

pean soldier, or to the members of the department, all the benefits of which the present system, with some modifications, is capable.

According to present arrangements, after a hospital apprentice is admitted to the service, he is attached to some European regiment or dépôt to learn his duty. At the expiration of two years, if there be a vacancy at the Medical College, Calcutta; if he shall have been reported upon favourably by the medical officer under whom he has been serving, and if he have passed, twice yearly, the prescribed examinations in medical forms, in compounding, *materia medica*, anatomy, surgery and practice of medicine, he is sent at the public expense to the Medical College, where he remains for three years, paid, clothed, lodged, and educated by Government. While at the college his conduct is closely attended to, and should he prove stupid, hopelessly idle or ill-conducted, he is sent back to his friends. It need hardly be stated that he receives an excellent professional training and education, and at the end of the period, has to pass a stringent examination in the subjects above mentioned. He is then styled a passed hospital apprentice, and is eligible for the grade of assistant apothecary. In due course, say, after fifteen or twenty years' service, he becomes an apothecary, having been employed in the meantime, in going round the hospital wards with the medical officer, receiving and writing down the instructions and prescriptions issued for each case, and afterwards in seeing them carried out. As apothecary he is henceforth employed in the performance of the work formerly done by the hospital steward, which now mainly devolves upon him, and which is onerous enough to justify his seeking to be relieved of any duty in the wards, unless indeed he be a man of unusual energy. After thirty years' service he may retire on Rs. 100 per month, with such professional knowledge as may have survived his want of incentive to maintain it, and with no prospect of employing it profitably out of the service.

According to this sketch of the career of a medical subordinate, we find him, at an early stage of it, just as he is becoming useful, and when his instructors are beginning to see some fruits of their labour upon him, withdrawn from his regiment, and sent to undergo a purely professional training, which, so long as he remains in the service, he may never have an opportunity of putting into independent practice; for no medical officer in the face of the regulations of the service, could venture to leave his patients in sole charge of a medical subordinate, whatever might be his attainments or qualifications, and though, as we know, three are many whose professional knowledge and experience deserve a better recognition. As assistant apothecary we find him engaged in purely executive duties, in which, if ever, his professional education should come into play and to which, experience only is wanting to render him a valuable public servant. But contrary to expectation, we see him in the final portion of his service altogether occupied by duties which are very far from being able to confer that experience.

We must not be understood as undervaluing the professional training which these men receive, but we do advocate their more exclusive employment upon work congruous to it, and such a modification of the present system, as will facilitate and improve the working of the military hospitals of this country.

The present Director-General, Sir W. Muir, recorded his opinion that the nursing of the sick in these hospitals was a blot upon their administration, and in this opinion experienced medical officers must coincide. It appears that we have not arrived at the period when trained nurses shall be employed in station hospitals, but we think the training of medical subordinates might be more in this direction, and that some of the time spent in studying medical science and art, might be as well, if not better employed in some systematic training in nursing, for which such facilities now exist in Calcutta.

Again, we imagine that the system of purveyors, as imported from Madras, is not looked upon in this presidency as a success, for we find the duties they were supposed to perform so efficiently, handed over one after another to the apothecary, already sufficiently weighted; and the responsibility of the medical officer is so much increased in consequence, that he is glad to obtain exemption from endless trouble, by giving up, exclusively in most instances, his right hand man, professional training and all.

We believe that the Ordnance, Commissariat, and Public Works Departments find no difficulty in obtaining as many steady and sufficiently educated soldiers as they require, and that there would be none also in obtaining at a less salary than is paid to the native purveyors, non-commissioned officers, who, after a short training, would be able satisfactorily to undertake the duties of the old hospital stewards, which are now so unequally divided between the purveyors and apothecaries.

Correspondence.

POISONING BY TARTAR EMETIC. ✓

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

DEAR SIR,—As the subject of poisoning by Tartar Emetic is at present creating a good deal of discussion in connection with the recent "Bravo case," I trust the following account of poisoning by this drug may prove sufficiently interesting to merit publication.

