

robust child, the severity of the paroxysms might so weaken him that he would not be able to pull through the long and trying ordeal he had yet to undergo. About that time (16th of January) I confined him to his room, and having occasion to leave the station for a couple of days, on my return I found an urgent message awaiting me; during the second day of my absence the child had had severe epistaxis, after having had what was called an attack of fever; he had a second attack next morning, and on my calling was described as being better, but was lying pale and ex-sanguine.

There was not much required of me that day; after seeing him lying sleeping quietly and calmly, and having examined his lungs, I was pretty sure of what had taken place, and was forewarned should another attack recur.

That day passed leaving him in much the same state, but he had a bad night, and towards evening of next day I was called to see him, as he had a return of the so-called fever. I found him lying in his mother's arms, breathing heavily, with half-closed eyes, and a flush on his face. I examined the lungs and found them in a natural state, with the exception of some rhonchus and mucous rales in the larger tubes; the respirations were 32, and the pulse 132 in the minute; though his face was flushed, his head was not hotter than the rest of the body; the dyspnoea was considerable, and the breathing loud and stridulous; he complained constantly of pain in the belly; he had been subject to similar pains before, but only when the cough was coming on, and I had attributed them to spasm of the diaphragm; this pain was not increased on pressure, but was very distressing to him, and made him very restless, asking continually to be changed from one person's shoulder to another's (this position gave him some relief). I gave him a small dose of epsom salts and a warm bath, and applied a mustard poultice to the chest and abdomen. After this he had good sleep for three hours, being wakened up by the cough; and in the morning, though still flushed in the face, was better and his breathing easier; the improvement was not lasting, however, and again about 3 p.m. I was called, and finding him in a similar condition to what I have described, I ordered him a warm bath again, and determining to place my confidence entirely in sedatives for the present, I ordered and gave a dose of the following mixture:

R	Acid citrici		
	Potassæ : bicarb. a. a.	...	5j.
	Vin : ipecacuanhæ	...	5i.
	Tincturæ hyoscyami	...	5ij
	Aquæ ad	...	5vi. M.
	One table-spoonful every six hours.		

I continued this medicine for some days till he began to vomit it, when the dose of hyoscyamus was reduced by one-half and then discontinued. Even while taking it there was a slight recurrence for a day or two of the nervous symptoms, stridulous breathing, pain in the belly, and flushed face, at two periods of the day, *viz.*, about 10 a.m. and towards evening. Since then, with a little care and attention, he has come round, and gained strength wonderfully, and although even now (6th of March) barely able to walk, and still coughing paroxysmally, he is in a fair state of health.

I do not think that pain in the abdomen as an accompaniment of hooping cough is common, but I have seen it well marked in one other case, during the present epidemic.

The great importance of diagnosing correctly between nervous irritation and inflammation, consists in this, that though a mistake may be rare, it is simply death to the little patient. Doctor West cites an instance. If the nervous irritation is allowed to go on, it will certainly terminate in congestion of the brain, and if treated by leeching and depressants, death will be accelerated.

Nervous irritation is an evidence that the whole system is very much weakened. Doctor Handfield Jones says, at page 59 of his work on "Functional Disorders:" "Venous hyperæmia is well known to be equivalent in its influence on nutrition to anæmia;" and gives the instance of a fit of hooping cough exciting convulsions. We can easily imagine how the repetition of such paroxysms determines nervous irritation in the brain, and, *a fortiori*, how such fits, together with vomiting, debilitate the system.

The diagnosis in most cases lies between pneumonia and this functional affection of the brain, and it is only important to remember that difficult breathing, flushed face, and heat of skin are accompaniments of both affections.

ROHTUCK, 18th March, 1867.

CASE OF UNUSUAL SUSCEPTIBILITY OF THE ACTION OF STRYCHNIA.

By JAMES IRVING, M.D.,
CIVIL SURGEON OF ALLAHABAD.

In the December number of the *Indian Medical Gazette* a case is recorded by Assistant-Surgeon Taylor, in which three doses of strychnine, each containing one-twentieth part of a grain, or altogether rather less than the seventh part of a grain, produced the peculiar tetanic effects of that poison. A similar case occurred a short time ago in my own practice, in which even less of this drug produced similar effects. The patient was a European lady who was suffering from certain peculiar nervous symptoms, which at the time were supposed to be neuralgic, but which afterwards terminated in paralysis and death. She was directed to take a solution of 60 grains of citrate of iron in twenty ounces of water, to which one grain of strychnia was added. The medicines were carefully dissolved, and the dose ordered was one ounce three times a day. About an hour after the first dose was swallowed, violent tetanic convulsions came on, accompanied by frightful twitchings of the face and mouth. I saw her about three hours from the time that the convulsions commenced, and found that nothing had been done in the way of antidote or remedy, but that the spasms had almost passed off, except that there were still occasional slight twitches about the mouth. There was no return of the symptoms, and I did not dare to repeat the dose.

