

OUTLINES

OF THE

Practice of Physic, Materia Medica, Toxicology,

AND

DOMESTIC SURGERY;

TO WHICH ARE APPENDED

THREE HUNDRED QUESTIONS ON SUBJECTS CONNECTED WITH THE
DAILY ROUTINE OF A HOSPITAL.

COMPILED

CHIEFLY FOR THE USE OF THE

SUBORDINATE MEDICAL DEPARTMENT,

BOTH EUROPEAN AND NATIVE,

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AGRA:

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1853.

KHULA'SA

Tib aur Materia Medica,

TAJSE

KHAWA'S ADWIYAH WAQHAIKARAH

AUR

SAMYA'T AUR JARRA'HI KA',

MAI TYN SAU SAWA'LAT MULHAQA MUSUTAMILBAR KA'U ROZMARRAH
SHAFAKHANA KE,

WA'STE KA'UDAH

TA'BEDA'R MUTALUQON ILAQA TIBA'BAT

DONON ANCREZE AUR HINDUSTANI TASNI'F SE,

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Assistant Surgeon, Mutalliqo Iba'at Banga'la ke,

AUR

TARJUMA KI' AT BAA'NAH

MUONSHEE MOONSHEE,

MUPAKKI MADARSA DEHLYE

AGRA:

PRINTED AT THE SECUNDRIA GERMAN PRESS.

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PREFACE

The chapters that compose this little work were originally compiled by me in my leisure hours, for the purpose of assisting the Native Doctors in my hospital, in the rudiments of their profession, and thinking if such a work was published in a cheap form, it might prove acceptable to the whole class of the subordinate Medical Establishment, both European and Native, I was induced to have it printed in English and Hindoostanee: should it prove so, I shall feel amply rewarded for all the trouble I have had. At the end of each chapter in the Practice of Physic, will be found a few questions relative to the subject treated upon, which will, I think, materially assist the student by impressing it more fully on his memory, more especially if the Medical Officer under whom he may be placed, ~~reads~~ ^{revises} from time to time; examine him as to his progress, and explain to him whatever he may not fully understand. I would refer the reader to the Bengal Pharmacopœia, published by Dr W. B. Chaugnessy, for all particulars regarding the mode of preparing the different articles in the Materia Medica, as they will find in that valuable book every thing they could possibly require regarding that branch of their studies.

A great difficulty in this undertaking has been to condense. Where there is so much that is excellent in those works I have consulted, it is not easy to abridge without injuring, or to abbreviate without detracting. It is also true, that abridgments are for the most part received with distrust; partly because the judgment of the abridger may fairly be regarded with doubt or suspicion, and also, because there is always an inclination to adopt, in the spirit of favoritism, those opinions which most strongly accord with our own, and to reject others, which may be equally or even more worthy of being retained.

DARBA' B JAMA' AT ADVI' AT KE.

S.—Jāsib kisko kahte haiḡ ?

J.—Jāsib se dawā ko kahte haiḡ ki jisṡeḡ tuḡḡ aur charparahatḡ besātehi na hoṡe, aur mādeh aur anṡriṡeḡ kī turahḡ ko sāṡal karṡ.

S.—Misāl iskī kyā hai ?

J.—Magnesia aur sāf ki huī khariā miṡṡi.

S.—Tezāb kisko kahte haiḡ ?

J.—Jis shai ṡeḡ yih ḡhawās hoṡeḡ ki aksar sāṡqa uskā turah ho, aur yih sifṡ rakhtī ho ki nabātātī ṡiṡe rugṡon ko surḡḡ karṡe, aur khār aur miṡṡi aur falassātī kushta ke sāth milṡāṡe. Hṡes ḡeḡ tezāb miāl tezāb gandhak aur shorah aur namak ke bahut ṡeḡ ṡāṡir rakhte haiḡ, aur haiwānī aur nabātātī chīṡon ko khāṡṡe aur galā detṡ haiḡ.

S.—Tezāb kai qism ke haiḡ ?

J.—Khanī, haiwānī aur nabātātī.

S.—Har qism ke tezāb kī misāl do ?

J.—Mashhūr tezāb khānī yeh haiḡ, ṡāṡe tezāb gandhak, tezāb namak, tezāb Cārbonic aur tezāb Fluoric; tezāb haiwānī yeh haiḡ, Phosphoric, Prussic aur Uric; mashhūr nabātātī tezāb yeh haiḡ, Acetic Acid yā sirkā, Oxalic, Tartaric, Citric, Malic aur Benzoic.

S.—Khār kisko kahte haiḡ ?

J.—Jis chīṡ ṡeḡ yih ḡhawās hoḡ ki nabātātī ṡiṡe rang ko ṡāṡe karṡe, aur tezāb se milkar ek nāi chīṡ ho ṡāṡe, jiskī ḡhawās ṡāṡh aur khār se bilkul māḡhtalif hoḡ, ṡeḡ ke sāth milne se sāḡun ḡaiṡāṡe.

S.—Khār kai qism kā hotā hai ?

J.—Do qism kā, ek qāim aur dūrā urṡewālā.

S.—ṡāṡe qāim ke nām kyā haiḡ ?

J.—Qāim khār haiḡ Potash aur sejṡ, aur dūrā qāim haiḡ urṡewālā, jaisā Ammonia, ṡāṡe monṡṡār aur Hṡarṡṡāṡ, ṡāṡe kṡarkī ṡāṡe.

BA' B AWWAL.

DARBA' B JAMA' AT ADVIA' T KE.

Sawál.—Jázib kisko kahte haiñ ?

Jawáb.—Jázib us dawá ko kahte haiñ ki jismen tundi aur harparahañ bezátehi na howe, aur mádeh aur anñriyon kí tureháñ ko záyal kare.

S.—Misál iski kyá hai ?

J.—Magnesia aur sáf ki huí khariá miññi.

S.—Tezáb kisko kahte haiñ ?

J.—Jis shai men yih khawás hoven ki aksar záiqá uská tureh ho, aur yih sift rakhti ho ki nabátáti nile rugoon ko surkh karde, aur khár aur miññi aur falazzáti kushta ke sáth miljáwe. Baz baz tezáb misl tezáb gandhak aur shorah aur namak ke bahut tez tásir rakhte haiñ, aur haiwáni aur nabátáti chízon ko khájáte aur galá dete haiñ.

S.—Tezáb kai qism ke haiñ ?

J.—Nabátáti, haiwáni aur nabátáti

S.—Har qism ke tezáb ki misál do ?

J.—Mashhúr tezáb kháni yeh haiñ, yane tezáb gandhak, tezáb namak, tezáb Cárbonic aur tezáb Fluoric; tezáb haiwáni yeh haiñ, Phosphoric, Prussic aur Uric; mashhúr nabátáti tezáb yeh haiñ, Acetic Acid yá sirká, Oxalic, Tartaric, Citric, Malic aur Benzoic.

S.—Khár kisko kahte haiñ ?

J.—Jis chíz men yih khawás hon ki nabátáti nile rang ko sabz karde, aur tezáb se milkar ek nai chíz ho jáwe, jiski khawás tezáb aur khár se bilkul mukhtalif hon, tel ke sáth milne se sában banjáwe.

S.—Khár kai qism ká hotá hai ?

J.—Do qism ká, ek qáim aur dúsrá urnewálá.

S.—Un aqsám ke nám kyá haiñ ?

J.—Qáim khár haiñ Potaash aur sajjí, aur dúsrí qism hai urnewáli, jaisé Ammonia, yane nousédar aur Hart'shorn, yane birnká síng.

Q.—What is an Antiscorbutic?

A.—Medicines given to cure or prevent the land or sea scurvy.

Q.—Name some of the chief Antiscorbutics?

A.—Acid fruits, such as Lemons, Limes, Oranges, Citric Acid, Vinegar, Garlic, Mustard and Cress; raw Potatoes, and fermenting liquors, such as Spruce Beer and Cyder.

Q.—What is an Aromatic?

A.—A substance which has an agreeable spicy scent, and a pleasant pungent taste.

Q.—Name some of the principal Aromatics?

A.—Cloves, Nutmegs, Mace, Cinnamon, Pepper, Ginger, and the Essential Oils derived from various plants by distillation, as Oil of Rosemary, Lavender and Peppermint.

Q.—What is an Astringent?

A.—A substance that draws together or corrugates and contracts the parts of the body to which it is applied.

Q.—Name some of the chief Astringents in use?

A.—Alum, Catechu, Oak-bark, Logwood, Gall-nuts, Kino, Chalk, Iron, Lime-water, Carbonate of Lead, Diluted Acids, and Nitrate of Potash.

Q.—When should Astringents be given?

A.—They are useful in long continued laxity of the bowels where there is no deficiency of the proper excrementitious matter and where means have been taken to cure the original disease.

Q.—What is a Blister?

A.—That, which when put on the skin, raises the cuticle in the form of a vesicle, filled with a serous fluid.

Q.—Name some of the articles employed as a Blister?

A.—A plaister composed of the Spanish or Telini fly, Mustard Poultices, boiling-water; and an ointment made of simple dressing and Tartar Emetic.

Q.—When are Blisters useful?

A.—In cases of Nervous Fever, where there is Delirium, Dimness of sight, Deafness, and great debility; in Apoplexy after blood-letting; in Palsy sometimes when applied to the part, sometimes at a distance. In Inflammation of the Lungs after sufficient bleeding, in various stages of Consumption, in obstinate coughs, in Asthma, Rheumatism, Indolent swellings of the joints.

Q.—In what cases are Blisters improper?

A.—In Dropsical habits, in which they sometimes give rise to ulceration and gangrene; in very irritable constitutions; and also in cases of gravel, or any disease of the urinary organs.

Q.—How long should a Blister generally remain on?

A.—In adults, twelve hours is the usual time, but in young children, one or two hours will generally be long enough.

Q.—How would you counteract the occasional bad effects of a Blister?

A.—If it produces strangury or bloody urine, make your patient drink copiously of mild diluent liquors, such as rice-water, barley-water, or gruel; to every pint of which, one drachm of salt-petre may be added, to increase the effect of dilution on the urinary organs. Should the surface of the Blister become ulcerated, dress it with Basilicon ointment for a few days, and then return to poultices and simple dressing.

Q.—What is a Cordial?

A.—Any medicine which possesses warm and stimulating properties, given with a view to excite the action of the heart and arteries.

Q.—In what cases are Cordials proper?

A.—In the advanced stages of Fever and other debilitating diseases; here wine or wine and water, diluted spirits, Compound Tincture of Bark, Tincture of Cinnamon, Tincture of Gentian, or the Aromatic Spirits of Ammonia; in cases of fainting, when Hartshorn, Ether, or Valerian may be given; after Surgical operations, or deliveries, when Brandy or Wine may be required, sometimes combined with a dose of Laudanum.

J.—Plaster bantá hai Spanish Fly yá Teliní makkhí se, ráí kí lup-
pá, khoulta pání, aur marham se bantá hai; Simple Dressing jis men
Tartar Emetic miláyá játa hai.

S.—Blister kis marz ke liye mufid hai ?

J.—Jab ki Nervous Fever hotá hai, aur jab ki hiziyan hotá hai,
kamí bínáí, bahrápan, aur bahut zouf ke; bích bímárí saktá pñchhe
khún lene ke; fálij men baz waqt jab lagáyá játa hai ek hisseh
par, aur baz waqt farq se. Bích bímárí sozish phepre ke bád káfi
fasd karne ke, mutfarriq hálat sil ke, bích shadíd khánsí, damáh,
bái, aur áhistgí warm joṛṛṇ ke.

S.—Istámál Blister ká kis súrat men námunásib hai ?

J.—Bích bímárí jalandrí, jis men baz waqt Ulceration aur siran
paidá hotá hai; aur jis súrat men kí bímár ká garm mizáj ho; aur
bhí bímárí pathrí men, yá koí bímárí pesháb kí men.

S.—Kitne árse tak Blister lagá rahná cháhiye ?

J.—Jawán ádmí ke liye bárah ghanṭe mamúl hai, aur larṛṇ
kḥurdsál ke wáste ek yá do ghanṭa aksar lagá rahná káfi hai.

S.—Jo Blister lagáne se kabhí qabáhat yá kisí nau ká fasád
paidá ho to usko kistarrah raṣa karen ?

J.—Agar taqtír ho jáwe yá pesháb men khún áne lage to bímár
ko bahut halká, aur raqíq karnewálá pání piláyá jáwe, maslan
cháwal ká pání, áb jou, yá gruel, us pání ke harek ádhá ser men
ek dram shorah miláyá jáwe, táki ázár pesháb men narmí paidá
kare, aur agar Blister ke muqám par koí zaḥm parjáwe, to usko
chand roz tak marham Basilicon lagáwen, aur bád iske khúb luprí
lagá diyá kare, aur sáf karke bándhen.

S.—Dilkushá dawá kisko kahte hai ?

J.—Jis dawá ká khawás garm aur mufarraḥ ho, táki dil aur
shiryán kí harkat ko tezí baḥshc.

S.—Dilkushá dawá ká istámál kis súrat men cháhiye ?

J.—Tap kohnah aur awáriz naqáhat paidá karnewáli men sharáb
yá pání aur sharáb, araqyát sharáb, Compound Tincture of Bark,
Tincture Dárchíní, Tincture of Genshian yá Aromatic Spirits of
Ammoníá; dar súrat láhaq hone ghash ke hirn ká síng, Æther yá
Valerian diyá jáwe; bád ikhtitám kám járrahí ke, yá bád infarág
janne ke, jis súrat men kí zarúrat Brandy kí yá sharáb kí howe, to
bashamúl uske baz auqát ek maṭád Laudanum istámál kar sakte
hai.

Q.—What is a Counterirritant?

A.—Any substance applied to the surface of the body for the purpose of producing a superficial inflammation, and removing it from another position; as a Blister applied to the surface of the chest, to remove inflammation from the lungs beneath.

Q.—What is an Antiseptic?

A.—A doubtful class of remedies as applied to the living body, they possess the power of preventing animal and vegetable substances from decomposing or becoming putrid, and of obviating putrefaction when already begun.

Q.—What are the chief Antiseptics usually employed?

A.—Creasote, Charcoal Poultices, the Chlorides of Lime and Soda, Bark, Hops, and Vinegar.

Q.—What is an Antispasmodic?

A.—Medicine given to relieve spasm, or irregular and painful actions of muscles or muscular fibres.

Q.—What are the chief Antispasmodics?

A.—Ammonia, Assafetida, Camphor, Castor, Æther, Musk, Opium and Valerian.

Q.—What is a Carminative?

A.—A Medicine that assists in the extrication and expulsion of wind from the intestines.

Q.—Name some of the common Carminatives?

A.—Aniseed, Cardamums, Caraway seeds, and their essential oils: Ginger, and warm water clysters.

Q.—What is a Deobstruent?

A.—Any Medicine which has the power of removing any obstruction in the body.

Q.—Name some of the common Deobstruents?

A.—Blue Pills and the extract of Taraxacum, which often displays a remarkable power of removing hardness of the liver and other organs. The Hydriodate of Potash is also a valuable remedy in such cases.

Q.—What is a Digestive?

A.—A term applied by the older surgeons to those substances, which, when placed on an ulcer or wound, were supposed to promote suppuration.

S.—Dáfa sozish dawáen kisko kahte haiñ ?

J.—Jo shái ki jism par lagái jáwe táki usse jism kí satah par sozish paidá ho, aur aur jagah se sozish rafá hojáwe; jaise ki Blistér sínah par lagáne se pephre ke talí sozish rafá hojái hai.

S.—Dáfa áfúnat dawáen kisko kahte haiñ ?

J.—Jo dawáen mushtabah mutsawwar hon, unko dáfa áfúnat kahte haiñ; aur wuh dawáen haiwání aur nabátátí ashyá ko galne aur sarne nahín detí haiñ, aur agar koí sarní shurú hogái ho to usko ziyádah sarne se báz rakhtí haiñ.

S.—Mashhúr dawáen dáfa áfúnat kyá aksar istámál kí jatí haiñ ?

J.—Creasote, koelá ká luprí, Chlorides of Lime aur Soda, Bark, Hops aur Sirká.

S.—Dáfa tashannuj dawá kisko kahte haiñ ?

J.—Jis dawá se chabak aur harkat ke waqt jo pech o táb aur dard patthon aur patthon ke reshon men hotá ho rafá hojáwe us ko dáfa tashannuj kahte haiñ.

S.—Mashhúr dawáen dáfa tashannuj kon kon sí haiñ ?

J.—Ammonia, yáne nousádar, híng, káfúr, Castor, Æther, mushk, afím aur Valerian.

S.—Dáfa rayáh dawá kyá hai ?

J.—Jo dawá ki madad kartí hai hawá nikálne ko antaryon men se.

S.—Mashhúr dawáen dáfa rayáh ká nám bayán karo ?

J.—Sonf, iláchí, ajwáin, aur unke aslí tel: sonth, aur garm pání kí pichkárí.

S.—Mufattah dawá kyá hai ?

J.—Jo dawá ki kisi qism kí rukáwat ko ki jism men wáqa ho rafá kare.

S.—Mashhúr dawáen mufattah men se kisi ká nám lo ?

J.—Blue Pill, Extract of Taraxacum, jo aksar sahtí jigar aur dígar ázá ke rafá karne men bahut tásir baqsh hotá hai. Is amar men Hydriodate of Potash bahut khúb iláj mutsawwar huá hai.

S.—Pakáne wálí dawá kisko kahte haiñ ?

J.—Jarráh sábiq un dawáen ko pakáne wálí kahte the ki jo bar-waqt pakáne ke upar dumbal yá zaqhm ke usko ziyádah paká detí haiñ.

A.—Cold water; Almond emulsion, Linseed tea and rice-water.

Q.—What is a Discutient?

A.—Any substance which possesses the power of repelling or resolving tumours.

Q.—Name some of the articles usually employed as Discutients?

A.—Plaisters composed of Ammoniacum with or without Mercury, Galbanum, Soap and Mercurial plaisters, and Mercurial liniments.

Q.—What is a Diuretic?

A.—A medicine which, when taken internally, increases the secretion by the kidneys, and by consequence the flow of urine.

Q.—What are the chief Diuretics?

A.—Cream of Tartar, Nitrate of Potash, Squills, Digitalis, Juniper, Copaiba, Cantharides, Muriate of Ammonia, Jalap and Elaterium.

Q.—What is the meaning of the word Drastic?

A.—It is applied to those medicines which are very violent in their action, as Elaterium and Gamboge, which are called Drastic Purgatives; and the Sulphates of Zinc and Copper and Tartar Emetic, which are called Drastic Emetics.

Q.—What is an Emetic?

A.—A medicine which has the power of evacuating the contents of the stomach, independent of their quantity or any nauseousness in their taste or odour.

Q.—How are Emetics divided?

A.—Into vegetable and mineral.

Q.—What are the chief vegetable Emetics?

A.—Ipecacuanha, Squills, powdered white mustard seeds, Infusion of Chamomile flowers, Tobacco and Asarabacca.

Q.—What are the chief Mineral Emetics?

A.—The Tartrate of Antimony, the Sulphates of Zinc and Copper, the Subacetate of Copper and Ammonia.

Q.—What is an Emmenagogue?

A.—Any medicine which possesses the power of promoting the monthly discharge by the Uterus.

Q.—How are Emmenagogues divided?

J.—Sard pání, Emulsion bádám ká, Linseed tea yáne alsá kí cháh, aur cháwal ká pání.

S.—Tahlíl karne wálí dawá kisko kahte haiñ ?

J.—Jis shai men ki khawás dafá karne yá tahlíl karne warm ká hotá hai.

S.—Jo dawá ki aksar batour tahlíl istámál men áti haiñ unká nám bayán karo ?

J.—Pláster bunne hooe Ammoniacum ke bashamúl yá biláshamúl símáb, Galbanum, Sábun, aur Plaster símáb aur Liniment símáb.

S.—Pesháb láne wálí dawá kisko kahte haiñ ?

J.—Wuh dawá ki jiske píne se ratúbat jism baráh gurda judá howe, aur usse pesháb ziyádah rawáñ hojáwe.

S.—Mashhúr dawáen kon kon sí haiñ ?

J.—Cream of Tartar, shorah, janglí piyáz, Digitalis, Juniper yáne saro kohí, Copaiba, Cantharides yá Teliní makkhí, Muriate of Ammonia, Jalap aur Elaterium.

S.—Kyá máne hai lafz Drastic ke ?

J.—Yeh hai un dawáon ke liye mustámil ki jinká asar bahut tez hotá hai, maslan Elaterium aur Gamboge, yih dawáen Drastic Purgative yáne mashal tez kahláti haiñ, aur Sulphates of Zinc aur Tábá, aur Tartar Emetic, yih dawáen Drastic Emetic, yane tez muqái kahláti haiñ.

S.—Rad láne wálí dawá kisko kahte haiñ ?

J.—Jo dawá ki khawás sáf karne mawád medeh ká rakhtí hai bazaria qy ke aur miqdár dawá, aur uske bad záiqá, aur badbúdár hone se kuchh iláqa nahín.

S.—Rad láne wálí dawáen kyunkar taqsím kí gaí haiñ ?

J.—Darmiyán nabátáti aur khání ke.

S.—Mashhúr nabátáti qyáwar dawáen kon kon sí haiñ ?

J.—Ipecacuanha, janglí piyáz, safúf safed rái ká, Infusion of Chamomile Flowers, tambákoo aur Asarabacca.

S.—Mashhúr khání qyáwar dawáen, kon kon sí haiñ ?

J.—Tartrate of Antimony, Sulphates of Zinc aur Copper yáne Tábá, Subacetate of Copper aur Ammonia.

S.—Haiz láne wálí dawá kis ko kahte haiñ ?

J.—Jo dawá ki khawás ziyádah ikhráj máhí yáne haiz ká rakh-tí ho.

S.—Haizáwar dawáen kyunkar taqsím kí gaí haiñ ?

A.—Into Stimulating, as Mercurial and Antimonial preparations: into Irritating as Aloes, Savine, and Spanish Flies: into Tonic, as the preparations of iron, the cold bath and exercise: into Antispasmodic, as Assafoetida, Castor, and warm foot baths.

Q.—What is an Emollient ?

A.—Any remedy, which when applied to the solids of the body, renders them more soft, lax, and flexible.

Q.—How are Emollients divided ?

A.—Into humectant, as warm water and tepid vapours ; into relaxing, as marshmallows and linseed ; into lubricating, as bland oils, fat and lard ; and into atonic, as opium and the foot bath.

Q.—What is an Emulsion ?

A.—A composition in which oils and oily fluids, or other substances which are not soluble in water, are suspended in water fluids, by means of viscid substances, such as mucilages or syrups.

Q.—What are the principal emulsions in use ?

A.—Sweet Almonds and Gum Arabic, Assafoetida, Gum Ammoniacum and Camphor.

Q.—What is an Enema ?

A.—A Clyster, a liquid or Gaseous form of Medicine thrown into the rectum, mostly for the purpose of emptying the bowels of Fœces.

Q.—Name some other uses of an Enema ?

A.—For relaxing the powers of the body, and producing fainting, as when the fumes of tobacco are sent into the rectum, in order to effect the reduction of a strangulated gut. For the purpose of killing worms in the rectum, as the Threadworm: for defending the bowels from the irritation of bile, or any acrimonious secretion: for restraining a Diarrhœa: for nourishing the body when food cannot be received or be kept in the stomach: for allaying spasms in the stomach, bowels, lungs, kidneys, or other parts.

Q.—What is an Epispastic ?

A.—Any substance which is capable, when applied to the surface of the body, of producing a thin serous fluid from the exhalants,

J.—Darmiyán mufarrah, jaise ki Mercurial aur Antimonial Preparations: darmiyán jaláníwálí, jaisá ki Ełwa, Savine aur Spanish Flies yáne Teliní makkhí: darmiyán muqawwí, maslan dawáen baní howen lohá ke, naháne thande pání se, aur chhal qadmí karná: darmiyán dáfa tashannuj ke, jaisá ki híng, Castor, aur garm pání se naháná.

S.—Mulayyan dawá kisko kahte hai?

J.—Jo dawá kí jism ke saḡht ázá ko lagáí jáwe, aur usko narm mulayyan aur mutharrik karde.

S.—Mulayyan dawáen kyunkar taqsím kí gai hai?

J.—Darmiyán martúbí, jaise garm pání, aur bukhárat ním-garu; darmiyán dhíla karnewálí, jaise Marshmallows aur alsí; darmiyán chíkne, jaisá ki muláim tel, charbí, aur suar kí táí huf charbí; aur darmiyán atonic, jaise afím aur pashoya karná.

S.—Chikní dawá kisko kahte hai?

J.—Dawá murakkab jis men tel aur chikní chízen, aur aisi chízon se jo pání men nahín gáltín hai, aur jab kisí qism ke pání men dháíl jáwen, basabab luḡbdár hone ke pání men na mileḡ balki uskí satah par tair ke raheḡ, jaisá ki Mucilages yá Syrups.

S.—Mashhúr chikní dawáen kon kon se mustámil hai?

J.—Badám shírín, Gum Arabic, híng, Gum Ammoniacum, aur kafúr.

S.—Pichkárí kí dawá kisko kahte hai?

J.—Pichkárí kí dawá raqíq yá roshan hawá kí qism kí dawá jo dubar yáne Rectum men díjátí hai, aksar wáste ḡhálí karne antar-yon ke baraz se uská istámál kíyá játá hai.

S.—Chand fawáyad dígar pichkárí ke bayán karo?

J.—Wáste dhíla karne táqat jismí ke, aur paidá karne behoshí ke, jaisá ki tumákoo kí dhúní dubar men dene se khuljáte hai, band ánt. Wáste már dálne kíron ke jo dubar men paidá hote hai, jaisá ki Threadworm kírá: wáste mahfúz rakhne antar-yon ke pit kí tezí se, yá koí tezí mawád se: wáste rokne ishál ke: wáste tásgí jism ke jabki ḡhurák mádah men nahín pahunchtí hai, aur nahín thahartí; wáste kam karne tashannuj, mádah, antar-yon, pheḡre, gurdah, yá dígar ázá ke.

S.—Jild ookhárnewálí dawá kisko kahte hai?

J.—Koí shai jo istámál kí játí hai wáste jild ukhárne ke, jo jism ke satah par lagáí jáwe, to usse bukhár uḡhkar ḡhál ubhar jáwe, aur

which raises the cuticle and forms the appearance of a vesicle or blister, such as the vinegar of Spanish flies.

Q.—What is an Errhine ?

A.—Any substance applied to the internal membrane of the nose excites sneezing, and increases the secretion in it, as powdered Tobacco, Assarabaca, white Hellebore and Veratrine.

Q.—What is an Escharotic ?

A.—Any substance that has the power of destroying any portion of the body to which it is applied by the formation of a slough.

Q.—How are Escharotics divided ?

A.—Into Eroding, as blue vitriol and burnt alum, and into Caustic, as the Nitrate of Silver, Potassa fusa, and the mineral acids.

Q.—What is an Expectorant ?

A.—Any thing which increases the discharge of mucous from the lungs.

Q.—How are Expectorants divided ?

A.—Into Nauseating, Stimulating, Irritating, and Antispasmodic.

Q.—Give examples of each sort ?

A.—Nauseating, as Ipecacuanha, small doses of Tartar Emetic, Squills, Ammoniacum, and Garlic; Stimulating, as Horehound Irritating, as fumes of tobacco and acid vapours; Antispasmodic, as Blisters, warm baths and watery vapours.

Q.—What is a Febrifuge ?

A.—That which possesses the property of abating the violence of any fever.

Q.—Name some of the articles usually employed as a Febrifuge ?

A.—Quinine, the different kinds of Cinchona Bark, Kutkuleja, Narcotine, Antimony and Mercury.

Q.—What is a Gargle ?

A.—A wash for the mouth and throat.

Q.—How are Gargles divided ?

A.—Into Stimulating and Astringent, as the infusion of Roses, and diluted Sulphuric Acid, or the infusion of red pepper and vinegar,

bashakí áblah ke namád howe, aur usmeñ patlá sard pání paidá howe, jaisá ki Spanish Fly ká sirká.

S.—Chhíñk láne wálfí dawá kisko kahte haiñ ?

J.—Jo shai ki andar náñ ke lagáí jáwe to usse ohhíñk áwe, aur rezish ziyádah howe, jaisá ki písá huá tumákoo, Assarabaca, Kootkí sufed aur Veratrine.

S.—Kátnewálfí zañhm kí dawá kisko kahte haiñ ?

J.—Kof shai jo jism par lagáí jáwe, aur us jagah se jism ko ehichrá karke galá de.

J.—Adwiya zañhm kátnewálfí kyunkar taqsím kí gai haiñ ?

J.—Darmiyán Eroding, yane khánewálfí goahť kí, jaisá ki nílá thothá aur phiñkírí baryán, aur darmiyán Caustic, jaisá ki Nitrate of Silver, Potassa fusa, aur tezáb khání.

S.—Kaf dáfa karnewálfí dawá kisko kahte haiñ ?

J.—Kof shai ki jo ikhráj kaf ká phephre se ziyádah kare.

S.—Kaf dáfa karnewálfí dawá kyunkar taqsím kí gai haiñ ?

J.—Durmíyán jí machlánewálfí, mufarraħ, jalánewálfí, aur dáfa tashannuj.

S.—Harek qism ke misál do ?

J.—Jí machlánewálfí dawá, maslan Ipecacuanha, miqdár qalíl Tartar Emetic, janglí piyáz, Ammoniacum, aur lahsan ; mufarraħ, adwíyáh jaisá ki Horehound ; jalánewálfí, maslan dhúní tumákoo aur bukhárat tezáb ; dáfa tashannuj, jaisá ki Bliester, ghusl karná garm pání se, aur bukhárat pání ke.

S.—Dáfa bukhár dawá kisko kahte haiñ ?

J.—Jo dawá ki khawás kam karne shiddat bukhár ká rakhtí ho.

S.—Dáfa bukhár dawáon meñ se jo aksar istamál meñ átí haiñ unká nám bayán karo ?

J.—Quinine, kaí qism ke Cinchona Bark, kutkuleja, yane karunjawah, Narcotine, Antimony aur párá.

S.—Gharghrah kí dawá kis ko kahte haiñ ?

J.—Mupñ aur halaq ke dhone kí dawá ko kahte haiñ.

S.—Gharghrah kí dawáon kyunkar taqsím kí gai haiñ ?

J.—Darmiyán mufarraħ aur qabiz, jaisi ki khisánda guláb, aur Diluted Sulphuric Acid, yáns patlá gandhak ká tezáb, yá khisánda lá

and into Mucilagenous and soothing, as rice water, barley water, or linseed tea.

Q.—What is an Hydragogue ?

A.—Any medicine which possesses the property of increasing the secretions or excretions of the body, so as to cause the removal of water from any of its cavities, such as the Cathartic purgatives, *Elaeterium*, and Compound Jalap Powder.

Q.—What is an Irritant ?

A.—Any thing applied to the surface of the body causing irritating unpleasant sensation, with heat and redness, as Caustic or any of the mineral acids.

Q.—What is a Laxative ?

A.—A medicine which promotes a discharge from the bowels with considerable ease, without very copious discharge or pain during its operation, and without any general excitement of the system.

Q.—Give examples ?

A.—Manna, Castor oil, Sulphur, alone or combined with Cream of Tartar, Rochelle, and some other neutral salts.

Q.—What is a Lithontriptic ?

A.—Medicines supposed to have the power of dissolving stone in the bladder, or of removing a disposition in the body to the formation of a calculus, as the Carbonates of Magnesia and Potash, and the *Liquor Potassæ*.

Q.—What is an Opiate ?

A.—A medicine into whose composition Opium enters in some of its forms.

Q.—What is a Parturifacient ?

A.—That which taken internally, causing the expulsion of the *Fœtus* from the womb, as the Ergot of Rye.

Q.—What is a Purgative ?

A.—Any medicine which quickens or increases alvine evacuations.

Q.—Do Purgatives vary in the manner in which they produce their effects ?

A.—Yes; some act merely by exciting the muscular fibres of the intestines to increased peristaltic motion, and thus cause their contents to be more quickly and completely evacuated, as Jalap,

mīrch kā aur sīrkā, aur darmiyān Mucilagenous yāne luābdār aur Soothing, yāne taskīn denewālī, maslan pīch, jou kā pānī, yā chāh alsī kī.

S.—Patlā dast lāne wālī dawā kis ko kahte haiṅ ?

J.—Jo dawā ki jism se nikālne wālī Secretions yā Excretions mawād ko ziyādah kare, jaisa ki pānī jism kā kisī rastā jism se khārij hotā rahe, maslan mushil, Elaterium aur Compound Jalap Powder.

S.—Jalānewālī dawā kisko kahte haiṅ ?

J.—Kōī shai ki upar jism ke lagāī jāwe us sabab se jalan negā-wār hiss, sāth garmī aur surkhī ke mālūm howe, jaisā Caustic yā kōī tezáb khānī.

S.—Peṭ narm karne wālī dawā kis ko kahte haiṅ ?

J.—Jo dawā kī anṭriyon meṅ se bahut ba-asānī mawād iḡhrāj kare, magar bahut kasrat se mawād khārij ne howe, aur us dawā kī tāsīr hone meṅ bahut tabiāt ko dard ne mālūm howe, aur kisse nau kī tahrīk tabiāt par tahik nā howe.

S.—Is ke mīsal do ?

J.—Manna, arandī kā tel, gandhak, tunhá yā milā huā sāth Cream of Tartar, Rochelle aur dígar Neutral Salts ke.

S.—Dafā sang masānā dawā kisko kahte haiṅ ?

J.—Jin dawāon meṅ yeh quwwat samjhī jātī hai ki sang masāna ko galāweṅ, yā usse mailān paidā howe Calculus kā jism se rafā hojāwe, maslan Carbonates of Magnesia aur Potash, aur Liquor Potassæ.

S.—Khwábāwar dawā kisko kahte haiṅ ?

J.—Jo dawā kisī qism kī ufīm se murakkab howe bīch bāze aqsām uske ke.

S.—Musqit dawā kis ko kahte haiṅ ?

J.—Jo dawā ke jism ke andar pahunchne se rahhm ke bachche ko khārij kare, maslan Ergot of Rye.

S.—Dastāwur dawā kis ko kahte haiṅ ?

J.—Jo dawā kī jaldī mawād ko khārij kare aur dast ziyādah lāwe.

S.—Kyā kōī taur se mushil ke tāsīr hotī hai ?

J.—Waqa meṅ kaī taur se mushil ke tāsīr hotī hai, bāze mushil ke tāsīr is taur se hotī hai ki anṭriyon ke puṭṭhon ke reshā ússe khare hojāte haiṅ aur wuh harkat Peristaltic hai, aur isī sabab se

Elaihana, Aloes, Scammony, Rhubarb and Colocynth; some stimulate the mucous follicles and exhalants, so that a larger quantity of fluids than usual is excreted from the inner coat of the intestines, and thus the fecal evacuations are rendered more liquid and more copious, as the Sulphates of Magnesia and Soda, the Phosphate of Soda and Tartrate of Soda. Others so stimulate the neighbouring viscera as to occasion a more copious discharge of the Bile and Pancreatic liquor, as Calomel and Blue pill.

Q.—What is the meaning of a Drastic purgative?

A.—Any purgative that acts in a very violent manner, as Croton Oil, Gamboge and Scammony.

Q.—What is a Refrigerant?

A.—A medicine or application intended to diminish the morbid heat of the body.

Q.—Name some of the articles usually employed as Refrigerants?

A.—Internally, Iced water, Vinegar, Lemon Juice, the Nitrate of Potash, Vegetable Acids, Tartaric Acid and Cream of Tartar; externally, Ice, cold water, Goulard wash, Vinegar, Muriate of Ammonia and Sugar of Lead.

Q.—What is a Repellant?

A.—Any application which makes a disease recede from the surface of the body.

Q.—What is a Rubefacient?

A.—Any substance employed to give to the skin a degree of irritation less than what is given by a blister.

Q.—Name a few Rubefacients commonly employed?

A.—Hot water, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony and Potash, and the Hydriodate of Potash.

Q.—What is a Sialogogue?

A.—Any medicine which has the power of increasing the flow of saliva, such as the different preparations of Mercury, Squills, Nicotine and Pepper or Ginger.

Q.—What is a Stimulant?

mawád unká jalá aur bilkul sáf hojátá hai, maslan Jalap, Kala-dáná, Elwa, Sukmooniya, rewund chíní, aur Colocynth; bañe dawáen Mucous Follicles aur Exhalants ko mufarraḥ karte haiñ, kí usse khárij hone wáli muwád sriyál ho, banisbat mámulí ke aq-aryon ke andar se ziyádah nikalte haiñ, aur is sabab se dast ziyádah patle our ziyádah hojáte haiñ, maslan Sulphates of Magnesia aur Soda, Phosphate of Soda, aur Tartrate of Soda. Baz dawáen áspás ke mawád ko tárík kartí haiñ takí pit aur Pancreatic páni ziyádah aur baḥhubí khárij ho jáwe, maslan Calomel aur Blue pill.

S.—Drastic Purgative se kyá murád hai ?

J.—Koi dáwá mushilá ke bashiddat aur tezi se tásir kare, maslan jamálgoṭe ká tel, Gamboge aur Sukmooniya.

S.—Dafá garmí kí dáwá kisko kahte haiñ ?

J.—Jo dáwá kí kháne yá lagáne se jism ke maraz kí garmí ko kam kare.

S.—Jo dawáen ki aise aksar istámál meñ átí haiñ unká nám bayán karo ?

J.—Dawáen ki andar jism kí pahunchái jáweñ, jaise barf ká páni, Sirká, araq Limon ká, shorah, tezáb nabátáti, Tartaric Acid, aur Cream of Tartar; aur jo dawáen ki jism ke upar mustámál hon, jaise barf, sard páni, Goulard páni, sirká, Muriate of Ammonia aur Sugar of Lead.

S.—Khárij karnewáli dáwá kisko kahte haiñ ?

J.—Jis dáwá ke lagáne se maraz jism ke sataḥ se haṭ jáwe ?

S.—Surkh karnewáli badan kí dáwá kisko kahte haiñ ?

J.—Jis dáwá se ki jism ko Blister ki taklíf ki nisbat kam sbzish pahunche.

S.—Jo dawáen surkh karne wáli badan ki aksar mustámil haiñ unká nám bayán karo ?

J.—Garm páni, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony aur Potash, aur Hydriodate of Potash.

S.—Joshe dahan kí dáwá kisko kahte haiñ ?

J.—Jo dáwá ke munḥ kí rál ko ziyádah kare, maslan muḥtalif adwiya murakkab párá ke, janglí piyáz, Nicotine aur mirch yá sonḥ.

S.—Mufarraḥ adwiyah kisko kahte haiñ ?

A.—Medicines, or other circumstances capable of exciting the vital energy, whether as exerted in sensation or motion.

Q.—How are Stimulants divided ?

A.—Into the diffusible, as the Volatile Alkalis, Electricity, and Heat; into the internal, as spirituous liquors of different kinds, wines, warm spices, musk, Castor, Ammonia, and warm drinks, such as tea, gruel, rice water, or broths; and into local, as blistering flies, either the Spanish or the Telini, Alcohol, Æther, Ammonia, Caustic, Creasote, Bluestone, Chloride of Zinc, Nitrate of Mercury, Arsenious acid, and all the Mineral acids.

Q.—What is a Stomachic ?

A.—A term commonly used to denote any medicine which is believed to be beneficial to the stomach, and to promote the powers of digestion.

Q.—What medicines are commonly given to act as Stomachics ?

A.—Rhubarb, Aloes, Myrrh, Pepper, Ginger and various condiments are often given.

Q.—What is a Styptic ?

A.—Any substance which possesses the power of stopping hæmorrhage.

Q.—Name some of the articles usually employed as Styptics ?

A.—Ice, Alum, Turpentine, and the Muriated Tincture of Iron.

Q.—What is a Sudorific ?

A.—Any medicine which increases the exhalation by the skin in such a quantity, that it appears on the surface in a liquid form.

Q.—How many kinds of Sudorifics are there ?

A.—Three, viz., those which promote sweat by stimulating the vessels of the skin, as external heat, friction, or medicines which taken into the circulation, exert their influence on the skin, as mercurial medicines and sulphur, or those which being applied to the stomach act on the skin by its sympathy with that organ, thus cold drinks sometimes prove powerful Sudorifics; second, those which increase the general action of the vascular system, as the warm bath, violent exercise, Alcohol, Ammonia and Guaiacum; third, those which relax the construction of the perspiring vessels

J.—Adwiyat, yá dígar hálat meñ jinse mizáj kí quwwat ko har-
kat howe, yane usse andar jism ke riqqat howé yá jism ko har-
kat pahunche.

S.—Kyonkar mufarrah dawáen taqsím kí gaf haiñ ?

J.—Darmiyán qábil intishár, jaisá ki Alkali urnewálf, Electri-
city, yane jazb, aur garmí; darmiyán andarúni, jaisá kai qism ke
arq, sharáben, garm masála, mushk, Castor, Ammonia, aur garm
noshidni, jaisá cháh, pích, cháwal ká pání, yá shorbe; aur dar-
miyán adwiyah, jo muqám marz par lagái jáwe, jaisá Spanish Flies,
yane Telini makkhi, Alcohol, Æther, Ammonia, Caustic, Creasote,
nflá thothá, Chloride of Zinc, Nitrate of Mercury, Arsenious Acid,
yane tezáb sanjhiyá ká, aur tamám tezáb kháni.

S.—Muqawwí miuduh dawá kisko kahte haiñ ?

J.—Jo dawá ki aksar is istiláh meñ mustámil haiñ ki miuduh ke
haq meñ muñd hon, aur taqwíyat hazúmá ko ziyádah kare.

S.—Kon kon sí dawáen aksar muqawwí miuduh mustámil hotí hai ?

J.—Rewand chiní, Elwa, murr, mirch, sonth aur mutfarriq qism
ke masálah aksar diye játi haiñ.

S.—Khún band karnewáli dawá kisko kahte haiñ ?

J.—Jo dawá ki khún ko band kare.

S.—Jo dawáen aksar wáste khún band karne ke mústámil hotí
haiñ unká nám bayán karo ?

J.—Barf, phiñkírí, turpan tel, aur Muriated Tincture of Iron.

S.—Pasíná lánewáli dawá kisko kahte haiñ ?

J.—Jo dawá ki jism se is qadar bukhárat ufháwe ki wuh bukhá-
rát bashakl pání satah par jism ke namúdar howen.

S.—Pasíná lánewáli dawáen kai qism kí hotí haiñ ?

