

and Chita, Hindu, female, 6 years, were attacked by cholera on 9th June 1896, *i.e.*, 74 days after inoculation, and died on the 12th, 10th and 16th, respectively.

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Reviews and Notices of Books.

RESEARCHES INTO THE ANATOMY AND PATHOLOGY OF THE EYE. BY E. TREACHER COLLINS, F.R.C.S., LONDON: H. K. LEWIS, 1896 (VO. PP. XIV, 140. 6s.

MR. TREACHER COLLINS' contributions to the Anatomy and Pathology of the Eye are well known, and have from time to time appeared in various ophthalmological publications at home. This summary of his researches will therefore be welcomed by those who are interested in ophthalmic work, to the literature of which it is a valuable addition. Moreover, the author's investigations bear the stamp of careful, and patient labour, conducted with much discrimination; many of them being of considerable importance from a clinical as well as from a purely pathological standpoint.

Those portions of the book which treat of glaucoma, and more especially of its occurrence after the extraction of cataract should prove of great interest to workers in the field of ophthalmic surgery out here where opacity of the lens is so common a complaint. From his observations on this subject, the author is led to believe that the increased intra-ocular tension in all such cases is produced by "adhesion to, or entanglement of the lens capsule in the extraction scar," which has the effect of blocking the angle of the anterior chamber, not only at this site, but elsewhere, by drawing the root of the iris forward towards the periphery of the cornea. In those cases in which the iris has been removed up to the periphery at the time of extraction, and glaucoma results, he finds that the obstruction is produced in the site of the coloboma by a similar advancement of the anterior ciliary processes.

When speaking of "the causes of the failure of iridectomy in the relief of tension," it is pointed out that the main fault lies in not removing the iris up to its extreme periphery. In glaucoma of long standing this may be due to complete adhesion between the root of the iris and the cornea, a condition which does not obtain in acute cases, and hence the more satisfactory results obtained by the operation in the acute as compared with the chronic form of this disease. The plea for early iridectomy in cases of chronic glaucoma, with which Mr. Collins concludes this portion of his subject, will appeal to all who have had experience in such cases.

There are many other subjects discussed, the enumeration of which will suffice to show their importance in ophthalmology. Such are the views advanced with regard to the development of the suspensory ligament of the lens and of the lens capsule, and of anterior polar cataract; the connexion between zonular cataract and rickets; his well-known researches into the ciliary body, demonstrating the presence of glands in this region; the pathology of implantation cysts of the eye; the differences between glioma of the retina and the sarcomata; the explanation of the occurrence of glaucoma with aniridia, congenital, or traumatic; the effects of concussion of the eye; and several others of equal interest.

It only remains to be said that the book is well printed, and supplied with excellent illustrations, which are of much assistance in following the text, and that it is one which will well repay a careful perusal.

THE HYDRO-ELECTRIC METHODS IN MEDICINE. BY W. S. HEDLEY, M.D. LONDON: H. K. LEWIS, 1896. Second Edition, 115 pp., octavo.

THERE are considerable changes in this the second edition of Dr. Hedley's book. The chapter on "Current from the Main" has been enlarged and published separately under the title "Current from the Main; the Medical Employment of Electric Lighting Currents." We had occasion to notice this favourably. The principal precautions to be observed in making use of Current from the Main are emphasised in Chapter IV. Insulation is the main essential. A reducer of potential is also necessary, and Dr. Hedley regards the traversing interlocked shunt rheostat as the best. With continuous currents from a transformed system he says it will be as well to interpose a motor and make this drive by belt, a small dynamo which should not be fixed on the same metal bed-plate. A battery with all its faults is likely to suit the average practitioner better than this elaborate arrangement. The chapters on the Hydro-electric Bath and on Cataphoresis are especially

good, and Dr. Hedley being an expert physicist as well as a physician, the account is both lucid and readable. The book can be strongly recommended to practitioners.

Correspondence.

"THE TEA-KETTLE POLICY IN CHOLERA."

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—Anent Dr. A. Mitra's assertion in the March number of *The Indian Medical Gazette* page 119, col. 2, para. 3, I have to say, that the use of boiling water and the theory thereto is not the learned doctor's innovation but was known to the Hindus and Hindu physicians long before the Christian era. Hindu Medical authorities not only laid much stress in the use of boiling water in diseases to ward off bad tendencies, but insisted in its use all the year round in health; and recognized different forms of preparations according to the season of the year. See the Sanskrit text below—

पादशेषं कथितं तत्रारोग्यजलं विदुः ।
कासश्वासहरं पथ्यं मारुतं चापकर्षति ॥
सद्यो ज्वरं हरत्याशु समेदः कफनाशनम् ।
प्रतिश्यायं पाचयति पूल गन्नाशनाशनम् ॥
दीपनं च कृताशस्य पाण्डुशोफोदरापहम् ।
अजीर्णं च जरत्याशु पीतमुष्णोदकं यदि ॥

If a certain quantity of water is boiled down to one-fourth of it, it becomes very useful in coughs, asthma, expels flatus, diminishes severity of acute fevers, destroys irritability of the system, obesity, and lessens mucous discharges, stops abdominal pains and colic, relieves the urgent symptoms of piles, improves appetite, cures jaundice, and all forms of functional indigestion.

शरदे च तथा शौथे क्वाथेन पादावशेषितम् ।
शिशरे च बसन्ने च कुर्व्याद्द्वैवशेषितम् ॥
विपरीतं स्तौष्ट्या प्रादृषिवादे भागिकम् ।

During *Sarat kal* (August, September and October) boil out three-fourths of the quantity; during *Sishir kal* (November, December and January) boil out half; during extreme cold season boil out one-fourth; and during rains boil out half—

क्वाथमानं च निर्व्वेगं निष्फेनं निर्मलं च यत् ।
अर्वाविशष्टं भवति तदुष्णोदकमुच्यते ॥

Boil the water until the process of convection (ebullition) ceases, and no scum forms on the surface; and the water clears out (leaving) the suspended materials separated or destroyed, or the quantity reduced to half. Such water is called *boiled water* for use.

Again the Sanskrit writers condemned certain forms of water for use and domestic purposes—

पापं पापोदकं चैव करोत्येव सरोचकम् ।
विष्टायुक्तं प्रादि नीरं क्षमिकीटसमाकुलम् ॥
समलं नील शैवालं पापन् नोर्दंतं च यत् ।
ज्ञाने पाने न तत् शसं नाराणां वा ह्येषु च ॥

Bad or polluted water affects the digestion, and produces constipation, &c. The water that contains filth, or decomposed vegetable matters, or vermin or animalcules is unfit for the use of man and horses, for drinking and bathing purposes.

बहुचलताकुंजे श्याकूपोऽथवा सरः ।
अवयंचे दधोऽप्येवं क्षमि शैवालसयुतम् ॥
क्षिन्नं सपिच्छलं कथं दृचमूलान्त्रितं भवेत् ।
बहुचलपर्ययुक्तम् दुर्गन्धं सूचयन्भवत् ॥
रोगोदकं विजानीयात् करोति विषमानगदान् ।

The well covered over with trees and creepers, or a tank that contains stagnant water covered over with vegetable growths and filled with animalcules contain bad water. Again, the water that is slimy to touch, or easily froths, or is