abdomen, which was somewhat swelled; but was quite able to give a connected account of the accident.

Turpentine stupes were applied to the abdomen, and thirty minims of tincture of opium given. At 8 P.M., an enema was given, and he passed a small stool without blood. At 12 P.M., he passed another small stool, dark, mostly fluid, and containing blood. His stools after that night were normal and regular; they were examined for shot for several days, but none was found. His temperature the evening of the accident was 100.4°, the next night 99.4°, and afterwards normal.

I think it is probable that the shots which struck the abdomen penetrated the splenic flexure of the colon, as shown by the presence of blood in the stools. They must have struck the body with considerable force, for that which struck the left arm had very nearly penetrated it, and the gun must have been close to him when it went off. The patient was a heavy fat man, with a great quantity of subcutaneous fat on the abdomen, to which circumstance he probably owes his escape from worse consequences.

On the sixth day after the accident, the shot which struck the left arm was found under the skin in the centre of the above-mentioned bruise. On the tenth day, the shot which struck the right arm was found under the skin, one inch and a half external (in the supinated arm) to the wound of entrance.

The patient recovered without a bad sign, and asked to be allowed to return to duty on the seventh day after the accident. He was, however, kept in hospital for about a month, and finally discharged on May 8th, the thirty-second day after the accident.

REMARKS.—Apart from the fact that the patient received two shots in the abdomen and one in the thorax, fired from a distance which can hardly have been greater than one yard, and recovered rapidly and easily, this case is, I think, medico-legally interesting. There is no reason to doubt the patient's story, but I should hardly have thought it possible that a man could shoot himself with his own gun* in both arms, as well as in the abdomen and thorax.

TO WHAT EXTENT DOES THE INFLUENCE OF POSITION DURING THE ACT OF MICTURITION AFFECT THE FORMATION OF URINARY CALCULUS?

By RAGLAN W. BARNES, M.K.Q.C.P.,
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To many medical officers serving in India, who have the opportunity of seeing the practice in the civil hospitals and dispensaries up country, it must have been a matter of surprise to note the great number of cases of urinary calculus that apply for assistance, to say nothing of the much greater numbers whose caste, prejudice, and fear of operative interference prevent our seeing; and, although by no means an original idea, it has struck me after operating, and seeing great numbers of cases operated on, that the position of the native's body during micturition has more to answer for in the formation of stone than we are led to suppose. The almost universal position of the native of India during the act of micturition is that of "squatting" on his hams, and from that position he never rises till micturition is finished.

Now when we come to consider the diet, principally rice, highly seasoned food, such as hot curries and "dal" (a highly nitrogenous substance, eaten by the native with avidity), and the quality of the water with which this is washed down, it must be a matter of very little surprise to us to find how favourable a subject he is for the formation of calculus; but when we find, added to this, a distended bladder, and a position assumed in micturition which, to a certain extent, paralyses the action of the muscular organ he wishes to empty, I think we may assert that he does his best to bring about the disease which we are called on to combat. It is plain that, in the majority of cases, he does not empty his bladder, and that a certain amount of urine is left, to set up by its irritating action, some vesical inflammation, followed by the deposit of sabulous matters, and the formation of calculus, which generally takes the form of oxalate of lime, or, more rarely, uric acid or urate of ammonia.

I have searched in vain to see if this subject is mentioned in any text-book as a source of stone; and the question arises, if our surmises are correct regarding the influence of position, what measures

* The gun did not burst. It was a muzzle-loader, and old, but its barrels were not particularly worn.

must be taken to induce our Aryan brother to see the error of his ways, and to assume a position more upright and less hurtful?

Perhaps, as the march of civilisation proceeds in India, he may become morally and physically more upright; but, till that happy day arrives, I am afraid we shall not be able to hang up the lithotomy-knife, and allow the forceps to rust on the wall.

THERAPEUTIC MEMORANDA.

NOTE ON DISINFECTANTS.

MOST practitioners must have often realised the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death.

I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda, added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The granulations were kept clean, and the fœtor was well kept under.

Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap. I venture to recommend it to the favourable consideration of your readers, feeling sure that they will not be disappointed if they try it, and I should be glad to hear the results of their experience.

W. E. BUCK, M.A., M.D. (Cantab.)

CANNABIS INDICA.

HAVING reference to the effects of this drug, to which attention has been drawn by several writers in recent numbers of the JOURNAL, the experience I have just had in the case of a lady, aged 60, of rather peculiar temperament, in relation to the action of medicines, may be worth recording. She considers herself unable to bear tonics; but, as she was suffering from severe pain of what I considered a rheumatic nature, in a state of nervous exhaustion, I ordered the following: R. Ferri redacti gr. j; ext. cannabis Indicæ gr. ½; fiat pilula ter die sumenda.

About three hours after taking the first pill, she felt so giddy, that she was obliged to lie on the sofa; her fingers became icy cold and benumbed; she heard noises as though omnibuses were driving past, and she had visions of objects passing before her eyes; she felt drowsy, and, as regards her brain, much as she had done after taking opium when sleep had not followed. All these phenomena passed away in a few hours, and she attributed them herself to the iron. She wished to try another pill the next day, and she took one, with just the same results. I then enlightened her as to the effects being, in my opinion, due to the Indian hemp, and this ingredient was omitted from the pill. She then took the iron with impunity for several days.

Being herself anxious to test whether the symptoms above described were really due to the Indian hemp, she again took one of the pills (containing a half-grain of it), and, for the third time, the giddiness, etc., followed about three hours afterwards.

I may add that this lady has had relatives who have been martyrs to gout; she has felt none of its manifestations as regards the joints, although I doubt not some of her ailments may be referable to a gouty diathesis. She possesses a remarkably slow pulse, which seldom beats above forty in the minute.

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OBSTETRIC MEMORANDA.

CASE OF HEMIPLEGIA AFTER PARTURITION.

M. F., a primipara, after suffering slight labour-pains for about three days, was delivered on Sunday, November 19th, 1892, of a full-sized male child. The head was in the first position, but somewhat transverse. The uterine contractions were weak and infrequent, and, after an unsuccessful attempt to stimulate them by means of ergot, delivery was easily completed by the forceps. The patient progressed satisfactorily for thirty-eight hours, when she suddenly discovered that the whole of her left side was paralysed. When I