

in the right side, causing difficulty of breathing and accompanied by vomiting, of a bilious character. On Thursday morning, Aug. 12th, I first saw M. S.— in the consulting-room of the Suez Hospital. She had just arrived from Ismailia with her husband, and was supposed to be in an almost dying condition. On admission her condition was as follows: State of great prostration, with intense irritability and restlessness. Temperature 38°; abdominal tympanites and tenderness; hepatic fulness and intense sensitiveness, dysuria and diarrhoea. The stools were said by the nurse to be of the usual slimy dysenteric character, with a very offensive odor. The patient was placed in a cool ward by herself and absolute quiet enjoined. Twenty minims of tincture of opium were at once administered in a little water, followed in half an hour by half a drachm of ipecacuanha powder. Turpentine stupes were applied to the abdomen and the opium enema of the B. P. given. In the afternoon half a gramme of quinine was given in a cachet. The treatment was so immediately successful in stopping diarrhoea and easing pain that at night fifteen minims of laudanum, followed by a gramme of ipecacuanha, was again given, with another opium enema. For the first day the patient was allowed nothing but hot milk to drink. Aug. 12th: Patient has had four stools in the twenty-four hours, the temperature being 38.6°C. The ipecacuanha caused a good deal of vomiting, but almost stopped diarrhoea, greatly easing the pain in the side. The following powder was prescribed: Two grains of salicylate of bismuth, one grain of sulphate of quinine, one grain of naphthol, one-third of a grain of opium powder. This powder was divided into four cachets, one being taken every three hours. The opium enemata and turpentine stupes were continued. Milk and soda-water, or barley-water, was all that was allowed for diet. 13th: Temperature 38°C. The patient was very comfortable; slept well. Bowels moved three times in twenty-four hours. No abdominal pain. Allowed milk, bread and bouillon. Medicine to be repeated. 14th: Temperature 38°C. One motion in twenty-four hours. 15th: Temperature 37.8°C, the patient passing natural stools. Gets up during afternoon and takes more solid food. Ordered a gramme of quinine and carbonate of ammonia instead of the bismuth preparation. 16th: Temperature 38°C. The patient progressed satisfactorily. 17th: A slight return of diarrhoea, which was effectually stopped by ten grains of Dover's powder. 18th: All unfavorable signs having passed away, at her own request the patient left for her native home in Austria, with the remark that she would have died had she stayed in Ismailia.

The specific action of ipecacuanha in dysentery is due to its dual *modus operandi* on the intestines,

as (a) muscular sedative, and (b) secretory stimulant. The most characteristic symptom of dysentery is tenesmus (Dr. Woodward). There is such exaggerated peristaltic contraction of the rectum and lower portion of the colon that the patient goes to stool from thirty to two hundred times in the course of the twenty-four hours, or sits there for half an hour at a time, straining violently, but passing little or nothing (Dr. Hilton Fagge). The patient is under the delusion that he will pass something that will do him good. The fault does not lie in the irritant to be expelled, but in the irritability of the intestinal muscles. According to Heubner the average quantity of evacuation passed by each patient was found to be only from twenty-eight ounces to forty-two ounces. The great difficulty we have to deal with, then, in dysentery is exalted peristalsis. Ipecacuanha meets the difficulty by acting as an intestinal muscular sedative. A large dose of ipecacuanha stops tenesmus quite suddenly and smaller subsequent doses prevent its return. With a return of the muscular coat to its normal condition the other coats lose their irritability and the accompanying inflammation coincidentally subsides. The mucous membrane is then in a suitable condition for the second action of ipecacuanha to come into play—namely, secretory stimulation. We have now to deal with an enteritis, and here ipecacuanha acts in the same way as in bronchitis. Stimulation of the mucous membrane with secretion of mucus is effected by direct action on the peripheral endings of the gland nerves or minute ganglia (Dr. Whitla). Ipecacuanha has the same beneficial effect in dysentery therefore as it has in bronchitis. The action of ipecacuanha on the liver is that of a powerful stimulant. In dysentery the hepatic functions are in abeyance and bile is absent from the stools. Ipecacuanha directly stimulates the hepatic cells, so that very shortly after its exhibition the colorless slimy stools become feculent. In the words of Dr. Ewart, "Ipecacuanha is a non-spoliative antiphlogistic, a certain cholagogue and unirritating purgative, a powerful sudorific and a harmless sedative to the heart and muscular fibres of the intestines." According to this lucid and comprehensive description ipecacuanha is a perfect remedy for dysentery. In a certain proportion of cases ipecacuanha undoubtedly fails. Dr. Maclean says: "Where it fails it is because it has been given too late, when structural changes incompatible with life have taken place in the affected intestine, or from structural diseases of the spleen, liver and kidneys, or the combined ravages of the malarial and scorbutic cachexias." In those cases where ipecacuanha fails when success ought apparently to attend its administration the fault probably is to be found in the diet. For three hours after the first dose of ipecacuanha only a little ice should be