ing 3 drachms, was removed. There was great straining several times during the operation, causing prolapsus ani. Case progressed favourably. Quinine was given to check fever. Milk diet. Eight days after, the wound was granulating freely, and about half the quantity of urine passing naturally.

Case III.—Gunputty, aged 12. Brahmin, native of Dhenkanal, said to have had stone for the last 8 years, presented himself at the dispensary on 30th October, with the usual symptoms. Pain and difficulty in voiding urine are so great that he is obliged to press his heel against the perineum in order to get relief. On sounding, the stone was easily perceived, and as having a granular surface, and by introducing the finger into the anus, it was also distinctly felt.

A dose of castor oil was given on the evening of admission, and the lateral operation performed next morning.

The stone weighed 6½ drachms, and had rough uric acid deposits on a phosphatic surface.

Case progressed favourably; there was no fever; 10 drops of tincture opium were given the night of the operation.

Patient recovered, without a bad symptom.

From Notes by Assistant Surgeon Chooney Lall Dass.

Case IV.—Benudee Sayce, caste Chasa, aged 35, was admitted into the Cuttack General Hospital on 26th September 1876 from Killa Durpun, with symptoms of stone in bladder, said to be of 8 years' duration; urine passed by drops, occasional retention, frequent micturition, discharge of blood by urethra. After walking, he felt pain in the glands, penis, and irritation at prepuce; bowels costive, straining at stool, and prolapsus ani; body was very much emaciated, and the countenance was pinched from the prolonged suffering. Stone was easily detected by the sound. Rest, good food, and tonics were prescribed.

On 10th October, a dose of castor oil was given. On 11th the patient being fully chloroformed, the lateral operation for lithotomy was performed; a straight staff was used, and the bladder reached without difficulty; two stones were felt, the smaller of the two was removed easily, but the second was so large and round as scarcely to be seized by the forceps which was at our disposal. The wounds had to be enlarged, both outwards and inwards in order to afford a passage for the unusual size of the stone, which was at last seized, and after much patience and trial removed without any untoward event taking place.

The smaller weighed 5 drachms and was of the size of a pigeon's egg, the larger was round like a potato and weighed 6 oz.; both were phosphatic, and measured inches 1·75 × 1·25 × 6, and 3 × 2·5 × 2 respectively. Milk diet.

Vespere.—No bleeding; urine mixed with blood; free by wound; no fever. Morphiæ gr. ¼ at bed time.

12*th.*—Slept by snatches; urine passed by wound; had slight fever; tongue clean at tip and edges; foul at base; bowels moved 4 times; vomited twice. Quinine grs. ii thrice daily; morphia at bed time.

13*th.*—Slept well; appetite fair; pulse quiet; vomited once. Continue treatment.

15*th.*—Vomited 3 times; wound has a sloughy aspect; pulse quiet, but weak. Bismuth gr. x every 4 hours. Sherry and broth. Morphia at bed time.

16*th.*—Slept well; had nausea twice; bowels moved twice; slough adherent to wound; appetite bad. Continue treatment and add quinine gr. ii *ter in die.*

18*th.*—Doing well; wound cleaning; appetite improving.

After this he progressed uninterruptedly, and gained flesh rapidly; wound gradually contracting, and urine passing more and more by urethra.

November 14*th.*—Quite well.

HICCOUGH OF MORE THAN FIVE DAYS' DURATION, SUCCESSFULLY TREATED BY LARGE DOSES OF QUININE.

By T. K. Hall, *Rangoon.*

Hiccough is a common complaint, and there is perhaps no person who has not, at one time or another, suffered from it; the attack may come on after a full meal, or which is oftener the case, after the ingestion of some very pungent substance, and may last for about 15 or 20 minutes. I lately witnessed an alarming attack in the person of a strong well-built workman —a Madras native. As the result of some organic disease I have often met with persistent hiccough, but never, before, did I see a case like the one referred to. That there is danger in this common complaint, if unchecked, I am quite convinced from what I observed in this man; a similar case, I was informed, proved fatal in the town, after four days' duration.

On presenting himself to me, he complained that the hiccough had persistently troubled him for four days, that it interrupted him when at work, that he had not since the onset of the attack a single night of unbroken rest, if rest it could at all be called, and that as a natural result, he felt he was fast breaking down under the exhaustion occasioned by its continuance. I questioned him closely, and made a careful examination, with the view of tracing, if possible, the source of the irritation, to which the spasms were due, but failed. There was nothing else apparently wrong with the man, and his answer to all my enquiries was—"I have nothing else to complain of, and in other respects I am in good health." I was sorely puzzled as to the cause, and in my ignorance became incredulous; but as he persisted in his statement I thought it advisable to take his word for it, and accordingly tried the usual remedies, such as the spirits of chloroform, sinapisms, bismuth, &c. He returned the next day, saying he was feeling very ill, and begged that I would give him some relief. His appearance now gave unmistakable evidence of a rapid break-down; his haggard look, earnest manner, and anxious expression of countenance, left no room for doubt, and caused me great uneasiness. I repeated the usual treatment, and observed him closely; in the meantime I tried to glean something from the recorded experience of others, and I am glad to say, did so successfully.