J.—Tín, awwal, jo ki jism kí ragon ko tárík karke pasíná khárij
karen, maslan báhar kí garmí, málish, yá jo dawáen ki jism ke
mawád siyál ke sáth shámil hokar jism ke post par tásir karen,
maslan dawáen párah aur gandhak kí, yá jo adwiyah ki madah par
lagái jáwen basabab muwáfqat yá miuduh post par tásir karen, mas-
lan thandáien baz auqát pasíná láné meñ bahut muqawwí hote haiñ;
doyam, jo dawáen ki Vascular System, yane ragon kí harkat ko ziyá-
dah karen, jaisá garm pání meñ ghusl karná, bahut mahnat, Alcohol,
Ammonia aur Guaiacum; seyam, jo dawáen ki inqibáz raghá pasí ná

as Antimonial preparations, the cold effusion and saline diaphoretics.

Q.—What is a Suppurative?

A.—Any thing which, when applied to the body, causes that morbid action by which pus is deposited in inflammatory tumours.

Q.—What is usually employed to cause Suppuration?

A.—Hot fomentations and poultices of different kinds, either medicated or not.

Q.—What is a Tonic?

A.—Any thing which increases the tone or strength of the muscular fibres.

Q.—How are Tonics divided?

A.—Into Alterative, Antispasmodic, Astringent, Bitter and Convulsive.

Q.—Name some of the Alterative Tonics?

A.—Sarsaparilla, Ununtamool, Guaiacum, Mezerion, and Serpentry.

Q.—Name some of the Antispasmodic Tonics?

A.—Ammonia, Musk, Valerian, Assafœtida, Castor, Galbanum, and Meadow Saffron.

Q.—Name some of the Astringent Tonics?

A.—Cinchona Bark, Logwood, Oak Bark, Gallnuts, Pomegranate, Rhubarb, Catechu, Alum, Sugar of Lead, Sulphates of Copper and Zinc, Nitrate of Silver and Corrosive Sublimate.

Q.—Name some of the Bitter Tonics?

A.—Quinine, Gentian, Quassia, Chyryatta, the different kinds of Peruvian Bark, Chamomile flowers, Extract of Rusot, Iceland Moss and Wormwood.

Q.—Name some of the Convulsive Tonics?

A.—Assafœtida, Valerian, Galbanum, Nux Vomica, Arsenical Solution, Blue Pill, Calomel, and the preparations of Iron.

śwar ko khole, jaisá adwiyah murakkab Antimony ke, sard paní dālná aur namkín aṛq śwar.

S.—Pīb paidá karnewá lí dawá kisko kahte haiñ ?

J.—Jo dawá ki jism par lagáí jáwe to usse aisí tásír paidá ho ki rádh warm muhraz meñ jama hojáwe.

S.—Aksar kon kon sí chízeñ wáste pakáne ke kám meñ átí haiñ ?

J.—Garm sínkeñ aur kaí qism kí luprín, kḥwá murakkab hoñ kḥwá ghair murakkab.

S.—Muqawwí dawá kisko kahte haiñ ?

J.—Jo dawá ki harkat aur táqat reshá puṭṭhoñ kí ziyádah kare.

S.—Adwiya muqawwí kis tarah par taqسیم kí gaí haiñ ?

J.—Darmiyán Alterative; Atispasmodic, Astringent, Bitter aur Convulsive.

S.—Chand adwiya badan sudhárnewá lí muqawwí meñ se unká nám bayán karo ?

J.—U'shbá, Ununtmúl, Guiacum, Mczerion, aur Serpentry.

S.—Chand adwiya dáfa tashannuj muqawwí meñ se unká nám bayán karo ?

J.—Ammonia, mushk, Valerian, híng, Castor, Galbanum, aur zafrán.

S.—Chand adwiya qábiz muqawwí meñ se unká nám bayán karo ?

J.—Cinchona Bark, sandal surkḥ, chhál balút, májúphal, anár, rewand chíní, katthá, phiṭkírí, Sugar of Lead, Sulphates of Copper yañe támba aur Zinc ká, Caustic aur raskupúr.

S.—Chand adwiya talḥ muqawwí meñ se unká nám bayán karo ?

J.—Quinine, Gentian, Quassia, Chyryatta, kai qism ke Peruvian Bark, gul babúná, Extract of Rusot, Iceland Moss aur Uisuntín Rómí.

S.—Chand adwiya Convulsive muqawwí meñ se unká nám bayán karo ?

J.—Híng, Valerian, yañe Billí Loṭun, buríja, Nux Vomica, Sañkhiá ká pání, Blue Pill, Calomel, yañe pára ká kushtá, aur murakkabát lohe kí.

PART II.
ON THE
MATERIA MEDICA.

BA'B DOYAM.



DAR BAYA'N DAWA' SA'ZI'.

PART II.
ON THE
MATERIA MEDICA.



TABLE.

*Regulating the ordinary proportion of doses according to the age
of the patient.*

1	For an adult,	1 drachm.
$\frac{2}{3}$	From 21 years to 14,	2 scruples.
$\frac{1}{2}$	From 14 years to 7,	$\frac{1}{2}$ drachm.
$\frac{1}{3}$	From 7 years to 4,	1 scruple.
$\frac{1}{4}$	From 4 years old,	15 grains.
$\frac{1}{5}$	From 3 years old,	10 grains.
$\frac{1}{8}$	From 2 years old,	8 grains.
$\frac{1}{12}$	From 1 year old,	5 grains.

Acetum Cantharides, or vinegar of Spanish Flies.

Use.—As an Epispastic, to make an extemporaneous Blister. It is not used internally.

Acetum Colchici, or vinegar of Meadow Saffron.

U.—As a Diuretic in Gout and Rheumatism.

Dose.—Half a drachm to one drachm, in any bland fluid.

Acetum Scillæ, or vinegar of Squills.

U.—Expectorant and Diuretic.

D.—Half a drachm to two drachms in any Aromatic distilled water.

Acetic Acid, or the Acidum Aceticum.

U.—Acetic Acid when diluted is refrigerant, and is given in Hæmorrhage, especially in cases where the Acetate of Lead has been given, as it increases the solution of that salt. Externally it is used as a lotion, which has lead in it.

Acidum Benzoicum, or Benzoic Acid.

BA'B DOYAM.

DAR BAYA'N DAWA' SA'ZI'.

NAQSHA.

Bábat maṃúllí miqdár adwiyat bamájib umr bímár ke.

1	Hissa wáste báligh ke,	1	drachm.
$\frac{2}{3}$	Do suls az ikkís lagháyat chaudah sál, ..	2	scruples.
$\frac{1}{2}$	Nisf az chaudah tá sát sál,	$\frac{1}{2}$	drachm.
$\frac{1}{3}$	Suls az haft sál tá chahár sál,	1	scruple.
$\frac{1}{4}$	Jo larká chahár sál ká ho, chaháram hissa, ..	15	grains.
$\frac{1}{8}$	Aur jo ba umr se sál ho, chaṭá hissa,	10	grains.
$\frac{1}{8}$	Aur jo ba umr do sál ho, áthwán hissa, ..	8	grains.
$\frac{1}{12}$	Aur jo ba umr ek sál ho, bárahwán hissa, ..	5	grains.

Acetum Cantharides, yaṇe sirká Spanish Fly ká.

Fúidah.—Batour Epispastic, wáste jald banáne Blister ke yih dawá kám átí hai. Yih dawá piláí nahín játí.

Acetum Colchici, yaṇe sirká zafrán midú ká.

F.—Yih dawá wáste idrár ke baárzah niqras aur gaṭhyá ke dete hai.

Miqdár.—Nisf drachm se ek drachm tak, kisí narm saiyál meṅ díjáwe.

Acetum Scillæ, yaṇe sirká jaṅlí piyáz ká.

F.—Wáste kaf níkálné aur idrár pesháb ke dete hai.

M.—Nisf drachm se do drachm tak kisí ḡhushbúdar ṭapkáe húa pání meṅ díjáwe.

Acetic Acid, yá Acidum Aceticum.

F.—Jab yeh dawá pání meṅ miláí jáwe tab tásír uskí sard hotí hai, aur Hæmorrhage, yaṇe ijrác ḡhún kí bímári meṅ díjástí hai, ḡhasús us súrat meṅ jab kí Acetate of Lead díyá játá hai, iswáste kí yih dawá us súrat meṅ us namak ko galá detí hai, kí jo murakkab shíshe se ho, báhar jism par lagáne se yih dawá ba-taur Lotion, yaṇe gházah mustámil hotí hai.

Acidum Benzoicum, yaṇe Benzoic Acid, lobán ká sat uráyá huá.

U.—Stimulant and expectorant, but seldom used except in making the Compound Tincture of Camphor or Paregoric Elixir.

Acidum Citricum, or Citric Acid.

U.—Refrigerant, combined with Potash or Ammonia.

D.—Ten grains to half a drachm.

Acidum Hydrochloricum, or Muriatic Acid.

U.—Internally it is seldom used except in cases of Scarlatina and Typhus Fever. Occasionally it is given as a Vermifuge, mixed in an Infusion of Quassia.

D.—Five to twenty minims three or four times a day.

Acidum Hydrocyanicum Dilutum, or Diluted Prussic Acid.

U.—Sedative, allaying pain, checking vomiting, and calming irritation of the intestines, given therefore in incipient Cholera, Colic, Gastric Inflammation, and in many Spasmodic diseases, especially Asthma.

D.—One to three drops, with a table spoonfull of sugar and water.

Acidum Nitricum, or Nitric Acid.

U.—It is seldom used internally, but externally it is sometimes as an Escharotic.

Acidum Nitricum Dilutum, or Nitric Acid Diluted.

U.—Antiphlogistic, Tonic, Diuretic and Lithontriptic, very useful in obstinate Syphilis and Chronic Inflammation of the Liver.

D.—Minims five to forty, three times a day.

Acidum Phosphoricum Dilutum, or Diluted Phosphoric Acid.

U.—Tonic, and given to correct those morbid states of the system in which a tendency exists to unusual depositions of Phosphate of Lime as in Exostosis, and to allay thirst in cases of Diabetes.

D.—Minims twenty to sixty, three times a day.

Acidum Sulphuricum Dilutum, or Diluted Sulphuric Acid.

F.—Yeh dawá muharrik aur kaf níkálnewálí bahut kam mustámil hai, magar sirf wáste banáne Compound Tincture Camphor ke yá Paregoric Elixir ke kám áti hai.

Acidum Citricum, yane Citric Acid, Limon ká ras jamayá huá.

F.—Sardí paidá kartá hai jab ki sajjí yá nousádar ke saṭh ámez kíyá jáwe.

M.—Das grain se nisf drachm tak.

Acidum Hydrochloridum, yane Muriatic Acid, namak ká tezáb.

F.—Yih dawá wáste pínc ke bahut kám mustámil hai, magar sirf bímárí Scarlatina aur Typhus buḡhár meṅ píte haiṅ. Kabhí kabhí wáste ḡháriḡ karne kirm ke díjátí hai, aur Quassia, yane taj ke ḡhisáṅdah meṅ milákar usko píte haiṅ.

M.—Páñch se bís minim, yane qatrah tak ek din meṅ tín chár martabah dete haiṅ.

Acidum Hydrocyanicum Dilutum, yane Diluted Prussic Acid.

F.—Wáste árúm denc, aur kam karne dard ke, aur qai ko rufíḡ karne, aur antaryou kí sozish mauqíf karne meṅ mustámil hoṡí hai, aur yih dawá bímárí haizáḡ ke shuru meṅ díjátí hai, aur baárzah qúling aur sozish peṡ ke, wa dígar maṡoṡ paidá karnewálí marzoṅ ke díjátí hai, ḡhasús baárzah zíqunnafs ke.

M.—Ek qatrah se tín qatrah tak, bashámúl ek majhole chamche shakkar aur pání ke píte haiṅ.

Acidum Nitricum, yane Nitric Acid, tezáb shore ká.

F.—Is dawá ko andar jism ke bahut kam pahuncháte haiṅ, magar kabhí kabhí báhar se wáste galáne jism ke istámál karte haiṅ.

Acidum Nitricum Dilutum, yane Diluted Nitric Acid.

F.—Dáfa sozish, aur muḡawwí, medeh aur mudir, aur wáste galáne pathrí, baárzah Syphilis shadíd, aur darpáli sozish jigá ke muḡíd hai.

M.—Páñch minim se chálís minim tak, tín martabah ek din meṅ.

Acidum Phosphoricum Dilutum, yane Diluted Phosphoric Acid.

F.—Wáste muḡawwí karne medeh ke, aur wáste durust karne hálate bímárí tabíat ke jismeṅ kí bakasrat Phosphate of Lime badan meṅ jama hojátá hai dete haiṅ, jaise ki baárzah Exostosis, aur nez wáste kam karne tishnagí bamarz Diabctes, yane Ziyabatus.

M.—Bís se sáṭh minim tak ek din meṅ tín martabah.

Acidum Sulphuricum Dilutum, yane Diluted Sulphuric Acid, gandhak ká patlá tezáb.

U.—Refrigerant, Antiseptic, Astringent, Tonic and Diuretic, useful in weakness and relaxation of the digestive organs, in Colliquative Sweats, and in internal Hæmorrhage.

D.—Minims ten to forty, three or four times a day.

Acidum Tartaricum, or Tartaric Acid.

U.—It is not much used alone, but is chiefly employed in making the effervescing powders, with Carbonate of Soda.

D.—Grains twenty-five to thirty.

Æther Sulphuricus, or Sulphuric Æther.

Use.—Stimulant and Antispasmodic, externally as a Refrigerant.

Dose.—Half a drachm to two drachms.

Spiritus Ætheris Nitrici, or Spirit of Nitric Æther.

U.—Refrigerant, Diuretic, Diaphoretic, Stimulant and Antispasmodic.

D.—Half a drachm to two drachms, several times a day.

Spiritus Ætheris Sulphurici Compositus, or Compound Spirit of Sulphuric Æther.

U.—Stimulant and Antispasmodic.

D.—Half a drachm to two drachms occasionally.

Aconitina.

Use.—Not given internally, but externally.

Dose.—One grain mixed with one drachm of Lard, is very useful in Neuralgic affections.

Anarcotine.

U.—As a febrifuge in doses of one-third of a grain to half grain as a substitute for Quinine. In one grain doses, three times a day, it is a valuable Tonic, especially in convalescence after childbirth.

Ammonia Sesquicarbonas, or Sesquicarbonate of Ammonia.

F.—Sardí paidá kartá hai, jism ko sarne se baz rakhtá hai, aur qábiz aur muqawwí medeh aur mudir, aur wáste zauf aur sustí azái házmá ke mufíd hai, aur wáste Colliquative Sweats, yané un bímáriyon ke jin men pasíná bahut kasrat se nikáltá hai, aur wáste andarúní Hæmorrhage, yané ijráe khún ke bahut mufíd hai.

M.—Das se chálís minim tak, ek din men tîn chár martabah díjáwe.

Acidum Tartaricum, yané Tartaric Acid.

F.—Yih dawá kabhí kabhí aláhidah díjátí hai, magar aksar Carbonate Soda ke sáth safúf banáte hai, jis safúf ke pání men dálne se pání ubaltá hai.

M.—Pachchís grain se tís grain tak.

Æther Sulphuricus, yané Sulphuric Æther.

Fáidah.—Muharrik aur Antispasmodic, yané dáfaí tashannuj, aur báhar lagáne se tásír uskí bárid hai.

Miqdár.—Nisf drachm se do drachm tak.

Spiritus Ætheris Nitrici, yané Spirit Nitric Æther ká.

F.—Bárid, aur mudir, aur muárriq, aur muharrik aur dáfaí tashannuj.

M.—Nisf drachm se do drachm tak, káí martabah ek din men.

Spiritus Ætheris Sulphurici Compositus, yané Compound Spirit Sulphuric Æther ká.

F.—Muharrik aur dáfaí tashannuj.

M.—Nisf drachm se do drachm tak kabhí kabhí.

Aconitina.

Fáidah.—Andar jism ke usko nahín pahuncháte, magar báhar jism par lagáte hai.

Miqdár.—Ek grain Aconitina ká bashámul ek drachm charbí ke, wáste marz Neuralgic ke bahut mufíd hai.

Anarcotine.

F.—Dáfa bukhár hai, miqdár uská ek suls grain se nisf grain tak hai, baiwaz Quinine ke diyá játá hai. Bamiqdár ek grain tîn martabah 'ek din men diyá jáwe, medeh kí quwwat bakhshne men, khasúsan bad síhat ke kí bad janne ke hotí hai, bahut umdah dawá hai.

Ammonia Sesquicarbonas, yané Sesquicarbonate Ammonia ká.

U.—Stimulant, Antispasmodic, Diaphoretic, powerful Antacid, and in large doses Emetic.

D.—Five grains to twenty, but if as an Emetic thirty grains.

Brucine, or the Sulphate of Brucine.

U.—A most powerful convulsive Tonic in Paralytic affections. If an overdose should be accidentally taken, an immediate vomit is the only remedy.

D.—Half grain to one grain, three times a day.

Liquor Ammoniae, or Solution of Ammonia.

U.—Stimulant, Rubefacient and Antacid.

D.—Ten to thirty minims, two or three times a day.

Liquor Ammoniae Acetatis, or Solution of the Acetate of Ammonia, also called Spirit of Mindererus.

U.—Internally Diaphoretic and Diuretic, Externally Refrigerant.

D.—One drachm to an ounce, every three or four hours.

Liquor Ammoniae Sesquicarbonatis, or Solution of Sesquicarbonate of Ammonia.

U.—Stimulant, Diaphoretic and Antispasmodic; should be given in milk or any bland fluid.

D.—Half a drachm to two drachms.

Morphiae Acetas, or Acetate of Morphia.

U.—Sedative and Antispasmodic.

D.—Quarter of a grain to one grain.

Morphiae Hydrochloris, or Muriate of Morphia.

U.—A powerful Sedative and Antispasmodic.

D.—Quarter grain to one grain, gradually increased to two or three grains.

Muriate of Ammonia, or Sal Ammoniac.

U.—Not given internally; a lotion composed of one part of Muriate of Ammonia, dissolved in twenty-four parts of Spirits of Wine, and the same quantity of distilled vinegar, is much used as an external application to bruised parts and indolent tumours; acting as a Refrigerant.

F.—Muharrik, aur dafai tashannuj, aur muarriq, aur wáste rafa karne Antacid ke bahut qawwí hai, aur agar ziyádah miqdár is dawá ká istamál kiyá jáwe to qaiáwar hai.

M.—Páñch grain se bís grain tak, magar wáste láne qai ke tís grain.

Brucine, yañe Sulphate Brucine ká.

F.—Baarzah fálij wáste qúwwat dene medeh ke bahut qawwí ainqhnewálí dawá hai. Agar miqdár muayan se koí shakhs ittafáqan ziyádah Brucine khá lewe, filfour istafirágh karáná jald dafayah uská tajwíz huá hai.

M.—Nisf grain se ek grain tak, ek din men tín martabah.

Liquor Ammoniae, yañe Solution Ammonia ká.

F.—Muharrik, Rubefacient, yañe lál karnewálí aur Antacil.

M.—Das minium se tís minim tak, do yá tín martabah ek din men.

Liquor Ammoniae Acetatis, yañe Solution Acetate Ammonia ká, aur isko Spirit Mindererus kábhí kahte haiñ.

F.—Agar andar jism ke pahunche to mudir aur muarriq, aur jo úpar jism ke mustamil ho to bárid hai.

M.—Ek drachm se ek ounce tak, har tísre chauthe ghante men istamál uská kiyá jáwe.

Liquor Ammoniae Sesquicarbonatis, yañe Solution Sesquicarbonate Ammonia ká.

F.—Muharrik, aur mudir aur dáfai tashannuj; yih dawá dúdh ke sáth yá dígar muláim saiyál ke sath díjáwe.

M.—Nisf drachm se do drachm tak.

Morphiae Acetas, yañe Acetate Morphia ká.

F.—A'sáish dihandah aur dáfai tashannuj.

M.—Chaháram grain se ek grain tak.

Morphiae Hydrochloris, yañe Muriate Morphia ká.

F.—Niháyat dard mauqúf karnewálá, aur dafai tashannuj.

M.—Chaháram grain se ek grain tak, batadrij do yá tín grain tak barháyá jáwe.

Muriate of Ammonia, yá Sál Ammoniac.

F.—Andar jism ke nahín mustamil hotí; ek lotion, yañe gházah uská ki usmen ek hissah Muriate of Ammonia, aur chaubís hissah Spirits of Wine, our usí qadar tapkáyá huá sirká miláyá jáwe, waste lagáne zakhm aur choṭ yá phoṛe ke ki bahut arse tak qáim ho bahut mufíd hai; tásír uskí bárid hai.

Quinine Disulphas, or Disulphate of Quinine.

U.—A powerful febrifuge, and an excellent Tonic. This medicine should only be given in intermitting fevers, when the skin is moist, head cool, and the bowels well open.

D.—One to five grains, three or four times a day.

Strychnia, or Strychnine.

U.—In doses of one-eighth of a grain given internally in Paralysis, externally it is used as an ointment in Amaurosis.

Veratria, or Veratrine.

U.—It is supposed to increase all the secretions, and has been given in Gout and Rheumatism. Externally, it is a very useful application in Nervous affections, by mixing five grains in four drachms of Lard, and rubbing it into the part affected, a portion the size of a large pea, three times a day.

Cataplasma Conii, or Poultrice of Hemlock.

U.—Applied as a Sedative to irritable sores, and Scrophulous Glandular swellings.

Cataplasma Coronilla, or Poultrice of the Nutiya leaf.

U.—A common Emollient application.

Cataplasma Daturæ, or Datura Poultrice.

U.—A good Narcotic Poultrice to inflamed tumours and to external but not internal piles.

Cataplasma Fermenti, or Poultrice of Yeast.

U.—Applied to foetid and sloughing sores.

Cataplasma Lal-Chitra, or Poultrice of Lal-Chitra.

U.—A powerful, cheap and excellent Blister, made by bruising the bark, and applied to Buboës in their incipient state.

Cataplasma Lini, or Linseed Poultrice.

U.—A useful Emollient application.

Cataplasma Nim, or Poultrice of Nim leaf.

Quinine Disulphas, यांने Disulphate Quinine का.

F.—Buḡhār ke dafaḡ karne meḡ bahut qawwī, aur medeh kī qawwat dene meḡ bahut mufid hai. Yeh dawā sirf baārzah buḡhār bārī ke istāmāl kījāwe, us sūrat meḡ jab ki jism tar, aur ṡhandā, aur antaryāḡ baḡhūbī kushādah howeḡ.

M.—Ek grain se pañch grain tak, ek din meḡ tīn chār martabah. *Strychnia*, यांने Strychnine.

F.—Baārzah fālij bamiqdār āṡhweḡ hissah ek grain ke andar jism ke istāmāl kījāwe; aur baārzah Amaurosis, यांने zahāb ulbasar bataur marham lagāī jāwe.

Veratria, यांने Varatrine.

F.—Mashhūr hai ki yih dawā ḡhārij honewāle aur ilāhidah honewāle ajsām se saiyāl ko ziyādah kartī hai, aur baārzah niqras aur gaṡhiyā mustāmīl hotī hai. Bāhar lagāne meḡ ragoḡ ke ārzah meḡ yih dawā bamiqdār pañch grain, chahār drachm charbī meḡ, milākar jis muqām par taklīf ho, us muqām par lagāī jāwe, aur usse mālīsh kījāwe, bahut mufid hotī hai, miqdār dāneh kalān maṡar ke, ek din meḡ tīn martabah istāmāl is dawā kā kiyājāwe.

Cataplasma Conii, यांने Poultice Hemlock का.

Fāidah.—Wāste ārām dene phoḡe ke ki jismeḡ sozish ho, aur warm kaṡhle ke ki baārzah kaṡṡhmālā lahaḡ ho, mufid hai.

Cataplasma Coronilla, यांने Poultice barg Nutiya का.

F.—Umūman wāste mulayyan karne ke mustāmīl hai.

Cataplasma Daturæ, यांने Poultice Datura का.

F.—Achchā Narcotic, यांने sun karnewālā Poultice hai, us phoḡe meḡ ki jismeḡ sozish ho aur bawāsīr berūnī par lagāyā jātā hai, magar bawāsīri andarūnī par nahīḡ lagāyā jātā.

Cataplasma Fermentī, यांने Poultice ḡhamīr का.

F.—Yih Poultice foetid, यांने badbū aur chhichḡedār ḡhāoḡ meḡ lagāyā jātā hai.

Cataplasma Lal-Chitra, यांने Poultice Lal-Chitra का.

F.—Bahut qawwī, aur arzāḡ aur umdah Blister hai, bark ko kuchalkar banāte haiḡ, aur bad par ibtidā meḡ lagāyā jātā hai.

Cataplasma Lini, यांने Poultice alsī का.

F.—Yih Poultice wāste mulayyan karne ke mustāmīl hai.

Cataplasma Nim, यांने Poultice barg Nīm का.

U.—A useful application in swelled Testicles and to foul indolent ulcers.

Catoplasma Orissa Arum, or Ghet Kuchoo Poullice.

U.—Stimulant, Rubefacient and Counter-irritant; applied to indolent tumours and Buboës.

Catoplasma Sinapis, or Mustard Poullice.

U.—Stimulant and Rubefacient; applied spread on cloth to the soles of the feet in the low stage of Typhus Fever, when Stupor or Delirium is present, also in Coma and Apoplexy, and in other cases in which there is a great determination to the head.

Ceratum Calaminæ, or Cerate of Calamine.

U.—Useful in excoriations and Ulcers, and to burns after the inflammation has subsided.

Ceratum Cantharides, or Cerate of Spanish Flies.

U.—After a Blister has been applied, this Cerate is used to keep up the discharge.

Ceratum Cetacei, or Spermaceti Cerate.

U.—A soft cooling dressing for Blisters.

Ceratum Hydrargyrum Compositum, or Compound Cerate of Mercury.

U.—To promote the dispersion of indolent tumours.

Ceratum Plumbi Acetatis, or Cerate of the Acetate of Lead.

U.—A cooling dressing in cases of burns and excoriations.

Ceratum Plumbi Compositum, or Compound Cerate of Lead, commonly called "Goulard Cerate."

U.—The same as the last article, also a very useful application to the edges of the eyelids in Chronic Ophthalmia.

Ceratum Resinæ, or Resin Cerate, commonly called Yellow Basilicon.

U.—An excellent application to foul and indolent Ulcers.

F.—Wáste lagáne warm foteh aur násúr puráne ke mufid hai.

Cataplasma Orissa Arum, yañe Ghet Kachú ká Poullice.

F.—Muharrik, aur lál karnewálá, aur dáfai sozish hai; kohnah, warm ázá, aur Buboos, yañe badon par lagáyá játá hai.

Cataplasma Sinapis, yañe Poullice rái ká.

F.—Muharrik aur lál karnewálá hai; yih Poullice kapre par lagá kar páñw ke talwah par baárzah Typhus bukhár ke lagáyá jáwe, jab ki harkat nabz kí kam hotí jáe, aur jab ki behoshí aur hizyán wáqa ho, aur níz baárzah Coma, yañe bilkul behoshí aur saktah ke, aur dígar awáriz ki jismen khum dimágh ke taraf bakasrat rujú kare bahut mufid hai.

Ceratum Calaminae, yañe marham Calamine ká.

Fáidah.—Wáste lagáne khárash aur násúr ke mufid hai, aur ág se jale hue azá ko bad kam hone Inflammation, yañe sozish ke fáidah kartá hai.

Ceratum Cantharides, yañe marham makkhí Spain ká.

F.—Bad lagáne Blister ke yih marham wáste ijrée mawád ke lagáyá játá hai.

Ceratum Cetacei, yañe Spermaceti ká marham.

F.—Wáste Blister ke yih marham thandak karnewálá aur mulayan karnewálá hai.

Ceratum Hydrargyrum Compositum, yañe murakkab marham páre ká.

F.—Wáste jald tahlíl karne warm kohnah ke mustamil hai.

Ceratum Plumbi Acetatis, yañe Cerate Acetate shíshah ká.

F.—Thandá marham bích hálaton jaljáue aur khál udharjáue ke mustamil hai.

Ceratum Plumbi Compositum, yañe murakkab marham shíshah ká, ki aksar usko marham i Goulard kahte hai.

F.—Misl marham mundarjai bálá ke tásír kartá hai, aur níz wáste lagáne kinárah palkon ke baárzah kohnah Ophthalmia ke mufid hai.

Ceratum Resinae, yañe marham rál kí, jisko aksar Basilicon kahte hai.

Fáidah.—Wáste rím, nák aur puráne násúr ki umdah iláj hai

Ceratum Sabinæ, or Savine Cerate.

U.—Applied to keep up the discharge from a blistered surface.

Ceratum Saponis, or Soap Cerate.

U.—Employed as a cooling dressing.

Ceratum Telini, or Cerate of Telini Flies.

U.—The same as the *Ceratum Cantharides*. It is made from the spotted Telini Fly, six drachms of the powdered Fly to six ounces of the *Ceratum Cetacei*.

Confectio Amygdalæ, or Almond Confection.

U.—For making the Almond Emulsion; it is Demulcent and Diluent.

Confectio Aromatica, or Aromatic Confection.

U.—Stimulant and Cordial.

D.—Twenty grains to one drachm or more.

Confectio Aurantii, or Orange Confection.

U.—To assist in making up Stimulating and Carminative Pills.

Confectio Cassiæ, or Confection of Cassia.

U.—A laxative purgative.

D.—Two drachms to an ounce.

Confectio Opii, or Confection of Opium.

U.—Narcotic and Stimulant.

D.—Ten grains to thirty.

Confectio Opii cum Catechu, or Confection of Opium and Catechu.

U.—Sedative and Astringent.

D.—One scruple to one drachm.

Confectio Piperis Nigri, or Confection of Black Pepper.

U.—Externally to piles, when there is no inflammation.

Confectio Rosæ Caninæ, or Confection of Dog Rose.

U.—To assist in making up Powders into Pills.

Confectio Rosæ Gallicæ, or Confection of Red Rose.

U.—The same as the last article.

Confectio Rutæ, or Confection of Rue.

U.—As an Antispasmodic in Enemas.

Ceratum Sabine, yañe marham Savinc ká.

F.—Wáste ijræc mawád ke Blister ke muqám se yih marham lagáte haiñ.

Ceratum Saponis, yañe marham sábuñ ká.

F.—Yih marham wáste tñandak ke lagáyá játá hai.

Ceratum Telini, yañe marham Telini mákhi ká.

F.—Iskí tásír misl tásír *Ceratum Cantharides* ke hai, aur dágh-dár Telini mákhi se banáyá játá hai, píse hue chhah drachm aur chhah cunce marham *Cetacei* se murakkab hotá hai.

Confectio Amygdalæ, yañe halwá bádám ká.

Fáidáh.—Wáste banáne Emulsion bádám ke mustámil hai, tásí uskí yih hai ki mulayyan aur tar kartá hai.

Confectio Aromatica, yañe kñushbúdár halwá.

F.—Muharrik aur mufarrañ.

Miqdár.—Bis grain se ek drachm tak yá ziyádah azín.

Confectio Aurantii, yañe saugtrañ ká halwá.

F.—Muharrik aur dáfai riyáh goliyáñ uske zariyah se banáte haiñ.

Confectio Cassiæ, yañe halwá taj ká.

F.—Mulayyan aur mushil.

M.—Do drachm se ek ounce tak.

Confectio Opii, yañe halwá afyún ká.

F.—Muskir aur muharrik.

M.—Das grain se tís grain tak.

Confectio Opii cum Catechu, yañe halwá afyún aur katthe ká.

F.—Taskín dihandah aur qábiz.

M.—Ek scruple se ek drachm tak.

Confectio Piperis Nigri, yañe Confection siyáh mirch ká.

F.—Dar súrat nahone sozish ke yih dawá úpar bawásír ke lagái játí hai báhar kí taraf.

Confectio Rosæ Caninæ, yañe Confection Dog Rose ká.

F.—Uske zariyah se safúf kí goli banái játí hai.

Confectio Rosæ Gallicæ, yañe halwá guláb surkñ ká.

F.—Iskí tásír misl tásír dawáe mazkúrah bálá hai.

Confectio Rutæ, yañe halwá sudáb ká.

F.—Enema, yañe adwiya pichkárí men tásír uskí Antispasmodic yañe dáfai tashannuj hai.

Confectio Scammonii, or Confection of Scammony.

U.—A Stimulating Cathartic.

D.—Half a drachm to one ounce.

Confectio Sennæ, or Confection of Senna.

U.—A laxative Aperient.

D.—Two drachms to one ounce.

Decoctum Aloes Compositum, or Compound Decoction of Aloe .

U.—Mildly Cathartic and Tonic.

D.—Four drachms to one ounce.

Decoctum Amyli, or Decoction of Starch.

U.—A Demulcent. It is also used as a vehicle for administering active medicines in Enemas.

Decoctum Cetrariæ, or Decoction of Liverwort.

U.—Mucilagenous and bitter, given in cases of Debility, Consumption, and in disorders requiring Nutritive Tonics.

D.—One ounce to four ounces.

Decoctum Chimaphilæ, or Decoction of Winter Green or Pyrola.

U.—Diuretic, given in Dropsy and affections of the Urinary Organs.

D.—One ounce to one ounce and a half, two or three times a day.

Decoctum Cinchonæ cordifoliæ, or Decoction of Heart-leaved Cinchona.

Decoctum Cinchonæ lancifoliæ, or Decoction of Lance-leaved Cinchona.

Decoctum Cinchonæ oblongifoliæ, or Decoction of Oblong-leaved Cinchona.

U.—Febrifuge and Tonic.

D.—One ounce to three ounces, two or three times a day.

Decoctum Cydoniæ, or Decoction of Quince Seeds.

U.—Demulcent. Externally it is employed in Erysipelas, and Aphthous affections of the mouth.

Decoctum Dulcamara, or Decoction of Woody Nightshade.

U.—Diuretic and Narcotic, given with some Aromatic.

Confectio Scammoniae, yaṅe Saqmúnia ká halwá.

F.—Muharrík aur mushil.

M.—Nisf drachm se ek ounce tak.

Confectio Sennae, yaṅe Senna ká halwá.

F.—Mulayyan aur dastáwar.

M.—Do drachm se ek ounce tak.

Decoctum Aloes Compositum, yaṅe murakkab josháṅdah sibr ká.

F.—Maṭdil mushil aur muḡawwí medch.

M.—Chahár drachm se ek ounce tak.

Decoctum Amyli, yaṅe josháṅdah Starch, yaṅe nishástah ká.

F.—Demulcent, yaṅe tar karnewálá hai. Enema, yaṅe pichkárí meṅ zariyah andar jism ke pahuncháne tez dawá ká hotá hai.

Decoctum Cetrariae, yaṅe josháṅdah Liverwort ká.

F.—Mucilagenous, yaṅe luábdár aur talkh hai, dar súrat záf aur baárzahi sil mustamil hotá hai, aur níz aise marzon meṅ ki jismen adwiyat muḡawwí medeh darkár hon, istamál iská kiyá játá hai.

M.—Ek ounce se chahár ounce tak.

Decoctum Chimaphilae, yaṅe josháṅdah Wintergreen, yá Pyrola ká.

F.—Mudir hai, aur baárzah istasqua aur amraz ázái pesháb ke mustamil hotá hai.

M.—Ek ounce se derh ounce tak, do yá tín martabah ek din meṅ.

Decoctum Cinchonae cordifoliae, yaṅe josháṅdah Heart-leaved Cinchona ká.

Decoctum Cinchonae lancifoliae, yaṅe josháṅdah Lance-leaved Cinchona ká.

Decoctum Cinchonae oblongifoliae, yaṅe josháṅdah Oblong-leaved Cinchona ká.

F.—Dáfai bukhár aur muḡawwí medeh.

M.—Ek ounce se tín ounce tak, do yá tín martabah ek din meṅ.

Decoctum Cydoniae, yaṅe josháṅdah bihídáná.

F.—Demulcent, yaṅe tar karnewálá hai, aur yih dawá báhar jism par darsúrat Erysipelas, aur baárzah chhálon munh ke lagáyá játá hai.

Decoctum Dulcamarae, yaṅe josháṅdah Woody Nightshade ká.

F.—Mudir aur muskir hai, khushbúyát, yaṅe Aromatic ke sáth mustamil hotá hai.

D.—Four drachms to one ounce, three times a day.

Decoctum Granati, or Decoction of Pomegranate.

U.—Astringent, given in Chronic Dysentery and Tape Worm.

D.—Four drachms to an ounce, two or three times a day.

Decoction of Gulancha.

U.—A bitter Tonic and Alterative.

D.—One ounce, three times a day with honey.

Decoctum Hordei Compositum, or Compound Decoction of barley.

U.—Demulcent, given in Fevers, Consumption, Gonorrhœa and Strangury, in any quantity.

Decoction of Ispaghool.

U.—Demulcent, given in Dysentery.

Decoctum Lichenis Zeylanici, or Decoction of Ceylon Moss.

U.—Mucilagenous and Demulcent, an excellent article of light food for children and convalescents.

Decoctum Malvæ Compositum, or Compound Decoction of Marshmallow.

U.—As a fomentation and in Enemas.

Decoctum Papaveris, or Decoction of Poppyheads.

U.—A sedative fomentation for painful swellings and excoriations.

Decoctum Quercus, or Decoction of Oak Bark.

U.—As an astringent, Gargle, Injection, or Lotion.

Decoction of Rice, or *Oryzæ*.

D.—Demulcent, given in very large quantities, also in Enemas.

Decoction of Rohun.

U.—A valuable astringent wash for Gargles, Vaginal Injections and Enemas. It is a good substitute for the Decoction of Oak

M.—Chahár drachm se ek ounce tak, tîn martabah ek dîn men.

Decoction Granati, yanê joshândah anâr kâ.

F.—Qâbiz, baârzah purâni pechish aur peṭ ke kîron ke mustamil hai.

M.—Chahár drachm se ek ounce tak, do yâ tîn martabah ek dîn men.

Decoction of Gulancha, yanê joshândah Gulancha kâ.

F.—Talkh aur muqawwî medeh aur Alterative, yanê tartûb di-handah hai.

M.—Ek ounce, ek dîn men tîn martabah shahad ke sâth istamâl karte hai.

Decoction Hordei Compositum, yanê murakkab joshândah jau kâ.

F.—Demulcent, yanê tar karnewâlâ hai, aur har qism ke buḡhâr, aur marzi sil aur Gonorrhœa, yanê suzâk aur taqtîr ulbûl ke mustamil hai, kuchh miqdâr uskî muâiyan nahîn.

Decoction of Ispaghool, yanê joshândah Ispaghool kâ.

F.—Mulayyan hai, baârzah Dysentery yanê pechish men diyâ jâtâ hai.

Decoction Lichenis Zeylenici, yanê joshândah Ceylon Moss kâ.

F.—Mucilagenous, yanê luâbdâr, Demulcent, yanê tar karnewâlâ hai, wâste laṅkon ke, aur sihat pânewâlon ke bataur ḡhurâk latîf ke mustamil hotâ hai.

Decoction Malvæ Compositum, yanê murakkab joshândah Marsh-mallow, yanê ḡhatmî kâ.

F.—Senk aur pichkârî men kâm âtâ hai.

Decoction Papaveris, yanê joshândah post kâ.

F.—Warm taklîf dihandah aur ḡharâsh men, is dawâ kî senk bahut ârâm detî hai.

Decoction Quercus, yanê joshândah chhâl balût kâ.

F.—Qâbiz hai, aur ḡharârah, aur pichkârî, aur Lotion, yanê ḡhâzah men kam âtâ hai.

Decoction of Rice, yâ *Oryzæ*, yanê joshândah châwal kâ.

F.—Mulayyan hai, aur bakasrat iskâ istamâl karte hai, aur pichkârî men bhî kâm âtâ hai.

Decoction Rohuni, yanê joshândah Rohun kâ.

F.—Bahut umdah qâbiz dawâ wâste ḡharârah, aur Vaginal Injections, yanê pichkârî rihm aur huḡrah ke hai. Wâste Decoction chhâl balût ke yih dawâ bahtar badal ho saktî hai.

Decoctum Sarsæ, or Decoction of Sarsaparilla.

U.—Alterative and Demulcent.

D.—Four to eight ounces, three or four times a day.

Decoctum Sarsæ Compositum, or Compound Decoction of Sarsaparilla.

U.—Diaphoretic and Alterative, useful in secondary Syphilis and in Rheumatism.

D.—Four to six ounces, three or four times a day.

Decoctum Scoparii Compositum, or Compound Decoction of Broom.

U.—Diuretic, given in Dropsy.

D.—One ounce to one ounce and a half, three times a day.

Decoctum Senegæ, or Decoction of Senega.

U.—Expectorant, Diuretic, and Diaphoretic, given in affections of the Lungs, and in Chronic Rheumatism.

D.—One and a half to three ounces, two or three times a day.

Decoctum Tormentillæ, or Decoction of Tormentil.

U.—Astringent and Tonic in Diarrhœa.

D.—One to one and a half ounce, two or three times a day.

Decoctum Ulmi, or Decoction of Elm Bark.

U.—Diuretic, given in Herpetic Eruptions.

D.—Four to six ounces, four times a day.

Decoctum Uvæ Ursi, or Decoction of Whortleberry.

U.—A good bitter, given in cases of purulent and mucous discharges from the Kidnies and Bladder.

D.—One to three ounces, three times a day.

Decoctum Veratri, or Decoction of White Hellebore.

U.—Employed externally as a Lotion, in Itch, Scaldhead, and other Cutaneous diseases.

Decoctum Sarsæ, yañe joshándah Sarsaparilla, yañe ushbá ká

F.—Alterative, yañe sudhárnewálá, aur Demulcent, yañe tar karnewálá.

M.—Chahár ounce se áth ounce tak, tén chár martabah ek din men.

Decoctum Sarsæ Compositum, yañe murakkab joshándah ushbá ká.

F.—Muarríq aur Alterative, yañe tartíb dihendah jism hai, baárzah Syphilis, yañe atshaki darjáhi doyan ke aur baárzah gaṭhiyá ke mufíd hai.

M.—Chár ounce se chhah ounce tak, tén yá chár martabah ek din men.

Decoctum Scoparii Compositum, yañe murakkab joshándah Broom ká.

F.—Mudir hai, baárzah istasqá diyá játá hai.

M.—Ek ounce se deṛh ounce tak, ek roz men tén martabah.

Decoctum Senegæ, yañe joshándah Senega ká.

F.—Kaf níkalnewálá, mudir aur muarríq hai, baárzah phephṛah aur gaṭhiyá purání ke diyá játá hai.

