

Tamil.	English.	Botanical names.
Shannel Veray	Sun-hemp seed	Crotalaria juncea.
Sathacoopay	Dill	Anethum graveolens.
Caring Kolloo	Black horse-gram	Cassia Absus.
Carin Seeragum	Do. Cummin seed	Nigella sativa.
Aulee Veray	Linseed	Linum usitatissimum.
Moongle Frauny	Bamboo Shavings	Bambusa a r u n -
Oatter day	Cobwebs	dinacea
Carpooram	Camphor	aa zi

Water 3̄10; boil down to one and-a-half ounces, cool and strain, and add black jaggery half-ounce; dose, half twice a day. Diet without tamarind.

I obtained as an experiment, a fixed oil from the seeds: 20 ounces were ground with water and made into a paste, to which four ounces of sugar-candy powdered were added. This was kept in the sun for some time, for the separation of the oil. I next boiled the paste, dissolved with water, as is done for castor-oil, the oil was then separated. I got five ounces; it is clear, and has a bright yellow appearance, inodorous, with a slightly acrid taste. I shall report the medicinal properties of the oil in my next communication.

A Mirror of Hospital Practice.

MADRAS GENERAL HOSPITAL.
PURPURA RHEUMATICA ET HÆMORRHAGICA.

By A. PORTER, M. D., F.R.C.S.I.

Principal and Professor of Medicine, Medical College,
and Senior Physician, General Hosp., Madras.

THE following case is published as, judging from my own experience and from the absence of recorded cases, the disease is rare in India; also the case in itself exhibits Purpura in all its forms.

It is noteworthy that with the rheumatic form the eruption was marked, and there was more or less pyrexia, while with the hæmorrhagic form these symptoms were for the most part replaced by irritability of the gastro-intestinal tract.

There was no sponginess of the gums, effusion into the popliteal space, nyctalopia, or other symptom of scurvy present.

Mr. A. B. C——n, Assistant Superintendent, Salt Department, a full-bodied Eurasian, aged 23 years, admitted on the 8th November 1887, for purpura. He states that he lives near a salt marsh, where the drinking water is brackish; that he gets no fresh vegetables, but he drinks a good deal of lime-juice; also that fresh mutton is rarely procurable.

The rash on the legs appeared about a month ago. It extends as high as to the middle of the thighs, and consists of petechiæ about the size of pins' heads with a few spots of ecchymosis about two lines in diameter; all are circular or nearly so, and vary in colour from red to deep brown; they are not raised above the level of the skin, and do not disappear on pressure. There are also some petechiæ on the arms, and an eruption of prickly heat on the back.

A week ago he got a pain in the abdomen, which continued for four days, when he vomited

some blackish matter, then greenish fluid with some specks of blood. After this, the pain in the abdomen ceased, but he got pain in the joints which still continues. The joints affected are the knees, ankles, and wrists. They are tender, but not red or swollen, but there is slight œdema of the right hand. The bowels are costive, otherwise the digestive system is healthy. Pulse 96, respirations 28; urine high-coloured, sp. gr. 1028, contains bile, no albumen or sugar. The temperature was normal on admission, but rose to 100·6°F. in the evening, and he had irregular fever during the first and fourth weeks in hospital, although taking 5 grains of quinine three times a day all the time. The temperature seldom rose above 101°F. (chart attached). Irritability of the stomach, with bilious vomiting and diarrhœa, set in four days after admission. The stools were thin feculence, contained blood, and were passed frequently; the blood was at first in considerable quantity, but ceased after two or three days; some looseness of the bowels with more or less irritability of the stomach however continued for ten days. The pain in the joints returned then, having disappeared with the onset of the gastric derangement.

The first eruption gradually faded away, but a fresh eruption appeared with the feverishness at the beginning of the fourth week after admission, when the gastric symptoms had ceased. The last eruption was on the head and face, and thickly over the buttocks where the petechiæ were large, and the itchiness so great that a sedative application was required. He was discharged at his own request exactly a month from the date of admission, but only two days after the subsidence of the second attack of pyrexia, the eruption had all but disappeared. He expressed himself as feeling well. He looked somewhat less full-bodied than on admission, and was advised to remain in hospital a little longer; but he was anxious to return to duty, and he said he would come back to hospital should he get a relapse.

CASE OF OCCLUSION OF THE MOUTH OF THE RIGHT CORONARY ARTERY IN THE COURSE OF GENERAL ATHEROMA, WITH ANEURISMAL DILATATION OF THE ARCH OF THE AORTA.

UNDER CARE OF SURGEON S. F. FREYER, M. D.,
Medical Staff.

SERGEANT J. F —, aged 41, was admitted to hospital on the morning of the 25th June 1886. His breathing was short and hurried, lips livid, and he had an anxious expression. He stated that he never felt "sick or sorry," until four nights ago, when, whilst lying down quietly in bed, after an ordinary day's duty, he suddenly felt a weakness come over him, and had to sit up to gasp for breath. This paroxysm passed off, but he had not been able to lie down since; as whenever he tried to do so, or even to doze