In the living chuas examined, the reasoning power was well nigh *nil*. Each exhibited.—

(*a.*) An almost total inability to articulate, depending apparently upon a loss of the regulative action of the tongue muscles, and incapacity for combined movement so as to develope speech.

(*b.*) A total inability to discern the quality of food, anything being equally greedily devoured.

(*c.*) An entire absence of sexual powers and puerile development of pro-creative organs.

They have a special aztic look; the trunk and limbs are dwarfed and withered; however, diminutive development in no way regulates brain-mass, or is incompatible with great mental tension. Witness Philetas, "the most considerable man in Greece for fifty years, who was so short and small that he was obliged to put lead in his shoes to keep the wind from blowing him away."

I had once the opportunity of lithotomizing a male chua, exhibiting every characteristic of formation and intellectual aberration; the operation was successful, but on the evening of the third day, when the wound was fleshing most favorably, he signalled for a drink; while swallowing it, he was suddenly seized with centric convulsions, and died.

I regret that every effort failed to obtain an autopsy; and having no reason for supposing any active disease of the brain to exist, conclude that just as the curing of fistula *in ano*, in phthisical cases, leads to a rapid development of pulmonary ulceration, the excision of cancerous tumours accelerates the appearance of cancer in local organs, the rapid closing of hæmorrhoids arouse hæmaturia and hæmoptysis, or stricture of the ureters lead to cuticular pemphagoid bullæ, charged with urates; so the removal of the cystoid irritation, caused by the mulberry calculus, led to the accession of grave cerebral disorder in a malformed brain, terminating in sudden death.

NOTE

ON

THE USE OF THE POWDER OF MUDAR, AS A PERFECT SUBSTITUTE FOR IPECACUANHA, IN THE TREATMENT OF ACUTE DYSENTERY IN NATIVES.

By J. J. DURANT,

CIVIL ASSISTANT-SURGEON, SHAHABAD.

As it is possible that the use of the powder of mudar, as an efficient substitute for ipecacuanha, in the treatment of acute dysentery in natives, may not be generally known, I have made a short note of it from my practice, for insertion in the *Indian Medical Gazette*, where it might meet the eye of any member of the profession who would wish to give it a trial.

My experience of mudar in dysentery, which now extends over a year, has been most favorable in every acute case of that disease, in which I have prescribed it, and which have been numerous; it has either effected a perfect cure in a few days, or at once changed the character of the disease from blood and mucus to bilious diarrhœa, a change easily afterwards remedied by astringents and opium, such as chalk, with catechu and tincturæ opii, or sugar of lead with extr. opii, &c. I prescribe it in similar doses to what are usually given of ipecacuanha, never beginning with less than ℈j and seldom going beyond ʒj, generally alone, but at times, and particularly where a weak stomach is suspected, combined with sodæ carbonas, bismuth, creasote, prussic acid, &c., and aided, at times, by a mustard plaster over the epigastrium; it produces the same nausea and sickness of stomach as ipecacuanha, rendering its retention in the stomach at times just as difficult as that medicine. In my opinion, it is fully as potent a remedy in the treatment of acute dysentery of natives as ipecacuanha; and though I have had no experience of it with Europeans, I still do believe that, if it were tried, it would be found to possess, in as eminent a degree, all the good qualities of that invaluable specific. I have always found it to be, like ipecacuanha in large doses, a certain chologogue, as also a direct sedative to the muscular fibres of the intestines, particularly of the colon and rectum, rapidly allaying all pain, tenesmus, and irritation, and as it were at once putting a stop to all further dysenteric action; the more scanty, frequent, and bloody the stools, the more quickly and efficiently it seems to act: in short, all that has been said in praise of ipecacuanha might be repeated of it here. Its most wonderful effect is its action in producing the flow of bile, and the other secretions of the alimentary lining membrane, which before were all locked up; it does this generally in less than twenty-four hours, after the first dose of 20 or 30 grains has been given and retained, being in this way, and in every other respect, a perfect substitute for ipecacuanha.

