgeon—Mr. Tertius Clarke—disputes the power of carbolic acid in Surg.-Lt.-Col. Quill's "antiseptic" prescription for enteric fever. He believes that "5.5% in 36 cases in India" (I presume among young soldiers), "is better than the 4% of Dr. Barr, Liverpool," and yet he is "not inclined to accept Dr. Quill's conclusions as to the cause of that success."

Surg.-Lt.-Col. Quill states that he "was led to COMBINE CHLOROFORM with carbolic acid after a perusal of certain experiments made by Werner of St. Petersburg," who "found that experimentally, a HALF PER CENT SOLUTION of chloroform had a rapidly fatal effect on the enteric bacillus."

But, therefore, Dr. Quill has not only altered Werner's prescription by adding the "antiseptic" carbolic acid, he has also very largely increased the dose of Werner's antiseptic chloroform.

And as to 5.5% in 34 cases being very good, the figure is very far inferior to Werner's own:—

* * * * *

"CHLOROFORMY."

"L'action antiseptique de ce corps sur bon nombre de microbes est incontestable; son extrême diffusibilité dans l'organisme, après qu'il a été absorbé par les voies digestives, son élimination principale par les voies respiratoires, le désignent pour être essayé dans la fièvre typhoïde, ou l'antiseptisme de l'appareil broncho-pulmonaire n'est pas moins désirable que celle de l'intestin."

"Werner (de Saint-Petersbourg), 1892, fait prendre aux typhiques, toutes les heures ou toutes les deux heures, jour et nuit, une cuillerée à soupe d'une solution de chloroforme à 1%. Par ce traitement la bouche et la langue demeurent humides, il ya peu de diarrhée et de meteorisme. Werner ayant traité par d'autres méthodes 102 cas avec 11 décès, a pu traiter par le chloroforme 130 typhiques sans en perdre un seul."

"Steppe donne chaque jour en trois fois, un gramme de chloroforme dissous dans 150 grammes d'eau. * * * Ajoutons toutefois que Steppe a employé concurremment la quinine à dose 1 gramme."

* * * * *

"Le Dr. R. Quill (Semaine médicale 1894), a recours avec succès dans l'armée anglaise à l'association de l'acide phénique et du chloroforme suivant la formule:—

Acide phénique pur.	...	2 gr. 40
Alcool chloroformé à 10%	...	8 —
Teinture de cardamome	...	12 —
Sirop simple	...	60 —
Eau chloroformée saturée	...	275 —

F. s. a.—Deux cuillères à bouche, dans un peu d'eau glacée, toutes les deux heures.

* * * * *

"Quill n'a jamais eu d'intoxication par l'acide phénique de sa mixture:" * * * * * (*Thérapeutique de la Fièvre Typhoïde* 1895), par Le Dr. P. Le Gendre.

I. M. S.

Appointments, Leave, &c.

APPOINTMENTS.

BROWN, Bde.-Surgn.-Lieut.-Col. H. T., A.M.S., to officiate on the Admte. Medl. Staff of the Army, with the tempy. rank of Surgn.-Col., *vice* Surgn.-Col. T. Maunsell, Prinpl. Medl. Offr., Rawal Pindi Dist., appointed Prinpl. Medl. Offr., Chitral Relief Force.

CLARKSON, Surgn.-Maj. J. W., to act as Sany. Commsr. for the Govt. of Bombay during the absence on leave of Bde.-Surgn.-Lieut.-Col. C. W. MacRury, F.R.C.S., or pending further orders.

LOWDELL, Surgn.-Maj. C. G. W., to act as Depy. Sany. Commsr. for the Western Registration Dist., in addition to his own duties, from the date of Surgn.-Maj. J. W. Clarkson giving over charge, till further orders.