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.

IDIOSYNCRASIES.

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 *dâl* 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 sparely 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,
F. W. A. De Fabeck.

Deolee, *September 17th*, 1866.

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?

Yours,
Prism.

September, 1866.

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 *tactus 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 meddlesome midwifery.

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, 31*st 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 Rosss, 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,

India-Office, August 23.

Her Majesty has been pleased to approve the following appointments to Her Majesty's Indian Medical Service:—

BENGAL.

To be Assistant-Surgeons.—Griffith Griffith, March 31; Lewis Cameron, M.D., March 31; Daniel O'Connel Raye, M.D., March 31; James Thomas Gage, M.D., March 31; William Pleace Warburton, M.B., March 31; Edward Alfred Birch, March 31; Dean Philip Palmer, M.D., March 31; Denis Francis Keegan, M.D., March 31; William Walker Galloway, M.B., March 31; Lewis Edward Eades, March 31; Stephen Coull Mackenzie, M.D., March 31.

MADRAS.

To be Assistant-Surgeons.—John M'Pherson, M.D., March 31; Lewis Charles Nanney, March 31; Patrick John Shannon, M.D., March 31; Charles Edwin M'Vittie, March 31; Cormac Michael Cullinan, March 31; Henry Charles Mayor, March 31; Frederick Martin Richard, March 31; and Daniel Frederick Bateman, March 31.

BOMBAY.

To be Assistant-Surgeons.—Richard Murray Vesey, March 31; Wellington Gray, March 31; David Erskine Hughes, M.D., March 31; Thomas Holmested, March 31; Robert Bowman, March 31; Alexander Laing, M.D., March 31; Alexander Hamilton Miller, March 31; Thomas Cody, March 31; John Raby, March 31.

EXTENSION OF LEAVE GRANTED.

Assist.-Surgeon P. W. Cockell, Bombay, 4 months.

PERMITTED TO RETURN TO DUTY.

Assist.-Surgeon H. J. Beach, Madras.

(*Gazette of India, September* 22.)

The services of Assistant-Surgeon John Joseph McDermott, M.D., F.R.C.S.I., of the Medical Department, Officiating Civil Assistant-Surgeon, Humeerpore, are placed at the disposal of His Excellency the Commander-in-Chief from the date on which he may be relieved from his Civil duties.

The appointment of Surgeon-Major G. E. Morton, M.D., to be a Deputy Inspector-General of Hospitals, with temporary rank, during the absence on sick leave to Europe of Deputy Inspector-General of Hospitals G. S. Cardew, announced in G. G. O. No. 378, dated 23rd April 1866, is to be held to have effect from the 16th April 1866.

The undermentioned Officers of the Medical Department, having completed twelve years' service, are promoted to the rank of Surgeon from the dates specified under the provisions of Q. G. O. No. 1060 of the 23rd December 1864, subject to Her Majesty's approval:—

Assistant-Surgeon Charles Cooper Watson Wilson, 26th August 1866.

Assistant-Surgeon Patrick Francis Bellew, 6th September 1866.

Assistant-Surgeon William John Palmer, 7th September 1866.

SURGICAL INSTRUMENTS.—The following rules regarding the supply, transfer, examination, &c., of surgical instruments for Military and Civil Hospitals, have been ordered by the Government of India to be observed in all the three Presidencies.

All stores should be issued on indent, passed by the Administrative Medical Authorities to the Medical Officer in his official capacity as in charge of the Regimental, Garrison, Field, Civil, or other Hospital.

They should be kept in the surgery, periodically examined by the Inspecting Medical Officers, and a half-yearly return forwarded to the Medical Examiner.

On all occasions of change of duties, the relieved officer should obtain a receipt in triplicate of the nature and condition of the instruments he makes over to his successor; one copy being forwarded to the Medical Examiner, one lodged in the hospital records, and one retained as his own voucher. For any deficiencies or injury, which cannot be satisfactorily accounted for, he should be held personally responsible.

IS THERE A CURE FOR HYDROPHOBIA?

AT this period of the year, when the dog-days are at their height, and when the recent prevalence of that terrible disease hydrophobia is considered, the question of whether there be a remedy or no for so dire a calamity as the bite of a mad dog, cannot be discussed without a feeling of its deep importance to the human family of every grade.

