

process of healing could be seen. The sigmoid flexure and rectum were thick and contracted. The mucous membrane was covered with a brownish yellow exudation, about a line in thickness, which could be stripped off the surface of it, leaving an abraded-looking membrane. This exudation had, under a low power, a perforated or honeycomb-looking appearance, and, under a high power, was seen to consist of cells and granules, with much fatty matter. On the folds of this portion of the intestine many transverse ulcers of various sizes appeared, which seemed to have been the seat of recent hæmorrhage. Small circular ulcers could also be observed in abundance over the membrane. The glands along the colon were enlarged and pigmented, the liver was enlarged, and congested,—the subject of fatty degeneration in a slight degree,—and biliary stasis. The spleen was much enlarged, hard, engorged, and friable.

The kidneys were congested around the pyramids, and the cortical substance of both was undergoing degeneration.

REMARKS.

I have not been able, in any of the works in my possession (including Aitken and Reynolds), to find any allusion to, or description of, the lesion of the stomach described above. Dr Morehead, in the second edition of his "Clinical Researches on Diseases in India," gives details of three cases (Nos. 46, 89, and 90, pp. 239 and 271.) in which lesions of the stomach were observed. These lesions consisted of "patches of injected vessels," "five or six patches of ulceration, one or two of them quite circular with dark, yellow, and brownish sloughs in the centre; the others larger and more or less irregular, also with central sloughs; a dark brown marked appearance without softening at the cardiac extremity," and "a thickened and somewhat softened condition of the mucous membrane, which presented here and there an ash-grey dotted red appearance, with marks of one or two small cicatrizing ulcers. These appearances, though evidencing the fact that the mucous membrane of the stomach is apt to participate in morbid changes more peculiar to the colon, do not seem to be the same in nature, and certainly fall short in extent of the phenomena disclosed by my autopsy. In this the pathological product is evidently an organized adventitious membrane, and the pathological process appears to have been one of abnormal development of the so-called peptic cells contained in the gastric follicles, and perhaps of the epithelium covering the membrane intervening between the glandular inflections. That the glands were principally the agents in this cellular outgrowth is, I think, pretty strongly indicated by the mammillated aspect of its surface, and still more so by the detached bulbous villi of the pyloric membrane, apparently the product of the larger compound follicles scattered over this part of the mucous surface of the organ. The physical characters of the exudation were so like those of the membrane covering some parts of the colon, that it is impossible to consider the stomach lesion different or differently produced. The case appears to be a typical example of one of the most common and easily-understood forms of metastasis, namely, the transference of morbid action from one part to another of a continuous membrane, and falls into the same category with similar phenomena in the course of eruptive fevers.

The gastric process seems, however, to have been more gradual and less intense than the colic. If such is the case, then the phenomena observed in the stomach seem to furnish the essence of the dysenteric process, an abnormal proliferation of normal epithelial and glandular cellular elements. It is in consonance with pathological analogy to suppose that, while a moderate amount of the poison supposed to cause the disease will simply produce this proliferation, a greater amount will cause such graver perversions of nutrition as interstitial infiltrations, denudations, ulcerations, &c.

The other pathological features disclosed by this *post-mortem* examination, the pigmentations and atrophy of the intestinal mucous membrane, the altered character of the blood, the serous infiltrations and effusions all common enough in cases of chronic dysentery, the mode in which this pigment originates, whether it is a deposit or degeneration, has not been as yet worked out. The atrophy of the ileum and its glands, in such cases, does not easily fit in with the character of the morbid process of the large intestine, which seems to be an excess of growth, though of a perverted kind. This man had not reached that time of life when there is a natural emptying and collapse of the sac-like glands of the ileum; and yet I have never seen, except in similar cases of chronic dysentery, a more complete atrophy of the mucous element of the membrane.

JESSORE, 14th April, 1868.

A CASE OF APHASIA.*

By G. D. McREDDIE,
Civil Surgeon, Hurdai, Oudh.

WITH reference to M. Broca's theory of the faculty of speech being located in the third frontal convolution of the left hemisphere of the brain, I beg to place on record the following singular case which lately came under my observation. Muka, Brahmin, aged forty-five, was admitted into the Hurdai Jail Hospital on the 9th January. On the 5th instant he had received a latti blow on his head. The only external injury visible was, however, only a slight contused wound on the left and anterior surface of the scalp. No depression of bone, or fracture of the skull, was detected. He was quite sensible; limbs not paralysed; pulse fair, *but he had lost the power of speech.* He could utter no articulate sound whatever. When told to protrude his tongue, he was unable to do so, but tried to draw it out with his fingers. A sharp purgative was at once administered, and he was placed under close observation. No change occurred in his symptoms until about eight days after the accident. He could now put out his tongue quite in the straight line, and uttered the words "Ram, Ram, Ram" pretty plainly; but an attempt at expressing any other word proved a failure. I might mention that, having been concerned in a riot, his injury, though it lessened the punishment to which he would otherwise have been sentenced, did not excuse him altogether. He got only two months' rigorous imprisonment. On the 17th February, as being quite well in all other respects, he was discharged from the Jail Hospital, and set to some light labor.

