inflammation of the kidney; but it will even then probably be inflammatory in character, as from gastric catarrh, over-
feeding, and the like, in all which cases the aconite will be equally efficacious.

Whether aconite is of use in the fever of acute specific disease, as scarlet fever, measles, &c., is not so certain as its power over inflammation. But although there may be some doubt on this point, I shall hereby crush the severity of the fever of the acute specific diseases, there is no doubt it can control and subdue the inflammatory affections which often accompany them, and which may by their severity endanger life. Thus aconite will moderate the inflammation of the throat in scarlet fever, and the catarrh and bronchitis in measles, and in this indirect manner lessen the height of the fever. It appears to be unable to shorten the course of these acute specific diseases. In the treatment both of simple inflammations and acute specific diseases, aconite may be appropriately administered in conjunction with some other remedy which may be indicated.

The treatment which has just been described will be found of value in erysipelas, in which disease belladonna may also with advantage be given. In the treatment of acute rheumatism aconite has been much praised, and from the eminence of the authorities by which it has been recom-

mended there can be no doubt of its usefulness. Still the in this complaint its good services are not so apparent as in acute inflammation. This disease has no regular course or duration, but may, untreated, last only a few days, or many months. It is difficult, therefore, to decide whether the speedy decline in any particular cases is a natural decline, or has been accomplished by the aconite. It is certainly ineffectual in many cases, which appear to run their course uncontrolled by this remedy. So that it is still required to determine in what class of cases it is useful, and in what cases it is without effect. In one respect it often appears to be of service—namely, in removing the pain from inflamed and swollen joints. Gouty pains are said by some to yield to this remedy, and it has in many instances, apparently with good results, been given to persons suffering from neuralgia.

The effect of this remedy on the heart has been men-
tioned. There it was shown to lessen the rapidity of the circulation. Aconite may thus be used in all cases where there is vascular excitement which it is desired to suppress, and also when it is desirable to diminish the force of the circulation. In fact, it may be given in precisely those cases which were formerly treated by bleeding.

This remedy may be employed with advantage when the menses are suddenly checked, as by cold, on account of its power to restore the flux, and so remove the distressing and peculiar symptoms which not infrequently occur when such a disorder prevails.

The "fluttering at the heart" of nervous persons, and also nervous palpitations generally yield to this remedy. Usually when such disturbances occur, more general treatment is required, but when the conditions causing the palpitation cannot be removed, then aconite may be usefully employed.

The acute stage of gonorrhoea may be well treated by a drop of the tincture of aconite each hour, and the same treatment will often remove chordee.

ON SMALL-POX AND VACCINATION IN INDIA.

BY ROBERT PRINGLE, M.D.,
SURGEON H.M.'S BENGAL ARMY, AND SUPERINTENDENT OF VACCINATION, NORTH-WEST PROVINCES OF INDIA.

The importance of the subject of this paper, and the imperfect information which appears to have reached this country regarding it, as witnessed in India, and which I have noticed in the course of conversation during my short visit to England, have induced me to appear before the public, in the hope that I may be able, to a certain extent, to supply this deficiency, the cause of which, I am bound to say, lies at the door of my professional brethren in India, and is not chargeable to those in this country. On the con-

trary, had any sufficiently reliable information on the subject of either small-pox or vaccination in India been available to the authors of the treatises which for many years have been in circulation, the few inaccuracies which may be detected in their pages on this subject, as met with in India, would never have appeared. The only claim which I shall attempt to advance for this paper is, that the description of the facts there given is the result of personal inquiry and observation in the places where they were witnessed; and that any conclusions which I may arrive at and record are the results of the experience gained during nearly thirteen years' constant residence in India, which, with the exception of two years' military duty, have been passed among the agricultural classes of the community, while in medical charge of civil stations, and since 1864 as a superintendent of vaccination in the north-west provinces of India.

With these prefatory remarks, I will enter on the discussion of the subject, which, for facility of description, I have divided into two heads:

1st. Small-pox as regards its prevalence, and the mortality resulting from it in India, and more particularly in the Bengal Presidency.

2nd. The various prophylactic measures adopted to check the disease when it has appeared, and to prevent its spreading.

1st. Small-pox as regards its prevalence, and the mortality resulting from it in India, and more particularly in the Bengal Presidency.—I regret I have no long columns of statistics to support any conclusion I may arrive at. The manners and customs of the natives of India, and the means at the disposal of the Government there, were, until within the last few years, fatal to any system of statistics, other than those connected with bodies of troops, and the diseases appearing among them. The remarks, therefore, which I am about to make, and which were gathered from personal inquiry and observation among the agricultural districts of Bengal and the north-west provinces of India, will not, I trust, be deprived of too much of their value by the absence of such an important support as is yielded by statistics, and thus militate unduly against the interests of vaccination in India. To those living in a country enjoying the benefits and blessings of vaccination it is very difficult to convey any accurate idea of the universal prevalence of small-pox in India, in districts where inoculation is not practised; for vaccination, as yet, cannot be said to have left any visible impression on the countless thousands of Hindoostan. The following, however, may be of assistance to those unacquainted with India, in aiding them to form some estimate of what a fatal scourge small-pox must be in the country alluded to.

