broth, is the only food allowed during the active treatment, not more than a small teacupful every four hours; the nauseating effect of the ipecacuanha generally sufficiently limits the appetite. Such is the course of dysentery, in most cases, that apply for relief within the first three or four days. If the treatment be commenced later there is some danger of the disease running on to ulceration. When this has happened ipecacuanha, unless it be in one or two grain doses, is no longer useful. The time has come for the large enema and the bael fruit. The quinine mixture, with opium, just mentioned, also answers well in this stage, but I seldom give it if bael can be procured. Other drugs might also be named as substitutes for bael, and one of the best is tannic acid. The large enema may at first consist of simple water, but if improvement is not very marked, after two injections, I add to it alum, in the proportion of one grain to the ounce. Once a day is often enough for this remedy, as it is rather a tax upon the patient's strength. The evening is the best time, one or two grains of opium being given by the mouth, and the small enema by the rectum, as soon as the large one comes away. From this, good rest is obtained at night, and if another small enema be given in the early morning, there will perhaps be complete quietude of the bowels till the injection is repeated the following evening. If the evacuations (including the fluid of the large enema when passed away) be carefully examined every day, while they are being slowly poured from one vessel to another, the amount of benefit is readily ascertained, as well as from the appearance of the patient and the diminished frequency of his pulse. After a variable time solid fæces are discovered, and the products of ulceration are no longer found. The enemata may now be discontinued, and the opium by the mouth gradually reduced. The bael should be persevered with for an indefinite time, as it is a useful tonic to the mucous membrane, and a regulator of the alvine evacuations.⁴ The return to ordinary diet must in all cases be slow and cautious. I have generally found my patients able to eat a little tender meat before they could venture upon vegetables, of which latter the bael supplies the place, and this remedy is particularly advantageous when there is any scorbutic taint.⁵

The treatment I have just described is that which I have been accustomed to use for adult males. For delicate women or younger persons the doses of ipecacuanha and other things must be proportionally smaller. Fifteen or even ten grains of ipecacuanha I have often found sufficient for women. For children about thirteen months old, three or four grains of ipecacuanha with half a grain of compound kino powder act quite as favourably as the larger doses upon adults. Teething is often a powerful factor in these little patients, and great relief may be afforded by lancing the gums. In my experience the ipecacuanha treatment has not answered well in children much under a year. Up to ten months, at any rate, they do not bear well the nausea and starvation it involves. Children that are nursed, however, are not very liable to severe dysentery; it is the hand-fed children that give trouble. Up to about ten months I have found calomel answer better than ipecacuanha. For mild cases very small doses are sufficient, and an enema containing one or two minims of tincture of opium. In the more severe cases half a grain of calomel may be given, morning and evening, to a child eight or ten months old, and the enema twice in twenty-four hours. I have never found leeches necessary for a child, nor have I ever had to treat children in the stage of ulceration, as they have always recovered or succumbed before this has been reached. In young children I have been accustomed to stop all farinaceous food, and, except in infants at the breast, to limit the milk very much, giving beef-tea or chicken broth instead.

As to the amount of opium to be given in dysentery, this must depend upon the case. Adults will sometimes take an enormous quantity without producing narcotism, perhaps because it rapidly passes out of the body. So also with children; having begun with one or two minims in the injection the quantity may sometimes be increased far beyond what a child would be expected to bear.

In almost all cases of acute dysentery, both adults and children, I have of late years adopted the system above recommended of administering the medicines every twelve hours. The effect of a large dose of ipecacuanha lasts fully

this time, and the long interval favours rest, which is especially desirable in a disease so strongly characterised by its absence. Occasionally I have departed from the system to the extent of giving four small enemata in twenty-four hours; in other cases, when the vomiting from the ipecacuanha has appeared to cause expulsion of the small enema from the rectum, I have given this in the middle of the twelve-hour period instead of at the end.

Thus far I have drawn the favourable side of the picture. Of the unfavourable cases I have little to say. When the stage of ulceration has been reached, the large enema sometimes fails to give relief, especially in persons past the middle period of life; the evacuations do not improve, the pulse becomes quick and feeble, emaciation proceeds rapidly, and the patient soon becomes too weak for anything but palliative treatment. In these the large enema must be discontinued, but the small enema, the bael fruit, mild doses of quinine, mineral acids, and opium should be persevered with, and may lead to eventual recovery. When the strength admits, large blisters over any obviously thickened part of the large intestine are sometimes decidedly beneficial.

