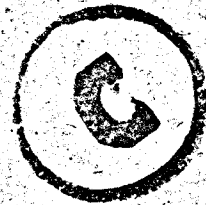


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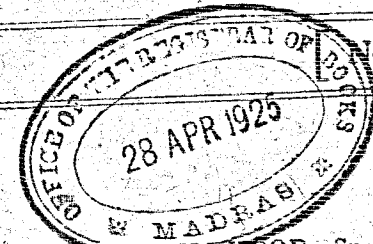
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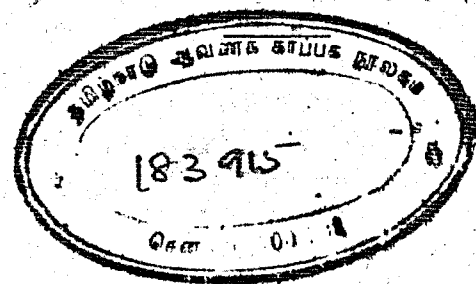
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By

RAJAH RAJAYAN RAJAH KISHEN PERSHAD MAHARAJAH
PESHKAR BAHADUR,

Military Minister, H.H. the Nizam's Government.

I.—THE USE OF POISONS.

Recently an European physician expressed the opinion, based on his personal experience, that, although the English system of medicine recommends such medicines as arsenic, strychnine, &c., these drugs are very injurious in their effects. Poisons may act readily on the human system, but both ancients and moderns are at one in declaring that they are particularly prejudicial to animal life and vitality, and that they have a natural tendency to weaken and undermine the human system. Further they destroy the human constitution, which by nature is strong. The body becomes weak. Take the case of opium-eaters. As long as they take opium, and the opium stimulates and gives strength, so to speak, to their bodies, they are not in their normal state. This shows that natural health and strength have to make way for artificial strength produced by the consumption of poisonous drugs. That is why in the Greek system of medicines the administration internally of poisonous drugs is not countenanced much.

II.—THE TREATMENT OF HYDROPHOBIA.

No specific remedy has yet been found for Hydrophobia, all our efforts to find a remedy having hitherto been fruitless. A special hospital has been founded in Paris for the treatment of such cases, and after much labour and trouble, the means of neutralizing the poison of a rabid dog has been found. In Europe people who happen to be bitten by a mad dog go to that hospital for treatment. But in India it would seem that a simpler remedy has been devised for such cases. A newspaper reports the case of a porter in the town of Manda, who was bitten by a mad dog, and in whom before a week elapsed all the symptoms of hydrophobia began to manifest themselves. A person named Noor Muhammad fetched a few leaves of the Dhatoora (*Stramonium*) plant and had them boiled in about 37 *tolas* of water. When the liquid was reduced to half its original quantity it was strained and the decoction was given to the patient to drink. After half an hour the patient perspired profusely and screamed excitedly. A little while afterwards he became unconscious and fell asleep. When he awoke no poisonous effect was perceptible in him.

If the above treatment is really efficacious, it is indeed a simple cure for hydrophobia.

The writer has also been informed of a mode of treatment of hydrophobia by one Abdul Aleem Maroof-i-ilahi Shah who was once a medical practitioner, but who subsequently became a dervish in the true sense of the word. I prescribed that treatment to a Brahmin who, after taking it, went away to his native country. On his return after an absence of one year, in answer to my enquiry, he declared that he was cured by this treatment alone, as he had taken no other medicine.

THE TREATMENT.

The patient should first be given a purgative of *croton tiglium*. On the second day pills formed of three drops of *Asclepias gigantea* sap should be administered to him. For three days the patient should abstain from taking such things as tend to bring about flatulency, and from sour and sweet things. Abdul Aleem Maroof-i-ilahi Shah used also to say that the leaves of the Dhatoora plant, three *ratīs* in weight, would as well answer the purpose of the juice of the plant; but the experience of the writer of this paper has been solely in regard to the juice. He also recommended that, on the very day the patient is bitten, he should have recourse to phlebotomy and then take the medicine prescribed above.

III.—LEMON SYRUP.

The unanimous experience of European physicians is that lemon syrup acts as a tonic, and it is productive of good, if taken with due moderation. It is considered to be efficacious in a majority of diseases and for cholera in particular. The method of its preparation is the ordinary method for preparing syrups. The syrup should be rather watery. Those lemons are considered the best which have very thin rinds.

THE WET NURSE,

BY

HAKIM SYED ALTAF HUSSAIN,

*First Assistant to, and Officiating for, Afserul Atibba of the Unani
Hospital of H.H. the Nizam's Government.*

The best nourishment for the baby is mother's milk, inasmuch as it has been so ordained by the Creator that the breasts of the mother should be filled with milk even before the birth of the baby. The emotion of love or affection towards her child, with which she is endowed, needs, I think, no mention. She cares for its ease, comfort and health above all things, and in order to secure them, for months together, she denies herself everything that she considers injurious to her child, lest her child's health may suffer. This is the reason why infants nourished by the milk of their mothers possess much stronger constitutions and much better moral character than those who are dependant on wet nurses. To illustrate the point I wish to bring out, I may mention that the constitutions of our fathers and forefathers were stronger and better developed and their health sounder than the constitutions and health of those who were born during the latter half of this century. This is to be attributed to the fact that they in their infancy were suckled by their mothers, it being considered unbecoming and improper in those simple days to put a baby to a wet nurse. Seeing that among other nations wet nurses are engaged for infants, we too have begun to follow their practice without, however, being aware of the precautions we have to take in their selection. Experience tells us that many a sweet life has been endangered and even lost by diseases which the infant contracted from suckling the milk of a sickly and diseased nurse. In no part of India is this pernicious practice to be found on a larger scale than in the Deccan.

To this very cause is to be attributed the fact that the constitution of present-day Hyderabaders is not so strong as that of other people, or as that of their forefathers.

The parents or guardians of infants are generally ignorant as to the way in which nurses should behave towards, or look after, the infants, as to the points to be observed by nurses while suckling, and as to the kind of milk that is unwholesome and the distinguishing properties of wholesome milk. As long as they remain in ignorance on the above points, the health and development of children cannot be good. I therefore thought it might serve a useful purpose to lay down below certain rules for the guidance of parents and guardians and explain them briefly. If these rules be fully carried out, poor babies, who are deprived of the loving affectionate care of their mothers, would no longer suffer the troubles they now have to undergo owing to the ignorance of nurses:—(1) In the summer months the nurse should be required to wash her breasts with cold water and then drain out a few drops of milk, so that the milk collected in the breasts may be removed before the child is suckled. Then she may be allowed to suckle the child. In other seasons, it is sufficient if she only squeezes out a few drops. (2) Care should also be taken to see that the nurse does not suckle the child lying on her bed: she should be required to do so in a sitting posture with the baby in her lap, for otherwise the child may get suffocated. (3) Infants, while sucking milk from one breast, generally amuse themselves by playing with the other with their fingers or nails. Rude nurses put away their fingers forcibly, and threaten the children in a rough voice lest they may have recourse to that act again. This has a bad effect on the child, inasmuch as it ceases to suck the milk with ease and

comfort, and in consequence it grows leaner and weaker day by day. Nurses should on no account be allowed to frighten children or to be rude to them or to speak to them in harsh tones, particularly when children are in the act of sucking.

The following notes may be of use to those who have to select wet nurses:—

1. The age of the wet nurse should not be below 25 or above 35, as the milk is most nourishing in a woman of that age.
2. The woman should be of good strong physique, not fat or corpulent. Women of that build are active and energetic.
3. A well-shaped neck and a broad chest indicate a sound heart and head.
4. The wet nurse should be of good colour, as a good colour is usually accompanied by a good healthy temperament.
5. The flesh should be hard, as that generally shows that the woman is free from impurities of the blood.
6. The breasts should be of round shape and average size, not pendulous, as that indicates good health.
7. The nurse should be of good moral character, as generally such a nurse would be more likely to be free from disease.
8. She should have a pleasant and agreeable voice.
9. The nurse should be a woman who gives birth to a child in the usual period of nine months from conception.
10. The milk is best for seven months commencing from the 40th day after child-birth.

11. Put a drop of the milk, say, on your finger nail. If it flows away, the milk is thin and watery. If it is thick, it is bad. If it spreads, but does not flow away, it is of average consistency. The last is best—

- (a) If the milk is thin, it is likely to decompose or become acid soon, and it is likely to cause diarrhoea.
 - (b) If it is thick, it is hard to digest. It is likely to become curdy in the stomach and will not digest properly.
 - (c) If the smell is good, the milk is good.
12. If the milk is yellowish, pus is likely to be present. If this is accompanied by bad smell, it is unhealthy.
 13. If it is reddish, it will cause heat and will impair digestion.
 14. If white, the milk is good. If it is of proper consistency, it is the best.
 15. If the milk gives too much foam, it will produce flatulency. It is not good.
 16. After an abortion, the milk is bad.
 17. The milk of women with venereal diseases, or with sores and ulcers, or with itch, is unfit for a baby.
 18. The milk of a pregnant woman is not fit for a child.
 19. When a woman has her menses, the milk diminishes in quantity and deteriorates in quality.

