CHERRATTAH.

To the Editor of THE LANCET.

SIR,—It has long been a matter of surprise to me, that the cherrattah, which has been held from time immemorial in great estimation by the natives of Bengal, and the European residents, especially by the medical officers, as a very efficacious deobstruent and stomachic medicine, should not have been introduced into the practice of this country, especially as the variety of dyspepsia, for which it is considered a specific, (accompanied with, and probably dependent on, sluggishness, or an overloaded state of the liver,) is as prevalent in this country as in the East Indies. It is said, the effects of the cherrattah are not, like the stomachics in general use, confined to the stomach, but are extended to the other abdominal viscera, particularly the liver, which it deterges, or, as Dr. Currie observes, “emulges,” and this I believe to be the case; for I have observed the fæces, during its use, to be well charged with bile, and the complexion to become clear. Although not aperient, it evidently prevents an accumulation of fæces in the lower portion of the intestinal canal; which, as a late writer observes, is a common cause of disorders of the stomach and head, at the same time it promotes digestion. The medicinal virtues of this herb are imparted to boiling water; and the infusion, when properly made, is a very grateful bitter, but the natives prefer the decoction made by gently boiling half an ounce of the cut dried herb in a pint of water, for about fifteen or twenty minutes; of this decoction, they take a small wine-glass full two or three times a day. The extract, which also contains the virtues of the herb in great perfection, is taken in the form of pills. It is likewise given by the Indian practitioners, in cases of pulmonary consumption and serofula; but of its effects in the former malady, I cannot speak from experience; but, in the latter malady, I have frequently witnessed its salutary operation. Dr. Fleming, late of Bengal, speaks highly of the cherrattah as a tonic medicine. The author of the work on tropical diseases, also gives it a high character; and Mr. Addison, the author of a treatise on the Malvern waters, says that, from the very beneficial effects it had on himself, it is a valuable addition to the class of stomachic medicines.

I am, Sir,
Your obedient servant,

THOMAS BAKER.

Stamford Street, Blackfriars,
Nov. 13, 1828.

LACERATION OF THE BRAIN.

To the Editor of THE LANCET.

SIR,—Presuming that the following case of laceration of the brain, without fracture of the cranium, will be deemed worthy of notice, I send it for insertion in THE LANCET, and am, Sir,

Yours obediently,
T. W. WANSBROUGH.

Fulham, Nov. 9th, 1828.

The late Mr. Dunn, a corpulent man, was thrown from his horse on Fulham Bridge, by an errand cart, driven furiously against him. The horse and his rider were precipitated with great violence by the force of the shock, and Mr. Dunn was taken to the nearest inn, in a state of insensibility, and continued so for *six days*, when he expired. The examination of the brain was performed seventeen hours after death; the following appearances were noted.

Considerable extravasation of blood beneath the scalp, posteriorly. (A complete tendinous origin of the occipito frontalis.)

A considerable effusion of serum between the dura mater and arachnoid tunic; an extravasation of blood between the dura mater and calvarium, opposite the *posterior and lower part of the right hemisphere*; a comparatively slight extravasation of blood between the dura mater and skull, on the *left side of the posterior lobe, opposite the sutura lamdoidalis additamenta*.

On removing the dura mater, an universal effusion of serum, extravasation of blood on the pia mater, covering the side of the right hemisphere, but to no considerable extent; on examining the right hemisphere, the extravasation of blood is not continued into the substance of the brain. Plexus choroides empty; the third ventricle full of water; a slight extravasation of blood in the middle division of the base, in coagula. On removing the brain from the base, the extravasation of blood between the pia mater and brain was found to be universal on the outer side of the right hemisphere, but not extending into the substance of the brain, only dipping down into its sulci. *At the under surface of the right hemisphere, and opposite to the external seat of injury, a surface, to the extent of three inches in length, and one in breadth, was lacerated.* The vessels of the pia mater full of blood. It appears that the laceration took place on the *opposite side of the brain to that on which the blow was received.* The concussion, therefore, must have been tremendous. The only external mark of injury was a slight abrasion of the scalp on the left side of the head, near the lamdoidal suture, occasioned by the hard gravelled road on which he fell.