

contained 37.5 parts of metallic mercury, 4.05 parts had become converted into the black oxide, and 22.25 parts into red oxide."

Yours truly,
M.D.

IDIOSYCRASIES.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

DEAR SIR,—I am glad to be able to assist Dr. Bird in his study of idiosyncrasies with the description of one tolerably peculiar case.

A gentleman of my acquaintance, in excellent health, of temperate and active habits, experiences most unpleasant sensations on tasting pea-soup.

I have requested him to describe in writing the nature of these sensations, and he gives me the following account of them:—"The feelings experienced on tasting pea-soup are exactly those of a severe cold. My head gets heavy, I sneeze frequently, and partially lose my voice. These sensations continue for about half an hour, or sometimes longer, when they disappear as suddenly as they came on."

On further enquiry I have elicited from him the following particulars:—

1. He is attacked with the sensations above described, although being previously ignorant that the soup he was about to partake of contained peas, and has been able to detect the presence of peas, even in small quantity, in his soup, simply by these sensations.

2. It is only peas in the dried form that thus affect him. Peas-pudding produces the same sensation.

3. Other allied grains, as *dāl* and *gram*, have the same effect on him.

4. He is not aware that any of his relatives suffer or have suffered in the same way, nor has he ever met any person similarly affected.

A parallel instance to the one mentioned in your Editorial on this subject, in connection with the "Taroos" of Nepal, is furnished in Assam.

There is a tract of country lying on the right bank of the Berhampooter which presents no marshy or jungle lands, such as are peculiar to the general topography of the Province; but, on the contrary, possesses the appearance of a vast, open, sandy plain, bearing a short grass, only sparsely studded with trees, and free to "every wind that blows." The Natives inhabiting this tract of country are strong, healthy men; yet it is fatal to Europeans. The fevers developed there among European visitors are said to be of the most virulent type.

I am, dear Sir, yours faithfully,

DEOLEE, September 17th, 1866. F. W. A. DE FABECK.

SPECTRAL ANALYSIS.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—In Dr. Murray's paper on the Pathology and Treatment of Cholera, published in the *Gazette* of the 1st September, he states at para. 1st—"The specific poison of cholera has not been individualized by chemical or spectral analysis." As I should like to prosecute the enquiry, will you or some of your readers inform me, through your columns, how the process by spectral analysis should be conducted?

September, 1866.

Yours,
PRISM.

ON DHYES OR NATIVE MIDWIVES.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—Most painfully aware of the many instances of suffering and danger to the lives of mothers and their unborn children which not unfrequently fall under the sad experience of medical men, practising either among the natives of the metropolis or the rural inhabitants of the Mofussil, owing to the heedlessness and natural tendency of the general public to put too blind a faith and confidence in native midwives or dhyes, who go abroad in this country with no erudite head or experienced finger, obstructing and subverting, but not aiding and facilitating nature in her process of parturition,—I beg, Mr. Editor, to draw your kind attention to this fact, hoping that the evils arising from this system may be properly laid

bare before the public, through your Editorial columns, and some remedy devised to put a thorough check to this most barbarous and pernicious practice.

Though myself a graduate and practitioner, with but a very scanty amount of experience as my stock-in-trade, I had the misfortune of experiencing many instances of obstinate diseases of the female genital organs, as results of mismanagement on the part of these dhyes, in the cases of females who, but for these interferences, would have fared well in life as mothers, but are now invalided for the remainder of their lives. How many of these cases defy all our remedial powers! and in their treatment reparative surgery is powerless. Not to mention all the consequences that result from their uncalled for, ignorant, and careless interference, these cases are too numerous and of too complicated a nature to enable me to enter into their description in this short letter. Obstinate prolapsus uteri and vaginæ, ruptured perinæum, and consequent formation of permanent fistulæ, or occlusion of the vagina, various forms of lacerations of the os or body of the uterus, post-partum hæmorrhages, are some of the effects of their mismanagement. Setting aside these permanent organic lesions, which are but the sequelæ of delivery, what numbers of females do not undergo the most painful of trials during the process of delivery. With no *lactus eruditus* as their guide, in many instances the dhyes interfere and cause the too early escape of the liquor amnii, leading to all the dreadful consequences of such a mischance. Many unnecessary tears and sufferings, and in some instances premature deaths too, in our lying-in rooms, may be legitimately attributed to this pernicious system of meddling mid-wifery.

In showing these evil results which are caused by the dhyes, I am conscious that we are not in a position to remedy it at once. Like all great improvements in all departments, this too must be slow in its course. We cannot by any spasmodic effort put a stop to this practice, as we have none at present to supply the place of these dhyes. Native gentry will seldom, though the lives of their wives and daughters be at stake, condescend to engage a licensed medical person as their midwife. In exceptional cases, though they have been known to do so, it is only when they despair of the patients' lives, or when the dhyes pronounce them to be beyond hope. On the other hand, the number of European females practising as midwives is so small that we cannot expect them to meet all the demands and calls made on them. Under these circumstances, I beg to suggest that it would be conducive to general welfare if the proper authorities could be moved to engage a number of intelligent and good charactered native females, on probation, in the Obstetric Wards of the Medical College Hospital, who, after a course of practical training, might be furnished with a certificate to practise as midwives in the Town and the Mofussil. I believe such a suggestion is capable of greatly benefiting the public at large.

Yours faithfully,

RAM LALL DEY, L. M. S.,

Medical Officer, E. B. Railway.

KOOSHTEA, 31st August, 1866.

Extracts.

THE ARMY.

CHANGES AND PROMOTIONS IN HER MAJESTY'S ARMY.

War-Office, August 21.

Surgeon William Grant, M.B., from the 87th Foot, to be Surgeon, vice Charles William Woodroffe, who exchanges.

87th Foot.—Surgeon Charles William Woodroffe, from the 1st Foot, to be Surgeon, vice William Grant, M.B., who exchanges.

Staff Assistant-Surgeon David Palmer Ross, M.D., has been permitted to resign his commission.

To be Inspector-General of Hospitals.—Deputy-Inspector-General of Hospitals Francis Anderson, M.D., Bengal Establishment.

To be Deputy Inspectors-General of Hospitals.—Surgeon-Major Thomas Saumarez Lacy, Bengal Establishment; and Surgeon-Major Theodore Cayley Hutchinson, Bengal Establishment,