He continued in Jail up to the 23rd March, on which date he was released. He had regained to a considerable degree the power of speech, but his utterance as yet was not quite distinct. He seemed not to have sufficient control over the movements of the tongue to regulate its action suitably for clear expression. He spoke as if drink had caused a temporary impediment in his speech.

13th April, 1868.

TWO CASES OF POISONING BY MAJON OR MAJUM.

By P. CULLEN, M.D.
Civil Surgeon, Hoshungabad, Central Provinces.

CASE I.

MUSSAMUT ALLARUKEE, aged thirty years, was brought to hospital, between 11 and 12 o'clock on the night of the 3rd of April, in a delirious state, caused, it was stated, by eating some sweetmeats about six hours previous to admission. Her friends had given her some tamarind syrup mixed with dhye, which had produced vomiting.

On admission, her symptoms were: pupils considerably dilated, but sensible to the light; pulse about 90°, rather feeble; temperature of body rather lower than natural; could sit up, but not stand; talked incoherently, and kept picking at the bed clothes; when the light was held near her face, she would put out her hands as if to lay hold of it, but appeared unable to direct her movements properly, and, after various vain attempts, would make a sudden grab at it. A sulphate of zinc emetic was administered, but it was with the greatest difficulty she was got to swallow it, and cold was applied to the head, and she was made to occasionally inhale a little carbonate of ammonia. She vomited a little in about two hours' time, and then fell off to sleep. At 8 o'clock the next morning she was quite well.

CASE II.

Mussamut Buggeah, aged fourteen years, daughter of the above, (Mussamut Allarukee), was brought to hospital with her mother, and was said to have partaken of some of the same sweetmeat, but had not had anything given to her, nor had she vomited.

* This is not Aphasia, as generally understood in the Profession. This patient was simply dumb, for the time. Had he been able to write, he would, probably, have written clear answers to questions, although he could not give utterance to them. In genuine Aphasia, there is a loss of the *memory* of words, or of the co-ordinating power necessary to express them, whether by speech or writing.—ED., I. M. G.

On admission, her symptoms were of the same kind as those of her mother, but much more severe. She was nearly comatose; pupils dilated, and insensible to light; pulse 120°; surface cold, and breathing slightly stertorous. She was treated in a similar method to her mother, but the emetic operated freely in about half an hour, after which her pulse fell to 100°. Diffusible stimulants were then given every hour, and she lay insensible all night. By 8 o'clock the next morning the somnolence had worn off, and she laughed and talked in an incoherent manner, and tried to lay hold of things, and was in a state resembling that of her mother on admission. Her pulse was now 72°, and of moderate volume. A purge was administered, which operated freely, and by evening she was much quieter. She slept well during the second night, and on the morning of the 5th April was quite well.

I have recorded these cases because I believe this description of poisoning is not common, and in these instances the drug was not given with the intention of causing death, but to effect a criminal purpose. Before I learnt the history of the cases, I took the symptoms to be those caused by datura.

From enquiries I have made, I learnt that májum is a good deal used in these parts for its exhilarating properties, and is made by boiling the leaves of the gunjah plant in milk, and straining, and sweetmeats are then made with this milk; but when its more intoxicating effects are required, the milk is not strained. In these cases I found, by a microscopical examination, portions of leaves both in the sweetmeats and in the matters rejected by the girl.

In Dr. Ainster's Hindustani *Materia Medica*, májum is given as a Tamool name, and the ingredients are said to be "gunjah leaves, milk, ghee, poppy seeds, flowers of the thorn-apple, the powder of the nux vomica, and sugar;" but I am told that it is only when a powerful narcotic is required that all these articles are used. Ordinarily, they are satisfied with the simple bhang.

CASE OF SNAKE-BITE, CURED BY STIMULANTS.

BY INDOO BHUSHUN MOOKERJEE,
Sub-Assistant Surgeon, Humeerpore.

SOOJUNI, a female, aged about thirty years, the wife of a syce, while cutting grass in a field at 9 A.M. on the 20th instant, was bitten on her left ring-finger by a snake, which, inflicting the wound, immediately retreated into its hole, so that the woman was left totally ignorant as to the source from which she received the bite. The burning pain which resulted from the bite compelled her to return home, where she was treated without effect for more than two hours by the native quacks with all sorts of charms (munturs); but, as the symptoms of poisoning gradually became worse, her friends thought it expedient to have recourse to the English treatment, and accordingly brought her at 12 noon to the Charitable Dispensary under my care.

On admission, she was found partially insensible, with pupils moderately affected by light, conjunctivæ yellowish, and pulse soft and small. The punctured wound on the finger was crusted over with a coagulum of blood, and surrounded with a little swelling.

The treatment consisted in the administration of a mixture composed of ammonia carb. gr. v., spt. vin. rect. ʒi, mist. camp. ʒi, every ten minutes; the inhalation of ammonia; and the continual pouring of cold water over the head. In the course of an hour she became conscious, and her pulse seemed improved. She was then ordered to be continually shaken and loudly spoken to, in order to remove the lethargic state from which she was still suffering, and at the end of a couple of hours from her admission she was perfectly cured.

