

## Original Communications.

### ON THE THERAPEUTIC VALUE OF TINCTURA CANNABIS INDICA IN THE TREATMENT OF DYSENTERY, MORE PARTICULARLY IN ITS SUB-ACUTE AND CHRONIC FORMS.

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THE following cases are submitted for publication, in the hope that they may lead to Tr. Cannabis Indica as a remedy for dysentery receiving such an exhaustive trial as I believe it merits. For the sake of brevity four cases only have been selected; the first three of the sub-acute and chronic and the last of the acute form; and I have added a few explanatory remarks relating to the administration of the drug, and also as to the way in which it was first brought to my notice as a remedy for dysentery.

*Case No. I.*—Rev. V. K., chaplain, *æt.* 34, came under my care in June, 1883, suffering from chronic dysentery. He had had acute dysentery in Calcutta in the previous year and was sent home. On his return to this country, he was sent to Cawnpore as having a dry climate and being likely to suit him. Within a month of his arrival in this station, he was again attacked by dysentery. Treatment: Ipecac. in large doses with opium, Dover's powder, nitrate of silver, injections, bael in infusion and jam, astringents of various kinds, beef juice, &c. No result; one day better, another worse, about to be invalided. Ordered mixture containing Tr. Cannabis Indica according to the formula given below. Passed formed motions without any blood in three days, and was well in a week except for the consequent weakness.

*Case No. II.*—Private T. R., *æt.* 21, admitted to the Station Hospital, Cawnpore, on April 9th 1884, suffering from sub-acute dysentery. Had several previous attacks recorded against him. Bowels acting every 15 minutes, and passing blood and mucus freely with griping and tenesmus. Ordered *at once* the Cannabis Indica mixture three times daily. Next day he had seven motions, the day after only three, and the day following the motions were formed. The griping was relieved after the first dose. The mixture was, however, prematurely stopped, and symptoms again showed themselves two days later. The same mixture was again ordered. It acted quickly, and the attack passed off, but the drug was given for several days longer, and then changed for a tonic. He was convalescent in 18 days, but was kept

in hospital a fortnight longer to thoroughly regain his strength before discharge to duty.

*Case No. III.*—H. M., C. S., came under my care during the absence of the Civil Surgeon on leave on August 3rd 1886, suffering from chronic dysentery. He had had repeated attacks during his long residence in India. Present attack had been treated with the usual remedies. Continued treatment for five days with little result, and then ordered the Cannabis Indica mixture. Next morning he passed a formed stool without blood or mucus, and the following evening he appeared at the club, stating to me that "nothing had ever relieved him so quickly before".

*Case No. IV.*—Mrs. C., G.-1 R. A., was admitted to the "Hospital for Soldiers' Wives and Children" on August 28th 1886, suffering from a first attack of acute dysentery. There was great griping and tenesmus with hepatic tenderness. Tongue small, pointed and raw at tip and edges. Slight fever, stools very frequent and characteristic. Treated with scruple doses of Ipecac. with 1 gr. of opium three times daily, with little appreciable result. Taken over by me on return from leave on September 2nd at 6 P.M. Same day was ordered the Cannabis mixture, which was repeated at 9 P.M. Between the first and second dose she had one dysenteric motion; none during the night, and next morning had a formed motion. Mixture continued for several days. No return of symptoms. Hepatitis, however, persisted for some time, which was combated by the usual measures, and she still remains under treatment for debility, but is convalescent and able to walk about.

*Remarks.*—Since writing the above, I may add that I have treated eight or ten cases of chronic dysentery with the Cannabis Indica, and in all with success. One of these had been under treatment for eighty-five days in another station, and was transferred here with his depot. After commencing to take the mixture, he made a rapid recovery, and was well in eight days. Another, a civilian, had been treated with the usual remedies for seven weeks with no result, and the condition of the patient was very serious. At my suggestion, the hemp mixture was tried. The treatment was started on Sunday, and on the following Monday he was well and able to walk about. These facts, I venture to think, speak for themselves. The drug has also been tried at my request by several medical men with very gratifying results.

