Abdomen more tense. Convolutions of intestine seen through abdominal parietes. Pulse 108, compressible; tongue white at edges, brown in centre. Vomited twice last night. A large enema containing *Ol. Ricini* given.

Vespere.—Very low, and slightly wandering; frequently dozing. Pulse very feeble. Has eaten a little, but has been vomiting frequently. Enema brought away some small lumps, and also very fetid fluid matter.

7th.—Pulse not so quick, and stronger; tongue clean to-day. Slept a little. Vomiting continues. Appetite greater. Abdomen much slacker. Passes much pale urine. As he continued to ask for medicine, the following was given, principally with the view of relieving pain:—*Calomelanos*, gr. i., *Pulv. Doveri*, gr. viij.

8th.—Slept after the medicine, and at three P.M. had a small fluid stool while asleep. Since then has had three stools, fluid and feculent. During the night slept little, and had twice vomiting; none this morning. Tongue pretty clean, but dry; little pain, but a feeling of faintness and vacuity at pit of stomach; pulse 98, soft and fuller; some appetite. During Dr Hyslop's visit, he passed a large quantity of almost colourless fluid, with some small lumps of fæces. This passed before he could call for the bed-pan.

11 A.M.—No return of vomiting. Has been twice purged; stools very fluid. Much debility. Pulse quicker.

5 P.M.—No return of vomiting. Has had in all fifteen stools, chiefly fluid, containing grains of rice, and other undigested matters which he has been eating.

9th.—Had fifteen drops of laudanum last night. Slept pretty well. Two small stools since. Feels much better. Pulse 96, stronger; tongue not so clean. Has tolerable appetite; no abdominal pain; fulness of abdomen quite gone; thirst. Light diet of arrowroot enjoined.

10th—*Vespere*.—Continues to improve rapidly. Tongue clean; pulse 96, stronger. Great appetite; no thirst. Slept well. Has had two small stools of good consistence and natural appearance. No pain in abdomen.

26th.—Has continued to improve steadily. Appetite for some time very great; bowels are now regular. Has been walking a little for some days with a truss. Wound quite healed.

ARTICLE V.—*Dangerous Hemorrhage accompanying the Expulsion of a Bunch of Hydatids Interspersed with Moles.* By JOHN BOOKLESS, Esq., Surgeon, Kelso.

EARLY on the morning of the 23d ultimo, a messenger came for me in great haste to proceed immediately to the country, a distance of seven miles, to see Mrs A., who, he informed me, was in a danger-

ous state, and would likely be dead before my arrival. I set off instantly, and when within 200 yards or so of her residence, I heard her screaming in a most alarming manner. Though several attendants stood around the bed, not one could tell me what was wrong; and as Mrs A. was very restless and obstinately taciturn, it was some minutes before I could prevail upon her to let me know how she felt, and what occasioned her so much pain. After a considerable effort, in consequence of extreme exhaustion from the loss of blood, she whispered in my ear that the pain was all in the back, and that for more than a week she had had repeated attacks of uterine hemorrhage. Mrs A. also said she was dying, and her exsanguined appearance certainly betokened great danger. Pulse very quick and very weak, and at times scarcely perceptible; surface of the body cold; breathing heavily. After running my hand over the abdomen, and feeling some slight enlargement of the uterus, my suspicions were immediately directed to the condition of that organ, and I lost not a moment in making an examination per vaginam, when I discovered a large soft mass protruding through the os uteri, which I succeeded in extracting after a little manipulation, and which turned out to be a considerable cluster of hydatids interspersed with moles. Their removal gave her immediate relief.

As my patient had previously lost a great deal of blood, the bed-clothes being literally saturated, and as it still threatened to come away in gushes, I had towels wrung out of cold water applied over the lower part of the abdomen and upper parts of the thighs, and had them diligently continued for upwards of two hours. Brandy-toddy was liberally and frequently administered, alternated with doses of a weak infusion of the secale cornutum. Cold water was occasionally dashed over the face, and bottles of hot water constantly kept at the feet. For nearly an hour an occasional gush of blood was discharged, and at times Mrs A. seemed as if she was about to expire. The gushes, however, became less frequent and smaller in quantity; and as the restorative and precautionary measures were rigorously enforced for some hours, I had the satisfaction, before I felt it safe to leave her, of hearing her say that she felt "very comfortable." Her after recovery was highly satisfactory.

Mrs A., aged 49 years, is the mother of twelve children, and all alive. I have attended her in her six last confinements, all of which were unusually protracted and painful. As the catamenia had left her for some months, she was in the belief that a *change* was going on, when she was one evening suddenly seized with pain in the back, accompanied with a discharge of a sanguineous nature, which took place ten days or so before her severe illness; she had seen more or less of it every day up to the time I was sent for. In this case there was no abdominal distension, and no mammary enlargement. Though I have been in extensive obstetric practice for the last seventeen years, having attended nearly 2000 cases, I have only met with three

cases of this description. Obstetric authors do not seem to have met with many such cases, if one may judge from the summary and careless way in which they have been noticed.

KELSO, 4th June 1851.

ARTICLE VI.—*On the Natural History, Action, and Uses of Indian Hemp.* By ALEXANDER CHRISTISON, M.D., Edin., Annual President of the Medical Society of Edinburgh.¹

INDIAN hemp has been long known in India, Persia, and other Eastern countries as a medicinal and intoxicating agent, but was little known to Europeans until it was brought prominently into notice by Dr O'Shaughnessy of Calcutta, in the year 1839. [On Indian Hemp, &c.; Calcutta, 1839.]

The ancients were almost ignorant of its virtues. The Greek physicians, as we are told by Dioscorides, were acquainted with the emollient properties of the seeds of hemp; but they seem to have been wholly unaware of the narcotic virtues of the plant (Diosc. iv. clv.). Galen and his contemporaries were not much more informed on the subject; for that author merely speaks of its seeds being sometimes used as a whet after supper, to create a desire for wine, but condemns the practice, because, when used freely, they heat the system and cause determination towards the head (Opera, ii. 53, Edit. Basilæ, 1549; De Facultatibus Alimentorum, c. xlix.). It is alleged, however, that hemp was known at an early period to the Chinese. In a communication to the Académie des Sciences in 1849, extracts are produced from a Chinese work, showing that so far back as A.D. 220, a Chinese physician, named Hoa-Tho, produced insensibility in his patients by means of a preparation of hemp, and that operations were then performed without pain to the patient (*Stanislas Julien*, in *Comptes Rendus*, &c., 1849, p. 197). This statement would, however, require further confirmation. There seems little doubt that in the year 600 the Hindoos were in the habit of employing hemp; and that it has been in constant use ever since as a means of allaying pain, and more particularly as an intoxicating agent, among the inhabitants of the East.

Its properties have been alluded to by various good European authorities several centuries ago, but by no one more distinctly than in 1695 by *Rumphius*, who describes its effects from personal observation at Amboyna. He says that throughout India the leaves and seeds are extensively used to dispel anxiety and to excite agreeable dreams; that a maniacal state sometimes ensues; that he has known it cause, when smoked with tobacco, a frantic pugnacity in some,

¹ This is an abstract of an Inaugural Dissertation, for which one of the prizes of the Medical Faculty of the University of Edinburgh was awarded in August 1850.