On the 7th of April last at 2-30. P.M., a respectable young Eurasian, a student, was brought to this hospital in a greatly exhausted and nervous condition. Having failed to pass some law examination, he had become very much depressed, and in a rash moment resolved upon suicide.

A small phial was handed to us containing a white heavy powder, and labelled "Tartar Emetic—Poison." It was three-fourths full. About half a tea-spoonful, it was said, had been dissolved in water and swallowed by the patient, about half an hour previous to admission. Vomiting had almost immediately ensued; a meal which he had shortly before eaten being rejected; and the vomiting continued on the way to the hospital.

The symptoms of irritant poisoning were well marked; great mental depression, restlessness, a sense of weight and pain at the pit of the stomach, much thirst; some difficulty in swallowing, constant retching, &c.

He was made to drink warm water pretty copiously, and the stomach thus "washed out" twice. With the second vomit a good deal of glairy mucoid matter was ejected, yellowish probably from staining with bile, and containing also streaks and small clots of blood. A sinapism was then applied to the stomach, and the following ordered:—

℞ Tinct. Cinchonæ Co.	ʒi.
Decoct. Cinchonæ	ʒi.

"To be taken every half hour up to six doses."

By 6 P.M. he had taken the six doses of this mixture, and although there was still some inclination to vomit, yet he was much

more quiet and collected. He complained now, however, of much griping pain in the bowels and had passed two stools; the first being chiefly scybalous, the latter consisting almost entirely of pale, yellow-coloured, shreddy mucus which was voided with great straining and smarting. He suffered much also from "cramps" in the legs.

By midnight, he had again vomited seven times and purged once, and the griping and pain in the bowels continued. Twenty-five minims of the *liquor morphiae* were now injected hypodermically at the epigastrium and gave great relief. Small quantities of iced milk could, after this, be retained by the patient, and by the morning larger quantities with soda water were eagerly swallowed. The vomiting did not recur. As he had not had any sleep since admission, twenty grains of *chloral* were given on the 8th, and it had the desired effect. The next day (9th) he was well enough to be removed home.

The tartar emetic remaining in the phial weighed 377 grains, the original quantity (as the phial was an ounce one) was probably 437½ grains, and the quantity swallowed was therefore 60½ grains!

When it is remembered that two grains of tartar emetic have proved fatal in the adult, this was indeed an overwhelmingly poisonous dose, and no doubt the patient owed his recovery to the speedy vomiting which followed the swallowing of the drug, and the evacuation thereby of probably the greater portion of the same; yet, that a not inconsiderable quantity was absorbed is proved by the acute gastro-intestinal symptoms developed.

Not the least remarkable part of this case is the circumstance that the tartar emetic was purchased at the "Uncovenanted Service Dispensary," Calcutta, a well-known and respectable establishment. It seems strange that so large an amount as a whole ounce, should have been sold, over the counter, to a non-professional person, and without the authority of any prescription from a medical man. No indication of the proper medicinal dose or doses of the drug was inscribed on the phial; and although it is true that a label with the word "Poison" printed in red letters was conspicuously enough affixed to the same, yet, I think, it is quite time chemists should understand that this is not a sufficient safeguard, and does not absolve them of all responsibility when poisonous drugs are purchased in this manner.

I am, Dear Sir,

Yours faithfully,

J. F. P. McCONNELL, M.B.,
Resident Physician.

MEDICAL COLLEGE HOSPITAL,

September 19th, 1876.

DIAGNOSIS WANTED.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—I beg to submit the following case to the readers of your valuable journal, of whom some, doubtless, will be able to suggest its nature, and thus oblige.

A Mahomedan girl, aged 5 years, was brought to the dispensary, in an insensible condition, on the 25th June 1876 at half past 8 o'clock in the morning.

