

Dr. Cullimore asked for information as to the duration of allied cases of disease treated in the hospital by other methods than that practised by Dr. Mackenzie, and also whether the author of the paper was inclined to confine such treatment to cases of rectal dysentery, or to apply it to others as well. He commented on the fact that most of the cases recorded were those of sailors, and suggested that the favorable result might be, in great part, due to the improved surroundings of the patients, the physiological rest and appropriate diet, etc., afforded in hospital, as compared with the depressing surroundings of an existence on board-ship. In his own experience of the treatment, he found that pain was produced in one case, on injection of two pints of water, holding forty grains of silver-nitrate in solution. In another case of dysentery, due to famine, he injected half a pint of water containing iodoform, but without effecting any good result. Opium and krameria were, in his opinion, the most useful remedies in this class of cases.

Dr. S. Mackenzie said he purposely used the term chronic dysentery, or dysenteric diarrhoea, in writing his paper, as being most appropriate to the kind of cases under discussion, these being characterized by teasing diarrhoea and considerable constitutional disturbance. In a previous paper, he had explained that the physicians at the Seamen's Hospital had spoken hopelessly of all kinds of treatment; but, at the London Hospital, greater opportunities existed for making observations in this respect than at any similar institution, with the exception of the one just named; and in all his own cases, the effects of rest, opium, etc., had been tried in vain before resort was had to the injection-method of treatment. He alleged that rebellious cases were cured by the enema, and that it was, therefore, a resource to be adopted whenever the ordinary remedies failed. He himself would adopt it in ordinarily severe cases at the outset of treatment. He had no definite statement to make as to the permanence of the cure, the class of patients concerned being the most difficult of any to keep under observation; but, in this connection, it might be interesting to the Society to know that one patient cured by him had returned twelve months after being discharged, not on his own account, he being still well, but to solicit Dr. Mackenzie's good offices in behalf of a friend who was suffering, as he had been, from chronic dysentery.—*British Medical Journal*, November 22, 1884.

GLYCERINUM ALUMINIS AS AN ASTRINGENT.—A "glycerinum aluminis," prepared by dissolving one ounce of alum in 5 ounces of glycerine by means of a gentle heat, is recommended by Mr. R. W. Parker (*British Medical Journal*, January 24, p. 178) as useful where a powerful local astringent is required. It is described as having the *advantage over tannia* in being far less disagreeably equally astringent, and quite compatible with the administration of iron. In cases of chronic pharyngitis, it is said to be efficacious, and, when diluted with water, to form a useful gargle, injection, or lotion.

A METHOD OF REDUCING TEMPERATURE.—Stephan ("Allgem. med. Centr.-Ztg.;" "St. Petersburg. med. Woch.") says, that the application of ice-bags over the supra-clavicular regions during fever is followed by a marked reduction of the temperature. In several cases of typhoid fever treated in this manner, he was able to control the fever while the sensorium remained clear. The explanation offered is, that many large superficial veins are situated in the neck, and that, by the direct application of heat to them, the temperature of the blood is lowered rapidly.

Correspondence and Notes.

MYXEDEMA AND GÔITRE IN INDIA.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—In Mr. Horsley's second lecture on the Thyroid Gland (*British Medical Journal*, 31st January, 1885), he remarks in a foot-note:—"In passing, I would note the existence of primary symptoms of myxœdema in patients the subject of ordinary gôitre. In a lady under my care, I have found all the characteristic symptoms enumerated above, which are disappearing as the gôitre is diminishing." During my service in Oudh, I have seen thousands of cases of gôitre, but never one with symptoms of myxœdema. I would ask, is not this the general experience? It would appear that in gôitrous persons in India, the thyroid body still acts normally, and does not lose its functional activity. I remember in 1872 at Gouda making a *post-mortem* examination of the body of a woman sent in by the police; the substance of the left lobe of her Thyroid Gland was entirely occupied by a calcareous mass, the size of a small orange; the right lobe was not enlarged; there were none of the appearances such as result from myxœdema; both lungs were tuberculous. In one or two other points, the history of gôitre in India is peculiar; where cretins are found, more than half of them are, I believe, born of gôitrous parents: out here people afflicted with gôitre give birth to children healthy and intelligent. In India the treatment of gôitre, no matter how large, with Mercury Binioidide ointment is perfectly satisfactory; elsewhere the application of Iodine seems to be of little or no value; perhaps sitting the patient in the sun's rays after inunction helps.