20. The milk of a woman with fever gets spoilt in her breasts and will do harm. Fever itself is infectious.

21. If the wet nurse eats anything indigestible or suffers from indigestion, the milk becomes indigestible and causes indigestion in the child.

22. The milk of a woman suffering from any form of mental derangement should not be given to a child.

23. To correct thinness, feed the nurse on the soup of a sheep's head and feet.

24. If the milk is thick, or yellowish, or foamy, an infusion of cummin seed (*cumminum cymmiun*), mint (*mentha sativa*) and anise seed to be given to the nurse. This will have the desired effect in three or four days.

25. If the secretion of milk diminishes in quantity, dry fish (small) should be given to the nurse; or she should be given sheep's lung or sheep's udder. Almond conjee with the flour of moong (*Phaseolus mungo*), done in ghee, will promote the secretion of milk.

The following may also be given with great advantage:—

Cold infusion of cummin seed (*cumminum cymmiun*) three *mashas*, conjee made of oats, &c., or earth worms (dried).

26. To make the milk strengthening give as a conjee—

Pistatia nuts	...	...	2 tolas.
Almonds	...	...	1 tola.
Satavar	...	...	5 mashas.

27. Sexual intercourse excites catamenial flow and lessens or spoils the milk.

28. Keeping hungry lessens milk, produces heat, and the child gets diarrhoea in consequence.

29. On account of hard work the milk gets thick and dry and causes indigestion.

30. Anger and sorrow spoil the nurse's temper, which affects the child's heart and nerves.

31. If the nurse is given sour things to eat, the child is liable to get cold, cough or other chest complaints.

32. Pulse (*Cicer Arietinum*) produces flatulence.

33. The wet nurse should be fed on—

- (a) bread of wheat or *jowari* (millet) or on good fine rice;
- (b) meat, such as mutton (goats), small fish, game, birds, minced mutton;
- (c) fruit, such as almonds, apricots, pistatia nuts, walnuts;
- (d) rice-pudding, goat's milk, conjee made of moong, broths, soups, and vegetables (greens).

GRIEVOUS HURT PRONOUNCED SIMPLE AND VICE VERSA, OWING TO THE DOCTOR'S IGNORANCE OF LAW,

BY

DR. NAWAB TAFAZZUL YAB JUNG.

For those physicians who have to give certificates in Medico-legal cases, some knowledge of law is necessary. First of all, they should know what grievous hurt is and the punishment that is awarded for it.

DEFINITION OF GRIEVOUS HURT.

The following kinds of hurt are termed grievous:—

1. Any hurt which endangers life, or which causes the sufferer to be, during the space of twenty days, in severe bodily pain, or disease, or disables him from following his pursuits.
2. Fracture or dislocation of a bone or tooth.
3. Permanent disfiguration of the head or face.
4. Destruction or permanent impairing of the powers of any member or joint.
5. Permanent privation of any member or joint.
6. Permanent privation of the hearing of either ear.
7. Permanent privation of the sight of either eye.
8. Emasculation.

All the above cases come within the definition of grievous hurt, and the punishment for this offence is imprisonment for a term extending to ten years. Thus it may be seen that even dislocation of a tooth comes within the four corners of this offence. Hence it would be a great mistake on the part of a surgeon not to fully ascertain the case and carefully determine the exact nature of the hurt, before giving the required certificate. For instance, when a man comes to a doctor with a dislocated tooth, if the doctor certifies merely that the man's tooth has been dislocated in consequence of a hurt received, then the case would be taken as one of grievous hurt. If an individual without any intention to cause, but under the influence of anger, does cause grievous hurt (as for instance, by giving a slap with the open hand, resulting in the dislocation of a tooth), while intending to cause simple hurt, the poor man would

have to undergo the severe punishment for grievous hurt, if the doctor happens to grant a certificate to that effect without inquiring into the matter as stated above.

Hence in cases of dislocation of teeth, I would suggest the following points to be fully taken into consideration, in order to determine whether the dislocation was the result of grievous or simple hurt:—

1. Whether the sufferer is old or young.
2. Whether any other teeth of his have fallen off, or are in a shaky state.
3. Whether his gums are sound or diseased; for in many young persons gums get rotten on account of the excessive use of mercury as a remedy for some filthy disease that they may be suffering from, and the teeth get shaky and even fall off. Several other diseases, such as scurvy, rheumatism, gout, diabetes, &c., tend to bring about this result.
4. What the condition of the dislocated tooth is. Is it necrosed or is it carious? that is, is it decayed or rotten (worm-eaten)? If not, the degree of adhesion of the gum to the ejected tooth has to be noted and ascertained. When a strong tooth is dislocated there will generally be found attached to it more or less fibres, or there will be some mark indicating that the tooth has been freshly detached from the gum. On the contrary, when a tooth becomes shaky and is almost detached from the gum, its root would have no part of the gum sticking to it, nor any marks of its attachment to the gum. In these days when a general acquaintance with the provisions of law is common some people have recourse to strange expedients. People who have had a quarrel produce

a tooth, which had fallen off sometime previously, and represent that that tooth fell off as the result of the hurt received in the course of the quarrel. In such a case the tooth can easily be detected as one that fell off long ago, by observing that it bears no mark of its recent attachment to the gum, and that no cavity is to be found in the corresponding gum.

Nine such cases of dislocated teeth were admitted into the Hyderabad Police Hospital during the year. Of these nine, only one turned out to be a real case of grievous hurt; while the others were only cases of simple hurt. In granting certificates in such cases, I classify them under the following three heads:—

Firstly, we have those cases in which the tooth had fallen off long ago and happened to be in the possession of the person hurt who produces it asserting that the tooth was knocked out in the fight. The fact in such a case can be ascertained only by the doctor. In such cases I word the certificate something like this: "N states that one of his teeth was knocked out by a hurt received on his face. The tooth and the part of the jaw whence the tooth is said to have been knocked out were shown to me. As no mark of hurt on the lips or the cheek is to be seen, as no blood seems to have come out of the gum, as no depression or cavity in the gum is perceptible, and as the root of the tooth produced is quite dry, it seems clear that the tooth is not one that has freshly fallen out." I remember the case of a Hindu woman who, after a quarrel, was instigated by somebody to declare that one of her front teeth had fallen off in consequence of the hurt she had received. But the fact of the matter was that that tooth had fallen off previously, and she now wanted to use it as evidence in her

favour. The Police thereupon asked her to show the tooth. She replied that it was at her house where she left it forgetfully and that she would soon bring it. After being away for a little while she returned with a white, flat, shining tooth. The Police then brought the woman with the tooth to the Hospital. I examined the tooth in question, the teeth in her mouth and her gums, and was soon convinced that it was not her tooth and that the case reported was a deliberate concoction. By nature the two central incisors or the front cutting teeth in either jaw are identical in form; and similarly the two lateral incisors or the cutting teeth on either side; the canine teeth and the molars on either side resemble one another respectively, and it is in very rare cases that this resemblance does not hold good. When the tooth the woman produced was compared with the corresponding lateral incisor in her jaw, it was found that there was no similarity in length or breadth or in the roughness or smoothness of surface. The tooth she had lost on some former occasion was a lateral incisor, while the one she then produced was a central incisor. Thereupon with a view to prove that I was right, I had recourse to the following expedient which made her see her mistake. I held the tooth in question just opposite the corresponding tooth in her jaw and made her see their reflection in a mirror, telling her at the same time that if the tooth she had produced was really hers, it would resemble the other tooth in length and breadth, but as that was not the case, it followed that the tooth belonged to some one else. To this she made no reply, and thus I was fully convinced of the deception she had tried to practice. I then threatened her telling her that if she would not speak the truth, I would have her severely punished for practising deception. Upon this she disclosed the real facts of the

case which were that she had lost a tooth long ago, and that the one then produced had no connection with the quarrel which she had had the previous night with a neighbour who had abused and beaten her. The next morning when she was on her way to the Police Station to lay a complaint, another neighbour of hers induced her to say that the person with whom she had the quarrel had given her a box on the face which caused her tooth to fall off, and told her that if the Police required her to produce the tooth, she was to bring one from the place for cremation. She ended off by saying that she had acted on that advice.

2. A second form which such cases take is that when a tooth happens to be already in a loose condition, being almost detached from the gum and the gum itself in a rotten state. In such a case, a slight push has sometimes the effect of dislocating the tooth. Sometime ago there was a case of this kind. A man had all his teeth shaky—the result of his having taken mercury. It so happened that a slight injury had the effect of bringing out eight of them at once. I gave him a certificate in the following words:—“M states that on account of the injury received on his face four of his upper and four of his lower teeth have fallen off, and he produces the teeth; but the marks of the injury received are very slight and a careful examination of the condition of the teeth and the gums discloses the fact that, though the teeth seem to be freshly separated, his teeth were in a loose and shaky state before he received the injury on account of his suffering from mercurial stomatitis. Such being the case, a slight injury to them would have been sufficient to bring them down. Moreover his other teeth are also very shaky and his gums are in a very bad condition.”

