Abstracts and Extracts.

APOPLEXY IN INDIA.

Under the head of *Heat-stroke* I have commented rather freely upon what I regard as the great error of massing together cases of that malady and of true apoplexy in the Indian Medical Returns.

One inconvenient result of this practice is, that it is impossible to bring forward any valid statistical evidence to show whether true apoplexy is or is not of frequent occurrence in India. These statistics, however, do not include those classes—the rich, highly fed, and aged—among whom apoplexy is most prevalent.

I can perceive no grounds of ætiological affinity upon which apoplexy and heat-stroke should be placed together in the *ordo morborum*.

Softening of the Brain terminating in Apoplexy is common among those rich natives who are overfed, indolent, intemperate in the use of liquor and drugs, who commit other excesses, and who are often diabetic. I saw a very few cases in East Indians and poor aged natives, and one in a Madras sepoy.

In my long personal experience, I can recall only six unimpeachable and one questionable (embolic ?) cases of apoplexy occurring in India in European officers and gentlemen, all of whom were over the age of 50, whose careers in India had been very arduous. In one, death was sudden in an aged man, in the others life was considerably prolonged. On return home, one of these, a patient of my own, a very self-indulgent man, attacked in middle age, resolutely corrected his mode of living and survived the stroke for eighteen years, completely recovering from right hemiplegia. I examined the brain of a young European of the lower class, who died very suddenly of most extensive central cerebral hæmorrhage at a place of public amusement in Calcutta. I found that *the application of a large mass of ice to the nucha* has great power in arresting stertor. Happening to be in the Judges' chambers of the Calcutta High Court, one very hot noon, I was called to see an aged barrister, of free habits, who had fallen in a fit. He was in apoplexy, and quite insensible; his face was congested to a plum colour, and there was loud stertor. I had him supported in Marshall Hall's position, and applied ice freely to the back of his neck and occiput. The stertor immediately abated, and speedily ceased. He recovered completely, without paralysis, in a few days, but died in Court about two years subsequently. A native with carotid aneurism fell stertorous, an embolus having become detached from the sac. Ice to the nucha immediately checked the stertor, but he died. My nurse had a supply of ice constantly ready to be used in this manner, especially in cases of epilepsy, which are generally much relieved by the application of ice. I saw stertor, with perfect consciousness, in an apoplectic native, and heard of another similar case.

I had repeated experience of the utility of placing, raised in Marshall Hall's position, insensible apoplectics whom I found suffocating on their backs with their heads fallen back.—Dr. Chevers in *Medical Times*.

TREATMENT OF POLYURIA.—Lunin ("Jahrb. f. Kinderheilk") reports a confirmed case of polyuria, in which the daily amount of urine was reduced within a week from eight to five litres by seven-grain doses of salicylate of sodium. Valerian was then given (an infusion of the root, 1 part to 20 of water), with the result of further reducing the amount to two litres and a half. Within three weeks the amount of urine fell almost to the normal, and there was a decided improvement in the general condition of the patient.

TUBERCULAR MENINGITIS WITH FREE PHOSPHORUS—Green ("Practitioner") reports a well-marked case of tubercular meningitis, which he treated with doses of one-sixteenth of a grain of free phosphorus, given every four hours, in oil. After having remained unconscious for nearly a week, the patient rallied, and eventually recovered from the meningitis, but died a month afterward of acute pulmonary tuberculosis.

HOW TO SWALLOW A PILL.—It is often remarked by some persons that they cannot swallow a pill. This arises, probably, in many cases, from the mode of swallowing adopted. Dr. S. E. Wills, of Maryland, remarks, that if pills be swallowed in the same way that food is, with the head inclined forward, the chin near the breast, and if a small quantity of water be taken after the pill is put into the mouth, it will be surprising how easily the pill can be swallowed. The usual plan of throwing the head back when taking a pill renders it much more difficult to swallow.—*Practitioner*, p. 297.

PRURITUS ANI.—A correspondent of the *Brit. Med. Journal* recommends the passing of a pledget of cotton soaked in the following into the anus, leaving until the next defecation, when it is to be reapplied: Acid carbolic, gr. xx; tr. opii, ʒ iv; acid hydrocyanic dil. ʒij; glycerine, ʒiv; aquam ad ʒvj.

THE EXTERNAL USE OF CHLOROFORM IN LABOR.—The Chicago *Medical Journal and Examiner* calls attention to a peculiar method of using chloroform in labor, which originated, it is said, with Dr. A. Svanberg, of Sweden. This doctor claims to have found that, in severe cases of labor, where rigidity of the os has caused an obstacle to delivery, the external use of chloroform is very advantageous. His method consists in applying a piece of flannel soaked in a mixture of chloroform and sweet-oil (one to one or two to one) to the abdomen between the symphysis and navel. Then, by light strokes over the cloth, he makes sure that it is close to the skin. In severe cases (after five minutes) he pours on more of the mixture. After from five to twenty minutes, Dr. Svanberg always finds that the rigidity is so much lessened that any desired manipulations, such as turning, may be performed.

This practice of applying chloroform externally in order to relax the parts and permit the introduction of the hand or instruments, is especially recommended to country-doctors who have no assistant to give the anæsthetic by inhalation. It is not believed that it will succeed in very severe cases. It is probable that the patient practically gets a good deal of chloroform internally by this method.

Correspondence and Notes.

LOOSENING OF THE TEETH.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—I noticed, under the above heading, in last month's number of the "Indian Medical Gazette," a brief reference to an article contributed by Mr. Sewell to the "British Medical Journal." Whether the premature shedding of the teeth owing to the wasting of the gums and alveoli is on the increase in England, as he tells us, at the present time, or not, is, I venture to think, a very debatable question.

If Mr. Sewell has had his attention specially directed in this direction at Lorne, where, perhaps, at the most, not more than five per cent. of the population suffer in the manner he describes, I can imagine his surprise, were he to examine the mouths of a few Bengalees, amongst whom it is the rule, rather than the exception, to find a diseased state of the dental structures.

Of all Eastern nations, whose mouths I have had an opportunity of examining, the Natives of Bengal are by far the greatest sufferers from what may be termed chronic dental suppurative periostitis.

Not five per cent., not twenty only, but more than half the adult population are afflicted with this disease in some stage or another.

Some of these cases are traceable to the various exantemata, or to a syphilitic or strumous diathesis, but the majority are caused by an anæmic state of the blood—the result of low diet, locally aggravated by the lime of the betel plug, which is so persistently chewed by all classes.

In many cases, when this state of the mouth is not complicated with other diseases, a change is quickly remarked for the better after a short course of tonics, coupled with a diet of stronger food.