been found drowned, it would have been a case in which foul play might have been presumed; as here was a man with a punctured wound of the chest, found at the bottom of a pond. Of course, a post mortem would have cleared up the case; but still the fact would have remained that he had been stabbed with a piece of glass and afterwards drowned.

NOTE ON THE ADMINISTRATION OF IPECAUANHA IN ACUTE DYSENTERY.

By Major R. J. Windle.
Royal Army Medical Corps.

Many of us who have served in India have an implicit belief in the efficacy of pulvis ipecacuanha in doses of from 20 to 30 grs. in the treatment of acute dysentery. The difficulty in its retention, the distressing vomiting and depression produced, are the great objections to its use. The following method of administration has been very successful in my hands, and I venture to bring it to the notice of my brother officers, who may not have tried giving it in this way. The patient, who has been kept without any fluids for two hours, is warned that he is going to have a sleeping draught, and that just as he is going to sleep he will be given a second draught.

No. 1. R. Chloral hydr. ... gr. xx-xxx. R. Pulv. ipec. ... gr. xx-xxx.
Liq. opii sed. ... mxx. Musilag. trag. q. s.
Syrup auranti ... 5i. Aq. chloroform ... 5i.
Aq. ad ... 5i.

No. 1 draught is given, and usually takes effect in from ten to fifteen minutes. When the patient is just asleep he is sufficiently aroused to take No. 2. It must be shaken up in a phial and poured out just before being taken. In many cases the patient will, after this treatment, sleep from three to six hours, and wake without experiencing any inconvenience. In some cases the ipecacuanha does produce sickness in spite of the chloral draught, but in these I have not known it to come on in less than one and a half hours, and in no case did the vomit contain ipecacuanha, showing that it had already been absorbed.

SARCOMA OF LIVER AND PANCREAS.

By Major C. W. R. Healey.
Royal Army Medical Corps.

The following case is of interest, owing to the fact that it is a condition very seldom met with; Osler states that Segre made 11,492 autopsies and only found sarcoma of the pancreas in two. He also states that primary sarcoma of the liver is very rare.
Clinical Notes

363

Private ———, aged 23, was admitted into the Station Hospital, Mandalay, on May 13th, 1904, suffering from sciatica on the right side, and was transferred to the Station Hospital, Meiktila, for change of air, on June 21st, 1904; it was stated in the medical notes accompanying him that jaundice began to appear about the middle of June. The patient stated that he had enjoyed good health until his admission into hospital with sciatica. There was no history of specific disease.

On admission into hospital at Meiktila he was very weak and somewhat emaciated, pulse varying between 90 and 100, and small; tongue coated, dry and brown; bowels obstinately constipated, with faecal accumulations to be felt in the sigmoid flexure. The liver was enlarged downwards, the right lobe being a finger’s breadth below the costal margin; whilst the left lobe was markedly enlarged, very hard, somewhat irregular on the surface, and slightly tender to pressure. He suffered from almost total anorexia, and slept badly, owing to the sciatic pain. He was kept in bed, and placed on a mixture of nitro-muriatic acid and nux vomica, and given a light and nutritious diet; various drugs were tried to get the bowels to act satisfactorily, but with little result; he could not retain an enema of soap and water or glycerine. Castor oil was the most efficacious purge, and the one he preferred. He suffered from retention of urine; this and the tendency to faecal accumulation were both due to want of muscular tone, as no impediment to the passage of urine existed in his urethra. His temperature went up to 99° in the evening and was normal in the morning. He gradually lost ground, and became more emaciated daily. He had several attacks of vomiting, during which he brought up large quantities of fluid. Vomiting, however, was not a frequent occurrence, and it was easily controlled by the usual remedies. The jaundice became more intense, and the constipation persisted; the stools remaining clay coloured; the urine was extremely dark. The hepatic enlargement apparently remained the same; he did not complain of pain in this region, unless pressure was applied with the hand during examination. There was no ascites. The sciatic pain persisted throughout and was very severe, causing considerable wasting of the affected limb; it was treated with injections of morphia into the affected nerve; counter-irritation could not be adopted as he was only able to lie on the right side, owing to the sciatic pain.

On July 27th, 1904, his temperature went up to 101° and he was markedly worse. As his pulse began to fail he was placed on a mixture containing liq. strychnin, he was also given strychnine hypodermically. He, however, gradually sank, and died on July 29th, 1904, ten weeks after his admission to hospital. His temperature went up to 105° just prior to death.

Pathological Notes.—Body much emaciated and jaundiced. Lungs normal. Heart small, with thin walls. Liver somewhat enlarged, weighing 6lbs. On the surface of the left lobe and adjacent parts of
Clinical Notes

the right lobe, slightly raised, irregular patches of a light yellow colour were seen; these were extremely hard to the touch, as was also the adjacent liver tissue. On section these patches were whitish in colour, and extended down into the liver tissue, forming tumours, which varied in size from a gooseberry to a medium-sized potato; the large tumours had a tendency to be soft in the centre; there was no umbilication on the surface of these tumours. These growths permeated nearly the whole of the left lobe, and were also present in the adjacent parts of the right lobe. The remainder of the liver tissue was deeply stained with bile; the gallbladder was distended with bile of a dark colour, and consistency of treacle. The pancreas consisted of a number of growths similar to those found in the liver; these were so numerous as to almost obliterate the normal pancreatic tissue. The stomach was normal, except for a number of small petechial hemorrhages which existed in the mucous membrane along the greater curvature. The other abdominal organs were healthy.

A portion of the liver and pancreas were forwarded to the laboratory at the Station Hospital, Rangoon, and the specimens were examined microscopically and declared to be sarcomatous in character; the growths in the liver were chiefly of the large spindle-celled variety, and those in the pancreas of the round-celled variety, and in some parts mixed.

From the history of the case, the late development of jaundice and the slight inconvenience caused by the disease at the onset, I fancy the growth began primarily in the pancreas and extended to the liver.

---

A CASE OF DOUBLE AND SIMULTANEOUS INFECTION BY THE ORGANISMS OF ENTERIC AND OF MALTA FEVER.

By Captain J. Crawford Kennedy.

It has long been discussed whether it is possible to have a simultaneous infection by Bacillus typhosus and by Micrococcus melitensis. Undoubted cases have occurred where one disease has followed so closely on the other as to make one suspect that the infection was simultaneous; in those cases the blood serum reacts first to one disease and then to the other. In other cases the blood serum is said to react to both diseases from the first, but so far as I am aware there is no record of this being confirmed by post-mortem examination. I am now able to place on record a case in which both organisms were obtained from the spleen after death.

No. 9308 Acting Corporal B., Rifle Brigade, was transferred to my ward on November 13th, 1904, three days after admission to hospital.

History.—Admitted to hospital on November 10th, 1904, from Fort Manoel. He said that he felt unwell three days before, and complained