cases there was marked improvement, but the mucus and slight diarrhœa continued. This rapidly ceased with 2 or 3 60 gr. doses of ipecacuanha (preceded by 30 gr. chloral). I think the microscopical examination of the stools helps very little. I have never found amœbæ, not even in the two cases which were cured by ipecacuanha. So I think a negative result as far as amœbæ are concerned is worthless.

I can't help feeling that a large number of dysenteries are diagnosed as amœbic because they do not improve with Mag. Sulph. but would quickly improve under the above methods. I tried emetin when I first came to Meerut as I was told the cases of dysentery here required it, but I have found they all, so far, get well, quite well with saline.

While in England last summer I was told by the Resident Medical Officer at the Colchester Asylum that dysentery was very rife there and took a long time to cure. I suggested the Mag. Sulph. treatment. The M. O. said he had tried it but found it no use. I came then and tried myself. I found the cases were much severer than the average case in India, and that 3 days Mag. Sulph. treatment did not improve the condition. I then tried the effect of one day's rest with chlorodyne or tinct. opii at night (full dose) and recommencing Mag. Sulph. treatment next day. I found in every case very rapid improvement took place and all cases were completely convalescent in under the week.

My own opinion is that when the colon is very acutely inflamed or perhaps from some local ulcer, that severe spasm takes place so that complete flushing of the large intestines is prevented.

Yours, etc.,

R. F. HEBBERT, M.B., B.S. (Lond.),

CAPT., I.M.S.,

107th *Pioneers*.

INTERNAL USE OF RED IODIDE OF MERCURY IN ENLARGED MALARIAL SPLEEN.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Of all the counter-irritants to the enlarged spleen Red Iodide stands first in reducing it, although there are other counter-irritants of the same nature, but of inferior value in these cases. In my opinion, Red Iodide acts not by its irritants action in these cases, but by absorption it produces certain changes in the system which produce increased leucocytosis and thus it effects the cure.

Bearing this view in my mind, I have been using this drug internally with marked success in several cases for the last two years. It reduces the spleen and improves the health of the patients. I have never seen any bad results from its administration. If it proves equally efficacious in other hands as it did in my hands, its use will make a considerable reduction in the expenses of the dispensary and at the same time increase the comfort of the patient.

I use this drug alone and only internally in the following way :—

Red Iodide of Mercury	...	gr. 1/20
Pot. Iodide	...	gr. ii
Aqua	...	dr. iii

After two weeks I increase the dose to gr. 1/16 per dose.

On taking the blood counts, I have found that it increases leucocytosis. The earliest test seen it increased on the 10th day when the leucocyte count rose from 1,500 to 2,500. The differential counts also show these changes. At first the large meno. does not get decreased, but afterwards there is decrease of the large meno. with increase of the Polymorphous and small meno.

I have shown this treatment and the blood slides to the Superintendent of this school.

I may suggest that this drug may be tried in Kala-Azar cases.

I am experimenting with it in healthy men to find whether it does increase the leucocytosis. I shall publish my results later on in these cases.

Yours, etc.,

C. K. DATT,

Asst. Surgeon.

I have seen one case shewn me by Dr. Datta and the blood slides of it. The case has certainly done remarkably well and has gained weight. The blood count too has now become practically normal. I shall be interested to see the result of Assistant Surgeon Datta's further experiment.

(Sd.) A. DENHAM WHITE,

CAPTAIN, I.M.S.,

Superintendent, Berry-White Medical School, Dibrugarh.

ERUPTIONS COMPLICATING SUPERFICIAL WOUNDS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—It is not an uncommon experience of medical men to meet with a variety of generalised rashes in persons undergoing treatment for superficial wounds. These eruptions simulate very much drug eruptions, being most acute in the neighbourhood of the wound, and diminishing in intensity elsewhere. Patients such as these show clinical symptoms pointing to a very mild toxæmia, but the appearance of the rash makes us generally apprehensive that some acute sepsis has supervened, and may lead us to drastic measures which in my experience tend to increase the suffering of the patient, and prolong the treating period, both of the wound and the eruptions.

The second case that I saw of such an infection is typical. A Burman male, æt. 30, had a fall from the staircase of his house, and had 3 abrasions about 1 inch square each on his right leg. He washed the part, bought 2 annas worth of iodoform powder from a grocer's shop, and bandaged the wounds with a fairly clean cloth. On the 3rd day he came to the hospital with a very considerably swollen right leg and an angry flush around the abrasions. Immediately surrounding the abrasions were big blebs which had burst and left raw surfaces; these in turn were surrounded by smaller blebs, some partially burst and some intact. The blebs diminished in size to a pin point in the further end of the limb, and his whole body was also covered with the same minute spots. Temperature was 101°, pulse 94 per minute, nothing abnormal with his digestive system, but there was very considerable oozing of a thin serous fluid from his leg, which had a bad odour about it. The absence of prostration of any of the severer signs of toxæmia, the comparatively slow pulse, the absence of any acute pain or tenderness about the part; and the fact that the man could come walking into the hospital with a leg like this, made me at once sure that it was a case of a mild malady, and the treatment mentioned hereafter being adopted, he got cured in 5 days' time.

The following facts have been ascertained by me from examination of 14 patients suffering from similar affection that have since come under my observation, most of them occurring when I was attached to the Civil Hospital, Meiktila:—

(1) Smears taken from puncturing the unruptured blebs are almost always sterile.

(2) Smears from the scrapings of the original wound show a very mild infection of staphylococci being obtained as compared to the almost pure culture from septic wounds.

(3) Inoculation of agar from the blebs negative.

(4) Inoculation of agar from scraping of the wounds show a spare growth of staphylococci (probably infection from the skin).

(5) Indican is present in the urine.

(6) There is diminished coagulability of blood.

(7) Leucocytosis is absent or very slightly marked.

(8) Absence of rigor or bad headache, or any of the signs of acute septic infection.

(9) Fomentations invariably increased the suffering of the patient, and the oftener these are applied, the worse is the condition of the eruptions.

(10) In 6 out of the above 14 cases, unsterilised iodoform was used for dressing the wounds prior to the appearance of the eruptions.

The first case that came under my observation was in Meiktila Civil Hospital, where a Burman boy had simple fracture of the left radius, and a small superficial wound on the middle of the outer side of the same forearm. The arm was shaved and cleaned, the fracture reduced and the arm splinted with a small dry dressing and sterile boric acid powder applied to the wound. (The patient came 6 hours after he had the injury, and there was no dressing on his wound.) The 2nd day was uneventful, on the 3rd day temperature was 100°, the forearm was swollen, the whole dressing soaked through, on removal of the bandage, the wound was found unhealthy looking and surrounded with blebs. I immediately put him on hot fomentations three times a day and to my disgust the whole forearm looked nastier the next day. The blebs had spread outwards, and those nearer the wound had burst; there was a rash all over his body, which, examined by a lens, showed a vesicular character. I increased the number of fomentations; and put him on the ordinary combination of ferric chloride, quinine and brandy with purgatives. After that all sorts of remedies were tried, varying from dry application of zinc oxide and acid boric to saline fomentations, and for fourteen days the ulcers made very little progress, but the patient displayed no grave symptoms of sepsis.

The analogy of the treatment of weeping eczema by lead, made me at last resort to cold compress of Lotis Plumbi subacetates to the whole arm, which was by this time almost completely raw, and the diminished coagulability of blood made me also try calcium chloride in gr. x doses, three times a day. Within 3 days' time the patient was almost