

## **Remarks on sun-stroke / by Edward Smith.**

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excess of heat. In accordance with this statement, known that spirits are most destructive, and that of hot climates eschew them, and do not indulge in milk or animal food. If they take fat, moreover, perhaps, not very largely, and it is always associated with food, which exerts very little influence over the skin. It is a very doubtful point as to the propriety of the Government introducing into India the strong liquors of this country under conditions so diverse from those of our own. They should not be drunk, and although they are less powerful than the direction now referred to than stronger alcohols, they are usually be injurious.

With very moderate living it is clear that tea should be regarded as an indispensable adjunct, and that it should be excluded at the hot season and during exposure to heat, except by the comparative few in whom it is usually too active. It should, for the purpose of moderating the action of the skin, be taken without milk or cream, in moderate doses, and very frequently. Indeed, in the Indian conditions it should be the constant beverage throughout the day, but not drunk in large quantities at a time. It is to me that the importance of this agent is not so well understood as it ought to be, and that it is the great advantage of our soldiers if the Government were duly informed as to its value and even its necessity.

I would just add a word in reference to the cases of sun stroke. It is clear that these cases should be regarded as due essentially to excess of heat in the body, and that independent of exposure to the direct rays of the sun, even to very exceptionally high degrees of temperature, the first remedy usually applied is that of water, which is of lower temperature than that of the body, and which is cold, but its free use has been of the utmost service in preventing off threatened attacks. In the attacks, however, the cold douche, nor the wet sheet have commonly been of any use. As Mr. Chapple has well shown,

As the greatest of all desiderata is the return of the skin to its normal condition, I venture to hint that beyond a certain point the direct application of the cool water is likely to be injurious by interfering with any attempts to increase the action; for if remedies be given which increase the action, increase, perspiration, their action will certainly be increased by the application of anything to the skin which increases the temperature than that of the body.

In this condition I very earnestly commend the use of tea, in doses of twenty-five grains every quarter of an hour, given in a weak infusion of about three to six times the quantity of water, at a temperature but little below that of the body. The use of tea beyond that on the skin already referred to is to increase the vital action through the mechanism of the nervous system; and it has a powerful and sure effect in increasing the respiratory functions. Hence, so far as it can three of the most urgent wants, viz. the removal of the listlessness and oppression, the increase of the respiratory action—it being clearly understood that respiration has in itself a great tendency to lessen the heat of the body. Diffusible stimulants, as alcohol, have been found somewhat useful, and that no doubt they have a tendency to act through the skin. I have also shown that the addition of alkalis to tea increases the action of the substance upon the skin, and hence it would be better to use neutral acetate of ammonia or acetate of potash.

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being never natural in sound or strength. The majority of leprous patients die of phthisis. As far as I know it is not contagious, men having had it for years, and lived with their wives, become the fathers of families, different members of the household having meanwhile taken in the washing and sewing of the neighbourhood, and not having transmitted it. The lepers of our Hospital here have never been suspected of infecting others, as no case has ever begun there, although there is considerable communication between them and the rest of the patients.

The general opinion of our Physicians here is, that leprosy arises from the want of sufficient change in the food of the poor, flour and fish being their staple diet. We surmise that, like the Bronchocele of Alpine valleys, it is in some way due to an imperfect dietary continued through generations under certain climatic conditions. We have, however, no data from which to dogmatise respecting the cause of this singular disease. If we had a Claude Bernard here with his leisure and resources, he would find a riddle for experimental solution, and he would probably solve it.

When leprosy is fully developed one treatment is about as good as another, and about as useless. Solutions of chlorate of potash sometimes do good. In the incipient stage relief is often obtained from a varied and generous diet, warm clothing, and from the remedies which experience has proved to be so useful in common lepra and psoriasis.

Nassau, New Providence, Bahamas.

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REPORTS OF HOSPITAL PRACTICE  
IN  
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the  
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THE LONDON HOSPITAL.

SUDDEN DEATH FROM RUPTURE OF A DILATED  
AORTA INTO THE PERICARDIAL SAC.

(Communicated by Mr. THOMAS MICHELL, Resident Medical Officer.)

*Abstract of Case:—Insensibility coming on suddenly during extra Exertion—Convulsive Struggling without Stertor or Paralysis—Death within a quarter of an hour—Autopsy: Rupture of an Aneurismal Dilation of the Aorta into the Pericardial Sac; extensive Atheromatous Disease of the Aorta.*

WILLIAM S., aged 45, a shipping agent, was admitted July 3, 1860, in a state of insensibility. He was a very stout and short-necked man. The account given was, that while driving a spring cart, he rose from his seat to whip the horse, and suddenly fell back. He was almost immediately brought to the Hospital. When I saw him he was insensible; was kept on the sofa with great difficulty, as his body was constantly writhing about. He frequently cried out in a sharp, anxious manner, then gasped and struggled. His respiration was irregular face livid and perspiring. pupils dilated, the jugular



