

ON THE VARIOUS DOMESTIC REMEDIES, WITH THEIR EFFECTS, USED BY THE PEOPLE OF INDIA FOR CERTAIN DISEASES OF THE EAR.¹

BY H. J. DADYSETT, L.R.C.P. & S. EDIN.,
L.F.P.S. GLASG.,

CONSULTING AURAL SURGEON, CHURCH GATE MEDICAL HALL, FOR EAR,
THROAT, AND NOSE DISEASES, BOMBAY.

DISEASES of the ear are not so common in India as in cold countries. There are, however, certain complaints from which people of India, whether rich or poor, do suffer, due in most cases to their habit of sleeping with their beds close to the windows, which are generally kept open, and thus exposing themselves to draughts. Again, poor people and domestic servants sleep on open verandahs and are thus exposed to cold draughts and chilly winds. The diseases due to this cause are myringitis and furuncles in the meatus auditorius externus and internus. In my practice for the last seven years as an aural surgeon in Bombay I have had to treat a large number of patients suffering from the above complaints and on inquiry I found that before they came to me they had tried various domestic remedies, consisting of various simple or medicated oils, juices of plants, powders, &c. Once my attention was drawn to this subject I began collecting information in connexion with it and the following notes I hope will be found interesting.

1. *The bulb of Allium sativum (garlic).*—It is boiled with salad oil and the oil when cooled is dropped into the ears for relieving the pain due to myringitis or furuncles. I believe it has a temporary soothing effect in some cases, but in others I have observed that it does more harm than good.

2. *Sesamum oil or tull-tella.*—It has been used mostly by people belonging to the Ghatti caste to soften the cerumen when there is much gathering in the ears. I think it has the same effect as the ordinary olive oil.

3. *Oil of Andropogon citratus and dhuprel oil* (consisting of various bland oils with a number of aromatics used as hair-oil).—These oils have been largely used by the Parsees for deafness and noises in the ears. The noises in the ears do sometimes disappear under this treatment due, I believe, to the oil having the power to soften cerumen. The ear is generally syringed with water after the oil has been dropped into it.

4. *Sweet-oil boiled with Ptychotis ajvan.*—It is used mostly by the Mahomedans for noises in the ears under the belief that it relieves the congestion of the middle-ear. I think it has some effect in relieving the noises.

5. *The juice of the petals of the Calendula officinalis (marigold flowers) known as "gulgotta."*—It is used in catarrhal deafness, but I have never seen a single case of recovery under this treatment.

6. *The juice of the leaves of Ruta graveolens, called by the natives "sitab."*—It has been used for relieving earache. I have seen some patients benefited by this juice.

7. *The juice of the leaves of Anona squamosa, known in India as "andoo" or "sitaful."*—It has been used by Wagri women in India in earache arising from various causes. They first pour the juice into the ear and then with a hollow copper or brass tube suck out worm-like bodies from the canal. This, of course, is a trick practised upon ignorant and credulous people. The worm-like bodies are simply pieces of vermicelli. This practice of what they call removing worms from the ears is rather common in India and these Wagri women make their living by it.

8. *The juice of pansupari.*—It is syringed into the ears by ignorant Hindoos belonging to the Ghatti caste for relieving earache. The juice is produced by chewing together areca-nut—known as "betel-nut" (*sopari*)—and the leaves of chavika-betel (*pan*). It is a common practice in India to offer *pansupari* to a friend on a visit just as a European would offer a cigarette in Europe. I have never seen a single case benefited by its use.

9. *Ginger and onions.*—The fresh juice of *Zinzibar officinale* (known as "adoo") or of *Allium cepa* (known

as "*kanda*") is dropped into the ears for relieving earache. This is a favourite remedy with Parsee women for very young children. It has some effect in relieving earache.

10. *The juice of the leaves of Ocimum sanctum, known as "toolsi."*—It is used by the Ghatties for earache with some benefit.

11. *The juice of the mint (Mentha sativa), known as "phudina."*—It is used for dry catarrh of the ear without any benefit.

12. *The juice of the leaves or flowers of Jasminum grandiflorum, known as "chumpeli."*—It is boiled with sweet-oil and used in acute suppurative inflammation of the middle-ear. I have seen only one case in which it was used without any good result.

13. *The fruit of Tricosanthes palmata, known as "kaundala."*—It is boiled with cocoa-nut oil and used for stopping foetid discharges from the ears. I have never seen a single case in which it has done any good.

14. *The juice expressed from the leaves of Cleome viscosa and known as "lilvun."*—It is used for otorrhoea and deafness in the Concans, mostly by the Hindoos, without any benefit.

15. *The juice of the leaves of Datura alba and also that of the lily.*—These are used for relieving earache by women of the Ghatti caste in India with temporary relief.

16. *Tea.*—Warm infusion of tea is syringed into the ear in cases of pain due to furuncles. It has a temporary soothing effect similar to that obtained by syringing the ears with warm water. The tannin contained in the tea, however, acts as a mild astringent.