Various specifics have been propounded as remedies for hydrophobia, but that which has more than any other borne the test of actual and successful experience and practical illustration is the application of heat in the eradication of the poisonous virus from the human system in the shape of the Turkish bath. From the variety of experiments which have taken place under the guidance of the most eminent men connected with the medical profession in our own country as well as on the Continent, a fact has been established, which every possible means should be taken to make known to the public, that even in cases of hydrophobia there is a remedy provided for all those that may be attacked with the malady. From the experiments before referred to, it is now well known that heat raised to a certain point will extract from the body all poisons that are not sudden in their effects, and therefore will not only prevent but cure this (hitherto pronounced fatal and incurable) disease. With the praiseworthy object of making these means known to the public, the Directors of the Hammâm, or Turkish Baths in Jermyn-street, have constructed a radiating chamber connected with that institution, opened free at all times for cases of hydrophobia, or for persons who have been bitten by a supposed rabid dog, where heat can be raised to any degree that the patient's case may require. This radiating heat is produced, and also a perfect ventilation of the chamber at the same time is obtained, by a stove which has been invented and patented by Mr. D. Urquhart, the Managing Director. The size of this radiating chamber is 15 feet 5 inches by 11 feet 2 inches, and it is furnished with couches, the floor being covered with thick felt. The heat generated averages 200°, and can be raised to a much higher degree when required, but the heat being so excessive, the greatest caution is necessary. This radiating chamber does not, any more than the plunge tank, belong to the Turkish bath, it therefore can only be used on sufferance, and by direction, and under the care of the attendant. This, then, appears to be the process by which it is asserted that even the frightful malady of hydrophobia can be overcome, and the patient restored to life and society; and the question then naturally arises as to the proofs that the Turkish bath or heat will cure hydrophobia. The *Manual of the Turkish Bath*, edited by Sir John Fife, M.D., F.R.C.S., Senior Surgeon of the Newcastle Infirmary, page 299, quoting from Mr. D. Urquhart, at Cork, in August 1856, observes:—

"I should not mind my own child being bitten by a mad dog, so certain am I that the bath would cure him. Some time since I asked a medical man to find me a case of hydrophobia, as I was convinced that the disorder must yield to the bath. He told me that my idea had been anticipated in the only known case of cure. A French physician having been bitten by a mad dog, and suffering from the first symptoms of the disorder, knowing that medicine was of no avail, and thinking only how he could die most easily, had himself carried into a vapour bath, there to remain till death. He remained until life. He was carried out cured."

Again, in a case reported in *Galignani's Messenger*, October 1863, Dr. Buisson addressed the following communication to the *Abeille Medicale*:—

"A single vapour bath is sufficient to prevent hydrophobia by eliminating the virus. Nevertheless, for the sake of greater security, I caused seven to be taken in as many days at a temperature of from 42 deg. to 48 deg. Reaumur, and 127 deg. to 140 deg. Fahrenheit. Care should be taken to press the wound well while in the bath, in order to promote the expulsion. If the disorder has declared itself, I only prescribe a single bath, and leave the patient in it till the cure is effected, taking care to raise the temperature gradually. Hydrophobia may last three days. Experience has proved to me that the cure is certain on the first day of the outbreak; on the second it is uncertain; on the third impossible, from the difficulty and danger there would be in conveying the patient to the bath and keeping him in. Who would, however, wait for the third day, knowing my treatment? Nor should one wait for the outbreak: it ought always to be prevented. Hydrophobia never breaks out before the seventh day, so that there is time to perform a long journey to obtain what is called in Russia a vapour bath."

That the same agency which the foregoing extracts tend to prove will cure hydrophobia when actually developed will prevent the disease should a person have been bitten by a rabid dog, has been distinctly established by cases which have already been received at the Hammam, where by extracting the virus the inflammation was allayed, and a healthy and perfect healing of the wounds of the parts so bitten effected. The superintendent in his report says:—

"On Friday, June 8, we had the first case of hydrophobia in a gentleman, a frequenter of the bath. Two of his dogs had been fighting, and in trying to separate them the largest one flew at him and bit him just above the elbow. The wounds bore marks of the dog's teeth; round each there was a very sharp-marked red rim and a yellow discolouring. After being a very short time in the middle hot room he went with me into the radiating room, at 211 degrees, and stayed for about ten minutes; he then went into the middle hot room for about half an hour, and after he was shampooed and washed he went down into the radiating room again for about eight minutes. He took altogether a very severe bath. After he had been in the cold room for a while and had become quite cool, the wounds were quite wet and had quite a different appearance. On Monday, the 18th June, he came again, the wounds appearing quite different, the discolouring was all gone, and each wound appeared as if there was a crusty lid on the top of it about an eighth of an inch thick; one came off in the bath, leaving the wound almost healed, the other remained.

"The case of Saturday, June 9, was quite different. It was a working man bitten by a dog without any provocation; the appearance of the wounds was quite different; they were just in the bend of the arm, but not discoloured; the whole part was swollen. It took one of the men some time to get him clean, and after he had been a short time in the middle hot room, I went with him into the radiating room, at 212 degrees. He could remain in only for six minutes. He said he felt very much knocked up, and wanted a great deal of persuading to get him down once more for about two minutes.

"The parties alluded to in the above cases have been to express their grateful thanks to the directors for the benefit which they were convinced they had derived from the bath. These remarkable results have been brought about simply by the heat causing a copious perspiration, and as it were pulling the disease out of the body.

