

of bael is specially valuable; and we shall conclude this article by extracting his excellent practical description of these in full.

In the chronic condition of dysentery into which the bowel is apt to pass when it is thickened, perhaps ulcerated and indurated from cicatrisation, and subject to frequent recurrence of sub-acute inflammation and dysenteric action, indicated by straining and the discharge of mucus and blood, and where the entire intestinal mucous membrane is sympathetically involved, the use of the fresh bael taken in the form of sherbet is likely to be of service. It will not always alone be sufficient, and it may be necessary to combine it with other remedies, such as opium or Dover's powder, but as an adjuvant to these or to astringents it may be beneficial; and from the power it possesses of giving tone to the alimentary canal generally, of improving the condition of the mucous membrane and its glandular apparatus, and of favouring cicatrisation, it will not unfrequently aid in producing satisfactory results where other remedies have failed. Vegetable and metallic astringents and tonics, such as kino, catechu, tannin, hæmatoxylin, eucalyptus, *Wrightia antidysenterica*, pomegranate, sulphate of copper, acetate of lead, alone or combined with opium, frequently give temporary relief, though ultimately they prove insufficient; the disease continues to advance, and the patient to lose ground; the least error in diet, or alteration in temperature or in the hygrometric condition of the air, aggravating the symptoms until change of climate is resorted to. Such cases are not infrequent here, and may be seen on board the homeward-bound steamers and at English and Continental health-resorts. No doubt they have taken the wisest and most effective step for restoration of health in coming home—one in comparison with which drugs are insignificant. In such cases the bael is indicated, and I believe would often materially aid in restoring the diseased intestine to its normal condition. Of course it is not likely to meet all the morbid conditions that may arise in cases of chronic dysentery, and I need hardly remind you that any recurrence of acute symptoms may need active treatment by ipecacuanha, Dover's powder, injections of opium in solution of gum or arrowroot. In the chronic states of which I speak, I think you will find under its influence that the reparative changes in the large intestine progress quietly and favourably, until cicatrisation is accomplished, thickening is removed, and, as far as may be, tone, vigour, and healthy action are restored.

But, unhappily, many cases have not this favourable termination under any circumstances, and the result is fatal, after long and severe suffering; the structural changes in the bowel are beyond repair, and the patient succumbs. In other cases the disease, though not fatal, is very tedious, the cicatrix may be formed, but the gut remains thickened, indurated, and contracted, by loss of the mucous membrane from dysenteric sloughing; the functions of the bowels are imperfectly performed; a condition of chronic disease and suffering remains, diarrhoea, sometimes dysenteric in character, continues, and the patient is worn and wasted by continued suffering. The evacuations are light-coloured—grey, sometimes yellowish; often passed without pain or tenesmus; but at times accompanied by both, and mingled with blood and mucus. These conditions ultimately undermine the strength, and the patient may sink from exhaustion. In the stages that lead to this state of things the bael is more likely to be of service in retarding, if not of altogether checking, the mischief, than remedies that have a more directly astringent action.

Chronic cases of dysentery of a milder character not unfrequently come under our notice. There is thickening and perhaps contraction of the large intestine, which may be felt through the abdominal wall, with or without tenderness on pressure. The general health may be improving, indeed, may be fairly good (the appetite, too, good); and all seems comparatively well, except that the bowels are irregular—sometimes confined, at others relaxed. There is straining, and the evacuations are mingled with mucus and sometimes blood. The patient suffers much at times, and is in constant danger of relapse. In this state diet is of the utmost importance; the bowels should be kept regular with occasional doses of oil, or the tepid-water enema. No active drugs are needed, but in such cases the bael sherbet would, I think, be often useful.

Again, either as a sequel of dysentery, or altogether independent of it, an intractable and obstinate form of diarrhoea is met with, especially in persons who have been long in India, China, or other tropical and malarious climates. The diarrhoea sometimes called "alba, or white flux," described by Mr. A. Grant in the *Indian Annals*, is a painless disease, characterised by frequent liquid, light-coloured, frothy motions, which gradually reduce the strength and exhaust the vital energy. The person slowly wastes and becomes anæmic, his skin is harsh and dry, his abdomen tumid, the tongue red and dry, the papillæ gradually shrink, until in the later stages they disappear altogether, and the tongue becomes smooth, polished, and glazed, or it is coated with white layers of epithelium, which also form on the mucous membrane of the mouth and fauces, often accompanied by aphthous spots.

There is not necessarily evidence of structural changes in the

liver or spleen; indeed, there is reason to believe that these organs only share in the wasting or shrinking of the body generally; and so it is found in fatal cases; and also that the whole intestinal tube is thinned, almost transparent, the mucous membrane softened, and the glandular structures wasted or destroyed; not unfrequently a certain amount of ulceration being observed, especially towards the lower portion of the ileum and in the large gut.