3. A third case may present the following aspect. A person may cause some serious injury to another on his lips or cheeks by means of something hard, such as a stick resulting in a wound, and when the soft fleshy matter is beaten between two hard things it is wounded on both sides, the exterior wound being caused by the stick and the interior one being caused by the resistance on the other side. Sometimes such injuries only bring about a single wound, and the teeth that lie just touching the injured part or parts, though strong, get dislocated. Such cases may be brought under the definition of grievous hurt. The certificate I give on such occasions takes some such form:—“P. K. having been seriously injured on the upper lip, the tooth touching the affected part has fallen off. The surface of the lip, both above and below, has a wound and a strong tooth has fallen off owing to the injury. By observing the condition of the tooth and the gum, it appears that the tooth which was strongly fixed has been freshly separated. The sufferer is a young man, and his remaining teeth are strong. Though the injury to the gums would be healed in a week or so, he is permanently disfigured and is deprived of a tooth.”

HABBULGHAR—(A SECOND EXPERIENCE OF ITS USE),

BY
HAKIM MAHOMED MUNAVVARUDDIN,
of the Mahbobia Hospital.

The powder of *Habbulghar* with *Kateera** proves a very useful remedy in dysentery cases.

* A gum resembling tragacanth, obtained from the *sterculiaurens* of Dr. Roxb.

A patient, aged 50 years, had been suffering from dysentery for four or five months. He was in the habit of taking opium and never abstained from things which were considered injurious to one suffering from that disease. He was admitted a patient of our Hospital, and this powder was prescribed, $\frac{1}{4}$ of a tola to be taken every third hour. In one day he was cured of his complaint, and by the use of other medicines he was totally restored to his original health in a few days.

A second patient had the palms of both his hands ulcerated owing to syphilis. After purgatives, *Summulkhar* was given, the use of which for seven days had the desired effect. On the eighth day, however, the patient felt griping pain, and there was considerable discharge of blood as if owing to hemorrhoids. Thinking that opium forms one of the ingredients in *habbulghar* which may consequently act as an antidote for the injurious effect of *summulkhar*, *habbulghar* was prescribed with very favourable results.

Two other dysentery patients were complaining much of the griping pain that accompanies that disease. The use of the above powder had the effect of curing both in three or four hours.

The dose.—The proportion of *habbulghar* to *kateera* is 2 to 1, and each dose consists of one quarter to half a tola. This is indeed an efficacious remedy for dysentery if brought about by phlegm.

EXPOSURE TO COLD AND COLD MEDICINES A CAUSE OF RHEUMATISM,

Being an abstract from an article contributed to this Journal,

BY

HAKIM SYED HYDER,

*Physician attached to Koilkunda Hospital in the
Mahboobnagar District.*

Hakim Syed Hyder in his article on the above subject says that it has been observed that persons suffering from gonorrhœa readily contract gonorrheal rheumatism if they do not protect themselves from cold and damp, and if they freely make use of cold medicines, such as sandal oil, &c. He notes down the history of some of his patients, a summary of which is given below:—A patient had his ankles swollen and stiff accompanied by severe pain. On the patient presenting himself in this state, the physician suspected that the patient might have exposed himself to cold or rain, or might have made use of cooling medicine. On inquiry he was informed that the patient had been suffering from gonorrhœa for the preceding 20 days, and after trying several medicines with no effect he took Santal Middy, having read in a newspaper of its great efficacy in curing gonorrhœa. The use of it for six days gave him a cold and made him feel drowsy, and he began to experience pain in his hands, feet and shoulders. Subsequently severe fever set in, and the knees and the metatarsal joints were swollen. Another patient suffering from the same complaint had made use of dried *Tribulus lanuginosus*, half a

tola in weight, and one and-a-half seer of toddy for one week, and this had the effect of bringing about rheumatism.

A third patient, 30 years old, suffering from gonorrhœa, made use of the following medicines for six days and he soon found himself attacked by rheumatism. He too was cured by the English method of treatment.

The drugs composing the prescription were—

Root of the toddy tree	...	10 tolas.
White <i>Pangara</i> bark	...	5 „
Dried <i>Tribulus lanuginosus</i>	...	$\frac{1}{2}$ tola.
White cummin	...	1 „

These drugs being pounded and mixed in a little quantity of water with five tolas of sugarcandy and strained, used to be taken by the patient early every morning.

He is of opinion that gonorrhœa is an endemic disease brought about by various causes. This disease is not confined to adults, for it is sometimes found even in children. He says that Doctors Windowe and Raheem Khan in their book "The Practice of Medicine," while dealing with the subject of gonorrheal rheumatism, remark that this disease makes its appearance when the gonorrhœa patient exposes himself to cold.

It has been generally observed that gonorrhœa patients get rheumatism by being careless, the latter malady continuing even long after the patient is cured of the former.

From his article it is to be inferred that Dr. Syed Hyder regards gonorrhœa as the predisposing cause of gonorrheal rheumatism and cold and cold medicines act as the exciting cause during the period the complaint lasts,

One of the above patients suffering from rheumatism was treated by the Yúnanee system of medicine.

The following medicine was prescribed :—

Aloes	...	2 tolas.
<i>Amba huldee</i> ...	...	2 „
<i>Medalakri</i>	...	2 „
Opium	...	$\frac{1}{2}$ tola.
Cloves	...	1 „
Nutmeg	...	1 „

All the above were well ground and, mixed with water, were put on the fire. When the liquid assumed a syrupy consistence it was applied to the ankles and metatarsal joints and it was made to dry by keeping fire near. The patient was directed to keep his legs and feet warm and to take saltpetre in water—(4 drachms of saltpetre to 12 lbs. of water). The patient used to drink daily 6 lbs. of water with 2 drachms of saltpetre. He was given the European medicines that were at hand. At night he was given 10 grains of Dover's powder and in the daytime quinine pills were prescribed three times a day. He was directed to keep in a warm room. The same medicines, external and internal, were continued, day after day. The feet were washed with hot water and the same ointment was applied. He was recommended to take every third day 2 tolas of raisin (dried grapes) if considered necessary to prevent costiveness, but he used to take daily 2 or 3 tolas of them and they had the desired effect. The saltpetre mixture becoming distasteful to the patient it was stopped and 10 grains of bicarbonate were prescribed instead to be taken three times a day. The severity of the disease considerably abated in 10 days when it was thought

necessary to prescribe linament prepared from the following medicines as a substitute for the above ointment:—

Oil of grain sesame	...	...	$\frac{1}{2}$ seer.
Mustard seeds	...	...	$\frac{1}{8}$ „
Opium ...	...	...	$\frac{1}{2}$ tola.
Nutmeg	...	...	1 „
Cinnamon	...	...	1 „
Cloves ...	...	...	1 „

The patient was directed to get the above drugs heated on fire and to apply the linament twice or thrice daily to those parts of the body which were painful.

MELIA AZADIRACHTA—ITS ACTION AND USES,

BY

HAKIM SYED ABDUL MAJID.

This tree is known in Urdu as “*Neem*,” in Telugu “*Vapa*,” in Tamil “*Vyapa*,” in Mahratti “*Nimbh*,” in Kanarese “*Beenee*,” in Sanskrit “*Nim Busth*” or “*Pur Bhadra*” or “*Survet Bhadra*” or “*Yoon Pirya*” or “*Shur Pria*” and in English *Neem* or *Azadirachta*.

It is a wild Asiatic tree found in all parts of India. The Baid or the Hindu system of medicine takes it to be temperate or cold in its property, as its taste becomes sweeter at the time of digestion.

• Much has been said and written about this tree, but I do not think it necessary to make mention of all that here. Its properties and uses have been dealt with at great length, and it is even said that the air passing through this tree

has a curative effect. According to this system of medicine it regulates the humours of the body, suppresses bile, wind and phlegm and cures all phlegmatic, sanguinous and bilious diseases, being at the same time easily digestible. It is particularly efficacious as a remedy for bilious complaints. It cures leprosy, leucopathia and all other cutaneous and venereal diseases and is a vermifuge. Air that was in contact with this tree possesses the property of purifying the atmosphere contaminated with the poison of epidemic diseases. The medicinal properties of this tree are made use of in various ways. One of its preparation is called “*Nimmadee Choorum*” which is prepared from all the parts of this tree in combination with some other medicines. This preparation can be successfully prescribed in all the above mentioned cases. Many physicians of this school have found it very efficacious, but it would be too tedious to go into details here.

The Yūnanee system of medicine acting upon the general assumption that “everything bitter is heat-producing (in its efficacy) regards it as excessively hot, while some of the same school take it to be hot but moist, and others as cold and moist in the first degree. It is laxative, solvent and attenuant; and all the parts of the tree act as a carminative. This medicine cures anorexia, especially in cases where the real appetite remains unimpaired, the patient feeling a disinclination to eat anything. It ripens the perverse matter of the humours of the body and purifies the blood. It is invaluable in the treatment of leprosy and leucopathia, and cutaneous, atrabilious and venereal diseases also yield to its influence. The sap of this tree which oozes out in summer has also the above-mentioned properties. In short, it purifies the blood and heals ulcers, pimples, sinuses and

fistula and is a vermifuge besides. The air in contact with it acts as a counteractive on the poison of epidemic diseases.

