lined, which he also wore, was torn in several places, but showed no signs of having been burnt. The clothes he wore were: 1st, regimental coat, which was rent up the back in several places; 2nd, two light under shirts also rent up the back; 3rd, pyjamas rent down the left thigh. None of these showed any signs of having been burnt, nor was any cloth deficient. The burns were dressed, and the man forwarded to the Field Hospital at Oghee.

October 23, Camp Oghee.—Re-admitted to regimental hospital tents much reduced in strength and weight, considerable foul discharge, as might be expected from so large a raw surface, and two large patches of rather deep sloughs in process of separation. No part of the burn has yet begun to heal. Ordered tonics, brandy, and morphia at night. To be dressed with calamine ointment. The burn now healed very rapidly, and under the influence of good food, &c., and scrupulous attention to cleanliness, his health rapidly improved.

November 17.—Perfectly well; with the exception of slight contraction of the left thigh; leave for three months.

CASE II.

Jewant Sing, sepoy, No. 1 Company, age 25, healthy. The whole length of the back of the left thigh was severely burnt; he was not insensible so long as the other two. Bayonet struck in three places, presenting the same appearance as in the former case; brass end of bayonet case struck in one place. The clothes he wore were: 1st, choga (cloak), which was spread over him, was rent and torn in several places up the back; 2nd, coat and shirts, neither of them touched; 3rd, pyjamas rent and torn in front and down the left thigh; 4th, puggree torn in several places. No signs of having been burnt were apparent in any of the clothes, nor was any cloth deficient. Dressed and sent to Field Hospital, Oghee.

October 23, Camp Oghee.—Re-admitted to regimental hospital tents; showed scarcely any constitutional disturbance; the burn was very painful, and a considerable slough was in process of separation; much foul discharge. Tonics and brandy; dress with carbolic acid, one part to seven of linseed oil. This however did not seem to suit it, and was afterwards changed for calamine ointment. After the separation of the slough the burn was slow of healing, and was not complete till the 10th of January, 1869.

January 12.—Leave to proceed to his home for three months; the burn is quite healed; there is slight contraction of the leg, but not more than will, I think, be easily overcome by time and gentle use.

CASE III.

Chanda Sing, sepoy, No. 1 Company, age 30, healthy. The burn extended all over the back from the shoulder to the loins and slightly down both thighs; it was mostly superficial, but here and there were deeply burnt. The leather of the cartridge box, which he wore, was rent in several places, chiefly down the stitching, and the tin-lining of the compartment containing the caps was struck and bent. Bayonet struck near the point, and a piece of the wooden stock of his musket was clipped off. There were no signs of burning. The clothes he wore were: 1st, choga (cloak), which was spread over him, rent up the back in several places; 2nd, regimental coat rent and torn in several places up the back, and showed no signs of having been burnt on the edges of the rents; 3rd, two under shirts rent completely up the back, no signs of burning; 4th, pyjamas rent down the left thigh, no signs of burning; 5th, regimental trousers on which his head reclined were rent, and showed signs of burning over left thigh and right leg. Dressed and sent to Field Hospital at Oghee.

October 23, Camp Oghee.—Re-admitted to regimental hospital tents much reduced in strength and weight; considerable foul discharge, and over the back were three patches of sloughs in process of separation. Ordered tonics, brandy, and morphia at night. To be dressed with calamine ointment; sloughs soon separated, and the healing was very rapid. His health soon improved, and, on the 17th November being quite well, was allowed to proceed to his home on three months' leave.

CHRONIC ARSENICAL POISONING—COMPLETE RECOVERY.

By A. S. G. Jayakar, L.R.C.P., F.R.M.S., London.

It rarely falls to the lot of the Indian practitioner to meet with cases of chronic poisoning by arsenic. This may be due principally to the large quantity of arsenic which is generally either administered or taken for homicidal or suicidal purposes in this country. Amongst the symptoms which make their appearance gradually after the administration of the poison, those in connexion with the nervous system are not very common. On the contrary, a medical man is often thrown off his guard while trying to discover the cause of such symptoms, as the notes of the present case will fully illustrate.

Foola Mona, a cultivator, aged 35, was admitted into the Hutteesing Hospital, Ahmedabad, on the 8th of February, 1869, with an extensive fungous disease of right foot, which presented a number of sinuses on its front aspect, discharging a copious quantity of black fungoid matter. On his admission, he complained of anæsthesia of both the hands, which was then supposed to be due to the commencing stage of lepra anæsthetica. The fungous disease itself was of 12 years' standing, having arisen in a local injury to the sole of the foot caused by a stone. His right leg was amputated the day after his admission, about three inches below the tubercle of the tibia. The stump progressed very satisfactorily, excepting an attack of secondary hœmorrhage which he had on the night following the operation. On the 14th of February, the anæsthesia in the hands having increased, I directed more attention to that symptom. The hands were found partially paralysed, and the flexors of the fingers strongly contracted. On going more carefully into the history of the case, it was discovered that, two months before his admission into the hospital, he had applied to a *Hakeem* for the cure of his foot. The *Hakeem* had applied a poultice for about a week, containing nearly three ounces of arsenic and an incredible quantity of cayenne pepper (7 lbs). This having given rise to constant vomiting and purging, the arsenic was omitted after the second application. It was followed by a burning sensation all throughout the body, which continued to be present after the operation in the extremities, the stump not excepted. The symptoms in the hands made their first appearance a fortnight after the last application. The patient was ordered to take potas. bromide, gr. xii, tinct. bellad. ♏xiv, sp. chloroform ♏xxx, aqua comph. ʒiii, ʒi. thrice daily. Under this treatment he went on gradually improving, the stump soon healed, but the nervous symptoms remaining, the treatment was continued till the 17th of April; when he was discharged cured.

