

I have never had an opportunity of trying this drug on a case of true pruritus, but I think it is very likely it would afford relief in this usually most intractable disease.

Having been quartered at home for the past four years, I experimented with chrysophanic acid a good deal, and found that in nearly all skin eruptions it exercised a distinctly curative power.

Even in the eruption of secondary syphilis it did good, and rupia was decidedly benefited by its application.

In herpes and eczema it often acted well, and cases of herpes zoster were greatly relieved by it.

In eczema of the scalp, with the troublesome crustacea, so common among the lower orders at home, it proved most valuable.

Severe cases of eczema capitis were rapidly cured by first poulticing the scalp, then gently scraping off the softened crusts with a paper knife or the handle of a spoon, and then rubbing in the chrysophanic ointment on the affected spots.

Alternate poulticing, removal of the crusts, and inunction of the ointment, generally effected a cure in a week or ten days, whereas, under ordinary treatment, I have seen this disease persist for months.

I have just cured three children in one family, in whom the disease persistently resisted treatment for over a year, in the method above described.

While treating such cases, I strictly forbid the application of water, poulticing with linseed meal and plenty of oil sufficing to keep the scalp clean.

In an outbreak of ringworm that took place in a battery in Ireland, where the disease was distinctly contracted from an affected horse, the whole of the men were cured within five days.

It struck me that, as chrysophanic acid was such an excellent remedy in all local skin affections, it very probably acted as parasiticide, and therefore might prove effectual in the treatment of gonorrhœa.

Accordingly I tried it in several severe acute cases of true "gonorrhœa virulenta," using it as an injection, grs. iii to the ounce, with mucilage or glycerine to suspend it.

In all these cases there was distinct improvement, the discharge almost immediately got thinner, the pain on passing water was relieved, and the disease rapidly passed into a gleet.

Here, however, the value of its action appeared to stop, but, under the influence of astringent injections, the cure was easily completed.

As a remedy in gonorrhœa, I would suggest its being tried in the form of short bougies made up with coca butter and passed into the urethra to dissolve *in situ*.

I made enquiries among several well-known dermatologists at home regarding the use of

chrysophanic acid, and though they acknowledged its advantages, it was evidently by no means a popular drug, partly on account of its staining properties, and again because, if applied to the face or scalp, it was apt to bring on conjunctivitis.

I found, however, that in these instances the drug had been employed in far too great strength, ζi to ζii per ζi having been used as an ointment.

In my own practice I seldom use more than 10 grs. to the ζi , and this I find sufficiently strong in nearly all instances.

When treating local patches of ringworm, I first moisten the part with glycerine or vinegar, and then rub a small quantity of the powder in with the finger, allowing it to dry on the place; but where its action is required to penetrate deeply, a solution in chloroform, applied with a brush, is the most useful form.

The action of chrysophanic acid seems peculiar, and I think it cures by setting up a local dermatitis to the destruction of the original disease.

The stain on the skin is of a peculiar dusky red, which, on the face, looks like a contusion. So like, indeed, that on one occasion a child in hospital when having its eczema capitis cured, rubbed a little of the ointment on her face, and caused a stain just like a blackeye. Next day the parents were furious, and accused the nurse of ill-treating their child, so that it was with considerable difficulty I was able to sooth them, and assure them of the real cause of the disfigurement.

In conclusion, I may state that in no instance have I ever seen the smallest injury follow the use of chrysophanic acid, and in nearly every case benefit has resulted.

It is a drug that should be extensively tried, and should be in every hospital in India; but as it is not one of the recognized preparations, special requisitions have to be made to obtain it.

A Mirror of Hospital Practice.

PUBNA CHARITABLE DISPENSARY.

CASES FROM HOSPITAL PRACTICE.

BY SURGEON W. OWEN, M. D.

1. *Machine injury of right hand.*—Ahek Sheik, a boy, aged fifteen years, was admitted to hospital on the 15th February last. He had had his right hand caught in a sugarcane machine, some ten or twelve days previously. The whole of the tissues at the back of the hand from the wrist downwards were torn away, and the fingers were lacerated and broken. This patient had been under the care of a native practitioner in the country.