History.—She was quite well the day before. At 10 P.M. took her usual food in the same plate with her husband and father-in-law, and went to bed without any complaint. At 1 o'clock in the morning she awoke crying, complaining of pain in the abdomen, and great difficulty of respiration. Pain and dyspnoea continued for three hours. A rattling noise was then heard in her throat, and mucus and froth began to flow from her mouth. Up to this time she was sensible, and continued to speak. She then became insensible and was brought to the hospital. No one else, who dined with her, became sick.

Symptoms.—The patient was insensible, lying flat on her back; arms hanging loosely by her sides, though she occasionally tossed them and her legs about. Her pulse was 150; skin warm; respirations 35, difficult, attended with rattling noise in the throat, which distinctly indicated a collection of mucus in the larynx. Loud and small crepitating râles heard all over the chest; the face was slightly puffy, and the pupils were dilated. A mustard plaster was then applied on front of the chest, and half a drachm of *vin. ipecac* administered. She

attempted to vomit after the wine, but only a little mucus was ejected; the mustard plaster was removed after ten minutes, and she then became slightly conscious; pointed to epigastric region and breast, when asked about the seat of pain. An enema of castor oil and turpentine was then ordered, which acted once; but the respiration became more and more difficult, and the patient very restless. Cold clammy perspiration set in, and at last she died about two hours after being brought to the hospital.

Post-mortem.—Rigor mortis set in seven hours after death. Abdomen was opened first. The diaphragm was high up, stomach empty, three red lines were seen on the mucous membrane. Small intestine contained nine round worms. Large intestine contained faecal matter. No trace of poison was detected, nor was there any reason to suspect poisoning. Liver, kidneys, and brain were congested. Heart empty of blood. Lungs were extremely congested, containing a large collection of mucus in the bronchial tubes. Larynx contained much mucus, without any sign of inflammation. There was no false membrane in the larynx.

I am, Sir,

Yours, &c., &c.,

HARA KANTA BANERJEE,

Assistant Surgeon, Bahraich.

BAHRAICH, the 18th July 1876.

TURMERIC FLOWER AS A REMEDY FOR GONORRHOEA.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—In your issue dated 1st July I have had the opportunity of reading two articles regarding injections of quinine and cinchona into the urethra as the best remedies for gonorrhoea, and this induces me to send you this notice of a specific, which I have lately discovered, as being a useful medicine in that disease, and hope your readers will kindly try it and let the profession know the results in the columns of your journal.

Fresh turmeric flower (*Curcuma longa*) well ground, and mixed with a small quantity of sugar and water to make a fine yellow 'shurbuth,' is to be taken early in the morning daily until a cure is effected.

Eight or ten days are ample for curing a most obstinate case, if the patient be particular as to his diet, while under this treatment.

Yours obediently,

BAHADOOR ALLY,

1st Class Hospital Assistant, Central Jail.

RAIPURE, 4th August 1876.

QUARANTINE AT ROORKEE IN 1872.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—In the article on "Quarantine at Roorkee in 1872" which appeared in your last issue, two very important practical questions are discussed. Allow me to offer a few observations regarding them. The first question is,—Can quarantine keep cholera out of an Indian station? As you rightly observe there is a popular prejudice in favor of this measure. It has been tried again during the current year at Kohalla for the protection of Murree with the usual result, that it has been of no avail. At Roorkee, in 1872, it failed; but you seem inclined to attribute this failure to the fact that three medical officers went to a neighbouring village on the 1st September to do what was possible for the distressed inhabitants among whom cholera prevailed; that in the evening they returned and visited their patients, and that on the following day the first case of cholera appeared in the hospital of the 109th regiment. This circumstance of the three medical officers' visit to the affected village is not narrated by the Sanitary Commissioner with the Government of India in his report on the epidemic of that year, and you cite this as an illustration of how with the best intention an exponent of any particular view is apt to omit any fact which is opposed to his own ideas. All men are liable to error and the Sanitary Commissioner with the Government of India is no exception to the rule, but is the fact, of which so much is made, really of any importance?

You wish it to be understood that you do not hold the opinion "that cholera contagion can be brought into a locality without the agent having himself contracted the disease."