REMARKS.

In offering this case to the public, I have not the slightest pretension to originality as regards the treatment of snake-bite. But as the patient was brought under my care at an advanced stage of snake-poisoning, when all hopes of benefiting by local treatment had passed by, and the only chance of recovery rested with the prompt administration of stimulants, under which she rapidly recovered, I deem it worthy of being placed on record.

April 23rd, 1868.

LIST OF MEDICAL OFFICERS WHO PASSED AT THE LAST COMPETITIVE EXAMINATION FOR THE THREE PRESIDENCIES IN INDIA.

				Marks.
<i>Bengal.</i>				
1.	A. S. Lethbridge, M.D.*	...	...	5451
2.	A. Stephen, M.B.	..	..	5381
3.	J. H. Newman, M.D.	..	..	4984
4.	H. Johnson, M.B.	..	..	4767
<i>Madras.</i>				
1.	J. J. L. Ratton, M.D.	..	...	5305
2.	E. A. Trimmell	..	..	3829
3.	E. A. Harvey	...	...	3543
4.	W. Hanks	..	..	3339
<i>Bombay.</i>				
1.	W. R. Gordon, M.B.	...	...	4436
2.	J. Davidson, M.B.	..	..	4388
3.	A. S. Jayakar	..	..	4291
4.	J. F. Keith, M.B.	..	..	3972

LIST OF BRITISH MEDICAL OFFICERS WHO PASSED AT THE LAST COMPETITIVE EXAMINATION FOR HER MAJESTY'S SERVICE.

1.	Corbett, R. de la C., Cork and Dublin	..	..	5197
2.	Wollowicz, Count, C. N. Y., Munich, Paris, and St. Petersburg	..	..	4966
3.	Corbett, J., Dublin	..	..	4930
4.	Maclachlan, H. K., Glasgow	..	..	4904
5.	Pollock, C. F., Dublin	..	..	4690
6.	Scott, R. J., Aberdeen and London	..	..	4486
7.	Cocksedge, T. A. J., Cambridge and London	..	..	4471
8.	M'Ewen, D., Aberdeen	..	..	4460
9.	Macmillan, R., Dublin	..	..	4351
10.	Sankey, G. F., London	..	..	4314
11.	Randall, J. G., London	..	..	4214
12.	Cuthbertson, R. A., Dublin	..	..	4212
13.	McNamara, W. H., Cork and Dublin	..	..	4132
14.	Gallway, M. M., Cork	..	..	4125
15.	Lyons, F., Cork	..	..	4074
16.	Hare, G., Cork	..	..	4020
17.	Stewart, S. J., Edinburgh and London	..	..	3610
18.	Gunning, J. D., Belfast and Dublin	..	..	3543
19.	Clarke, F. H. M., Dublin	..	..	3490
20.	Anthony, M., Cork and Dublin	..	..	3453
21.	Leake, J. R., London	..	..	3372
22.	Rae, J. R., Dublin	..	..	3360
23.	Hunter, J. H., Cork	..	..	3321
24.	Wilson, W. D., Dublin	..	..	3294
25.	Cotter, S. K., Dublin	..	..	3278
26.	Barroll, G. W., London	..	..	3251
27.	Barry, J., Cork	..	..	3250
28.	Bennett, W. F., Cork and Dublin	..	..	3226
29.	Anderson, J. A., Belfast and Dublin	..	..	3211
30.	Reddick, J., Dublin	..	..	3172
31.	Anderson, D. H. B., Edinburgh and London	..	..	3131
32.	Waylan, F. H., London	..	..	3025
33.	Morgan, H., Cork	..	..	2969
34.	Crowe, J. D., Dublin	..	..	2850
35.	Anderson, A., Montreal	..	..	2790
36.	Fitzgerald, E. M. D., Cork and Dublin	..	..	2785
37.	Kingston, T., Cork and Dublin	..	..	2758
38.	Popham, S., Dublin	..	..	2706
39.	Shaw, G., Dublin	..	..	2678
40.	Heather, D. C. W., Dublin	..	..	2665
41.	O'Grady, J. J., Dublin	..	..	2477
42.	Morgan, R., Cork	..	..	2415
43.	Maunsell, R. F., Dublin	..	..	2370
44.	Buscarlet, J. A., Edinburgh	..	..	2365
45.	Duncan, G., Montreal	..	..	1407
46.	Jago, H., Dublin	..	..	2360

THE *Som Prokash* declares that "confidence in English medicines and the European mode of treatment is so generally established, that hospitals ought to be as numerous as schools." But the *Hindoo Hitoishinee* maintains that English doctors are not able to remove chronic diseases, "and it is even doubtful if many of them know how to treat ordinary complaints. The means by which native doctors can, by various rules and medicines, remove chronic fevers, is quite beyond the comprehension of the doctors of Aided Mofussil Hospitals." He prays, therefore, that "a good native physician may be appointed to

* Primarily educated at the Medical College of Bengal.