He was found to be thin, weak and anæmic, and, on admission, was found to be suffering from fever, which came on daily. Quinine was administered freely, but as the fever did not abate, and the tissues at the back of the hand were assuming a gangrenous appearance, the hand was amputated at the wrist. The joint was opened from behind the lower parts of the radius and ulna removed, and a good flap dissected out from the palmar surface of the hand. It was feared that this flap would slough, which fortunately it did not.

Carbolic lotion and oil were used. The fever continued, and was rather severe, rising to 103° and over. Quinine was continued for three days, but by a mistake on the part of the compounder it was discontinued. Much pain was then felt in the part, and a large quantity of pus formed rapidly beneath the flap. This was evacuated by a straight incision in the centre of the latter. It was then discovered that the quinine had been discontinued by mistake. From that date he got regularly five grains twice a day, and he made a rapid recovery, and left hospital on the 4th of March with a good stump.

2. *Wound of knee-joint.*—A boy, named Roy-mudin, aged three years, was brought to hospital on the 21st February last. A splinter of wood, about three inches long, had run obliquely into his knee-joint through the popliteal space. One end of it was felt under the skin beneath and to the inner side of the patella. The Hospital Assistant, Baboo Gauri Kumar Mukerji, cut down on this and extracted it. Carbolic lotion was freely applied, and the child made a good recovery in spite of some inflammatory action in the joint.

3. *Lipoma.*—Ram Lall, aged thirty years, was admitted to hospital on the 24th February 1886. He was suffering from a lipoma situated below the left scapula. Its size was that of a clenched fist. Under chloroform an incision, some five inches in length, was made over the centre of the tumour, and the latter was carefully dissected out; carbolic lotion and oil were freely used during the operation. The edges of the wound were then accurately brought together with horse-hair sutures. He suffered no pain, and made a rapid recovery, but was a most restless man, and the day after the operation got up and walked about, tearing asunder the edges of the wound. He was with difficulty kept quiet, and the result was, he got well with an ugly scar in his back.

4. *Abscess.*—Jaginoolla, a boy, aged ten years, had been suffering, for some six months, from a swelling, the size of a small orange, to the left of the median line and corresponding to the lower border of the spleen. He had suffered a good deal of pain and got fever daily, and was thin and anæmic. He was at once put on quinine. After careful examination, the swelling was

found to be distinct from the spleen, and some fluctuation was detected. An abscess in the rectus muscle was diagnosed, and an exploring needle introduced. Great force was required for its introduction. Pus was then found, and the abscess wall slit upon a director. A considerable quantity of pus was evacuated. The cavity was syringed out with carbolic lotion. It shortly afterwards healed up, the fever left him, and he was discharged cured.

5. *Cystic Tumour.*—Bejai Chunder, aged twenty-three years, who described himself as a student in the Government school, came under treatment on 15th March 1886. He was suffering from a tumour about the size of a small orange between the chin and lower lip. He had been to Calcutta and to the Medical College Hospital, but would not submit to operation. As it had increased in size since that, he was persuaded to undergo operation. Under chloroform a straight incision was made about 2½ inches long over the centre of the tumour, and the tumour was, with great difficulty, dissected out. It was a cystic tumour, oval in shape, with a tough wall, and filled with a semi-solid sort of white substance. Horse-hair sutures were used to bring the skin together, and the greater part of the wound healed by the first intention. After he recovered from the effects of the chloroform, he thought we were just beginning to operate on him, and it was some time before he could be persuaded it was all over. He went home shortly afterwards, scarcely any mark being left.

6. *Dislocation of humerus.*—Nasiruddin, aged thirty-five years, was admitted to hospital on the 17th April. He had fallen down and dislocated his right shoulder some twenty days previously. He was found to be suffering from a sub-glenoid dislocation. The head of the bone could be easily felt in the axilla, and he had the usual symptoms and signs of such an injury with scarcely any mobility of the limb, active or passive.

Manipulation was first tried with the knee and foot in the axilla sitting and lying down, but the bone was immovable. He was then given chloroform, and the services of a strong man engaged to make extension, while counter-extension was made by large bands of cloth round the body and in the axilla. The humerus was also drawn outwards, and the bone manipulated with the hand, the men who were pulling occasionally altering the direction as directed. After about a quarter of an hour the dislocation was reduced.

After this he suffered from partial paralysis and loss of sensation in the thumb and next three fingers. A week afterwards he had so far recovered that there only remains partial paralysis in the thumb and forefinger. He has not been seen since.