M.—Deṛh ounce se tén ounce tak, do yá tén martabah ek din men.

Decoctum Tormentillæ, yañe joshándah Tormentilla ká.

F.—Qábiz aur muqawwí medch baárzah Diarrhoea, yañe puráne ishál ke dete haiñ.

M.—Ek ounce se deṛh ounce tak, do yá tén martabah ek din men.

Decoctum Ulmi, yañe joshándah chhál darakhti Elm ká.

F.—Mudir hai, baárzah níkaluc phunsiyon ke jism par mustamil hotá hai.

M.—Chahár se chhah ounce tak, ek din men chár martabah.

Decoctum Uvæ Ursi, yañe joshándah Whortleberry ká.

F.—Bahut talḅ hotá hai, wáste ikhráj Purulent, yañe mawád rádh luábdár garhah aur masánah ke diyá játá hai.

M.—Ek ounce se tén ounce tak, ek din men tén martabah.

Decoctum Veratri, yañe joshándah sufed kuṭkí ká.

F.—Wáste lagáne ke jism par baárzah khárish, aur ganj, aur digar awáriz jildi ke bataurí lotion kám átá hai.

Emplastrum Ammoniacum, yañe lep Ammoniacum ká.

Rectum, also given in cases of Amenorrhœa.

Enema Colocynthis, or Enema of Colocynth.

U.—Purgative, given in cases of obstinate Constipation and Colic.

Enema Opii, or Opiate Enema.

U.—As an Anodyne to irritable bowels.

Enema Tabacci, or Tobacco Enema.

U.—A drastic Cathartic, and Narcotic, seldom used except in case of a strangulated bowel.

Enema Terebinthina, or Enema of Turpentine.

U.—A powerful Cathartic and Stimulant, much used in Apoplexy and obstinate constipation.

Extractum Abri, or Extract of Gouch.

Use.—A sweet demulcent, given to allay the irritation in coughs.

Extractum Aconiti, or Extract of Aconite.

U.—Internally it is occasionally but seldom given in cases of Neuralgia, Tic-doloureux, and Chronic Rheumatism. Externally, one drachm of the Extract and one ounce of Lard made into an ointment, is sometimes used in Tic-doloureux, Sciatica, and other Nervous affections.

D.—Half a grain, increased gradually to four grains.

Extractum Aloes Purificatum, or Purified Extract of Aloes.

U.—Purgative and Stomachic.

D.—Five grains to fifteen.

Extractum Anthemidis, or Extract of Chamomile.

U.—Tonic and slightly Narcotic.

D.—Five to ten grains, two or three times a day.

Extract of Barberry Bark.

U.—A valuable Tonic, Aperient and Febrifuge in mild intermittent fever.

D.—Twenty to thirty grains, three times a day.

Extractum Belladonnæ, or Extract of Deadly Nightshade.

U.—Chiefly as an external application to the eyebrows to cause dilatation of the pupils of the eye.

yane miqad se yih pichkárí kám átí hai, aur baárzah Amenorrhæa, yane bastgí haiz mustamil hotí hai.

Enema Colocynthidis, yane pichkárí hanzal kí.

F.—Mushil hai, baárzah qabz shadíd aur quliñj ke dete haiñ.

Enema Opii, yane k̄huábáwar pichkárí kí dawá.

F.—Baárzah sozish antaryon ke fáidah baḡhshtí hai.

Enema Tabacci, yane pichkárí tambákú kí.

F.—Yih pichkárí bahut kam mustamil hai, sirf darsúrat Strangulated Bowels, yane dabí huí antaryon ke kám átí hai, aur shiddat se dastáwar hai.

Enema Terebinthinæ, yane pichkárí tarpentel kí.

F.—Babut muqawwí julláh aur mulharrik hai, darsúrat saktah aur qabz shadíd ke aksar kám átí hai.

Extractum Abri, yane Extract Gung ká.

F.—Shírín mulayyan dawá hai, aur tezí kháúsí ke kam karne ke liye istamál karte haiñ.

Extractum Aconiti, yane Extract Aconite ká.

F.—Andar jism ke kabhí kablí sházo nádar baárzah Neuralgia, aur Tic-doloreux, aur purání gaḡliiyá ke pahuncháte haiñ. Aur báhar jism ke lagúne ko ek drachm Extract aur ek ounce charbí milákar marham banáte haiñ, kabhí kabhí baárzah Tic-doloreux, aur Sciatica, aur digar awáriz nason ke istamál karte haiñ.

M.—Nisf grain se chár grain tak, darje badarje barháyá jáwe.

Extractum Aloes Purificatum, yane Extract sáf kiye hue sibr ká.

F.—Mushil aur Stomachic, yane házim hai.

M.—Páñch grain se pandrah grain tak.

Extractum Anthemidis, yane gulbábune ká sat.

F.—Muqawwí medeh aur kháffí muskir hai.

M.—Páñch grain se das grain tak, do yá t́n martabah ek din men.

Extractum Barberrry Bark ká.

F.—Umdah dawá muqawwí, medeh, aur mulayyan, aur dáfaí buḡhár hai, jabki kháffí bári ká buḡhár átá ho to dete haiñ.

M.—Bís grain se t́s grain tak, ek din men t́n martabah.

Extractum Belladonnae, yane Extract Deadly Nightshade ká.

F.—Aksar ábrú chashm par lagáte haiñ, tákí putlí áñkh kí barḡ jáwe.

Extractum Canabis, or Extract of Hemp.

U.—A powerful Narcotic, given in Cholera, Lockjaw, Delirium Tremens, and in Hydrophobia.

D.—Half grain to ten grains, repeated according to the Symptoms.

Extract of Chiretta, or Extract of Justicia or Kreat.

U.—A valuable bitter Tonic, usually given in Decoction of Sarsaparilla or with iron.

D.—Ten to thirty grains, two or three times a day.

Extractum Cinchonæ cordifoliæ, or Extract of Heart-leaved Cinchona.

Extractum Cinchonæ lancifoliæ, or Extract of Lance-leaved Cinchona.

Extractum Cinchonæ oblongifoliæ, or Extract of Oblong-leaved Cinchona.

U.—Tonic, Stomachic, and Febrifuge.

D.—Ten to thirty grains, two or three times a day.

Extractum Colchici Aceticum, or Acetic Extract of Meadow Saffron.

U.—Given in Acute Rheumatism and Gout.

D.—One to three grains, three times a day.

Extractum Colchici Cormi, or Extract of Meadow Saffron Cormus.

U.—Given in the earliest stage of Acute Rheumatism.

D.—One grain, every four hours.

Extractum Colocynthis, or Extract of Colocynth.

U.—Purgative.

D.—Five to twenty grains.

Extractum Colocynthis Compositum, or Compound Extract of Colocynth.

U.—Purgative and Cathartic.

D.—Five to twenty grains.

Extractum Conii, or Extract of Hemlock.

U.—Internally it is Anodyne, given in Acute Rheumatism and Hooping-cough; externally it is often used, mixed with simple ointment, in case of Piles, Cancer, and Stricture of the Rectum.

D.—Five grains every eight hours, until pain in the head comes on.

Extractum Canabis, यांने सन कá सत.

F.—Bashiddat sun karnewálá hai, aur árzah haizái wabái aur baithne jab aur behoshí, aur káñne kutte ke dete haiñ.

M.—Nisf grain se das grain tak, mutábiq súrat marz ke káf martabah yih dawá maríz ko dete haiñ.

Extractum Chiretta, यांने Extract Justicia, यांने Kreat ká.

F.—Umdah talkh dawá muqawwí medeh hai, is dawá ko aksar bajoshándah ushábá yá lohe ke sáth dete haiñ.

M.—Das grain se tís grain tak, ek din menñ do yá tín martabah.

Extractum Cinchonæ cordifoliæ, यांने Extract Heart-leaved Cinchona ká.

Extractum Cinchonæ lancifoliæ, यांने Extract Lance-leaved Cinchona ká.

Extractum Cinchonæ oblongifoliæ, यांने Extract Oblong-leaved Cinchona ká.

F.—Muqawwi medeh, aur Stomachic, यांने házim aur dáfa bukhár hai.

M.—Das grain se tís grain tak, do yá tín martabah ek din menñ.

Extractum Colchici Aceticum, यांने Acetic Extract zafrán meadow ká.

F.—Baárzah gañhiyá shadíd ke ibtidá menñ yih dawá dete haiñ.

M.—Ek grain se tín grain tak, ek din menñ tín martabah.

Extractum Colchic: Cormi, yá Extract Meadow Saffron Cormus ká.

F.—Awwal hálat shadíd gañhiyá ke dete haiñ.

M.—Ek grain, har ek chár ghanṭe baḍ.

Extractum Colocynthides, यांने Extract Colocynth ká.

F.—Mushil hai.

M.—Páñch grain se bís grain tak.

Extractum Colocynthidis Compositum, यांने murakkab Extract of Colocynth ká.

F.—Mushil aur dastáwar hai.

M.—Páñch grain se bís grain tak.

Extractum Conii, यांने Extract Hemlock ká.

F.—Jab ki jism ke andar mustamil ho yih dawá khuábáwar hai, aur baárzah gañhiyá shadíd aur kúkar khánsí ke istamál karte haiñ; báhar jism par aksar marham shadh menñ milákar bawásír aur sartán aur Stricture Rectum par lagáte haiñ.

M.—Páñch grain, har áñhwen ghanṭe menñ, jab tak ki sir menñ dard hone lage.

Extractum Digitalis, or Extract of Foxglove.

U.—Sedative and Diuretic, seldom or ever given.

Extractum Dyospyri, or Extract of Gab.

U.—An excellent Astringent, given in Diarrhœa and Chronic Dysentery. A solution of two drachms in a pint of water is a valuable vaginal injection in Lencorrhœa.

D.—One to five grains, three times a day.

Extractum Elaterii, or Extract of Elaterium.

U.—Hydragogue and Cathartic.

D.—Half grain to two grains, two or three times a day, made into pills.

Extractum Gentianæ, or Extract of Gentian.

U.—Tonic and Stomachic.

D.—Ten to thirty grains, two or three times a day.

Extractum Glycyrrhizæ, or Extract of Liquorice.

U.—Given as a demulcent, to allay the irritation of coughs.

Extract of Gulanchæ or Palo.

U.—A valuable bitter Tonic, generally dissolved in milk and sweetened with sugar.

D.—One and a half drachm to three drachms.

Extractum Hæmatoxyli, or Extract of Logwood.

U.—Astringent; given in protracted Diarrhœa and Dysentery.

D.—Ten to thirty grains, in any Aromatic water.

Extractum Hyoscyami, or Extract of Henbane.

U.—Anodyne, Sedative, and Antispasmodic.

D.—Five to ten grains, two or three times a day.

Extractum Jalapæ, or Extract of Jalap.

U.—An excellent purgative.

D.—Ten to twenty grains.

Extractum Digitalis, yaṅe Extract Foxglove ká.

F.—A'rám dihandah aur mudir hai, yih dawá bahut kam mus-tamil hotí hai.

Extractum Dyospyry, yaṅe Extract Gab ká.

F.—Ek umdah dawá qábiz hai, ba'rzah Diarrhœa, yaṅe ishál raqíq, aur Chronic Dysentery, yaṅe purání pechish ke dete haiṅ. Do drachm is dawá ke ghule huê nisf bottle pání men nihayáh tohfa pichkári kí dawá wáste rehṅ ke bích maraz Leucorrhœa ke hotí hai.

M.—Ek grain se páñch grain tak, ek din men tîn martabah.

Extractum Elaterii, yaṅe Extract Elaterium ká.

F.—Hydragogue, yaṅe patlá dast lánewálá aur mushil hai.

M.—Nisf grain se do grain tak, do yá tîn martabah ek din men goliyáṅ banákar kháte haiṅ.

Extractum Gentianæ, yaṅe Extract Gentian ká.

F.—Muqawwí aur Stomachic, yaṅe házim.

M.—Das grain se tís grain tak, do yá tîn martabah ek din men.

Extractum Glycyrrhizæ, yaṅe Extract Askussús ká.

F.—Yih dawá tarkarnewálí hai, wáste kami sozish khánsí ke dete haiṅ.

Extractum Gulanchæ, yaṅe Palo ká sat.

F.—Umdah talh dawá muqawwí medeh hai, aksar dúdh men miláte haiṅ, aur shakkar se shirín karke píte haiṅ.

M.—Deṅh drachm se tîn drachm tak.

Extractum Hæmatoxyli, yaṅe Extract Logwood ká, yaṅe Extract Bukhum ká.

F.—Qábiz hai; aur ba'rzah Diarrhœa, yaṅe ishál raqíq aur Dysentery, yaṅe pechish daston ke jo arse se láhaq ho dete haiṅ.

M.—Das grain se tís grain tak istámál karte haiṅ khusbúdár pání men.

Extractum Hyoscyami, yaṅe Extract Henbane ká.

F.—Muskir, aur dard ko árám denewálá, aur Antispasmodic, yaṅe dáfa tashannuj hai.

M.—Páñch grain se das grain tak, do yá tîn martabah ek din men.

Extractum Jalapæ, yaṅe Extract Jalap ká.

F.—Niháyat tohfá mushil hai.

M.—Das grain se bís grain tak.

Extract of Japan Wood.

U.—Astringent, given in Chronic Dysenteries, generally mixed either with Quinine, Chiretta or Gentian.

D.—Five to ten grains, three times a day.

Extract of Kalladanna.

U.—A good Cathartic.

D.—Five to ten grains.

Extractum Lactuceæ, or Extract of Lettuce.

U.—A mild Opiate and Narcotic.

D.—Five to ten grains, two or three times a day.

Extractum Lupuli, or Extract of Hops.

U.—Sedative, and an excellent bitter Tonic.

D.—As a Sedative five to ten grains, as a Tonic two or three grains, three times a day.

Extract of Nemooka.

U.—An astringent diuretic, dissolved in water.

D.—Twenty grains, three times a day.

Extractum Nux Vomica.

U.—A convulsive Tonic, made into pills with bread crumbs.

D.—One-eighth to one-fourth of a grain, three times a day.

Extractum Opii Purificatum, or Extract of purified Opium.

U.—Sedative.

D.—One to five grains.

Extractum Papaveris, or Extract of Poppy.

U.—Anodyne and Narcotic.

D.—Two grains to twenty.

Extractum Pareiraæ, or Extract of Pareira.

U.—Diuretic, given in cases of Catarrh of the bladder, and irritation of the bladder, mixed with any demulcent.

D.—Ten to twenty grains.

Extract of Quassia.

U.—A valuable bitter Tonic.

Extract Japan Wood ka.

F.—Qábiz hai, jo arse se árizah Dysentery, yañe pechish ká láhaq ho to usko aksar Quinine yá Chiretta yá Gentian ke sáth milákar dete haiñ.

M.—Páñch grain se das grain tak, ek din meñ tín martabah.

Extract Kalladanna.

F.—Ek umdah mushil hai.

M.—Páñch grain se das grain tak.

Extractum Lactuce, yañe Extract káhu ká.

F.—Mulayyam aur khuábáwar aur muskir hai.

M.—Páñch grain se das grain tak, do yá tín martabah ek din meñ.

Extractum Lupuli, yañe Extract Hops ká.

F.—Árám dihandah, aur úmdah dawá talkh muqawwí medeh hai.

M.—Dard ko árám dene ke wáste páñch grain se das grain tak, aur wáste istamál karne bataur muqawwí ke, do yá tín martabah ek din meñ.

Extract Nemooka.

F.—Qábiz aur peshábáwar hai, jab ki páuí meñ milákar istamál kí jáwe.

M.—Bís grain, ek din meñ tín martabah.

Extractum Nux Vomica, yañe Extract kuchlc ká.

F.—Yih dawá maṛoṛ karnewálí muqawwí medeh hai, roṭí ke gúde ke sáth goliyán uskí banáte haiñ.

M.—Áṭhweñ hisse se chauthe hisse ek grain tak, ek din meñ tín martabah.

Extractum Opii Purificatum, yañe Extract sáf kí huí afyún ká.

F.—Árám dihandah dard.

M.—Ek grain se páñch grain tak.

Extractum Papaveris, yañe Extract post, yañe post ká sat.

F.—Khuábáwar aur muskir hai.

M.—Do grain se bís grain tak.

Extractum Pareiræ, yañe Extract Pareira ká.

F.—Mudir hai, baárzah sardí masánah aur sozish masánah, ad-wiyah mulayyan meñ milákar dete haiñ.

M.—Das grain se bís grain tak.

Extract Quassie, yañe Extract taj ká.

F.—Talkh dawá, wáste quwwat medeh ke mufíd hai.

D.—Five to ten grains, three times a day.

Extractum Rhei, or Extract of Rhubarb.

U.—Purgative, made into pills, or dissolved in any aromatic water.

D.—Ten to thirty grains.

Extractum Sarsæ, or Extract of Sarsaparilla.

U.—Alterative, given in pills, or dissolved in a Decoction.

D.—Twenty grains to one drachm, two or three times a day.

Extractum Scammonie.

U.—A drastic Cathartic, usually mixed with either Cream of Tartar, Jalap, Aloes, or Ginger.

D.—Five to ten grains.

Extractum Stramonii, or Extract of Thorn Apple.

U.—Narcotic, given in cases of Mania and Asthmatic affections.

D.—Three-fourths of a grain to two grains daily.

Extractum Taraxaci, or Extract of Dandelion.

U.—Aperient and Deobstruent, given in obstructions of the liver, and in diseases of the bladder.

D.—Ten grains to one drachm.

Extractum Uvæ Ursi, or Extract of Whortleberry.

U.—A good bitter, given in purulent and other affections of the Urinary organs.

D.—Five to ten grains, two or three times a day.

Infusum Anthemidis, or Infusion of Chamomile.

Use.—Stomachic in Dyspepsia, also a bitter and Aromatic Tonic, chiefly used to promote the action of Emetics.

Dose.—Onc to two ounces.

Infusum Armoracæ Compositum, or Compound infusion of Horseradish.

U.—Stimulant in Paralysis.

D.—One ounce to one ounce and a half, two or three times a day.

M.—Páñch grain se das grain tak, ek din men tîn martabah.

Extractum Rhei, yanë rewand chiní ká sat.

F.—Mushil hai, askí goliyáñ banákar yá khushbúdar pání men milákar istamál karte haiñ.

M.—Das grain se tís grain tak.

Extractum Sarsæ, yanë Extract Sarsaparilla, yanë ushbá ká sat.

F.—Alterative, yanë sudháfnewálá jism ká hai, goliyáñ banákar yá joshándah men hal karke istamál karte haiñ.

M.—Bís grain se ek drachm tak, do yá tîn martabah ek din men.

Extractum Scammonia, yanë Extract Saqmúnia ká.

F.—Tez mushil hai, aur aksar Cream of Tartar, yá Jalap, yá Sibr, yá sonñh ke sáth dete haiñ.

M.—Páñch grain se das grain tak.

Extractum Stramonii, yanë Extract Thorn Apple, yanë dhatúrá ká sat.

F.—Muskir hai, aur baárzah joonoo aur ziqunnafs ke istamál karte haiñ.

M.—Paw grain se do grain tak har rozah.

Extractum Taraxaci, yanë Extract Dandelion ká.

F.—Mulayyan aur Deobstruent, yanë mufattah hai, baárzah rukáo kaleje ke, aur amráz masánc ke istamál karte haiñ.

M.—Das grain se ek drachm tak.

Extractum Uvæ Ursi, yanë Extract Whortleberry ká.

F.—Achchhí talkh dawá hai, baárzah purulent aur digar awáriz mutáallaqai azá pesháb ke dete haiñ.

M.—Páñch grain se das grain tak, do yá tîn martabah ek din men.

Infusum Anthemidis, yanë khisán lah babúne ká.

Faidah.—Baárzah Dyspepsia, yanë badhazmí ke mufid hai, aur talkh aur khushbúdar aur muqawwí hai, aksar wáste ziyádal karné asar adwiyah, qaiáwar ke dete haiñ.

Miqdár.—Ek ounce se do ounce tak.

Infusum Armoraciæ Compositum, yanë murakkab khisándah sohunjine ká.

F.—Baárzah fálij muharrik hai.

M.—Ek ounce se derh ounce tak, ek din men do yá tîn martabah.

Infusum Aurantii Compositum, or Compound infusion of Orange peel.

U.—Stomachic and Tonic.

D.—One ounce to one and a half ounce, two or three times a day.

Infusion of Ayapana.

U.—Diaphoretic and Tonic.

D.—Two to three ounces, three times a day.

Infusion of Bel.

U.—Slightly bitter and Aromatic.

D.—Two to four ounces, three times a day.

Infusum Calumbæ, or Infusion of Calumba.

U.—Stomachic and Tonic, particularly useful in allaying that sickness which often exists during child-bearing.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Caryophylli, or Infusion of Cloves.

U.—Stimulant and Stomachic.

D.—One to two ounces, two or three times a day.

Infusum Cascarrillæ, or Infusion of Cascarrilla.

U.—Tonic and Stomachic.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Catechu Compositum, or Compound Infusion of Catechu.

U.—Astringent in Diarrhœa.

D.—One to three ounces, every three hours.

Infusion of Chiretta.

U.—A Bitter Tonic.

D.—One to three ounces, three times a day.

Infusum Cinchonæ, or Infusion of Cinchona.

U.—Tonic and Febrifuge; useful in Dyspepsia.

D.—One to three ounces, three times a day.

Infusum Crini, or Infusion of Kanoor.

U.—A mild and certain Emetic.

D.—Two drachms, every twenty minutes.

Infusum Aurantii Compositum, yane murakkab k̄hisāndah sangtare ke chhilke ká.

F.—Házim aur muqawwí hai.

M.—Ek ounce se der̄h ounce tak, ek din meṇ do yá t̄in martabah.

Infusion Ayapana ka.

F.—Muharrík aur muqawwí.

M.—Do ounce se t̄in ounce tak, ek din meṇ t̄in martabah.

Infusion Bel ka.

F.—Badarjai k̄haff̄ tal̄kh aur k̄hushbúdár.

M.—Do ounce se t̄in ounce tak, ek din meṇ t̄in martabah.

Infusum Calumbæ, yane k̄hisāndah Calumbæ ká.

F.—Házim aur muqawwí medeh, k̄hasúsan wáste kam karne us f̄rzc ke mufíd hai jo baazim hamal ke láhaq hotá hai.

M.—Der̄h ounce se do ounce tak, do yá t̄in martabah ek din meṇ.

Infusum Caryophyllæ, yane k̄hisāndah laung ká.

F.—Muharrík aur mufíd medeh.

M.—Ek ounce se do ounce tak, do yá t̄in martabah ek din meṇ.

Infusum Cascarrilla, yane k̄hisāndah Cascarrilla ká.

F.—Mufíd aur muqawwí medeh.

M.—Der̄h ounce se do ounce tak, do yá t̄in martabah ek din meṇ.

Infusum Catechu Compositum, yane murakkab k̄hisāndah katthe ká.

F.—Baárzah Diarrhœa, yane ishál ke qábiz hai.

M.—Ek ounce se t̄in ounce tak, har t̄isre ghanṭe meṇ.

Infusion Chiretta ká.

F.—Talk̄h aur muqawwí medeh.

M.—Ek ounce se t̄in ounce tak, ek din meṇ t̄in martabah.

Infusum Cinchonæ, yane k̄hisāndah Cinchona ká.

F.—Muqawwí medeh aur dáfaí bukhár hai; baárzah Dyspepsia, yane badhazmí ke mufíd hai.

M.—Ek se t̄in ounce tak, ek din meṇ t̄in martabah.

Infusum Crini, yane k̄hisāndah Kanoor ká.

F.—Halkí aur mujarríb qaiáwar dawá hai.

M.—Do drachm, har bís minute ke bad.

Infusum Cuspariæ, or Infusion of Cusparia.

U.—Tonic, Stimulant and Febrifuge.

D.—One and a half ounce to two ounces, three times a day.

Infusum Digitalis, or Infusion of Foxglove.

U.—Diuretic and powerfully Narcotic, its action must be closely watched, as it is apt to occasion sudden and dangerous collapse.

D.—Four drachms to an ounce, twice a day.

Infusum Diosmæ, or Infusion of Buchu.

U.—Tonic, Diuretic and Sudorific, useful in purulent and catarrhal discharges from the Urinary organs.

D.—Two to four ounces, three times a day.

Infusion of the Ergot of Rye.

U.—As a Parturifacient.

D.—Two or three ounces, every half hour, until it has the desired effect.

Infusum Gentianæ Compositum, or Compound Infusion of Gentian.

U.—Stomachic and Tonic.

D.—One and a half ounce to two ounces, three times a day.

Infusion of Gulancha.

U.—An excellent Tonic, Alterative, and Diuretic.

D.—Two to four ounces, three times a day.

Infusum Hemidesmus, or Ununtamool.

U.—Alterative and Diuretic, given in cases of Secondary Syphilis and Chronic Rheumatism.

D.—Two to four ounces, three times a day.

Infusum Justiciæ, or Infusion of Kreat.

U.—An excellent bitter Tonic.

D.—One to two ounces, three times a day.

Infusum Krameriæ, or Infusion of Rhatany.

U.—Tonic and Astringent.

D.—One and a half ounce to two ounces, two or three times a day.

Infusion of Kurroo.

U.—A bitter Tonic.

D.—One to two ounces, three times a day.

Infusum Cuspariæ, yañe ðhisáñdah Cusparia ká.

F.—Muqawwí medeh, aur muharrik aur dáfai buðhár.

M.—Derh ounce se do ounce tak, ek din meñ tñ martabah.

Infusum Digitalis, yañe ðhisáñdah Foxglove ká.

F.—Mudir aur bahut muskir hai, is dawá kí tásír par ziyádah tawajjuh aur khabargíri karní cháliye, is wáste ki yih dawá dafa-tan azái raísá ko bilkúl zaíf kardetí hai, aur usse ðhatrá hojátá hai.

M.—Chár drachm se ek ounce tak, ek din meñ do martabah.

Infusum Diosmæ, yañe ðhisáñdah Buchu ká.

F.—Muqawwí, aur mudir aur muarrik hai, bích ráddár iðhráj ke azá pesháb se mufíd hai.

M.—Do ounce se chár ounce tak, ek din meñ tñ martabah.

Infusion Ergot Rye ka.

F.—Parturifacient, yañe jald bachchá ko peñ se nikálnewále.

M.—Do yá tñ ounce, har nisf ghançe meñ dete haiñ, jab tak ki hasbi dil ðhuáb tásír hojáwe.

Infusum Gentianæ Compositum, yañe murakkab ðhisáñdah Gen-tian ká.

F.—Mufíd aur muqawwí medeh.

M.—Derh ounce se do ounce tak, ek din meñ tñ martabah.

Infusion Gulancha ká.

F.—Bahut umdah muqawwí dawá, aur Alterative, yañe sudhár-newáli aur mudir hai.

M.—Do se chár ounce tak, tñ martabah ek din meñ.

Infusum Hemidesmi, yañe ðhisáñdah Ununtamúl ká.

F.—Alterative, yañe sudhárnewálá aur mudir hai, baarzah átshak darjei doyam aur puráni gañhiyá ke istamál karte haiñ.

M.—Do ounce se chár ounce tak, ek din meñ tñ martabah.

Infusum Justiciæ, yañe ðhisáñdah Kreat ká.

F.—Ek umdah talkh dawá muqawwí medeh hai.

M.—Ek ounce se do ounce tak, ek din meñ tñ martabah.

Infusum Kramerie, yañe ðhisáñdah Rhatany ká.

F.—Muqawwí medeh aur qábiz hai.

M.—Derh ounce se do ounce tak, ek din meñ do yá tñ martabah.

Infusion Kurroo, yañe ðhisáñdah Kurroo ká.

F.—Dawá muqawwí medeh.

M.—Ek ounce se do ounce tak, ek din meñ tñ martabah.

Infusum Lini Compositum, or Compound Infusion of Linseed.

U.—Demulcent, given in Catarrhs and affections of the Urinary organs, to any extent.

Infusum Lupuli, or Infusion of Hops.

U.—Tonic, Stomachic, and slightly Narcotic.

D.—One ounce to one and a half ounce, three times a day.

Infusion of Neemooka.

U.—Given in affections of the Urinary organs.

D.—Two to four ounces, three times a day.

Infusum Pareiræ, Infusion of Pareira.

U.—Diuretic, given in affections of the Urinary organs.

D.—One ounce to one and a half ounce, three times a day.

Infusion of Pedalium, or Gokcroo.

U.—Mucilagenous and Demulcent.

Infusum Quassia, or Infusion of Quassia.

U.—A very bitter Tonic and Stomachic.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Rheæ, or Infusion of Rhubarb,

U.—Slightly Aperient, Tonic and Stomachic.

D.—One to two ounces, two or three times a day.

Infusum Rosæ Compositum, or Compound Infusion of Roses.

U.—Astringent and Refrigerant, given in Hæmorrhages.

D.—One to two ounces, three times a day.

Infusum Scoparii, or Infusion of Broom.

U.—Aperient and Diuretic.

D.—One to two ounces, three times a day.

Infusum Sennæ Compositum, or Compound Infusion of Senna.

U.—Purgative, generally combined with Epsom Salts.

D.—Two to four ounces.

Infusum Serpentariæ, or Infusion of Serpentary.

U.—Diaphoretic and Tonic.

D.—One to two ounces, three times a day.

Infusum Sidæ, or Infusion of Pata.

U.—A bitter Tonic and Astringent.

D.—One to two ounces. three times a day.

Infusum Lini Compositum, yane murakkab k̄hisándah alsí ká.

F.—Mulayyan hai, aur baárzah sardí aur amrázazái pesháb ke dijáti hai, bilá taiyun miqdár.

Infusum Lupuli, yane k̄hisándah Hops ká.

F.—Muqawwí, aur mufídi medeh, aur muskir badarjai k̄hafif.

M.—Ek ounce se derh ounce tak, ek din men̄ t̄in martabah.

Infusion Neemooká, yane k̄hisándah Neemooká ká.

F.—Baamráz azái pesháb dete haiñ.

M.—Do ounce se chár ounce tak, ek din men̄ t̄in martabah.

Infusum Pareire, yane k̄hisándah Parcira ká.

F.—Mudir hai, baamráz azái pesháb diyá játá hai.

M.—Ek ounce se derh ounce tak, ek din men̄ t̄in martabah.

Infusum Pedalium, yane k̄hisándah Gokeroo ká.

F.—Mucilagenous, yane loábdar aur mulayyan.

Infusum Quassia, yane k̄hisándah taj ká.

F.—Bahut talkh dawá muqawwí medeh aur mufid medeh hai.

M.—Derh ounce se do ounce tak, ek din men̄ do yá t̄in martabah.

Infusum Rhei, yane k̄hisándah Rewand Chíní ká.

F.—Mulayyan badarjai k̄hafif, muqawwí aur mufid medeh.

M.—Ek ounce se do ounce tak, ek din men̄ do yá t̄in martabah.

Infusum Rosæ Compositum, yane murakkab k̄hisándah guláb ká.

F.—Qábiz aur dáfaí garmí, aur Hæmorrhage, yane ijrái k̄hún kí hálat men̄ dete haiñ.

M.—Ek ounce se do ounce tak, ek din men̄ t̄in martabah.

Infusum Scoparii, yane k̄hisándah Broom ká.

F.—Mulayyan aur mudir.

M.—Ek ounce se do ounce tak, ek din men̄ t̄in martabah.

Infusum Sennæ Compositum, yane murakkab k̄hisándah Senna ká.

F.—Mushil hai, aur bashámul Epsom Salts ke istamál karte haiñ.

M.—Do ounce se chár ounce tak.

Infusum Serpentariæ, yane k̄hisándah Serpentry ká.

F.—Muarriq aur muqawwí.

M.—Ek ounce se do ounce tak, ek din men̄ tin martabah.

Infusum Sidæ, yane k̄hisándah Pata ká.

F.—Talkh dawá muqawwí medeh aur qábiz.

M.—Ek ounce se do ounce tak, ek din men̄ t̄in martabah.

Infusum Simarubæ, or Infusion of Simaruba.

U.—Tonic, Astringent and Mucilagenous, given in the last stages of Dysentery.

D.—One to two ounces, every three or four hours.

Infusum of Sohunjuna Compositum.

U.—Stimulant.

D.—One to three ounces.

Infusum Valerianæ, or Infusion of Valerian.

U.—Antispasmodic and Stimulant, given in cases of Hysteria.

D.—One and a half ounce to two ounces, every three or four hours.

Infusum Violet, or Banopsha.

U.—Nauseating and Diaphoretic.

D.—Two or three ounces, every half hour.

Linimentum Aquæ Calcis, or Limewater Liniment.

Use.—Cooling, applied to excoriated surfaces, scalds, and burns.

Linimentum Æruginis, or Liniment of Verdigris.

U.—Detergent and Escharotic.

Linimentum Ammonie, or Liniment of Ammonia

U.—Stimulant and Counter-irritant.

Linimentum Ammonie Sesquicarbonatis, or Liniment of Sesquicarbonate of Ammonia.

U.—Stimulant and Counter-irritant, used in cases of inflamed Uvula, Pharynx and Tonsils.

Linimentum Camphoræ, or Camphor Liniment.

Linimentum Camphoræ Compositum, or Compound Liniment of Camphor.

U.—Stimulant and Counter-irritant, used in sprains and bruises, rheumatism and indolent tumours.

Infusum Simarubæ, yañe k̄hisándah Simaruba ká.

F.—Muqawwí medeh, aur qábiz aur mucilagenous, yañe luáb-dár hotá hai, aḵher darjai Dysentery, yañe ishál pechish men dete haiñ.

M.—Ek ounce se do ounce tak, harek tísre chauthe ghañte men. *Murakkab k̄hisándah Sohunjuna ka.*

F.—Muharrik hai.

M.—Ek ounce se tín ounce tak.

Infusum Velerianæ, yañe k̄hisándah Billilotun ká.

F.—Antispasmodic, yañe dáfaí tashannuj, aur muharrik maraz Hysteria men dete haiñ.

M.—Derh ounce se do ounce tak, har tísre chauthe ghañte men.

Infusum Violet, yañe banafshá ká k̄hisándah.

F.—Mutanaffir aur muharrik hai.

M.—Do yá tín ounce tak, harek nisf ghañte men.

Linimentum Aquæ Calcis, yañe marham Limewater, yañe chúne ke pání ká.

F.—Thandá kartá hai, k̄hárash, aur ganj, aur jale húe muqám par lagáte haiñ.

Linimentum Æruginis, yañe marham zangár ká.

F.—Aláish sáf kartá hai, aur Escharotic, yañe zaḵhm ko galátá hai.

Linimentum Ammoniaë, yañe marham naushádar ká.

F.—Muharrik aur Counter-irritant, yañe dáfaí sozish.

Linimentum Ammoniaë Sesquicarbonatis, yañe marham Sesquicarbonate Ammonia ká.

F.—Muharrik aur Counter-irritant, yañe dáfaí sozish hai, baḵrzah Uvula aur Pharynx aur Tonsils ke istamáal karte haiñ, jab ki sozish hotí hai.

Linimentum Camphoræ, yañe marham kafúr ká.

Linimentum Camphoræ Compositum, yañe murakkab marham, kafúr ká.

F.—Muharrik aur Counter-irritant, yañe dáfaí sozish hai, moch, aur zarab, aur gaṭhiyá aur puráne zaḵhm par lagáte haiñ.

Linimentum Hydrargyri Compositum, or Compound Liniment of Mercury.

U.—Stimulant and Discutient; one drachm rubbed well into the inside of the thighs and in the armpits, morning and evening, will salivate rapidly.

Linimentum Opii, or Liniment of Opium.

U.—Sedative; applied to bruises, painful swellings, rheumatism and lumbago.

Linimentum Saponis, or Soap Liniment.

U.—Stimulant and Sedative.

Linimentum Simplex, or Simple Liniment.

U.—Cooling and Sedative; it is composed of four parts poppy oil, and one part wax, applied to ulcerated and excoriated surfaces.

Linimentum Terebinthinæ, or Turpentine Liniment.

U.—A powerful Stimulant.

Mel Boracis, or Honey of Borax.

Use.—Detergent and cooling, in Aphthous affections of the tongue and fauces.

Mel Rosæ, or Honey of Rose.

U.—Detergent and Astringent, usually mixed in gargles.

Oxymel.

U.—Detergent and expectorant, used also in gargles.

D.—One to four drachms, three or four times a day.

Oxymel Scillæ, or Oxymel of Squills.

U.—Expectorant, given in Chronic Coughs and Catarrhal affections; it is Emetic in large doses of one or two ounces.

Alumen Exsiccatum, or Dried Alum.

Use.—Internally it is a powerful Astringent in Piles, Diarrhœa, and mucous discharges. Externally it is used in Repellent and Astringent Lotions and eye-washes.

Dose.—Ten to twenty grains, two or three times a day.

Linimentum Hydrargyri Compositum, yañe murakkab marham páre ká.

F.—Muharrik aur muhallil hai; agar ek drachm andar kí taraf zánú ke aur baghal meñ achchí tarah subah o shám malá jáwe to munh jald átá hai.

Linimentum Opii, yañe marham afyún ká.

F.—Árám bañsh hai; zarañ aur warm taklíf dihandah, aur báí aur dard kamar ke liye lagáte haiñ.

Linimentum Saponis, yañe marham sábuñ ká.

F.—Muharrik aur árám deñ.

Linimentum Simplex, yañe marham sádah.

F.—Thandá kartá hai aur árám detá hai; chahár hisseh roghan post, aur ek hisseh mom se banáte haiñ, násúr aur kharash par lagáyá játá hai.

Linimentum Terebinthinae, yañe marham tarpantel ká.

F.—Bahut qawwí muharrik hai.

Mel Boracis, yañe shahad aur suhágá miláyá huá.

F.—Aláish sáf kartá hai aur thandá kartá hai, aur bañzah Aphthous, yañe cihálon zabán aur Fauces ke istamál karte haiñ.

Mel Rosae, yañe shahad aur guláb pání meñ pakáyá huá.

F.—Aláish sáf kartá hai, aur qábiz hai, aur gharáre meñ aksar miláte haiñ.

Oxymel, yañe sikanjbín sirká ká.

F.—Aláish sáf karnewálá aur dáfaí balgham hai, aur gharáre meñ bhí kám átí hai.

M.—Ek drachm se chár drachm tak, ek din meñ tñ yá chár martabah.

Oxymel Scillae, yañe sikanjbín janglí piyáz ká.

F.—Dáfaí balgham hai, bañzah kháñsí aur zukám derpá ke dete haiñ; agar bamiqdár ek yá do ounce istamál kíjawe to qaiáwar hai.

Alumen Exsiccatum, yañe khashit phitkirí.

F.—Jabki andar jism ke pahunche to bañzah bawásír, aur Diarrhoea, yañe ishál raqíq aur ikhráj renth ke bahut qábiz dáwá hai; aur úpar jism ke lagáne ko qábiz aur Repellent gházah aur ankh dhone kí dáwá banáte haiñ.

M.—Das grain se bís grain tak, ek din meñ do yá tñ martabah.

Liquor Aluminis Compositum, or Compound Solution of Alum.

U.—A powerful Styptic and Astringent, applied to old Ulcers, also as an eye-wash.

Antimonii Oxysulphuretum, or Oxysulphuret of Antimony.

U.—Occasionally, but very seldom, given in cases of Herpetic and other eruptions.

D.—One to four grains, twice a day.

Antimonii Potassio Tartras, Potassio Tartrate of Antimony, or Tartar Emetic.

U.—Sudorific, Emetic, and Purgative, according to the dose. Quarter of a grain as a Sudorific, half grain as a Purgative, and one grain as an Emetic, to be repeated every half hour, until the desired effect ensues. Externally as a Counter-irritant, by mixing one drachm of Tartar Emetic with one ounce of Lard, to be well rubbed into the part, morning and evening.

Pulvis Antimonii Compositus, or Compound Powder of Antimony.

U.—Diaphoretic, Alterative, Emetic and Purgative.

D.—Five to ten grains.

Argenti Nitras, Nitrate of Silver, or Caustic.

U.—Internally it is Tonic and Antispasmodic, given in Epilepsy. Externally it is Escharotic.

D.—One-eighth of a grain gradually increased to two grains, and made into pills with bread crumbs, two or three times a day.

Liquor Potassæ Arsenitis, or Solution of Arsenite of Potash.

U.—A powerful Tonic and Febrifuge, given in Intermittent and Remittent Fevers, periodical headaches, and some diseases of the skin.

D.—Four to fifteen drops, twice a day.

Barii Chloridum, or Chloride of Barium.

U.—Chiefly employed to detect and calculate the quantity of Sulphuric Acid, or Sulphates, present in a solution.

* *Liquor Aluminis Compositum*, yane murakkab ghulfi hufi phiṭkirfi.

F.—Badarjai ghayat Styptic, yane khun band karnewala, aur qabiz hai, aur nasur kohna men lagate hai, aur waste dhone apkhon ke bhí kam áta hai.

Antimonii Oxysulphuretum, yane Oxysulphuret surma ka.

F.—Baarzah Herpetic, aur digar phunsi phore jildi ke istamal karte hai, magar bahut shaz.*

M.—Ek se char grain tak, ek din men do martabah.

Antimonii Potassio Tartras, yane Potassio Tartrate surma ka, jisko Tartar Emetic bhí kahte hai.

F.—Muharrík, aur qaiawar, aur mushil, hasbe miqdár dawá ke bamiqdár, nisf grain mushil, aur bamiqdár ek grain qaiawar, har nisf ghanṭe men istamal kiya jawe, jab tak ki hasbe dil khub tasir uski amal men áwe. Bahar lagane se Counter-irritant, yane dafai sozish hai, jis maqam par sozish ho, ek drachm Tartar Emetic aur ek ounce charbi men milakar us jagah subah o sham khub malish ki jawe.

Pulvis Antimonii Compositus, yane murakkab pisa hua surma.

F.—Muarríq, aur Alterative, yane tartib denewala, aur qaiawar aur mushil.

M.—Panch grain se. das grain tak.

Argenti Nitras, yane Nitrate of Silver, yane Caustic.

F.—Andar jismke quwwat ziyadah kartá hai, aur Antispasmodic, yane dafai tashannuj hai, baarzah Epilepsy, yane mirgi ke dete hai. Aur bahar jism par lagaya jawe to zaḥm ko kha jata hai.

M.—Hashtam hisse ek grain se darja badarja do grain tak barhaya jawe, aur roṭi ke gude men milakar goliyan banai jawen, aur do ya tin martabah har roz istamal kiya jawe.

