

pyrexias it quickly produces copious diaphoresis, and rapid fall of temperature. It has been said that the efficacy of the combination is entirely due to the quinine which it contains. The quinine, by its antagonism to malarial poison, doubtless tends to check hyper-oxidation and heat production, but the amount (8 to 12 grains) contained in the ordinary dose of from 3 to 4 drachms of the tincture is, by itself, too small to account *in toto* for the antipyretic properties of the mixture. The power of the tincture lies in its sudorific action and capability of promoting heat loss, rather than to any antagonism to heat production. It is a valuable agent in all those intense malarial affections where high fever, of remittent type, is accompanied by much prostration and delirium. I have also seen great benefit derived from it in those cases of malignant scarlet fever, where nervous depression and dry skin of the patient are marked, and where high fever indicates the employment of some form of antipyretic.

PERCHLORIDE OF MERCURY AND CANNABIS INDICA IN DYSENTERY.

BY SURGEON-MAJOR MATTHEW D. MORIARTY, M.B.,
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THE value of perchloride of mercury in Hill Diarrhœa has recently been brought before the profession in the pages of the *Indian Medical Gazette*. I have likewise found this drug of much value in cases of diarrhœa characterised by large, semi-consistent, seething motions not, as a rule, very deficient in bile, and very suggestive of fermentation. In certain cases when a dysenteric condition was superadded as indicated by the presence of mucus and sometimes blood in the stools, the perchloride proved equally effectual. All of these cases were more or less recent.

Seeing that the use of mercury has been deprecated in all stages and forms of dysentery (Macleau in Russell Reynolds' System of Medicine), I hesitated for sometime to use the perchloride in a declared case of that disease; but at length, after noting its great value in many cases of diarrhœa, as previously mentioned, I was induced to try it in acute dysentery; the results were highly satisfactory. Some time ago, having heard a good deal of the value of cannabis indica in dysentery, I gave that drug a short trial, but finding little or no benefit from its use, some gave it up. Recently again I tried it against the perchloride, with the result that in some cases it appeared to be of considerable value, while in others it was quite ineffectual. At this time some cases occurred which did not yield readily to the perchloride treatment. An addition of ten minims of tincture of cannabis indica, to each dose of the perchloride

mixture, was in each of these cases followed by rapid improvement and cure.

I have almost invariably given the two drugs in combination as follows:—

R	Liq. Hydrarg. Perchlorid	...	...	5ss.
	Tinct. Cannabis Indicæ	...	...	m m x.
	Mucilaginis Tragacanthæ	...	...	̄ i.

Mixture to be given from four to eight times daily according to the urgency of the case. The common "kathera" of the bazars is a good substitute for tragacanth. It is an ordinary experience to find, after three or four doses, some semi-formed olive green faecal matter in the stool. Occasionally the color is a bright-yellow, and it is not rare to find a perfectly natural motion within 48 hours.

I have tried this treatment in cases of the very worst type, and in some which, under ipecacuanha, seemed to be going from bad to worse. The result has always been the same, *viz.*, cure. I do not for a moment suppose that this will continue to be my invariable experience; at the same time I am far more confident of the result than when I relied on ipecacuanha. If there be good reason to think there are scybala present, it is advisable to commence the treatment with half an ounce of castor oil rubbed up with an equal quantity of mucilage; but in my experience this is rarely necessary. When recovery has set in, it is advisable to continue the mixture two or three times daily till blood and slime disappear; if the motions are thin but otherwise healthy, it often answers to withdraw all medicine, and trust to careful dieting to complete the cure. At such times the following prescription will often be found useful. I learned it from an hospital assistant some years ago, and have often proved its value in dysentery:—

Powder of Bael	} of each 15 grains.
Powder of Æsobghol	
Powder of Mang seed pulp	
Powder of acacia gum		... .. 10 grains.
Powder of ginger	... .. 5 grains.

The three first ingredients should be half roasted. This may be given two or three times daily.

In acute dysentery it may be given every two hours; if there is no improvement after twenty-four hours, it is useless to continue it.

Opium sometimes appears to do positive harm. Recently I had a very severe case of dysentery in the Jail hospital: there was no improvement till the third day after the twelfth dose of the perchloride of mercury and cannabis indica mixture had been given. Subsequently, when only a little diarrhœa remained, I gave bismuth and pulv. cretæ aromatic. cum opio. Next day the stools resembled those of diarrhœa alba, and a relapse of the dysentery threatened: the perchloride mixture was again

resorted to, and with the best results. In other cases at a similar period I have found small doses of Dover's powder, bismuth and aromatic chalk powder, answer very well. It is an old experience that in hill diarrhoea opium acts best when combined with ipecacuanha.