Digestion, absorption, and assimilation are all interfered with, and gradual wasting from inanition results. This condition of disease is frequently seen in the hill stations of India, but most generally in those persons whose constitutions have already been damaged by long residence in the plains. It is also seen in some who have never been in the hills at all.

Early removal to another climate is the best, and indeed, the essential remedy; and it is, I believe, absolutely necessary in many cases, to save life. The great mistake generally made is of not resorting to it sufficiently early, and before progressive degenerative changes have gone so far as to be irreparable. In this form of diarrhoea, diet is a most important element in the treatment, and it should be of the blandest, most unirritating kind—milk, animal butter, farinaceous food—which will not always agree, and careful abstinence from over-stimulation either by alcohol or any other form. All forms of medicine have been tried with more or less good effect—opiates in small and repeated doses, either as laudanum or Dover's powder, often giving the greatest and most enduring relief; astringents at times being beneficial, but often failing miserably to do any good.

Now, in such cases, before they leave India, it has sometimes been found that the fresh bael sherbet has produced excellent effects, and done more good than any other remedy. Such are far from uncommon in England in the cases of Indian officers or others, who come home for the purpose of shaking off a complaint that they find is steadily getting worse in India; and it is with the hope of providing a remedy for such that I am anxious that this popular Indian remedy should be better known and more used in England.

After all, medicine of any kind, however efficacious, is of secondary importance to change of climate, carefully regulated diet, and scrupulous avoidance of chills and cold by extra warmth of woollen dress, which should never be neglected. A remedy that has often produced happy results in India, could hardly fail, I think, to be even more satisfactory here, where it would have the advantage of the improved climate and other conditions of life to give effect to its beneficial action.

Correspondence.

A CASE OF FATAL THERMAL FEVER.

To the Editor of the "Indian Medical Gazette."

SIR,—In response to your invitation, in respect to "A Case of Fatal Thermal Fever?" published by Dr. Gibbon in the current number of your issue, I beg you will kindly favor me with space to submit my opinion on it. The case, doubtless, must have been puzzling, but I may be excused the suggestion, that digital examination per vaginam would, I fancy, have been of some aid if not to clear all doubts as to the diagnosis; as I am inclined to think, from the history given, that the case was one probably of Uterine Hæmorrhage. The question of ruptured womb causing it can at the most, in the absence of further obstetric and gynecological history, be logically hypothetical.

My opinion is based upon the following reasons from the information supplied by the author:—(1) The age of the woman—that of child bearing life; (2) gravid condition at the seventh month of utero-gestation; (3) the fact of pregnancy seems moreover to have been corroborated by a, though sometimes a deceptive, symptom.—"She told a neighbour she had not 'felt the child' since the day before," i. e. 10th of June: in other words, Mrs. S. was used to its movements in utero before that day, and its sudden stillness naturally drew, as it ordinarily would, her attention. (4) We have the account.—"On the 10th she got a fright from the horse in her *ghari* becoming restive, and she jumped out twice." (5) The fact of Mrs. S.'s remark referred to in (3) having been subsequent to the fright and the jumping out of the carriage. (6) The symptoms observed on the 13th June were not altogether unlike what may have been the consequence of hæmorrhage—abortion with or without placenta previa or the grave injury to the womb above suggested. In India I

am inclined to the belief that European women, especially if exposed much to the effects of malaria, and consequently its cachexy, are prone, though not always, to suffer from a sanguineous discharge during gestation. This may, perhaps, have been the case with Mrs. S. in her previous pregnancies (if any): if it were so, it may have been that it was on that account that she did not attach to it sufficient importance as to mention it to her medical attendant. Or it may have been that she did not even notice her linen soiled, the hæmorrhage having been internal—into the peritoneum. (7.) The cramps may be explained as caused by direct pressure of the gravid uterus or the escape of its contents causing pressure or reflex irritation, and consequent spasms. I have elsewhere,* in your journal, alluded to the possibility of such a coincidence, and I also remember another case which came under my own observation. This was that of a married lady who had been away from her husband for some years, and who at a weak moment had unfortunately given in to temptation with the result that she found herself with child, and in order to conceal this fact from her husband, whom she was shortly to rejoin, she, at a more unfortunate moment, sought the service of an abortion-procurer, which eventually, after much suffering, cost her her life. At my first visit my patient complained of what she called 'only a touch of rheumatism on the back,' and tried to lead me altogether on a wrong track, under the impression, presumably, that anything given for the object of relieving the pain of her assumed ailment, would also cure the real complaint—caused by a criminal act with risk to herself. During the few minutes I was with her I noticed what appeared to me to be nothing else but true labour pains. I asked her a few questions (with the hope of their throwing some light on the subject, and to indicate to me the line of practice I should adopt) such as if she felt sick when she last menstruated, if there was any discharge of blood, and the like. To all these she was determined to give very evasive negatives, but the expression of her face evinced unmistakably that she felt her real condition recognized, at all events strongly suspected. I ordered absolute rest, with cloths constantly wrung out of iced or cold water to be applied to the belly. I also prescribed some astringents combined with largish opiates.