Liquor Potassæ Arsenitis, yane Solution Arsenate Potash ka.

F.—Kamal muqawwi aur dafai bukhar hai, baarzah bukhar bari aur Remittent bukhar ke, aur bari ke sar dard aur baz amraz jildi men istamal karte hai.

M.—Char se pandrah qatre tak, ek din men do martabah.

Barii Chloridum, yane Chloride Barium ka.

F.—Yih dawá aksar waste daryaft hone aur malum hone miqdár Sulphuric Acid, yane tezab gandhak ke, ya Sulphate ke, jo kisi dawá ki Solution men ámez ho mustamil hai.

Bismuth Trisnitas, Trisnitrate of Bismuth.

U.—Antispasmodic, given in cases of Dyspepsia, which are attended with painful contractions of the Stomach.

D.—Five to fifteen grains, three times a day.

Calamina Preparata, or Prepared Calamine.

U.—Absorbent, used externally in burns and excoriations.

Liquor Calcis, or Lime water.

U.—Antacid, used in cases of Dyspepsia attended with acidity : Astringent in the last stages of Diarrhœa and Dysentery, also used as an Astringent injection in Leucorrhœa.

D.—One to six ounces, given in milk.

Liquor Calcii Chloridi, or Solution of Chloride of Calcium.

U.—Deobstruent and Tonic, given in cases of Bronchocœle and Scrophula.

D.—Forty minims to two drachms, two or three times a day.

Calx Chlorinata, or Chlorinated Lime, or Labarracque's Disinfecting Fluid.

U.—Disinfectant. When exposed to the air it powerfully corrects the putrid odour, arising either from diseased or decomposing animal matter.

Creta Preparata, or Prepared Chalk.

U.—Antacid and Absorbent, given in cases of Acidity of the Stomach and in Diarrhœa. Externally it is applied to Ulcers discharging a thin irritating matter.

Cupri Ammonio Sulphas, or Ammonio Sulphate of Copper.

U.—Tonic and Antispasmodic, given in cases of Chorea or St. Vitus' dance and Epilepsy.

D.—Quarter of a grain increased gradually to five grains made into pills with crumb of bread, to be taken two or three times a day.

Bismuth Trisnitras, यांने Trisnitrate Bismuth का.

F.—Antispasmodic, यांने मांणं रफां कानुवालं हां, बांरुअं Dyspepsia, यांने बाधअमं के कं कं कं पेठं मेणं मांणं दारुं अंणुं हो-जुंवे देते हां.

M.—Pāñch grain se pandrah grain tak, ek din men tīn martabah.

Calamina Preparata, यांने Calamine tyār kiyā huā.

F.—Absorbent, यांने जजुब बाहार इठामलं मेणं अती हां, जब कं कं कं कं कं जलं जुंवे, aur chhil जुंवे.

Liquor Calcis, यांने पानीं चुंने का.

F.—Antacid, यांने दांफां तुरुशीं हां, बांरुअं Dyspepsia, यांने बाधअमं कं कं कं कं कं इठामलं कते हां, qābiz हां बांरुअं Diarrhoea, यांने इशलं, aur Dysentery, यांने पेचिशं के जब यलं मारुअं असे कां होजुंवे तो इठ दारुं कां इठामलं कते हां, aur बांरुअं Leucorrhoea बतारु पिककरीं qābiz कामं अती हां.

M.—Ek ounce se chhah ounce tak, dūdh ke sāth istāmāl karte hañ.

Liquor Calcii Chloridi, यांने Solution Chloride Calcium का.

F.—Deobstruent, यांने मुफततुहं aur मुणुअुवीं हां, बांरुअं Bronchocele, यांने गेहेगां aur Scrophula, यांने कानुठमलं के देते हां.

M.—Chālīs minim se do drachm tak, ek din meñ do yā tīn martabah.

Calx Chlorinata, यांने Chlorinated Lime, कं इस्को Labarracque's Disinfecting Fluid ब्लीं कते हां.

F.—Disinfectant हां, यांने मणुणुं सरुअतं मारुअं जबकं गोलं करु हारुं मेणं रकुरीं जुंवे तो बाधुं जो कं कं मारुअं यं सरु हूँ मदेहं हां वानीं से नुकतीं हो, इस्को सरुं aur दुुरुसुं कते मेणं कुरुवीं हां.

Creta Preparata, यांने बनानीं हुं कुरीयं.

F.—Antacid, यांने दांफां तसुरीं तेजुअं aur जजुब हां, बांरुअं तुरुशीं मदेहं aur Diarrhoea, यांने दस्तुं के देते हां. कं कं के उं पारु असे नसुरं पारुगते हां कं कं कं से पतुलं मारुअं जलुं हुं नुकतीं हो.

Cupri Ammonio Sulphas, यांने Ammonio Sulphate ताम्बे का.

F.—Muqawwī aur Antispasmodic, यांने दांफां मांणं हां बांरुअं Chorea, यांने ररुशां, aur Epilepsy, यांने मरुगीं के देते हां.

M.—Pao grain se pāñch grain tak, darje badarje barhāte hañ, aur ruṭī ke gūde meñ do yā tīn martabah ek din meñ istāmāl karte hañ.

Liquor Cupri Ammonio Sulphatis, or Solution of Ammonio Sulphate of Copper.

U.—Detergent, and slightly Escharotic, when largely diluted it is employed to remove specks from the cornea of the eye.

Ferri Sulphas, or Sulphate of Iron.

U.—Tonic, Astringent, Emmenagogue and Anthelmintic; it is given in Chronic Dysentery.

D.—One to five grains, made into pills with the Extract of Gentian, and taken two or three times a day.

Ferri Sesquioxylum, or Sesquioxide of Iron.

U.—Tonic and Emmenagogue; given in cases of Tic-doloureux and other Nervous affections.

D.—In Tic-doloureux, half a drachm to one drachm, two or three times a day; in chorea, one to four drachms, every six hours.

Tinctura Ferri Sesquichloridi, or Tincture of Sesquichloride of Iron.

U.—Internally it is Tonic in Scrophula, in doses of ten minims to one drachm. In retention of urine, ten minims every ten minutes, until some relief is produced, and as a Styptic in Hæmorrhage from the Bladder, Kidneys, and Womb. Externally it is used as a Styptic in Cancerous and Fungous sores, and Venereal warts.

Ferri Potassio Tartras, or Potassio Tartrate of Iron.

U.—An excellent Tonic for children, mixed in any Aromatic water or jelly.

D.—Ten to thirty grains, two or three times a day.

Tinctura Ferri Ammonio Chloridum, or Tincture of Ammonio Chloride of Iron.

U.—Tonic, Emmenagogue and Aperient.

D.—One to two drachms in water, two or three times a day.

Liquor Cupri Ammonio Sulphatis, yane Solution Ammonio Sulphate tāmbe ká.

F.—Khárij kunindai áláish hai, aur badarjai kháff Escharotic, yane khánewálá murdár gosht ká, jabki bahut patlá kiyá jáwe to ápkh ke karíne se dágh o nishán rafa kartá hai.

Ferri Sulphas, yane Sulphate lohe ká.

F.—Muqawwí, aur qábiz, adr Emmenagogue, yane haizáwar aur Anthelmintic, yane dáfai kirm hai; baárzah Chronic Dysentery, yane purání pechish ke dete hain.

M.—Bashamúl Extract Gentian ke ek grain se pánch grain tak milákar goliyán banáte hain, aur do yá tín martabah ek din men istamál karte hain.

Ferri Sesquioxidum, yane Sesquioxide lohe ká.

F.—Muqawwí aur Emmenagogue, yane haizáwar hai, baárzah Tic-doloreux wa dígar awáriz nason ke istamál karte hain.

M.—Baárzah Tic-doloreux, nisf drachm se ek drachm tak, do yá tín martabah ek din men, aur baárzah Chorea, yane ráshe ke, ek se chár drachm tak, bad do do pahar ke.

Tinctura Ferri Sesquichloridi, yane Tincture Sesquichloride lohe ká.

F.—Andar jism ke pahunche to yih dawá baárzah Scrophula muqawwí hotí hai, das minim se ek drachm tak dete hain, baárzah rukáo pesháb har das minute bad das minim dete hain, jab tak ki maraz ko ifáqa ho, aur baárzah hæorrhage yane ijrái khún azma-sánah wa gurdah wa rihm yih dawá Styptic, yane band karnewálí hai; aur báhar jism ke bataur Styptic zakhm wo sartán aur Fungous zakhm aur Venereal Wort par lagáte hain.

Ferri Potassio Tartras, yane Potassio Tartrate lohe ká.

F.—Wáste larakon ke bahut umdah muqawwí dawá hai, kisi qism ke khushbúdár pání men, ya rub men milákar dete hain.

M.—Das grain se tís grain tak, ek din men do yá tín martabah.

Tinctura Ferri Ammonio Chloridum, yane Tincture Ammonio Chloride lohe ká.

F.—Muqawwí aur Emmenagogue, yane haizáwar aur mulayyan hai.

M.—Ek se do drachm tak, ek din men do yá tín martabah pání men dete hain.

Ferri Iodidum, or Iodide of Iron.

U.—Emmenagogue and Tonic, used in Scrophula, Secondary Syphilis, enlarged Spleen, and in Amennorrhœa.

D.—One to two grains, two or three times a day.

Hydrargyrum cum Oreta, or Mercury with Chalk, commonly called "Grey Powder."

U.—Alterative and Antacid, much used in Chronic Diarrhœa of children.

D.—Ten to thirty grains, mixed in jelly.

Hydrargyri Bichloridum, or Bichloride of Mercury or Corrosive Sublimate.

U.—Alterative, given in cases of Secondary Syphilis and Leprosy.

D.—One-eighth to one-fourth of a grain, two or three times a day.

Liquor Hydrargyri Bichloridi, or Solution of the Bichloride of Mercury.

U.—The same as the above, given in Linseed Tea or some mucilaginous Fluid.

D.—Half a drachm to two drachms, two or three times a day.

Hydrargyri Chloridum, or Chloride of Mercury, or Calomel.

U.—Purgative, Alterative, Antisyphilitic; a valuable remedy in affections of the Liver, Dropsies, Continued Fever, and Acute Rheumatism. It should never be given in Spleen, Scurvy, or Scrophula.

D.—Five to ten grains, as a Purgative, twenty grains as a Sedative in Cholera and Acute Dysentery, one or two grains, two or three times a day, in Syphilis to produce Salivation.

Hydrargyrum Ammonio Chloridum, or Ammonio Chloride of Mercury, or White Precipitate.

U.—Externally as an Alterative in form of an ointment, in cutaneous diseases. One drachm to one ounce of Lard.

Ferri Iodidum, यांने Iodide lohe ká.

F.—Emmenagogue, यांने haizáwar, aur muqawwí hai, baárrzah Scrophula, यांने kanthmálá, aur darjai doyam kí átsak ke aur barhí húi tillí ke, aur Amennorrhœa, यांने bastgí haiz ke dete haiñ.

M.—Ek grain se do grain tak, ek din men do yá tñ martabah.

Hydrargyrum cum Creta, यांने párá aur khariyá ki jisko aksar Grey Powder kahte haiñ.

F.—Alterative, यांने durust kunandai jism aur muhtil tásir tezáb baárrzah Chronic Diarrhœa, यांने puráne daston ke jo laṅkon ko láhaq ho dete haiñ.

M.—Das se tñ grain tak, jelly men milákar dete haiñ.

Hydrargyri Bichloridum, यांने Bichloride páre ká, jisko Corrosive Sublimate, यांने ruskapúr kahte haiñ.

F.—Alterative, यांने sudhárnewálá hai, baárrzah átsak darjai doyam ke, aur baárrzah juzám ke dete haiñ.

M.—Athwen hisse ek grain chaháram grain tak, ek din men do yá tñ martabah.

Liquor Hydrargyri Bichloridi, यांने Solution Bichloride páre ká.

F.—Iskí tásir misl tásir dawái mazkúrai bálá hai, aur Linsced Tea, यांने chá alsí yá digar luábdár saiyál ke sáth dete haiñ.

M.—Nisf drachm se do drachm tak, ek din men do yá tñ martabah.

Hydrargyri Chloridum, यांने Chloride páre ká, jisko Calomel यांने kushtai párá kahte haiñ.

F.—Mushil aur Alterative, यांने badan sudhárnewálá, aur Antisyphilitic, यांने dáfaí átsak, bawástai amráz kalejá aur istisqá aur tap dawán aur hai shadíd ke bahut umdah dawá hai, baárrzah tihál aur Scurvy, यांने khárash aur Scrophula, यांने kanthmálá ke istamál is dawá ká aslan na kiyá jáwe.

M.—Páñch grain se das grain tak mushil hai, bís grain baárrzah haiza aur Dysentery, यांने daston shadíd ke áram dihandah hai, ek yá do grain do yá tñ martabah ek din men baárrzah átsak wáste Salivation, यांने múñh lánc ke dete haiñ.

Hydrargyrum Ammonio Chloridum, यांने Ammonio Chloride páre ká ki jisko White Precipitate, यांने sufaid páre ká kahte haiñ.

F.—Jism par lagáne ko bashakli marham, yih dawá Alterative, यांने sudhárnewálá aur ba awáriz jildí kám áti hai, yih dawá baqadar ek drachm ke ek ounce charbí men milákar lagáte haiñ.

Hydrargyri Oxydum, Oxyde of Mercury, or black Oxyde of Mercury.

U.—Alterative, made into Pills, but very seldom given.

D.—One to three grains, twice a day.

Hydrargyri Binoxidum, or Binoxide of Mercury or Red Precipitate.

U.—Alterative, but seldom given internally; externally it is employed as a Caustic and Escharotic.

D.—One grain, twice a day, with half grain of Opium in each dose.

Hydrargyri Nitrico Oxydum, or Nitric Oxyde of Mercury.

U.—Employed externally only as an Escharotic.

Hydrargyri Bicyanidum, or Bicyanide of Mercury.

U.—In making the preparation of Prussic Acid.

Hydrargyri Iodidum, or Iodide of Mercury.

U.—Alterative, given in Scrophulous and Syphilitic affections; it is also employed in form of an ointment in similar diseases.

D.—Half a grain to three grains, daily.

Hydrargyri Biniodidum, or Biniodide of Mercury.

U.—Alterative, given in Scrophula and Syphilis.

D.—Half grain to one grain, daily.

Hydrargyri Bisulphuretum, or Bisulphuret of Mercury.

U.—It is only employed for Fumigations, by placing half a drachm of it on a piece of red hot iron.

Hydrargyri Sulphuretum cum Sulphure, or Sulphuret of Mercury with Sulphur.

U.—Alterative, seldom or ever given.

D.—Five to thirty grains daily.

Magnesia Calcinatus, or Calcined Magnesia.

U.—Antacid and Aperient.

D.—Five grains to one drachm.

Hydrargyri Oxydum, यांने Oxyde पारे का, कि जिस्को सियाह Oxyde पारे का काहे हाय्.

F.—Alterative, यांने सुधार्नेवाली गोलियां बनाते हाय्, मगर बहुत शहां इस्तामाल की जाती हाय्.

M.—Ek grain se tĩn grain tak, ek din men do martabah.

Hydrargyri Binoxidum, यांने Binoxide पारे का, जिस्को सुरख़ Precipitate काहे हाय्.

F.—Alterative, यांने सुधार्नेवाली हाय्, andar jism ke bahut kam mustamil hotĩ hai; jism ke upar bataur Caustic, यांने तेसाब, aur Escharotic, यांने खानेवाली मुरदार gosht की लागते हाय्.

M.—Ek grain, do martabah ek din men, har miqdār men nisf grain afyũn ka milakar dete हाय्.

Hydrargyri Nitrico Oxydum, यांने Nitric Oxyde पारे का.

F.—Sirf baħar jism par लागते हाय्, तासिर usकी Escharotic, यांने खानेवाली मुरदार gosht की हाय्.

Hydrargyri Bicyanidum, यांने Bicyanide पारे का.

F.—Yih dawā wāste banāne Prussic Acid ke kām atĩ hai.

Hydrargyri Iodidum, यांने Iodide पारे का.

F.—Alterative, यांने सुधार्नेवाली हाय्, baħrzah Scrophula, यांने कान्ठमाला के aur atshak के dete हाय्; aur is qism ke amraz men bataur marham bhĩ लागते हाय्.

M.—Nisf grain se tĩn grain tak, har roz.

Hydrargyri Biniodidum, यांने Biniodide पारे का.

F.—Alterative, यांने सुधार्नेवाली हाय्, baħrzah Scrophula, यांने कान्ठमाला aur Syphilis, यांने atshak के dete हाय्.

M.—Nisf grain se ek grain tak, har roz.

Hydrargyri Bisulphuretum, यांने Bisulphuret पारे का, यांने shingarf.

M.—Nisf drachm lāl garm kiye hue lohe men rakh kar dhũnĩ dete हाय्.

Hydrargyri Sulphuretum cum Sulphure, यांने Sulphurate पारे का साथ गंधक के.

F.—Alterative, यांने सुधार्नेवाली हाय्, yih dawā bahut shah mustamil hai.

M.—Pānch grain se tĩn grain tak, har roz.

Magnesia Calcinatus, यांने Calcined Magnesia.

F.—Antacid, यांने mubtil तासिर तेसाब aur mulsayya हाय्.

M.—Pānch grain se ek drachm tak.

Magnesia Carbonas, or Carbonate of Magnesia.

U.—Antacid, Purgative, and Lithontriptic.

D.—One scruple to one drachm, two or three times a day.

Magnesia Sulphas, Sulphate of Magnesia, or Epsom Salts.

U.—Purgative; this Medicine should never be given when Cholera is prevalent, as it is apt to occasion profuse and exhausting evacuations, thus bringing on that disease.

D.—Four drachms to one ounce.

Plumbi Acetas, Acetate of Lead, or Sugar of Lead.

U.—A valuable Astringent both for Internal and External use, in Diarrhœa and Dysentery in doses of two or three grains, two or three times a day, also in Pulmonary and Intestinal Hœmorrhages. Externally as an injection in Gonorrhœa, and as an eye-wash in Ophthalmia.

Liquor Plumbi Diacetatis, Solution of Diacetate of Lead, or "Goulard Lotion."

U.—Astringent, used externally in superficial and phlegmonic inflammations of the skin.

Plumbi Chloridum, or Chloride of Lead.

U.—Employed in the preparation of the Muriate of Morphia.

Plumbi Iodidum, or Iodide of Lead

U.—Alterative, given in cases of Indolent swellings, painful Scrophulous Tumours, and Ulcerations; also made into an ointment, and used for the same diseases.

D.—Quarter to half a grain made into pills with bread crumbs, and taken two or three times a day.

Plumbi Oxydum Hydratum, or Hydrated Oxyde of Lead.

U.—For preparing the Disulphate of Quinine.

Potassa Carbonas, or Carbonate of Potash.

U.—Antacid and Diuretic, given in Milk or Mucilage.

D.—Ten to thirty grains.

Magnesia Carbonas, yane Carbonate Magnesia ká.

F.—Antacid, yane mubtil tasír tezáb aur maushil aur Lithontrip-tic, yane sangmasáne ko galáti hai.

M.—Ek scruple se ek drachm tak, do yá tén martabah ek din men.

Magnesia Sulphas, yane Sulphate Magnesia, ki jisko Epsom Salt kahte hain.

F.—Mushil hai, jabki haizá ghálib ho, to us waqt istamál is dawá ká hargiz na kiyá jáwe, isliye ki usse badarjai gháyat istafrágh hotá hai, ki medeh is qadar khálf ho játá hai aur haizá láhaq ho játá hai.

M.—Chár drachm se ek ounce tak.

Plumbi Acetas, yane Acetate shishah ká, ki jisko Sugar of Lead kahte hain.

F.—Wáste istamál karne andar yá báhar jism ke, yih dawá bahut umdah qábiz hai, baárzah Diarrhoea, yane ishál raqíq, aur Dysentery, yane pechish ke, bamiqdár do yá tén grain ek din men, do yá tén martabah, baárzah Hæmorrhage, yane khún nikálne ke phepre se aur aptaryon se istamál karte hain. Báhar jism ke bataur pichkárí bamaraz suzák ke, aur wáste dhone ánkhe ke baárzah Ophthalmia ke men lagáte hain.

Liquor Plumbi Diacetatis, yane Diacetate shishah ká, jisko Goulard Lotion kahte hain.

F.—Qábiz hai, baárzah jildí aur balghami sozish post ke úpar jism ke lagáte hain.

Plumbi Chloridum, yane Chloride shishah ká.

F.—Muriate of Morphia kí tarkíb men kám átá hai.

Plumbi Iodidum, yane Iodide shishah ká.

F.—Alterative, yane durust kunúndai jism hai, baárzah waram derpá ke aur kanthmálá kí jismen taklíf hotí ho, aur násúr ke istamál karte hain, aur inhín amráz men bataur marham lagáte hain.

M.—Chaháram se nisf grain tak roṭí ke gúde ke sáth golí baná kar, do yá tén martabah ek din men dete hain.

Plumbi Oxydum Hydratum, yane Hydrated Oxyde shishah ká.

F.—Wáste banáne Disulphate Quinine ke kám átá hai.

Potasse Carbonas, yane Carbonate Potash ká.

F.—Antacid, yane hástiá kunúndai tasír tezáb aur mudír hai, lódh yá luáb ke sáth dete hain.

M.—Das se tís grain tak.

Liquor Potassæ Carbonatis, or Solution of the Carbonate of Potash.

U.—As above.

D.—Ten minims to a drachm, two or three times a day.

Potassæ Bicarbonas, or Bicarbonate of Potash.

U.—The same as the above.

D.—Ten to thirty grains.

Liquor Potassæ Effervescoens, or Effervescing Solution of Potash.

U.—The same as the above.

D.—Four to eight ounces.

Liquor Potassæ, or Solution of Potash.

U.—Antacid, Diuretic, Alterative and Lithontriptic, useful in some cutaneous diseases of the skin as Leprosy, Psoriasis, &c. It may be given in Milk, Broth, or good Beer.

D.—Ten minims to half a drachm, two or three times a day.

Potassæ Hydras, or Hydrate of Potash.

U.—Externally only as an Escharotic.

Potassæ cum Calce, or Potash with Lime.

U.—The same as the above. Both these articles must be kept in well stoppered hottles, as they are very deliquescent.

Potassæ Acetas, or Acetate of Potash.

U.—Diuretic in doses of one scruple to a drachm, and Cathartic in doses of two to three drachms.

Potassæ Sulphas, or Sulphate of Potash.

U.—Seldom or ever given by itself, but chiefly used in preparing Dover's Powder.

D.—Ten grains to four drachms.

Potassæ Bisulphas, or Bisulphate of Potash.

U.—Given with other purgatives, especially Rhubarb.

D.—Ten grains to one drachm.

Potassæ Tartras, or Tartrate of Potash.

U.—A mild Purgative.

Liquor Potassæ Carbonatis, यांने Solution Carbonate Potash का.

F.—Tásír iskí misl tásír dawá maskúrai bálá hai.

M.—Das minim se ek drachm tak, do yá tín martabah ek din men.

Potassæ Bicarbonas, यांने Bicarbonate Potash का.

F.—Tásír iskí misl tásír dawá maskúrai bálá hai.

M.—Das grain se tís grain fak.

Liquor Potassæ Effervescens, यांने Effervescing Solution Potash का.

F.—Tásír iskí misl tásír dawá maskúrai bálá hai.

M.—Chár ounce se áth ounce tak.

Liquor Potassæ, यांने Solution Potash का.

F.—Antacid, यांने mubtili tásír tezáb, aur mudir, Alteratíve, यांने sudhárnewálee aur Lithonriptic, यांने gudázindai sangmasáná hai, baamráz jildi jaise juzám aur Psoriasis waghairá ke istámál karte hai, aur dúdh, yá shorbe, yá achchhí sharáb Beer ke sáth píte hai.

M.—Das minim se nisf drachm tak, ek din men do yá tín martabah.

Potassæ Hydras, यांने Hydrate Potash का.

F.—Bahár jism ke wáste paidá karne tásír Escharotic, यांने galáne ke lagáte hai.

Potassæ cum Calce, यांने Potash milá huá chúne का.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai. Yih do dawáen achchhí tarah se munh band kí huí botal men rakkhí jáwen, isliye ki yih donon chízen deliquescent hotí hai, यांने hawá se pighal jatí hai.

Potassæ Acetas, यांने Acetate Potash का.

F.—Mudir hai bích miqdár ek scruple se ek drachm tak, aur nushil hai bích miqdár do yá tín drachm tak.

Potassæ Sulphas, यांने Sulphate Potash का.

F.—Kabhí kabhí yih díjatí hai eklá, magar beshtar istámál nen átee hai bích taiyár karne Dover's Powder ke.

M.—Das grain se chár drachm tak.

Potassæ Bisulphas, यांने Bisulphate Potash का.

F.—Yih díjatí hai bashamúl aur mushilon ke, khusúsan rewand híní.

M.—Das grain se ek drachm tak.

Potassæ Tartras, यांने Tartrate Potash का.

F.—Muláim mushil hai. *

Potassii Bromidum, or Bromide of Potassium.

U.—Given in cases of Enlarged Spleen.

D.—Three to ten grains, two or three times a day.

Potassii Iodidum, or Iodide of Potassium.

U.—Alterative, given in Scrophula, Chronic Rheumatism and Secondary Syphilis, in infusion of Ununtamool, or Sarsaparilla.

D.—Three to ten grains, three times a day.

Potassii Sulphuretum, or Sulphuret of Potassium.

U.—Internally it is seldom given; externally it is employed in several cutaneous diseases, especially in Itch in children.

Sodæ Carbonas, or Carbonate of Soda.

U.—Antacid and Diuretic.

D.—Ten to thirty grains, two or three times a day.

Sodæ Carbonas Exsiccata, or Dried Carbonate of Soda.

U.—The same as the above.

D.—Five to fifteen grains, two or three times a day.

Sodæ Sesquicarbonas, or Sesquicarbonate of Soda.

U.—The same as above, it is also employed in making Effervescing Powders with Tartaric Acid.

D.—Ten to thirty grains.

Sodæ Sulphas, or Sulphate of Soda.

U.—Purgative.

D.—Four drachms to two ounces.

Sodæ Potassio Tartras, or Potassio Tartrate of Soda.

U.—Purgative.

D.—Two drachms to one ounce.

Liquor Sodæ Chlorinatæ, or Solution of the Chlorinated Soda, or "Labarraque's Disinfecting Fluid."

U.—It is employed for fumigating rooms, and destroying the smell of decaying animal matter. It is also used in bleaching cloth.

Sodæ Murias, Muriate of Soda, or Common Salt.

U.—A table spoonful dissolved in water, acts as a speedy Emetic.

Potassii Bromidum, yane Bromide Potassium ká.

F.—Yih dījátí hai warm tihál men.

M.—Tín grain se das grain tak, do yá tín martabah ek din men.

Potassii Iodidum, yane Iodide Potassium ká.

F.—Alterative, yane sudhárnewálí dījátí hai, baazpás kanth-
málá derpá gaṭhyá kure, átsak kohná hamráh khishárah
Ununtamool, yá Sarsaparilla, yane Ushba ke.

M.—Tín grain se das grain tak, tín martabah ek din men.

Potassii Sulphuretum, yane Sulphuret Potassium ká.

F.—Kabhí kabhí baistamál andarúní kám átí hai, báhari istamál
men átí hai bích muḫtalif bínáriṇ jildí ke, maḫsús bích ḫárish
larkoṇ ke.

Sodæ Carbonas, yane Carbonate Soda ká.

F.—Antacid aur Diuretic, yane mudir hai.

M.—Das grain se tís grain tak, do yá tín martabah ek din men.

Sodæ Carbonas Exsiccata, yane khushk Carbonate Soda ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Páñch grain se pándrah grain tak, do yá tín martabah ek
din men.

Sodæ Sesquicarbonas, yane Sesquicarbonate Soda ká.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai, yih bích taiyár
karne safúf bulbule uḥánewálí adwiya ke kám men átí hai, ba-
istamál Tartaric Acid.

M.—Das grain se tís grain tak.

Sodæ Sulphas, yane Sulphate Soda ká.

F.—Mushil.

M.—Chár drachm se do ounce tak.

Sodæ Potassio Tartras, yane Potassio Tartrate Soda ká.

F.—Mushil.

M.—Do drachm se ek ounce tak.

Liquor Sodæ Chlorinatae, yane Solution Chlorinated Soda ká, yá
“ Labarraque’s Disinfecting Fluid.”

F.—Yih bích dhúní dene kamroṇ makánát, aur dáḫai karne
afúnat maddah haiwáne ke. Bích sufed karne kaproṇ ke bhí istamál
hotí hai.

Sodæ Murias, yane Muriate Soda ká, yá mashhúr namak.

F.—Ek chámmach mas ká jo pání men galáwe, to fauran iskí
tásír se qai hotí hai.

Zinci Sulphas, or Sulphate of Zinc.

U.—Internally it is Tonic and Astringent, given in Dysentery, from one to four grains, three times a day, made into Pills. As an Emmetic, dose from ten to thirty grains. Externally it is used in lotions and ointment as an Astringent.

Zinci Oxidum, or Oxide of Zinc.

U.—Tonic made into Pills.

D.—One to six grains, twice a day.

Mistura Acaciæ, or Mixture of Gum Arabic.

U.—Mucilagenous, may be taken in any quantity.

Mistura Ammoniæ, or Mixture of Ammoniacum.

U.—Expectorant, given in Chronic Coughs, combined with Tincture of Squills.

D.—Four drachms to one ounce, three or four times a day.

Mistura Amygdalæ, or Almond Mixture.

U.—Demulcent and Diluent, may be taken in any quantity.

Mistura Assafœtidæ, or Mixture of Assafœtida.

U.—Antispasmodic, given in Hysterics, and in convulsion of children arising from dentition. It is also given in Enemas for Worms.

D.—Four drachms to one ounce.

Mistura Camphoræ, or Camphor Mixture.

U.—Stimulant, given in the Collapse of Fever and Cholera, Syncope, and many other diseases of debility.

D.—One to two ounces, every two or three hours.

Mistura Cascariillæ Composita, or Compound Mixture of Cascarilla.

U.—Stimulant and Expectorant.

D.—One to one ounce and a half, twice a day.

Zinci Sulphas, yañe Sulphate Zinc ká.

F.—Baistamál andaráni muqawwí aur qábishai, *Dysentery*, yañe pechish meñ bamiqdár ek grain se chár grain tak, tñ martabah ek din meñ, goliñ meñ istamál hotí hai. Jab ki das grain se tñ grain tak dijáti hai, to muqai hai. Báhari istamál iská *Lotions* aur *enasham* meñ hotá hai jaisá ki *Astringent*.

Zinci Oxydum, yañe Oxide Zinc ká.

F.—Muqawwí, iski goliñ bantí haiñ.

M.—Ek grain se chár grain tak, do martabah ek diñ meñ.

Mistura Acaciæ, yañe Mixture Samugh Urubí ká.

Fáidah.—Mucilagenous, yañe luábdár diyá játa hai baqadar hájat.

Mistura Ammoniaci, yañe Mixture Ammoniacum ká.

F.—Expectorant, yañe dáfaí balgham diyá játa hai khánsí purárni meñ, jismeñ miláyá játa hai *Tincture Squills* ká.

M.—Chár drachm se ek ounce tak, tñ yá chár martabah ek din meñ.

Mistura Amygdalæ, yañe Mixture bádám ká.

F.—Demulcent, yañe tar karnewálí, aur Diluent, yañe raqíq dí játi hai baqadar hájat.

Mistura Assafetidæ, yañe Mixture híng ká.

F.—Antispasmodic, yañe dáfaí tashannuj, baárzah *Hysterics* ke diyá játa hai, aur bích bímári ainhñ mařoř larkoñ kí meñ, jab ki dáñt unke nikalte haiñ. Yih bích pichkárí kíroñ ke bhí dijáti hai.

M.—Chár drachm se ek ounce tak.

Mistura Camphoræ, yañe Mixture káfúr ká.

F.—Stimulant, yañe mufarrir bahálat behoshí, tap, haizá, gasht, aur bahut bímárioñ kamzorí ke istamál hotá hai.

M.—Ek ounce se do ounce tak, har ek do yá tñ ghante ke bađ.

Mistura Cascariellæ Composita, yañe murakkab mixture *Cascarilla* ká.

F.—Stimulant, yañe mufarrir aur Expectorant, yañe dáfaí balgham.

M.—Ek ounce se ñeřh ounce tak, do martabah ek din meñ.

Crete Mixture.

U.—A powerful Diuretic, given to stop Vomiting in cases of irritation of the stomach, unaccompanied with Inflammation, especially in that sickness arising from hard drinking. Externally it is employed as a wash to indolent Ulcers, and Scald Heads.

D.—Four drachms to an ounce, every two or three hours.

Mistura Crete, or Chalk Mixture.

U.—Antifeid and Slightly Stimulant. Given in Diarrhoea, mixed with Opium, Cathechu or any other Astringent.

D.—One to two ounces, every three or four hours.

Mistura Ferri Composita, or Compound Mixture of Iron.

U.—Astringent, Stimulant and Tonic, given in Hysteria, Chlorosis, and Amennorrhœa.

D.—One to two ounces, two or three times a day.

Mistura Gentianæ Composita, or Compound Mixture of Gentian.

U.—Aperient and Tonic.

D.—One to two ounces.

Mistura Guiaci, or Mixture of Guaiacum.

U.—Stimulant and Diaphoretic.

D.—Four drachms to two ounces, two or three times a day.

Mistura Magnesiæ, or Mixture of Magnesia.

U.—Aperient.

D.—One to two ounces.

Mixture of Mecca Balsam.

U.—Stimulant and Tonic.

D.—Four drachms to an ounce, two or three times a day.

Mistura Moschi, or Mixture of Musk.

U.—Stimulant and Antispasmodic, given in low Typhus Fever and Delirium Tremens.

D.—One to two ounces, two or three times a day.

Creasote Mixture.

F.—Mudir qawí hai, wáste band karne qai bahálat, soñah medeh ke dí játí hai, jab ki Inflammation midé meñ na hoñe, aur khusúsan yih qai ká áná bahut páne sharáb ke se hoté hai. Bihar istamál iská misl Lotion Indolent Ulcers, aur Scald Heads ke hoté hai.

M.—Chár drachm se ek ounce tak, har ek do yá tén ghanṭe ke bad.

Mistura Creteæ, yane Mixture khariyá ká.

F.—Antacid aur halká mufarrir. Baárazah Diarrhosa, yane ishál afim, kath, yá koí qábiz dawá ko miláke díjátí hai.

M.—Ek ounce se do ounce tak, har ek tén yá chár ghanṭe ke bad.

Mistura Ferri Composita, yane murakkab Mixture lohe ká.

F.—Astringent, yane qábiz, Stimulant, yane mufarrir, aur Tonic, yane muqawwí, baárazah Hysteria, Chlorosis, aur Amennorrhosa meñ díjátí hai.

M.—Ek ounce se do ounce tak, do yá tén martabah ek din meñ.

Mistura Gentianæ Composita, yane murakkab Mixture Gentian ká.

F.—Aperient, yane mulayyan mushil, aur Tonic, yane muqawwí.

M.—Ek ounce se do ounce tak.

Mistura Guaiaci, yane Mixture Guaiacum ká.

F.—Stimulant, yane mufarrir, aur Diaphoretic, yane muarriq.

M.—Chár drachm se do ounce tak, do yá tén martabah ek din meñ.

Mistura Magnesiæ, yane Mixture Magnesia ká.

F.—Aperient, yane mulayyan mushil.

M.—Ek ounce se do ounce tak.

Mixture of Mecca Balsam.

F.—Stimulant, yane mufarrir, aur Tonic, yane muqawwí.

M.—Chár drachm se ek ounce tak, do yá tén martabah ek din meñ.

Mistura Moschi, yane mixture musk ká.

F.—Stimulant, yane mufarrir, aur Antispasmodic, yane dáñai tashannuj, bahálat behoshí Typhus Fever aur Delirium Tremens ke dí játí hai.

M.—Ek ounce se do ounce tak, do yá tén martabah ek din meñ.

Mistura Scammonia, or Scammony Mixture.

U.—A drastic Purgative.

D.—One to three ounces.

Mistura Spiritus Vini Gallici, or Mixture of Spirit of French Wine.

U.—Stimulant and Restorative, given in the last stage of Fever.

D.—Four drachms to an ounce and a half, occasionally.

Mistura Tragacanthæ, or Tragacanth Mixture.

U.—Mucilagenous, may be taken in any quantity. It is chiefly employed in making Lozenges.

Oleum Anisi, or Oil of Aniseed.

Oleum Anthemidis, or Oil of Chamomile.

Oleum Carui, or Oil of Carraway.

Oleum Juniperi, or Oil of Juniper.

Oleum Lavandulæ, or Oil of Lavender.

Oleum Menthæ Piperitæ, or Oil of Peppermint.

Oleum Menthæ Pulegiæ, or Oil of Pennyroyal.

Oleum Menthæ Viridis, or Oil of Spearmint.

Oleum Origani, or Oil of Marjoram.

Oleum Pimentæ, or Oil of Pimenta.

Oleum Rosmarini, or Oil of Rosemary.

Oleum Sambuci, or Oil of Elder flowers.

Oleum Succini, or Oil of Amber.

Use.—Stimulant and Carminative.

Dose.—Two or three drops, dissolved in Spirits of Wine.

Oil of Bergamot.

U.—Chiefly as a perfume.

Oil of Copaiba.

U.—Diuretic, given chiefly in Gonorrhœa.

D.—Ten to fifteen minims, two or three times a day, mixed in any Mucilagenous fluid.

Mistura Scammonie, yaṅe Mixture Saqumūniyá ká.

F.—Drastic Purgative, yaṅe mushil tes.

M.—Ek ounce se tīn ounce tak.

Mistura Spiritus Vini Gallici, yaṅe Mixture Spirit Français sharáb ká.

F.—Stimulant, yaṅe mufarrir aur muqawwī, ákhir hálat tag ke dí játí hai.

M.—Chár drachm se ḍerh ounce tak, kabhí kabhí.

Mistura Tragacanthæ, yaṅe Mixture Tragacanth ká.

F.—Mucilagenous, yaṅe luábdár diyá játá hai, baqadar hájât. Yih beshtar bích taiyár karne louzyát ke istamál hotá hai.

Oleum Anisi, yaṅe roghani bádyán.

Oleum Anthemidis, yaṅe roghan i bábúna.

Oleum Carui, yaṅe roghan i zíra.

Oleum Juniperi, yaṅe roghan i Juniper.

Oleum Lavandulæ, yaṅe roghan i Lavender.

Oleum Mentha Piperitæ, yaṅe roghan i Peppermint.

Oleum Mentha Pulegii, yaṅe roghan i Pennyroyal.

Oleum Mentha Viridis, yaṅe roghan i Spearmint.

Oleum Origani, yaṅe roghan i Marjoram.

Oleum Pimentæ, yaṅe roghan i Pimenta.

Oleum Rosmarini, yaṅe roghan i Rosemary.

Oleum Sambuci, yaṅe roghan i gul i Elder.

Oleum Succini, yaṅe roghan i kahrúba.

Fáidah.—Muharriq aur Carminative, yaṅe dáfaí báí.

Miqdár.—Do yá tīn qatre, Spirit of Wine meṅ milákar istamál karte haiṅ.

Roghan i Bergamot.

F.—Aksar bataur khushbú ke kám átá hai.

Roghan i Copaiba.

F.—Mudir hai, aksar baḡrrah suzák ke dete haiṅ.

M.—Das minim se pandrah minim tak, do yá tīn martabah ek din meṅ, kisí Mucilagenous, yaṅe luábdár saiyál ke saṅk istamál karte haiṅ.

Carjun Oil.

U.—An excellent substitute for the Balsam Copaibæ in cases of Gonorrhœa.

D.—Ten to fifteen minims, two or three times a day.

Oleum Terebinthine, or Purified Oil of Turpentine.

U.—A powerful Purgative in doses of one ounce. Diuretic in doses of one drachm. Anthelmintic for the tape worm in doses of four drachms, with the same quantity of Castor Oil. Externally, it is Stimulant.

Pilule Aloes Composita, or Compound Pill of Aloes.

U.—Purgative, Tonic, and Stomachic, given in cases of habitual costiveness.

Dose.—Ten to twenty grains.

Pilule Aloes cum Myrrha, or Pill of Aloes with Myrrh.

U.—Stimulant and Aperient.

D.—Ten to twenty grains.

Pilule Conii Composita, or Compound Pills of Hemlock.

U.—Antispasmodic, Diaphoretic and Sedative.

D.—Five to ten grains, two or three times a day.

Pilule Ferri Composita, or Compound Pills of Iron.

U.—Tonic and Stimulant

D.—Ten to thirty grains.

Pilule Galbani Composita, or Compound Pills of Galbanum.

U.—Antispasmodic, Stimulant and Emmenagogue.

D.—Ten to twenty grains.

Pilule Gambogiae Composita, or Compound Gamboge Pills.

U.—Cathartic.

D.—Ten to twenty grains.

Pilule Hydrargyri, Pills of Mercury, or Blue Pill.

U.—Alterative in doses of four to six grains, and Purgative in doses of ten to twenty grains.

Roghan i Gurjun.

F.—Bajai roghan Balsam Copaiba ke baʔrzahi susak, yih roghan umdah awaz tajwiz huá hai.

M.—Das se pandrah minim tak, do yá tın martabah ek din men.

Oleum Terebinthinae, yane roghan i Turpentine, yane *ʔhālis* tel gande biroze ká.

F.—Qawí mushil hai jo bamiqdár ek ounce diyá jáwe; aur mudir hai jo bamiqdár ek drachm diyá jáwe; aur Anthelmentic, yane márnawálá kenchow ká hai baʔrzahi kirm, bamiqdár chahár drachm roghani arandí ke sáth istamál diyá jáwe. Báhar jism par jo lagáyá jáwe, to muharriq hai.

Pilula Aloes Composita, yane murakkab golí sibr kí.

Fáidah.—Mushil aur muqawwí medeh hai, aur házim baʔrzahi qabzadí ke dete hai.

Miqdár.—Das grain se bís grain tak.

Pilula Aloes cum Myrrha, yane golí sibr mai murr ke.

F.—Muharriq aur mulayyan hai.

M.—Das se bís grain tak.

Pilula Conii Composita, yane murakkab golí Hemlock kí.

F.—Antispasmodic, yane dáfaí maʔoʔ, aur muharriq, aur musakin hai.

M.—Páñch se das grain tak, do yá tın martabah ek din men.

