condition—a fact easily accounted for by the small amount of iron present in the preparation.

In conclusion, I shall shortly relate the history of one patient. She was about twenty-one years old, engaged as a general servant, and had suffered from a want of good food and clothing. She came to my out-patient room complaining of headache, giddiness, palpitation, amenorrhœa, and the other usual symptoms of chlorosis. She was admitted as an in-patient on January 16th, when the hæmacytometer showed the percentage of corpuscles to be only 45. As a matter of experiment, she was ordered no medicine beyond a little camphor-water, but was put on good nourishing though plain diet. This was continued for a fortnight, during which time, though the general condition much improved, the corpuscles only rose 10 per cent. (to 56 per cent.) She was then ordered Fowler's solution of arsenic (five minims three times a day), with the same diet, for a week, during which time the number of corpuscles fluctuated considerably, rising at first to 64, but afterwards sinking again to 57 and finally to 52 per cent. She was, lastly, ordered iron on Feb. 3rd; from which time the corpuscles speedily and steadily rose in number, rising in three weeks nearly 60 per cent.; in other words, reaching 110 per cent. on Feb. 24th. As the catamenia had been absent for a long time, she was now ordered the liquid extract of ergot, and the iron omitted. During this period the corpuscles sank to 96 per cent., but, on the iron being resumed, rose again in three days to 102 per cent. At this point the catamenia recurred, and the corpuscles again sank to 96 per cent. immediately afterwards. This case is not chosen as being an especially favourable one; indeed, it is only typical of many others; and is chosen because it is the only one in a patient in whom frequent observations were made over a length of time. Subjoined are all the observations made.

Jan. 16th,	corpuscles	45	per cent.	
18th,	"	48	"	} diet only.
20th,	"	48	"	
23rd,	"	54	"	
25th,	"	52	"	
27th,	"	56	"	
29th,	"	64	"	} arsenic.
31st,	"	57	"	
Feb. 3rd,	"	52	"	
5th,	"	55	"	
7th,	"	57	"	
10th,	"	66	"	} iron.
12th,	"	72	"	
14th,	"	80	"	
19th,	"	94	"	
24th,	"	110	"	
26th,	"	110	"	} ergot.
28th,	"	96	"	
Mar. 5th,	"	96	"	
9th,	"	102	"	iron resumed.
11th,	"	96	"	menstruating.

Wolverhampton.

A FEW PRACTICAL REMARKS
ON THE
TREATMENT OF TROPICAL DYSENTERY.
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To those who have read the published writings of many eminent East Indian medical practitioners, it must be a matter of some surprise that the brilliant results they have obtained from the ipecacuanha treatment of dysentery should not have caused a universal belief in its efficacy, but that this remedy has not been had recourse to in the West Indies, unless in a few exceptional instances, I could give abundant proof.

Some practitioners whom I consulted when I first had to deal with this disease recommended acetate of lead and opium; others advocated calomel and opium; others, small doses of ipecacuanha and opium. Within the past three years I have had to treat upwards of 200 cases of dysentery, and I can safely assert that until I absolutely adopted the ipecacuanha treatment my results were anything but satisfactory, and since then some of the most apparently hopeless cases have made a rapid recovery.

The chief difficulty that young practitioners experience is

their inability to follow one definite line of treatment, so many varieties of administering ipecacuanha are advocated by the different writers on the subject. If I may, without presumption, attempt to simplify this variety of treatment, I think the best means to accomplish this end will be to make a brief statement of the course that experience and a careful study of the writings of others have led me to pursue.

As a preliminary measure, if the dysenteric phenomena have not displayed themselves in too marked a degree, I order half an ounce of castor oil with ten or fifteen minims of tincture of opium; the patient to be kept quiet and abstain from all solid and irritating food. This failing to check the disease, absolute rest in the recumbent position must be enjoined, twenty to twenty-five minims of the sedative solution of opium administered, and in twenty minutes afterwards thirty grains of powdered ipecacuanha in an ounce of water or syrup of orange-peel. The patient must then be kept perfectly quiet and abstain from all food, fluid or solid, for two or three hours. If the ipecacuanha is vomited immediately after it has been administered allow an interval of about half an hour to elapse, and then repeat the full dose again. In the further treatment of the case ten-grain doses of ipecacuanha should be given every six hours until convalescence is established; and when it is, to guard against a relapse, it is a wise precaution to give five or ten grains at bed-time for a few nights. In addition to this treatment a two-ounce starch enema containing twenty to twenty-five drops of sedative solution of opium, given at bed-time, has an admirable effect in controlling tenesmus and inducing sleep. With regard to nourishment I have never found, in adopting this line of treatment, that the nauseating effect of ipecacuanha produced any alarming intolerance of food; of course, food of the lightest nature, such as beef-tea, chicken-tea, arrowroot, milk, and the like, should only be administered. I think the use of stimulants should be dispensed with unless there is extreme exhaustion, and even then they should be given sparingly and extremely diluted.

And now it will be asked, Does the ipecacuanha treatment never fail, and is it an absolute specific for dysenteric disease? I can unhesitatingly answer, as far as my experience enables me to do so, that in the great majority of cases it most certainly does not fail, and that its effects are often magical; but I have met a few cases where no precautions or varieties as to administering small or large doses of the drug seemed to be able to avert the absolute intolerance of it. Under these circumstances I administered a bismuth and soda mixture containing five drops of sedative solution of opium in each dose. I also gave a powder containing mercury with chalk and compound ipecacuanha powder every four hours, and an opiate enema at night. Several writers on the subject say that when this intolerance is present hepatic complications are to be dreaded, but happily in the cases I have alluded to no such difficulties had to be encountered, and they quickly yielded to treatment; but I consider that when a patient suffering from dysentery is unable to take ipecacuanha his chances of recovery are seriously lessened by such inability. My utmost expectations will be fully realised if this very imperfect outline of the treatment of tropical dysentery enables some new-comers to grapple with a disease that admits of no parleying with, and if the re-opening of the subject is sufficient at least to arouse the attention of those who feel a great difficulty in yielding up preconceived ideas.

THOMSON'S AMETROMETER.

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I AM desirous to call attention of the profession in this country to a very ingenious instrument, which Dr. Thomson of Philadelphia, its inventor, has named the ametrometer. It is intended to measure the refraction of the eye without the aid of lenses; and it appears likely not only to accomplish this object, but also to effect a great saving of time for those who are habitually engaged in such investigations.

The ametrometer consists of a graduated bar, about a foot long, pivoted near one extremity, and carrying two