For dispensary practice, where all indigenous drugs ought to be extensively used, mudar will be found an invaluable and cheap medicine. I use it in all my cases of acute dysentery in the jail and police, as also does the Sub-Assistant Surgeon, at my direction, in the dispensary. I cannot as yet point to one instance where, when properly given, it has failed. As I said before, it should be given in doses varying from ℈j to ʒj or more, according to the severity of the symptoms, and the age and constitution of the individual. Another remarkable feature in the use of this drug, like ipecacuanha, is the rapid convalescence that follows, the change to bilious purging rapidly passing off under the use of mild astringents, &c., and the patient is generally well enough to go back to his work within a week or ten days; the usual diet being also resumed as quickly, without any extra fastidiousness as to quality or quantity, so necessary under the old regimen.

I may also mention that, in the acute dysentery of native children, the powder of mudar acts just as efficiently as ipecacuanha, given in doses of 1 or 2 grains, for every year in age, three or four times a day.

I need scarcely add that "mudar" is the native name for the well known plant Calotropis Gigantea, which grows abundantly about all parts of India on sandy hedges and waste lands. The powder is made from the bark of the root, which grows under ground, and not from any part of the stem; it is of a lighter color than ipecacuanha powder, and has a very faint odour.

Arrah, 12*th April*, 1866.

ON EMETINA, AS A SUBSTITUTE FOR IPECACUANHA.

By C. MACNAMARA,

SURGEON TO THE CALCUTTA OPHTHALMIC HOSPITAL.

IPECACUANHA is now used by medical officers in this country almost as frequently in cases of dysentery as quinine is in ague; and those who remember the time (not very long ago) when ipecacuanha was not employed as at present, must be thankful that so powerful a means has been placed in our hands for the alleviation of this terrible disease. Authorities differ as to the doses in which ipecacuanha should be administered, and the stages of the affection when it is admissible, nor do I propose making any comments on the subject; it is impossible for any one to hold a more exalted idea of the value of ipecacuanha in dysentery than I do, having not only watched its effects on others, but experienced them myself. Some years ago, being in a jungly part of the country, and obliged to drink the water procured on the spot, dysentery came on, and the attack was subsequently aggravated by a long ride, at the end of which, being in considerable pain, and passing nothing but blood and slime, I thought it advisable to take a dose of forty grains of pulv: ipecac. A more nauseous mixture it is impossible to conceive; however, the medicine acted like a charm, but it was necessary to repeat it next day; and though I did my best to

swallow it, having perfect faith in the drug, it would not go down. The moment I got the dose into my throat, up it came again; and it was necessary to wait till the following day, and then take as many ipecacuanha pills as possible, without vomiting. The dysentery was soon cured, and has never returned. Doubtless many patients do not experience all this difficulty in taking ipecacuanha, but, on the other hand, very many do; and in the instance of pregnant women, and children, its nauseous taste and smell are serious obstacles to the advantages which the drug is otherwise capable of effecting. It occurred to me, therefore, that the active principle of ipecacuanha, called emetina, might perhaps be substituted for the powdered root of the plant, in the same way that quinine is given instead of bark. It seems this is by no means a new idea; for Pereira says, in the first edition of his work, that "emetina has been proposed as a medical agent, as a substitute for ipecacuanha, all the advantages of which it is said to possess in a much smaller dose, and without the unpleasant taste and odour which the root is known to have. I confess, however, I think very little advantage is likely to be gained by the substitution. When we wish to give emetina in a liquid form, it may be dissolved in water, by the aid of acetic or dilute sulphuric acid." I can only say, if Dr. Pereira had been obliged to take a forty-grain dose of ipecacuanha, or three grains of emetina instead, he would have found considerable advantage in the latter, provided they both had the same effect. He says of the impure emetina, which is the article in ordinary use:—"On man a quarter of a grain excites nausea and vomiting; a grain and a half, or two grains, taken fasting, caused continued vomiting, and decided disposition to sleep."

Since last December I have administered emetina in several cases of dysentery, and it appears to exert exactly the same effect as ipecacuanha in controlling the disease; one grain corresponds to about 20 of ipecacuanha, and it may be administered in the form of pills, or mixed with a little acidulated water.

