

On the other hand, in the whole Indian Medical Service there are, as far as I can discover, but 5 C.Bs. Not a single K.O.B. has ever been bestowed on men who, like Dr. Forsyth, had served for 40 years and through half a dozen campaigns, who had been head of the department at a period like the Indian Mutiny, and to whom, even in times of peace, as is shown in your article, India and her Government owe much. These facts speak for themselves; it is almost needless to comment on them.

An order has now been instituted specially for rewarding Indian services, yet we find the medical service, so far, left in the cold shade; the dangers of Delhi, the perils of Lucknow, the thanks of Despatches and of Government for "untiring industry, extreme devotion, and great skill in the discharge of onerous and most important duties," the acknowledgments and praises of the Secretary of State for India in his place in Parliament—all are alike forgotten, at the very moment when so fair an opportunity for repairing past omissions presents itself.

The Government at home lately conferred on an Assistant Surgeon the Victoria Cross, and then, *in addition*, promoted him to full Surgeon, for service in the field. How different this from their conduct towards Indian Assistant-Surgeons under similar circumstances. On them it is thought sufficient to confer the brevet rank, without the pay, of Surgeon! And when they have been recommended for the Victoria Cross, though the claim may have been pressed a second time by the Commander-in-Chief in India, it has been rejected.

A short time ago Government appointed a committee to enquire into the salaries of civil medical officers. This was well. But medical officers, like their military and civil brethren, are not influenced by money considerations alone; they are after all but human, and distinctions and honorary rewards are as important to them as to others. A distinguished member of our service, Sir Ranald Martin, truly said in 1849,* in relation to the claims of medical officers, "the reward of individual services is an important part of the debt due by the State to its officers, but its importance does not end here. For one individual marked out for reward and distinctions, we make a hundred others emulous of similar rewards, and eager, through the exercise of their talents, and the amount of their services, to deserve similar recompenses." The British medical service has profited largely by the advocacy of its interests by Sir R. Martin, an Indian officer; it is for the Indian Government now to show that it is not blind to the claims of its own Medical Department to honorary rewards and distinctions.

I am, Sir,
Yours faithfully,
F.R.C.S.

August 1866.

DYSENTERY.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—As Dr. Hutchinson "is quite as well acquainted with the literature of dysentery" as the gentlemen who have taken exception to the theory he has put forward, might I ask him to apply his knowledge to refuting their objections in a more convincing manner than that he has chosen to adopt in your last number.

As this is a subject in which every medical officer in India ought to be deeply interested, I for one shall be glad if he does so.

13th August, 1866.

ONE WHO WANTS TO KNOW.

COBWEBS IN CASES OF INTERMITTENT FEVER.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—In the August number of your journal I observe, under the head of "Notes and Queries," that information is asked about the use of cobwebs in cases of intermittent fever. While stationed at Peshawur, in 1859, my attention was drawn by some periodical—the title of which I have forgotten—to the treatment of intermittent fever by cobwebs, given in five-grain doses, in the form of pills. By way of experiment, I tried the above in about a

dozen cases of fever affecting Native sepoys, and certainly a cure seemed to result in all the cases in as short a time as if quinine had been exhibited. I did not take any note of the cases, and my remarks are not of any particular scientific value, as I can merely relate my impression. The Civil Surgeon of Peshawur also tried the remedy to a greater extent in the Dispensary of the City, and I believe he also thought favourably of the remedy. The cobweb treatment in his hands was brought, I understand, to rather a sudden termination by the suspicions of the Peshawurees having been roused into suspecting the gathering of cobwebs in old houses to be in reality a searching for hidden treasure.

Probably you will receive other communications, of more value than this, giving details of the treatment, but I send you this note as throwing some little light on the subject.

Yours obediently,
R. BROWN,
Civil Assistant-Surgeon.

SYLHET, 14th August, 1866.

MEDICINE FOR LEPROSY.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—I happen to know something of the Native medicines given by a quack near Burdwan for leprosy, and referred to in your last issue by the Sub-Assistant Surgeon of Chuckdigee.

The oil for external use consists of powdered chaulmoogra seeds boiled in mustard oil along with a few other useless herbs. The principal ingredient in the confection for internal use is also chaulmoogra, mixed with a few other aromatic and diaphoretic herbs, such as *banamool*, *akoora*, &c. The basis of both these preparations is however chaulmoogra, and they smell strongly of it. A friend of mine, who was relieved by these medicines, and who used them for years under my observation, also used chaulmoogra oil as sold in dispensaries whenever he could get it. He preferred the latter as more cleanly and efficacious. I myself believe that the only useful ingredient in the Burdwan medicines is the chaulmoogra, and that the internal and external use of simple chaulmoogra oil is more efficacious than the quack's compositions. Neither can cure the disease in its advanced stages, but both are effectual in checking its progress. The disease is liable to return when the medicines are left off, and, like cod-liver oil in scrofula, they have to be used almost as long as the patient lives: their use alters the peculiar faulty nutrition of the system.

Yours faithfully,
O. C. DUTT.

POOREE, 16th August, 1866.

EFFECTS OF "CANNABIS SATIVA."

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—In an article in your July number, on some peculiar effects of the "Cannabis sativa," or "*churrus*," two cases are brought forward where it is alleged that sudden faintness was induced a short time after its administration. In both the cases, however, morphia is said to have been given in combination, and doses of five minims of the tincture of cannabis only. In these two instances, therefore, it is very reasonably open to doubt how far the fainting fits were produced by the morphia.

I have myself met with six instances of persons otherwise quite healthy in whom the exhibition of the smallest dose of opium was always followed by such an effect. But although in the habit of giving cannabis in doses of from fifteen to thirty minims, I have never once, in several hundred cases, seen such a result from its administration.

Being so useful an agent in many forms of uterine disease and derangement, it is well worthy of the attention of surgeons, especially in this country; and undoubted exceptional effects well worthy of record.*

BURNOUR, August 12th, 1866.

E. B. GARDNER,
Civil Asst. Surgeon.

* Without questioning the accuracy of Mr. Gardner's facts, we can certainly recall many cases in which this drug see ned, when given *absolutely alone*, to produce sensations of sinking, tendency to prostration, and sometimes confusion of ideas and mental incoherence.—*Ed., I. M. G.*

* *Vide the Lancet of September 22nd, 1840.*