

IPPECACUANHA IN DYSENTERY.

By CHARLES MOORE JESSOP, *Surgeon, 4th Hussars.*

AMONG other remedies for dysentery spoken of at a Medical Society in the Crimea, I first heard of ipecacuanha, and out of the number, I determined to make trial of it on the first opportunity.

I went to Hong-Kong and was accidentally asked to see a brother officer's patient, a soldier, dying of dysentery. He was an invalid. I prescribed ipecacuanha one dose. He had so good a night's rest that my friend requested I would take charge of the case. He got, comparatively speaking, well and went to England; but this man was not treated by large doses, nor have I ever found large doses necessary.

The way I prescribe it is not by the mouth, but by the anus as an enema—ten grains of the powder with half a drachm of laudanum in two ounces of decoction of arrowroot or mucilage three times a day; when the symptoms abate, twice a day and finally once a day.

I used to give salines by the mouth as well; this I found unnecessary of course; a dose of castor oil, tincture of rhubarb and senna in drachm doses, with a few drops of laudanum at first, milk diet and bland drinks are alone required. I used also to apply one or two leeches to the anus when heat and tenesmus were strongly expressed, and I am not sure that the bleeding was not beneficial; but, except in extreme cases, I should not adopt it, preferring to use steam fomentations to the anus, and hot fomentations to the stomach; but in using these applications of steam or warm water, I am most particular in directing all the parts steamed or fomented to be insulated with an oleaginous fluid, for unless some such precaution is adopted, more harm is done than good: cold is easily caught, ascertained by the complaint of stiffness and soreness of the body.

As to the *modus operandi*, I can say nothing, except that in rectal dysentery it acts quickly, and in proportion to the distance from the rectum on other parts of the colon. In rectal dysentery, I believe it acts entirely topically.

The anus is apt to get sore from the passage of the pipe, and therefore I reduce the number of enemata as quickly as possible, without withdrawing the influences of the drug.

In treating cases of chronic dysentery, I have not found any remedy so useful as absolute rest in bed, and I have always repented letting a patient get up till his stools were of natural colour, and, of course, I don't take his or any person's word for this, but trust to my own eyesight.

There is another point also which is worthy of attention, and that is the distance the patient has to go to his closet, and the time he is absent; both should be the shortest possible.

In conclusion, I will only add that the entire absence of tobacco in both the acute and chronic stages of this disease, should be rigidly enforced. Many convalescents from acute disease get up too soon, smoke a pipe, and get a relapse which becomes chronic.

I have ventured to forward these remarks on a method of giving ipecacuanha in dysentery which, I trust, may be useful in some cases.

MEERUT, 20th May, 1871.

**Deaths in the Punjab.**—The death-rate for March was, per 1,000,—Cholera 0·0, small-pox 0·19, fevers, 0·90, bowel complaints 0·06, injuries 0·01, all other causes 0·46; total 1·64. There were 17 deaths from suicide (9 males and 8 females), 15 from wounds (12 males and 3 females), 186 from accident (110 males and 76 females), 15 from snake-bite and wild animals (13 males and 2 females). Population, 17,481,189.

THE HYPODERMIC INJECTION OF QUININE.

By A. S. G. JAYAKAR, M.R.C.S.E., &c., &c.,  
*Civil Surgeon, Ahmedabad.*

UNDOUBTEDLY, one of the most active and powerful means at our command, and I might even say, perhaps, the most powerful at present known, of administering drugs, is their subcutaneous injection into the cellular tissue. Leaving aside the disagreeable taste and nature of certain medicines, which in themselves are sufficient to produce a train of symptoms sometimes graver than the disease itself for which they are intended, and the possibility or probability of their giving rise to, or contributing to keep up, gastric irritation in certain cases; leaving alone such trivial objections to the usual method of administering medicines, we have yet stronger arguments in favour of the hypodermic syringe. The rapidity and certainty of action of certain remedial agents, when administered hypodermically, are now more than proved, and in my opinion, these alone ought to be a strongly sufficient reason for a more general and readier use of the new method, than we are at present wont to make of it. Amongst the medicines that have been administered in this manner, on a more or less large scale, may be mentioned quinine, morphia, tartar-emetic, bichloride of mercury, strychnia and atropia; and I am now more than convinced that in almost every case where they have been thus administered, their rapid action has either successfully arrested the progress of the disease and contributed largely to the recovery of the patients, or, as in some cases, they have been, as it were, a crucial point in the patient's history, having averted the more than fully expected fatal termination.