According to the Yúnanee system, spirits are prepared from various parts of this tree, and successfully prescribed in the above-mentioned cases. Hakims as well as emperical practitioners prescribe the preparations from this tree in various ways, but its virtue according to both the systems depends on the patient abstaining totally from those things that are considered pernicious during its use. Both the Hindu and the Yúnanee schools prescribe bread made of gram without salt but with ghee *ad libitem* as the diet during the period of its administration. According to them, this medicine taken with the above diet is a sure cure for leprosy, &c.

The European system of medicine takes no account of the intrinsic temperament of different drugs. According to this system, it acts as a tonic, anthelmintic, febrifuge, antiseptic and disinfectant. The poultice made of its leaves acts as a stimulant upon indolent ulcers. The preparations from its inner bark are prescribed only to fever patients as a substitute for cinchona decoction. In my own experience I have seen fever cases cured by this medicine, but the patients, though relieved of fever, generally complained of pain in the joints. Simple ointment prepared from the oil of its seeds, instead of from the oil of grain sesame, has been found beneficial in leprotic and syphilitic ulcers, eczema tinea fanosa, scabies and ringworm.

As to the disinfecting properties of this tree, the physicians of all the three schools are at one. Hakims and Vaidas recommend the use of its leaves on the bed of patients suffering from epidemic or contagious diseases. Such a

use of its leaves has become almost universal throughout India in regard to small-pox, the beds of patients suffering from this disease being invariably covered with its leaves. The ignorant superstitiously believe that the presence of its leaves acts as a charm against *chhot* (unlucky visitants) which by the non-superstitious is taken to mean nothing more than infection.

My own experience leads me to believe in its disinfecting properties. In the year 1298. fasli corresponding to A.D. 1888-89 when I was attached to a hospital in the Lingsagur District, cholera broke out in some of the villages with four or five deaths per day.

The usual disinfectants not being available, I was obliged to give a trial to the leaves of the Neem tree, about the disinfecting properties of which so much has been said. I at once ordered fresh leaves of this tree to be dried and burnt freely in public streets and private houses so that the fumes may mix with the surrounding atmosphere. Two or three days fumigation had the desired effect, and no death was observed either among those who were already suffering from this disease or among others. I made an official report of this to the medical authorities, but I do not know if anything came out of it. Nor had I an opportunity to try this experiment a second time. This experiment I think affords room for reflection as to the extent cholera poison depends upon the particular state of the atmosphere. The success I have met with in the experiment enables me to suggest to my professional brethren on plague duty to give this a trial in the infected localities by freely burning freshly dried-up leaves on the public roads and in the streets and in every compartment of dwelling-houses, and observe whether these leaves act on the plague bacilli as well.

DENSITY OF POPULATION,

BY

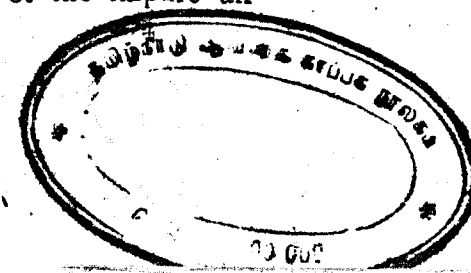
HAKIM SYED ABBAS HUSAIN.

The density of population presents a problem, which in view of the existing conditions of civilized countries, does not seem to admit of solution. Most of those having Western education who have had occasion to express an opinion on the question say, that the density of the population of Hyderabad is opposed to the laws of sanitation. It is not easy to say how far these views can be accepted as correct. If by the disturbing element of sanitation is meant such a density of population as exists in Hyderabad, it follows that in all places where proper sanitation is now to be found, it will cease to exist if those places become thickly populated in the course of time. For instance, the populations of London, Paris, Berlin, Constantinople, St. Petersburg, Vienna, Athens, &c., are indeed very dense, numbering hundreds of thousands. The population of London is nearly 42 lakhs. Thus, the population of Hyderabad when compared with that of any of the above cities is very small. Why then is it that the dense population of those cities does not disturb the laws of sanitation? It may be urged that the Municipal arrangements in those towns are so good that they are kept free from all impurities, the latrines, drains and such other things being cleaned regularly and kept scrupulously clean. Even admitting that the filth of all the inhabited area is removed and buried in some desolate place or thrown into the sea, there arises a probability of the land and the sea breeze becoming affected thereby. We know that India has a temperate climate, and the whole area of His Highness the Nizam's Dominions is far above the level

of the sea, a circumstance which has given to these Dominions the name of "The Deccan Tableland." Though the whole area is not of one uniform level, and there are to be found here and there ups and downs resembling the valleys of Afghanistan, but differing from them in the fact that these are open, extensive and airy, yet the very lowest parts of these Dominions are well above the level of the sea. Again, the higher the altitude of a place, the healthier it is, as is evidenced by the fact that Simla, Ootacamund and other places situated on mountain ranges form health resorts for Europeans in the hot season. But the city of London, nay the whole of Great Britain, is not situated at so high a level as the Dominions of His Highness the Nizam. Again, Britain is surrounded by water on all sides; whereas, Hyderabad is an inland tract of land far removed from the sea, and it is not subject to the great heat to which tropical countries are exposed. Great Britain on the other hand is very cold; water freezes and snow falls there. Thus it is easy to see which of the two places is more damp and wet. If the country that is surrounded on all sides by water, which is likely to become contaminated by absorbing filth, is not in an insanitary state, it is difficult to understand why Hyderabad, with all the climatic advantages on her side, should prove to be so. Further, houses in Hyderabad are not so high and lofty as those in London which can boast of six and seven-storied buildings. Free ventilation is consequently not hindered by the intervention of high and lofty buildings, to the extent to which it is hindered in London. Impure air escapes through ventilators, inasmuch as air exhaled, being of a higher temperature than ordinary air, spreads and rises upwards and escapes from the top, while the pure air gets into the houses through narrow openings below. Thus, the way for the escape of the impure air

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from the lower story and that for the pure air to enter the upper story of the building approach very close to each other. Consequently in such cases the impure air of the lower story mixes with and vitiates the pure air that is about to enter the upper story. Again, the "Gosha or Purda system" not being observed among English people the houses in England are not surrounded by high walls; and yet the ordinary houses in Hyderabad which have been built to meet the requirements of the "Purda system" are by no means less healthy than the lofty and huge buildings of London.

The city of London is 10 miles in length and 7 in breadth, making an area of 70 sq. miles or 1,951,488,000 sq. ft. According to Physiology, for each individual at least 2,000 c. ft. of air are necessary; and if we take all the sides to be equal to one another, each side would come to nearly $12\frac{1}{2}$ ft. and in square measure the area would be 152 sq. ft. in round numbers. If it be supposed that generally over so much extent of land houses $12\frac{1}{2}$ ft. high exist, then in London 12,429,859 persons can live in good health, and we know from the census of that city that it comprises a population of 42 lakhs which means that each Londoner occupies an average area of 6.464 sq. ft.

If we inquire into the extent and population of Hyderabad we will come to know that the city comprises within its limits $2\frac{1}{2}$ sq. miles or 69,696,000 sq. ft. with a population of 124,087 individuals according to the census of 1891. Thus this city will accommodate 443,923 people with an area of 8.561 sq. ft. to each, which means that a Hyderabadiee will occupy 2.97 sq. ft. more than a Londoner. If due allowance be made for the lofty buildings and the wide and expanded

roads of London, it will be seen that there is nothing in the extent of both these cities against the principles of sanitation.

The above calculations and remarks have reference to the city within the four walls. The suburbs comprise an area of 5.23 sq. miles with a population of 290,982,—a very extensive area considering the population. The above calculation shows that in London each individual has an area of 6.464 sq. ft., and in Hyderabad an area of 8.561 sq. ft. But it may be asked whether to each individual is ascribed actually the extent of land pointed out above. The answer is "no." In Hyderabad, as in all other large cities on the earth, complaints are heard that in the palaces of the great each person takes a very large area, amounting to more than 157 square feet in many cases—an extent of land sufficient to afford accommodation to several human beings. Houses in London are high and lofty with few verandahs, the ingress and egress of air being through doors, windows and ventilators; but in the houses of Hyderabad there are generally large halls and verandahs, so open and extensive, that in spite of the houses being generally dirty and filthy, impure air cannot remain collected in them. This is the reason why typhus and typhoid fevers and various other contagious diseases are not so prevalent here as in Europe, although the measures adopted in this country for their prevention are hardly worth mentioning. Those houses, the rooms of which are well ventilated, are undoubtedly healthy. We know that the population of Manchester and Glasgow is about 13 or 14 lakhs each, and owing to the existence of machinery and engines in those manufacturing centres, fumes of smoke overhang these cities day and night. The 14 lakhs of people

of each of the above two places have, owing to their industry and manufactures, become world-renowned, but it is difficult to understand how they live without a sufficient quantity of pure air to breathe and how they manage to get on with their difficult work. Is it to be supposed that they do not consider smoke detrimental to sanitation? If they do regard it as such, they will have to incur a loss of millions of pounds in connection with their trade in railways, steam-engines, cotton and woolen goods, &c. If a few similar mills and manufacturies which render the surrounding air impure be started in Hyderabad, the question of sanitation would arise, and the impurities arising from them would become highly detrimental to the interests of their owners. In this connection the question arises, why is it that Europeans are stronger and more muscular than Hyderabadees, than all Indians for the matter of that. This state of things is to be ascribed neither to sanitation nor to oxygen, for if these be the two causes that contribute to make man strong and robust, that Hyderabad which, regarding both the above points, is placed at a great advantage, should produce weak and feeble men as the sons of her soil, should be attributed to no other cause than misfortune and adversity, inasmuch as many well-to-do people, whether in Hyderabad, Manchester or Glasgow, are sensible enough to live in a manner that would tend to develop their bodies. But the condition of the poor and distressed needs, I think, no explanation; they neither get sufficiently nourishing diet, nor do they get food at the time when they feel hungry, and they have to content themselves with what they get and whenever they get it. Thus placed it could hardly be supposed that they would attain sufficient bodily development. The cost of board and lodging for one man in London is

perhaps no less than Rs. 200 a month. But what do we find here? We find that with a monthly outlay of five or six rupees (Hali sicca) four or five persons generally maintain themselves; and in these circumstances I should like to know which people are likely to become stronger and more muscular.