In Mr. Taylor's case the medicine was given in the form of pills, very carefully mixed, as he tells us; yet, however carefully prepared, there was a source of error, as it might be said that by some mischance more than its due proportion of strychnine had got into one or more of the pills that had been administered to his patient. But in the case above detailed the medicine was in a state of perfect solution, and each ounce could contain one-twentieth part of a grain of strychnia only, and no more. The dose of the medicine also, I should have said, had been carefully measured in a graduated ounce measure.

Dr. Christison in his "Dispensatory" gives the dose of strychnia as from one-sixteenth of a grain to one grain, and Dr. Jonathan Pereira states that he has given as much as one grain and a half as a single dose. Dr. Taylor in his work on "Poisons" puts down the medicinal dose as from one-sixteenth to one-twentieth part of a grain three times a day, gradually increased. He quotes Andral ("Clinique Medicale" by Sillan, 1836, p. 890) for an example, in which the twelfth part of a grain of strychnia given in a case of hemiplegia produced intense tetanic rigidity in the paralyzed limb.

In the case above given, the poisonous effects were developed by a smaller dose than any I find recorded in any of the books of reference that I have by me. Whether the morbid state of my patient had anything to do with the speedy production of the peculiar tetanic symptoms, I am unable to say. The case in many ways was a very interesting one, as well as a very puzzling one. Death occurred suddenly and unexpectedly, when I was absent, and unfortunately no post mortem examination was held. It is, however, noteworthy that she is said to have died paralytic, and that Andral's case, in which tetanic spasms occurred after a minute dose of strychnia, was also one in which the patient was affected with palsy.

A CASE OF VICARIOUS MENSTRUATION.

By W. J. ELMSLIE, M.A., M.D.,
MEDICAL MISSIONARY, KASHMIR.

THE various remarkable and wonderful deviations which Dame Nature from time to time makes, either through what appears to us in our extreme ignorance to be but sheer caprice, or for the accomplishment of wise and salutary ends, form a most interesting and instructive subject of study to the observant and thoughtful physician. He cannot but be struck with the fact that nature in these departures from her ordinary routine manner of doing things, luminously demonstrates to us the wonderful variety and fertility of her resources. Indeed the various organs of the animal economy appear to be, as it were, mutual complements. The most friendly and neighbourly relations subsist among them. When one organ feels itself unable fully and efficiently to perform its accustomed function or functions, as the case may be, another organic neighbour will, in many cases, be found ready, good-Samaritan-like, to

come forward and lend its feeble and sick friend all the help in its power. It appears almost needless to point to examples in illustration of this beautiful fact; one kidney greatly enlarging itself, and doing duty for its enfeebled or altogether disabled fellow; one lung doing the work of two lungs; the kidneys helping the skin, and the skin in various ways assisting the kidneys; the bowels lending a helping hand both to kidneys and skin: the liver helping the lungs, and the lungs the liver,—all shew how accommodating and helpful many of the different organs of the human body are to one another, when circumstances demand their mutual assistance. But, unquestionably, the most striking instance of the kind is to be found in the case of what has been appropriately termed vicarious menstruation. In this emergency, Nature finds willing servants and assistants in almost every member of the human body. The eyes, the ears, the nose, the lungs, the mouth, the gums, the stomach, the bladder, the bowels, and the skin generally have, either singly or two or more in company, served as outlets for the menstrual discharge, during the period of the uterus's inability to discharge in this respect its wonted duties.

It is seldom that we meet with so well marked and long continued a case of this description, as the following which came under our notice last season in the valley of Kashmir.

JUN, a native of Kashmir, and a plump, healthy-looking girl, came along with her mother, on the 29th August, 1866, to the Medical Mission Dispensary, Sirinagar, complaining of a discharge of blood from different parts of her body every month.

According to the mother's account, her daughter is thirteen years of age, and has always up to the present time enjoyed comparatively good health. When ten years of age, the girl menstruated for the first time. At this menstrual period there was nothing remarkable, except that the discharge appeared somewhat scanty. But beyond that all was normal. The second menstrual period was like the first, both lasting four days each. The third time that the girl menstruated only a part, and that a very small part, of the discharge came by the natural passage, while, at the same time, blood in small quantities flowed from the bowels, nose, ears, and mouth. No blood appears to have come from the stomach or lungs. The interval between two successive menstrual periods has varied from a fortnight to a month. There have been no premonitory pains. So far as the girl or her mother knows, the patient at the beginning of her irregularity was neither frightened nor exposed suddenly to cold or to any other influence calculated to produce the remarkable phenomena of her complaint.

The girl is still a virgin, and looks extremely plump and healthy. She says that she feels well even now, although she is at present menstruating. There now flows from her ears and nostrils "a thin, dark-coloured looking fluid." This fluid, which is in small quantity, is but slightly coagulable. Every now and then the patient spits out of her mouth saliva tinged with blood. Her mother states that now, as formerly, a small quantity of the discharge comes by the vagina, and a little also by the rectum. The girl says she has no pain anywhere, and in all respects feels quite well.