"I need not remind you that this effect can be produced with greater facility in a hot air, or Turkish bath, than in a vapour bath, as the body can endure a far greater degree of heat than when accompanied with vapour; and also there can be no mistaking vapour for perspiration in the hot-air bath, and as this is the great object to be desired, you have the consolation of knowing that the moisture upon the body is perspiration, and nothing else."

The large number of cases which have recently taken place, and the several inquests held recently by Dr. Lankester, ought not to fail to make the public, and especially the medical profession, alive to the importance of the application of heat as a remedy for hydrophobia. In the assurance, therefore, that the directors of the Hammam, in making their discoveries known, have done so with the simple desire to assist in bringing about a great public good, we have much pleasure in laying before the public the means by which it is proposed to accomplish that which must prove an invaluable boon to suffering humanity, as bringing life and hope to the afflicted and despairing sufferer.—*London Observer.*

Short Notices of Recent Books.

On Epidemic Diarrhœa and Cholera; their Nature and Treatment. By George Johnson, M.D. London: Hardwicke, 1866.

This brochure is a sort of epitome of Dr. Johnson's earlier work—"Notes on Cholera;" and it contains also a reprint of an article in the *Saturday Review* highly laudatory of the author's opinions. We cannot say that we think the republication of an anonymous review is in good taste, nor do we think that so eminent a physician as Dr. Johnson needed so poor an argument. Without admitting that the author has proved his case, we must fully admit that he has shown great ingenuity in putting forward his theory, and that he has argued with much cleverness. But we cannot award him any praise for impartiality. He stubbornly clings to his own views, although, in starting upon his theory, he goes upon a pure *petitio principii*. For example, he says the only treatment for cholera is the purgative one. Let no one attempt to arrest choleraic diarrhœa by means of opium or astringents—gin, castor-oil, and calomel. The most reasonable theory, he says, of choleraic diarrhœa "is that a morbid poison enters the blood, either with the air through the lungs, or with food and drink through the alimentary canal; and that this poison excites certain changes in the blood, in consequence of which some blood materials are spoiled, and thus rendered not only useless but noxious. These morbidly changed blood materials are then discharged from the blood-vessels through the mucous membrane of the stomach and bowels, and are ultimately ejected by vomiting and purging. It will here be seen that when Dr. Johnson alleges that the poison first passes into the blood and then is expelled through the mucous membrane, he asserts far more than he can substantiate. The cholera poison may act in the first instance upon the bowels, and indeed all through its action may be confined to these organs, for all that the author knows to the contrary. When Dr. Johnson speaks of treatment, and says that he bases this on practical as well as theoretical grounds, he seems to have more reason to support his views. But then we have little more than his own practical experience in advocacy of his remedial measures, and in opposition to them we have a whole host of reliable evidence. We think, therefore, that Dr. Johnson's theory is not borne out either by *a priori* reasoning or by practical experience.

Cholera; its Nature and Treatment. Edited by Dr. C. Drysdale. London: Hardwicke, 1866.

This is only a report of the debate on cholera which took place some time since in the Harveian Society. Judging by the report, the controversy was of a very discursive and skirmishing character; those who supported it appearing to have given the subject very little thought and to have brought no statistics to bear, as, in small provincial societies, each member stood up and said what *he* thought; but beyond this the report has little value. Among those who took part in the debate, we may mention Dr. Tilbury Fox, Dr. Fuller, Dr. Menzies, Dr. Broadbent, Dr. Greenlow, Dr. W. Viner, and Dr. Mushet.

Force and its Mental Correlates. By Charles Bray. London: Longmans, 1866.

Although not strictly a medical work, this is one which so strongly bears upon a material psychology that it cannot fail to be of the highest interest to the cultivated physician. Mr. Bray tries to show that much of our present metaphysics is based upon pure assertions which have no better foundation than the imagination of their authors. He reasons logically and with great acuteness, and although his views are too material to please most persons, they will be found to embody a great deal of sound truth and profound thought.

Electricity. By R. Ferguson, Ph.D. Edinburgh: W. and R. Chambers.

The medical student is often in want of a simple and, withal, an accurate and advanced work on the science of electricity, and we know of no work better adapted to his requirements than the volume before us. It is written by an able physicist and teacher of natural philosophy, and while it embraces all the results of modern investigation, its style is so clear and intelligible that the book may be profitably read by the merest school-boy. It is a worthy companion to the excellent little work on chemistry written by the late George Wilson, and published in the same admirable series of educational works. The author discards the "fluid" theories of electricity, and regards the phenomena he describes as the consequence of a peculiar action which the molecules of matter exert on each other under certain conditions. The book contains 150 well-drawn wood-cuts, and the print and paper are of good quality.

Traité de la Dyspepsie. Par le Dr. Bean. Paris: Asselin, 1866.

In this, which is certainly one of the finest monographs on the subject of dyspepsia ever published, we have reproduced the notes and manuscript of the late Dr. Bean. The work has