The first case of persistent hiccough I came upon was the one reported by Dr. J. Constable, and which occurred in a man suffering from pneumonia; the attack was of several days' duration and alarming, defied all ordinary remedies, but yielded "as if by magic," writes Dr. Constable, in a few minutes to the subcutaneous injection of the solution of morphia. I next came upon the following admirable epitome of the treatment of hiccough, by Dr. John Rose, elicited by a letter of enquiry on the subject to the Editor of the *Lancet*, and reproduced in the second half year of Braithwate's Retrospect for 1871:—"Allow me," writes Dr. J Rose, "to recommend the application of the ether spray to the neck and epigastrium (so as to affect the pneumo-gastric and phrenic nerves), with full doses of bromide of potassium, at the same time giving ice and soda-water. Should this fail, I should be inclined to blister the neck, and give large doses of quinine during the day, and chloral hydrate at bed-time. Dr. John Constable, about two years ago, related in your columns a case of persistent and alarming hiccough in pneumonia, which was cured by the subcutaneous injection of morphia under the inter-costal muscles. This treatment is well worthy of further trial. Widal records a case of obstinate hiccough, accompanied by serious symptoms, which was cured by twelve grain doses of quinine, repeated every day in the same dose for three days. The hiccough, which had lasted without intermission for nineteen days, never returned. The same author relates another case which was cured by valerianate of zinc with extract of belladonna, and a third by Vichy water and gentian. In the last case the stomach appeared to have been chronically inflamed. In continued fever, hiccough is occasionally troublesome, and will sometimes yield to small doses af rhubarb. Dr. Habershon related, about eight years ago to the Medical Society of London, two cases of hiccough. One could be restrained by counting continuously, and it stopped on the patient walking about. It was cured by iodide of potassium given freely, then steel and blistering the neck. In the second case the hiccough preceded the formation of a perineal abscess, and did not finally cease until it had been opened and was quite healed. Dr. H.———thought both cases due to some indirect irritation of the pneumo-gastric nerve acting on the spine, and thence reflecting on the phrenic nerve. In the case of a young woman in whom hiccough was present night and day, depending on some intestinal irritation, the late Dr. Todd gave a scruple of calomel, and recovery ensued."

On perusal of the above I resolved to try the 12 grain doses of quinine before any of the other plans of treatment, as being about the simplest, and accordingly gave the patient 12 grains of the drug the first morning. I saw him on the evening of the same day, but there was no appreciable change. The quinine was repeated in the same dose on the second morning, and I was agreeably surprised to observe, towards

evening, a decided improvement. The dose was repeated for the third time and with speedy relief; the spasms were slight and quickly followed by eructations. I had no wish to desist so soon, and, therefore, gave the patient a fourth dose, and on this day he expressed himself as feeling quite well, and asked to be relieved now from further medicine taking. I met the man two months after, and learned that there had been no return of the complaint.

The singularity in this case appears to me to be the absence of all assignable causes, his previous history revealing no more than that he had been in a malarious district, and had suffered from fever some months ago; he has had no fever nor any other complaint since. There were no symptoms of either hepatic, pulmonary, splenic, gastric or intestinal derangement to account for it.

Since treating the individual, whose case I have just given, I was consulted by an officer for the same affection. He said the attack came on immediately after his meals, for several days, and troubled him for sometime. I found no difficulty here, however, in accounting for the irritation to the phrenic nerve, having shortly before prescribed for an unpleasant choking sensation and tenderness along the œsophagus, of which he complained, and which he ascribed to the eating of walnuts. The acridity of the nut eaten had doubtless irritated and inflamed to some extent the mucous membrane of the gullet and stomach, so that this case—I may conclude in the words of Dr. Habershon—was due to the "irritation of the pneumo-gastric acting on the spine, and thence reflecting on the phrenic nerve." A powder of quinine and bismuth, 4 grains each, gave immediate relief.

Rangoon, 23*rd February* 1877.

The Treatment of Inversion of the Uterus by the Elastic Ligature.—M. Arles reports the case of a woman who had had seven confinements and three miscarriages, and who suffered from inversion of the uterus. M. Arles tried every method to effect a cure, but unsuccessfully. At length he determined to draw the inverted uterus downwards, and to surround it by a tube of caoutchouc drawn moderately tight. There were no septic symptoms, and the uterus came away in the course of a fortnight. He thinks this method is preferable to excision, to the simple or metallic ligature, to the écraseur, and to the galvano-cautery, and even to M. Denucé's method by *écrasement lineaire*, by which removal is effected in from twenty-four to thirty-six hours.—*Practitioner*.