The following rough notes of a case of dysentery, treated by emitina, were kept for me by Mr. Chambers (Acting House Surgeon to the Ophthalmic Hospital). Ramlall Dutt has been suffering from dysentery for fifteen or sixteen days, but has not been under medical treatment. On the morning of the 16th of January, the report states:—"The patient passed nine or ten stools last night, containing a considerable quantity of blood and slime; he suffers from tenesmus, and there is pain over the whole abdomen, increased on pressure, particularly along the course of the colon; tongue dry and whitish. Ordered half a grain of emitina at 7 a.m.; he vomited a quantity of bile after this dose; at 9 a.m., 12 p.m., and 4 p.m., the emitina was repeated; after the last he vomited again; and at 9 p.m. Mr. Chambers gave him a grain dose of the emetina; he vomited once during the night; throughout the day the stools had been far less frequent, and during the night he slept well, only being moved four times. I saw the last of these stools next morning (January 17th); it contained a considerable quantity of bile, together with blood and mucus; the patient expressed himself as being much better, and having far less pain in the abdomen; tongue the same as yesterday. I ordered half a grain of emetina to be given at 7 p.m., to be repeated at 12 p.m. and at bed-time; he did not vomit after either dose.

18*th*.—Patient decidedly improving, the stools have altered in character, consisting of semi-fluid fæculent matter mixed with a little blood, he has no pain in the abdomen, and is calling out for food.

Ordered half a grain of emitina at 7 a.m. and a grain at bed-time, unless bilious stools should supervene in the mean-time; the patient took both doses, vomiting once after the evening draught.

19*th*.—During the night he slept well, and passed three stools, containing a large quantity of fæculent matter and bile; from this time he made a speedy recovery.

This case is not quoted as an example of any extraordinary power possessed by emetina; but having the notes by me, it serves as an example as to the way in which this drug may be employed. I am convinced emetina is well worthy of a further trial as a substitute for ipecacuanha, particularly in the case of children. I believe it possesses all the curative properties of ipecacuanha, as quinine doses of bark; and that it should therefore be employed upon the same principle, being a far more agreeable and less nauseous medicine than ipecacuanha.

CASES FROM PRACTICE.

MITFORD HOSPITAL REPORTS.—No. II.

By W. B. BEATSON, M.D.,

Surgeon Superintendent of the Mitford Hospital, and Civil Surgeon of Dacca.

CASES OF AMPUTATION OF THE THIGH, AND AT THE HIP-JOINT, WITH REMARKS.

CASE I.—DISEASE OF THE KNEE-JOINT, ORIGINATING IN INJURY, TERMINATING IN SUPPURATION AND NECROSIS OF THE SHAFT OF THE FEMUR; AMPUTATION ABOVE THE KNEE AND AT THE HIP-JOINT; RECOVERY.

William Pringle, aged 8 years, a slight delicate boy of Eurasian parentage, of fair complexion with light brown hair and irides, came under my care early in June 1865. In January 1863 he was thrown out of a buggy and hurt his right knee, which swelled and became slightly stiff.

This was not considered to be of consequence, and he soon got about again, although he always suffered from some degree of pain and lameness.

In November 1864, while at school, in Calcutta, the knee sustained further injury from a fall. This was followed by high fever, pain, and swelling of the joint; but no proper treatment was adopted, and he was allowed to move about until the enlargement and flexion of the joint no longer permitted him to do so. He was then brought to Dacca and placed under my care.

The knee was then flexed nearly at a right angle; the muscles of the thigh and leg wasted; the joint considerably enlarged, almost globular, but flattened on the outer side; the articular extremities of both the femur and tibia, the upper edge of which forming a crescentic line on the inner side could be distinctly traced, were enlarged. The swelling was uniformly firm and smooth, free from heat and from pain, except when attempts at extension were made. There was no fever or constitutional disturbance.

An angular splint with extension screw was adapted to the limb, and kept in position by a starched bandage. The joint was painted with tincture of iodine, and cod-liver oil and nourishing diet ordered, with small doses of quinine and iron. Subsequently small blisters were occasionally applied. This treatment was continued for about four months, during which the angle of flexion was considerably diminished, and the joint slightly reduced in size. He continued also to be free from pain and fever.

Early in October he had an attack of choleraic diarrhœa, which prostrated him very much, and was followed by sudden increase of pain and swelling, accompanied by febrile exacerbations at night. A spot of softening now made its appearance on the inner side of the joint, and gradually increased in size. The lower portion of the shaft of the thigh bone was also felt to be thickened. Amputation was now advised; and on the parents giving their consent, on the 13th of October, I removed the limb by antero-posterior flap-operation at the junction of the middle and lower thirds of the femur. In forming the posterior flap, the point of the knife gave exit to a considerable quantity of pus, which had evidently insinuated itself between the bone and its periosteum; for, on dividing that membrane, it was found that it could be drawn upwards, like a loose sleeve, leaving the shaft of the femur protruding bare and