

fever; and simply on the ground that post-mortem lesions of intestinal glands were found? If so, surely he has some reason for his belief?

5. Until we have clear *evidence* that intestinal lesions are invariably absent in remittent fever, *i. e.*, the fever we recognize as having a malarial origin, it is manifestly impossible to concede the point that all such fevers accompanied by morbid changes in Peyer's glands are cases of enteric fever.

6. His last para. demonstrates the utter confusion into which the whole subject has fallen. Long ago, learned physicians collected all their forces together to prove the differential diagnosis by which typhus and enteric fevers might be distinguished from one another; and, to our finite minds, they appeared to have, in some degree at least, succeeded in their object. But now, alas! what do we perceive? That one of the leading physicians of our time is shown as endeavouring to draw us back again to the difficulty from which we have but just emerged; and to prove to us that all the fine distinctions which have been so elaborately drawn between the two diseases are but cobwebs to be swept away under our new light.

7. What then is the position? Sir William Stokes insists on "the greater or less identity of enteric and typhus fevers." Surgeon Deakin doubts "whether there are such diseases as remittent and infantile remittent fevers to be met with in India as distinct from enteric fever." In other words, he considers them to be the same disease under different names.

8. Assuming then that both these great authorities are right in their respective views, we arrive at the conclusion that remittent fever, enteric fever, and typhus fever are one and the same disease. How many of your correspondents will accept this belief?

EDWIN FAIRLAND.

Lucknow, August 12th, 1879.

INDIGENOUS DRUGS.

To the Editor of the "Indian Medical Gazette."

SIR,—I was glad to find from your article on indigenous drugs that Dr. Beatson has recommended the systematic trial of native medicines in Indian hospitals, I beg to suggest that, with a view to enable medical officers and subordinates in charge of native hospitals to carry out these trials, indigenous drugs and their preparations should be supplied from the Medical Stores Department on chargeable indents. Many are willing to try native medicines and drugs used by native kavirajes, but they can not do so, as they are not readily available in out-of-the-way stations. Speaking for myself, I can say that I have often thought of using certain native medicines in suitable cases, but have been prevented from doing so because they were not available in the station where I was located at the time, and I did not like to incur the expense of getting them through Calcutta druggists. If, however, they were supplied by the Medical Stores Department on chargeable indents, I would have gladly ordered them and paid the price either from dispensary funds or from my own pocket if necessary.

The progress of our knowledge regarding native medicines may be much accelerated by the co-operation of the Assistant Surgeons and Hospital Assistants scattered throughout the country, but the purses of these men are not long, and they require aid, advice and stimulus. I would recommend therefore that a list should be drawn up of the medicines which it is considered desirable to investigate, and that it should be circulated to all with the intimation that those who are willing to try the drugs and report the results could obtain supplies from the Medical Stores on chargeable indents. Annual reports on indigenous drugs with details of cases might be

called for and a selected medical officer appointed to go through them and select extracts for publication in the *Indian Medical Gazette*.

Yours truly,
G. M. C. B.

September 20th, 1879.

INSURANCE OFFICE FEES.

To the Editor of the "Indian Medical Gazette."

SIR.—I would advise "Medicus" to represent to the Agent of the Insurance Company alluded to, that he was unaccustomed and unwilling to accept the Rs. 10 fee, and he will find him amenable to reason as did

Yours truly,
M. G.

Mysore, 21st September 1879.

THE DISSEMINATION OF CHOLERA BY HUMAN INTERCOURSE.

To the Editor of the "Indian Medical Gazette."

SIR,—In connection with your article "Cholera and Pilgrims" in the August number of your *Gazette*, I beg to add the mite of experience I have had during the late terrible famine in the Presidency of Madras Cholera having furiously broken out on the 10th of August 1878 in the Famine Relief Camp at Metupoliam, about 7 miles from the foot of the Nilgheries, I, as a medical officer and Inspector of Famine Relief Camps and Hospitals in the district of Coimbatore, had to run to the spot with a view to investigate its cause and prevent its further progress and diffusion, specially up to the hills (Nilgheries), where His Grace the Governor of Madras was then residing, for this our much lamented Collector, the late Mr. A. McC. Webster, was extremely anxious to avoid, not knowing that it was raging there from some time past.