As the uterus was partially performing its functions with respect to menstruation, it was deemed advisable to try what a course of iron and aloes would accomplish for the patient. She accordingly received a supply of the common ferruginous and aloe pills, and was desired to take one pill after breakfast and another after dinner every day, till she received different directions. At the same time she was recommended to keep the lower extremities and lower parts of the trunk warm, and to take daily exercise in the open air beyond the precincts of the town. It was intended to recommend warm hip-baths at the supervention of the menstrual molimen, but I regret to say that the patient, after attending very regularly for ten days, suddenly ceased to make her appearance, and has not since been heard of.

CHAMBAH, 22nd Feb., 1867.

CASE OF URETHRAL CALCULUS.

By RAM LALL DEY, L.M.S.,
SUB-ASSISTANT SURGEON, BERHAMPORE.

KISTO LALL, aged 55 years, Hindoo, occupation farmer, was admitted into Berhampore Hospital on the 18th of February

last on account of urinary fistula. He states that fourteen years ago he suddenly experienced great difficulty in passing his urine. After a time this difficulty diminished, but micturition was ever accompanied with good deal of straining.

Six years after the first symptoms several abscesses formed in the scrotum, one of which was opened by a barber, when some pus and a small stone escaped. The other abscesses opened of themselves, and through these openings the patient passed his water.

On admission there were three fistulous openings on the anterior and upper part of the scrotum, discharging a thin purulent fluid. The whole scrotum was swollen and oedematous, and the upper part was quite hard and unyielding to the touch. On introducing a catheter into the urethra, its point struck against a stone, and posterior to it the canal of the urethra was very tortuous, and some difficulty was experienced in introducing the instrument into the bladder.

The stone was extracted by Dr. Cleghorn, through the anterior wall of the scrotum, by a triangular incision, one leg of the triangle passing through the three fistulous openings; the cyst in which the stone lay was continuous with the mucous membrane of the urethra, and its surface was studded with minute granular particles.

The edges of the wound were brought together in the ordinary manner, and a catheter was tied into the bladder and kept in for 48 hours. At intervals during the treatment the catheter was introduced and kept in for 24 hours at a time.

The wound has now completely healed; the scrotum is of natural size; and with the exception of a few drops, the urine passes by the natural passage.

The stone is phosphatic in composition, of the size of a large egg, resembling an enlarged prostate in shape, and divided into two lobes by a deep groove, caused by the current of urine passing over it. On each side there is a depression corresponding to the testicles. It weighs 2 ounces 7 drachms 10 grains, and I think, from the peculiarity of its size and shape, is quite a unique specimen.*

BERHAMPORE, 23rd March, 1867.

PUBLICATIONS RECEIVED.

- EXPERIMENTAL INVESTIGATIONS connected with the supply of WATER from the Hooghly to CALCUTTA, by DAVID WALDIE, Esq., F.C.S., &c.
REPORT of Meetings held at Agra to consider the advisability of establishing a "Medical Missionary Training Institution."
REPORT on the causes of Mortality among Labourers proceeding to the Tea Districts.
MADRAS QUARTERLY JOURNAL of MEDICAL SCIENCE, No. XXI, January 1867.

ACKNOWLEDGMENT.

The following additional subscriptions in answer to "A Cry for Help" are acknowledged with many thanks—

DR. F. PARSONS, Nagode	Rs. 15
DR. J. R. JACKSON, Meerut	" 25
DR. D. WRIGHT, Katmandu	" 10
DR. W. J. ELSLIE, Chamba	" 10

NOTICES TO CORRESPONDENTS.

- DR. J. WILSON JOHNSTON, LODIANA, has sent us a long letter, in which he very properly remarks that it is the duty of an Editor to "guard his paper from the issue of what accident renders 'a sea of words without a resting point.'" The advice is most excellent, and we will profit by it; and cannot better prove our sincerity than by excluding for the present from our columns the letter in question, to which the description is peculiarly applicable. We will, however, retain the M.S., as we may possibly be obliged hereafter to publish it, in justice both to Dr. Johnston and ourselves.
BABU POORNOO CHANDRA BANARJI, BENARES.—The case is well reported, but not of sufficient interest for publication by itself. It might be included with advantage among a collection of similar cases, should you meet with any more in your practice.
BABU OCKHOY COOMAR DEY, L.M.S.—We cannot publish your classified list of Lithotomy cases in the present number, but will shortly do so. We shall have to recur hereafter to the subject of the "Punjab scheme" for utilising the services of Hakeems and Kobirajes, and will then make use of your letter, though we cannot undertake to publish it in full.
BABU GOPAL CHUNDER ROY, L.M.S.—Your case of Ruptured Liver, Spleen, and Kidney, in our next.

* We hope that this curious specimen will not be left to the "fowls of the air," like that mentioned by Dr. Switzer (see p. 8 of this vol). It is well worthy of a place in the Museum of the Medical College.—ED., J. M. G