

wool pellets renewed, and slightly enlarged on each occasion. The result of this method of rendering the centre thin by shaving and gently raising either extremities of the nail, readily renders the convex surface somewhat concave, and the ends of the nail are not only raised, but thrown out over and out of the quick. At the same time, the use of the burnt alum represses discharge, destroys morbid granulations, and relieves pain; and all that is subsequently necessary is that as the nail grows out and extends beyond the quick, to take care not to cut it short, but invariably to maintain its growth in line with the quick, and the cure is effected without further trouble in perhaps ten days or a fortnight.

I have tested this plan in a large number of cases for the past fifteen years, with perfect success and satisfaction. Immediately after the operation the patients are relieved of pain, and go about with a loose pair of shoes. In the worst cases of corns, I never resort to any particular kind of treatment, beyond insisting on the use of a thoroughly loose pair of shoes or boots, having the "uppers" made of the softest leather procurable, and in the course of two or three months the corns vanish, in consequence of the pressure which gave rise to the disease having been removed.

TREATMENT OF CHOLERA WITH ACETIC ACID.

By DR. GREENE,

MEDICAL OFFICER, TIPPERAH.

In the year 1864 I treated thirteen cases of sporadic cholera with acetic acid and vinegar; twelve recovered, one died; the fatal case had been treated for five hours with full doses of calomel and opium before I saw him, and died comatose an hour after my visit.

In 1865 I treated four cases of sporadic cholera on the same plan, and they all recovered. During March and April of the present year, cholera appeared in an epidemic form in the town of Comillah; it was very virulent in type, proving fatal within an hour after seizure in many cases. It fell to my lot to treat fourteen cases during the height of the epidemic; out of the fourteen, eleven recovered, three proved fatal; and it is my firm belief that had the three fatal cases adhered to my plan of treatment, they would have recovered, but their friends lost confidence and commenced administering native remedies, and thus brought on a fatal termination where matters were progressing favorably. Three other cases were treated by me during the epidemic, which ended in recovery, but as each of them had a dose of per-chlorodyne before coming under my care, I have not included them in the number above given.

In May last I treated three cases of sporadic cholera, and all recovered.

As the above proportion is very favorable in epidemic cholera, I bring this plan of treatment to the notice of the profession, in order that it may be tested elsewhere, and, if as successful in other places as it has been here, I am sure it will prove a great boon to suffering humanity.

This remedy is simple and pleasant to the taste, and adapted for all ages.

The ages of the fourteen cases treated during the epidemic ranged from 55 years to 18 months; the latter, a child of East Indian parentage and the subject of chronic dysentery when cholera supervened, recovered.

The symptoms in the cases treated by me did not differ in any respect from real Asiatic or spasmodic cholera, being well marked in every instance.

The plan I adopted was as follows:—I gave ten drops of acetic acid in an ounce of water every half-hour, steadily, until reaction began to set in; then the interval was increased to one hour, and, as improvement progressed, to two and three hours respectively,

until convalescence was established; cold water slightly acidulated with vinegar being allowed as a drink freely. A wood fire was kept in the room on which a small pot of vinegar and water was placed, the fumes of which rising were diffused in the room, and the fire was also used for the purpose of warming cloth and applying it to the extremities during the collapsed stage; in cases showing the least tendency to head symptoms, *viz.*, redness of the conjunctivæ and a semi-closed state of the eyes, liquid blister was freely applied to the back of the head and neck, and along the upper part of the spine; no stimulants whatever were used, and nothing but sago and milk as diet, when food was asked for. In Europeans, however, beef-tea or broth might be used.

The acetic acid is persevered in to the end, no other remedies being necessary.

The first favorable sign noticed is a return of the secretion of urine and a gradual return of warmth to the body; the vomiting and purging gradually cease, and on the second or third day after the purging has ceased, healthy motions are passed, no purgatives being administered. In no case has excessive reaction or fever followed.

