

The drug administered was probably some preparation of *Cannabis indica*.

J. W. CORNWALL, MAJOR, I.M.S.,
December 1914. *Director, Pasteur Institute, Coonoor.*

A COLD IN THE HEAD CURE.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—All Rhinologists are aware that Menthol has a great effect in curbing inflammation of the Mucosa of the respiratory tract; but some of your readers may not know that the following method of treating a common cold gives exceedingly satisfactory results:—

As soon as that irritation in the nose or pharynx, which heralds the onset of the cold is experienced, the patient should inhale the fumes given off by a few drops of an alcoholic solution of menthol added to boiling water. The inhalation should be repeated at least every second hour during the day. In a short time the benefit derived will be marked and by night, if the cold began in the morning, the cure will be complete.

If treatment be delayed and the irritation has existed for five or six hours—the feeling of malaise and the excessive sensibility to cold of the body surface so characteristic of the disease having already made their presence felt—then all that can be hoped for in what, treated otherwise than by inhalation, would be an attack lasting a week or longer, is that the catarrh will be effectually checked within 60 hours of its commencement, and that the patient will not become a nuisance to himself and others in consequence of its having "settled on his chest." A convenient method of applying the drug is to drop 5 drops of the solution given below on the surface of boiling water and at once to inhale the fumes. The acuter the inflammatory condition the greater the temporary discomfort will be on inhaling, but at least 4 or 5 inhalations should be made and these, in view of the results will be gladly repeated in two hours time, and so on.

R Menthol gr. 30.

CALCUTTA, }
December, 1914. }

Spt. Vin. Rectif. ̄ ss.
W. D. SUTHERLAND, M.D.

AUTO THERAPY.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—With reference to the article on "Auto-therapy" in your issue of November 1914, I send you notes of 4 cases in which "Auto-therapy" was tried by me after reading Dr. Duncan's article in the "Practitioner" of April 1914.

CASE 1.

Hindu, male, age 40.

Was brought to hospital in a cart, had sloughing ulcer of foot with diffuse cellulitis, and purulent discharge after a cut that had almost severed the great toe except for a flap of skin.

Application of Hot Boric Compresses, Hydrogen peroxide, and dressings with Iodoform preceded by application of Acid Carbollic were tried with little effect. Then the treatment of Auto-Therapy was resorted to. A moist dressing with a thick pad of lint soaked in boiling water was applied, and the next morning 6 drops of the pus were squeezed out of the dressings and this was given internally as an emulsion in an ounce of boiled water. This was repeated for 6 days. The suppuration and sloughing ceased and the ulcer granulated from the bottom. He was, however, a month and a half in hospital, owing to general debility.

CASE 2.

A Burman, coolie, age 20.

Was admitted with two abscesses occupying the whole of the front and left side of the neck. He had on the right side scars of sinuses that had recently healed.

Both the abscesses were incised freely under usual antiseptic precautions. The next morning pus from the dressings as mentioned above, was administered in 6 minim daily doses to an ounce of water, for a week. Patient was discharged after a fortnight completely recovered.

CASE 3.

Hindu, male, coolie, age 25.

Was admitted to hospital in moribund condition after 2 months' fever and starvation. He had a large patch of bed-sore occupying a portion of the lumbar and the whole of the sacral region; the base of the ulcer reached down to bone, its surface was covered with a thick black slough, and there was a very offensive discharge. After dissecting away the large slough, the ulcerated surface was swabbed with Carbollic Acid, and dressed with Iodoform, but healing was

slow and the discharge continued. Patient was given 6 drops of pus from wet dressings daily for a week; the discharge then became markedly less and the granulations more healthy. Although repair was delayed owing to his extremely debilitated condition, within six weeks' time the ulcer had completely healed. He was in a lethargic condition for a month after admission, and appeared at first to be a hopeless case.

CASE 4.

European, male, age 33.

Had developed an extracapsular abscess of knee-joint after a fall. This had been opened by a local practitioner. There was a copious discharge of pus from the boggy swelling round the patella issuing from the small opening on removal of dressings and running down the leg. The original incision was enlarged, and 5 drops of pus were drawn up into a sterilized hypodermic syringe directly out of the wound. This was emulsified with an ounce of boiled water and given to the patient morning and evening. Twenty-four hours later there was scarcely any purulent discharge, but sufficient was obtained to repeat the internal administration morning and evening. On the third day there was only a slight opaque watery discharge tinged with blood, five minims of which were given once only. Four days later, a week after treatment, the operation wound had completely healed.

Yours, etc.,

M. BROOKES,

1st Class Military Assistant Surgeon,

Civil Surgeon, Kindat.

December 1914.

"TREATMENT OF MALARIA."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—In reference to August No. of *The Indian Medical Gazette*, page No. 331, I beg to submit herewith my experience on the treatment of malaria fever from July 1883 in connection with the epidemic duty at Nuddea where I was for six months and thence afterwards in various places of Bihar and Bengal. (Now I have been dealing with Terai fever since last 11 years.) During these 31 years of my service I have come in contact with not less than 80,000 fever cases of all varieties and shapes, and I have many opportunities to give a good trial of arsenic iodine, cinchona febrifuge, quinine and other antipyretics in all forms and shapes, but I cannot pronounce any better or more radical and effective remedy for the cure of malaria than quinine in solution administered both by mouth and intramuscular injection according to the virulence of the disease demanding one or other of them. I found that quinine hydrochlorate is readily absorbed and works rapidly than the sulphate, bromide or other various salts. I also observed that sluggish and lax state of liver and stomach with defective state of their natural secretions and constipated bowels prevent absorption even if it is given in solution form. I noticed quinine pills and tabloids passing out entire with faeces without any change.

Since 1904 I have been using Quinine Bihydrochlorate intramuscularly in 9 grains doses twice a day in all cases of malignant tertian received from Terai. The blood of all fever cases are being examined microscopically under the guidance of Dr. A. D. Humphry, the Civil Medical Officer, for purpose of diagnosis before administering any specific drugs.

On two occasions intravenous injections of quinine have been used with good result in bad types of malignant fever with brain complications.

I have applied about 300 hypodermic injections of quinine but no signs of tetanus or cellulitis abscess, &c., were noticed in any case either in the hospital or in my private cases. We give strict attention for having asepsis of site and appliances, hence no untoward result occurs afterwards. We are using all glass aseptic hypo-syringe with platinum needle, &c., from Messrs. B. W. & Co. and found them very convenient, handy and lasting for the purpose than any other syringe of the kind.

Site of injection— buttocks is most suitable site selected, though arms and shoulder-blade may also be preferred in certain instances and especially in private cases; after injection the place is secured with collodium coating.

Routine treatment of other cases than malignant or mixed type cases, i.e., B. tertian, quartan, &c., as signifying after microscopical examination. In 90 per cent. of fever cases the excess of eosinophile were found on examination of the blood; besides the malarial parasites in various forms, which explain the presence of intestinal parasites (the latter being a common complaint here 99% are infected with them more or less) which are supported by the examination of faeces for ova of the parasites. So on admission of almost all cases of fever one dose of Worm Powder with Pulvis Jalapa Composition is given at once, which clears out stomach and bowels to facilitate.