

pianater was very much injected over the whole of the cerebrum and cerebellum, presenting a pink appearance. The substance of the brain was of firm consistency, and presented bloody points on section. The lateral ventricles were empty. There were old pleuritic adhesions on both sides of the chest, especially on the right. The bronchial tubes contained a quantity of frothy fluid; lungs otherwise normal. The heart was contracted. The right auricle contained some dark blood, the left was empty. A small decolorized clot was found in each ventricle; valves healthy. The stomach contained about a pound of chyme. There were some patches of ecchymosis in the submucous tissue. The liver, spleen, and kidneys appeared to be healthy.

Remarks.—There can be no doubt that the cases detailed were instances of poisoning from the inhalation of the vapour of burning charcoal, but at the same time had they come under observation without any knowledge of the circumstances in connection with them, it might have been difficult to form a correct diagnosis. It is on this account that I consider them a subject of medico-legal interest in a country like India, where charcoal forms a common article of fuel, and where the natives, from their ignorance and habits, are specially liable to suffer from its effects.

The possibility of such an accident should, therefore, be borne in mind where no evident cause of death exists.

It is to be noted that the man who had died was found at a higher elevation and further removed from the fire than the others, which fact is *primâ facie* opposed to the supposition that the gaseous products of the combustion of charcoal collect in a stratum near the ground.

It must, however, be remembered that the natural density of carbonic acid, the principal ingredient, is diminished by the heat of combustion, and that the current produced by the same cause carries the gas upwards; while, on the other hand, carbonic oxide, the less abundant but more poisonous product, is ordinarily lighter than air.

The symptoms and *post-mortem* appearances were similar to those recorded in former cases, the loss of muscular power, amounting in the lower limbs to temporary paraplegia, being most marked.

To a student of human nature, the utter indifference exhibited by the natives to the welfare of their countrymen as shewn in this case forms a subject for reflection.

Nowshera, 30th January, 1885.

DRIED MANGO-PULP (AMCHUR) AS AN ANTISCORBUTIC.

By RAM CHANDRA DATTA, F.C.S.,

Assistant Professor of Chemistry, Medical College, Calcutta.

THE dried pulp of the mango (*Mangifera Indica*) contains such a large amount of Citric Acid as to make this common fruit not at all an inefficient substitute for lime-juice when the latter cannot readily be obtained as an anti-scorbutic. A quantitative analysis of three different samples of mango-pulp, which had been dried by exposure to the heat of the sun, gave the following results:—The samples contained respectively 16·20, 13·60, and 15·6 per cent. of water. In the water-free pulp, the proportions of Citric and Malic Acids per ounce were as in the following table:—

	No. 1.	No. 2.	No. 3.
Citric Acid, per ounce	40·24 grs.	36·83 grs.	46·7 grs.
Malic Acid „	74·81 „	61·60 „	56·21 „

DEFORMITY OF THE HANDS CAUSED BY ABSORPTION OF THE PHALANGEAL BONES.

By DR. R. MACLEOD,

Civil Surgeon of Gya.

WE are indebted to Surgeon-General Simpson for these notes of the following curious case:—

Raghbur, male, aged about 25 years, a Sonthali and native of Soorgooja, was admitted into the Pilgrim Hospital, Gya, for deformity of the hands caused by the absorption of the phalangeal bones.

The patient, a spare and rather short-statured man, stated that, about four years ago, he felt acute pain behind his left clavicle. The pain was very acute, and was felt all on a sudden. From behind the clavicle, it extended to other parts of his body. Three months after this, a crop of vesicles first appeared in his left groin, and then, in other parts. On the appearance of the eruption, the pain disappeared. The vesicles formed into large ulcers, which took a long time to heal; according to the patient's statement, it was three years.

In winter last, after the ulcers had completely healed, he felt pain in his joints, both large and small. These were also swollen, and he had to remain in bed for three months, as he was not able to move. He had had no fever at the time that he had his joints affected. The inflation of the longer joints subsided after a time, of the duration of which he has no correct idea.

But the phalangeal articulation remained much swollen and painful, especially that between the first and second phalanges. The order in which the phalangeal joints were affected is as follows:—

The ring finger, middle finger, index finger, the thumb, and then the little finger of the right hand. In the left hand, first, the index, then the middle, and the little finger, and last of all the ring finger. The fourth right toe and fifth left toe were also affected at the same time.

The pain and swelling subsided after a month, but he noticed his fingers were becoming shorter.



PRESENT SYMPTOMS. Right hand.

Thumb—The metacarpal bone of the *thumb* absorbed, and the first phalanx dislocated on the palm, and very mobile, but there is no pain. The phalangeal articulation is partially ankylosed, and the head of the first phalanx thickened.

Index finger—The first and second phalanx absorbed, and the third partially; and the skin is healthy and thrown into folds.

Middle finger—First phalanx absorbed.

Ring finger—First phalanx absorbed.

Little finger—First phalanx absorbed.

The skin covering the fingers perfectly healthy, that of the rest of the hand also healthy.

Left hand.

Thumb—Healthy. *Index finger*—First phalanx absorbed entirely, the second partially.

Middle finger—First phalanx absorbed.

Ring finger—Of normal length, first phalangeal joint partially flexed and ankylosed.

Little finger—First phalanx absorbed.

The skin is healthy as in the right hand. There is no pain even on manipulating the fingers roughly.

Right foot.

Fourth toe — first and second phalanges absorbed.

Left foot.

Partial absorption of the first phalanx of the fifth toe. The skin of the feet healthy. The patient complains of the occasional pain in the lumbar region, and also in the shoulders and knees. On extending the knee-joints, a peculiar dry creaking sound is heard.

Left tibia somewhat thickened, and there are bony nodules over its anterior border. The left ankle is also a little more swollen than the right one.

There are three cartilaginous tumours, of the size of hen's egg, one on each trochanter, and the third on the tips of the coccyx.

The patient is unmarried, and denies that he ever had syphilis. On examination no mark of any sore was found on his penis. No history of leprosy in his family. His brother and sister are healthy. The appearance of the right hand is well shown in the annexed woodcut, which was taken from a photograph.

LETTER No. II.

FROM A CORRESPONDENT ON FURLOUGH.

SINCE my return to this country I have naturally interested myself in the present views and practices of surgeons as regards the employment of antiseptics in surgery. I have had opportunities of visiting hospitals in Paris, Edinburgh, and London; and although I have preferred to study pretty closely the practice of a few surgeons rather than observe cursorily the doings of a larger number, still I am in a position to form and communicate a sufficiently sound and accurate judgment on this very important subject. There can be no question whatever that, during the seven years which have elapsed since I last visited England, a great change has taken place, more especially in London, in the opinions and habits of surgeons in this matter of antiseptics. A comparison of the editions of Ericksen's "Science and Art of Surgery" and of Bryant's "Surgery," which have been recently published, with the preceding editions, renders this very clear. The question now appears to be not whether it is right and proper to employ antiseptic methods and agents, for every surgeon uses them in some shape or way, but how far it is necessary to resort to the stringent precautions and adopt the elaborate system and appliances which Sir Joseph Lister considers needful in order to maintain wounds in an aseptic condition and to