Besides, each individual is in need of 2,000 c. ft. of oxygen per hour, that is in 24 hours 48,000 c. ft. of oxygen. Thus London, with a population of 42 lakhs, requires 201,600,000,000 c. ft. Here I should like to give the opinion of a renowned observer to illustrate what I say, in order to make it clear to what extent sanitation is deteriorating day by day. Lord Kelvin to whom I refer says, the destruction of the world will be brought about not on account of its coming into collision with another planet; nor will it be effected by the disappearance or extinction of the sun, but it will be brought about in a way which perhaps did not strike anybody but the propounder of the theory. In the last meeting of the British Association held at Toronto, he remarked that from existing causes it is plain that if various machinery worked by steam-engines, now found in civilized countries increase at the same rate at which they are doing now, the firewood that exists buried in the earth (i.e., coal, &c.) and oxygen found mixed in the air, will in the course of four or five centuries, become exhausted, and all creatures, whether rational or irrational, would become extinct owing to suffocation. Now what is the quantity of pure oxygen that is available in the world at present? We are told that in a vacuum of one sq. metre, which is a little more than a yard, there are nearly 10 tons (170 maunds) of air with two tons of oxygen mixed with it. The whole area of the earth is considered to be 124 hun-

dreds of million acres and on it there will be about one crore and twenty lakhs of hundreds of million tons of oxygen. This quantity is just sufficient to burn all the firewood to be found on earth. The burning of one ton of coal or firewood would consume three tons of oxygen, and it is not possible that there could be more firewood than 3,40,00,000 millions. If we take the world's population to be one and-a-half hundreds of million, then we are entitled to suppose that for our necessities there is need for two-lakh tons of firewood. This quantity would be sufficient to meet our demand only for ordinary household purposes, but when we take into consideration the enormous quantity required for workshops, manufactories, railways, and navigation, the above quantity can hardly be considered sufficient. Having in view the present population of the earth and its average increase and the manufactures (which require coal, &c.) Lord Kelvin thinks that the existing fuel would not suffice for more than four or five centuries. Upon this not only the future extinction of the whole world depends, but the fuel would necessarily consume all the oxygen converting it into carbonic acid gas, which within a century will render the air so impure as to make it quite unfit for inhalation.

Thus having in view the above theory we may safely assert that the city of Hyderabad is far better placed than most of the civilized countries in regard to both sanitation and pure air.

From the foregoing it is not, however, to be understood that the theory of Lord Kelvin is to be blindly accepted. Nature has so arranged everything that wherever there is some loss or consumption it is made good in some way or other. If a portion of the world's oxygen is consumed in

one way it is made good in another. Our only contention is that the city of Hyderabad is not placed in a worse state than most of the other inhabited places of the globe, nay, we may assert that the improvements that are being made in the city make us hopeful that during the régime of His Highness the present Nizam, this city will excel most other great cities in the important matter of sanitation.

It is supposed by some that the cause of the desertion of several localities within the city (*i.e.*, Durbardi, Fathadarvaza, Ghazibunda, &c.) is owing to their unhealthy atmosphere, *vide* the remarks made in the first issue of the *Deccan Medical Journal*, but a close examination would show that, besides the temporary insanitary state, causes may be sought for to account for the desolation. The prosperity of a house depends upon that of its master. When some of the houses of the nobles which were situated in these localities were ruined,—houses which afforded livelihood to thousands of men,—these dependents left the abode of their masters and betook themselves to new occupations and new habitations. In some instances it so happened that the neighbouring nobles or others purchased the houses of the poor, who went away to settle in other localities. Moreover the unhealthiness of this locality was not a permanent one; and with the introduction of water-pipes its unhealthiness ceased. Here the thought forces itself that if the existence of one or two streams from the Meer Alum Tank proved so detrimental to health in Hyderabad, then to what extent England, with its numerous streams, must have been unhealthy.

CHLOROFORM PARALYSING THE RESPIRATORY CENTRE BEFORE THE HEART.

Doctors Tim Bon Keng and Jamieson write in the *British Medical Journal*:—

The following case is a good illustration of the Edinburgh teaching as regards the action of Chloroform in causing paralysis of the respiratory centre before cardiac paralysis occurs.

A Chinese coolie, aged 51, had for the last fifteen years suffered from intractable supraorbital neuralgia. After finding treatment by sedatives ineffectual, we decided to resect the supraorbital nerve. The patient was emaciated, but the heart was quite sound, and there was no evidence of any organic disease. He was placed on his back, and Chloroform was administered on a piece of lint. He took the anæsthetic well and there was no struggling or excitement. The corneal reflex had just disappeared, and the skin incision was being made, when he suddenly stopped breathing, and his lips became livid. The pupils were not markedly dilated. The radial pulse could still be felt, but the heart sounds were feeble and the cardiac impulse weak.

Artificial respiration was at once begun, and a hypodermic injection of ether given. The air could be heard freely entering and leaving the lungs with each movement of the arms, but no attempt at voluntary respiration was made. During this time it was noticed that the radial pulse could only be felt once for every three beats of the heart. After performing artificial respiration for 15 to 20 minutes, we found the circulation improving, but it was only after the tongue had been forcibly pulled out that he

drew a deep breath. He then went on breathing steadily. The operation was finished without more Chloroform. The anæsthetic used was Duncan and Flockhard's pure Chloroform, and the quantity given up to the cessation of respiration was 3 drachms, a considerable quantity of which must have been lost by evaporation.

The case is one in which it was quite evident that the respiratory centre ceased to act while the heart continued to beat.

Apart from laboratory views as to the *modus operandi* of the Chloroform, we as practitioners cannot afford to lose sight of the fact that frequently the respiration fails before the heart ceases to beat.

SECOND ATTACK OF SYPHILIS.

Dr. C. M. Moullin had as his patient a young man who was suffering from a typical Hunterian chancre upon the corona. It had made its appearance as a pustule a few days after connection, and, after enlarging slowly for about three weeks, had suddenly become indurated. This was followed by glandular enlargement, roseola (which recurred three times at intervals of a few weeks, each attack being milder than the preceding one), sore-throat, &c. He was treated with green iodide of mercury, given in gradually increasing doses until diarrhoea set in, when it was stopped for a few days. All the symptoms disappeared in the course of six months, but the treatment was kept up as a precaution for some time longer.

Two years and a half after the first infection the patient came to him again with another chancre, situated on the corona but about half an inch from the scar of the

previous chancre, which was plainly visible. The incubation period was approximately the same. There were all the ordinary symptoms of a mild attack of syphilis, absolutely uninfluenced to all appearance by the previous one. This time he was treated by blue pills as he complained of diarrhoea being caused by the green iodide.

The anæmia was more pronounced and lasted longer than before, and for three years he suffered from palmar psoriasis, papules on the face, &c., but these yielded to local treatment. On the whole the second attack was a little more severe and persistent than the first one.

Dr. Moullin believes that second attacks of syphilis are more common than is usually believed. He himself has got notes of four cases, three of which clearly show that they suffered from it once more, and in the case of the fourth he is certain of a second attack. In the present case he is sure of a second attack as he attended the patient throughout in both attacks. The point worth noticing in the present case is the interval between the two attacks—two years and a half—which is the shortest on record.

Dr. Moullin invites attention to one other point. It is commonly believed that syphilis is an incurable disease. Once a man gets the virus he is never cured of it. But if such be the case why should a syphilitic again be infected by it.—*British Medical Journal*.

NOTES ON SOME CASES ILLUSTRATING THE ADVANTAGES OF PARTIAL CHLOROFORM ANÆSTHESIA.

BY

LIEUT.-COL. E. LAWRIE, M.B., I.M.S.,
Residency Surgeon, Hyderabad, Deccan.

Case 1.—The patient was a male native, aged 31 years. The operation took place on 14th January 1899. Food had last been taken at 7 P.M. on the previous day. The operation was the aspiration of an abscess of the liver.