17. *The leg of peacock.*—It is boiled with ground-nut oil and used in chronic catarrhal deafness. This remedy is recommended mostly by *banas* and *jogis*, a sect of Hindoo hermits or ascetics who are supposed to be well versed in jungle medicines. I have never come across a single case either cured or relieved of the deafness by this remedy.

18. *Cat's urine and urine of newly born infants.*—It is poured into the ears in otorrhoea to reduce the discharge. It has, however, in many cases, caused tympanic and mastoid abscesses which had to be opened. I have never seen or come across a single case of cure under its use.

19. *Dead scorpions.*—These are boiled in sweet-oil and put into the ear by Madrasee women in India to relieve earache. I have never seen any good effect.

20. *The gall-bladder of the young sheep.*—It is boiled with sweet-oil and the oil is then filtered and dropped into the ear slightly warmed. It is used in deafness brought on by dry catarrh of the ear. I know of two cases in which the oil was used by a Borah hakim without any benefit. On the contrary, the deafness increased and the patient had to consult me for treatment.

21. *Honey (Apis mellifica).*—It is used by old women for otorrhoea. For this purpose a plug of cotton-wool or cloth is smeared with honey and introduced into the meatus, but it gives no permanent relief.

22. *Milk specially of a primipara.*—It has been dropped into the ears to relieve earache in children. I have seen some good to result from its use.

23. *Eau de Cologne.*—It has been poured into the ears for relieving earache. It is commonly used by the people of India; and I have seen many cases in which bad results have followed its use—such as meningitis, mastoid abscesses, otorrhoea, &c.

24. *The otto de rose and the essence of jasmine.*—These are commonly dropped into the ears for catarrhal deafness and earache, mostly by Bhatias and Khojas. I have seen some temporary benefit from their use.

25. *Assafetida.*—A small piece is introduced into the ear for relieving earache, without the least benefit.

26. *Powder made of Sepia officinalis, known as "summodarfin" and found on the seashore in India.*—A powder of it is insufflated into the ear in otorrhoea. This powder has some effect in drying up secretions. It is commonly employed by the Hindoos.

27. *The red dry powder known as "kunkun" (red powder obtained from the rhizome of Curcuma longa).*—It is used by the Hindoos for decorating the forehead, with a mark known as "*tila*" and also used by the Parsees on birthdays of their children as a mark of good omen. This powder is insufflated into the ear for otorrhoea through a quill pen. In 1896 I saw four cases in which the use of this powder had brought on mastoid abscesses which had to be opened.

28. *Mellivallas or "ear-cleaners."*—These are a class of quack-aurists. They are generally Mahomedans or Chinese

¹ A paper read at the Sixth International Otological Congress, held in London on August 10th, 1899.

by nationality and go about from street to street shouting aloud their arrival. They remove the wax from the ears by means of two thin pointed probes and many a time they perforate the tympanum under a mistaken notion that they are removing thin epidermal scales from it. They generally use sweet-oil mixed with tinctura lavendulæ co., 1 in 4, as drops for softening the cerumen before beginning the operation. I have had to treat a number of cases with perforations caused by these ignorant *mellmallas*.

Bombay.

CARDIAC THROMBOSIS AND ITS CAUSES.

By CHARLES J. MARTIN, M.B., D.Sc. LOND.,

PROFESSOR OF PHYSIOLOGY IN THE UNIVERSITY OF MELBOURNE;

AND

GEORGE E. RENNIE, M.D., M.R.C.P. LOND.,

LATE PATHOLOGIST AND PHYSICIAN TO THE PRINCE ALFRED HOSPITAL, SYDNEY.

IN the course of post-mortem work one cannot fail to be struck with the variation in the appearance and condition of the blood in the heart in different cases. We believe that not sufficient attention has been paid to this subject and that in the light of the large amount of experimental work which has been done in recent years on the blood and its coagulation we are of opinion that the current text-book teaching on this subject is imperfect and to some extent erroneous. We think that the ante-mortem coagulation of the blood in the heart or cardiac thrombosis is more often the immediate cause of death than a result of the mode of death. A survey of the text-book teaching exhibits a considerable amount of confusion, even regarding the fundamental point—viz., whether white fibrinous clots are of ante- or post-mortem production. We do not refer to the fibrinous deposits on diseased valves and ulcerated surfaces of the endocardium, as we are all agreed that these are of ante-mortem origin.

Thus, Hamilton,¹ speaking of cardiac thrombi, says: "The majority of clots which are found in the heart are of post-mortem origin. They are large yellow masses of fibrin most commonly occupying the left chambers and often extending into the pulmonary artery. In diseases of hyperinosis, such as pneumonia, they are particularly well formed and extend into the small branches of the pulmonary artery."

Coats² appears to hold somewhat similar views, for he says: "It is important to distinguish thrombi which have formed during life from mere post-mortem clots. It will be clear from what has gone before that the thrombi are mostly white or grey, but being formed largely of white corpuscles they are of a dead or opaque white or grey appearance. Post-mortem clots are sometimes pale from the sinking of the red corpuscles or otherwise, but they are gelatinous and smooth on the surface and mostly transparent, whereas the thrombi are firmer, drier, more opaque and granular on the surface. Thrombi also adhere to the wall to some extent, whereas the post-mortem clots do not, although in the heart, from getting entangled among the columnæ carneæ, they may have an appearance of adhesion."