When short of acetic acid, I tried vinegar, and it answered equally as well in cases of sporadic cholera. I tried it also successfully in one of the cases of epidemic cholera.

When vinegar is used, I give an ounce for the first dose with an equal quantity of water, followed every half with half ounce doses with water, the other particulars being the same as when acetic acid is used.

In all cases of diarrhœa coming under my care, either at the jail or other hospitals, and in private practice, I have for the past two years administered either acetic acid or vinegar, and in every case with success.

I cannot explain the rationale of the treatment. It seems to me that acetic acid has some specific action, by which it counteracts the poison of cholera, in the same manner in which quinine counteracts the poison of remittent fever, and ippecacuanha of dysentery.

16th July, 1866.

ERGOT OF RYE AND INDIAN HEMP IN OBSTINATE CASES OF MENORRHAGIA.

By RAM LALL DEY, L.M.S.,

MEDICAL OFFICER, EASTERN BENGAL RAILWAY, KOOSHTEA.

ON referring to seventeen obstinate cases of menorrhagia, which I treated during the last two years with ergot of rye and Indian hemp, I am in a position to corroborate the statement made in your last number by Mr. Bensley, that tincture of the Indian hemp is a very valuable medicine "for the treatment of menorrhagia and uterine hæmorrhages generally," the latter of course not depending on any organic lesion of the womb. In all of these seventeen cases I found five to ten 5-minim doses of the tincture *cannabis indica*, of the Dublin Pharmacopœia, put a permanent stoppage to the hæmorrhages, though they could not be checked by tincture of the ergot of rye aided with gallic and sulphuric acids, for before the administration of the hemp, all these patients were treated with ergot of rye, &c. I state this fact with a hope to know the opinion of the profession generally as to the beneficial effects of this most important drug in uterine hæmorrhages.

In one out of these did I notice the peculiar nervine depressant effects of the drug spoken of so strongly by Mr. Bensley, and which I would more properly denominate the "fainting fits." The fits were rather severe and constant, and I had recourse to the stimulation with brandy and ammonia, &c.

In corroborating these, I cannot subscribe to the statement of Mr. Bensley when he says, "and as I do not find these symptoms noticed in any standard work;" for Dr. Churchill in his standard work on the "Diseases of Women," while speaking of the curative effects of Indian hemp in menorrhagia, says, "I have once or twice seen unpleasant nervous symptoms follow its use, but they were not serious, and were dissipated in a few hours by ammonia, rest, &c."

DANGERS OF EIGHTH LABOURS.

By ROBERT HARVEY, M.B.,

FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON.

THE idea suggested by Baboo Doyal Chunder Shome in the *Gazette* for July, that the eighth labour is the most dangerous, is a novel one. So far as my reading has extended, I never met with the suggestion before, and I am not aware that it obtains as a popular belief in any part of England, prolific as many of our home localities are of strange hypotheses in midwifery.

Should Dr. Shome's belief turn out to be correct, some difficulty may be expected in accounting for the peculiarity; as it is not easy to see why the eighth, any more than the seventh or ninth labour should be specially fraught with danger. We can understand the general doctrine, that the perils of childbirth are increased at each succeeding birth, by the exhausting effects of previous pregnancies and labours weakening the general health, lowering the muscular tonicity of the uterus, and predisposing to hæmorrhage and other accidents; though we are inclined to believe that it is the rapidity with which the pregnancies succeed each other, rather than their abstract frequency, which leads to such results. We can understand, though we cannot subscribe to, the theory that the human uterus can successfully accomplish a certain limited amount of contractile effort, beyond which it breaks down; but we can see no reason why the eighth pregnancy should mark the commencing collapse in any case, still less in the majority.

Even admitting that, for these or other reasons, we should expect the results of eighth labours to be more unfavourable than those of seventh ones, the position is not strengthened, since, by parity of reason, we should expect ninth to give more unfavourable issues than eighth, tenth than ninth, and so on. Perhaps Dr. Shome can suggest some reason for the alleged peculiarity; I confess I cannot.