Whether quinine is a *specific* antidote which acts either chemically or physiologically in overcoming the powerful influence of malaria, or whether its beneficial effects are mainly due to its physiological action on the sympathetic or ganglionic nervous system, is no object of ours to consider here. But that it does arrest an impending attack of malarial fever, that in some cases it leads to an immediate cure, and that its administration with the hypodermic syringe is followed by the most beneficial effects, view it either in an economical point or from its rapid and certain action on the system, are facts now more or less generally admitted. Having myself used it in this manner now for more than two years, and between myself and my hospital assistant, Luxmon Sing, having administered it over a hundred times, I may be allowed to speak of it with a certain degree of confidence. The dose I have generally administered has varied from 2½ to 3 grains of quinia sulphas, dissolved in 4 minims of dilute sulphuric acid, and 15 minims of water.

In most of the cases, the first dose was quite sufficient to put a stop to any further attack of fever, and in some cases it has greatly benefitted the patient by prolonging the period of intermission, and thus allowing nature to overcome the ill effects of the previous attack, and finally preparing the patient's constitution to withstand, to some extent, any further invasions of the disease. I must here acknowledge that my experience of it in remittent fever, is rather limited, but such of the cases as I have tried it in, being of a slight and uncomplicated nature, its administration was followed by an almost immediate and marked change. In one case in particular, remittent fever, complicated with pneumonia, the hypodermic injection of 2½ grains of quinine was followed by the entire disappearance of the fever, much to the patient's surprise, although the patient had a relapse of it in about a week.

But above all, the most marked beneficial effects of the hypodermic injection of quinine may be observed in cases of brow ague or hemicrania, dependent for its cause on malaria. In some cases the only indication of the influence of malaria on the system, is the existence of hemicrania. The suffering of the patient, which is sometimes excessive and most unbearable, sufficient to make one mad, calls at our hands for an

immediate means of relief, and such a means we have in the hypodermic injection of quinine. To the patient's great surprise and joy, he finds himself within 5 to 10 or 15 minutes either greatly relieved or entirely cured, only one injection having proved successful in some cases. In no instance do I remember its having failed either in my own or my assistant's hands. I remarked this fact when writing the Annual Report of Hutteessingh's Hospital, Ahmedabad, for 1869, and I am glad I have had ample opportunities since, of putting it to a further trial, and I may say with greater success than before. In only one instance was it anything like unsuccessful, where the patient had been suffering from hemierania for many months; even here the rapid action of quinine had the effect of changing the site of the pain from the one side to the other; the patient expressed himself greatly relieved, and I may say temporarily cured. A few electric shocks given every other day were subsequently found to do a great deal of good in this case.

As to the causes of failure when we come to look into them, they are but very trivial. If the solution is freshly prepared, and if the needle is well pushed under the skin into the cellular tissue, so that it can be fairly moved about, I do not see why the injection should fail in having its proper effect. Concentrated solution of quinine, I have observed, when kept long, deposits quinine in a crystalline form at the bottom of the bottle, and this may account for failure in some of the cases that have been reported as failures. Excepting in one instance, I have never seen ulceration follow the hypodermic injection of quinine; and even in that case it is very doubtful if the previous injection of tartar-emetie, (the patient having suffered from apoplexy,) which was given within half an inch's distance from the quinine injection, did not give rise to ulceration. If the nozzle is passed in between the different layers of the skin, instead of into the cellular tissue, and the fluid injected in, I can easily see that the result of such a course would be ulceration; but luckily we have, in the great difficulty in injecting between the different layers of skin, a great means of averting such an evil consequence.

## A MIRROR OF HOSPITAL PRACTICE.

### CUTTACK DISPENSARY.

#### WOUND OF ABDOMEN, WITH PROTRUSION OF BOWEL; RECOVERY WITH ARTIFICIAL ANUS.

Communicated by W. D. STEWART, *Civil Surgeon*.

RUTHIA, aged 10 years, was admitted into the Cuttack Dispensary on 27th February, 1868, with a large coil of small intestine protruding from a wound in right iliac region. Three days before admission, he was gored by a bull; the wound was an inch long and constricted; the protruding gut, about 6 inches in length, was distended with gas, oedematous and very much discolored. The boy was put under chloroform, the wound enlarged and every effort made to return the bowels—small needle punctures were made, letting out gas and reducing the size of the hernia—but the return could not be effected. It was deemed prudent not to enlarge the opening any further, as it would have been very difficult to have retained so swollen and changed a portion of intestine in the abdomen with a large external wound; besides, there was great risk of peritonitis being set up. The parts were accordingly left alone, poultice applied, and opium freely given.