CASE OF LOCOMOTOR ATAXY.

By Assistant Surgeon B. Evers,

18*th Native Infantry.*

Locomotor ataxy is, in my opinion, a disease that is much more common in India than is generally suspected. In almost every case, the patient complains of "shooting pains" in the extremities, and the disease may be mistaken for rheumatism. This in the early stage of the disease, but when the symptoms have progressed so far as paralysis, the case again is returned as one of pure ordinary *motor* paralysis under the head of paraplegia.

The following are the particulars of a case, that was reported by me to the Deputy Inspector-General of Hospitals of the Allahabad Circle, in April last.

A., aged 28, a sepoy in the 18th Native Infantry, was admitted into hospital on the 23rd March, 1869, complaining of slight difficulty in breathing, slight palpitation, and great weakness in the lower extremities, with a sense of tingling when the feet came in contact with the ground, that same kind of feeling which one experiences on attempting to walk, when the foot is known to be "asleep." The patient's legs trembled under him when he stood. I have seen cases of extreme tremor in the extremities induced by excessive tobacco-smoking; and thinking that the man might have indulged too much in that way, I took measures to prevent his doing so again. The dyspnœa and palpitation disappeared in a few days, but the patient still complained of increasing weakness in the legs. The limbs were well developed, and the muscles all appeared quite healthy. He did not tremble so much now when he stood. On his attempting to walk, I observed that there was a certain amount of paresis only so far as *locomotion* was concerned, but that all *co-ordinating* power was lost. His gait, on attempting to walk with his eyes shut, (although attendants were by to support him in case of necessity) became very staggering indeed. He required to *see* his legs that he might *direct* them. Not the slightest anæsthesia present anywhere. Intellect quite clear.

When seated, looks like a man in perfect health. Urine decidedly albuminous at times, sp. gr., varying from 1010 to 1015. Pyrexial symptoms have never been present; never suffered any violence to the spine, no tenderness in that region. There is, however, a syphilitic history in connection with this case. There is no evidence of urinary reflex irritation; not even vermination could be assigned as a cause, for anthelmintics were tried. The absence of pyrexial symptoms, tenderness in the region of the spine, &c., clear it of all suspicion of myelitis. My experience of beriberi has been pretty extensive, and this does not appear to me to be that disease: in beriberi the gait is "shuffling," but this "shuffling" is due purely to want of motor power; again in beriberi there is a marked tendency to dropsical effusions. The use of the cassaree dhal (lathyrus lativus) has been known to produce paralytic symptoms, but if his food had any thing to do with his present state, then others in the regiment ought to have been similarly affected.

I have no doubt that the subjects of this disease find their legs "failing" them long before they apply for treatment, and ascribe the feeling simply to being tired, not noticing how much sooner they are fatigued than other people. In this particular case, I am inclined to think that atrophic changes must be going on in the centres of volition, and that those changes are due to some syphilitic lesion.

At first I treated this patient with strychnia, but finding little good result, I then put him on small doses of calomel, applying at the same time a blister over the sacrum. I subsequently put him on the ergot of rye. He seemed to be improving under this treatment; but having obtained furlough, he left hospital. I have not heard anything of him since.

CASE OF INSIDIOUS DYSENTERY.

By Dr. Mathew,
Civil Surgeon, Darjeeling.