Pilula Ferri Composita, yane murakkab golí lohe kí.

F.—Muqawwí aur muharriq hai.

M.—Das se tís grain tak.

Pilula Galbani Composita, yane murakkab golí Galbanum kí.

F.—Antispasmodic, yane dáfaí maʔoʔ, aur muharriq, Emmenagogue, yane haizáwar hai.

M.—Das se bís grain tak.

Pilula Gambogiae Composita, yane murakkab golí shirai rewand kí.

F.—Mushil hai.

M.—Das se bís grain tak.

Pilula Hydrargyri, yane golí páre kí, jisko Blue Pill kehte hai.

F.—Alterative, yane sudhárnewálí chahár se chhah grain tak, aur mushil hai das se bís grain tak.

Pilula Hydrargyri Chloridi Composita, or Compound Pills of Chloride of Mercury, or Plummer's Pill.

U.—Alterative, given in Cutaneous Diseases, and Secondary Syphilis.

D.—Five to ten grains.

Pilula Hydrargyri Iodidi, or Pills of Iodide of Mercury.

U.—Alterative, given in Scrophula.

D.—Three to ten grains.

Pilula Ipecacuanhæ Composita, or Compound Pills of Ipecacuanha.

U.—Sudorific and Narcotic.

D.—Five grains, three times a day, or ten grains, at bedtime.

Pilula Kaladannæ, or Kaladanna Pills.

U.—An excellent Cathartic.

D.—Ten to twenty grains.

Pilula Opii cum Acetate Plumbi, or Pills of Opium and Acetate of Lead.

U.—Anodyne and Astringent, given in Incipient Cholera, and in Acute, and Chronic Dysentery.

D.—Five to ten grains.

Pilula Rhei Composita, or Compound Pills of Rhubarb.

U.—Laxative.

D.—Ten to thirty grains.

Pilula Sagapeni Composita, or Compound Pills of Sagapenum.

U.—Antibilious and Laxative, given in Colic, caused by Sedentary occupations. *

D.—Five to ten grains.

Pilula Saponis Composita, or Compound Pills of Soap.

U.—Narcotic.

D.—Three to ten grains.

Pilula Scillæ Composita, or Compound Pills of Squill.

U.—Expectorant and Diuretic.

D.—Ten to twenty grains.

Pilulæ Hydrargyri Chloridi Composita, यांने मुरक्कब गोलियं Chloride पारे की, जisko Plummer's Pill काहे है।

F.—Alterative, यांने सुधरनेवालै है बाअर्रांज जिल्द और अतशक दर्रजै दयाम के देते है।

M.—Pāñch se das grain tak.

Pilulæ Hydrargyri Iodidi, यांने गोलै Iodide पारे की.

F.—Alterative, यांने सुधरनेवालै है, बाअर्रांज Scrophula, यांने कान्ठमाला के देते है।

M.—Tīn se das grain tak.

Pilulæ Ipecacuanhæ Composita, यांने मुरक्कब गोलै Ipecacuanha की.

F.—Muharriq aur sun karnewālī hai.

M.—Pāñch grain, ek din men tīn martabah, yā das grain sote waqt.

Pilulæ Kaladannæ, यांने गोलै Kaladanna की.

F.—Umdah mushil hai.

M.—Das se bīs grain tak.

Pilulæ Opii cum Acetate Plumbi, यांने गोलै अफ्यून और Acetate शीशह की.

F.—Musakkin aur qābiz hai, बाअर्रांज Incipient Cholera, यांने ibtidā haize ke, aur Acute, यांने shadīd, aur Chronic, यांने derpā ārzūi Dysentery, यांने pechish के देते है।

M.—Pāñch grain se das grain tak.

Pilulæ Rhei Composita, यांने मुरक्कब गोलै reward चीनी की.

F.—Mulayyan hai.

M.—Das se tīs grain tak.

Pilulæ Sagapeni Composita, यांने मुरक्कब गोलै Sagapenum की.

F.—Antibilious, यांने dāfai pit aur mulayyan aur dastāwar hai, बाअर्रांज qūling के, जो बासबाब अैसे पेसहे यā kām के लāhaq हो जिसेन बािठनā partā हो, isī gōlī istamāl karte है।

M.—Pāñch se das grain tak.

Pilulæ Saponis Composita, यांने मुरक्कब गोलै sābun की.

F.—Muskir hai.

M.—Tīn se das grain tak.

Pilulæ Scillæ Composita, यांने मुरक्कब गोलै Squill की.

F.—Expectorant, यांने dāfai balgham aur mudir hai.

M.—Das se bīs grain tak.

Pilulæ Styracis Composita, or Compound Pills of Storax.

U.—Balsamic, and slightly Expectorant, given in Chronic affections of the Lungs.

D.—Three to ten grains.

Pulvis Alces Compositus, or Compound Powder of Aloes.

Use.—Cathartic and Sudorific.

Dose.—Ten to twenty grains.

Pulvis Cinnamomi Compositus, or Compound Powder of Cinnamon.

U.—Stimulant and Aromatic, generally given in some Aromatic Water.

D.—Five to ten grains.

Pulvis Cretæ Compositus, or Compound Powder of Chalk.

U.—Astringent and Antacid.

D.—Five to thirty grains.

Pulvis Cretæ Compositus cum Opio, or Compound Powder of Chalk with Opium.

U.—Astringent, Antacid, and Anodyne.

D.—Five to thirty grains.

Pulvis Ipecacuanhæ Compositus, or Compound Powder of Ipecacuanha, or Dover's Powder.

U.—Sudorific and Anodyne, given in cases of Rheumatism and Dysentery.

D.—Five to twenty grains

Pulvis Jalapæ Compositus, or Compound Powder of Jalap.

U.—Purgative.

D.—Twenty to forty grains.

Pulvis Kino Compositus, or Compound Powder of Kino.

U.—Aromatic, Astringent, and Sedative.

D.—Five to twenty grains.

Kuchila, or Mulung Powder.

U.—A powerful convulsive Tonic, producing the same effects as Strichnine and Brucine preparations.

D.—One grain, gradually increased.

Pilula Styracis Composita, यांने मुराकक गोलि Storax, यांने सालजित की.

F.—Balsamic, यांने ifāqa dihandah, aur dāfai balgham hai, badar-jai khafif aur baḥrzahi kohnah bīmāri phepre ke dete haiṅ.

M.—Tīn se das grain tak.

Pulvis Aloes Compositus, यांने मुराकक safūf sibr kā.

Fōidah.—Mushil aur muharrik hai.

Miqdār.—Das se bīs grain tak.

Pulvis Cinnamomi Compositus, यांने मुराकक safūf dārchīnī kā.

F.—Muharrik aur khushbūdār hotā hai, aksar khushbūdār pānī meṅ istamāl iskā karte haiṅ.

M.—Pāñch se das grain tak.

Pulvis Cretae Compositus, यांने मुराकक safūf khariyā kā.

F.—Qābiz aur Antacid, यांने dāfai tāsīr tezūb hai.

M.—Pāñch se bīs grain tak.

Pulvis Cretae Compositus cum Opio, यांने मुराकक safūf khariyā aur afyūn kā.

F.—Qābiz, aur Antacid, यांने mubtil tāsīr tezūb, aur musakkin hai.

M.—Pāñch se tīs grain tak.

Pulvis Ipecacuanhae Compositus, यांने मुराकक safūf Ipecacuanha kā, jisko Dover's Powder kahte haiṅ.

F.—Muharrik aur musakkin hai, baḥrzah Dysentery, यांने pechish aur gaṭhiyā ke dete haiṅ.

M.—Pāñch se bīs grain tak.

Pulvis Jalapae Compositus, यांने मुराकक safūf Jalap kā.

F.—Mushil hai.

M.—Bīs se chālīs grain tak.

Pulvis Kino Compositus, यांने मुराकक safūf Kino kā.

F.—Khushbūdār, aur qābiz, aur ārām dihandah hai.

M.—Pāñch se bīs grain tak.

Kuchila, यांने safūf Mulung kā.

F.—Qawwī aur aīnthnewālā safūf hai, uskī tāsīr misl tāsīr dawāi Strychnine aur Brucine ke hai.

M.—Ek grain se darja badarja baḥhāte haiṅ.

Karanjwa Powder.

U.—Tonic and Febrifuge.

D.—Six to twenty grains, three times a day.

Compound Powder of Mudar.

U.—An excellent substitute for Ipecacuanha, only given double the quantity of the Mudar for the Ipecacuanha.

Pulvis Rhei Compositus, or Compound Rhubarb Powder, or Gregory's Powder.

U.—Antacid and Aperient, much given to children.

D.—Five grains to one drachm.

Pulvis Saheba, or Worm Seed Powder.

U.—Vermifuge, given to children.

D.—Three to ten grains.

Pulvis Scammonii Compositus, or Compound Powder of Scammony.

U.—Purgative.

D.—Five to twenty grains.

Pulvis Tragacanthæ Compositus, or Compound Powder of Tragacanth.

U.—Demulcent, given in colds, Diarrhœa and Dysentery.

D.—Ten grains to one drachm.

Syrupus Althæa, or Syrup of Marshmallow.

Use.—Demulcent and Mucilagenous.

Dose.—One to four drachms.

Syrupus Aurantii, or Syrup of Orange peel.

U.—Aromatic and Stomachic.

D.—One to four drachms.

Syrupus Crini, or Syrup of Kanoor.

U.—Nauseating and Emetic for Children, repeated as often as required, every half hour.

D.—Two to four drachms.

Syrupus Croci, or Syrup of Meadow Saffron.

U.—Chiefly for colouring Medicines.

Safúf Karanjwá.

F.—Muqawwí aur dáfai bukhár hai.

M.—Chhah se bís grain tak, ek din men tén martabah.

Murakkab safúf Mudár ká.

F.—Yih dawá bajái Ipecacuanha ke umdah awaz tajwíz huá hai, magar banisbat miqdár Ipecacuanha ke dugní dijátí hai.

Pulvis Rhei Compositus, yané^e murakkab safúf rewand chíní ká, jisko Gregory ká Powder kahte hai.

F.—Antacid, yané dáfai tásír tezáb aur mulayyan hai, aksar laṛkon ko dete hai.

M.—Páñch grain se ek drachm tak.

Pulvis Saheba, yané safúf tukhm kíron ká.

F.—Vermifuge, yané dáfai kirm hai, laṛkon ko dete hai.

M.—Tín se das grain tak.

Pulvis Scammonii Compositus, yané murakkab safúf Saqmúnia ká.

F.—Mushil hai.

M.—Páñch se bís grain tak.

Pulvis Tragacantha Compositus, yané murakkab safúf Tragacanth, yané katíre ká.

F.—Mulayyan hai, baamráz sardí aur Diarrhoea, yané ishál raqíq, aur Dysentery, yané pechish ke dete hai.

M.—Das grain se ek drachm tak.

Syrupus Althæa, yané shírah Marshmallow ká.

Fáidah.—Tar karnewálá, aur Mucilagenous, yané luábdár hai.

Miqdár.—Ek se chár drachm tak.

Syrupus Aurantii, yané shírah post rangtare ká.

F.—Khushbúdár aur mufíd medeh hai.

M.—Ek se chár drachm tak.

Syrupus Crini, yané shírah kánúr ká.

F.—Nafrat paidá kunandah aur qaiáwar hai, laṛkon ko dete hai, baqadar zarúrat jai martabah cháhiye wai martabah diyá jáwe, bad ádh ádh ghanṭe ke.

M.—Do se chár drachm tak.

Syrupus Croci, yané shírah zafrán Meadow ká.

F.—Aksar wáste rang dene adwiyát ke mustamil hai.

Syrupus Limonum, or Syrup of Lemons.

U.—A pleasant Acid Syrup, given in effervescing draughts.

D.—One to four drachms.

Syrupus Mori, or Syrup of Mulberries.

U.—A red Syrup, chiefly for colouring Medicines.

Syrupus Papaveris, or Syrup of Poppy Heads.

U.—Anodyne and Narcotic, chiefly given to children.

D.—One to four drachms.

Syrupus Rhamni, or Syrup of Buckthorn.

U.—Cathartic, very seldom given.

D.—Four drachms to one ounce.

Syrupus Rhæados, or Syrup of Red Poppy.

U.—Chiefly for colouring Medicines.

Syrupus Rosæ, or Syrup of Rose.

U.—Slightly Purgative, chiefly given to babies.

D.—Two drachms to one ounce.

Syrupus Sarzæ, or Syrup of Sarsaparilla.

U.—Alterative and Diuretic, chiefly employed in the Decoction and Infusion of Sarsaparilla.

D.—Four drachms to one ounce.

Syrupus Scillæ, or Syrup of Squills.

U.—Nauseating for children, given in Hooping Cough.

D.—One drachm occasionally.

Syrupus Sennæ, or Syrup of Senna.

U.—Purgative, given to children.

D.—Two to four drachms.

Syrupus Tolutani, or Syrup of Tolu.

U.—To give a pleasant flavour to Medicines.

D.—One to four drachms.

Syrupus Ununtamool, or Syrup of Hemidesmus, and Syrup of China root or chob chinee.

U.—The same as the Syrup of Sarsaparilla.

Syrupus Zingiberis, or Syrup of Ginger.

U.—Stimulant and Aromatic.

D.—Two drachms to one ounce.

Syrupus Limonum, yaṅe shírah Limon ká.

F.—Tursh áur záiqadár hotá hai, Effervescing tabridat meṅ milákar dete haiṅ.

M.—Ek se chár drachm tak.

Syrupus Mori, yaṅe shírahi shahtút.

F.—Yih shírah surḡh raṅg hotá hai, aksar adwiyát ke raṅg dene meṅ kám átá hai.

Syrupus Papaveris, yaṅe shírah post ká.

F.—Musakkin aur muskir hai, aksar laṅkoṅ ko dete haiṅ.

M.—Ek se chár drachm tak.

Syrupus Rhamni, yaṅe shírahi Buckthorn.

F.—Mushil hai, bahut kam istamál iská karte haiṅ.

M.—Chár drachm se ek ounce tak.

Syrupus Rhaeados, yaṅe shírah post surḡh ká.

F.—Aksar wáste raṅg dene adwiyát ke kám átá hai.

Syrupus Rosæ, yaṅe shírah guláb ká.

F.—Badarjai ḡhafif dastáwar hai, aksar bachchoṅ ko dete haiṅ.

M.—Do drachm se ek ounce tak.

Syrupus Sarsæ, yaṅe shírahi ushbá ká.

F.—Alterative, yaṅe sudhárnewálá aur mudir hai, aksar josháṅdah aur ḡhisáṅdah ushbá meṅ dálá játá hai.

M.—Chár drachm se ek ounce tak.

Syrupus Scillæ, yaṅe shírahi Squill.

F.—Nafrat paidá kundaḡhai hai, larkoṅ ko baárzahi kúkar ḡhásí ke dete haiṅ.

M.—Ek drachm kabhí kabhí.

Syrupus Sennæ, yaṅe shírah Senna ká.

F.—Mushil hai, laṅkoṅ ko dete haiṅ.

M.—Do se chár drachm tak.

Syrupus Tolutani, yaṅe shírah Tolu ká.

F.—Wáste záiqadár karne adwiyát ke kám átá hai.

M.—Ek se chár drachm tak.

Syrupus Ununtamool, yaṅe shírah Hemidesmus ká, aur shírah chob chíní ká.

F.—Tásir inkí misl tásir shírah ushbá ke hai.

Syrupus Zingiberis, yaṅe shírah adrak ká.

F.—Muharrik aur ḡhushbúdár hotá hai.

M.—Do drachm se ek ounce tak.

Spiritus Ammoniae, or Spirit of Ammonia.

Use.—A powerful external Stimulant.

Spiritus Ammoniae Aromaticus, or Aromatic Spirit of Ammonia.

U.—A powerful stimulant, given in water, in flatulent Colic and Languors.

Dose.—Half a drachm to one drachm.

Spiritus Ammoniae Fetidus, or Fœtid Spirit of Ammonia.

U.—Stimulant and Antispasmodic, given generally to children in water.

D.—Half a drachm to one drachm.

Spiritus Anisi, or Spirit of Aniseed.

U.—Stimulant and Carminative, given in flatulent Colic, mixed in water.

D.—Two to four drachms.

Spiritus Armoraciæ Compositus, or Compound Spirit of Horseradish.

U.—Stimulant, given in water.

D.—Two to four drachms.

Spiritus Carui, or Spirit of Carraway.

U.—Carminative and Stimulant.

D.—Two to four drachms.

Spiritus Cinnamomi, or Spirit of Cinnamon.

U.—Stomachic and Stimulant.

D.—Two to four drachms.

Spiritus Juniperi Compositus, or Compound Spirit of Juniper.

U.—Stimulant and Diuretic, given in water, or combined with other Diuretics.

D.—Two to four drachms.

Spiritus Lavendulæ, or Spirit of Lavender.

U.—In preparing the Compound Camphor Liniment, and the Compound Tincture of Lavender.

Spiritus Menthe Piperitæ, or Spirit of Peppermint.

U.—Stimulant and Carminative, given in water for flatulency spasms, &c.

D.—Two to four drachms.

Spiritus Ammoniae, यां Spirit noushádár ká.

Fáidák.—Báhar jism par lagáne ke bahut qawí muharrik dawá hai.

Spiritus Ammoniae Aromaticus, यां क़hushbúdář Spirit naushádár ká.

F.—Qawí muharrik dawá hai, baárzahi qúling bádí aur naqáhat ke pání में dete hai.

Miqdar.—Nisf drachm se ek drachm tak.

Spiritus Ammoniae Fœtidus, यां Fœtid Spirit noushádár ká.

F.—Muharrik aur Antispasmodic, यां dářai tashannuj hai, aksar pání में milákar larcon ko dete hai.

M.—Nisf drachm se ek drachm tak.

Spiritus Anisi, यां Spirit saunf ká.

F.—Muharrik aur Carminative, यां dářai báí hai, baárzahi qúling bádí ke pání में milákar dete hai.

M.—Do se chár drachm tak.

Spiritus Armoraciae Compositus, यां murakkab Spirit Solunjana kí jař ká.

F.—Muharrik hai, pání में milákar dete hai.

M.—Do se chár drachm tak.

Spiritus Carui, यां Spirit Zire ká.

F.—Carminative, यां dářai báí aur muharrik hai.

M.—Do se chár drachm tak.

Spiritus Cinnamomi, यां Spirit dářehíni ká.

F.—Mufíd medh aur muharrik hai.

M.—Do se chár drachm tak.

Spiritus Juniperi Compositus, यां murakkab Spirit Juniper, यां saro-kolí ká.

F.—Muharrik aur mudir hai pání में yá dígar múdir dawá ke sáth istánál karte hai.

M.—Do se chár drachm tak.

Spiritus Lavendulae, यां Spirit Lavender ká.

F.—Murakkab marham kafir aur murakkab Tincture Lavender ke banáne में kám áta hai.

Spiritus Menthae Piperi'ae, यां Spirit Peppermint ká.

F.—Muharrik aur Carminative, यां dářai báí hai, wáste maraz bádí aur chabak waghairah ke pání में dete hai.

M.—Do se chár drachm tak.

Spiritus Menthe Pulegii, or Spirit of Pennyroyal.

U. and D.—The same as above.

Spiritus Menthe Viridis, or Spirit of Spearmint.

U. and D.—The same as the Peppermint.

Spiritus Myristicæ, or Spirit of Nutmeg.

U. and D.—The same as the above.

Spiritus Pimentæ, or Spirit of Pimenta.

U. and D.—As the above.

Spiritus Rosmarini, or Spirit of Rosemary.

U.—In preparing the Soap Liniment and the Compound Tincture of Lavender.

Compound Spirit of Sohunjuna.

U.—Stimulant, given in water.

D.—Two to four drachms.

Tinctura Aloes, or Tincture of Aloes.

Use.—Purgative and Stomachic.

Dose.—Four drachms to an ounce and a half.

Tinctura Aloes Composita, or Compound Tincture of Aloes.

U.—Purgative and Stomachic.

D.—One to two drachms.

Tinctura Ammoniæ Composita, or Compound Tincture of Ammonia.

U.—A powerful Stimulant and Antispasmodic, given frequently in Snake bites.

D.—Ten to fifteen drops in water, repeated frequently.

Tinctura Assafœtidæ, or Tincture of Assafœtida.

U.—Stimulant and Antispasmodic.

D.—One to two drachms.

Tinctura Aurantii, or Tincture of Orange.

U.—Stomachic, given with bitter infusions and decoctions.

D.—Two to four drachms.

Tincture of Barberry.

U.—Febrifuge, Tonic, and Aperient.

D.—Two to four drachms, two or three times a day.

Spiritus Menthe Pulegii, yane Spirit Pennyroyal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Menthe Viridis, yane Spirit Spearmint ká.

F. aur *M.*—iská misl miqdar Peppermint ke hai.

Spiritus Myristiceæ, yane Spirit jaiphal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Pimentæ, yane Spirit Pimenta ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Rosmarini, yane Spirit Rosemary ká.

F.—Marham sábuñ aur murakkab Tincture Lavender ke banáne meñ kám áttá hai.

Murakkab Spirit Sohunjuna.

F.—Muharrik hai, pání meñ dete haiñ.

M.—Do se chár drachm tak.

Tinctura Aloes, yane Tincture sibr ká.

Fáidah.—Mushil aur mufíd medeh hai.

Miqdár.—Chár drachm se ek ounce tak.

Tinctura Aloes Composita, yane murakkab Tincture sibr ká.

F.—Mushil aur mufíd medeh hai.

M.—Ek sedo drachm tak.

Tinctura Ammoniac Composita, yane murakkab Tincture naushádar ká.

F.—Yih dawá bahut qawí muharriq, aur Antispasmodic, yane dáfaí maṛoṇ hai, aksar sáñp ke káte hue ko dete haiñ.

M.—Das se pañdrah qatre tak pání meñ istamál karte haiñ, aur kai martabah piláte haiñ.

Tinctura Assafetidae, yane Tincture híng ká.

F.—Muharriq aur Antispasmodic, yane dáfaí tashannuj hai.

M.—Ek se do drachm tak.

Tinctura Aurantii, yane Tincture rangtarah ká.

F.—Mufíd medeh Infusion, yane khisáñdah talḵ aur Decoction, yane josháñdah ke sáth dete haiñ.

M.—Do se chár drachm tak.

Tincture Barberrry.

F.—Dáfaí buḵhár, aur muḡawwí, aur mḡalayyan hai.

M.—Do se chár drachm tak, do yá tñ martabah ek din meñ.

Tinctura Benzoini Composita, or Compound Tincture of Benzoin, or Friar's Balsam.

U.—Stimulant and Expectorant, given in Chronic Catarrhs, and confirmed Asthma.

D.—Half a drachm to two drachms.

Tincture of Buchu.

U.—An Astringent Diuretic, given in Chronic diseases of the Urinary organs.

D.—One to two drachms.

Tinctura Balsami Tolutani, or Tincture of Balsam of Tolu.

U.—Expectorant, given in Chronic Coughs and Catarrhal affections.

D.—Ten to fifteen drops, three or four times a day.

Tinctura Calumbæ, or Tincture of Calumba.

U.—Tonic and Stomachic.

D.—One to four drachms.

Tinctura Camphoræ, or Tincture of Camphor.

U.—Externally as a Stimulant, applied in Chronic Rheumatism and Chilblains.

Tinctura Camphoræ Composita, or Compound Tincture of Camphor, or "Paregoric Elixir."

U.—Anodyne and Diaphoretic.

D.—One to three drachms.

Tinctura Cantharides, or Tincture of Spanish Flies.

U.—Diuretic and Stimulant, given internally in Gleets, Fluor Albus, and incontinence of Urine; Externally as a Rubefacient, combined with Camphor Liniment.

D.—Ten minims to one drachm.

Tinctura Capsici, or Tincture of red pepper.

U.—Stimulant, given in the low stage of Typhus Fever, and in relaxed Uvula.

D.—Ten minims to one drachm.

Tinctura Cardamomi, or Tincture of Cardamoms.

U.—Stimulant and Carminative, given in some bitter infusion.

D.—One to two drachms.

Tinctura Benzoini Composita,^{*} यांने मुरक्कब Tincture lobán jisko "Friar's Balsam" kahte haiñ.

F.—Muharrik aur muarrik hai, Chronic Catarrh यांने zukám puráne aur zíqunnafs में dete haiñ.

M.—Nisf drachm se do drachm tak.

Tincture Buchu.

F.—Qábiz aur mudir hai, baárzahi puráne amráz azái pesháb ke istamál karte haiñ.

M.—Ek se do drachm tak.

Tinctura Balsami Tolutani, यांने Tincture Balsam Tolu ká.

F.—Dáfai balgham hai, puráni khánsí aur zukám में dete haiñ.

M.—Das se pándrah qatre tak, ek din में tén chár martabah.

Tinctura Calumbæ, यांने Tincture Calumba ká.

F.—Muqawwí aur mufíd medeh hai.

M.—Ek se chár drachm tak.

Tinctura Camphoræ, यांने Tincture kafúr ká.

F.—Báhar jism par lagáne ke liye khásiyat uskí muharrik hai, baárzahi kohna gáthyá ke aur larçon ke phore phunsí ke mustamil hai.

Tinctura Camphoræ Composita, यांने मुरक्कब Tincture kafúr, jisko Paregonic Elixir blí kahte haiñ.

F.—Musakkin aur muarriq hai.

M.—Ek se tén drachm tak.

Tinctura Cantharides, यांने Tincture Spain kí makkhí ká.

F.—Mudir aur muharrik hai, andar jism ke baárzahi jiriyán aur "Fluor Albus," aur salsal bál ke dete istamál karte haiñ; aur úpar jism ke tásir uskí Rubefacient, यांने lál karnewáli hai, marham kafúr में milákar lagáte haiñ.

M.—Das minim se ek drachm tak.

Tinctura Capsici, यांने Tincture lál mirch ká.

F.—Muharrik hai, baárzahi Typhus bukhár में jab nabz bahut sust aur zaif hotí hai, aur dhíle hone Uvula ke dete haiñ.

M.—Das minim se ek drachm tak.

Tinctura Cardamomi, यांने Tincture iláichí ká.

F.—Muharrik aur Carminative, यांने dáfai báí hai, kisí talkh khísándah में istamál iská karte haiñ.

M.—Ek se do drachm tak.

Tinctura Cardamomi Composita, or Compound Tincture of Cardamoms.

U. and *D.*—The same as above.

Tinctura Cascariellæ, or Tincture of Cascarilla.

U.—Tonic and Stomachic.

D.—Twenty minims to two drachms.

Tinctura Catechu, or Tincture of Catechu.

U.—Astringent, given in Diarrhœa.

D.—One to four drachms.

Compound Tincture of Chiretta.

U.—A bitter and Cordial Tonic.

D.—One to two drachms.

Tinctura Cinchonæ, or Tincture of Cinchona.

U.—Tonic, Stomachic and Febrifuge, chiefly given with the Infusion or Decoction of Bark.

D.—One to four drachms.

Tinctura Cinchonæ Composita, or Compound Tincture of Cinchona.

U. and *D.*—The same as the above.

Tinctura Cinnamomi, or Tincture of Cinnamon.

U.—Stomachic and Astringent.

D.—One to two drachms.

Tinctura Cinnamomi Composita, or Compound Tincture of Cinnamon.

U. and *D.*—The same as the above.

Tinctura Colchici, or Tincture of Colchicum.

U.—Diuretic, given in Gout and Rheumatism.

D.—Twenty to thirty minims, two or three times a day.

Tinctura Colchici Composita, or Compound Tincture of Colchicum or Meadow Saffron.

U. and *D.*—The same as the above.

Tinctura Conii, or Tincture of Hemlock.

U.—Narcotic and Antispasmodic.

D.—Half a drachm to one drachm.

Tinctura Cubebæ, or Tincture of Cubebs.

U.—Stimulant and Diuretic, given in Gonorrhœa.

D.—Half a drachm to one drachm.

Tinctura Cardamomi Composita, yane murakkab Tincture iláichi ká.

F. aur *M.*—Misl dawái mazkurai bálá hai.

Tinctura Cascariilæ, yane Tincture Cascarilla ká.

F.—Muqawwí aur mufid medeh hai.

M.—Bís minim se do drachm tak.

Tinctura Catechu, yane Tincturei katthá.

F.—Qábiz hai, baarzahi Diarrhœa, yane daston ke dete haiñ.

M.—Ek se chár drachm tak.

Murakkab Tincture Chiretta ká.

F.—Talkh, farhat baqshsh muqawwí dawá hai.

M.—Ek se do drachm tak.

Tinctura Cinchonæ, yane Tincturei Cinchona.

F.—Muqawwí, aur mufid medeh aur dáfai buqhár hai, aksar khisáñdah yá josháñdah Bark ke sáth istámál karte haiñ.

M.—Ek se chár drachm tak.

Tinctura Cinchonæ Composita, yane murakkab Tincture Cinchona ká.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Cinnamomi, yane Tincturei dárchíní.

F.—Mufid medeh aur qábiz hai.

M.—Ek se do drachm tak.

Tinctura Cinnamomi Composita, yane murakkab Tincturei dárchíní.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Colchici, yane Tincture Colchicum ká.

F.—Mudir hai, baarzahi niqras aur gáñhyá ke dete haiñ.

M.—Bís se tís minim tak, do yá tín martabah ek din men.

Tinctura Colchici Composita, yane murakkab Tincture Colchicum yá záfíran Meadow ká.

F. aur *M.*—Misl dawái mazkúrai bálá ke hai.

Tinctura Conii, yane Tincture Hemlock ká.

F.—Musakkir aur Antispasmodic, yane dáfai tashannuj hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Cubebæ, yane Tincture Cubebs ká.

F.—Muharrík aur mudir hai, baarzahi suzak ke dete haiñ.

M.—Nisf drachm se ek drachm tak.

Tinctura Digitalis, or Tincture of Foxglove.

U.—Diuretic and Sedative, given in inflammation of the Lungs, Aneurism, Incipient Consumption and Inflammatory Dropsy.

D.—Ten to thirty drops, two or three times a day,

Tinctura Gallæ, or Tincture of Galls.

U.—Astringent.

D.—One to two drachms.

Tincture of Googul.

U. and *D.*—The same as the Tincture of Myrrh.

Tinctura Guiaci Composita, or Compound Tincture of Guaiacum.

U.—Stimulant and Diaphoretic.

D.—One to three drachms.

Tincture of Gulancha.

U.—Tonic and Febrifuge.

D.—Two to four drachms.

Compound Tincture of Gurjun.

U.—Stimulant and Diuretic, given in milk, or sugar and water.

D.—Twenty to thirty drops.

Tinctura Hellebori, or Tincture of Hellebore.

U.—Emmenagogue.

D.—Thirty drops to one drachm.

Tincture of Hemp.

U.—Narcotic, Stimulant and Anticonvulsive, given in Cholera, Delirium Tremens, Lock-jaw, and other convulsive diseases. Also in Neuralgia and Tic-doloureux.

D.—Twenty drops to one drachm, given in sugar and water.

Tincture of Hermodactyl, or Soorinjantulk.

U.—Given in Gout and Rheumatism, a good substitute for Colchicum.

D.—Twenty to thirty drops.

Tinctura Hyoscyami, or Tincture of Henbaue.

U.—Narcotic.

D.—Half a drachm to two drachms.

Tinctura Digitalis, yane Tincture Foxglove ká.

F.—Mudir aur musakkín hai, sozish phephre meñ aur Aneurism aur Incipient Consumption, yane ibtidai bímárfi sil meñ aur sozish istisqá meñ dete haiñ.

M.—Das se tís qatre tak, do yá tín martabah ek din meñ.

Tinctura Galle, yane Tincture májúphal ká.

F.—Qábiz hai.

M.—Ek se do drachm tak.

Tinctura Googul.

F. aur *M.*—Is dawá ká misl Tincture Myrrh ke hai.

Tinctura Guiaci Composita, yane murakkab Tincture Guaiacum ká.

F.—Muharrík aur muarriq hai.

M.—Ek se tín drachm tak.

Tincture Gulancha.

F.—Muqawwí aur dáfai bukhár.

M.—Do se chár drachm tak.

Murakkab Tincture Gurjun ká.

F.—Muharrík aur mudir hai, dúdh yá chíní aur pání ke sáth istamál karte haiñ.

M.—Bís qatre se tís qatre tak.

Tinctura Hellebore, yane Tincture kuṭkí ká.

F.—Emmenagogue, yane haizáwar hai.

M.—Tís qatre se ek drachm tak.

Tincture Hemp ká.

F.—Muskir, aur muharrík, aur dáfai maṛoṛ hai, baṛzahi haizá aur hizyán aur behoshí aur Lock-jaw, aur dígar awáriz maṛoṛ ke diyá játá hai, aur baṛzahi Neuralgia aur Tic-doloureux ke bhí istamál uská karte haiñ.

M.—Bís qatre se ek drachm tak, chíní aur pání meñ píte haiñ.

Tincture Hermodactyl, yane Soorinjantalk ká Tincture.

F.—Baṛzahi niqras aur gaṭhyá ke dete haiñ, bajáfi Colchicum yih dawá bahut bihtar áwaz tajwíz huṫ hai.

M.—Bís qatre se tís qatre tak.

Tinctura Hyoscyami, yane Tincture Henbane ká.

F.—Sun karnewálfí hai.

M.—Nisf drachm se do drachm tak.

Tinctura Iodini Composita, or Compound Tincture of Iodine.

U.—Alterative, given in Scrophula and Secondary Syphilis.

D.—Five to thirty minims, two or three times a day.

Tinctura Jalapæ, or Tincture of Jalap.

U.—Cathartic, generally given with some other Aperient Medicine.

D.—Four drachms to one ounce.

Tincture of Kaladana.

U.—Cathartic.

D.—One to two drachms.

Tinctura Kino, or Tincture of Kino.

U.—Astringent.

D.—One to two drachms.

Compound Tincture of Kreat.

U.—Tonic, Stimulant and Slightly Aperient. Given in Dyspepsia, and Torpidity of the bowels.

Tinctura Lavendulæ Composita, or Compound Tincture of Lavender.

U.—Stimulant and Stomachic, given in Languors.

D.—One to four drachms.

Tinctura Lupuli, or Tincture of Hop.

U.—Sedative and a bitter Tonic.

D.—Half a drachm to two drachms.

Tincture of Mishme Teeta.

U.—A bitter Tonic.

D.—One to two drachms.

Tincture of Mugrela.

U.—Stimulant and Diaphoretic, given to females to promote the secretion of milk.

D.—Half a drachm to two drachms.

Tincture of Myrobolan.

U.—A powerful Astringent.

D.—Twenty drops to a drachm.

Tinctura Iodini Composita, yāne murakkab Tincture Iodine ká.

F.—Durust kunandai jism hai, baárzahi kanṭhmálá aur darjai doyam átsyak ke dete haiṅ.

M.—Pāñch se tís minim tak, ek din meṅ do yá tín martabah.

Tinctura Jalapæ, yāne Tincture Jalap ká.

F.—Mushil hai, aksar yih dawá kisí mulayyan dawá ke sáth mus-tamíl hotí hai.

M.—Chár drachm se ek ounce tak.

Tincture Kaladana ká.

F.—Dastáwar hai.

M.—Ek se do drachm tak.

Tinctura Kino, yāne Tincture Kino ká.

F.—Qábiz hai.

M.—Ek se do drachm tak.

Compound Tincture Kreat ká.

F.—Muqawwí, aur muharrik, aur mulayyan hai ; badarjai khaffif baárzahi Dyspepsia, yāne badhazmí aur járí hone peṅ ke dete haiṅ.

Tinctura Lavendulæ Composita, yāne murakkab Tincture Laven-der ká.

F.—Muarriq aur mufíd medeh hai, maqáhat aur sustí meṅ dete haiṅ.

M.—Ek se chár drachm tak.

Tinctura Lupuli, yāne Tincture i Hops.

F.—Taskín denewálí aur talkh muqawwí dawá hai.

M.—Nisf drachm se do drachm tak

Tinctura Mishme Teeta.

F.—Talkh muqawwí dawá hai.

M.—Ek se do drachm tak.

Tincture Mugrela ká.

F.—Muharrik aur muarriq hai, auraton ko wáste ziyádal karne dudh ke dete haiṅ.

M.—Nisf drachm se do drachm tak.

Tinctura Myrobolan, yāne Tincture har ká.

F.—Bahut qawí qábiz hai.

M.—Bís qatre se ek drachm tak.

Tinctura Myrrhae, or Tincture of Myrrh.

U.—Internally, Tonic and Deobstruent. Externally it is employed as a wash to Foul Ulcers, and when diluted with water, as a Lotion for spongy gums.

D.—Half a drachm to one drachm.

Tinctura Opii, or Tincture of Opium.

U.—A valuable Stimulant and Narcotic.

D.—Ten to forty drops.

Tinctura Rhei Composita, or Compound Tincture of Rhubarb.

U.—Purgative and Stomachic.

D.—Two drachms to one ounce and a half.

Tinctura Scillæ, or Tincture of Squills.

U.—Expectorant and Diuretic.

D.—Ten to thirty drops, two or three times a day.

Tinctura Sennæ Composita, or Compound Tincture of Senna.

U.—Stomachic and Purgative.

D.—Two drachms to one ounce.

Tinctura Serpentariæ, or Tincture of Serpentry.

U.—Tonic and Diaphoretic.

D.—One to four drachms.

Tinctura Toddalia.

U.—Stimulant, Tonic, Diaphoretic and Febrifuge.

D.—One to four drachms.

Tinctura Valerianæ, or Tincture of Valerian.

U.—Antispasmodic, generally given in an infusion of Valerian.

D.—One to four drachms.

Tinctura Valerianæ Composita, or Compound Tincture of Valerian.

U.—The same as the above.

D.—Half a drachm to one drachm

Tinctura Zingiberis, or Tincture of Ginger.

U.—Stimulant and Carminative, given in Gout, when it attacks the Stomach, and in flatulent Colic.

D.—One to two drachms.

Tinctura Myrrhae, yane Tincture i murr.

F.—Andar jism ke muqawwí aur Deobstruent, yane mufattah hai, aur báhar jism par bashumúl pání ke gháliz zaḡhmoḡ ke dhone meḡ bhí kám átá hai, wáste Spongy gums yane phúle hue aur narm masure ke bataur Lotion mustamal hotá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Opii, yane Tincture afyún ká.

F.—Umdah muharrik aur muskir dawá hai.

M.—Das se chális qatre tak.

Tinctura Rhei Composita, yane murakkab Tincture i rewand chínf.

F.—Mushil aur mufíd medeh hai.

M.—Do drachm se ek ounce tak.

Tinctura Scillæ, yane Tincture i Squill.

F.—Dáfai balgham aur mudir hai.

M.—Das se tis qatre tak, do yá tín martabah ek din meḡ.

Tinctura Sennæ Composita, yane murakkab Tincturei Senna.

F.—Mufíd medeh aur mushil hai.

M.—Do drachm se ek ounce tak.

Tinctura Serpentariæ, yane Tincturei Serpentry.

F.—Muqawwí aur muarriq hai.

M.—Ek drachm se chár drachm tak.

Tinctura Toddalia.

F.—Muharrik, aur muqawwí, aur muarriq aur dáfai buḡhár.

M.—Ek drachm se chár drachm tak.

Tinctura Valerianæ, yane Tincture Bellilotan ká.

F.—Antispasmodic, yane dáfai tashannuj hai, aksar ḡhisándah Bellilotan meḡ dete haiḡ.

M.—Ek se chár drachm tak.

Tinctura Valerianæ Composita, yane murakkab Tincture Bellilotan ká.

F.—Tásir iskí misl tásir dawái muzkúrai bálá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Zingiberis, yane Tincture sonth ká.

F.—Muharrik aur dáfai báí hai, baḡrzahi niḡras, jab ki yih árzai medeh par ghálib hotá hai aur baḡrzahi dard kúling báí ke dete haiḡ.

M.—Ek drachm se do drachm tak.

Vinum Aloes, or Wine of Aloes. *

Use.—Aperient in doses of one to two ounces, and Stomachic from one to two drachms.

Vinum Colchici, or Wine of Colchicum.

U.—Narcotic and Diuretic, given in cases of Gout and Rheumatism.

Dose.—Thirty drops to one drachm.

Vinum Ipecacuanhæ, or Wine of Ipecacuanha.

U.—Diaphoretic and Emetic, chiefly given to children; half a drachm being given every ten or fifteen minutes till it operates.

Vinum Opii, or Wine of Opium.

U.—Narcotic.

D.—Ten drops to one drachm.

Vinum Viratri, or Wine of White Hellebore.

U.—Emetic and Cathartic, given in Gout and Rheumatism.

D.—Five to ten minims.

Unguentum Antimonii Potassio Tartratis, or Ointment of Potassio Tartrate of Antimony, or Tartar Emetic Ointment.

U.—Counter-irritant, employed in Chronic swellings of the joints, particularly after Rheumatism, and in many states of internal organs. A little of this ointment should be well rubbed into the skin over the part affected two or three times a day.

Unguentum Cantharides, or Ointment of Spanish Fly.

U.—The same as the Ceratum Cantharides; if the Telini Fly is used, substitute double the quantity of it than the Spanish Fly.

Unguentum Cetacei, or Ointment of Spermaceti.

U.—A cool simple dressing.

Chakoon Ointment.

U.—Stimulant, a good application to Ringworm.

Chaulmoogra Ointment.

U.—Stimulant, employed in several cutaneous diseases, especially Herpes and Tinea.

Vinum Aloes, yaṅe sharáb sibr kí.

Fáidáh.—Mulayyan hai bamiqdár do ounce, ke aur mufíd medeh ek se do drachm tak.

Vinum Colchici, yaṅe sharáb Colchicum kí.

F.—Muskir aur mudir hai, baárzah niqras aur gaṭhiyá ke dete haiṅ.

Miqdár.—Tís qatre se ek drachm tak.

Vinum Ipecacuanhæ, yaṅe sharáb Ipecacuanha kí.

F.—Muharriq aur muqai hai, aksar laṅkon ko dete haiṅ ; nisf drachm har das das pandrah pandrah minute ke bad jab tak ki tásír uskí howe.

Vinum Opii, yaṅe sharáb afyún kí.

F.—Muskir hai.

M.—Das qatre se ek drachm tak.

Vinum Veratri, yaṅe sharáb kuṭkí sufed kí.

F.—Muqai aur mushil hai, baárzah niqras aur gaṭhiyá ke dete haiṅ.

M.—Pánch se das minim tak.

Unguentum Antimonii Potassio Tartratis, yaṅe marham Potassio Tartrate Antimony ká, jisko ki Tartrate Emetic Ointment' kahte haiṅ.