The administration commenced in one drachm doses at—

H.	M.	S.	
9	24	0	Natural regular breathing; blowing into the cap.
9	25	0	Chloroform added to the cap; two breaths of air.
9	25	40	Unconscious, needle inserted; the patient shouted and struggled a little.
9	26	10	Pus was flowing; seven ounces were withdrawn.
9	26	57	The needle was removed.
9	28	7	The patient walked to bed.

The total duration of the operation was four minutes and seven seconds and the amount of chloroform employed was two drachms.

Case 2.—The patient, a male native, aged 45 years, had last taken food at 6 A.M. on the day of the operation, 14th January 1899. This operation was also operation of an abscess of the liver.

The administration commenced at—

H.	M.	S.	
9	30	15	Blowing regularly into the cap.
9	31	30	Chloroform added; one breath of air taken.
9	31	50	Unconscious.
9	32	0	Needle inserted.
9	32	16	Pus was flowing; 10 ounces were evacuated.
9	33	13	The needle was withdrawn.
9	34	8	The patient walked to bed.

The operation lasted for 3 minutes and 53 seconds. The amount of chloroform employed was two drachms.

Case 3.—A male native, aged 25 years, who had last taken food at 8 A.M., was operated upon on 14th January 1899, the operation being, as in the two former cases, one of aspiration of an abscess of the liver.

The administration commenced at—

H.	M.	S.	
9	35	26	Holding breath and irregular blowing.
9	36	5	Regular breathing.
9	36	30	Chloroform added; two breaths of air taken.
9	37	12	The needle was inserted.
9	37	50	Pus was flowing; half an ounce was removed.
9	38	15	The needle was withdrawn.
9	38	56	The patient walked to bed.

The total time taken up by the operation was three minutes and thirty seconds and the total amount of Chloroform employed was two drachms.

The three operations were performed under partial anæsthesia with Chloroform—merely giving the anæsthetic until the patient was unconscious—in 14 minutes and 56

seconds. There was no hurry about any of the cases, which were brought in in the course of the ordinary mornings' works. The advantages of the partial administration are that it saves a lot of time and saves Chloroform, that there is no sickness afterwards, and there is no possibility of danger provided that the Chloroform is given with the same care as regards the respiration as when complete anæsthesia is produced. Sometimes there is a little struggling, but if this is found to be inconvenient, the patient can be "put over" or the administration can be stopped and consciousness can be restored.—*Lancet*.

THE TREATMENT OF CONGENITAL TORTICOLLIS.

At the meeting of the Academy of Medicine, M. Berger showed a child, aged ten years, the subject of congenital torticollis, scobosis, and cranial and facial asymmetry. A successful result had been obtained by dividing subcutaneously both the sternal and clanicular attachments of the sterno-mastoid muscle together with massage. The child was borne by a breech presentation and a few days after birth a tumour was noticed on the right side of the neck, which, however, disappeared little by little although the head remained in a vicious position owing to right torticollis. When M. Berger first examined the child, he presented besides the torticollis the following deformities: a diminution in both the vertical and transverse diameters of the face on the right side, an obliquely oval conformation of the skull, a cervical spinal curvature with the convexity towards the left, a dorsal curvature with the convexity towards the right, and a compensatory lumbar curvature with convexity towards the left. M. Berger being a firm

believer in the subcutaneous method of the sterno-mastoid performed this operation, straightened the head and kept it in the corrected position for a month by means of a plaster bandage. Afterwards he prescribed exercises which consisted in bending the head laterally until the ear touched the shoulder and in rotating it as far as possible in the opposite direction to that side on which the deformity had existed. The spinal curvatures were treated by repeated pressure, the patient being slung by a Sayre's apparatus. These exercises were repeated at first every day, then every other day, and lastly once a week. The position of the child's head is quite correct and all movements are easily performed. The spinal curvatures no longer exist and the facial deformity is greatly lessened.—*Lancet*.

AN UNNOTICED CAUSE OF DYSPEPSIA.

In the Ulster Medical Society, Dr. Calwell read a paper on this subject. He first drew attention to the frequency of gastric adhesions, amounting to 5 per cent. in cases of death from whatever cause; (2) to the presence of localised peritonitis in cases of gastric ulcers which had not eaten beyond the muscular coat; (3) to the formation of gastric and subphrenic abscess in such cases although no perforation had taken place; and (4) to the interference with the normal gastric peristalsis by such adhesions. He pointed out a dyspepsia characterised by sudden stitches, a paroxysm of pain brought on by large meals or by distention, and relieved by rest in bed. In a case under his care there had been a gastric ulcer which had healed, the patient feeling well so long as she attended to her diet and avoided exertion. One night while taking a bath a sudden pain heralded the symptoms of perforation. The patient had suffered for

years from dyspepsia and had had one attack of hæmatemesis. It was suggested that the idea of an "adhesion type of dyspepsia" might be entertained, where the ulcer was probably quite healed, but the adhesion gave continuous or intermittent trouble, brought on by anything that increased the gastric movements and removed by rest of stomach and body. In cases of this kind resisting ordinary medical treatment, Dr. Calwell suggested that laparotomy should be performed. Where adhesion had taken place there was always the danger of a rent or tear due to sudden exertion, especially in association with a full stomach.—*British Medical Journal*.

THE DIFFERENTIAL DIAGNOSIS OF TYPHOID FROM ACUTE TUBERCULOSIS.

Carlo Bareggi finds that at the hospital at Milan during the last 30 years, typhoid fever had been mistaken for acute tuberculosis 52 times, and tuberculosis for typhoid 90 times. Widal's test is not always accurate, and is troublesome. The author advocates a simpler method, which consists in observing the behaviour of 20 or 30 drops of blood drawn from the fingers of the patient into a small test tube, and allowed to remain at rest for 24 hours. When the resulting coagulum is observed, it is found that in typhoid hardly any serum is formed, the clot is not retracted. In tuberculosis there is marked retraction of the clot from the sides of the tube and abundant formation of serum.—*British Medical Journal*.

OBSTINATE HICCUGH.

Dr. W. B. Thorne writes in the *British Medical Journal* that some eight years ago he treated a lady between 30 and 40 years of age for a violent hiccough, which, sometimes once or twice repeated, and occurring at varying intervals, made it almost impossible for her to mix in society. The digestion was treated by diet, regimen and various interval remedies without result. Nerve sedatives were no more efficacious. At length he prescribed tabloids of $\frac{1}{100}$ grain of nitroglycerine to be taken two or three times a day, and in addition every time the condition threatened to recur. The effect was immediate and the malady was subdued in about a fortnight. Two years later there had been no recurrence.

Dr. H. Gurvey says that he treated an aggravated case of hiccough by oil of turpentine when prolonged chloroform anæsthesia, hypodermic injections of morphine and a host of other drugs had failed to do any good. He gave one drachm of oil of turpentine with a little mucilage and the cure was instantaneous.

Dr. Sympson treated a case of obstinate and violent hiccough in a young man, while no cause was discoverable for the malady, by applying a blister on each side of the cervical spine over the origin of the 3rd, 4th, and 5th cervical nerves in the hope of influencing the phrenic nerves. This stopped the hiccough in a few hours.

HYPODERMIC MEDICATION IN SKIN DISEASES.

Dr. Savory writes in the *British Medical Journal*:—

The following method of treatment for certain forms of skin diseases is one for which I believe I can claim originality, and its success in suitable cases is constant. The method is tattooing, and it is more specially applicable to those forms of skin diseases which depend for their cause on the presence of vegetable parasites. The mode of operation is as follows:—

The parts are thoroughly soaked for 24 hours with a compress of 1 in 30 carbolic acid, and the affected parts are then tattooed in the ordinary way with two or three fine needles fixed in a handle, the needles from time to time being dipped into a solution of acid—Carbol (1 in 30). The part should be tattooed for at least one-eighth of an inch outside the affected area, and it is not necessary for the tattooing to be done deeply. The handle holding the needle should be grasped firmly by the right hand, the extremity resting on the inner side of the joint of the left thumb, and in this way, as in ordinary tattooing, great precision and delicacy can be given to the movement of the needles.

For localised patches of ringworm, &c., this method of treatment proves eminently successful. I have not yet tried the treatment for skin diseases depending upon constitutional conditions, but I see no reason why the result of tattooing some of the chronic localised rashes of syphilis with liq. hydrarg-perchloride should not prove successful. As may be readily understood, this method of treatment is more specially applicable to chronic and localised affections of the skin.—*British Medical Journal*.

1. FOR DYSPEPSIA WITH FLATULENCE.

Ry Tincture Gentianæ.
„ Valerianæ.
„ Nucis Vomicæ ... each 4.
„ Chloroformi ... 20—40 gtt.

M.S. Ten to twenty drops in water before meals.

2. PAINLESS VESICANT PLASTER.

Ry Menthol.
Chloral each 1.
Spermaceti ... 4.
Cacao Butter ... 2.

M.S. Spread on a piece of linen.—*Echoff*.

3. FOR PURULENT CYSTITIS.

Ry Acidi Salicylici.
„ Boracici each 5.
Aquæ Ferradæ ... 1,000.

M.S. For irrigation of the bladder.—*Rabaw and Bourget*.