The next day the intestine sloughed and separated, forming an artificial anus; the apertures of the upper and lower portions of gut were close to one another and directed forwards, the whole being adherent to the wound in the parietes of the abdomen. The patient was put upon milk and broths, and nutritive enemata were freely given.

Pads and pressure were necessary to prevent protrusion of intestine; whenever the boy coughed, or cried, considerable prolapse would take place. Bile and mucus escaping caused the integument around to present an excoriated and very painful surface. After a fortnight the boy's health and strength

began to fail. It was evident the system required more nourishment, and that unless something were done the boy would die of inanition. Solid food that was taken passed out almost entirely at the opening in an undigested state, some of it however passed into the lower bowel, when the bandages were freshly applied and the pad kept *in situ*. These however soon got displaced; mucus and moisture welling up from the wound soiled and softened all dressings, and the continuous peristaltic movement of the bowel, together with the movement of the abdominal wall, caused fresh protrusion of intestine and free escape of contents. During this time, the boy passed a little solid fæces, proving that some food had passed down to the lower intestines, but this was small and quite insufficient for the nutrition of the system.

Careful examination of the injured intestine showed that the contiguous and approximate walls of the two portions of bowel (upper and lower), presenting at the wound, were adherent and lying very close together for some way within the wound. In this septum an incision, a quarter of an inch long, was made as an opening of communication between the upper and lower bowel, thus forming a more direct channel for the passage of food. Lint tents were used gradually to dilate the opening, no bad symptoms followed, previous local adhesions preventing the escape of foreign matter into the peritoneal cavity. Food unquestionably passed through the opening thus made for the boy picked up very soon after, the bowels were moved regularly, and the escape at the wound became very little.

The change in a few days from a previously low and very reduced condition to one of plumpness and strength, was very striking. Life had hitherto been preserved by enemata and such fluid food as the stomach could appropriate. The wounded intestine was either ilium or jejunum, and from the inadequate nourishment that was going on, could not have been very distant from the stomach. The absence of feculent odour in the discharges also supported this view.

The first great difficulty having been overcome and life preserved, attention was next paid to the closing of the external aperture, but here there were serious obstacles. So long as pads and plugs were carefully applied, no solid escape took place, but gas and fluid could never be prevented from soiling dressings and interfering with union of tissue. By perseverance, however, with broad straps of adhesive plaster, accurately fitting wooden plugs, needle and twisted suture, and various other contrivances within the reach of an Indian mofussil hospital, the abdominal wound was reduced to about the size of a quarter rupee, the adherent gut below presented the appearance of a large granulation. The boy could not stand or walk quite erect, owing to adhesions and contractions at the wound; with the plug in position, however, he was able to move about and suffered very little inconvenience beyond the escape of a little fluid and gas which soiled the bandage. With the view of obtaining further closure, the margins of the wound were on several occasions incised horizontally—loosened subcutaneously from their connexions, and straps of plaster used to bring the edges together, but permanent closure could not be effected.

Being anxious to return home after a stay of 5 months in hospital, he was permitted to go, and it was thought that the change would do good and eventual closure result.

He was discharged from the Cuttack Dispensary on the 9th August, 1868, after which he was lost sight of till March, 1870. There was little change, except that the wound was larger from neglect, and the lad had grown a great deal. He was taken into the Pooree Dispensary and carefully attended to for three months, with the same result as before: the wound was reduced to a very small size, but complete closure could not be obtained. The last attempt to effect this was as follows. Free separation of the integument around the wound sufficient to allow two flaps to be raised and compressed together. Two silver clamps,  $\frac{1}{4}$  inch broad and  $\frac{1}{8}$ th inch thick, perforated for wire suture, were applied and drawn together with wire suture, thus compressing the flaps, whose raw surfaces were brought into vertical opposition—the continuous wire suture passing through the clamps outside and the flaps between. The object was to secure ready union, and to prevent the escape of fluid and gas which was the great bar to union.

To break up the adhesions of a contracted circular opening, in order to bring the edges together for lineal union, requires considerable cutting all round. I was surprised at the extent of surface I had to lay bare before I could effect this. Towards the inguinal region, the absence of muscular wall rendered freeing of integument there a dangerous matter. With care the operation was completed. Union, however, did not take