Fáidáh.—Dáfai sozish hai, jo azá arse se phúl gae hon unpar lagáte haiṅ, khasús bad gaṭhiyá, aur aksar azái andarúni par istámál karte haiṅ, is marham meṅ se qadre marham us muqám par jabáṅ taklíf ho post par malá jáwe, do yá tín martabah ek din meṅ.

Unguentum Cantharides, yaṅe marham makkhí Spain ká.

F.—Tásír iskí misl Ceratum Cantharides ke hai, agar is meṅ Telní makkhí dáli jáwe, to marham makkhí Spain kí nisbat yih marham muzaáf istámál kiyá jáwe.

Unguentum Cetacei, yaṅe marham machh kí charbí ká.

F.—Marham paṭṭi karne meṅ yih marham ṭhandak kartá hai.

Marham Chakoon ká.

F.—Muharriq hai, yih marham dád par lagáne ko mufíd hai.

Marham Chaulmoogra ká.

F.—Muharriq hai, aksar amráz jildí meṅ kám átá hai, khasús ganj aur Tinea, yaṅe maraz bad khore meṅ lagáte haiṅ.

Compound Cinnabar Ointment.

U.—Stimulant, in Ringworm.

Unguentum Creasote, or Ointment of Creasote.

U.—Stimulant, employed in mild cases of Ringworm, and similar cutaneous diseases.

Daod-murden Ointment.

U.—Stimulant, in Ringworm.

Unguentum Elemi, or Ointment of Elemi.

U.—Stimulant and Digestive, used to keep open Setons and Issues.

Unguentum Gallæ Compositum, or Compound Ointment of Galls.

U.—Astringent, applied in Hæmorrhoids.

Ointment of Gandah Biroza.

U.—Detergent, a good substitute for the Elemi Ointment, applied to boils.

Unguentum Hydrargyri Ammonio Chloridi, or Ointment of Ammonio Chloride of Mercury.

U.—Stimulant and Detergent.

Unguentum Hydrargyri Biniodidi, or Ointment of Biniodide of Mercury.

U.—Stronger than the above, but used in similar cases.

Unguentum Hydrargyri Iodidi, or Ointment of Iodide of Mercury.

U.—Stimulant and Alterative, employed in dressing Scrophulous sores.

Unguentum Iodini Compositum, or Compound Ointment of Iodine.

U.—Stimulant and Alterative, applied to indolent Tumours and Bronchocele.

Unguentum Hydrargyri Fortius, or Strong Ointment of Mercury.

U.—A speedy method of producing salivation in cases of Syphilis and Chronic Hepatitis. Half a drachm to one drachm rubbed well into the inside of the thighs, three times a day.

Unguentum Hydrargyri Mitius, or Milder Ointment of Mercury.

U.—The same as the above, but its action is not so rapid.

Murakkab Marham Cinnabar ká.

F.—Muharriq hai, dá¹ par lagáte haiñ.

Unguentum Creasote, yañe marham Creasote ká.

F.—Muharrik hai, baǎrzah kḥafif dá¹ ke aur digar awáriz jildí ke kám átá hai.

Marham Daod-murden ká.

F.—Muharrik hai, baǎmráz dá¹ ke lagáte haiñ.

Unguentum Elemi, yañe marham Elemi ká.

F.—Muharrik aur muhallil hai, aur wáste khulá rakhne náth aur gul dene ke kám átá hai.

Unguentum Gallæ Compositum, yañe murakkab marham májúphal ká.

F.—Qábiz hai, baǎrzah Hæmorrhoids, yañe bawásir ke lagáte haiñ.

Marham Gandah Biroze ká.

F.—kḥárij kunandai aláish hai, bajái marham Elemi ke bahut umdah awaz tajwíz huá hai, dambal par lagáte haiñ.

Unguentum Hydrargyri Ammonio Chloridi, yañe marham Ammonio Chloride páre ká.

F.—Muharrik aur sáf kunandai aláish hai.

Unguentum Hydrargyri Biniodidi, yañe marham Biniodidi páre ká.

F.—Marham mazkúrai bálá se yih marham bahut qawí hai, unhín amráz meñ kám átá hai.

Unguentum Hydrargyri Iodidi, yañe marham Iodide páre ká.

F.—Muharriq hai, aur badau ko sudhártá hai, kanḥmálá ke zaḥm par is dawá se marham pattí karte haiñ.

Unguentum Iodini Compositum, yañe murakkab marham Iodine ká.

F.—Muharrik aur sudhárne wálá jism ká hai, puráne gháo aur maraz Bronchocele meñ kám átá hai.

Unguentum Hydrargyri Fortius, yañe tez marham páre ká.

F.—Wáste jald múñh láne ke baǎrzah Syphilis, yañe átshak aur puráne warm jigar, yih marham bahut sariul asar hai. Nisf drachm se ek drachm tak, zánú ke andar ek din meñ tén warta-bah baḥhúbí malá jáwe.

Unguentum Hydrargyri Mitius, yañe páre ká kam tez marham.

F.—Tásir iski misl Tásir marham mazkúrahi bálá hai, magar yih marham aisá sariul asar nahín.

Unguentum Hydrargyri Nitratis, or Ointment of Nitrate of Mercury, or Citron Ointment.

U.—Stimulant and Detergent, employed in various cutaneous diseases, and in chronic diseases of the eye-lids.

Unguentum Hydrargyri Nitrico Oxydi, or Ointment of Nitric Oxide of Mercury.

U.—The same as the above.

Compound Myrobolan Ointment.

U.—Applied to excoriated surfaces.

Unguentum Picis Liquidæ, or Ointment of Liquid Pitch or Tar.

U.—Stimulant, employed in Tetters and Scaldhead.

Unguentum Picis Nigræ, or Ointment of Black Pitch.

U.—Digestive and Stimulant.

Unguentum Plumbi Compositum, or Compound Ointment of Lead.

U.—Detergent, applied to indolent tumours.

Unguentum Plumbi Iodidi, or Ointment of Iodide of Lead.

U.—Detergent and Alterative. Employed in Glandular and Chronic enlargement of the joints, and Scrophulous ulcerations.

Ointment of Sal Ammoniac and Borax.

U.—Applied in Ringworm.

Unguentum Sambuci, or Ointment of Elder.

U.—A pleasant smelling simple dressing.

Unguentum Sulphuris, or Ointment of Sulphur.

U.—Stimulant, Common Itch Ointment.

Unguentum Sulphuris Compositum, or Compound Ointment of Sulphur.

U.—The same as the above, but very much stronger.

Unguentum Veratri, or Ointment of White Hellebore.

U.—Stimulant, employed in Scabies.

Ointment of Verdigris.

U.—A good Stimulant and mild Escharotic in Chronic Ulcerations.

Ointment of Verdigris and Pitch.

U.—A very good corn Plaister.

Unguentum Zinci, or Ointment of Zinc.

U.—Stimulant, applied to the eye-lids in Chronic Inflammation,

Unguentum Hydrargyri Nitratii, यांने मरहम Nitrate पारे का, कि जिस्को मरहम Citron भी काहे है।

F.—Muharriq hai aur alāish sáf kartā hai, aksar amráz jildí meñ aur purāne amráz palkoñ meñ kām átā hai.

Unguentum Hydrargyri Nitrico Oxydi, यांने मरहम Nitric Oxyde पारे का.

F.—Tásír iskí misl tásír marham mazkúrai bálá hai.

Marakkab marham Myrobolan का.

F.—Kharásh par lagáte haiñ.

Unguentum Picis Liquidæ, यांने मरहम patlí rál का.

F.—Muharriq hai, bārzah Tetters, यांने dād aur ganj ke lagáte haiñ.

Unguentum Picis Nigræ, यांने मरहम Pitch siyálh का.

F.—Muhallil aur muharrik hai.

Unguentum Plumbi Compositum, यांने मरहम shíshe का.

F.—Kharíj kunandai alāish hai, purāne ghāo par lagáte haiñ.

Unguentum Plumbi Iodidi, यांने मरहम Iodide shíshe का.

F.—Musaffí alāish hai, aur sudhárnewálá; hálát jism ká purāne aur guṭhlidár sújan par azá ke lagáte haiñ, aur kanṭhmálá ke ghāo par lagáyá játá hai.

Marham Sal Ammoniac aur sohága का.

F.—Dād par lagáte haiñ.

Unguentum Sambuci, यांने मरहम Elder का.

F.—Khusbúdár sādah marham hai isse marham patṭí karte haiñ.

Unguentum Sulphuris, यांने मरहम gandak का.

F.—Muharrik hai, aksar kharísh par lagáte haiñ.

Unguentum Sulphuris Compositum, यांने मरहम gandak का.

F.—Tásír iskí misl tásír marham mazkúrai bálá hai, magar nisbat uskí ziyādah qawí hai.

Unguentum Veratri, यांने मरहम sufed kuṭkí का.

F.—Muharrik hai, kharísh par lagáte haiñ.

Marham Zungar का.

F.—Umdah marham muharrik hai, aur yih marham gosht ko purāne phoṛe ke áhistah álistah galátá hai.

Marham Zangar aur Pitch, यांने Rál का.

F.—Yih plaster ke áble par lagáne ko achchhá hai.

Unguentum Zinci, यांने मरहम jast का.

F.—Muharrik hai, purāne sozish meñ palkoñ par sote waqt lagáte

TABLE

Showing in what proportion, Opium and certain preparations of Antimony, Arsenic and Mercury, are contained in some Compound Medicines.

Confectio Opii, or Confection of Opium.

One grain of Opium in about thirty-six grains of Confection.

Hydrargyrum cum Creta, or Mercury with Chalk, in about three grains contains one grain of Mercury.

Linimentum Hydrargyri, or Mercurial Liniment, in about six drachms contains one drachm of Mercury.

Liquor Arsenicalis, or Arsenical Solution.

Two fluid drachms contain one grain of sublimed white Arsenic.

Liquor Hydrargyri Oxymuriatis, or Solution of Corrosive Sublimate.

Two fluid ounces contain one grain of Oxymuriate of Mercury.

Pilulæ Hydrargyri, or Mercurial Pills, or Blue Pills.

Three grains contain one grain of Mercury.

Pilulæ Hydrargyri Submuriatis Compositæ, or Compound Pills of Submuriate of Mercury, or Plummer's Pills.

Four grains contain one grain of Submuriate of Mercury.

Pilulæ Saponis cum Opio, or Soap Pills with Opium.

Five grains contain one of Opium.

Pulvis Cornu usti cum Opio, or Powder of Calcined Hartshorn with Opium.

Ten grains contain one of Opium.

Pulvis Cretæ Compositus cum Opio, or Compound Powder of Chalk with Opium.

Twenty grains contain one grain of Opium.

Pulvis Ipecacuanhæ Compositus, or Compound Powder of Ipecacuanha.

Ten grains contain one grain of Opium.

Pulvis Kino Compositus, or Compound Powder of Kino.

One scruple contains one grain of Opium.

Vinum Antimonii Tartarizati, or Wine of Tartarized Antimony.

Four fluid drachms contain one grain of Tartar Emetic.

Unguentum Hydrargyri Fortius, or Stronger Mercurial Ointment.

Two drachms contain one drachm of Mercury.

Unguentum Hydrargyri Mitius, or Milder Mercurial Ointment.

Six drachms contain one drachm of Mercury.

FAHRIST.

Muskir is bāt ke, ki kis qadar Afyūn aur baḡ murakkabāt Surmā aur Sunkhiyā aur Pāre ke murakkab adwiyat meḡ ḡāle jāte haiḡ.

Confectio Opii, yaḡe Confection afyūn kā.

Ek grain afyūn kā chhattis grain Confection meḡ partā hai.

Hydrargyrum cum Creta, yaḡe párá mai khariyā takhmīnan tīn grain meḡ ek grain párá ámez hotā hai.

Linimentum Hydrargyri, yaḡe marham páre kā, iske chhah drachm meḡ ek drachm párá ámez hotā hai.

Liquor Arsenicalis, yaḡe Solution san_khiyā kā.

Is dawā ke do drachm saiyāl meḡ ek grain sublimered sufed san_khiyā ámez hotā hai.

Liquor Hydrargyri Oxymuriatis, yaḡe Solution Corrosive Sublimate kā.

Iske do saiyāl ounce meḡ ek grain Oxymuriate páre kā ámez hotā hai.

Pilula Hydrargyri, yaḡe golī páre kí jisko Blue Pill bhī kahte haiḡ.

Is dawā ke tīn grain meḡ ek grain párá ámez hotā hai.

Pilula Hydrargyri Submuriatis Composita, yaḡe murakkab goliyān Submuriate páre kí, jisko Plummer's Pill bhī kahte haiḡ.

Is dawā ke chār grain meḡ ek grain Submuriate páre kā ámez hotā hai.

Pilula Saponis cum Opio, yaḡe sūbun kí goliyūn afyūn ámez.

Is dawā ke pānch grain meḡ ek grain afyūn ámez hotā hai.

Pulvis Cornu usti cum Opio, yaḡe safūf Calcined Hartshorn aur afyūn kā.

Is dawā ke das grain meḡ ek grain afyūn ámez hotā hai.

Pulvis Cretae Compositus cum Opio, yaḡe murakkab safūf khariyā aur afyūn kā.

Is dawā ke bīs grain meḡ ek grain afyūn ámez hotā hai.

Pulvis Ipecacuanhae Compositus, yaḡe murakkab safūf Ipecacuanha kā.

Is dawā ke das grain meḡ ek grain afyūn ámez kí jáwe.

Pulvis Kino Compositus, yaḡe murakkab safūf Kino kā.

Is dawā ke ek scruple meḡ ek grain afyūn ámez hotā hai.

Vinum Antimonii Tartarizati, yaḡe Tartarized sharāb Antimony kí.

Chār drachm saiyāl meḡ ek grain Tartar Emetic ámez kiyā jáwe.

Unguentum Hydrargyri Fortius, yaḡe tez marham páre kā.

Is marham ke do drachm meḡ ek drachm párá ámez kiyā jáwe.

Unguentum Hydrargyri Milius, yaḡe halkā marham páre kā.

Chhah drachm meḡ ek drachm párá milāyā jáwe.

TABLE.

Table of Substitutes, useful in the event of any deficiency in the usual Medicines.

Cataplasma Conii,	Dhatura Poullice.
Cataplasma Lini,	Nuteeya, or Neem-leaf Poullice.
Cataplasma Sinapis,	Get Kuchoo, or Lál Chitra Poullice.
Ceratum Cantharides,	Cerate of Telini Flies.
Decoctum Cetrariæ,	Decoction of Gulancha.
Decoctum Hordei Compositum,	Decoction of Oryzæ or Ispaghool.
Decoctum Quercus,	Decoction of Rohun.
Emplastrum Cantharides,	Plaster of Telini Flies.
Extractum Cinchonæ,	Extract of Barberry Bark.
Extractum Gentianæ,	Extract of Chiretta, Justicia or Kreat, Gulancha or Palo.
Extractum Glycyrrhizæ,	Extract of Abri or Goonch.
Extractum Hæmatoxyli,	Extract Dyospyri or Gab, Japan Wood, Nemooka.
Extractum Jalapæ,	Extract Kaladanna.
Extractum Papaveris,	Extract Hemp.
Infusum Cuspariæ,	Compound Infusion of Sohunjuna.
Infusum Gentianæ,	Infusion of Bel, Chiretta, Gulancha, Kreat, Kurroo, Pata, Ununtamool.
Infusum Ipecacuanhæ,	Infusion of Banopsha, Crini, Kanoor.
Infusum Lini Compositum,	Infusion of Pedalium or Gokeroo.
Infusum Serpentariæ,	Infusion of Ayapana.
Pilulæ Gambogiæ Composita,	Pilula Kalladannæ.
Pulvis Ipecacuanhæ,	Compound Powder of Muddar.
Pulvis Quinine Sulphas,	Karanjwa Powder.
Syrupus Sarsaparillæ,	Syrup of Ununtamool or Chobchinee.
Tinctura Catechu,	Tincture of Myrobolan.

FAHRIST.

Zail meṅ mundarij haiṅ wah adwiyā jo darsúrat kam hojánē mamúllī dawáon ke batur qwaz kám meṅ áti haiṅ.

Cataplasma Conii,	Poultice Dhatúre ká.
Cataplasma Lini,	Nuteeya yá Poultice Barg Ním.
Cataplasma Sinapis,	Get Kuchoo yá LáI Chitrá Poul- tice.
Ceratum Cantharides,	Cerate Teliní makkhí ká.
Decoctum Cetrariæ,	Joshándah Gulancha.
Decoctum Hordei Compositum,	Joshándah Orizæ yá Ispaghool.
Decoctum Quercus,	Joshándah Rohan.
Emplastrum Cantharides,	Plaster Teliní makkhí ká.
Extractum Cinchonæ,	Extract Post Barberry.
Extractum Gentianæ,	Extract Chiretta, yá Justicia, yá Kreat, yá Gulancha, yá Palo.
Extractum Glycyrrhizæ,	Extract Abri yá Goonch.
Extractum Hæmatoxyli,	Extract Dyospyri, yá Gab, yá Japan Wood, yá Nemooka.
Extractum Jalapæ,	Extract Kaladanna.
Extractum Papaveris,	Extract Hemp.
Infusum Cuspariæ,	Murakkab kḥisándah Sohunjúná ká.
Infusum Gentianæ,	Kḥisándah Bel, Chiretta, Gu- lancha, Kreat, Kurroo, Pata, Ununtamool.
Infusum Ipecacuanhæ,	Kḥisándah Banopsha, Crini, Kanoor.
Infusum Lini Compositum,	Kḥisándah Pedalium yá Gokeroo.
Infusum Serpentariæ,	Kḥisándah Ayapana.
Pilulæ Gambogiæ Composita,	Pilula Kaladannæ.
Pulvis Ipecacuanhæ,	Murakkab safúf i Madár.
Pulvis Quinine Sulphas,	Safúf Karanjwa.
Syrupus Sarsaparillæ,	Syrup Ununtamool, aur Syrup Chobchíní ká.
Tinctura Catechu,	Tincture Myrobolan ká.

Tinctura Cinchonæ Composita,	Tincture of Barberry, Toddalia.
Tinctura Colchici,	Tincture of Hermodactyl or Soorinjan tulk.
Tinctura Cubebæ,	Compound Tincture of Gurjun.
Tinctura Gentianæ,	Compound Tincture of Chiretta.
Tinctura Jalapæ,	Tincture of Kalladanna.
Tinctura Lupuli,	Tincture of Mishme Teeta, Gulancha.
Tinctura Myrrhæ,	Tincture of Mugrela.
Tinctura Opii,	Tincture of Hemp.
Unguentum Elemi,	Ointment of Gunda Biroza.
Unguentum Hydrargyri Nitratia.	Ointment of Chakoor, Chalmoogra, Compound Cinnabar, Daod murdun, Sal Ammoniac and Borax.
Ceratum Calaminæ,	Compound Ointment of Myrobolan.
Emplastrum Resinæ,	Plaster of Gum Kahrubah.

Directions for making the Gum Kahrubah Plaster will be found in the next chapter.

Tinctura Cinchonæ Composita,	Tincture Barberry aur Toddalia.
Tinctura Colchici,	Tincture Hermodactyl yá Suran- jan talkh.
Tinctura Cubebæ,	Murakkab Tincture Gurjun ká.
Tinctura Gentianæ,	Murakkab Tincture Chiretta ká.
Tinctura Jalapæ,	Tincture Kalladanna ká.
Tinctura Lupuli,	Tincture Mishme Teeta aur Gu- lancha.
Tinctura Myrrhæ,	Tincture Mugrela.
Tinctura Opii,	Tincture Hemp ká.
Unguentum Elemi,	Marham Gunda Biroza ká.
Unguentum Hydrargyri Nitra- tis.	Marham Chakoor, Chalmoogra, murakkab Cinnabar, Daod murdun, Sal Ammoniac, aur Suhágá.
Ceratum Calaminæ,	Murakkab Marham Myrobolan ká.
Emplastrum Resinæ,	Plaster Gum Kahrubah.

Tarkib iski ákhir kiláb hazá meñ mundraj hai.

PART III.
ON THE
PRACTICE OF PHYSIC.

BA'B SOYAM.

DAR BAYAN ILA'J-UL-AMRA'Z.

PART III.
ON THE
PRACTICE OF PHYSIC.

AMÆNORRHŒA; IRREGULAR MENSTRUATION.

Symptoms.—If the irregularity proceeds from too great strength of the constitution, from increased fulness of the vessels, depending on a too large quantity of animal food, you will find a flushed countenance, heaviness, pains in the back and limbs, the pulse full, and generally remarkably slow, throbbing in the head, the breasts full, with a warm imagination.

Treatment.—You should bleed either from the arm, or apply leeches to the labia, pubes, or groins, and give saline purgatives, repeating them every second day, keeping the patient on low diet, and make her take strong exercise every day.

If the irregularity proceeds from too little blood, shewing a feeble and debilitated state of the constitution, as is so often the case in large towns, then you will find the *symptoms* are, a very weak pulse, appetite disordered, the countenance pale, a great loss of strength, palpitation of the heart, and slight hysteria.

Treatment.—This must be just contrary to the former. The strength must be supported with good nourishing food, tonics, change of air, gentle exercise daily, and if possible sea bathing.

Questions.

Describe the symptoms of Amænorrhœa arising from too great strength of the constitution, and the treatment to be adopted ?

Describe the symptoms of Amænorrhœa arising from debility, and the treatment to be adopted ?

AMBUSTIO; BURNS AND SCALDS.

Symptoms.—In extensive burns, there is great prostration of strength, and if the patient rallies, there will be delirium or coma. On some occasions, there is oppressive breathing, on others, violent

BA'B SOYAM.

DAR BAYA'N İLA'J-UL-AMRA'Z.



AMƏNORRHŒA; YANE BEQÁIDAH HONÁ HAIZ KÁ.

Alámaten.—Agar yih árzah basabab qawí mizájí yá ziyádah pur hone ragon ke kháne kasrat gosht se wáqa howe, to tezí nabz, aur surkhí chehrah, aur bojhalpan, aur dard kamar, aur dhamak sir men, aur ubhár chhátiyon men sáth k̄hiyálát bátil ke uskí alámaten hotí haiṅ.

Maǎljah.—Yá to fasd háth kí lewen, yá jonken kináron par furj ke yá muqám mue zuhár par, yá chaddon men lagáwen, aur marízah ko mushil namkín dústre din deterahen, aur kam ghizá par rakhen, aur usse bahut saht riyázat karáwen.

Agar yih árzah basabab qillat khún ke láhaq howe, aur mizáj men nítawání aur zauf páyá jáwe, jaisá ki aksar auqát bare bare shahron men musháhidah kiyá játá hai, to alámaten uskí yih hotí haiṅ, ki nabz kamzor aur ishtihá betartíb aur k̄haráb, aur chehrah zard, aur niháyat ghaṭ jáná táqat ká, aur dharakná dil ká, aur k̄haffí hysteria.

Maǎljah.—Is súrát men lázim hai kí iláj bilkul baráks pahle iláj ke karen, aur bazariáh ghizá, aur adwiyah muqawwí, aur tabdílí hawá, aur qadre har rozah kí riyázat ke, aur agar ho sake to bazariáh samundar men naháne ke táqat marízah kí bahál rakhen.

Sawálát.

Alámaten beqáidah hone haiz kí jo basabab qawí mizájí ke láhaq huá hai bayán karo, aur kyá iláj karná cháhíye ?

Kyá alámaten hotí haiṅ beqáidah hone haiz kí jo kí zauf mizájí ke sabab láhaq hotá hai, aur uská iláj kis taur par karná cháhíye ?

AMBUSTIO; YANE JALJÁNÁ ÁG AUR PÁNÍ SE.

Alámaten.—Agar ádmí bashiddat jal jáwe, to táqat niháyat záyal hojítí hai, aur agar maríz ko kuchh táqat hotí hai, to usse behoshí aur hizyán hotá hai, aur baz auqát dam diqqat se átá hai, aur baz

symptomatic fever. In the advanced stage, inflammation and ulceration of the alimentary canal ensues, and in some instances hydrocephalus. Many have hectic fever along with a profuse discharge.

Treatment.—At first you should cover the parts completely with cotton, together with gentle bandaging, so as to exclude the air effectually, and allow it to remain on until saturated with pus. In mild cases, this application may remain on for ten or fourteen days, when all irritation will have subsided, and the part be cured. In vesicated cases, the cotton may remain on for the same period, and treated in the same manner. There may be slight ulceration, requiring poultices or warm water dressing. In extensive burns, suppuration is inevitable. Five or six days, therefore, should only be allowed before you remove the cotton, perhaps sooner, especially in the hot weather, and then poultices for a few days, afterwards warm water dressing. Zinc or copper in solution are to be applied, as the surface is now an ulcer.

If the granulations become flabby, and shoot above the level of the skin, you must repress them by sulphate of copper, nitrate of silver, and dry lint and bandages. When suppuration ensues, the diet must be very nourishing to sustain the strength. Sloughs must be cut away, and great care taken to prevent unnatural adhesions, by appropriate bandages, such as one finger to another; the fore-arm to the arm; and the chin to the neck or even to the breast. When the part is charred, amputation is often indispensable, as soon as the powers of life have rallied.

Questions.

What constitutional symptoms arise in severe cases of burns and scalds ?

What treatment is to be followed in these cases ?

What are you particularly to guard against when the healing process commences ?

When a limb is completely charred, what will be probably obliged to be done with it ?

martabah saḡht buḡhár árzí paidá ho játé hai. Hálat shiddat marz meḡ, aptaryoḡ meḡ sozish hotí hai, aur zaḡhm par játe haiḡ, aur bas marizoḡ ko marz hydrocephalus, yaḡe istasqá dimághí láhaq hotá hai. Aur aksaroḡ ko tap-i-diḡ hamráh ziyádatí ishál ke paidá hotí hai.

Maʿlajah.—Ibtidá meḡ tamám jale hue muqámoḡ par rúí rakhní cháhíye, aur unpar halkí paṡṡiyáḡ bándhen, táki bilkul hawá ká daḡhal na rahe, aur paṡṡiyáḡ qáim rakhní cháhíyeḡ tá waqtíki pfb ná paḡe, jis súrát meḡ badan kam jalá ho, to yih paṡṡiyáḡ das yá chaudah din tak baḡdhí raheḡ, kyunḡki is árese meḡ tamám sozish rafa ho jáwegí, aur muqám soḡhtah achchhá ho jáwegá. Dar súratho jáne ábloḡ ke, rúí qáim rahe ársah mazkúr tak, aur maʿlajah ká bhí waisáhi taríq ho. Baz auqát ḡhaffí zaḡhm ho játe haiḡ, unpar lagána poultice ká, aur sáf karná unko garm pání se zarúr hai. Dar súrát shiddat i soḡhtgí ke, na honá pakáo ká ḡhair mumkinát se hai, isí sabab se dúr karná rúí ká sirf páñch chhah din meḡ aur garmí ke mausam meḡ sháyad isse bhí kam ársah meḡ zarúr hogá us waqt istamál poultice ká chand roz tak, aur baḡd uske sáf karná zaḡhm ká garm pání se cháhíye, aur chúnḡki satah jism ká áp ek zaḡhm hai, to lagána zinc yá copper in solution ká zarúr hai.

Agar angúr narm par jáweḡ, aur satah jism se úpar ubhar áwe, to dabána uská sulphate of copper aur nitrate of silver, aur paṡṡiyon ḡhushk párchahi lint se cháhíye. Jis waqt ki pakáo shurú ho, to bahál rakhná táqat ká bazariáh bahut muqawwí ḡhizá ke lázim hai. Chhichroḡ ko kát dálná cháhíye, aur is báb meḡ bahut ahtiyát karní cháhíye, bazariáh munásib paṡṡiyon ke, ki azái ek dússe se milkar ek jism na ho jáweḡ, maslan unḡlí unḡlí se, aur pahunchá bázú se, aur ṡhoṡí, gardan yá chhátí se. Jis súrát meḡ koí azái jalkar bilkul soḡhtah ho jáwe, to káṡná uská aksar ḡhwá naḡhwá zarúr hogá, barwaqt táqat pakaḡne bímár ke.

Sawálat.

Dar súrát jalne ke ḡhwá áḡ ḡhwá pání se ásár kyá hote haiḡ ?

In súratoḡ meḡ kyá iláj iḡhtiyár karná cháhíye ?

Tum ko ḡháskar kis amar kí ziyádah ahtiyát karní cháhíye jab kí bímárí achchhe hone par átí hai ?

Jab koí azái bilkul soḡhtah ho jáwe, to ham ko náchári uske bab meḡ kyá karná paḡegá ?

APOPLEXIA; APOPLEXY.

Apoplexy is usually divided into two species, viz. the sanguineous and serous.

Symptoms.—If a person be sitting upright or walking about, he suddenly falls down and sometimes dies on the spot. If death does not instantly take place, you will generally find the pulse slow and full, the face livid, flushed and swollen. The lips are particularly livid, with froth proceeding from the mouth, and a blowing from the lips and nostrils. The pupils of the eyes are usually dilated, the eyes closed and insensible to light. Persons have recovered after remaining in this state for three days.

There are usually some premonitory symptoms before an attack of apoplexy. The person falls asleep in company and snores loudly, there is generally headache, a throbbing, and sense of tension and weight of the head, a dimness of sight, and double vision, giddiness and vertigo. Some have flashes of light like stars before the eyes, deafness, ringing in the ears, nightmare, epistaxis or bleeding at the nose. Others have slight twitches of the muscles, and occasional stammering with impaired memory, with more or less depression of spirits; at times there is paralysis. Sometimes the urine and fœces escape involuntarily, or there may be profuse sweating; these may be considered unfavourable symptoms.

The class of persons most liable to this disease are those who have a large thick head, short necks, circular breasts, and not very tall. Those who take little exercise, and little mental exertion; those who sleep too much, becoming plethoric; those indulging in too rich and abundant food. Anxiety of mind has a tendency to produce it, anger has sometimes destroyed life by apoplexy. Ischuria renalis has also produced it. Inflammation and suppuration of the brain sometimes produces it. A depressed piece of bone on the brain will produce it.

APOPLECTY; YANE SAKTAH.

Saktah ko aksar itbá ne do qismon men taqsím kiyá hai, saugui-
neous, yane damwí, aur serous, yane bádí pesh.

Alámateñ.—Agar ádmí baiṭhá ho yá chaltá ho, yekáyek gir partá hai, aur baz auqát usí jagah mar játá hai. Agar usí waqt mariz talaf nahín hotá, to nabz meñ zauf aur imtalá páyá játá hai, aur chehrah meñ nílápan aur surkhí aur tahbuj ho játá hai. Hoṭṭ kḥáskar níle hote haiñ, aur múñh se kaf áte haiñ, aur sáñs múñh aur nathnon donon taraf se átá hai. Putlí áñkh kí aksar farákh, aur áñkhen band ho játí haiñ, aur unse roshní nahín dikhláí detí. Ádmí achche ho gae haiñ bad rahne ke is hál meñ tñ din tak.

Az láhaq hone saktah ke chand alámateñ numáyáñ hotí haiñ. Wuh shaḥs jise yih marz honewálá hotá hai, ádmiyon meñ baiṭhe baiṭhe so játá hai, aur kḥarráṭe zor se lene lagtá hai, aur aksar sir meñ dard aur dhamak hotí hai, aur aisá maḷúm hotá hai ki sir taná huá aur bojhil hai, aur áñkh se dhundlá dikháí dene lagtá hai, aur ek shai do nazar átí haiñ, aur dau-rán sir hotá hai. Baze ádmiyon ko chamak roshní kí mánind sitáron kí áñkh ke áge maḷúm detí hai, aur únchásunná, aur kánon meñ sansaní aur kábás hotá hai, aur naksír phúṭtí hai, aur baze ádmiyon ko gúuah aiñṭhan paṭṭhon meñ maḷúm hotí hai, aur kabhí kabhí zubán meñ luknat hotí hai, aur háfzah kḥaráb ho játá hai, aur dil par kam o besh udásí chhá játí hai, aur baz auqát fálij ho játá hai.

Us qism ke log is bímárí meñ ziyádahtar multilá hote haiñ, jinká sir bará, aur gardan kotáh, aur sína gol aur qad miyánah hotá hai, aur jo riyázat aur fikar aur soch kam karte haiñ, aur jo bahut sote haiñ, jiske sabab se ratúbat paidá ho játí hai, aur wuh shaḥs jo ki bahut tofhah aur ifrát se kháná kháte haiñ, aur tashwísh kḥátir bhí is marz ke paidá karne meñ mumid hai, aur baz auqát basabab ghaiz aur ghusse ke yih marz láhaq huá hai, aur jún talaf ho gáí hai, basabab insidád pesháb ke bhí jo kḥalal gurdah se wáqa ho, yih marz paidá huá hai, baz waqt pesháb aur pákhánah kḥud bakhud nikaltá hai, aur ziyádatí pasínah kí bhí ho saktí hai, aur yih ásár bahut námubárah haiñ. Aur warm aur pak jáná dimágh ká bhí yih árzah paidá kartá hai. Agar koí haddí dimágh kí baiṭh jáwe to usse bhí yih marz ho játá hai.

Apoplexy is liable to be confounded with syncope or fainting and with natural sleep. In syncope, respiration is suspended, the pulse is not to be felt at the wrist, the features shrink, and the surface of the body turns pale and cold. In apoplexy, the reverse of all this takes place. It is less easy to discriminate between apoplexy and natural sleep; the distinction can only be made, indeed, by our being able to rouse the person from sleep, however profound, by a certain degree of irritation. This cannot be done, or but very imperfectly, in apoplexy.

Treatment.—If apoplexy arises from a depressed piece of bone, it must of course be elevated. If it arises from any thing taken into the stomach, an emetic or the stomach pump must be employed. But if it arises from ordinary causes, the first thing is to raise the person's head and shoulders, to loosen every thing about the neck, and to open a vein in the arm or the jugular vein. The next thing should be to give a drop or two of croton oil or a scruple of calomel. A strong purgative injection should next be given. Ice should be applied to the head, mustard poultices applied to the feet and legs, and the patient be kept on very low diet. Calomel should be continued till the mouth is tender, afterwards a blister behind the ears, or over the whole of the head, may be applied. In apoplexy arising from ischuria renalis, you may give a grain or two of powdered cantharides night and morning, made up into a pill, as it is almost sure to make the bladder act. A person labouring under serous apoplexy, has a pale and collapsed face, arising from a state of exhaustion of the brain.

In this form of the disease, it is difficult to say how far there is irritation, and how far there is inflammation. It is best to evacuate as much as you can. Apply blisters rather than leeches, leeches rather than cupping, and cupping rather than bleeding from the arm, and at the same time give your patient moderate diet and ammonia.

Questions.

Into how many species is apoplexy usually divided, and what are they called ?

Saktah ko aksar ghalt fahmí se syncope, yañe ghashí aur soná tasawwar karte haiñ. Syncope, yañe ghashí meñ tanaffus mauqúf ho játá hai, aur harkat nabz kaláí ke pás nahín rahtí, aur chehra sut játá hai, aur satah jism zard aur þandhá par játá hai, aur saktah meñ bilaks tamám in báton ke wáqa hotá hai; aur saktah aur khwáb meñ yih farq hai ki sote ádmí ko ham kisí taklíf se jagá sakte haiñ, go ki nínd kitní hí ghálib ho, aur saktahwále kí nisbat yih nahín ho saktá, aur agar ho saktá hai to bahut khaffif darjah meñ.

Maq̄lah.—Agar saktah basabab dabháne kisí haddí ke wáqa howe, to us haddí ko únchá karná aur apní jagah par láná lázim hai, aur agar kisí aisí chíz se wáqa ho jo ki medeh meñ hai, to istamál adwiyah qaiáwar aur stomach pump ká karná cháhiye. Aur agar aur sababon mazkúrah bálá se wáqa howe, to awwal maríz ke sir aur kandhon ko únchá karná cháhiye, aur jo chíz gale meñ ho usko dhílá karen, aur háth kí fasd len, yá rug jugular vein, yañe habal-ul-warid kholen. Bad iske ek yá do qatrah croton oil, yañe jamálgotah ke tel ke, yá ek scruple calomel den, aur bad izán huqnah tez adwiyah dastáwar ká kiyá jáwe, aur barf sir par bándhen, aur poultice ráí ká pánw aur tángon meñ lagáwen, aur maríz ko bahut kam ghizá den. Istamál calomel ká járí rahe jab tak ki múñh na ájáwe, iske bad lagáne blister ká píchhe kánon ke yá tamám sir par iḡhtiyár hai. Jis súrat meñ ki marz saktah basabab insdád pesháb ke jo khalal gurdah se paidá huá ho láhaq howe, to ek yá do grain písi hui teliní makkhí kí subah o shám golí banákar dí jáwen, kyunki yaqín partá hai ki yih dawá masánah ko harkat degí. Agar kisí shaḡhs ko saktah basabab ratúbat ke howe, to uská chehra zard aur naqíh hotá hai, aur uská báis yih hai ki dimágh khálí hotá hai.

Is súrat kí bímári meñ is bát ká jánná mushkil hai, ki kis qadar sozish aur warm dimágh meñ hai, bihtar yih hai ki jahán tak ho sake tanqiyah karen, aur blister ko jokon se aur jokon ko síngiyon se aur síngiyon ko fasd bázú se muqaddam jánen, aur is ársah meñ maríz ko ghizá kam aur ammonia dewen.

Sawálat.

Kai qism meñ saktah ko aksar itbá ne taqsim kiyá hai aur harkat qism ká kyá kyá nám hai ?

What are the usual symptoms of apoplexy ?

What are the usual premonitory symptoms of an attack of apoplexy ?

What class of individuals are most liable to this disease ?

What may be considered unfavourable signs in apoplexy ?

How is apoplexy to be distinguished from syncope or natural sleep ?

What treatment should be adopted ?

In apoplexy arising from ischuria renalis, what would you give ?

What appearance has a person labouring under serous apoplexy ?

What treatment would you adopt in serous apoplexy ?

APHTHÆ OR THRUSH.

Symptoms.—This disease consists in the formation of vesicles within the mouth and lips, and all the way along the cheeks, tongue and “Velum pendulum palati,” the tonsils and pharynx.

It is most common in infants, but it is frequently seen in adults, at the end of chronic diseases, and at the end of phthisis pulmonalis. The mouth is usually hot, and the child fretful and uneasy. The appearance of the ulcer is that of a small white spot or speck, occurring singly or in clusters, on some parts of the mucous membrane of the mouth or throat. When single or few, aphthæ are usually found on the inside of the lower lip, on the gums, or on the tongue. When numerous or confluent, the inside of the cheeks are quite covered with them, or they extend backwards to the fauces. It is generally from three to four days from the bursting of the vesicle to the formation of the crust, and its cicatrization. The crusts, on being swallowed, become a source of irritation to the stomach and bowels, and it is thought that the disease itself may be thus propagated to these parts.

So long as the spots retain the appearance of a circular shape and white colour, shewing no disposition to spread rapidly, and the child's strength does not give way, no apprehension need be entertained; but when they show a disposition to alter their appearance, assuming any character indicative of their taking on an unhealthy action, and when they spread along the pharynx, much danger is to be apprehended.

Saktah kí mamúlí alámaten kyá hotí haiñ ?

Mamúlí alámaten qab laz láhaq hone saktah ke kyá hotí haiñ ?

Kis qism ke logon ko yih árzah ziyádahter lálaq hotá hai ?

Kaunsi alámaten marz saktah men námubárah hotí haiñ ?

Saktah aur ghashí aur khwáb men kyunkar tamíz kar sakte haiñ ?

Kyá iláj karná cháhiye ?

Agar insádád pesháb khálal gurdah se paidá ho, aur uske sabab se saktah ho jáwe, to kyá iláj karná cháhiye ?

Agar kisi ko saktah ratúbat se howe, to uskí kyá shakl hotí hai ?

Saktah jo ratúbat se howe uská kyá iláj karná cháhiye ?

APHTHÆ OR THRUSH, YAÑE CHHÁLE MUNH KE.

Alámaten.—Is marz men múnh aur honthon aur kallon aur zubán aur hajábulhanak men chhále par játe haiñ, balki jild men tálú ke, aur lauztín aur halq men ho játe haiñ.

Yih marz aksar bachchon ko lálaq hotá hai, lekin bárhá jawánon ko blí ákhír kolnah bímáriyon ke aur ákhír bímári-i-sil men hotá hai, múnh aksar jaltá rahtá hai, aur bachchá chirchirá aur bechain rahtá hai, aur shakl zaḡm kí máinind sufed dágh ke hotí hai, khwá dágh munfaiid khwá mujtime úpar muqámon ratúbat paidá karnewále múnh aur halq ke hon. Dar súrat munfarid hone dághon ke chand chhále andar kí taraf píchhe tale ke honḡ ke aur masúron men yá zubán par paidá hote haiñ, aur dar súrat mujtima hone ke kalle unse bilkul dhak játe haiñ, yá yih áblah halq kí taraf phailte haiñ. Aksar tén chár din ke ársah men bad paidá hone ke chhále khushk hokar chhilke hojáte haiñ, agar yih chhilke peḡ men utar jáwen, to medeh aur antariyon men báis kharásh aur ázar ke hote haiñ, aur yih khiyál kiyá gayá hai ki yih bímári khud in muqámon men in chhilkon ke sabab phailtí hai.

Jab tak ki yih dágh mudawwir aur sufed rahte haiñ, aur jald taraqqí karte hue nahín maḡlúm dete, aur bachehe kí táqat bhí nahín ghaḡtí, to aisi súrat men jagah andeshah kí nahín hai, lekin jis hál men unki hyyat men tabaddul páyá játá hai, is tarah par ki sihat men khálal andáz ho, yá yih kí chhále halq kí taraf phail jáwen, to is súrat men albattah jagah andeshah kí hai.

Treatment.—When aphthæ are merely a local affection, they may often be quickly removed by local means alone, paying attention to the state of the health, particularly the condition of the bowels. A mild laxative will often remove the disease at once. When diarrhœa occurs, great attention must be paid to the state of the bowels, and support the strength when it begins to fail, particularly when the aphthæ assume an unhealthy aspect. Regulating the diet, or changing the nurse, attention to cleanliness, the occasional use of the warm bath, change of air, are essential in protracted cases, or when the aphthæ are prone to recur.

The local application of a solution of borax in the first instance and that of alum subsequently is the usual treatment. When the aphthæ are few or very irritable, touching them lightly with the nitrate of silver will best dispose them to heal, and lessen their sensibility; in more protracted cases, great benefit is sometimes derived from a linctus of sulphate of copper.