7. *Punctured wound of cornea.*—Jagat Chandro, aged thirty-six years, was admitted, on the 20th March. A small splinter of wood about $\frac{1}{2}$ inch in length had run into his eye, entering the upper edge of the cornea and passing down through it, and entering the sclerotic below. This was extracted by means of a small eye-forceps. He was kept on anti-phlogistic treatment for some four days, and was discharged cured.

Great difficulty is experienced in persuading people to undergo operation, and some very interesting cases (stone in the prostate and bad stricture of the urethra, &c.), which were undergoing preparatory treatment, ran away from the hospital when the time for operation drew nigh.

The instruments and appliances available in the dispensary are few, of antiquated pattern and old, many of them requiring repair. The supply of medicines is also meagre. Latterly solution of bichloride of mercury as an antiseptic has been substituted for carbolic acid, as it is much cheaper and quite as efficacious, if not more so.

PUBNA,
26th May, 1886.

A CASE OF PROTRACTED LABOR; SEVERE INJURY DONE TO THE CHILD'S HEAD BY A DHAJ; DELIVERY BY PODALIC VERSION; RECOVERY.

BY CIVIL HOSPITAL ASSISTANT HURI MOHAN BHATTACHARJEA.

ON the 1st of April last year at about 11 P.M., I was called to attend a case of protracted labor in a village about a mile off from Soory. The patient was a healthy woman of about 22 years of age and a primipara. The labor pains had commenced at the full term, on the previous day and progressed in the usual way till the middle of the night, when the membranes ruptured and the pain began to flag, and by the noon it had entirely ceased. The family dhaj made every effort in her power to deliver the patient, but none proved successful. About two hours before my arrival, another dhaj was called in for consultation, who also failed to do anything for the patient. On enquiring about the nature of the presenting part, the dhaj informed me that she could not make head or tail of it. It felt to her hand like a leather bag filled with potsherds, and that on attempting to hook the part with her finger, the skin broke and a handful of thick fluid, resembling curdled milk in appearance, escaped. The patient looked much exhausted, and her pulse was small and 112 in a minute. After administering chloroform I examined the presenting part, and after some difficulty made out that it was the head, but so horribly smashed that a better description of it

could not be given than I heard from the dhaj. There were several perforations in the scalp, and the head was collapsed by the escape of brain matter. The loose cranial bones had fallen over one another in a most confused manner, giving the feeling of potsherds in a leather bag.

I at first applied the forceps, and on attempting traction, it slipped off the head. Next I tried with the craniotomy forceps, but without any success, for it came off with a portion of the scalp. This result disconcerted me for a moment, but I soon decided to try Podalic Version. The parts were well dilated, and the collapsed state of the head afforded me ample room for the introduction of my hand into the uterine cavity. After some difficulty I was able to ascertain for the first time the nature of the position of the child. The head was in the outlet of the pelvis, with the occiput towards the pubic arch and the body in the dorso anterior position; both knees flexed and in contact with the abdominal wall of the child. I first caught hold of the left foot, and as I pulled it downwards, the head gradually receded. The right foot was next brought out and the delivery completed easily. There was no post partum hæmorrhage of any consequence. A dose of brandy and ergot was administered, and I came away at about 2 o'clock in the morning. The case progressed without any untoward symptoms, save a slight fever of four days' duration, and on the 8th day the woman was convalescent.

My excuse for publishing this case is to show what amount of mischief is sometimes done by the officiousness of ignorant dhajs, when the labor does not terminate in the usual way, and what amount of responsibility the mofussil medical practitioners are obliged to take upon themselves to work single-handed. In the present case I strongly urged them to call another practitioner for help, but the friends of the patient would on no account yield on plea of poverty. Consequently, I had to operate unassisted, attending at the same time to the administration of chloroform. Lately a large number of cases of malpractice of native dhajs have been published in the *Indian Medical Gazette*, and I consider this case deserves well to have a place in the list.

HUGE DOSES OF BISMUTH IN CHOLERA.

AT the Madrid Academy of Medicine, Senor Sanchez, of the Military Sanitary Service, described his method of treating cholera, which consists in the main in giving huge doses of subnitrate of bismuth—150 grains every half-hour or hour—until the diarrhœa is arrested. The oil of mustard is also employed externally, and a very rigorous diet enforced, even bouillon being excluded.