Mitchell Bruce³ speaks of coagula found in the heart as of two kinds, active and passive, according as they are formed during life or at or after death respectively. He describes passive coagula, or in other words post-mortem clots, as in some cases taking the form of "masses of firm whitish fibrin cleaving with some tenacity to the endocardium but not truly adherent, matted with the chordæ tendineæ and columnæ carneæ and projecting some distance into the pulmonary artery. In phthisis and other diseases proving fatal by very slow exhaustion these coagula are remarkably firm and fibrous and closely matted amongst the chordæ tendineæ, appearances which seem to indicate that coagulation was slowly proceeding for some time before the heart had ceased to beat." Bruce, however, admits that these fibrinous coagula are regarded by some authorities as of ante-mortem formation and as giving rise to severe symptoms by the embarrassment which they produce in the circulation.

Green⁴ speaks of clots formed in the heart just before death as connecting post-mortem clots and thrombi. He says: "They are probably partly due to whipping of the blood by the chordæ tendineæ which tends to stagnate when the heart is too weak to empty its cavities. As would be expected they are more or less uniformly decolourised and though not adherent are often so much entangled among the chordæ tendineæ that they cannot be readily removed. From their longer duration and more complete contraction they are firmer and less watery than post-mortem clots."

Bristowe⁵ says: "In all cases when the clots are purely fibrinous or when the fibrinous element is in excess or where the fibrin which has separated occupies any other position than the upper surface the separation of the fibrin, that is, the coagulation of the blood, must have taken place during life while the blood was still in process of circulation. That it is so must be evident from the consideration that there is no means by which stagnant fluid blood can in coagulation manifest separation of fibrin except upon its upper surface, still less achieve the perfect separation of the fibrin from all its other constituents. It is further proved by Dr. Richardson's examination of these fibrinous clots which shows that the amount of fibrin contained in them is several times greater than can be accounted for by the quantity of blood which the heart's cavities are capable of containing. It must not be forgotten, however, that all the fibrin met with in such cases in the cavities of the heart rarely, if ever, exceeds the amount of fibrin contained in the blood which passes through the heart in the course of half a dozen beats, and that, therefore, the whole of a large fibrinous clot may have been whipped out of the blood in the course of the minute or two of circulation which precedes death. It is certain then that such clots are formed during life, but by no means clear how long their formation actually takes."

From these statements it appears that some pathologists regard these white fibrinous masses as formed post-mortem while others consider them of ante-mortem origin. But there can be no doubt that firm white clots, which microscopical examination shows to be composed of fibrin, can only be formed from the blood in a state of motion and that the only form of white clot which can be produced post-mortem must be due to subsidence of the red corpuscles. At the post-mortem examination there can be no difficulty in differentiating white clots which have been formed in this way, by the fact that they consist of two layers, an upper white layer and a lower deeply coloured one.

We shall now briefly enumerate the various conditions of the blood met with in the heart at post-mortem examinations. 1. The blood may be quite fluid in all the chambers. This will, of course, in some cases be due to the examination being made a short time after death; but in other cases the length of time which has elapsed since death makes no difference. We shall refer to this point later. 2. The blood may be completely coagulated, and all the cavities of the heart may be filled with uniformly dark clot. This condition must be due to a rapid coagulation of the blood immediately after death, before there has been any time for subsidence of corpuscles. 3. The blood may be partly fluid and partly coagulated, and the clots may be uniformly dark in colour, or they may show a partial decolourisation, an upper whitish layer, and a dark lower one, due to subsidence of the corpuscles. In these cases coagulation must have been imperfect and also slow in onset. 4. In other cases one finds large white more or less translucent masses of fibrin most frequently occupying the right chambers and extending up into the pulmonary artery, and even extending for some distance into the smaller branches of the artery in the lungs. These masses are also found in the left ventricle and in smaller amount extending a short distance into the aorta. There may be in addition a deposit of dark clot or the rest of the blood may be fluid. 5. In still other cases we find a condition which may possibly represent an older stage of that described in the last section. We find firm white masses of fibrin, either granular in appearance or perhaps actually softened in the centre so as to resemble small bags of pus, projecting between the columnæ carneæ like small polypi, or forming firmer masses adherent at the apex of the left ventricle or else in the appendices of the auricles. These would suggest an intra-cardiac thrombosis at a former period. The rest of the blood in the heart may be either fluid or partly coagulated.

¹ Text-book of Pathology, vol. i., p. 622.

² Manual of Pathology, second edition, p. 68.

³ Article, "Cardiac Thrombosis," Quain's Dictionary of Medicine.

⁴ Pathology and Morbid Anatomy, sixth edition, p. 233.

⁵ Article, "Cardiac Concretions," Reynolds's System of Medicine.