But is it a fact at all, or have Dr. Shome's difficult cases merely tallied accidentally with the popular fancy which he tells us prevails in India? I should think the latter. It seems incredible that such a fact, if fact it be, should have escaped the notice of all our obstetric authors. So far as my experience goes, there is nothing in labour as labour, and *per se*, and apart from accidental and purely extraneous causes, to make it more dangerous at one time than another; and though these disturbing causes undoubtedly augment in frequency with successive pregnancies, and with increasing age, there seems to be no reason why any one of them should be more especially active at the eighth than at any other confinement.

To decide the mere question of fact, a large number of cases must be taken, the risk of error diminishing as the number is increased. No *general impressions* should be allowed the smallest weight; figures, not beliefs, are wanted; facts, not words. If those gentlemen who have had large experience in midwifery would give us their statistics on the point, we might, by adding all the cases together, arrive at some fairly correct conclusion.

The following simple table is an analysis of the only case book I have at hand at present.

Total Number of Cases.	Cases involving possible danger to mother.	Percentage.	Number of Octo-parturients.	Cases involving possible danger to mother.	Percentage.
250	19	7.60	23	1	4.35

So far, this tells *against* the theory, but the number of cases is too small to be of any use in forming an opinion. I may add that the one case involving possible danger among the Octo-parturients, was a simple forceps case, patientand the had been instrumentally delivered in two previous confinements, so that it does not bear very strongly on Dr. Shome's views.

BHURTPORE, July 24th, 1866.

WORM IN THE EYE:—

A CONTRIBUTION TO EQUINE SURGERY.

By W. B. BEATSON, M.D.,

CIVIL SURGEON, DACCA.

IN the course of my experience as a Civil Surgeon in India I have several times been requested to operate upon horses, for the removal of the intra-ocular parasite (*filaria papillosa*) to which they are subject. I have done so successfully several times, and therefore, although I own no special skill in veterinary surgery, I may perhaps be permitted to say a few words concerning the operation, which seems to me to require notice, as I have never yet met with an authoritative description of it. The subject may find a place in the columns of the *Indian Medical Gazette*; for although they are specially devoted to human medicine and surgery, the study of animal pathology and therapeutics is ancillary to these, and must always be of interest to their cultivators. I have only to apologise for writing on a theme which might be better handled by some of our professed veterinarians: I do so with all deference to their superior knowledge, and I hope that it my practice has been wrong, some of those gentlemen will condescend to give me better instruction.

It is not my intention to enter into details concerning the natural history of the worm; those who are curious on this point, will find all that is known about it in a paper contributed by Surgeon N. C. Macnamara to the *Indian Annals of Medicine* (No. XVI, April 1863). I propose to describe nothing but what I have myself seen and done. I can only regret that I have never had an opportunity of watching a case of worm in the eye from beginning to end, as the natural history of the affection does not appear, as far as my reading has gone, to have been accurately described.

Blaine says, the presence of the parasite is detected by its effects, which are those of a deep-seated ophthalmia,* but this has not appeared to me to be the case; the first evidence is that of the worm itself swimming freely in the aqueous humour, and appearing larger than it really is, without any sign of corneal or conjunctival inflammation. Usually, however, the worm escapes notice till the next change—a gradually increasing opacity of the cornea—sets in. "After three weeks," says Macnamara, "inflammation comes on, ulceration of the cornea follows, the contents of the eye become evacuated, and with them probably the worm." I was told, however, by the owner of the last horse on which I operated, that he once had a pony affected with worm in the eye, which was not operated upon, and that no change took place beyond complete opacity of the cornea, although he kept the animal for a long time. It is, however, certain that permanent blindness will be caused if the

* Blaine's Veterinary Art, Fifth edition, 1911.