My attention was first called to the Cannabis Indica, whilst treating Case I, by an old Indian resident, who told "me that he had often seen an infusion of hemp do good in dysentery." As the patient did not improve under ordinary

treatment, I resolved to try the officinal tincture, and gave it in doses of min. xx three times daily with the effect as stated in the case. I have since found, however, that in some instances this dose produces slight toxic symptoms, and have consequently reduced the quantity to min. xv and prescribe it according to the formula given below :

R.	Tinct. Cannabis Indicæ	... min. xv
	Bismuth Subcarb.	... gr. v.
	Mucilage Acac.	... ʒ ½
	Misce et adde.	
	Tinct. Zingiberis	... min. xx
	Tinct. Carda. co.	... min. xx
	Spt. Chloroform	... min. xx
	Aqua Cinnamon	... ad ʒ 1 ter die sum.

Even in this dose it is necessary sometimes to order it to be taken after meals as it occasionally produces vertigo. It is pleasant to take, and there is no subsequent nausea. The administration requires to be kept up for several days after all symptoms have ceased.

Case No. II is introduced as an example of treatment by *Cannabis Indica* only without the previous administration of any other drug.

Case No. III is a case of recurrent chronic dysentery, in which the slightest indiscretion in diet would cause an attack.

It is in the *sub-acute and chronic* forms of the disease that the medicine gives the best results. It acts also in the acute forms, but not with the same certainty.

Case No. IV, however, is introduced as an example of acute dysentery treated successfully.

#### PEPSINE IN THE TREATMENT OF CHRONIC TROPICAL DIARRHŒA.

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*Case No. I.*—Gunner T. S. was admitted from the line of march into the Station Hospital, Cawnpore, on 3rd December 1885, with dysenteric diarrhœa. The disease had existed for seven days. The motions were copious and contained a large amount of blood. The temperature was high, varying from 101.6° to 104°. The patient was pale and anæmic, and very debilitated. He was ordered an entirely milk diet, and brandy ʒ ii was also given to him. Under treatment by *ipecacuanha* the dysenteric symptoms soon stopped, but the diarrhœa continued unabated. On December 10th, acute hepatitis developed, and the diarrhœa became aggravated. On December 13th, the diarrhœa and hepatitis remained unrelieved, and there was hypostatic congestion of both lungs. A blister 2×2 was applied over the liver, and the chest, posteriorly; was dry-cupped, and afterwards jacket poultices were applied. The

brandy was increased to six ounces, and food was given regularly every third hour. From this to January 3rd, the patient's condition was as follows:—The bowels acted from ten to fifteen times a day. The motions were copious, foetid, and frothy. The tongue was red, irritable, and deeply fissured. The appetite was lost. The temperature was high and irregular. There were profuse night sweats; constant dry hacking cough; and acute pain and tenderness over the liver. Every astringent and combination of astringents were tried, and failed to check the diarrhœa. Enemata of nitrate of silver (ʒi to a pint of water) also failed. Bael was also tried without effect. On January 3rd the patient was so weak and wasted that he could not turn himself in bed. Bed-sores had formed over the sacrum and hips. The tongue was deeply fissured, and covered with aphthous patches. The bowels were moved about every half hour. There was a heavy cadaveric odour from the body, and the patient appeared to be rapidly sinking. In consultation with Surgeon P. F. O'Connor, 6th B.C., it was decided to try pepsine, and I prescribed it as follows: The patient was taking half a pint of milk every third hour. Before this was given I ordered the temperature to be raised to 100°, and pepsine gr. v. to be added to it. The milk was allowed to stand for half-an-hour, the temperature being maintained at 100°. It was then given to the patient. At the same time all medicine was stopped. On January 15th the diarrhœa had ceased, and the motions were formed and natural. He had gained flesh rapidly, and was quite convalescent. Early in February he left for England completely recovered.

*Case No. II.*—Captain J. H. consulted me on 10th February 1886. He stated that he had suffered from chronic diarrhœa for the past three years. This was most troublesome in the morning, and he went to stool five or six times, in rapid succession, after breakfast. Recently the disease had become much worse, and medicines seemed powerless to stop it. The liver was slightly enlarged, and he suffered from constant dyspepsia. I prescribed a mild easily digestible diet for him, and recommended him to take pepsine gr. v. after each meal. On February 20th the diarrhœa had ceased, but he still continued to use the pepsine. When I last saw him he was in perfect health, and had not had any return of the disease.

*Case No. III.*—Gunner G. E. was admitted into the Station Hospital, Cawnpore, on August 19th, with chronic diarrhœa. He was a slight, delicate, strumous man. He was pale and emaciated, and suffered from night sweats. The bowels were moved from ten to twenty times a day. The motions were frothy and