

## ACUPUNCTURE IN CHRONIC MUSCULAR RHEUMATISM.

By Assistant Surgeon CHEYTUN SHAH, *Peshawur.*

ACUPUNCTURE as a therapeutic agent has long been known both in England and on the continent of Europe. It is believed to have been known from times immemorial to the Chinese. To the natives of India it is quite a new thing, and it is not sufficiently practised, if at all, in the Hospitals and Dispensaries of this country.

In the treatment of muscular rheumatism this remedial agent is usually omitted in systematic works on medicine. In my opinion in the treatment of this disease this remedy has not attracted the same attention in India as it deserves.

I have at present got before me the facts of three cases of chronic muscular rheumatism, the average duration of which was not less than 15 years, and which had resisted the usual English as well as native means of cure, and each of which by acupuncture got cured within 3 days.

One case of lumbago of one year's standing has been cured in 2 days during the last week. The operation and its various applications are well described in a short article in Dr. Waring's *Manual of Therapeutics*.

Little or no pain attends the operation, but slight shock or symptoms of fainting do occasionally occur. In my practice these happened in 5 cases; such an occurrence is not mentioned in Dr. Waring's book.

Giddiness and nausea were the symptoms described by these patients, which soon passed off in a few minutes.

As acupuncture is a very useful agent in the cure of painful diseases and costs nothing, while it works wonders in a very short space of time, I publish these few lines with a hope that others may also try the operation in India, and publish the results of their experience.

## A MIRROR OF HOSPITAL PRACTICE.

### MAYO NATIVE HOSPITAL.

#### CASES ILLUSTRATING DIFFERENT TYPES OR DEGREES OF SEVERITY OF CHOLERA AT DIFFERENT PERIODS.

[From notes taken by BABOO JADAB KRISTO SIRCAR, *Asst. Surgn.*]

By H. CAYLEY, *Surgeon and Superintendent.*

THE following two groups of cases are of considerable practical interest as showing how greatly the rate of mortality of cholera varies in different epidemics or at different periods of the same epidemic, irrespective of the plan of treatment adopted. That such variations in type are met with in all acute diseases, and perhaps most markedly of all in cholera, is a well-known fact, but one that we are very apt to overlook or not sufficiently to recognize when endeavouring to estimate the effects of any particular mode of treatment.

The cases given below show strongly how very cautious one must be in accepting the *results* as evidence of the value of the treatment, and how easy it is to fall into the error of mistaking the *post* for the *propter*; that the mistake is constantly being made, one knows from the frequency with which new remedies are brought to notice and vaunted as specifics in cholera, and which when subjected to more extended trial are found to be valueless.

Hardly a month passes in India without some new drug or plan of treatment for cholera being brought out and as quickly thrown aside and forgotten.

The first group of 12 includes *all* the cases of cholera admitted into the Mayo Hospital, between the 12th of April and the 15th June of this year.

There was no severe epidemic of cholera prevalent at the time, nor did the cases on admission appear of an unusually virulent type, and yet 10 out of the 12 cases ended fatally, and of the 2 recoveries in one there was no suppression of urine.

In the second group of 10 cases treated between the 13th of September and the 3rd of November only one died, and he a feeble old man of 60, who could hardly have resisted any sharp attack of illness. These 10 cases were all marked cases of true cholera and did not appear of unusually mild character.

Both groups of cases were treated on the same system, the treatment of course modified in each case as the symptoms or course of the disease seemed to indicate.

The method generally adopted was to give small doses of tannic acid and opium after each evacuation during the stage of purging and vomiting, and small doses of diffusible stimulants, chiefly chloric ether, at frequent intervals, sinapisms to the stomach, and also to give small quantities of milk and sago frequently, and allowing the patients to drink cold water freely.

After the stage of collapse, when suppression of urine became serious, constant sinapisms were applied over the kidneys; when there was much restlessness chloral hydrate was also given.

I do not consider that the chloral hydrate has any *specific* curative power in cholera, but I believe it often does great good by allaying restlessness and giving calm sleep, and in this way saving the patient's rapidly failing powers. I last year tried chloral in a great many cases of cholera, both internally and by subcutaneous injection, and I had at first such a large percentage of successful cases that I was in danger of falling into the error I have been alluding to, but a series of deaths soon dashed to the ground my expectations as to the curative power of the drug.

It is only necessary to give a very brief outline of the cases:—

CASE I.—A Hindu male, aged 35, admitted April 12th, with symptoms of cholera of 12 hours' duration; died in stage of collapse 3½ hours after admission.

CASE II.—Hindu male, aged 42 years, admitted April 13th, in collapse stage of cholera after 12 hours' illness. He died in 4 days, the purging continuing up to the last.

CASE III.—Hindu male, aged 35, admitted April 15th in completely collapsed state of cholera of 36 hours' duration. Died in 4 hours.

CASE IV.—Hindu female, aged 31, admitted April 15th, with vomiting and purging of 12 hours' duration; there was partial collapse and suppression of urine. After two days the symptoms subsided and she recovered.

CASE V.—A Hindu male, aged 50, admitted April 20th, with cholera of 9 hours' duration. Died in the algide stage, 11 hours after admission.

CASE VI.—Hindu male, aged 40, admitted April 21st, with purging and vomiting of 13 hours' duration; symptoms of collapse very slight at first, but soon increased, although the purging and vomiting almost subsided. The next day feverish reaction set in with drowsiness, followed by profuse perspiration and he died in the evening, 35 hours after admission.

CASE VII.—Hindu male, aged 30, admitted April 21st. Had been purging and vomiting for about 30 hours, and was in a state of partial collapse, which gradually became more complete. He died in 15 hours after admission.

CASE VIII.—Hindu male, aged 55, admitted 23rd April, in a state of collapse, after vomiting and purging of about 17 hours' duration; no reaction set in and he died 22 hours after admission.

CASE IX.—Hindu male, aged 30, admitted April 27th, with symptoms of cholera of 22 hours' duration. Collapse was never complete and suppression of urine only lasted a few hours. He recovered after 2 days' illness.

CASE X.—Hindu male, aged 32 years, admitted May 3rd, with vomiting and purging of 6 hours' duration. Collapse soon followed, and he died 24 hours after admission.

CASE XI.—Hindu male, aged 42, admitted May 12th, with vomiting and purging of 10 hours' duration. Collapse soon followed, and he died in 36 hours.

CASE XII.—Hindu male, aged 21, admitted June 15th, with symptoms of purging and vomiting of 12 hours' duration; collapse soon developed itself, and he died in 72 hours.

#### TEN CASES TREATED BETWEEN SEPTEMBER 13TH AND NOVEMBER 3RD.

CASE I.—Hindu male, aged 25, admitted September 13th, 1875, with fully developed symptoms of cholera of 24 hours' duration, was in state of collapse with suppressed urine. The symptoms after 12 hours began to subside, and he recovered after 4 or 5 days.

CASE II.—Hindu male, aged 25, admitted September 19th, with cholera, was in a very low state with frequent vomiting