The camp was situated in an elevated piece of stony ground more than a mile away from the town of Metupoliam itself. The conservancy of the camp was in the finest order possible, the air pure and the water good. All the inmates except two, received into the camp within six weeks of the outbreak, were ascertained to be from localities then perfectly free from cholera; and there was no cholera within 20 miles of the camp all round. Those two inmates (a woman and a boy) came down from Coonoor on the hills where cholera was then furiously raging, and were admitted into the camp on the 9th of August 1878 in a famished condition but with no ascertainable disease. They were the first victims, and died on the 10th August, the day following their admission. Nine of the inmates sleeping in the same shed were attacked on the 10th, and from it the infection disseminated to other sheds and the outbreak became a general one throughout the camp. About 30 inmates died within three days of the outbreak. I must here mention that the two inmates, the first victims, on admission had been fed with usual camp diet (there being apparently no disease in them) and this, I think, greatly favoured the evolution of the disease by setting up diarrhoea. Whatever the auxiliary cause or causes might have been in developing the disease, the facts of the case leave no room to doubt that human intercourse is a potent cause of cholera diffusion.

A similar instance of the spread of cholera by human agency, which I had to investigate on 8th July 1877 was in a village called "Kodangipoliam" in the Palladom Taluq of Coimbatore district. The disease was found to have been imported there by a man who came into the village from a distant and infected locality with the disease, and died in it. There was no disease in the

village and its surrounding places prior to the arrival and death of the first victim, the importer. Cases occurred immediately on the death of the first man, and 34 out of 39 cases died out of a population of about 160 souls in the village. The progress of the disease did not stop here, it extended to the neighbouring villages, thus proving the theory of propagation of cholera by human agency.

I am, Sir,
Yours most obediently
RAMMAY RAY, Asst.-Surgn.,
*In charge, Sambunath Pundit Dispensary,
Bhowanipore.*

SULPHURIC ACID AS A PROPHYLACTIC IN CHOLERA OUTBREAKS.

To the Editor of the "Indian Medical Gazette."

SIR,—At page 342 of your 1st December Number, I see a notice of Dr. MacCormac's recommendation to use Sulphuric acid as a prophylactic during cholera epidemics

As I have had some experience of the drug thus used I shall, with your permission, say a few words on the subject.

In Number 4, Volume X. of 1st April 1875, of your journal (I have not the Number by me) I wrote you a note on the subject of "Free Sulphurous Acid as a Prophylactic against Cholera," and in the concluding part of that note I brought to notice the use of the dilute sulphuric acid as a prophylactic in outbreaks of the disease.

I tried it in some instances since 1871 or 72, and fortunately each time the institution escaped with very few cases, so I am glad to see the subject now again brought forcibly forward. In Jails, Lunatic Asylums, and Regiments, it is most useful, and from its astringent effects, I believe it does prevent attacks of cholera in several instances.

As a prophylactic it should be given as follows:—

The inmates or individuals ought to be paraded morning and evening, and from ℥xv. to ℥xx. of the dilute acid in an ounce of water administered to each. The recipients like it, and it encourages them—they appear to put faith in it from the first.

By having a few gallons previously prepared, and with an Hospital Assistant and a compounder at each end of the line, the process is gone through in a very short time. I advise every medical officer to see the acid mixed and administered before him.

I may add that I generally treat my cholera cases with dilute sulphuric acid, but (although I think it is as good as any other treatment, if not the best,) it is no specific. With fatal results I have given it carefully in repeated doses with my own hands to Europeans in cholera while watching them for hours. With natives I believe it acts better than any other drug. In the severe outbreak in the jail here this year I had 20 bad cases of cholera with 8 deaths, which gives a percentage of 40. On the other hand, I had 5 cases in the Lunatic Asylum with 4 deaths.