At my second visit, to which I was suddenly summoned, I found my patient altogether blanched, with sunken eyes, cold clammy skin, husky voice in whispers, small weak thready pulse and some dyspnoea; in short I may say that this woman had all the external signs of grave hæmorrhage. I urged the absolute necessity of a digital examination, to which she expressed her reluctance. At my evening visit that day I was informed that no urine had been voided, and I obtained her consent then to withdraw it with catheter, and it was during this catheterism that I availed myself of the opportunity and obtained ample evidence to confirm my original opinion. The case proved fatal from metritis with complications.

In conclusion I must solicit the favour of your criticism on this opinion as to the nature of the case under discussion.

I am, Sir,
Your most humble servant,
JNO. C. LUCAS,
Bo. Medical Service.

August, 1878.

P. S.—As to the suppression of urine mentioned in the case, I believe it may have been simply a symptom of collapse in uterine, as in any other, hæmorrhage, or rupture, or, like the cramps, it may have been due to mechanical pressure of the gravid uterus itself, or from the escape of its contents from rupture. The pressure may have been on the kidneys themselves, or it may

have been that it caused obstruction (in the ureters) to the onward flow of urine to the bladder, or it may have been that, had a p. m. been made, both these reasons, viz, collapse and mechanical pressure may have been found to have co-operated simultaneously.

J. L.

CARBOLIC ACID IN WHOOPING COUGH.

To the Editor of the "Indian Medical Gazette."

SIR,—Having observed in the *Lancet* of May 25th, a letter from Dr. Cole, New-Zealand, suggesting the internal use of Carbolic Acid in whooping cough, and having two cases at the time under my care, I was induced to try the remedy which in both acted as a "specific."

Case I.—A little girl at two years. The acid was administered in $\frac{1}{4}$ grain doses with Glycerine every two hours; at the end of 24 hours the symptoms were much less severe, and the paroxysms, which were very prolonged and severe at night, gradually subsided. In less than two weeks the "whoop" had disappeared and the child was convalescent. The medicine was on one or two occasions omitted, with immediate return of the cough. At first the acid was given every two hours, and the intervals between the doses gradually increased until only one dose was given for a few nights.

Case II.—A boy 7 years old—whose attack was very severe; the paroxysms occurring several times a day (and worse at night,) followed by vomiting. The acid was given in $\frac{1}{2}$ grain doses in glycerine every two hours at first and then at longer intervals. The effect was marvellous, and the boy was convalescent in a fortnight.

I am, Sir,
Yours truly,
THEOBALD RINGER.

Dalhousie, Punjab, August 10th, 1878.

CARBOLIC ACID AS AN EXTERNAL APPLICATION IN SMALL-POX.

To the Editor of the "Indian Medical Gazette."

SIR,—In the *Lancet* of June 29th Dr. Eade, speaking of the uses of Carbolic Acid, remarks with reference to its use in small-pox to prevent pitting and mitigate somewhat the severity of the disease:

"I am not aware that carbolic acid has ever been fairly thus tried."

In case others beside Dr. Eade do not know of the great benefits accruing from the use of carbolic acid in small-pox, may I ask you to state that in a recent epidemic of severe confluent small-pox (some of the cases were hæmorrhagic), I used a solution of carbolic acid in oil (1 in 20) as an ununction to the general surface of the body with the happiest results. It soothed the patients, who expressed themselves without exception as being intensely relieved; it kept off flies, saving many chances of contagion and much annoyance to the sick, and seemed to me to lessen the pitting. No medicine was used except acid draughts to relieve the intense thirst, and an occasional dose of Dover's powder at night when cough was troublesome.

There were 22 cases with three deaths, two of which resulted from pneumonic complication, and the third from violent fever with coma. I feel sure that the use of carbolic oil in this way must have the credit of having checked in a great measure the spread of the disease, besides relieving the intolerable itching and trouble resulting from swarms of flies.

I remain, Sir,
Yours truly,
M. B. CANTAB.

* Uterine Physiology and Pathology and their effects on the nervous system, Vol. xii., June 2nd, pp. 181-182.