4. METALLIC IODINE FOR SEVERE SYPHILIS.

Ry Metallic Iodine gr. xv.
Potass, Iodide q.s. to make solution.
Glycerine 3ii.
Citric acid 3iv.
Syrup 3ii.

A teaspoonful is taken half-an-hour before meals, twice daily, until six teaspoonfuls a day are administered or even twice this quantity.—*Gallard's Medical Journal*.

5. FOR CHRONIC OTORRHEA.

Ry Potassi Iodidi gr. xx.
Tincture „ ... 3iii.
Alcobobcum.
Glycerinum each 3iv.
Iodoformum gr. xx.

A small quantity to be injected into the auditory canal.
—*Medical Press and Circular*.

SPERMIN IN DIABETES.

Dr. A. Telinchin reports his own personal experience of the subcutaneous injection of spermatic fluid into his own body for traumatic diabetes, under the direction of his physician, Dr. Litkin. The spermatic fluid employed was prepared personally by the author and Dr. Litkin from the testicles of bulls and dogs.

PERMANGANATE OF POTASSIUM IN OPIUM-
POISONING.

Dr. L. N. Grosvenor gives the following directions:—

1. When you find that opium or any of its alkaloids has been taken, give a hypodermic injection of the solution of 10 grains of permanganate of potash to the ounce of water, at short intervals.

2. Wash out the stomach twice with clear water, keeping washing for chemical examination.

3. Wash out the stomach with a solution of permanganate 2 grains to the pint of water, until washings come back pink, retaining the solution one minute each time.

4. Give a glassful of solution of the potassium permanganate 10 grains to the pint of water, every half-hour till recovery.

If patient is unable to swallow, use the stomach tube with a large lower opening, and through the nose, if necessary. Do not forget your rectal speculum (for dilating rectum); it may be of great benefit at critical moments.

In case of failure of heart and lungs use artificial respiration and your hypodermic of strychnia.

The permanganate of potassium is not a poison but is a local irritant; therefore use a large quantity of a weak solution, rather than a small amount of a strong solution.—*Indian Medical Record.*

SUPPOSITORIES FOR BLEEDING HEMORRHOIDS.

R $\bar{y}$ Ferri. sulph.	...	... gr. iii
Plumbi acetat.	...	... gr. i.
Mass Hydrarg.	...	... gr. $\frac{1}{2}$.
Ol. theobrom.	...	... q. s.
M. ft. suppos.	...	... No. 1.

Lig.—Insert one suppository morning and evening.

A METHOD FOR STERILIZING DRINKING- WATER.

The following is recommended by a German professor as a rapid, cheap and effective way to sterilize drinking water for armies, on boardship, in unhealthy localities, and

for medical and surgical purposes: To a gallon of the water add, first, three drops of the following solution: water 100 parts, Bromine 20 parts, Bromide of Potassium 20 parts; and then after five minutes three drops of a nine per cent. solution of ammonia.—*Indian Medical Record.*

LIVING PREMATURE INFANTS.

In proof of the premise that a strong premature infant can clear the pulmonary vesicles and live, Villemin (*ann. de Gyn. et de obstet.*) showed the Paris Obstetrical Society a fine mentally and physically developed child aged 31 months which weighed 950 grammes (less than 2 lbs.) at birth in the 5.5 or 6 months of gestation but was brought up by the *convense* and careful feeding. Charpentier also reared up an infant that weighed 37 ounces at birth when its respiration was purely bronchial.—*British Medical Journal.*

MILK: ITS ABSORPTION *vs.* ITS DIGESTION.

Milk alone is sufficient to meet the needs of the body. Intravenous injection of fresh milk has been safely practised, showing that the economy can assimilate it without previous digestion and absorption. Working on this theory, the author has adopted the following plan for the rapid absorption of milk without previous curdling and digestion. A number of hours after a meal (usually three or four) the food disappears from the stomach with all gastric juice, and the mucous surface becomes alkaline. This is the "alkaline tide" of the stomach. If at this time milk, free from fat, fresh and alkaline, and at the temperature of the body, be taken, it will excite no secretion of gastric and pancreatic

juice on account of its freedom from all irritant qualities, and it will, therefore, pass at once in an unaltered state into the absorbents and system. This saves nature much work and avoids the disturbances of coagulation. It enters the blood-current more quickly and in no way disturbs the appetite for regular meals, even increasing the latter. Milk can thus be taken by patients who cannot take it with their meals.—*Indian Medical Record.*

MOSQUITOES AND MALARIA.

It is encouraging to find the *New York Medical Record* write as follows of the labours of Dr. Ronald Ross, I.M.S. :—

“The account of the researches of Surgeon-Major Ross in the matter of an extra anthropic host of the malarial plasmodium read by Dr. Patrick Manson in the section on tropical diseases of the British Medical Association, and contained in our special report of the Edinburgh meeting is one that cannot fail to interest our readers everywhere. Not only is the subject of malaria one of special concern to practitioners in many parts of the United States, but the method pursued by this patient worker, and that by which he achieved such brilliant results, is an example of what a truly scientific investigation should be. Dr. Ross did not content himself with the observation that there is no malaria in certain districts where mosquitoes do not bite—shrewed guesses based upon such coincidences had been made by Marcheafava and Manson years before Koch gravely announced the theory as his own—but he followed the plasmodium in all its evolutions and its travels through the body of the mosquito. It is true his studies were for several reasons made with the plasmodia pathogenic to birds, but

the results may fairly be applied to man, and we have as a result the actual demonstration that, in whatever other ways malaria may enter the human body, one way at least is through the proboscides of the culicidæ.

A VERY DELICATE TEST FOR BILE.

By Drs. Krokiewicz and Batko.—The following reagents are necessary :—(a) A one-per cent. aqueous solution of sulphanilic acid; (b) a one-per cent. aqueous solution of sodium nitrite; (c) pure concentrated Hydrochloric acid. The test may be made according to one of three methods : (1) To two cc. of the reagents (a) and (b) add from two to five drops of the wine, and shake : if bile pigment is present a ruby red color develops, which changes to amethyst violet upon the addition of one or two drops of hydrochloric acid. (2) To a few drops of the solutions (a) and (b) add an equal quantity of wine and one drop of hydrochloric acid, and mix ; a deep violet color results. (3) Shake together in a test tube several drops of the solutions (a) and (b), and pour out ; if five cc. of ecteric wine be added the mixture turns ruby-red, changing to amethyst violet upon the addition of hydrochloric acid.—*Post Graduate.*

A CASE OF PNEUMONIC PLAGUE SIMULATING ACUTE BRONCHITIS.

BY

RAM DHARI SINGH, L.T., M.S., *Abu Road.*

Ganga Ram, aged about 45 years, arriving from Bombay, was detained here for observation as he was suffering from cough and slight fever, on the 17th October 1898. His brother died of plague in Bombay and he was coming home

to perform the obsequies. In the evening his temperature rose to 103.4° F. after chills and rigor. He was at once isolated with all his effects and diaphoretics and expectorant mixture prescribed. At night he was a little delirious.

On the 18th instant his morning temperature was 100.6° F.; but his cough was troublesome, expectorated pure bright blood at frequent intervals. On auscultation tubular breathing could be heard with dulness of both lungs. He had four loose stools before 10 A.M. Salol in eight grain doses had the desired effect after the third dose. He was very feeble and prostrated. His tongue was covered with coffee coloured fur; there was no diminution in the hæmoptysis. In the evening his temperature rose to 104.6° F., was delirious and comatose. The same mixture with milk and tea continued. The prostration became worse and worse.

On the 19th instant his temperature registered 103.2° F., pulse small and slow, abdominal breathing. The hæmoplyctic blood was of port-wine color but was unmixed with mucus. He was listless, apathetic and face dusky; tongue furred and blood stained; conjuction suffused, great prostration and aphasia. The stimulant mixture with hot tea and milk given every third hour. After 2 P.M., the condition became worse and sudden syncope setting in he died at 6-30 P.M.

The above case is interesting for the following reasons:—His brother died of plague in Bombay on the 9th instant and he left for home on the 15th instant. He was detained at Anand Observation Camp for six hours and his personal effects were disinfected. He arrived at Abu Road in apparent health on the morning of the 17th instant and the same evening he was attacked with fever and bronchitis and died after 49 hours' illness.—*Indian Medical Record.*

LEAVES AND TRANSFERS.

Order, dated 15th Zilhej, 1316 Hijri.

Mr. Gibb, Assistant Surgeon, Residency Hospital, who is (1) a lecturer of the Medical School, (2) Physician to non-gazetted European officers, and (3) Superintendent of the Thuggy Jail, and who gets separate allowances under these different heads, is granted three months' privilege leave from 15th Ardebahist to 14th Amardad 1308 Fasli. During his absence on leave, Mr. Burrows, Officiating Assistant to the Director of the Medical Department, will act for him. During the period of leave, Mr. Gibb will get the allowance for No. (1) owing to the vacation in the Medical School and Mr. Burrows will get allowances for Nos. (2) and (3).

Order, dated 20th Zilhej, 1316 Hijri.

Hakim Aatmaram of Mongoli Hospital is granted one month's privilege leave from 6th Ardebahist to 5th Khurdad 1308 Fasli.

