

Further experiments will be made to try and find an antidote, and to record *post-mortem* appearances.

On the 18th May, Mussumat Ameerjan, aged 25 years, was admitted into the dispensary. Stated she had been suffering from dysentery for the past eight days; has constant pain in her abdomen, and straining at stool. A dose of castor oil was given, and compound chalk mixture, but up to the 23rd she was no better; she was then ordered 2 minims of carbolic acid, three times a day.

24th May.—Has had three stools, which were more fœculent, with less pain and straining. Acid increased to 3 minims, three times a day.

25th.—Yesterday she had three stools, with only a trace of mucus in them, but towards evening she got fever. The acid was ordered to be continued, with 10 minims of tr. opii. with each dose.

26th.—She had only two stools, which were free from mucus, and her pain has gone; the fever did not return.

27th.—One stool this morning, but again a trace of mucus, and she complains of pain after food. To continue the acid with only 5 minims of tr. opii.

28th.—Had 4 stools, mucus increased in quantity, and again complains of straining. To continue the medicine.

29th May.—Much the same. Omit the acid mixture. To take dysentery pills—of ipecacuanha, opium and gentian—three times a day.

2nd June.—She is worse, and complains of severe straining. Omit pills, and repeat acid—minim iij and tr. opii 5 minims—three times a day.

3rd June.—Had only two, fœculent stools; pain and straining less, and but a trace of mucus in the motions.

Still under treatment.

N. B.—On the 29th she complained of her teeth being shaky, and set on edge, and that she could not eat properly; and without doubt the dogs have been similarly affected, which has prevented their taking their food with relish.

IMPREGNATION WITHOUT RUPTURE OF HYMEN.

By C. R. FRANCIS, M.B.,

Deputy Inspector-General of Hospitals.

A FEW years ago, when officiating as civil surgeon in one of the stations of the North-West-Provinces, I was asked to prescribe for a lady whose prevailing and prominent symptom was *sickness*. It was unceasing. Exaggerated in the morning, it continued throughout the day. At night only, when my patient slept, was relief experienced. She had been married a few months. I pronounced her to be pregnant. "I can't believe it," said the husband. "Impossible," said the wife. "Why?" I asked, "can any thing be more likely?" (The lady was 28 years of age, well nourished and in good condition; and the husband was young and vigorous). I founded my diagnosis upon the condition of the nipple and the circle surrounding it, in connection, of course, with other circumstances. Sufficient time had not elapsed to allow of my ascertaining any thing satisfactory from any kind of *examination*. The couple were quite satisfied that they were right, and that I was wrong. A *dhaee* had told the lady so. I was but a youngster in those days; and the snow had not appeared upon the top of the mountains. It was, therefore, a delicate subject for me to talk about, so I took "Gooch on some of the diseases peculiar to women" out of my library and, marking down the passage where the dissecting room scene is described in which John Hunter declared that a fetus would be found in the uterus of an apparent virgin, although an inquisitive student had announced the existence of a hymen,—(Hunter had based his diagnosis upon the state of the

breasts) sent the book to the husband, and asked him if that was not the condition under which he believed his wife to have remained unimpregnated, *viz.*, the existence of an unruptured hymen. His reply was in the affirmative. Shortly afterwards, upon my recommendation, the lady was sent for change of air to a neighbouring station; and eventually she went to the hills, where, at the end of the ninth month, she was duly confined. I believe that the hymen remained unruptured to the last, as the medical officer, who attended her, wrote to me to say that there was some kind of membranous impediment to the birth, but which finally gave way as the head advanced. Such cases are not common, and should, therefore, be recorded when they occur.

DINAPORE, September 15th, 1871.

REPORT ON THE PREVAILING DISEASES IN THE MADHOPORE DISTRICT.

By P. A. MINAS, G.M.C.B., *Hony. Asst. Surgeon,*

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MADHOPORE is situated in lat. 32°-21'-36", 72 miles from Umritsur, 27 miles from Goordaspore, and 52 miles from the Dalhousie hills. This station is the head-quarters of the first division Barea Doob Canal, and is on the left bank of the river Ravee.

I shall first begin with the commonest of all diseases, *viz.*

BRONCHOCELE.

It is curious to observe that this the most prevalent disease in this district was not recorded in the hospital returns both of the in- and out-patients treated ere 1859. Afterwards, it was noticed and treated with ungt. iodin. or tinct. iodin. paint externally, and pot. iodid. internally, with very little success.

After the expiration of another short period, this ailment received due attention, and was treated with the external application of ungt. hydrarg. iodid. rubri. The patients, enjoying a radical cure, began to flock in. There is no record extant of the thyroid gland being affected either in the centre only or sides. During my short observation, I find that the right side is more prone to be attacked than the left, that it is more seen amongst women than men, but it is *now* impossible to state the exact proportion.

From imperfect records, I am, also unable to state at present the connection between it and the uterine function, and whether the glands become enlarged during the menstrual period, or this disease makes any progress during the puerperal state. The peculiar form of *exophthalmic goitre* is also occasionally seen.

The following is the only case of *cystic bronchocele* which I have seen, and it extended from the margin of the lower maxilla to the clavicle on the right side, was of a globular form, with a broad base, thus pressing on the trachea and œsophagus, thereby causing an impediment to expiration and deglutition. After an examination with the exploring needle, I inserted a small trocar, and evacuated 8 ounces of serous liquid, unlike that of hydrocele; then injected ʒi of tinct. iodine, internally. I ordered pot. iodid. gr. v with ʒi infus. chiretta, three times a day. After a week, the sac was again filled up: after its evacuation, tinct. ferri perchlorid. ʒi was injected; after a week, there was a hard swelling of the size of a small orange, without any fluctuation. It was painted twice a day with tinct. iodin. comp., and the patient derived great benefit therefrom.

I have seen a great number of *cretins* connected with *goitre*, with the distinguishing symptoms of "diminutive stature,