1. The Doab, in the districts lying between the Ganges and the Jumna, and south of the Sowalick range, with a population of upwards of 9,000,000, I can state, from the experience of the past four years, that 95 per cent. of the population have been attacked with small-pox at some time or other in the course of their lives, usually with the result that they have escaped entirely. The long period of infection in small-pox, and the wandering habits of the natives of India in search of sacred shrines, will readily account for the facilities in the way of contagion and infection which are afforded; and which end in making small-pox an annual visitant in an Indian village.

As regards the mortality from small-pox in India, I feel that in the absence of statistics I am treading on dangerous ground, and that what I shall say is likely to be at least almost be beyond the reach of belief; but the incidents and facts which I shall state, and which, I may repeat, are the result of personal inquiry and observation in villages where small-pox was either raging at the time or had lately visited,
are but too well known to those who have studied the sub-
ject, and have witnessed an epidemic of small-pox in India. Instau-
gations in other quarters to show that a mortality accompanies small-pox where no prophylactic measures are employed to check its progress; and I would merely cite the case of the Island of Pynipet, as given in
Sir James Simpson's pamphlet, entitled "Proposal to Stamp out Small-Pox," published in 1803. From a statement of small-
pox left on this island, 3000 out of a population of 5000 fell victims to the disease. I may mention here that the
mortality from small-pox witnessed in India, and to which
intense as it is a religious one, to its ravages. When I once
hinted to a native, at a non-vaccinating period of the year,
other than the benefits supposed to be derived from religious
explain the reason of their adopting no treatment for it
this circumstance, as it will help to account for the apathy
instance, "Thakooranee," or the goddess, &c. I mention
that of the deity in that particular part of the country—for
does, vary with the dialects of the districts, is, nevertheless,
never to count children as permanent members
of the family, nor make arrangements to leave them money,
&c., until they have been attacked with and recovered from
small-pox.

2nd. The various prophylactic measures adopted to check the
disease when it has appeared, and prevent its spreading.—This,
which I consider the more important division of this paper,
can be best discussed by subdividing it into two—viz.,
A. The prophylactic measures employed by the natives of
India, which may be summed up in inoculation.
B. Those had recourse to by the Government of India, and
which have been somewhat more extensively employed.

A. The prophylactic measures adopted by the natives of India.

With the exception of the districts in which inoculation is
practised—viz., the Himalayan range generally, and some
portions of the extreme west of Hindoostan—the natives adopt no
measures whatever either to check the disease or to prevent
it spreading; on the contrary, the numbers which collect at
the religious ceremonies, conducted during these epidemics
with the view of appeasing the offended deity of small-pox,
must have the effect of conveying the contagion to villages
which had as yet escaped it. The natives of Hindoostan
consider an outbreak of small-pox to be due to the dis-
pleasure of the female deity who presides over this scourge.
From this idea, though its origin is not exactly known, does,
varies with the dialects of the districts, yet there is, nevertheless,
that of the deity in that particular part of the country—for
instance, "Thakooranee," or the goddess, &c. I mention
this circumstance, as it will help to account for the apathy
with which the natives of India view this disease, and may
explain the reason of their adopting no treatment for it
other than the benefits supposed to be derived from religious
ceremonies, but submitting with resignation, always with
infecting us with their superstitions, one to its ravages. When I once
hinted to a native, at a non-vaccinating period of the year,
that he should not allow his child to play with others who
were suffering from small-pox, his answer, which was most
characteristic of the Indian mind, was, "To prevent the fever mind,
we must, as well as take the disease now as a year or two hence;
the sooner, perhaps, the better. If it recovers, which God
only knows, I can calculate on its life."
I will not briefly allude to the practice of inoculation as not
with in the Himalayas, where it has been adopted since
the most remote times, and whence it probably extended to
India; it is rare to find an adult native suffering from primary
small-pox, or one who has been proof against this continu-
sous contagion till he has reached that age—a further proof
of the prevalence of the disease. So fatal is small-pox
unknown to us; that the following is only a recital of those cases
attack and recover; five were children under the age of
years, and, in some instances, in houses
in the district infected, and, in other cases, in houses
which previous cases had been. Five were children under
the age of ten years; three were grown-up young people. The

SULPHURIC ACID IN TYPHOID FEVER.

By ROBERT HAMILTON, F.R.C.S.,
SURGEON TO THE SOUTHERN HOSPITAL, LIVERPOOL.

In the late epidemic fever at Bootle, notices of which
appeared at the time in the pages of The Lancet, I em-
ployed in the last eight cases which came under my care
Sulphuric acid, and which had received prophylaxis from Central Asia;
form the attack assumed, and the apparent cutting short of
the progress of the disease, that I am induced now, when
fever of the same description is prevailing in other parts of
England, to ask those readers of The Lancet who have much
to do with it, to give the remedy a more extended trial,
and thus confirm or otherwise the report here given.
The cases were all typical ones of typhoid fever occurring
in the district infected, and, in some instances, in houses
where previous cases had been. Five were children under
ten years of age; three were grown-up young people. The