In adults, gargles composed of the chlorides of soda or lime, diluted with six or eight times their weight of water, frequently change the appearance of the mouth almost immediately.

Questions:

Describe the disease aphthæ ?

What are the usual symptoms of aphthæ ?

What class of patients usually labour under this disease ?

How long does the process take for its completion ?

What effect has it on the child, when it swallows these crusts ?

What constitutional treatment is to be followed in this disease ?

What local treatment should you adopt ?

What treatment should follow when adults suffer from this disease ?

ASTHMA.

Symptoms.—In this disease, there is a spasmodic affection of the organs of respiration, situated lower down than the larynx. It is preceded by languor, flatulency, headache, and a sense of fulness and straitness about the lower part of the chest. During the invasion of the spasmodic form, which generally occurs during the first

Maq̄ljah.—Jab ki chhále sirf muṇh hí meṇ hoṇ, to wuh dawá lagáne se jaldí rafa ho sakte haiṇ, magar k̄hiyál taraf hál sihat aur antariyon ke cháhiye, jab ishál wáq̄a ho to niháyat lihás antariyon ká cháhiye, aur jab ki táqat maríz kí ghaṭne lage, to uská saṅbhálná zarúr hai, k̄hasúsan jis súrat meṇ chhále aisá zor pakaṛ jáweṇ ki sihat meṇ k̄halal ác, durust karná ghizá ká, aur badalná anná ká, aur k̄hiyál rakhná tafaf safáí ke, aur naháná garm pání se, aur tabaddul hawá par zarúr hai, jab ki bímárí muddat kí ho jáwe, yá chhále achcbhe hokar aṇḍ kar áweṇ.

Lagáná ghule hue suhágah ká ibtidá meṇ, aur phiṭkírí ká baḍhu mamúlí iláj hai. Jab ki chhále kam hoṇ, yá bahud dard dete hoṇ, to chherna nitrate of silver ká unko achchhá karne par le áwegá, aur dard meṇ takhfíf kar degá. Agar bímárí muddat kí ho gaí ho, to linctus níle thothe ká niháyat fúidah baḅhshegá.

Jawán ádmiyon ko ghargharah banáyá huá chlorides soda, yaṇe sajjí ká, yá lime, yaṇe chúnah ká, jismeṇ chhah yá áṭh miqdár dawá se pání ziyádaḥ howe, aksar hyyat muṇh kí fauran badal detá hai.

Sawálat.

Bímárí aphthæ, yaṇe muṇh ke chhálóṇ ká hál bayán karo ?

Mamúlí álamaten chhálóṇ kí kyá haiṇ ?

Kinko yih bímárí aksar láhaq hotí hai ?

Kitne ársah meṇ chhále hokar k̄hushkí par áte haiṇ ?

Jab ki bachchá chhilkon ko nigal játá hai to kyá asar paidá hotá hai ?

Kyá aslí iláj karná cháhiye is bímárí meṇ ?

Kyá muṇh meṇ lagáná cháhiye ?

Kyá iláj karná cháhiye jab ki jawán is marz meṇ mubtilá hoṇ ?

ASTHMA, YAṆE DAMÁ.

Álamaten.—Is bímárí meṇ un puṭṭhoṇ meṇ jo ki níche hanjra ke haiṇ, aur jinke sabab se dam átá hai tashannuj hotá hai, qabl az wáq̄a hone daure is marz ke sustí aur nafk̄h aur dard sir hotá hai, aur níche kí taraf chhátí ke boj̄h aur rukáwaṭ aksar auqát barwaqt sone ke malúm detí hai, bímár yakáyak sote sote jág uṭhtá

asleep; the patient suddenly awakes as if from suffocation, and eagerly assumes the erect posture, sometimes vomits, breathing and wheezing laborious and loud; countenance haggard and anxious; becomes bloated; eyes prominent and ejected; pulse hurried, small and feeble, irregular and sometimes intermittent; speaking, coughing and expectoration very difficult. Its humoral form is attended with a copious secretion of mucus from the commencement; the disease is unaccompanied with fever. You will distinguish asthma from hydrothorax thus: in the former, if you strike all over the chest, you will have a clear loud sound, which you have not in the latter, if the cavity be filled with water.

Treatment.—During the fit, if the patient is young, robust, and very plethoric, and the paroxysm be severe, bleeding may afford relief. Narcotics and antispasmodics have been found useful, more particularly in the pure nervous form. Smoking stramonium either by itself, or combined with tobacco alone, has proved very beneficial. Great relief is obtained when expectoration ensues. Very strong coffee has been found useful during the fit. After the fit is over, you should remove all symptoms of dyspepsia, by combining aperients and carminatives. Cold sponging the chest with vinegar and water twice a day, has sometimes afforded wonderful relief.

Questions.

How many forms of asthma are there, and what are they called?

What are the symptoms of asthma?

How do you distinguish asthma from hydrothorax?

What treatment would you adopt during a fit of asthma?

When the fit is over, what more would you do?

Is there any peculiarity attending the humoral form?

hai, is taur par ki goyá dam ruk gayá aur sídhá ho baihtá hai, baze waqt qai áti hai, aur dam khinchkar áwáz ke sáth aur diqqat se áta hai, chahrah badnumá aur pareshán aur bhamráyá huá ma-lúm hotá hai, ánkheñ barí aur ubhrí húi hotí haiñ, aur nabz men ghabráhañ aur báríkí aur zauf aur nádurustí hotí hai, aur baze waqt Intermittent, yañe nabz chaltí hai, aur baze waqt nahín chaltí, aur bolná aur kháñsná aur khañkár ke thúkná bahut dushwár hotá hai, agar yih marz ratúbat se wáqa howe to kaf baifrát shurú daurah se nikaltá hai, is bímárí ke daurah men bukhár nahín hotá.

Maáljah.—Is marz kí naubat men agar maríz jawán aur qawí aur bahut damwí mizáj howe, aur daurah bashiddat howe, to khún lene se bahut ifáqah hotá hai, adwiyát khuáb áwar aur dáfa tashannuj bahut mufíd hotí haiñ, khasúsan jabki yih marz puñthon ke khalal se wáqa howe, píná dhatúrah ká tanhá yá basharáqat tambákú ke, yá sirf tambákú huqqañ men aksar bahut fáidah bañsh huá hai, aur kaf nikalne se bhí bahut fáidah hotá hai, tez baná huá qahwah darmiyán daurah is marz ke fáidahmand hai. Bad mauqúf hone daurah ke rafa karná tamám álamaton badhazmí ká bazariáh shamúl adwiyah muhallil aur dáfa riyáh ke cháhiye, tar karná chhátí ká bazariáh sponge ke áb i sard aur sirke se din men do dáfa badarjah kamál mufíd húa hai. Farq darmiyán asthmá, (yañe damá), aur hydrothorax, yañe us marz ke jiske sabab chhátí men pání bhar játá hai is taur par kiyá játá hai, pahlí súrat men agar tamám chhátí ko thapkeñ to ek sáf aur zor kí áwáz niklegí, aur dúsrí súrat men jabki chhátí men pání bhará huá hai, thapakne se yih bát nahín páí jáne kí.

Sawálat.

Kai qism ká damá hotá hai, aur uská judá judá nám kyá hai ?

Kyá álamaten damá kí hotí haiñ ?

Tum damá aur hydrothorax men kyúnkar farq kar sakte ho ?

Kyá khas bát hotí hai us damá men jo basabab ratúbat ke wáqa hotá hai ?

Darmiyán daurah damah ke kyá maáljah karná cháhiye ?

Jabki daurah khatam howe to uske bad kyá tadbír karní cháhiye ?

BRONCHITIS; INFLAMMATION OF THE BRONCHIÆ.

This disease may either be acute or chronic.

Symptoms. Of the acute form.—This disease usually succeeds a common cold, commencing sometimes by inflammation of the tonsils and fauces, extending to the lining of the larynx, and thence downwards to the trachea and bronchi: at other times the inflammation begins in the bronchi, especially in those whose lungs are susceptible. At first there is a feeling of roughness in the windpipe, which occasions frequent attempts to clear the throat, and is much increased by talking. There is generally more or less hoarseness, with a tight feeling across the chest, often amounting to pain. Signs of fever are usually now felt, such as lassitude, cold shiverings, pain in the limbs and quick pulse, and expectoration of a thin fluid, having a saline taste. As this expectoration becomes thicker, and more abundant, the symptoms become more ameliorated. The tightness across the chest is diminished or removed, the pulse becomes less frequent, the skin perspires freely, the urine becomes copious, and deposits an abundant sediment. In favourable cases, the disease declines between the fourth and eighth day. In severe cases the symptoms are much more aggravated; the patient complains of headache, particularly over the eyes, sickness, and loss of appetite; the tongue is foul, and the urine scanty and high coloured. The dyspnoea is urgent, particularly at night, and the tightness and pain in the chest aggravated by cough. The pain in the chest is generally under the sternum, and is more obtuse than the pain of pleurisy; the pulse is hard and quick. The expectoration is scanty at first, and afterwards becomes copious; it is glairy, frothy, sometimes streaked with blood, and its evacuation affords but little relief to the cough or breathing. In some cases, a state of collapse very rapidly takes place; the pulse becomes very weak, frequent and often irregular, the countenance pallid and expressive of great anxiety, and often covered with a cold sweat; the strength is wasted by efforts to relieve the lungs of the accumulation of mucus, but the cough becomes less and less effectual to remove it,

BRONCHITIS; YAÑE WARM ARUQ KHISHNAH.

Yih marz do tarah ká hotá hai, yá to acute, yañe shadíd, aur chronic, yañe kohnah.

Alámatey. Marz shadíd kí.—Yih árzah aksar auqát bað zukám ke láhaq hotá hai, aur ibtidá meñ bað martabah lauzateñ aur halaq meñ warm ákar hinjrah meñ ^ophail játá hai, aur yaháñ se taraf gasbatahulriyáh aur aruq khishnah ke rujú kartá hai, bað auqát warm khishnah hí meñ shurú hotá hai, khasúsan un logon ke jinke pheprah meñ khalal hotá hai. Ibtidá meñ halqúm meñ náhamwárí aur durustí mañúm detí hai, jiske rafa karne ke wáste ádmí aksar khañkártá hai, aur yih náhamwárí báteñ karne se bahut ziyádah hotí hai. Aksar maízon ko kam o besh giraftgi áwáz aur tangí chhátí meñ hotí hai, jiske sabab dard sá mañúm detá hai. Is mauqa par ásár bukhár numáyán hote haiñ, maslan sustí aur phureriyán, aur dard azá, aur tezí nabz, aur nikalná namkín raqíq kaf ká. Jis qadar yih kaf ghalíz hokar ifrát se nikaltá hai, usí qadar ásár is marz ke nek mañúm dete haiñ. Tangí chhátí kí kam yá rafa hojátí hai, nabz meñ pahlí sí tezí nahín rahtí, aur badan par pasiná bañhú-dí, aur pesháb khulkar átá hai, aur pesháb meñ bahut dard baiñh játá hai. Jis súrat meñ yih marz khalfif hotá hai, to chauthe roz se áthweñ roz tak ghañ játá hai, aur dar súrat shadíd hone is árzah ke ásár marz bahut ziyádah hote haiñ; maríz ko dard sir kí shikáyat hotí hai, khasúsan áñkhon ke úpar, aur dil matlátá hai, aur ishtahá játí rahtí hai, aur zubán ghalíz rahtí hai, aur pesháb thořá thořá aur surkh átá hai. Dam chařhtá hai, khasúsan rát ko, tangí aur dard chhátí ká kháñsí ke sáth ziyádah hotá hai; aur yih dard aksar tale chhátí kí hađdí ke hotá hai, aur us dard kí nisbat jo gñishái-ul-riyah meñ hotá hai kamtar hotá hai; nabz meñ salábat aur sarat páí játí hai, aur ibtidá meñ balgham kam aur baðah ifrát se nikaltá hai, aur chapchapá aur kasdár hotá hai, aur bað auqát surkhí khún usmeñ numáyán hotí hai, aur uske ikhráj se kháñsí aur dam chařhne meñ kuchh farq nahín partá. Bað marizon ko bahut jald naqáhat ho játí hai, aur nabz niháyat zaif aur beqáidah pař játí hai, aur chahrah par zardí aur niháyat áshuftgi záhír hotí hai, aur ðhandá pasiná chahrah par aksar átá rahtá hai, aur chúnki maríz wáste rafa karne balgham ke jo kí pheprah meñ jama hotá játá hai koshish se kháñsá

whilst the wheezing and audible rattle in the bronchiæ increase. Lividity, delirium, and suffocation ensue from the circulation of black blood in the system, and the patient dies. In these severe cases, death often ensues in two days.

The disease may arise from the application of cold to the surface of the body, particularly when conjoined with moisture, as for instance, by wearing damp clothing, or exposure to a cold, moist, variable atmosphere, especially after the body has been heated by exercise, crowded rooms, &c.

Irritating gases and vapours may excite inflammation of the bronchial membrane; but this soon passes away. Some of the acute eruptive diseases occasionally cause a very severe form of bronchitis. An attack of gout in those predisposed to bronchial inflammation, has been known to cause it.

Bronchitis may be distinguished from pneumonia by the nature of the expectoration, which, although in severe cases it is often viscid, is less so than in pneumonia, and wants altogether that rusty tinge so characteristic of the latter disease: it is also distinguished by the clear sound on percussion of the chest and the absence of the "crepitant rhoncus" or broncophony. From pleuritis, the clear sound on percussion is sufficient to separate it.

The prognosis in acute bronchitis must depend on the extent of the disease; when slight, and without much dyspnoea or fever, it may terminate in from six days to three or four weeks, and its disposition to pass off is always indicated by the expectoration becoming opaque and thick, and gradually diminishing in quantity. This change is always observable in the mornings, the evening exacerbation restoring the thin glairy character to the sputa. A relapse is marked by the expectorated matter becoming again transparent and glairy, and this is always accompanied by an aggravation of the cough and other symptoms.

hai us meṅ uskí táqat záil ho játí hai, aur khánsná wáste dúr karne balgham ke darjah balarjah kam muassar hotá játá hai, aur rukná dam ká aur bolná ghúngaro ká ziyádah hotá játá hai, aur is hál meṅ basabab daurah siyáh khún ke rang nílguṅ ho játá hai, aur bahakná aur ghuṭná gale ká paidá hotá hai, aur marís aise hál tashaddud meṅ aksar do din ke ársah meṅ tamám ho játá hai.

Itsál barúdat satah jism par kḥasúsan us súrat meṅ ki barúdat ke sáth ratúbat bhí ho, maslan pahanná nam kapron ká aur khulá rah-násámne sard aur nam aur badalnewáílí hawá ke, kḥasúsan us hálát meṅ ki mashaqqat aur riyázat ke sabab badan meṅ garmí á gaí ho, aur aise makán jis meṅ bahut bhíṛ ho, aur aisí aisí aur chízen báis paidá karne is bímárlí kí hotí haiṅ.

Aisí hawáṅ aur bukhárát se bhí jinse dháns uṭhtí hai pardah arúq khishnah meṅ waram ájátá hai, magar jald rafa ho játá hai. Basabab baze báhar nikalnewále marzon ke gáhe gáhe yih marz niháyat saḥt tarah ká paidá hotá hai, aisá bhí huá hai ki báas láhaq hone got yaṅe niqras ke aise shaḥson ko jin meṅ medeh waram arúq khishnah pahle se maujúd thá yih marz áriz ho gayá hai.

Tamíz darmiyán is marz aur pneumonia, yaṅe waram pheṛrah ke hyyat balgham se kí játí hai, kyúnki agarchah shiddat meṅ is marz ke bhí balgham gáṛha aur chaspán hotá hai, magar us balgham se jo ki marz pneumonia meṅ nikaltá hai kam ghalíz hotá hai, aur usmeṅ zangárlí rang jo ki waram pheṛrah ká asal nishán hai nahín páyá játá, shanákhṭ is marz kí yih bhí hai ki agar chhátí ko thapken to ek áwáz sáf paidá hotí hai.

Agar yih marz shadíd honewála hotá hai to alámateṅ bhí uskí ziyadah hotí haiṅ; jabki yih marz khafíf hotá hai, aur uske sáth dam ká chaṛhná aur bukhár shiddat se nahín hotá to chhaṭe roz se tín yá chár haftah ke ársah meṅ játá rahtá hai, aur muqarrárlí ásár uske záil hone ke yih haiṅ ki balgham shafáf aur raqíq nahín rahtá, aur batadríj kam hotá játá hai. Yih tabdíl subah ke waqt musháhidah kiyá játá hai, kyúnki ásár bukhár jo shám ko ziyádah hote haiṅ, balgham meṅ phir riqqat aur shafáfí paidá karte haiṅ. Aud karne is marz kí shanákhṭ yih hai ki balgham phir shafáf hotá hai, aur uske sáth hameshah khánsí aur alámateṅ is marz kí ziyádah ho játí haiṅ.

In severe cases where the dyspnœa is great and unremitting, and particularly where the fever was high in the beginning, and if the acute symptoms have yielded to the state of collapse, accompanied with extreme anxiety of the pallid countenance, and a slight appearance of lividity, announcing asphyxia with little or no respiratory murmur heard on the application of the ear or stethoscope to the chest, there is direct evidence of impending dissolution.

Treatment of Acute Bronchitis.—In slight cases, the patient should take a powder containing five grains of calomel, and five grains of James' or ipecacuanha powder at bed time, followed up in the morning with a brisk purge of salts and senna. Perspiration should be induced by placing the feet in hot water, and then getting into a warm bed, and well covered up. If perspiration comes on, and the purgative operates well, the disease is generally cured at once, and it is only necessary to remain at home, and to abstain from animal food and wine the next day to prevent a return. If however perspiration does not come on, the disease generally proceeds; he may then take the following mixture, which will facilitate expectoration, and relieve the cough: Ten minims of the tincture of squills, thirty minims of ipecacuanha wine, and eight minims of liquor potassæ, given three or four times a day in a little rice water. Should nausea be produced, the dose may be diminished, and if the cough is still troublesome at night, he may take ten grains of the extract or thirty drops of the tincture of henbane in any bland fluid. If however the case should be obstinate, the chest may be rubbed with an ointment composed of one part of tartar emetic, and two parts of simple ointment; this will bring out a copious crop of pustules, and will probably cause the cough to become loose, and the expectoration easy. Towards the termination of the disease, when all the febrile symptoms are gone, animal food and wine may be indulged in with impunity and even with advantage.

In severe cases, however, the treatment should be more energetic. From sixteen to twenty ounces of blood must be taken from the arm, and be repeated in a few hours if the pulse is not subdued. Should the pulse be weak, or if the patient is advanced in life, local bleeding by leeches or cupping over the chest must be substi-

Hálati tashaddud men jabki dam baghair waqfah ke khinchkar átá hai, khasúsan jabki ibtidá men bukhár bashiddat ho chuká ho, aur jis súrát men basabab alámaton shadíd ke maríz niháyat zaíf aur past ho gayá ho, aur chahrah zard aur áshuftah aur nílgun howe, jinse záhir hotá hai ki nabz aur dil harkat nahín karte, aur agar básabab lagáne kán yá álah stethescope ke chhátí par áwáz chalne sáns kí namálúm dewe, in báton se sáf záhir hotá hai ki marg men kuch waqfah nahín rahá.

Maqljah.—Shadíd marz warm khishnah ká.—Dar súrát khaffí hone is marz ke maríz ko pánch grain calomel yané kushtah párah mañh pánch grain James' powder yá ipecacuanha powder sote waqt dewen, aur subah ko tez julláb senna aur salt yané namak ká piláwen. Wáste láne pasínah ke pañw garm pání men rakhe jáen, aur badhú maríz ko garm bichhaunon men liťá kar khúb kapre se dhak den. Agar pasíná ájátá hai, aur julláb khátir khwá apná amal kartá hai, to marz ká aksar nám o nishán bhí baqí nahín rahtá, aur maríz ko faqt itná zarúr hotá hai ki báhar na nikle aur gosht na kháwe aur sharáb na píwe, táki marz dústre din aud na kar áwe. Jis súrát men pasíná nahín átá to aksar hotá hai ki marz ziyádah ho játá hai; aise mauqa par nuskhái zail balgham ko baásání khárij karegá, aur khánsí men ifáqah ho jáwegá: das qatrahe tincture squills ke aur tís qatrahe ipecacuanha wine aur áth qatrahe liquor potassæ ke tén yá chár dafa din men cháwal ke pání ke sáth dewen. Agar dil matláwe, to is dawá ko kam dewen, aur agar khánsí is par bhí rát ko taklíf detí ho to das grain extract yá tís qatrahe tincture henbane ke kisé latíf ashurbah ke sáth dewen. Agar is par bhí marz men farq na pare, to ek hissah marham tartar emetic, aur do hissah marham sádah ke shámil karke chhátí par malen, isse phunsiyán ifrát se nikal áwengí, aur balgham bahut phať kar baásání niklegá. Barwaqt khatam hone is marz ke, jabki ásár bukhár ke záil ho jáwengí, kháuá gosht ká aur istámál sharáb ká kuchh khalal nahín karneká, balki fáidah bañhshegá.

Tashaddud marz men iláj isse bhí ziyádah saht karná cháhiye, yané solah ounce se bis ounce tak bazariyah fasd háth ke khún liyá jáwe; aur agar nabz men zauf na ájáwe, to chand ghanon ke bad fasd do bárah karní zarúr hai, aur agar nabz men zauf aur maríz umr rasídah ho to chhátí se bilwaz fasd ke bazariyah sington yá

tuted. Cupping is to be preferred, as its effect is more speedy and within control. Where the inflammation is high, the following powder should be given: calomel five grains, ipecacuanha powder three grains, jalap fifteen grains, followed up in four hours, with the following mixture.

Liquor ammoniæ acetatis, two ounces.

Magnesia sulphas, one ounce.

Tartar emetic, two grains.

Camphor mixture, six ounces.

Of this a small wine-glass full should be given, and repeated every three or four hours. When the inflammation is subdued, the dyspnœa and cough will be relieved giving three or four times a day, eight or ten drops of antimonial wine in a little rice water, diminishing or discontinuing the digitalis, if the pulse becomes intermittent. Should the dyspnœa continue, the tartar emetic solution should be increased to the extent the stomach can bear short of vomiting. Calomel and opium combined, and given in frequently repeated doses, are also sometimes highly beneficial, especially if the complaint is complicated with hepatic disease. Great relief will now be obtained by rubbing in the tartar emetic ointment. In the collapsed state, the patient should have stimulating expectorants, the best of which is thought to be full doses of the carbonate of ammonia, mixed in an infusion of the "lobelia inflata," if it can be procured, in the following proportions.

Infusion of lobelia inflata, one ounce.

Carbonate of ammonia, ten grains, every four or five hours.

As yet, nothing is known that will obviate the bad effects of black blood in the system.

In acute bronchitis, the diet must be very simple, avoiding animal food, smoking, wine, and spirituous liquors. Farinaceous and milk diet is the best to be adopted; but as the disease wears out, animal food in small quantities may be given, and the strength supported by the bitter infusions of gentian, chiretta, or cinchona bark. Sudden transitions of temperature and improper clothing must be strictly avoided.

jonkon ke khún lewen. Síngiyán jonkon se bahtar hain, kyúñki unká asar jald hotá hai, aur ikhtiyár men bhí hain. Jis súrát men warm ziyádatí par howe, to safúf-i-zail dená cháhiye, calomel páñch grain, aur ipecacuanha powder tén grain, aur jalap pandrah grain, aur bad iske chár ghanṭe ke arsaḥ men mixture

Liquor ammoniæ acetatis, do ounce,

Magnesia sulphas, ek ounce, aur

Tartar emetic, do grain, aur

Camphor mixture, chhah ounce, diyá jáwe.

Aur usko is men se bamiqdár chhoṭe wine glass ke tén yá chár ghanṭe ke bad dete rahen. Jab ki warm ghaṭ jáwegá to dam ke charhne aur khánsí men takhfíf ho jáwegí ki iske bad tén yá chár martabah ek din men áṭh yá das qatraḥ tincture digitalis ke, aur tís qatraḥ antimonial wine ke thore se cháwal ke pání men den, aur agar nabz betartíb howe to digitalis ko kam yá mauqúf kar den. Agar charhná dam ká járí rahe, to tartar emetic solution ziyádaḥ kiyá jáwe, magar itná ki medeh jhel le, aur qai na áwe. Aksar dená calomel kí milákar opium ke sáth baḥ auqát bahut mufid huá hai, kḥasúsan jab ki is marz ke sáth kḥalal jigar bhí huá hai. Is hálat men malná marham tartar emetic ká bahut mufid hotá hai. Hálat zaúf men maríz ko adwiyah muharrik jo dáfa balgham hon dení zarúr hain, in adwiyah men se dená carbonate of ammonia ke sáth infusíon of lobelia inflata ke bahtar jánte hain, bashartiki yih ákhir kí dawá dastiyáb ho sake, aur wazan in adwiyah ká yih hai.

Infusion lobelia, ek ounce.

Carbonate of ammonia, das grain, chaúthe yá páñchwen ghanṭah dete rahen.

Jo ki ab tak kuchh kḥabar nahín hai ki kaunsi bát se asar bad daurah siyáh khún ká jo is marz ke sabab jism men hotá hai nahín honeká.

Isliye pur zarúr hai ki ghizá sádí howe, aur gosht aur huqqah waghairá aur sharábon se parhez rahe. Ghizá quwwat baḥsh aur patle dúdh men milákar dení bahut bahtar hai, lekin chúnki marz áp tanazzul par hai, gosht thorá thorá dewen, aur táqat maríz kí bazariḥ bitter infusion of gentian yá chiretta yá cinchona bark ke bahál rakhní cháhiye. Yekáyek badalne áb o hawá se aur pahanne námunásib kapron se niháyat ahtiráz zarúr hai.

CHRONIC BRONCHITIS.

This disease is most common in advanced life; in its severer form it is accompanied with dyspnœa, occasional pain in the chest and about the heart, some febrile symptoms, especially towards evening, palpitation, and disorder of the digestive functions. The cough is sometimes very severe, especially at night, and the expectoration copious; and if these persist long, they seldom fail to waste the body and reduce the strength. The expectoration generally consists of a greenish white mucus; sometimes it is purulent and streaked with blood, and occasionally it is pure pus. In such cases there is generally a quick pulse and signs of hectic, and the disease terminates fatally, with night sweats, emaciation, diarrhœa, and all the common symptoms of pulmonary consumption.

The worst cases are usually those which succeed to repeated or severe attacks of acute bronchitis. Chronic bronchitis when occurring in early life, generally follows whooping cough, measles, small-pox, or some cutaneous eruption. Individuals following certain trades are often affected with it, such as cotton cleaners, stone cutters, and leather dressers, the disease being excited by the habitual inhalation of air loaded with dust.

Treatment.—Except in cases of a temporary increase of pulmonary congestion, or aggravation of inflammation, blood-letting is not admissible in the chronic form of the disease. Counter-irritation by Tartar emetic ointment may, if required, be employed for months together, and will afford very great relief, assisted by expectorants. The following may be administered four or five times a day.

Powdered ipecacuanha, one grain, or of the

Ipecacuanha wine, twenty minims.

Tincture of squills, ten minims.

Tincture of digitalis, five minims.

Tincture of opium, five minims.

CHRONIC BRONCHITIS, YAÑE KOHNAH WARAM ARUQ KHISHNAH.

Yih marz niháyat aksar umar rasída logon ko wáqa hotá hai aur hálat shiddat men dam chařhtá hai, aur kabhí kabhí dard chhátí men aur qaríb dil ke hotá hai. Baz ásár bukhár ke khasusan sbám ke waqt numáyán hote hain, aur dil dharaktá hai, aur táqat házmah men farq parjátá hai. Khánsí baze waqt niháyat shiddat se hotí hai khasúsan rát ko, aur balgham ifrát se nikaltá hai, aur agar yih báten bader járí rakhte hain to hamesha jism ko naqih aur táqat ko ghařá dete hain. Aksar balgham sufed sabzi liye hue aur lasdár hotá hai, aur baze waqt usmen píb aur surkhi khún kí bhí numáyán hotí hai, aur kabhí aisá hotá hai ki bilkul píb hí nikaltí hai, in súraton men nabz aksar tez raftár rahtí hai, aur ásár tap-idí ke numáyán hote hain, aur ákhir ko rát ke waqt pasíná áyá kartá hai, aur badan naqih ho játá hai, aur dast áne lagte hain, aur tamám ásár sil ke numáyán hote hain, aur maríz halák ho játá hai.

Yih marz niháyat bad us súrát men hotá hai ki bad mukarrir aur shadíd hamlon waram aruq khishnah ke wáqa howe, lařakpan men yih marz aksar auqát bad hooping cough yañe kúkar khánsí yá measles, yañe husbeh, aur small-pox yañe sítlá, yá aur iqsám ke dáno ke jo jild par ho játe hain láhaq hotá hai. Baze peshewar blí misl dhunion aur sangtaráshon aur chamrá sáf karnewálon ke aksar is marz men mubtilá hote hain, basabab iske ki hawác garl ghubbár-i-álúdah sáns ke sáth unki chhátí men játí hai.

Máaljah.—Siwa in do súraton ke, ki yá to us mawád men jo pephre men jama hai ziyálatí ho jáwe yá waram taraqqí pakre, lená khún ká is marz men jáíz nahín. Agar counter-irritation kí hájat ho to istamal uská bazariáh marham tartar emetic ke mahínon karná cháhiye, kyunki yih bahut fáidah bakhshegá aur uski madad ke liye adwiyah dáfa balgham dení cháhiyen, adwiyah zúil din men chár yá páñch dáfa hamrah cháwal ke paní yá áb-i-jau ke jo bamiqdár ek wine-glass ke ho dijáwen.

Powder ipecacuanha, ek grain.

Yá dawá marqúm-i-balá ke iwaz ipecacuanhá wine, bís qatrah.

Tincture of squill, das qatrah.

Tincture of digitalis, páñch qatrah.

Tincture of opium, páñch qatrah.

in a wine glass full of barley or rice water; care being taken to watch the action of the digitalis, both on account of its effects on the circulation, and its tendency to disorder the stomach and bowels. The same remarks apply to the colchicum.

When dyspnoea is very violent, from five to ten grains of the carbonate of ammonia may be given, in camphor mixture, every hour, according to its effects. When the cough is very violent, the extract of conium in doses of five grains three or four times a day has afforded great relief. The dose may be increased until it produces some giddiness, tremor, nausea, or a heavy sensation and tightness in the forehead. It is advantageous to combine it with ipecacuanha.

The state of the bowels should be watched, and if aperients are indicated, the following pills may be taken.

Powdered aloes,
Extract of colocynth, } of each half a drachm.
Gum assafœtida, forty grains.
Powdered ipecacuanha, twenty grains.

The whole to be thoroughly mixed, and made into twenty-four pills, of which two or three may be taken as required. Should the disease be complicated with a disordered liver, then alterative doses of blue pill, or the compound calomel pill are indicated. Should the disease have extended to the mucus membrane of the stomach and bowels, it must be relieved by leeches and blisters to the epigastrium, castor-oil, warm baths, and the most rigid regulation of diet, discontinuing of course all the stimulating medicines which had been previously ordered for the bronchial disease at first. When the gastritic disease has been subdued, the former medicines may then be repeated. The diet in all cases should be mild and simple, consisting chiefly of farinaceous and milky food. Wine, beer, or spirits are to be strictly forbidden.

The body should be daily sponged with cold salt water or vinegar and water, and then rubbed thoroughly dry. Flannel should be worn next to the skin, and all unnecessary exposure to the cold

Magar balihas digitalis ke yih khyal rakhná chahiye ki daure khun men usne kyá asar paida kiyá aur medeh aur antariyon men kuchh khalal to nahin huá, aur yihí khyal darbáb dawá-i-colchicum ke bhí rahe.

Jis surat men dam bashiddat chahta ho to carbonate of ammonia páñch grain se das grain tak jis qadar asar kare sáth camphor mixture ke bad har ghañte ke den. Jis hal men khánsí kí shiddat howe to dená extract of conium bamiqdár páñch grain ke din men tñ chár dafa bahut fáidah bakhshatá hai, is dawá ko ziyáda kar sakte haiñ jab tak ki sargardáni aur larza aur málsh-i-dil yá bojh aur tangí pesháni men paidá kare. Agar is dawá ke sáth ipecacuanha shámil karen to bahut fáidah hotá hai.

Antariyon kí hálat par tawajjah chahiye, aur agar aisí adwiyah ke jo gúnah dastáwer haiñ zarúrat ho to goliyon mufassil-i-zail ká istamál karen.

Powder of aloes,

Extract of colocynth, yane roobe linzul, } harek nfm drachm.

Gum assafœtida, chálís grain.

Powdered ipecacuanha, bís grain.

Tamám in adwiyah ko khúb maqlút karke chaubís goliyáñ baná len, jin men se do yá tñ bawaqt hájat ke kháwen. Agar is marz ke sáth jigar men khalal howe to istamál tartíb dihandah muatád alterative doses of blue pill yá compound calomel pill, yane murakkab goliyon calomel ká karná chahiye, agar bímári taraf pardah medeh aur antariyon ke phail gai howe to bazariyah lagáne jonkon aur blister ke epigastrium, yane sadar men aur bazariyah castor oil, yane arandí ká tel aur garam pání se naháuc aur niháyat saht parhez ke uská rafa karná pur zarúr hai, aur wuh maharrik adwiyah jo waram aruq khishnah ke wáste ibtidá men tajwíz kí thin unko ek qalam mauqúf karná chahiye aur jab ki amráz-i-medeh rafa ho jáwen to pahlí adwiyah ká phir istamál karen. Ghisá baharhál naram aur sádí howe aksar patlí aur shír ámez. Istamál iqsám sharáb ká, misl wine, beer yá spirits ke niháyat mamnú hai.

Jism ko sard aur namkín pání se yá sirke aur pání se har roz bazariyah sponge ko tar karen aur bad azán malkar bilkul khushk karen, aur párchah flannel jism se lagá huá pahnen, aur

damp air to be carefully avoided. Change of air has often cured the disease, when all other remedies have failed.

Questions.

What are the symptoms of acute bronchitis ?

Name some of the causes that may give rise to the disease ?

How would you distinguish acute bronchitis from pneumonia and pleuritis ?

On what should your prognosis of the disease depend ?

What treatment would you adopt in acute bronchitis ?

What are the symptoms of the chronic form of the disease ?

What treatment should you adopt in chronic bronchitis ?

CHLOROSIS; OBSTRUCTED MENSTRUATION.

There are two varieties of this disease, viz. the Acute or Accidental, and the Chronic.

Symptoms of the acute form.—This generally depends upon the application of cold, which produces fever, and thus arrests the discharge. There is pain in the head, back and loins, and all the limbs.

Treatment.—Bleed, and give a purge of rhubarb, afterwards give saline draughts every five or six hours, with sufficient antimony in them to keep up nausea; five or six drops of laudanum may be added to each draught. Should there be severe pain in the womb, with sickness or hysteria, you should administer an injection, consisting of one drachm of laudanum, half a drachm of camphor, two drachms of tincture of assafœtida, and two ounces of thin rice-water. The patient should sit in warm water, and have her abdomen well fomented, then well dried, and put into a warm bed, and the discharge will then probably soon return. If it however does not return before the usual time of its cessation, it then becomes a chronic obstruction.

Of the chronic form of obstruction, there are two varieties, one arising from plethora, and the other from debility.

Symptoms of the chronic form, arising from plethora. The whole system looks as if loaded with blood; the pulse is hard, full, strong,

sámbne rahne se hawá-i-martúb ke niháyat parhez cháhiye. Ta-baddul hawá se yih marz aksar játa rahá hai jab ki dawáen kuchh muassir nahín huin.

Sawálat.

Alámaten acute bronchitis kí kyá haiñ ?

Byán karo nám chand sabáben ká jinse yih bímári paidá hotí hai ?

Acute bronchitis se pneumonia aur pleuritis ko tum kyunkar alih-dá tamíz kar sakte ho ?

Prognosis bímári ko tum kyunkar muqarrar kar sakte ho ?

Acute bronchitis ká tum kyunkar iláj kar sakte ho ?

Chronic bímári kí alámaten kyá haiñ ?

Chronic bímári ká iláj tum kyunkar kar sakte ho ?

CHLOROSIS; YANE INSDÁD HAIZ.

Is marz ki do qisमें hotí haiñ, ek to acute yane shadíd, aur dusrá kohnah.

Alámaten.—Shadíd insdád haiz ko. Aksar babais ittasal barúdat ke bukhár ájátá hai jiske sabab se haiz nahín hotá. Is marz में sir aur kamar aur chedon aur tamám azá में dard rahtá hai.

Maqálah.—Khún leweñ aur mushil rhubarb yane rewand chídí ká piláweñ, aur iske bad saline draught yane namkín ashrubah páñchweñ yá chhaṭe ghante dete rahen aur usमें káfi miqdár antimony ki miláweñ táki dil málish karta rabe, aur páñch yá chhah qatraḥ laudanum ke bhí is dawá में har martabah shámil kiye já sakte haiñ. Agar raham में bashiddat dard howe aur uske sath jf matláta ho, aur marz histeria bhí howe to ek drachm laudanum aur ádhá drachm camphor yane kafúr aur do dráchm tincture of assafetida yane híng aur do ounce raqíq cháwal ke paní kí pichkárfi dewen. Maríza ko cháhiye ki garam paní में baiṭhe aur apne perhoo ko kḥúb sikne de, aur bad kḥúb kḥushk karne ke usko kapre se garam rakhe, isse ghálib hai ki insdád haiz jald játa rahegá aur agar isse fáidáh na ho to marz qism kohnah se hojátá hai.

Insdád haiz kohnah ke bhí do qism haiñ ek to yih ki ziyádtf kḥún se howe aur dusrí kamzorfí sí.

Ásar insdád kohnah ke jo ziyádtf kḥún se wáqáh howe. Tamám jism aisá maḷúm detá hai ki kḥún se bhará huá hai, aur; nabh में

and frequent, the skin dry and hot; great thirst with pain in the head, back and loins. The patient instead of being active in her movements, feels inclined to sit over the fire, and is sometimes very giddy.

Treatment.—Bleed from the arm and give purgatives. The patient should take much exercise and little sleep, and on the intermediate day to those on which you give the purgative, you should give saline draughts. By these means the menstrual discharge generally soon returns.

Symptoms of the chronic form, arising from debility.—This variety of the disease is commonly called chlorosis or green sickness. The skin is, sallow, complexion pale, the urine pale and limpid, and eventually there is a tinge of green in the countenance. The breathing soon becomes hurried, with a slight irritable cough and pain in the side, but unlike the pain arising from pulmonary disease, as it is neither constant nor increased by a deep inspiration. At night you will see a mark round the ankle, where the edge of the shoe came: there is also fulness and puffiness of the face and eyelids in the morning, so that after sleep, the whole countenance looks too big; but in course of the day, this size and appearance goes entirely off. The stomach soon becomes deranged now; there is loss of appetite, the patient has an inclination for improper food, such as cinders, candles, pipe clay, &c., there is great flatulency, at times the bowels are costive, at other times lax, the pulse is frequent, small and hard, occasionally there is hysteria.

Treatment.—First clear out the bowels with a dose of rhubarb, and then commence a course of bitter medicines, such as a weak infusion of columba root, or the following pills. Take of powdered myrrh and powdered rhubarb, each half a drachm, extract of aloes ten grains, extract of chamomile or gentian one drachm; mix up these ingredients thoroughly with a little syrup and divide the mass into five-grain pills, of these give a sufficient number to procure two or three stools a-day, until the bowels become more healthy and regular.

salábat aur imtalá aur qúwat aur súrát malúm detí hai aur jild jism ki khushk aur garam hotí hai. - Piyás ká ghalba aur uske sáth sir aur kamar aur cheddon meñ dard hotá hai aur marísá bajás chalne phirne ke ziyádatar ág ke pas baiðhá rahná cháhítí hai, aur baz waqt daurán sir meñ mubtila hotí hai.

Maáljah.—Fasad háth kí leweñ aur julláb deweñ aur marísa ko cháhiye ki riázut bahut kare aur kam sowe, aur usko har jullab ke dústre din ushrúbeh namkín piláweñ, in tadbíron se haiz aksar járí ho játá hai.

Alámaten.—Insdád haiz kohnah ke jo kamzorí se wáqah howe.— Is qism kí marz ko chlorosis yá green sickness bhí kahte haiñ. Jild jism ki tireh aur chehrah zard hotá hai. Pesháb meñ zardí aur shaffáfi pái játí hai aur ákhir ko rang chehre ká sabzí mártá hai jald bad iske dam súrát se áne jáne lagtá hai aur khánsí gunah kharash ke sath hotí hai, aur pahlú meñ dard hotá hai, magar waisá dard nahín hotá jaisá ki marz phephre meñ hotá hai kyonki na to yih dard dawámí hotá hai na kheñchkar sáns lene se ziyáda hotá hai. Rát ke waqt ek nishán qaríb tañhne ke numáyán hotá hai. Subeh ke waqt chehre par púrí aur tahabboj malúm detá hai, papoton par áñkhon ke bhambhráhañ hote haiñ, is tarah par ki chehra burhá malúm detá hai magar din meñ yih báteñ aksar bilkul játí rahtí haiñ. Is mauqah par medeh betartíb ho játá hai, ishtahá játí rahtí hai, aur marísá ká dil taraf kháno námunasib ke chaltá hai, maslan cinders, candles yané charbí kí battí aur pipe-clay, wagherah, aur bahut nufkñ hotá hai, baze waqt antariyon meñ qabz hotá hai, aur baze waqt kushádgi. Nabz sarí aur patlí aur sañht hotí hai aur kabhí kabhí hálat hysteria waqah hotí hai.

Maáljah.—Awal julláb rhubarb yané rewand chíní se safái medeh kí karne cháhiye, aur bad uske istamál talñ adwiyah ká misl halke khesándah beñ columba yá goliñ zail ke karná cháhiye. Pisí húi myrrh, pisí húi rhubarb yané rewand chíní, harek ádhá ádhá drachm, extract of aloes das grain, extract of chamomile yá gentian ek drachm. Yih adwiyah khúb mañhlút kí jáweñ sáth thore se syrup ke aur páñch páñch grain kí goliñ banái jáweñ aur in meñ se is qadar dení cháhiyengí ki do yá tñ dast roz ájáweñ táwaqtiki antariyon meñ ifáqha aur tartíb ho jáwe.