Yours, &c.,

FRED. W. HIGGINSON, F.R.C.S.I.,

Civil Surgeon.

HARDOI, February 21, 1885.

THE TREATMENT OF WRITER'S CRAMP.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—With reference to the treatment of "writer's cramp," the following appears in "Our note-book" columns of *The Illustrated London News* of the 28th February 1885:—

"Hitherto the painful complaint called 'writer's cramp' has been regarded by medical men as practically incurable. In Dr. Quain's 'Dictionary of Medicine,' the author of a paper on the subject vividly describes the growing agony of a clerk, whose livelihood depends on the use of the pen, upon finding it, day by day, more difficult to write. Galvanism will be tried and other remedies resorted to, but the case generally goes from bad to worse, and at length the poor scrivener loses his office and his income. There is good news for him now. Dr. De Watteville, of St. Mary's Hospital, relates several instances of 'writer's cramp,' one being of seventeen years' duration, which have been cured in a few weeks by the application of rubbing, kneading, and gymnastics. The happy discoverer of this treatment is a German, who has lately come to London. What a warm wel-

come, Thomas Carlyle, who was unable to hold a pen for the last fifteen years of his life, would have given to Mr. Julius Wolff! We are not told, however, of any case in which the treatment has proved efficacious in old age. The method, at present, is comparatively in its infancy."

It is a somewhat curious coincidence that, about six or seven months ago, I suggested systematic massage as a remedy for "writer's camp" in two cases—one that of a lady, and the other that of a gentleman. In the first case, Captain B. told me that he had a relative who was suffering from the affection, and that he "would give anything if she could be cured." I asked him to send her to Sir Joseph Fayrer, and told him I would write to that gentleman, suggesting the systematic application of massage. I did write, but have heard nothing of the case since. In the other case, I suggested this mode of treatment to Col. C. G., but I don't think he ever tried it. I have, however, sent him the above extract, and trust he may be induced now to give the treatment a fair trial.

VINCENT RICHARDS.

GOALUNDO, March, 1885.

MESS SUBSCRIPTIONS.

TO THE EDITOR OF "THE PIONEER."

SIR,—With your permission, I should like to ventilate the subject of Medical Officers' mess subscriptions in Native Corps, with a view to ascertaining the feelings of those concerned. Under a recent ruling, mess entertainments are to be paid for according to staff corps pay, all extra allowances being excluded. For instance, should the Medical Officer be over twenty years' service, he will pay on Rs. 852-3-7, his emoluments all told being Rs. 1,000; whilst the Commanding Officer will pay on Rs. 827-14, although he draws Rs. 1,427-14 per mensem! In such an instance the Medical Officer will have the honour and glory of paying more for the entertainment of mess guests than the Commanding Officer, who receives at least Rs. 400 odd more pay. The injustice of this rule will be severely felt by many. While on this subject, I may mention another. It is the custom, in all matters relating to a mess, to enter the Medical Officer's name, no matter what is his seniority, last, even after the last joined lieutenant. Now, I presume there are few medical men with so small a mind as to regard this slight—for slight it is—other than as a matter of very small importance; but this sort of treatment lowers him in the eyes of the natives. In mess matters the Medical Officer's name should, undoubtedly, be entered according to his seniority. As affairs now stand, many a Medical Officer will find his name at the bottom of the list, and opposite it a sum to be deducted for the entertainment of guests invited in the name of the Commanding Officer and Officers greater than that to be paid by the Commandant himself!

I am, &c.,

I. M. S.

ASSISTANT SURGEONS' PROMOTION EXAMINATION.

