THE USE OF INDIAN HEMP IN THE TREATMENT OF CHRONIC CHLORAL AND CHRONIC OPIUM POISONING.

By Edward A. Birch, M.D., M.R.C.P., Honorary Member of the Calcutta Medical Mission, Calcutta; Physician to the General Hospital, Calcutta.

In 1887, at Calcutta, at nearly the same time, I met with two cases, both of them distressing and interesting. The first was that of a European gentleman, who I remembered to have met some two years previously, when he brought his wife from a distant district with a view to placing her under a physician in consequence of her habits as a confirmed chloral drinker. At that time I discovered that she was also a sufferer from valvular cardiac disease; but I need spare no further to her than to state that no power of persuasion or fear of consequences produced any effect. She made no real effort to overcome her vice. When denied her regular dose on two occasions, she became so outrageous, and, in her husband’s opinion, so alarmingly ill, that she remained but a few days in town. Her husband then stated that his wife had continued her habit, and that she ultimately died. The object of his visit was, he stated, to examine his heart. A very minute examination of that organ enabled me to assure him that it was healthy, though it certainly was in an irritable condition. Thus encouraged, he went on, to my amazement, to tell me that he had followed in his wife’s footsteps and proved a reasonable, and he had never been able to release himself from his habit. I could not ascertain, with any certainty, how long he had been addicted to chloral, but I suspected he commenced it long before his wife’s death, though that event was the excuse he offered in order to conceal the name of the remedial drug from the patient, lest in his endeavour to escape from one form of vice he should fall into another, which can be indulged with facility in any Indian bazaar in the forms of gunjah (the dried flowering tops), churum (the resinous exudation), bang or subzee (the larger leaves and capsules), or majoone (a compound of bang, butter, and flour). Hence the prescription should be made as complex as possible, and at the earliest moment the least of the evils should be diminished gradually till eventually it is withdrawn altogether from the prescription.

Calcutta.

A SUCCESSFUL CASE OF PROCTOTOMY FOR MALIGNANT DISEASE.

By C. Stonham, F.R.C.S. Eng., Assistant Surgeon to the Westminster Hospital.

George B., aged sixty-one, a platelayer, came under my care on Jan. 24th, 1887, with the following history. About a year previously he first noticed pain during defecation, with frequent loss of blood. At first he did not attach much importance to these symptoms, but they gradually became more severe and the pain was more or less constant. Latterly he had had frequent attacks of diarrhoea, accompanied by pain of a burning character. There had not been any irritability of the bladder or any difficulty in micturition.

A Stool on admission.—About one inch from the margin of the anus there was a hard nodulated mass extending all round the circumference of the gut, and upwards for about two inches, the finger just reaching its upper limit, but there was no rigidity or increase of volume, and consequently no coiling or looping like a ring. The edge of the mass was rounded. There was no involvement of surrounding parts, the whole gut being freely movable. Examination caused considerable homœopathy. The patient said that he felt in perfect health, and was merely seeking relief from the constant local annoyance.

Operation.—On Jan. 29th, the patient’s bowels having been previously thoroughly opened by castor oil and enemata, about fifteen ounces of warm boracic acid lotion being administered, it was possible to release the patient from his isolated position, but I need spare no further to her than to state that no power of persuasion or fear of consequences produced any effect. She made no real effort to overcome her vice. When denied her regular dose on two occasions, she became so outrageous, and, in her husband’s opinion, so alarmingly ill, that she remained but a few days in town. Her husband then stated that his wife had continued her habit, and that she ultimately died. The object of his visit was, he stated, to examine his heart. A very minute examination of that organ enabled me to assure him that it was healthy, though it certainly was in an irritable condition. Thus encouraged, he went on, to my amazement, to tell me that he had followed in his wife’s footsteps and proved a reasonable, and he had never been able to release himself from his habit. I could not ascertain, with any certainty, how long he had been addicted to chloral, but I suspected he commenced it long before his wife’s death, though that event was the excuse he offered in order to conceal the name of the remedial drug from the patient, lest in his endeavour to escape from one form of vice he should fall into another, which can be indulged with facility in any Indian bazaar in the forms of gunjah (the dried flowering tops), churum (the resinous exudation), bang or subzee (the larger leaves and capsules), or majoone (a compound of bang, butter, and flour). Hence the prescription should be made as complex as possible, and at the earliest moment the least of the evils should be diminished gradually till eventually it is withdrawn altogether from the prescription.

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