

eggs which was given as his pulse was very weak and the expression anxious and depressed, it was however discontinued and port wine substituted; no more quinine was given, and he made a good recovery.

In 1877, while I was doing duty at Landour, a young officer on leave at Mussoorie, was admitted into the Depôt Hospital suffering from enteric fever, in which case quinine was also given with remarkable success, the temperature I remember was 104° when 20 grains were administered in one dose, and 10 grains repeated in two hours, with a decided reduction as the result. In this case however the quinine was continued for some days in smaller doses.

As the symptoms were not well developed, I had some doubts, but the medical officers of the Depôt agreed that it was a case of enteric fever.

REDUCTION OF AN IRREDUCIBLE INGUINAL HERNIA BY THE SMOKING OF INDIAN HEMP.

BY ASST.-SURGEON KIROD PROSAD CHATTERJEE.

A Hindu Brahmin, æt. 60, by profession a cook, has been suffering from Inguinal hernia for the last 10 or 12 years. All along the hernia was reducible, and the man did not require any surgical interference whatever, save and except he was advised to use the truss constantly. But he did not act up to it strictly, as it caused some inconvenience.

On the afternoon of the 28th ultimo the man went to the water-closet, and there, in the act of defæcation, he strained much and the rupture occurred. This time, however, the rupture did not so easily go up as was wont with him. He tried and tried to reduce it, but in vain. He instinctively plunged into the water and remained there for an hour or upwards, but that again availed not. He then applied to me after the lapse of full four hours. When I saw him the gut was distended to the size of a man's head. I tried manipulation at first, but failed; I then tried the taxis, but failed. The man resolutely denied inhaling chloroform; ice could not be procured at that part of the night in the suburbs. I was for the time being not a little perplexed. But on enquiry having learnt that the man was a habitual gunjah smoker, I ordered him to smoke a *chillum* before me, so that it might relieve him at least of the excruciating pain he was suffering under. To my utter astonishment, no sooner did the man take a strong pull at his *hookah*, than the rupture went back with the usual gurgling noise that attends its reduction. The man was immensely glad, and so was I.

Is it a mere coincidence; or does gunjah possess this therapeutic power?*

CASES OF IGNIPEDITES.

BY P. BOOCHANNAH NAIDOO,

Hospital Assistant, Madras Medical Dept., Right Wing, 40th N. I.

Case No. 1.—Private Pentanah, aged 41 years, admitted into hospital on the 12th February. Health good; has lately returned from sick leave. Has been suffering from this disease for the last three years, of a milder form, and gets occasional attacks, only limited to the soles of the feet and palms of the hands; of late the disease gradually extended to the knee and elbow, of a severe type; it is aggravated at night, and keeps the patient restless. Never had syphilis, and he is father of four living children; owing to this family he is badly nourished. He complained of a burning sensation in both eyeballs; his vision slightly impaired; the sensation of taste varies at times, and there is deafness of the right ear.

Treatment.

R.
Tinct. Ferri Perchlor. ... ℥x.
Inf. Quassæ ad. ... ℥i.
M. ft. ... B. D.

Liniment Ammonia to be used frequently.

Saline Draughts to be given on account of his bowels being constipated.

20th February.—Just the same, no sign of improvement. Continue treatment.

29th February.—Slight improvement noticed on palms of the hands; feet about the same. Continue treatment.

10th March.—Improvement continues.

* Or was the reduction a consequence of the "strong pull"?—ED., I. M. G.

20th.—About the same. Continue treatment.
30th.—Improving gradually. Continue treatment.
10th April.—Improved a great deal.
19th.—Cured and discharged to duty.

Case No. 2.—Private Ramasamy, aged 36 years, admitted to hospital on the 19th March; health good; married man. Immediately after the usual morning parades he was brought to hospital by two sepoy, being unable to walk on account of great pain in the feet, in which he complains of severe burning sensation, and also to a slight extent in the palms of the hands. Suffering from this disease since the Bengal Mutiny after an attack of severe malarious fever in the Sumbulpoor Division (Central Provinces), since when he has repeatedly had mild attacks. He is prematurely aged, and has the appearance of a man of 60, but well nourished; slight impairment of vision. He was intemperate in habits, but has lately been leading a sober life.

Treatment.

R.
Tinct. Ferri Perchlor. ... ℥x.
Inf. Quassæ ad. ... ℥i.
M. ft. ... B. D.

Liniment ammonia to be rubbed in constantly.

Saline purgatives were given when the bowels were irregular.

30th March.—Patient improving; continue the same treatment.

10th April.—Patient improved great deal; able to walk; continue treatment.

19th April.—Cured and discharged to duty.

Case No. 3.—Private Sheik Ahmed, aged 23 years, admitted to hospital on the 29th March. A young sepoy of good health, robust, muscular, was brought in a cart from Mysore. It appears from the statement of the patient that while stationed at Mysore, he amused himself by bathing and swimming in a tank for several hours during the day, and on the same night on duty he caught cold; previous medical history good; no constitutional affection of any description can be traceable; lately married. The symptoms of ignipedites were more remarkable in this case, than in the two preceding ones on account of the disease being only limited to plantar aspect of the feet, and the burning sensation resembled having his feet in boiling water; is aggravated at night time; restless; for the first few nights he screamed through the pain in his feet which resembled the pricking of pins, Treatment.

Saline draught on admission.

R.
Tinct. Ferri Perchlor. ... ℥x.
Inf. Quassæ ad. ... ℥i.
M. ft. ... B. D.

Liniment ammonia.

To be rubbed in frequently. On the 3rd day of his admission changed to liniment calcis, which proved very successful till recovery.

5th April.—Improving gradually, continue treatment.

10th April.—Improved greatly, continue treatment.

15th April.—Cured and discharged to duty.

Remarks.—The cause and origin of Ignipedites are very mysterious, and unknown at present as far as I can gather from the various letters on the subject which have appeared in this journal. The temperature of the feet in the above cases was not increased; there seems to be only an increased sensibility of the nerves, the cause of which is difficult to ascertain. The effects, to my mind, seem to be much about the same as when a person hits the ulnar nerve at the elbow, thereby causing a pricking and burning sensation in the fingers to which that nerve is supplied, the only difference being that the sensation is more prolonged in Ignipedites.

Notices to Correspondents.

Communications have been received from—

- DR. C. MACNAMARA, London; Surgeon D. BASU, Civil Surgeon, Faridpur; J. SLANE, L. R. C. S., ED., Civil Surgeon, Goalparah; Surgeon T. HUME, Civil Surgeon, Akola; Surgeon-Major E. A. BIRCH, M. D., F. R. C. S., Civil Surgeon, Darjeeling; Surgeon C. McNALLY, Madras Medical Service; J. R. WALLACE, Esq., L. R. C. S. and P. EPIN.