Generally speaking, my treatment of cholera cases is as follows:—

(a) *Strong astringents in stage of preliminary diarrhœa.*

In jails and other institutions I distribute to each warder or overseer a certain number of astringent pills (Plumbi acetatis grs. iii. Pulv. opii gr. j. in one pill) with orders to administer one at once, night or day, to any man of his gang or watch having a loose motion, or going twice or thrice, within a short time, to the latrine. The patient is then sent to hospital and no time is lost. In hospital the pills are continued until diarrhœa ceases, or until cholera motions or other symptoms of cholera are observed. During the late cholera epidemic I had many cases of violent purging and vomiting thus treated, and they did not pass into collapse or show any other symptom of true cholera.

Should the pills be rejected, I resort to hypodermic injections of liquor opii sedativus (℥xv. to ℥xx.) over the epigastrium.

(b.)—*Dilute Sulphuric acid.*

When cholera motions, or other symptoms (showing that the case has passed into undoubted cholera) appear, all preparations of opium and other drugs are discontinued, and doses of dilute sulphuric acid (℥xv. to ℥xx. in one ounce of water) are given every two hours or oftener. It is rarely rejected, and it allays thirst. Frequent dry cuppings over the loins, mustard sinapisms, and hand rubbings are used as adjuncts. As a drink I find butter-milk plain or diluted, medicated or otherwise, the best and most agreeable in the majority of cases.

I am Sir, yours faithfully,
JOHN GAY FRENCH, M.D.,
Officiating Civil Surgeon, Patna.

Bankipore, 14th December 1879.

SULPHUROUS ACID IN CHOLERA.

To the Editor of the "Indian Medical Gazette."

SIR,—A few days since I saw in your paper of the 1st of last October a letter from Surg-Major C R. Costello, headed "Sulphurous Acid in Cholera." In this letter Surg-Major Costello refers to a letter from him in your *Gazette* of November 1876, recommending the internal use of Sulphurous acid in solution in cases of cholera, and in his present letter he states that in the cholera epidemic of 1876 "it occurred" to "him that the solution of sulphurous acid would be, when given internally, much more efficacious than by any other method of administration." I feel it but due to myself to point out that in the *Lancet* of December 13th, 1873, I had already brought sulphurous acid forward as a cure for cholera, and recommended its use in the very manner which Surg-Major Costello says occurred to him in 1876.

Probably Surg-Major Costello considered that I was committed to the plan of treating cholera by fumigation with sulphurous acid in opposition to that of administering it internally, but this is not the case; when first advocating the remedy, I wrote: "The British Pharmacopœia names half a drachm to a drachm of the aqueous solution as the dose; and this quantity, well diluted, might be given with as much frequency as practical experience may indicate." But the case of cholera reported by me in your *Gazette* of October 1st, 1875, found me without the solution by me, and the effects of sulphurous acid fumigation were in that case so striking that I have habitually used it since and in no case where properly used, and where the rallying power was not exhausted, has it failed.

A very strong reason why I wish to see the efficacy of sulphurous acid fumigation in this disease proved is that thus a remedy will be provided for the masses of the people in India, to whom sulphurous acid in solution would be practically inaccessible, in outlying villages and towns I mean, while sulphur, fire and a piece of chatty can be got almost everywhere.

I do not deny that sulphurous acid in solution may be better suited to civilized communities; and perhaps also to certain cases of cholera, but then, as you see, the suggestion to so use it was made by me in 1873.

I trust, Sir, that, with God's blessing, without which all means are useless, we shall soon see the efficacy of this remedy generally acknowledged.

I shall esteem it a great favour if you will republish my letter to the *Lancet*, of which I enclose a copy.

I am, Sir,
Yours faithfully,
CHARLES R. G. PARKER,
Surgeon-Major.

Masulipatam, December 6th, 1879.