Statement of Plague attacks and deaths in H.H. the Nizam's Dominions, up to the 27th May 1899.

District.	Taluk.	Village.	IMPORTED.		INDIGENOUS.	
			Attacks.	Deaths.	Attacks.	Deaths.
LINGSUGUR.	Kopbal.	Kowlur ...	...	...	573	497
		Gudlanur ...	...	...	107	77
		Katurgi ...	...	...	66	47
		Murlapur ...	...	...	6	6
		Gudgera ...	...	...	4	4
		Kopbal Town ...	...	...	57	50
		Singapur ...	...	...	6	5
		Kinhal ...	...	...	58	37
		Madnur ...	...	...	10	8
		Gatraddihal ...	...	...	27	7
		Total ...	...	...	912	736
	Yelburga.	Bannikopp ...	...	...	457	401
		Sidnikopp ...	...	...	219	215
		Binhal ...	...	...	122	118
		Sampur ...	...	...	70	61
		Erehanchinol ...	...	...	235	200
		Mannapur ...	...	...	80	55
		Lakhmapur ...	...	...	14	8
		Itgi ...	...	...	40	35
		Hiriyalgundi ...	...	...	43	42
		Kuknur ...	...	...	38	30
		Chicancope ...	...	...	26	24
		Yelburga ...	...	...	14	13
		Malicoppa ...	...	...	5	5
		Yerekurbhanhal ...	...	...	8	5
		Mundulgeri ...	...	...	4	4
		Yadipur ...	...	...	8	4
		Kudgunta ...	...	...	3	1
		Karahalli ...	...	...	24	18
		Total ...	...	...	1,410	1,230

Statement of Plague attacks and deaths in H.H. the Nizam's Dominions, up to the 27th May 1899.

District.	Taluk.	Village.	IMPORTED.		INDIGENOUS.	
			Attacks.	Deaths.	Attacks.	Deaths.
LINGSUGUR—contd.	Kushtagi.	Gwatgi ...	...	...	28	21
		Sirguppi ...	...	...	156	127
		Dotihal ...	...	...	191	171
		Kessur ...	...	...	56	53
		Hulgeri ...	...	...	64	51
		Manerhal ...	...	...	27	27
		Ramvanki ...	...	...	1	1
		Balwatgi ...	...	...	14	12
		Maigur ...	...	...	10	10
		Tegihal ...	...	...	17	14
		Benchmuth ...	...	...	15	9
		Kushtagi ...	...	...	42	35
		Nandapur Mouze ...	...	...	30	21
		Mudalgundi ...	...	...	28	11
		Byallihal ...	...	...	36	30
		Balgi ...	...	...	29	25
		Mudinur ...	...	...	20	16
		Takalki ...	...	...	17	12
		Chickhulgundi... ..	...	...	17	15
		Hulasgeri ...	...	...	3	3
		Kadar ...	...	...	13	8
		Ramanthal ...	...	...	2	2
		Tallihal ...	...	...	8	8
		Gangawati ...	...	...	1	1
		Total ...	...	...	825	683

Statement of Plague attacks and deaths in H.H. the
Nizam's Dominions, up to the 27th May 1899.

District.	Taluk.	Village.	IMPORTED.		INDIGENOUS.	
			Attacks.	Deaths.	Attacks.	Deaths.
LINGUGUR—contd.	Mudgal.	Nagrahal ...	...	...	92	90
		Sejjulgooda ...	...	...	93	90
		Tambulguda ...	...	...	1	...
		Palugunnudini... ..	...	...	1	1
		Nowli ...	...	...	26	22
		Kamnur ...	...	...	52	40
		Bhogapur ...	...	...	1	1
		Sankapur ...	...	...	12	12
		Honur ...	...	...	37	29
		Kachapur ...	...	...	2	2
		Total ...	...	...	317	287
GULBARGAH.	Allund.	Allunga ...	...	...	39	32
		Persalgi ...	...	...	29	27
		Gadalgaon ...	...	...	10	7
		Kajurie ...	...	...	12	8
		Siroor ...	...	...	1	1
		Boragaon ...	...	...	7	4
		...	...	...	10	10
	Gulbar- gah.	Gulbargah ...	3	3	...	...
		...	...	...	...	...
	Wadi.	Wadi ...	...	1	...	...
		...	...	...	...	...
	Afsal- pur.	Mashal ...	1	1	544	534
		Gowrie ...	...	...	32	29
		Total ...	4	5	684	652

Statement of Plague attacks and deaths in H.H. the
Nizam's Dominions, up to the 27th May 1899.

District.	Taluk.	Village.	IMPORTED.		INDIGENOUS.	
			Attacks.	Deaths.	Attacks.	Deaths.
NALDURG.	Ganjoti.	Thircoly ...	...	...	13	10
		Balsur ...	...	...	42	36
		Maraj ...	...	...	38	36
		Jakkicore ...	...	...	29	19
		Mooluj ...	...	...	22	19
		Terruri ...	...	...	32	25
		Kardora ...	...	...	4	4
		Babalsur ...	...	...	23	15
		Hulthal ...	...	...	15	14
		...	...	...	22	14
		Chakur ...	...	...	1	...
		...	...	...	...	1
NALDURG.	Kalliani.	Oomerga ...	...	...	1	...
		Kala Limbola ...	1	1	...	...
		Ganjoti ...	...	...	2	1
		Ekundi ...	...	...	13	8
		Narangoodi ...	...	...	2	2
		Total ...	1	1	259	205
NALDURG.	Lahora.	Dongargaon ...	...	...	22	18
		Andrial ...	...	...	14	9
		Chitta ...	...	1	...	...
		Total ...	...	1	36	27
	Dhara- seo.	Kangara ...	1	1	69	61
		Somandrial ...	...	...	5	4
		Total ...	1	1	74	65
	Tackli	Tackli ...	...	...	26	19
		Total ...	...	...	26	19

Statement of Plague attacks and deaths in H.H. the Nizam's Dominions, up to the 27th May 1899.

District.	Taluk.	Village.	IMPORTED.		INDIGENOUS.	
			Attacks.	Deaths.	Attacks.	Deaths.
NALDURG—contd.	Nilanga.	Madansuri ...	...	...	17	14
		Hadoli ...	...	...	11	11
		Anandwadi ...	...	...	11	7
		Hanmanthwadi..	...	...	8	5
		Total ...	...	...	47	37
	Naldurg.	Kasgi ...	...	...	12	9
		Kadar ...	...	...	6	3
		Chickhalli ...	...	...	55	39
		Kairur ...	...	...	23	13
		Muram... ..	...	...	4	2
		Total ...	...	...	100	66
	Bem- pli.	Takli ...	...	...	17	16
	Tuljapur.	Wadgaon ...	...	...	15	13
		Jalkotwaddy ...	...	...	32	21
		Savargaon ...	...	...	29	25
		Nanajwadi ...	...	...	9	6
		Bople ...	...	...	14	11
		Kamachiwadi ...	...	...	14	12
		Deggaon ...	...	...	16	12
		Bhori ...	...	...	15	5
	Raja- sole.	Balconda ...	...	...	20	15
		Total ...	...	...	181	136
		Grand Total ...	6	8	4,873	4,154

Statement of Deaths from Small pox within the Municipal limits of the City and Suburbs of Hyderabad Deccan.

Period.	Municipal Division.	Deaths.
From 1st to 7th Khurdad ...	No. I. City ...	4
	„ II. „ ...	3
	„ III. „ ...	1
	„ IV. „ ...	7
	„ I. Suburbs ...	1
From 8th to 15th Khurdad ...	No. I. City ...	2
	„ III. „ ...	1
	„ IV. „ ...	1
	„ I. Suburbs ...	7
From 16th to 21st Khurdad ...	No. I. City ...	1
	„ III. „ ...	4
	„ IV. „ ...	5
	„ I. Suburbs ...	5
	„ II. „ ...	1
	„ III. „ ...	1
Total ...	...	44

Statement of Births from 1st Zihujja 1316 Hijri to 14th
 Zihujja 1316 Hijri.

Number of Division.	BORN ALIVE.				BORN DEAD.				REMARKS.						
	Men.		Women.		Men.		Women.								
	Muhammadans.	Hindus.	Christians.	Others.	Muhammadans.	Hindus.	Christians.	Others.							
1st Division (City)	9	2	...	3	10	1	...	1	...	1	1	...	1	29	
2nd " (")	7	2	2	...	4	3	...	...	...	...	...	...	...	18	
3rd " (")	6	7	...	1	9	3	...	1	1	...	...	...	...	28	
4th " (")	8	1	...	...	5	6	...	1	...	...	...	...	...	21	
Total in the (")	30	12	2	4	28	13	...	1	3	...	1	1	...	96	
1st Division (Suburbs)	3	8	...	...	2	4	...	1	...	...	...	...	...	18	
2nd " (")	6	5	...	1	3	5	...	...	...	...	...	...	...	20	
3rd " (")	...	1	...	...	3	2	...	...	...	...	...	...	...	6	
Total in the Suburbs	9	14	...	1	8	11	...	1	...	...	...	...	...	44	
Grand Total	39	26	2	5	36	24	...	1	4	...	1	1	...	140	