The point at which acute dysentery ends and chronic begins is difficult to mark accurately; but of those cases that have continued under my care, I do not remember any resulting in the chronic form since I began to use large doses of ipecacuanha.

From first to last only a few cases of chronic dysentery have come before me, and these were at the General Hospital in Calcutta previous to 1861. I treated most of them, if not all, with the large enema, but the records are not now in my possession. The greater number were invalided soldiers, who remained in Calcutta till ships were ready to convey them to England.

The above observations have been drawn from European cases. The treatment of the natives of India is the same as regards medicines by the mouth; but otherwise it is different, and in the stage of ulceration it is generally unsatisfactory, as they object strongly to enemata of every kind.

Oxford-gardens, North Kensington, W.

ABSCESS OF THE SPLEEN TERMINATING FATALLY THROUGH PERFORATION OF THE STOMACH.

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GEORGE D—, aged forty-two, a groom, married, with five children, presented himself at the Stony Stratford Dispensary on Thursday, Dec. 29th, 1881, with the following history.

His family history was very good. Was very healthy as a boy; had never had any illness. At the age of nineteen he entered the army, and was sent with his regiment the following year (1861) to India. There he remained for nine years, during which time he suffered from inflammation of the liver, and what he called "the fever," and had several attacks of ague. Was discharged from the army for ill-health, and returned to England early in the year 1870. While in India he was of very temperate habits, and when discharged received a certificate of extra good character. Upon his return to England he married in 1871, and became teetotaler for the first twelve months, after which he took to drinking, and has been a heavy drinker, more or less, up to the present time. Since his return from India has often complained of not feeling well, and constantly suffered from pain over the spleen, but has never had a return of ague. In 1875 he suffered from a very bad ulcerated throat, which had to be freely cauterised. In 1877 had another attack of the same kind, and shortly after that he suffered from inflammation of the lacrymal sac; this terminated in an abscess which burst and discharged for many months, and he got into a very low, weak state. He ultimately picked up again, and has enjoyed better health for the last two or three years. There is no history at all of syphilis, and no traces of that disease. For the last month he has been feeling very poorly, without any definite symptoms; has been extremely irritable, and on several occasions most impertinent to his master, his previous behaviour having been most exemplary.

⁴ Indian Pharmacopœia, p. 46.

⁵ See Dr. T. E. B. Brown's remarks on the Indian Pharmacopœia, Indian Medical Gazette of Dec. 1st, 1877, p. 269.

Present illness.—On Thursday morning, December 29th, 1881, he got up at the usual hour and went to the stables at 6 A.M., feeling very poorly. At 7 A.M., on his way to breakfast, felt very sick, and suddenly vomited (according to his statement) at least half a pint of blood. This seemed to relieve him, and he felt better and more comfortable when he walked to the dispensary at 9 A.M. than he had done for some time. He was pale and anæmic and a good deal emaciated. On examining the abdomen, in the epigastric region immediately below and slightly to the left of the ensiform appendix there was a spot the size of sixpence, tender only on great pressure; the rest of that region was perfectly free from pain. The liver extended to the lower border of the eleventh rib. The spleen was apparently of normal size, and no pain or discomfort was experienced on pressure in that region. The thoracic organs were all perfectly healthy. The pulse was quiet, regular, rather weak, 76 per minute. Bowels constipated, and had been so during the last few days. He was ordered immediately to bed, with nutritious liquid diet (cold), and ice to suck *ad libitum*. Perchloride of iron, with morphia, was prescribed. On his return home that morning, contrary to orders, he went to the stables and attempted work, but, feeling so weak in the afternoon, was compelled to go to bed. Feeling still very poorly, he remained in bed the two following days (Dec. 30th and 31st), but got up on the third day (Jan. 1st, 1882), and being much better in all respects, went to work on Jan. 2nd, having had no pain during the last three days.

Jan. 3rd: Went to work as usual in the morning, but was so cold and thoroughly exhausted that at midday he went home and retired at once to bed.—4th: Passed a comfortable night, but woke early, feeling very sick, and at 7 A.M. vomited quite ten ounces of blood. Ice was freely given, and the usual treatment resorted to, after which he felt very comfortable. About 9 A.M. passed a very copious stool composed principally of blood. Nausea came on again in the afternoon, and at 3 P.M. vomited at least a pint of blood, after which he experienced considerable relief.—5th: Passed rather a restless night. Has had no sickness or nausea at all to-day, but complains bitterly of dreadful exhaustion and prostration with a good deal of troublesome headache; bowels acted once, composed of feces and blood; has taken nourishment well.—6th: Passed a very restless night, being a little delirious at times. Early in the morning he had a severe rigor, which lasted twenty minutes; after the rigor had passed off he felt very sick, and suddenly vomited a pint of blood, which gave intense relief. In the middle of the day two large solid lumps of blood-clot passed the bowels. In the evening had another rigor similar to that in the morning; but this was not followed by nausea.—7th: Passed a better night but is very weak and prostrate; in the morning felt very sick and vomited ten ounces of blood, principally in large clots; this gave considerable relief, and he felt comfortable for the rest of the day.—8th: Passed a comfortable night. At 10 o'clock A.M. was seized with a most severe rigor lasting over twenty minutes, which left him so utterly exhausted that he never rallied, and in spite of all treatment got rapidly worse and died at 10 P.M., being conscious up to the last few moments of his life.