How the cannabis indica acts is not very obvious; the perchloride of mercury (ammonio-mercuric chloride according to Martindale) appears to have a two-fold action—antiseptic and chalogogue. Ptyalism I have never seen a trace of.

ALIGARH, 1st January, 1889.

Since writing the above I have become aware that Dr. Rennie, in the *Indian Medical Gazette* for December 1886, recommends cannabis indica in dysentery, especially in the sub-acute and chronic forms, and that this drug has also been found useful in summer diarrhoea.

A Mirror of Hospital Practice.

SUDDER DISPENSARY, JAUNPUR.

WOUND OF NECK AND SPINE—RECOVERY.

By R. TEMPLE-WRIGHT, M.D., F.R.C.S.,

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On 5th November, 1888, *Mussamut Berinjia*, *æt.* 20, wife of a chamar, was admitted to the Sudder Dispensary, Jaunpur, N.-W. P., in a very exhausted condition, suffering from a tremendous wound at the back of the neck, inflicted by her husband in a fit of jealousy. The man absconded, thinking he had killed his wife, which was very nearly the case, as she was very weak from loss of blood, which had drenched her clothes and bedding. She was carried several miles on a charpoy, on men's shoulders, but on reaching the hospital, hæmorrhage had ceased, and no vessel required to be tied, though there was a vast gaping wound at the back of the neck, extending from ear to ear, and absolutely laying open the spinal canal between the 2nd and 3rd cervical vertebræ to such an extent, that the tip of the little finger could be passed between them. The hair of the head was all shaved to facilitate cleanliness, &c., and the wound was dressed antiseptically, being syringed with sublimate lotion and powdered with iodoform, the whole surface being further covered with carbolic oil on lint and plantain leaf.

Not a single bad symptom occurred; the wound filled up with healthy granulations, and the patient left the hospital quite cured and in high spirits on 26th December.

The police reported the wound to have been inflicted with a large *garasa*, a heavy knife a foot long with a thick straight back, and a thin sharp edge which had a concave curve, something

like the blade of the instrument figured by Dr. Kenneth McLeod, in the frontispiece to Chever's "Manual of Medical Jurisprudence in India," 1870, used in the murder of a child at Jessore, the case being described at page 413.

I cannot find a single case recorded where a patient has recovered from a wound which laid open the spine in the neck, so I send these notes to show what may be done with careful nursing and dressing and feeding, when the patient is healthy.

ASKA DISPENSARY.

ABDOMINAL WOUND—INTESTINAL AND OMENTAL HERNIA.

By J. VENKATASWAMI, L.M.S.,

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A MALE child, aged 6 years, was brought to the Aska Dispensary at 12 o'clock noon, on the 31st October, 1888, with a wound of the abdomen, said to have been accidentally caused by being gored by a bullock, about five hours previously.

On examination the following were found:—

Countenance expressive of pain; skin hot and dry; lips dry; temperature of body 99.8°F.; pulse thready and 90 per minute; a state of general depression evidenced by low voice and a tendency to imperfect response; an incised wound about $\frac{3}{4}$ inch long situated in the abdominal wall, an inch above the navel at right angles to the median line of the body; a hernial tumour about the size of a cocoanut, and consisting of a portion of the colon and the omentum.

The tumour showed signs of congestion, as the edges of the wound were found tightly constricting the protrusion. Patient being too weak was not anaesthetised by chloroform before reduction. The tumour having been well anointed with carbolic oil 1 to 10, an attempt at careful reduction of the tumour in a mass was made but in vain. The wound was enlarged by about $\frac{1}{4}$ inch, and the herniated gut returned. The wound was stitched with horse hair and dressed with pledgets of carbolised lint (carbolic oil 1 to 10). Some lacerated omental fringes were secured in the wound by the horse hair sutures to prevent hæmorrhage, and cleanly snipped off with a pair of scissors. The patient made a good recovery and was discharged on the 7th of November. The case is interesting as evidencing rapid and complete recovery, notwithstanding exposure, constriction and manipulation of the intestine and omentum, and the absence of antiseptic refinements.

ASKA,

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