THE HISTORY OF THE USE OF IPECACUANHA IN DYSENTERY.

To the Editor of The Lancet.

SIR,—Dr. Macpherson's paper on the above subject, read at the meeting of the Medical Society on March 9th, was one of great interest. It would appear, however, that it was left to Sir Joseph Fayrer to recall the fact that it was to Mr. Docker we owed the introduction of the remedy into the practice of the British army and the reduction of its employment to a system. Sir Joseph Fayrer was right in thus giving honour to whom honour is due; for, although something may be due to a, to whom unknown, the institution at which there is no doubt that the great decrease in the mortality from dysentery in India in late years is due to the employment of the system of treatment introduced by Surgeon-Major Docker.

Having treated a large number of cases of dysentery with ipecacuanha, in large doses, during my service in Ceylon, India, and British Burmah, I can bear testimony to its great efficacy in acute cases, a few twenty-grain doses bringing the cases in a few hours to a state of remission, while I have observed in an early period, as stated by Sir Joseph Fayrer. I can also bear out Dr. Cullimore's belief that "in dysentery associated with hepatic disease ipecacuanha, in large doses, is not well borne." Dysentery is frequently complicated with, or dependent on, hepatic congestion. My latest experience of the treatment of such cases was given in a paper in the Indian Medical Gazette of July 1st, 1881; and as the passage bearing on the treatment of this complication is short, and the subject one of much interest, I beg leave to quote it:—"When dysentery is present, complicating the hepatic congestion, I have found the treatment suggested at page 52 of my book successful—viz, a mixed treatment of alternately giving ipecacuanha (twenty to thirty grains) and chloroform of ammonium until the relief of the dysentery, or a full midday dose of ipecacuanha, or the latter in enemata should there be fear of vomiting, with morning and evening doses of the chloroform, or in some cases a midday dose of the chloroform may be preferable, and morning and evening doses of the ipecacuanha, until the dysentery is checked. In such cases the patient, if asked, will express himself as receiving great relief from pain by the exhibition of the chloroform; and, if so, it may be well to give it more frequently than here recommended."—I am, Sir, yours obediently,

WM. STEWART, M.D.,
Surgeon-General, A.M.D. (retired).

Mount Pleasant, Lymington, March 20th, 1885.

An anonymous donor has intimated to the Committee of the Sheffield Hospital and Dispensary his desire to endow a bed in the institution, in memory of the late General Gordon, on condition that it shall be known for ever as the "Gordon Bed." The endowment is thirty guineas a year, which the donor will pay for some time, and then invest capital with trustees sufficient to raise the amount annually required in perpetuity.

THE GORDON MEMORIAL HOSPITAL.

(From a Correspondent.)

This choice of Port Said for the proposed establishment of a Gordon Memorial Hospital appears to be adversely commented on by professional and public opinion in Egypt. It is strongly urged that by far the most suitable place is Alexandria. It is the seaport of Egypt, the centre of commerce, and has a population of nearly 200,000.

Port Said is an outlandish insanitary little town, with only 12,000 people, of whom about six families are English. There is no highway to it from any part of Egypt except from Suez by the Canal, and ships passing through the Canal do not stop at Port Said. Nor is there any railway communication with it, so that a hospital there could benefit only an odd seaman landed from a passing vessel, or, perchance, a stray traveller.

In Alexandria, on the other hand, with its extensive shipping, as the import and the export city of Egypt, a large number of British seamen every year are landed for resident treatment in a hospital. For this they have to depend on foreign institutions, and are attended by nurses that do not always speak their language. English residents, also, in the towns and villages of Egypt, that have no real home where they can be attended to during sickness, go to hospital in Alexandria as the commercial centre, and could not go to Port Said for want of railway communication.

In Alexandria the English residents contribute most liberally to a foreign hospital. In it hundreds of merchant seamen, many officers and men of the British Army and Navy, and Englishmen without home comforts, are treated by the English doctor, who is one of the visiting surgeons. In the same hospital, often by the same hands, as many as 200 or 300 Egyptians are treated annually as in-patients, besides some 20,000 out-patients. This success is almost entirely due to the ability and energy of the English doctor. Natives (Egyptians, Bedouins, and Soudanese) flock from far and near, attracted by the reputation that English surgery has won in his hands; and while they gravitate to a centre like Alexandria, with a surgical fame already declared, they never would go to Port Said, where the essentials of success do not exist, and where a fine institution, after an ineffectual effort, would soon dwindle down into a fourth- or fifth-rate cottage hospital.

The success in attracting natives is a most important point, for it must be remembered that Gordon, to whose beloved and honoured memory a hospital is to be erected in Egypt, was, above all things, catholic, and could not go to Port Said for want of railway communication.

It is to be hoped that this matter will receive the anxious consideration of the Memorial Committee, if they desire an institution that will really honour the blameless and heroic life of General Gordon, and that will be a credit to its founders.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

DR. DALLINGER IN NEWCASTLE.

Dr. Dallinger delivered a lecture last week in our Literary Philosophical Institute which will not be soon forgotten. The subject, I need scarcely say, was treated in a most masterly and advanced manner by the reverend lecturer. The title of his subject was "On a New Pneumatoctive Organism, with some Deductions concerning the Group," but the mere title gives but a faint idea of the extent of ground covered by the reverend and learned lecturer's discourse, which was delivered in a most masterly and energetic style, and well illustrated by the oxyhydrogen lantern. He showed certain nomads that he had discovered by a powerful microscopic lens, rectified by the modern employment of various essential oils as correctives of maleficial errors. He dwelt principally on septicaemia, and went fully into the source and life of these nomads, how they were produced in water where animal matter was