Necropsy of body, thirty-six hours after death.—Body a good deal emaciated, but free from marks and scars. Examination of abdomen: The liver was somewhat under normal size; the peritoneum covering it was more or less adherent throughout, especially on its upper surface, and in parts there were firm adhesions to the under-surface of the diaphragm. The organ was pale and firm, presenting on section a waxy, and in parts a somewhat nutmeg, appearance. On removing the stomach an abscess was found, the size of a small orange, in close relationship with the splenic extremity. This abscess was bounded in front by the splenic end and posterior surface of the stomach; on the outer, or left, side by the lower end of the spleen; below by the pancreas. It had perforated the stomach just where the splenic extremity and posterior surface meet, in four places; one of them freely admitted the index finger, two others admitted the little finger, and the fourth the top of a penholder. The lower part of the largest perforation was much thickened, and seemed to be in a most acute stage of ulceration. A medium-sized branch of the splenic artery, which ran by its side (on the posterior surface of the stomach), presented a perforation large enough to admit a very small pocket-case director; this perforation of the artery was situated just inside the abscess cavity. The abscess contained about an ounce of thick, dark, grumous matter. The mucous

membrane of the stomach adjacent to these perforations was very vascular, and the veins gorged with blood, but that covering the rest of the organ was of natural colour, though very anæmic. The stomach contained about ten ounces of dark, thick grumous matter, the same as that found in the abscess; it was about the consistence of cream. The spleen was soft and pulpy, and almost broke down on removal; its substance throughout was of a deep brick-red colour, and seemed to present one homogeneous mass, which was of about the consistence of brain matter. Its lower part was entirely disintegrated, and in a state of ulceration, forming the outer boundary to the abscess wall. The pancreas was healthy; at the splenic end its upper surface was thickened, and entered into the formation of the abscess. The kidneys were of normal size, very pale, but quite healthy. The cap-

Portion of stomach, showing the perforations; outer surface; *a* is a glass rod passed through the artery at the seat of perforation, the tissues surrounding which have been dissected sufficiently to expose the artery.

sules were easily removed. All the other organs were found perfectly healthy. The head, at the request of the friends, was not examined.

Remarks.—This case seemed to be clearly one of "ulcer of the stomach, with death from perforation." The appearance of the patient, his emaciated condition, his age and history in general made me strongly suspect that the ulceration was of a malignant type. The post-mortem examination, however, showed that perforation was secondary to abscess in the spleen. This abscess in perforating the stomach from without inwards had also perforated an artery; thus the cavity had been acting as a reservoir for the blood, which was discharged thence into the stomach, and this accounted, no doubt, for the somewhat long intervals between the vomitings of blood. With regard to the etiology, it is not improbable that hæmorrhagic infarction occurred during one of the patient's attacks in India, which had remained latent up to the fatal illness, and that consecutive inflammation and suppuration of the spleen were now accelerated by his intemperate habits and failing health.

APOTHECARIES' HALL OF IRELAND.—The following office-bearers have been elected for the ensuing year:—Governor: Thomas Collins. Deputy Governor: R. Montgomery. Court of Directors and Examiners: E. H. Bolland, John Evans, A. Harvey, Charles Holmes, Charles Henry Leet, Charles Frederick Moore, Henry P. Nolan, Richard O'Flaherty, Edward O'Neill, George Bolster Owens, John Ryan, James Shaw, and George Wyse. Representative on the General Medical Council: Thomas Collins.

SANITARY INSTITUTE OF GREAT BRITAIN.—The fifth Autumn Congress and Sanitary Exhibition of this institute will be held at Newcastle-upon-Tyne on September 26th to 30th, under the presidency of Captain Douglas Galton, R.E., C.B., F.R.S. Prof. de Chaumont, M.D., F.R.S., has consented to give a lecture to the Congress.