Notices to Correspondents.

It is particularly requested that all contributions to the "Indian Medical Gazette" may be written as legibly as possible, and only ON ONE SIDE *of each sheet of paper.*

Technical expressions ought to be so distinct that no possible mistake can be made in printing them.

Neglect of these simple rules causes much trouble.

Communications should be forwarded as early in the month as possible, else delay must inevitably occur in their publication.

Business letters to be forwarded to the Publishers, Messrs. Wyman & Co., *and all professional communications to the Editor, direct.*

Communications have been received from—

Surgeon-Major T. E. Burton Brown, M.D. (Lond.), *Principal of the Lahore Medical School; Surgeon* C. J. H. Warden, *Bhaugulpore;* Dr. J. Slane, *Tura, Garrow Hills; Surgeon* G. S. A. Ranking, M.B., B.A. (Cantab.), *Agra; Surgeon* R. C. Sanders, *Azamgurh;* Dr. A. Porter, F.R.C.S.I., *Surgeon, 4th District, Madras; Apothecary* T. K. Hall, *Madras Service, Rangoon;* Dr. Vincent Richards, *Goalundo; Assistant Surgeon* Ashutosh Laha, *Sunagur Dispensary; Surgeon* D. O'Connell Raye, M.D., *First Resident Surgeon, General Hospital, Calcutta; Hospital Assistant* Raghupatie Mohun Rao, *Elichpur;* I. N., and Persevere.

Communications which reached us too late for insertion in this Number, or those kept over for want of space, will appear, if possible, in our next issue.

Acknowledgments.

The Lancet, Nos. II. to VI. of Vol. I. of 1877; *The British Medical Journal*, Nos. 837 to 841; *The Medical Times and Gazette*, Nos. 1385 to 1389; *The Medical Press and Circular*, Nos. 1970 to 1974; *The Philadelphia Medical Times*, Nos. 238 to 240; *Gazette Médicale de Paris*, Nos. 3 to 7; *The Edinburgh Medical Journal*, February 1877; *The New York Medical Journal*, December 1876; *Canada Medical and Surgical Journal*, January 1877; *L'Année Médicale*, No. 2, January 1877.

Report on the Trade Statistics of the Punjab for 1875-76.

The Indian Medical Gazette.

APRIL 2, 1877.

"ORIENTAL SORE" OR LUPUS ENDEMICUS.

The twelfth Annual Report of the Sanitary Commissioner with the Government of India gives us two elaborate and valuable reports, by Drs. Lewis and Cunningham, on Delhi Boil and Leprosy in India. To the former we propose for the present to direct our attention, and to the latter we hope to be able to return hereafter.

Although the clinical features of Oriental sore are well known, particularly to those Medical Officers who have served much in Delhi or other parts of the North-West and Punjab, yet, however, it will not be time lost to hear the description as given by two such accurate observers, as Drs. Lewis and Cunningham. They say :—"Although the appearance presented by the "Oriental sore" in its advanced condition varies considerably (owing principally, it would seem, to the modes of treatment, accidental as well as intentional, to which such a condition is naturally liable), still there is a certain degree of uniformity in the appearance which it presents at the onset. It generally commences as a pinkish papule, not unlike a mosquito-bite. It may retain this aspect for several days or weeks, or merely attain a more distinctly nodular character. * * * The skin becomes thin and somewhat glistening, and the vascularity of the parts beneath more evident. It may gradually disappear without any further inconvenience, but generally it takes one of the two following courses: (1) Either the central part of the papule desquamates, and layer after layer of shrivelled epithelial scales are thrown off, unaccompanied for a long time with any perceptible secretion or distinctly marked scale; or (2) the desquamation is accompanied with a thickish secretion which forms a hard adherent scab, beneath which a red, raw surface is formed, which may or may not bleed readily on irritation, but is seldom painful, The surface thus affected varies in extent from a few lines to one or even two inches in diameter; but the average area occupied by it is about the size of a shilling or half a crown. It is not localised to any particular region of the body, several parts of which may be affected at the same time. The forehead, the cheek, the wrist, the back of the hands and feet, the points of the elbows and the knees, and, not unfrequently, the side of the nose between the bridge and the inner canthus, are the sites where sores are most frequently found. A sore may start from either one or from several centres, which gradually approaching each other eventually coalesce and become covered by a single scab. Sometimes a shiny, slightly elevated, wheal-like belt of indurated tissue may be observed to encircle the sore, covered with a thin cuticle, and presenting an appearance not unlike that of the indurated tissue forming the margins of a lachrymal sinus, or other fistulous orifice. When a poultice is applied, the softened parts become puffy; the adherent scab, when present, becomes loosened, and the sore bulges forward, often considerably beyond the level of the surrounding parts, so as more or less to resemble a boil, or even a carbuncle. The normal colour of the scab is yellowish. Owing, however, to the various nostrums