THE following questions were set at the recent Examination of Assistant Surgeons in Bengal for promotion to the superior grades in accordance with para. 6, Chapter XL, of the Bengal Medical Regulations of 1851:

Medicine and Therapeutics.

- I. Give the course, symptoms, complications, and treatment of Bright's disease.
- II. Detail the pathology, course, and various terminations of diabetes mellitus. Prescribe for it and its complications, and arrange its dietetics.
- III. Contrast a case of true remittent fever with one of enteric throughout their course. Mention the differences in their lines of treatment.
- IV. Treat a case of cancrum oris, locally and generally, and give the actions of the remedies employed.

Midwifery.

1. You are sent for to a case, and find that labour began 24 hours before your arrival. Os dilated to the size of three inches, membranes ruptured 12 hours. Head presenting, but not engaged in the brim. What would you do?
 2. How would you distinguish a breach from a shoulder presentation?
 3. Give the treatment of post-partum hæmorrhage.
 4. What is meant by missed abortion, and how would you diagnose the condition?
 5. Describe a case and indicate the treatment of trismus infantum.
 6. What are the distinctive symptoms of rickets?
- N. B.—No. 1, two of the next three, and one of the last two questions to be answered.

Surgery.

1. What do you mean by meningocele? Enumerate the methods of treating this disease, and state which of these methods has been attended with most success.
2. Under what conditions has excision of the rectum been performed? Describe the operation.
3. Give an account of the operation commonly called Cock's for opening the urethra through the perineum. Under what circumstances would you adopt this operation?
4. Tracheotomy is often performed for the relief of symptoms due to œdema of the glottis. After such an operation what conditions would guide you in removing or retaining the tracheotomy tube?

Medical Jurisprudence.

1. What appearances would make you infer that a wound had been inflicted before death, and what appearances would point to its having been caused after death?
2. How would you treat a case of acute arsenic poisoning? What *post-mortem* appearances would you expect to find on the body of a person who died from acute arsenic poisoning?
3. What are the various forms of death from hanging? Which is the most common form of death in this country; and what are the *post-mortem* appearances of this form of death?
4. Describe in detail how the seeds of the *abus precatorius* are used in this country by professional poisoners. What are the symptoms of poisoning with the seeds of *abus precatorius*; and what *post-mortem* appearances would you expect to find in a case of death from poisoning with these seeds?
5. What *post-mortem* appearances would point to an infant having been born dead; and what appearances to the child having been born alive?

N. B.—Any three of these questions, but not more than three, to be answered.

Vital Statistics.

HEALTH OF CALCUTTA.

THE total number of deaths, registered during the week ending 14th February, was 290 against 273 and 272 in the two preceding weeks, and 36 in excess of the corresponding week last year. Under the head of cholera, there were 51 deaths against 30 and 17 in the two preceding weeks, the quinquennial mean of the week being 20. The rapid rise in cholera mortality was probably due to the late light rains, which had the effect of moistening the surface without scouring it, thereby helping changes of decomposition in filthy localities. The incidence of the disease was sporadic. From small-pox 7 deaths were registered against a quinquennial mean of 6. Fevers and bowel-complaints were slightly in excess of the averages. There were 19 deaths from diarrhœa, and 16 from dysentery. The general mortality was at the rate of 34.9 per 1000 per annum.

During the week ending 21st February, the number of deaths registered was 260, being 38 in excess of the corresponding week last year. Under the head of cholera, 30 deaths were registered, the quinquennial mean of the week being 32. From small-pox there were 6 deaths, the quinquennial mean of the week being 4. Fevers and bowel-complaints continue to be slightly in excess of the averages. The general mortality was at the rate of 31.3 per 1000 per annum.

During the week ending 28th February, the number of deaths registered was 260, being 36 in excess of the corresponding week last year. Under the head of cholera, 39 deaths were registered, the quinquennial mean of the week being 34. There were 11 deaths from small-pox against 6 and 7 in the two preceding weeks, the quinquennial mean being 8. The deaths from fevers and bowel-complaints continue to be somewhat in excess of the averages. The general mortality of the week was at the rate of 31.3 per 1000 per annum.