

of thirty places in America. Such essentially Indian phases of disease as "hill diarrhoea" and "*diarrhoea alba*" are altogether ignored. All that is said about Indian leprosy is "the various provinces of the British Empire in the East contain many cases of it." Elephantiasis is dismissed in less than a page of letter-press under the term "Barbadoes leg." Chyluria and dengue are also maladies which, although Indian diseases, do not find a place in the "Practical Home Physician." In the article on boils, nothing is said about the "Delhi boil," "the Sind boil," the "Aden ulcer," and other varieties of boil prevalent in the East. Fungus foot disease of India is not even mentioned in the volume. In the article on goitre, India is not mentioned, and nothing whatever is said of the Indian treatment. Guinea worm is treated of in a few lines, and the writer remarks: "This parasite is found only in tropical regions, especially on the Western Coast of Africa," and "*it is said*" (the italics are mine), "that the natives remove the worm by seizing the end of it, and winding it round a stick windlass fashion;" and the subject of guinea worm is dismissed with the remark, "fortunately rare outside the tropics." Yet the book is brought before the public as the Indian edition, specially revised for India; and the greater part of India is within the tropics. Diabetes and sunstroke again are not specially treated of as developed in India. In the article on skin diseases, we are not informed what varieties are prevalent in India, nor what modifications they present. Where snake-bite is discussed, I find elaborate plates of the rattle-snake, the tarantula, the copperhead, but I look in vain for any representation of the cobra, the krait, the different kinds of daboia, or of any Indian serpent. All that is said about the cobra is "in India people are troubled with a venomous and dangerous snake." But as we all know, we are troubled with various venomous and dangerous snakes.

But a still greater defect on the work viewed as specially revised for India, is the summary manner in which diseases of the liver are dismissed. Acute inflammation and abscess are dismissed in a few lines, the remark being made, "The fact is, in our climate affections of the liver are comparatively rare." Yet this is placed before the public and advertised as the Indian Edition! The section on hygiene, although good so far as it goes, does not give any advice specially applicable to India as regards food, clothing, exercise, and other matters concerning which special care is required in the eastern tropics. There is a long reprint of "documents issued by the Provincial Board of Health of Ontario," which may be commended to the Sanitary Commissioners with the Indian Governments, when history, repeating itself, places civilians in such positions. But more need not be said. The fact is, the work either ignores Indian diseases altogether, or it treats of tropical diseases in a brief and imperfect manner, without any special reference to India.

We are told in the preface that a very large number of copies have been sold in America, and this may readily be credited, because the work is undoubtedly a good one when considered with reference to maladies prevalent in the United States. But the book does not justify its title of Indian Edition. Another peculiarity is, that neither Title-page nor Preface are dated. Is it possible that a large number of copies remaining unsold, "the happy thought" arose of adding a new title-page and preface, and disposing of them as the "Indian Edition"? For although it is stated the work has been specially revised for India and the Colonies, it cannot be admitted (after what has been advanced, and to which more might be added) that the revision has been happily, if at all, effected by men having Indian professional experience.

As the author of "a Manual of Family Medicine for India" which has been, and is now, extensively used; and with the desire of preventing disappointment to those who may be disposed to try the "Practical Home Physician" as a guide to Indian diseases, I have thought it desirable to trouble you with this communication. And I hasten to add, that I cannot suppose, the eminent American physicians, the authors of this undoubtedly able work can be aware of the guise in which it is now presented to the Indian public.

I am, Sir,
Yours obediently,
W. J. MOORE,
Surgeon General,
Bombay.

BOMBAY, May 1887.

CANNABIS INDICA FOR DYSENTERY.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—Will you allow me to testify through your paper to the efficacy of Tinct. Cannabis Indica, as advocated by Dr. Rennie in the treatment of chronic dysentery. I suffered from it for a period of over two years—from October 1884 to January, 1887.

I first had an attack of acute dysentery in Calcutta in October 1884, and though I took most medicines advocated for dysentery, I could not cure myself, and it gradually lapsed into the chronic stage. I left Calcutta in the early part of 1885, and thought the change would do me good, but was mistaken, the dysentery still continued. The motions were the usual kind met with in these cases, frequent, very offensive, dark-coloured, with very little if any blood. The pains in the stomach were a source of great trouble. I became thin and emaciated, and dared not eat anything except milk and soup. In the December number of the *Indian Medical Gazette*, I came across Dr. Rennie's paper, advocating the Tincture of Indian Hemp in dysentery, and as I had tried almost everything, I determined to give this a trial, accordingly, I took the mixture as given in the *Gazette*, and found, after taking it a week, that the pains in the stomach had entirely vanished, the stools changed in character and number, and I felt myself very much better. I continued it for about a month and found myself quite cured. I then took to the ordinary kind of food, which I had not been able to take for months previously. The dysentery did not return, and I am now quite well, but as a precaution take an occasional dose now and again.

My object in writing this, is to induce, if possible, any other person who may be suffering from the complaint to simply try it, being fully convinced that the remedy will speak for itself.

I remain,
Sir,
Yours obediently,
W. J. McHALE,
Asst. to Civil Surgeon.

MUSSOORIE, }
The 16th May 1887. }

THE POST-MOLAR ULCER.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

SIR,—In the *Indian Medical Gazette* of July 1886, page 203, is an interesting account of "Malarial Scurvy and the Post-Molar Ulcer" by Dr. R. D. Murray. His experience regarding this affection being mostly from among jail prisoners. I thought the accompanying short note of the case of a European soldier in hospital may be worth mentioning as touching upon this point, more especially as I have observed in this case the post-molar ulcer, specially referred to by Dr. Murray.

Private C. W—, E. K. Regiment, aged 29 years, arrived here on the 11th April from Singapore—was on board a ship 14 days, during which time had little or no fresh vegetables. Had syphilis in England four years ago.

On admission to hospital on the 20th April 1887, was found in a much debilitated condition; system altogether relaxed; petechial spots from size of a flea-bite to a large sized pea covered body all over, more especially the legs. These extremities were swollen and œdematous; he found difficulty in walking, pain and tenderness in joints, weariness, distress, and faintness on slightest exertion. Mouth very foul, gums spongy, and breaking down at edges, tender, bleeding on slightest pressure, and oozing of unhealthy pus from under their edges. Fauces and roof of mouth relaxed and weak; breath fœtid and heavy. Mastication difficult and painful. An ulcer noticeable behind the last molar on left lower side. The other post-molar spaces tender. Suffered from neuralgic pains on side of his face, probably due to malarial influence and local irritation. Slightly warm, no rise of temperature; pulse weak and small, appetite sluggish, inability to digest food. Urine high-coloured and frequent. No scalding on passing water, bowels regular.

This case has been associated with a post-molar ulcer without the occurrence of any marked malarial manifestations in the form of much fever, as may be usually expected in these cases with the ulcer; though the residence in a malarial district would warrant its influence on the disease, and it is probable that the malarial effect in this