Towards the end of April last, I was consulted by letter on the case of Mr. C., a tea planter, resident close to the Darjeeling Terai, at an elevation of about 1,600 feet. His occupation compelled him to pass all but his sleeping hours in the Terai itself; yet for three years he had enjoyed excellent health. He is about 25 years of age, and never before had any serious illness. He complained of diarrhœa, some tenesmus, loss of appetite, and unwillingness to exert himself. I recommended by letter some simple astringent, desiring that I might be sent for should blood appear in the motions, or should fever supervene. Some eight days later, I learnt that he was no better; that some blood had appeared, and that he was becoming decidedly weak. I then went to see him and examined him very carefully. I could discover no abdominal disease; he complained of some superficial pain, unaffected by pressure, reaching from the last ribs on the right side to the edge of the illium; his pulse was quiet, his skin was cool, but he had no appetite; there was great tenesmus, and when he did pass any thing, it was black and offensive. I prescribed a dose or two of ipecacuanha, opium enemeta, and light farinaceous food with port wine. The substance of the report I received of him for the next week was, that the stools were diminished in number, and more wholesome in appearance, that the straining had ceased; but that he was losing flesh and strength, and could eat nothing, still no history of febrile excitement or rigor. I then advised change of air; he was first to try Kursiong (elevation 4,500), and if he did not improve there, was recommended to come on to Darjeeling. At this time I was only apprehensive of liver complication. He moved to Kursiong, and after a few days, wrote to say that there was no improvement. The discharge from the bowels had been checked, but he gained no strength; I then ordered him to come on to Darjeeling, but the next day received a note from the friend in whose house Mr. C. had put up, to say, that Mr. C. had suddenly passed from his bowels a large quantity of blood, and was extremely low. I went down to Kursiong at once, and found him in a very desperate condition. He had to be helped to his bed from the bath-room after the first discharge of blood, and as he lay in bed, the sphincter being apparently semi-paralyzed, the blood flowed from the rectum repeatedly during the day, exactly as it pours from the vagina in post partum hœmorrhage. I found him tossing his hands about, crying for more air; his respiration so hurried that he could only speak in jerks; pulse thready and over 140; skin pallid, covered with cold sweat, and lips blue. There was not a trace of abdominal tenderness, and his liver was of the same normal dimension I found it to have when I first examined him. There were but two encouraging points in this most unpromising case: he craved for support, and secondly, his voice, though he could say but a word or two at a time in consequence of the extreme hurry of the respiration, had not lost its power. Not without great dread of the results in case violent vomiting occurred, I gave him a scruple of ipecacuanha preceded by twenty drops of laudanum. Port wine, yolk of eggs, and such like were freely administered, when it was found that he bore the ipecacuanha well. The latter was as nearly specific in its action as any medicine could be. The discharge of blood ceased. I slept in the next room to Mr. C., having given orders that I should be called when his bowels were disturbed; and when this occurred about 11 p.m., I saw but a few stains of blood in a dark motion. By next morning there was no more hœmorrhage, and though, in other respects, there was little alteration in his state, I felt more hopeful about him. My duties compelled me to go back to Darjeeling, but I returned to Kursiong in the evening, and found that his bowels had been moved only three times during the day. The stools were dark and semi-fluid, but there was no blood, and nothing like the usual discharge of dysentery. I ordered him no medicine but ipecacuanaha, a scruple every four hours, and for food, corn flour, milk, and port wine, of which he partook abundantly. Next morning I had to leave him again; the debility was still extreme, so much so, that I was afraid even to lift him; the respiration was still hurried, and the pulse the same; but the skin was free of cold sweat, and his lips were ruddy. Two days later I saw him again, on receiving a report that he had become delirious. This delirium, as he was otherwise progressing favourably, I assumed to be the result of the hœmorrhage, and made no change in the treatment. It passed off in a day or two, and he thenceforward mended slowly. He is now convalescent.

The notable features of the case are,—the great insidiousness, the absence of all abdominal tenderness, and, if any, febrile excitement, the fact that ulceration must have gone on without the usual appearance of dysenteric discharges, and lastly the wonderfully rapid success of the ipecacuanha treatment. The involuntary discharge of blood from the rectum is also, as far as I know, very unusual.

PRIMARY CANCER OF THE LIVER; SECONDARY DEPOSIT IN THE INTESTINES AND PLEURÆ.

By A. Porter, M.D.,
Civil Surgeon, Akola.

The following case of cancer of the liver is considered worthy of record, as Morehead states the disease to be rare in India:—

Baskhan, Mahomedan, prisoner, Akola Jail, aged fifty years, formerly a sepoy, and addicted to the habit of opium eating, consuming about forty-five grains of crude opium daily, was admitted to hospital on the 2nd December, 1868, complaining of fever, which he said he had been subject to every evening for the last month. He had noticed a hardness in the abdomen, and had suffered from dyspepsia after meals for about two months; and he attributed the subsequent fever to the indigestion accompanying the evening meal.

His *previous history* evidenced his having suffered from many attacks of ague, but from no other sickness. On admission, he seemed a hale old man and in fair flesh. On examination, the liver was found to occupy the whole of the epigastric region, extending as low as to the seventh left rib at its junction with the cartilage. At this time the right lobe projected very little beyond the margins of the ribs, but within one month it had increased so much as to reach to the umbilicus.

The surface was hard and nodulated. One of the larger nodules finally became somewhat boggy to the feel, but never pointed.

The pain at first was of a wearing nature, radiating from the right hypochondrium to the shoulder and back, and the tenderness on pressure was considerable. The pain afterwards assumed a lacerating character, and was especially severe at night, preventing sleep, and the tenderness became very acute. At this time the pain was confined to the hypochondrium and back, never extending to the shoulder.

There was neither jaundice nor ascites—at least appreciable during life;—neither was there enlargement of the spleen, nor of the superficial veins of the abdomen.

The pyrexial symptoms were slight, the pulse averaging 80 beats per minute, the extremes being 64 and 112, while the