Now and then a gentle emetic will be useful; give therefore five grains of ipecacuanha powder every half hour until it operates. After a time, when the stomach is strong enough, you should commence giving steel; the following form answers very well:—

Take of sulphate of iron, }
Subcarbonate of potass, } Of each half a drachm.
White sugar, }
Powdered myrrh, one drachm.

Mix thoroughly and divide the mass into five-grain pills; of these, three or four may be given twice a day, washed down with a little infusion of chyretta or gentian. After a time, when you have improved the patient's general health, you should commence giving emmenagogues; of these the ammoniated tincture of guiacum is as good as any: a tea spoonful twice or thrice a-day may be given in any bitter infusion. Ten drops of the liquor ammoniæ in one ounce of water may be employed as an injection in the vagina in married females, two or three times a day.

As the strength improves, sea bathing, if it can be procured, or the shower bath, may be cautiously tried, with change of air.

Questions.

How many varieties of obstructed menstruation are there, and what are they called?

What is generally the cause of the acute form of obstructed menstruation?

What treatment should you adopt?

How many kinds of the chronic form of obstructed menstruation are there, and what do they arise from?

What are the symptoms that arise in the chronic form arising from plethora?

What treatment in the form of chronic obstruction arising from debility?

Kabhi kabhi dená halkí qaiáwar dawá ká bhí musfd hotá hai ; isí wajah se pánch grain ipecacuanha powder ádhe ghanṭe ke bad, dete rahen táwaqtíki uská asar záhir howe. Thore se arse ke bad, jab kí medeh men quwwat ájáwe, dená steel yané faulád ká cháhiye, nuskhá zail bahut fáidah bakhshtá hai.

Sulphate of iron,	} Har ek ádhá dráchm.
Subcarbonate of potass,	
White sugar,	
Powdered myrrh, ek drachm,	

Lekar aur in adwiye ko khúb milákar pánch pánch grain kí golián baná lewen, in men se tín yá chár ek din men do martabah thore se khisándah chiratta yá gentian ke sáth nigul sakte haiṅ. Thore se arse ke bad, jab kí har liház men mizáj isláh par ájáwe, to dená adwiyah haizáwar ká shurú karen ; aur in men se ammoniated tincture of guiacum kisí aur dawá se kam musfd nahin hai, is dawá ko bamiqdár ek cháh ke chamche ke harroz do yá tín martabah kisí bitter infusion yané talḡ khisándah men dewen. Das qatraḡ liquor ammonia ke ek ounce pání men milákar anaqul-raham men auraton mankúhe ke din men do yá tin dafa pichkárí dewen.

Jab kí marízá ke badan men táqat áne lage, to samandar men nehláne ká bhí imtáhán karen, agar mumkin ho, aur fawárah se bhí ghusal karen magar soch samajh ke. Nisbat auraton bákráh ke unke wálden se tákíd nikah kar dene kí karen.

Sawálat.

Kai qism ká obstructed menstruation yané insdád haiz hotá hai, aur har qism ká kyá nám hai ?

Paidá hone qism acute form insdád haiz ká kyá báis hotá hai ?

Kyá iláj karná chahiye ?

Kai qismen hotí haiṅ chronic form yané kohneh insdád haiz kí, aur kyunkar yíh marz paidá hotá hai ?

Agar yíh marz ziyádatí khún se paida ho to uskí kyá álamaten hotí haiṅ ?

Kyá iláj karná cháhiye jab kí kohne insdád haiz basabab kam-zorf ke láhaq ho ?

CHOLERA MORBUS.

Symptoms.—Suddenly the patient is seized with violent vomiting and purging of watery matter, having the appearance of thin rice water, spasmodic cramps of the extremities, extending to the abdomen and the muscles of the chest, the countenance collapsed, the pupils and the white of the eyes covered with a thick film, their blood-vessels are suffused and turgid; the eyes at length sink in their sockets, and immediately become fixed. The extremities now become cold, and the pulse not to be felt, no urine is secreted, and the patient rapidly sinks. Death frequently, in severe attacks, takes place within three hours from the time of seizure. This disease is decidedly not infectious. The signs of a favourable termination are, the patient falling into a sound sleep, the pulse returning at the wrist, urine being secreted and passing freely, vomiting and purging ceasing, the spasms being removed, and the skin becoming moist.

Treatment.—So many modes of treatment have been adopted, with more or less success attending them, that it is quite impossible to decide upon the merits of any one in particular. The following mode has been followed in many hundreds of cases, and has proved efficacious in numerous instances.

Give the patient immediately 20 grains of calomel *in powder*, placed dry on the tongue if an adult, and if a child, a dose in proportion; wash it down with 60 drops of laudanum, and 20 drops of essence of peppermint, in one ounce of water. Give a clyster composed of two ounces of rice water and one drachm of laudanum, which should be retained in the rectum as long as possible. In three or four hours, the calomel and opium should be repeated, if the spasms and vomiting have not ceased. If the patient is urgent in his demands for drink, give a small wine-glass full of warm, *not hot*, congee water, from time to time; cold water should not be given. In the treatment of stout and robust Europeans, bleeding should be resorted to when first attacked. Mustard poultices in all cases should be applied to the abdomen and calves of the legs, and hot water to the soles of the feet, to allay the spasms.

CHOLERA MORBUS; YANE HAIZAH WABÁÍ.

Alámaten.—Yakáyak maríz ko qai aur dast bashiddat shurú ho játe hain, aur shakl unki raqíq cháwal ke pání kí mánind hotí hai, háth pánw men tashannuj hokar taraf perú aur putthon ohhátí ke phailtá hai, chehrah naqíh ho játá hai, aur ánkhoñ kí putliñ aur sufedí ke úpar ek moñí jhillí ho, játí hai, aur ragen ánkhoñ kí phail aur phúl játí hain, ákhir ko ánkhen baith játí hain, aur fauran pathrá játí hain, háth páwn us waqt thande ho játe hain, aur nabz nahín malúm detí, pesháb paidá nahín hotá, aur hál hardam abtar hotá játá hai, aur agar haizah saht hotá hai to aksar maríz tñ ghan-
te ke arsal men tamám ho játá hai. Yih marz beshak mutáddí nahín hai. Alámaten jin se malúm hotá hai ki anjám is marz ká bakhair howegá, wuh yih hain, ki maríz bekhbar so játá hai, aur nabz kaláí ke pás chalne lagtí hai, aur pesháb paidá hokar khul ke áttá hai, aur qai aur dast mauqúf ho játe hain, aur aur alámaten játí rahtí hain, aur jism par namí ájáltí hai.

Maqílah.—Kitne hí tauroñ par iláj is marz ke hue hain, aur wuh is qadar kam o besh kárgar aur ghair muassar hue hain, ki un men se kisi kshás iláj ko tarjih dená dushwár hai, tariq zail par saikroñ marizoñ ká iláj kiyá gayá hai, aur un men se mutáddad ádmí achche ho gae hain.

Fauran bad haizah ke bis grain calomel báriki o khushk maríz kí zubán par rakhen agar jawán howe, aur agar bachcha howe to uski umr ke muwáfiq, aur usko bazariah sáth qatrah laudanum aur das qatrah peppermint, yane araq podínah ke sáth ek ounce pání ke sáth halaq men utár den. Do ounce cháwal ká pání aur ek drachm laudanum ká huqnah karen, aur tábamaqdúr is dawá ko miqad se nikalne na dewen, tñ yá char ghan-te ke bad calomel aur afyún phir dewen, bashartíki tashannuj aur qai mauqúf na huí hon, agar maríz ksháshish pání kí betábí se kartá ho to bamiq-dár ek chho-
to wine glass ke ním garm píchh piláte rahen, sard pání dená nahín cháhiye. Bich iláj aise ahal-i-Firang ke jo ki qawí, aur shahzor howen khún bhí barwaqt haizah hone ke lená cháhiye poultice ráí ká har súrat men shikam aur sáqún par lagáwen, aur garm pání pánw ke talwoñ par wáste kam karne tashannuj ke dálen.

Should the disease terminate favourably, the after-treatment is to regulate the bowels with an occasional dose of calomel and jalap, and to give a full dose of laudanum to procure sleep, if the patient is restless.

N. B.—Always give the calomel in form of powder and not in pills, and the opium in form of tincture, not in powder, as it is a saving of many valuable hours in their action, which is of serious importance in this disease.

Questions.

What are the usual symptoms of cholera morbus ?

What are the signs of a favourable termination ?

What treatment should you adopt at first ?

What should be your after-treatment in favourable cases ?

Why should calomel always in this disease be given in form of powder, and opium in form of tincture ?

COLICA; COLIC.

Symptoms.—In simple colic, there is constipation, violent pain chiefly about the navel, which is relieved by pressure, free from any inflammatory tenderness; the pain is intermittent; there is nausea, tenesmus, pain in the loins, great flatulence, but no fever. This disease may arise from the application of cold to the body when heated, from eating unripe fruit or any indigestible food, disagreeing with the stomach, obstruction of any kind, such as hardened feces or a hernia. Lead absorbed into the system in very small quantities will produce it, as daily seen in the case of painters and plumbers. You will then find that the patient's wrist sometimes drops, the muscles of the forearm and hand are paralyzed, so that he cannot use it, and the muscles at last waste away.

Treatment.—Bleed from the arm freely, if the pulse will admit of it, and follow it up with a warm bath; at the same time give twenty grains of calomel if for an adult, following it up with castor

Agar anjám is marz ká baḡhair howe to baḡhu iláj yih hai ki anṭariyon ko kabhí kabhí dene calomel aur jalap se tartíb deweṇ, aur agar maríz bechain rahtá ho to ek dose, yaṇe maṭsád laudanum kí wáste láne níṇd ke piláweṇ.

Lázim hai ki is marz meṇ calomel bárík deweṇ, aur goliṇ meṇ na deweṇ, aur opium ko hameshah ghulá huá kyunki us meṇ asar jald hotá hai, aur dúsrí súrat meṇ ghanṭṇ meṇ, aur yih amar is marz meṇ áham hai.

Sawálat.

Kyá alámaten haizah wabáí kí hotí haiṇ ?

Kyá alámaten hotí haiṇ jinse maḷúm detá hai ki anjám is marz ká baḡhair hogá ?

Ibtidá meṇ kyá iláj kaṇná cháhiye ?

Jab ki anjám is marz ká baḡhair howe, to baḡhú kyá iláj kiyá jáwe ?

Is marz meṇ kis wajah se calomel bárík aur afyún ghulí huí dení cháhiye ?

COLICA ; YAṆE QULINJ.

Alámaten.—Jis hálat meṇ qulinj sádah howe, to qabziyat rahtí hai, aur dard shadíd ziyádahtar qaríb náf ke hotá hai, aur kuchh warm nahín hotá, aur dabáne se áram átá hai, yih dard ṭhahar ṭhahar ke hotá hai, málish dil aur maṇṇhá hotá hai, aur dard kamar meṇ aur niháyat qabz rahtá hai, magar buḡhár nahín hotá. Ittisál barúdat se jism par yih árzah ho játá hai, us súrat meṇ ki basabab kháne kacheche phalon yá tuam ghair hazam ke jo medeh ke muwáfiq na hon badan meṇ garmí á gaí howe, basabab rukáo kisí qism ke, masal saḡht ho jáne paikhánah ke, yá fitaq kisí anṭrí ke bhí yih marz paidá hotá hai, basabab gunah jazb hone sharb ke jism meṇ yih marz ho jáwegá, jaisá ki har rozah baliház musawwaron aur rangsázon ke dekhne meṇ átá hai, is súrat meṇ musháhidah kiyá játá hai ki baḡ waqt kaláí maríz kí shal ho játí hai, aur puṭṭhe, pahunche aur háthon ke maflúj ho játe haiṇ, is tarah par ki bekár aur ákhir ko ḡhushk ho játe haiṇ.

Maájljah.—Fasá háth kí ḡhátir ḡhwá kareṇ, agar quwwat nabz ijázat dewe, aur baḡ uske garm pání meṇ biṭhaweṇ. Agar maríz jawán howe, to bís grain calomel usí waqt deweṇ, aur baḡ izáp tín

oil in three hours, repeating the dose of oil every two or three hours until the bowels are well moved; foment the bowels with hot water, and administer an enema of forty drops of laudanum in eight ounces of congee water. Dashing cold water on the abdomen has often been successful in obstinate cases.

Should lead have induced the disease, the patient should be taken away from his business for a timê, and not wear his working clothes. After the colic is over, you may employ electricity daily to the forearm and hand; he should use his hands daily, rubbing them himself if possible with some stimulating liniment, afterwards supporting the limb on a splint. Continual blisters to the wrist have afforded great relief. Internally, the use of strychnine, stramonium, or nux-vomica may do good.

Questions.

What are the symptoms of simple colic ?

Name some of the causes that induce this disease ?

What is the treatment of simple colic ?

Should lead have produced the disease, what symptoms are present ?

What treatment should you adopt, if the disease was caused by the absorption of lead ?

CONVULSIO; OR CONVULSIONS.

They usually proceed in childhood from teething or deranged bowels, caused by eating indigestible food, or from worms in the intestines.

Treatment.—Put the child into a hot bath as soon as possible, and give it at once two or three grains of calomel, following it up in an hour by a dose of turpentine and castor oil. When the child is taken out of the bath, put a mustard plaister on, all down the spine and upon the soles of the feet, keeping it on for ten minutes or a quarter of an hour. If the convulsions return, place a few leeches on the child's temples, regulating the number to the age of the child. If teething should be the cause of the convulsions, the gums should be freely lanced. If the convulsions continue, the calomel must be repeated every two hours, and the oil and turpentine every four hours, so as to keep up a free action on

ghanṭe ke ārsah meṅ castor oil pilāweṅ, aur do tīn ghanṭe ke baḍ yih tel pilāte rahen, táwaqíki antariyān kḥúb sáf ho jáweṅ, antari-on ko garm pání se senken, aur chálís qatraḥ laudanum ke áṭh ounce pích meṅ milákar huqnah karen, basabab zor se dālne pání ke shikam par jabki marz aur tarah se nahín áráṃ ho gayá hai.

Agar basabab shurb ke yih marz áriz huá howe to maríz apne peshah ko chand ārsah tak chor dewe, aur apne kám karneke kapron ko na pahne, baḍ raṣā hone quliṅj ke sadmah electricity pahunche, aur háth par har roz dete rahen, aur maríz ko cháhiye ki kḥud agar mumkin howe har roz koí tez marham apne háth se maltá rahe, aur háth ko splint meṅ rakhe, basabab lagáte rahne blister ke kaláí meṅ bahut fáidah huá hai, kháne kí adwiyah meṅ strychnine, yaṅe kuchlali ká sat, aur stramonium, yaṅe dhatúrah yá nux-vomica muḥíd ho saktá hai.

Sawúlát.

Kyá alámaten quliṅj sádah kí hotí haiṅ ?

Kyá baží alámaten is marz kí haiṅ ?

Kyá iláj quliṅj sádah ká hai ?

Agar shurb ke báís se yih marz láhaq howe, to kyá wáqah hotá hai ?

Kyá iláj karná cháhiye jab kí babáís jazb hone shurb ke badan meṅ yih marz paidá huá ho ?

CONVULSIO; YAṅE TASHANNUJ.

Alámaten.—Yih marz amúman bachpan meṅ babáís nikalne dán-ton ke, yá kháne saqílghair hazam ghizá ke jisse antariyān betartíb ho játi haiṅ, yá basabab hone kíron ke amá meṅ paidá hotá hai.

Maájljah.—Bachcha ko baqadar maqdúr jald garm pání meṅ biṭhāweṅ, aur do yá tīn grain calomel ek laḥt dewen, aur iski ek ghanṭe ke baḍ turpentine aur castor oil pilāweṅ, barwaqt níkalne bachche ke garm pání se ráí ká pháhá kamar kí haḍdí par lagāweṅ, aur pánw ke talwon par das minute yá páu ghanṭe tak rahne den, agar tashannuj áud kar áwe, to chand jonken muwáfíq umr bachcha ke kanpaṭion par lagāweṅ. Agar basabab nikalne dán-ton ke yih marz huá howe, to masúre baḥhúbí chír den. Dar-súrat-i-ki tashannuj jári rahe, to calomel do ghanṭe ke baḍ dete rahen, aur castor oil aur turpentine chár chár ghanṭe ke baḍ is tarah par, kí antariyān baḥhúbí mutharrík rahen, blister derḥ inch ká chaurá

the bowels. Blisters should be applied to the spine one and half inch broad, and six or eight inches long. A very marked indication of the tendency to convulsions is the turning in of the thumbs towards the palms of the hands.

A free action on the bowels should be kept up for some days after an attack of this sort; for this purpose, one or two grains of calomel should be given at bed-time, and a dose of senna, castor oil, or scammony in the morning, this should be repeated twice or thrice every second or third day.

Questions.

What are the chief causes of convulsions in childhood ?

What treatment above to you adopt at first ?

Should the convulsions return, what ought you to do ?

If teething should be the cause of the disease, what should you do ?

CYSTITIS ; INFLAMMATION OF THE BLADDER.

Symptoms.—This disease is characterized by a burning and throbbing pain in the region of the bladder, tenderness on pressure, a constant desire to make water, very great pain at the neck of the bladder while the urine is passing, so that, perhaps, the patient can only void it on his knees. The urine is made in very small quantity very often, and is frequently high coloured and bloody. Perhaps there is also tenesmus.

This affection is induced by boils, turpentine, cantharides and other things which irritate the urinary organs.

Treatment.—The antiphlogistic treatment must be followed vigorously without any delay, viz., general bleeding, leeches or cupping over the loins, a full dose of calomel and antimony, followed up by a brisk purge in a few hours. Mild diluents, such as linseed tea, rice water, or barley water, will be sufficient nourishment for the first two or three days, when if all inflammatory symptoms have ceased, more generous diet may be gradually allowed.

aur chhah yá áth inch ká lambá kamar kí haddí par lagá den. Jab ki yih marz honewálá hotá hai, to baríshanákht yih hai ki angúthe háthon ke hathelion kí taraf phir játe hai.

Is hálat men antariyon ko bakhúbí mutharrik rakhen, aur is wajah se ek yá do grain calomel sote waqt dewen, aur ek maütád senna yá castor oil kí yá scammony subah ko dewen, yih adwiyah do tñ dafa dústre tísre din dete rahen.

Sawálat.

Kon se bare báis láhaq hone tashannuj ke hote hai ?

Ibtidá men kyá iláj karná cháhiye ?

Agar tashannuj aud kar áwe to kyá karen ?

Darsúrat-i-ki basabab nikalne dápton ke yih marz huá howe to kyá karná cháhiye ?

CYSTITIS; YÁNE SOZISH MASÁNAH.

Alámaten.—Is marz men dard sozish aur lapak ke súth ás pás masánah ke hotá hai, aur dabáne se ízá hotí hai, aur har dam hájat pesháb kí ma'lúm detí hai, barwaqt áne pesháb ke gardan masánah men niháyat dard hotá hai, is tarah par ki maríz ko gháliban gluṭnon ke bal hokar pesháb átá hai. Pesháb bahut thorá thorá aur aksar átá hai, aur bárhá bahut surkh aur khún álúdah hotá hai, aur pechish bhí hotí hai.

Yih árzah basabab sufrá yá istámál turpentine yá cantharides, yá basabab aisí aisí aur chízon ke jo ki un azá men jinke báis pesháb átá hai sozish paidá kartí hai láhaq ho játá hai.

Maálah.—Aisí tadbíren bilátámul aur tawaqquf kí jáwen, jo harárat gharízí ko kam kartí hai, yane tanqiyah khún ká bazariyah fasd aur lagáne jonkon yá síngion ke kamar par amal men láwen aur ek purí maütád calomel aur antimony ki dewen, aur uske chand ghante ke bad koí tez mushil piláwen, halkí martúb chízen misl alsí kí cháh yá cháwal ká pání yá áb-i-jau do tñ din ek káfi ghizá tasawwar kí jáwe, lekin jis súrat men támám alámaten warm kí mauqúf ho jáwen, to raftah raftah muqawwí ghizá kí ijázat de sakte hai.

Questions.

- What are the symptoms of cystitis ?
 How is this disease generally caused ?
 What treatment should you adopt ?

DELIRIUM TREMENS ; THE HORRORS.

Symptoms.—There is delirium, generally restrainable, delusions of vision, tremor of hands or the whole body, a quick pulse, but not full or hard. *This disease being strictly one of irritation not inflammation*, there is constant watchfulness and want of sleep. This disease generally occurs in adults addicted to drinking spirits, but not always, for it has occurred after acute rheumatism, injuries of the head, apoplexy, paralysis, and a long exposure to the use of lead.

Treatment.—Administer opium in large doses, three or four grains to an adult, which may be continued twice a day for a few days, and relinquished by degrees, as the disease decreases. Nourishing food is required, and occasionally small quantities of spirits may be given with considerable effect. If there appears congestion of blood in the head, apply cupping glasses to the nape of the neck, or leeches to the temples, with cold applications over the head, but carefully avoid general bleeding. Moderate purging is also necessary. A combination of camphor, ammonia, and tartar emetic has been highly approved of, given in form of a mixture. Should there be violent vomiting, so that nothing can be kept in the stomach, one, two or three drops of pure creosote on a lump of sugar, has afforded immediate relief, when several other remedies have failed. The patient, when labouring under this disease, should be considered a dangerous maniac, and therefore never left by himself for a single minute, until quite cured.

Questions.

- What are the symptoms of delirium tremens ?
 What is the nature of this disease ?
 What is the chief cause that gives rise to this disease ?
 What other causes may give rise to it ?

Sawálat.

Sozish masánah ke kyá ásár hote haiñ ?
 Kis báis se yih árzah aksar láhaq hotá hai ?
 Kyá iláj karná cháhiye ?

DELIRIUM TREMENS; YANE HIZYÁN.

Alámaten.—Is marz men hizyán hotá hai, jisko rok bhí sakte haiñ, aur nazar ke sámhne kuchh kuchh dikhlái detá hai, aur háthon aur tamám jism men reshah hotá hai, nabz men tezí magar imtatlá aur salábat nahín páí játi. Yih marz warm se nahín paidá hotá, balki irritationse, is marz men har waqt choukunnápen aur bedári rahtí hai, yih bímári aksar jawánon ko áud hotí hai, jo ki sharábon ká istamál bakasrat karte haiñ, lekin hameshah nahín hotí, is liye ki wuh wáka huí hai bad wajah mufassil shadíd aur taklífát sir, aur marz saktah, aur fálij aur istamál tawíl kár shurb ke.

Maáljah.—Opium barí maütádon men yane tín yá chár grain ek jawán ádmí ko dewen, aur yih kaí din tak har roz do dafah dí jáwe, aur jún jún bímári kam hotí jáwe maütád opium ko bhí ghatáte jáwen. Ghizá muqawwí dení cháhiye, aur kabhí kabhí thorí sharábon ke dene se bahut fáidah hogá. Agar yih malúm ho ki sir men khún jama ho gayá hai guddí men síngiyán yá kanpatiyon par jonken lagáí jáwen, aur sir par sard chízen lagáwen, magar bahut hoshyári se tanqiyah ám khún se ahtiráz karná cháhiye. Filjumlah istamál mushil bhí zarúr hai, dená camphor, aur ammonia aur tartar emetic ká milákar is ke liye niháyat pasand kiyá gayá hai. Agar maríz ko is qadar qai úti ho ki kuchh chíz medeh men na thahartí ho, to ek yá do yá tín qatrah khális creosote ke agar misrí kí dalí par dálkar khiláe gae haiñ, to fauran fáidah huá hai, jab ki aksar aur ilájon se kuchh asar nahín huá. Jab ki maríz is árzah men mubtilá howe, cháhiye ki wuh ek muhíb díwánah tasawwar kiyá jáwe, aur is liye jab tak wuh bilkul achchhá na ho jáwe, ek lahzah bhar bhí use tanhá na chhoren.

Sawálat.

Kyá haiñ alámaten árzah hizyán kí ?
 Kyá hai asal is bímári kí ?
 Kyá hai bará báis jo ki is árzah ko paidá kartá hai ?
 Kyá aur báis mújib paidá karne árzah mazkúr ke hote haiñ ?

What treatment should you adopt ?

Should you bleed from the arm in this disease ?

Should there be violent vomiting, what medicine has been strongly recommended to be given ?

DIARRHŒA.

By diarrhœa is meant frequent liquid and rather copious and fœculent stools, with some pain at the time of evacuation.

Treatment.—This must depend on the existing cause; if it be occasioned by the application of cold to the surface of the body, give the warm bath with sudorifics, such as Dover's powder. If bad or indigestible food have brought it on, gentle laxatives must be given to bring away the offending matter. If the presence of nausea, bilious vomiting and bilious stools, point out a morbid state of the biliary secretion, calomel and opium, followed up by saline purgatives, very much diluted with water, are indicated. If constipation has been the cause, gentle laxatives, aided by mild injections, together with the warm bath, are useful. Should fever and local pain be present, with hardness of pulse, bleeding either general or local may be resorted to with advantage; when the patient's strength will not admit of the abstraction of blood, counter-irritation and opiates must be employed, together with strict attention to diet.

When there is no fever, nor symptoms of inflammation present, astringents should be given, such as chalk mixture with laudanum; if this will not do, then give catechu, kino, or sulphate of copper. There is also another form of diarrhœa, in which the stools are white, like thin mortar, frothy, very copious, of a sour smell, no pain, and the disease of a chronic nature, which may last for years. It generally occurs in men, not in women, and more particularly those who have resided a long time in warm climates, and suffered from liver complaints.

Treatment.—This may successfully be subdued without giving mercury, by steadily persevering in the use of the sulphate of

Kyá iláj ikhtiyár karná cháhiye ?

Is bímáǵi meṇ bázú kí fasd karen yá nahín ?

Agar maríz ko qai bashiddat ho, to kyá dawá dení uske liye munásib tajwíz kí ǵai hai ?

DIARRHŒEA; YAṆE ISHÁL.

Is marz meṇ yih hotá hai kí patle aur ziyádahtar kasrat se pá-
khána ke mile hue bár bár dast áte hain, aur barwaqt ijábat ke
thorá dard bhí hotá hai.

Maǵlah.—Iláj munhassir hai úpar báis marz ke, agar yih árzah
basabab itsál barúdat ke satah jism par láhaq huá ho, to maríz ko
garm pání meṇ biṭhámeṇ, aur adwiyah aṛuqáwar misl Dover's powder
ke deweṇ, háth páṅw aur satah jism ko garm rakheṇ. Agar ba-
sabab burí aur saql ǵhizá ke yih marz paidá huá howe, to balkí
adwiyah mulayyan deweṇ táki medeh fásid ko níkal de. Agar
mális dil aur qai aur dastoṇ sufráwí se záhir howe, kí sufrá náqis
paidá hotá hai, to dená calomel aur opium ká, aur badhú piláná
namkín julláboṇ ká pání se kḥúb raqíq karke munásib hai. Agar
qabziyat báis is marz ká howe, to dená halkí mulayyan adwiyah
ká aur karná halkí dawáon ke huqnah ká, aur biṭháná garam pání
meṇ mufíd hai. Agar bukhár aur medeh meṇ dard maujúd ho,
aur nabz meṇ salábat pái jáwe, to tanqiyah kḥún kḥwá ám kḥwá
kḥás karná cháhiye, kyunke faidahmand hogá. Jis súrat meṇ
táqat-i-maríz ijázat kḥún lene kína dewe, to counter-irritation aur
adwiyah kḥwábáwar istámál meṇ áweṇ, aur uske sáth liház ǵhizá ká
badarjah niháyat zarúr hai.

Darsúrat-i-ki bukhár aur alámaten warm kí maujúd na howeṇ, to
adwiyah qábiz misl chalk mixture aur laudanum ke deweṇ, aur
agar isse bhí kuchh faidah na howe to catechu, kino, yá sulphate
of copper deweṇ. Ek aur qism ká bhí ishál hotá hai, jis meṇ
sufeid patle chúne ke muwáfiq kafdár ifrát se dast áte hain, bú
khatṭí hotí hai, aur dard nahín hotá, aur yih marz derpá hotá hai,
chunáñchi barsoṇ jári rahtá hai. Yih árzah aksar mardoṇ ko láhaq
hotá hai, aur auratoṇ ko nahín, aur kḥusúsan unko jo aṛsa daráz
tak garm mulkoṇ meṇ iqámat rakhte hain, aur kḥalal jigar meṇ
mubtilá rahte hain.

Maǵlah.—Yih marz rafá ho saktá hai baghair khiláne páre ke,
agar mutwátir sabr se sulphate of copper aur opium ká istámál

copper and opium, and paying most particular attention to his diet, avoiding all fruits, vegetables, fermented and spirituous liquors, and swathing the abdomen in flannel.

Questions.

What is meant by a diarrhœa ?

Describe some of the common causes of diarrhœa and their treatment ?

Describe that peculiar form of diarrhœa, seen in those who have suffered from disease of the liver, and lived a long time in warm climates ?

What treatment should you adopt in such cases ?

DYSENTERIA; DYSENTERY.

This disease may either be acute or chronic.

Symptoms of the acute form.—The disease commences in general with much of the appearance of a common diarrhœa, frequent and unseasonable calls to stool, with an irresistible inclination to strain over it. The evacuations are generally copious, of a fluid consistence, without any peculiar smell, sometimes streaked with blood, and at other times a small quantity of blood is voided in a separate form, unmixed with fœces. The pulse in this state of the disease, is seldom altered, the heat of the skin is not perceptibly increased, and the tongue is frequently but little changed in its appearance. There is always a great prostration of strength and depression of the spirits, the appetite is indifferent, and the thirst urgent. To these symptoms succeed a fixed pain in the hypogastrium, more or less acute, and sometimes to be traced along the whole course of the colon, with a sense of fulness, tension, and tenderness on pressure, and on applying the hand to surface of the abdomen, a preternatural degree of heat is frequently perceptible in the integuments. The evacuations now become more frequent and less copious, they consist chiefly of blood and mucus, or are composed of a peculiar bloody serum, like water in which beef has been washed or macerated. A suppression of urine and distressing tenesmus now become very urgent; the indifference to solid food increases, and an uncontrollable desire for cold water is constantly expressed. The tongue is now generally white and furred, sometimes however exhibiting a florid,

karte rahen, aur ghizá par tuwájjab rakhen, aur phalon aur tarká-
rion se aur sharáb hái tez, aur garm se bilkul parhez karen, aur
párche flannel shikam par lapetén.

Sawdlát.

Ijrái shikam se kyá murád hai ?

Baz báis ijrái shikam ke mái unke iláj ke bayán karo ?

Us k̄hás qism ke ijrái shikam ko bayán karo jo un logon ko hotá
hai ki marz jigar men mubtilá hon, aur arsaḥ daráz tak garm mul-
kon men rahe hon ?

Aisi súraton men kyá iláj karná cháhiye ?

DYSENTERIA ; YANE ISHÁL KHUNÍ.

Yih bímárfi do qism kí hotí hai, shadíd yá kōhnaḥ.

Alámaten marz shadíd kí yih haiḥ.—Yih bímárfi amúman záhir
men basúrat ishál ám ke shurú hotí hai, aur is men aksar aur be-
waqt hájat dast kí hotí hai, aur zabt nahín ho saktí. Bare bare
dast áte haiḥ, aur raqíq o kasíf hote haiḥ, lekin un men koí k̄hás
bú nahín hotí, baze waqt yih dast khún álúdah hote haiḥ, aur
baze waqt thorá sá khún álúdah íjábát hotá hai, baghair álúdgí
baráz ke. Bímárfi mazkúr ke is darjah men nabz bahut kam mut-
baddil hotí hai, aur garmí post kí aisi ziyádah nahín ho játí ki
mahsús ho, aur zubán kí súrát men bahut kam tabdílí hotí hai.
Táqat hameshah bahut ghaṭtí játí hai, aur dil baíḥtá játé hai.
Bhúkh men beparwái aur piyás shadíd ho játí hai. Bad in alá-
maton ke ek thahrá huá dard zer medeh shurú ho játé hai, k̄hwá
wuh ziyádah shadíd ho yá kam, aur baze waqt wuh sáre rodeḥ
colon men pýá játé hai, aur dabáne se púrí aur tanáo aur taklíf
maḥlúm hotí hai, aur sataḥ shikam ke úpar háth lagáne se aksar
ek beqáedah darjah garmíká pardon men maḥlúm hotá hai. Is hálat
men dast aksar ziyádah ho játe haiḥ, lekin bahut bare nahín hote,
ún men ziyádahtar khún aur ápw hotí hai, yá wuh ek k̄hás áb-i-
surkh se mushtamil hote haiḥ, misl us pánee ke jis men gosht
dhoyá yá bhigoyá ho. Bad iske insdád baul taklíf dihandah dard
bashiddat tamám hotá hai, aur beparwáhi wáste ghizá saḥt-o-saḥíl
ke ziyádah ho játí hai, aur hameshah wáste thande pání ke is qadar
k̄háhish rahtí hai ki zabt nahín ho saktí. Is hálat men zubán
aksar sufed aur khárdár ho játí hai, lekin baze waqt surkh aur

smooth, glassy appearance, with a tremulous motion when thrust out; the skin is either parching hot, or covered with a profuse perspiration, the pulse is sometimes full and bounding, with a peculiar thrilling sensation under the fingers. This state of the pulse denotes extreme danger, and shows that the disease is hurrying on to the final stage, in which the patient experiences the greatest anxiety, depression, and fear of death. The discharges by stool, which are often involuntary, are now accompanied with a most intolerable fetor; they are frequently mixed with shreds of membrane, and quantities of pus; prolapsus of the anus takes place, and often several inches of the inner coat of the intestines are thrown off by mortification.

Causes of Dysentery.—It is generally most prevalent at the termination of the hot weather, and during the rains, when the alterations of the temperature are often so great and sudden. Unwholesome food; the abuse of spirituous liquors, and the drinking of bad wine, often bring on the disease. Malaria is supposed to produce it, and soldiers are often attacked in large numbers, after a night encampment or bivouac on damp ground.

Treatment of Acute Dysentery.

In the stenic form of the disease, bleeding; both local and general, must be immediately ordered; sixteen or twenty ounces of blood should be taken from the arm, followed up with twenty or thirty leeches, applied along the course of the colon or great gut, then warm poultices and fomentations; should there be tenesmus, a dozen leeches may also be applied to the sacrum or perinæum. The repetition of leeches must of course depend upon the intensity and duration of the disease, and the degree of relief afforded by the first application. Should griping, purging, and particularly fixed abdominal pain continue, they may be repeated on the following day, or each succeeding day, to the third or fourth time, their number being regulated by the urgency of the symptoms, and strength of the patient. As a general rule, however, if the bleeding, both local and general, has been carried out vigorously at first, there is seldom any further occasion for a repetition. Should the bowels be costive, the tongue loaded, and the evacuations offensive, a dose of castor oil should be given in any mucilage, with a small

shafáf aur tábaudah súrát záhir kartí hai, aur us men báhar nikalne ke waqt ek harkat larzah kí sí malúm hotí hai, post yá to bahut garm rahtá hai yá bashiddat pasíná átá hai, nabs bāse waqt pur aur jahandah hotí hai, aur ek k̄hás jumbish ungliyon ke n̄che malúm hotí hai. Yih hálát nabs kí hameshah k̄hauf-i-halákat dikh-láti hai, aur záhir kartí hai ki yih bímári jald ák̄hir darjah ko pahunch jáwegí, aur bímár ko niháyat taraddud aur sústi aur k̄hauf-i-marg paidá hotá hai. Dast jo ki aksar bek̄habrí aur beik̄htiyárf men nikal játe hain, un men aisi badbú áti hai ki ádmí uská mut-hammil nahín ho saktá, aksar daston men jhilií andar kí gal kar nikal áti hai, aur rim bhí áti hai, aur kánch bhí nikal áti hai, aur aksar kaf inch andar kí jhilií rodon kí gal ke gir partí hai.

Sabab is hál ke: niháyat ghalbah is bímári ká ák̄hir mausam-i-garmá men, aur barsát men hotá hai, jab ki inqaláb mausam aksar auqát badarjah gháiyut aur daffatan hotá hai aur ghízáe námuáfiq aur bakasrat istámíl sharábon ká, aur píuá burí angúrf sharáb ká, aksar yih bímári látá hai. Hawái bad se bhí yih bímári paidá hotí hai, aur sipáhiyon kí giroh kí giroh par yih bímári aksar hamla háwúr hotí hai, bad iske ek fát wuh log zamín tarpar fro-kush hon.

Maáljah ishál shadíd ká.—Bímári mazkúr kí us súrát men jab ki k̄hún ziyádah ho tanqiyah fásd k̄hás o ám donon fauran munásib hain, aur soláh yá bis ounce k̄hún bázú men se lená cháhiye, aur bad azán bis yá tís jonken tamám colon yá rodah kalán par lagáni cháhiyen aur bad is ke garm poultice aur senk ká istámál ho, aur agar dard bhí ho to bárah jonken rírh aur síwán par bhí lagáni cháhiyen, aur muqarrar lagána jonkon ká shiddat aur kamí bímári aur darje ifáqat par joki pahli dafah ke lagáne ne bakhshá hai mauqúf o munhassir hai. Agar pechish aur dast aur k̄hasúsan thahrá huá dard shikam men járf rahe dústre din yá ek din bad tísrf, chauthí dafá phir jonken lagáwen, aur tadád unki bamújib zarúrat alámaton marz ki, aur táqat maríz kí ho, lekin yih bát bataur qáidah áma hai, ki agar tanqiyah k̄hún k̄hás aur ám awwal martabah k̄hátir k̄hwa kí gai hon to bahut kam zarúrat muqarrar k̄hún lené kí hogí. Agar ánten munqabiz hon, aur zabán par ziyádah mail ho aur dast mutáffin hon to ek moutád castor oil ki kisi mucilage men, hamráh thori sí laudanum ke díjáwe aur uske amal kí madad mulayyan karne-wáli adwiyah huqnah se ho saktí hai. Bad tanqiyah aur amal julla-

dose of laudanum in it; its action may be assisted by an emollient clyster. After depletion, and the action of the purgative, the following pills may be given every two or three hours, until the discharges assume a healthy appearance: calomel one grain, Dover's powder five grains, syrup or jam, sufficient to make the mass into two pills.

Ipecacuanha alone is a valuable remedy, and may be given in large doses without exciting vomiting. The following is a very good form of pill, acting as a diaphoretic. Powdered ipecacuanha two or three grains, extract of gentian five grains, to be made into two pills, and taken every four or five hours until the acute symptoms are relieved. Tenesmus may be relieved by a clyster of two ounces of rice water, in which three or four grains of opium has been dissolved. After these remedies have been adopted, blisters should then be applied to the abdomen. When there is great debility, the following bitter draught may be given with advantage, infusion of columba root one ounce, compound tincture of cardamoms one drachm, three times a day. Costiveness should be removed by oleaginous purges, and mucilaginous clysters. If the anus be inflamed or excoriated, it should be bathed with goulard water, and it may be protected from the acrimony of the discharges by being anointed with simple ointment or cold cream. The diet throughout the disease should consist of the mildest farinaceous food, consisting of arrowroot, milk, solution of gum arabic, rice or barley water: the patient should carefully avoid catching cold, and should have his abdomen swathed with two or three rolls of good flannel.

CHRONIC DYSENTERY; OR DYSENTERIA CHRONICA.

Symptoms.—The fever which attended the acute form, subsides, and a temporary recruiting of strength and appetite is experienced, but this freedom from distress proves deceptive. The patient feels sharp pains of the bowels, with frequent stools, consisting of food apparently little changed by the process of digestion, mixed with slight streaks of blood. These symptoms may subside, and continue to recur at intervals, either from imprudence in diet or clothing, or without any assignable cause, until extensive disorganisation of the intestines takes place. The stools are then mucous and

boṅ kí, goliyáṅ marqumat-uz-zail do do, tīn tīn ghaṅṅe baḍ dī jāweṅ jab tak ki dast surat dastoṅ sihat kí pakreṅ. Calomel 1 grain, dover's powder 5 grain, shíra yá murabbá baqadar banáne do goliyoṅ kí.

Siraf ipecacuanha ká ek umdá iláj hai aur barí, barí maṅtádeṅ ṛskí de sakte haiṅ baghair iske ki qai ho iske liye habi marqumat-uz-zail bahut mufid haiṅ aur buhat pasíná láfí haiṅ : powder ipecacuanha do se tīn grain tak, extract of gentian páñch grain, is kí do goliyáṅ banáweṅ aur har ek golí chár páñch ghaṅṅe ke baḍ kám meṅ láweṅ jab tak ki alámatoṅ ishál shadíd meṅ ifáqá ho. Dard ko ek huqnah se do ounce chával ká pání jis meṅ tīn yá chár grain opium ghulí huí ho ifáqat ho saktí hai. Baḍ in ilájoṅ ke shikam par blister lágáe jāweṅ. Jab ki niháyat naqáhat ho adwiyah bitter marqumat-uz-zail ke dene se bahut fáidá hogah. Infusion of columba root ek ounce, compound tincture of cardamoms ek drachm, din bhar meṅ tīn dafa diyá jawe. Inqebáz chikneṅ julláboṅ se rafa ho saktá hai aur mucilaginous huqnoṅ se. Agar miqad par waram ho jāwe yá chhil jāwe to ab-í-goulard se dhoí jāwe aur hiddad otezi mawád is hál se usí bazariah marham sádeh yá cold cream kí mahfúz rakh saktí haiṅ. Is bímári ke ayám meṅ ghizá raqíq o muqawwí dení cháhiye, misl arrowroot, aur dúdh, aur solution of gum Arabic, aur ehával, yá jou angrezí ká pání. Bimar ko lázim hai kí apne taṅ sardí se bacháwe aur apne shikam par do tīn tah flannel kí lapeṅí rakhe.

CHRONIC DYSENTERY; YANE ISHAL KHÚNÍ.

Alámateṅ.—Wuh tap jo ki hálat-i-ishal shadíd meṅ rahtí thí kam hojáti hai, aur ek chand rozah táqat aur ishtáhá maḷúm detí hai magar yih ifáqá fareb dahindah hotá hai : maríz ko niháyat dard shadíd rodoṅ meṅ maḷúm hotá hai, aur aksar dast aise áte haiṅ ke zauf házmah se us meṅ súrta ghizá kí kam mutbaddil hotí hai, aur un meṅ kuchh qadre qalí khún kí bhí ámezish hotí hai. Yih alámateṅ kuchh kuchh áre baḍ kam o zayádah hotí haiṅ, khwá wuh be ahtiyáti ghizá se hoṅ yá be ahtiyáti poshak se, khwá baghair kísi sabab mujiyan tá ánke ántoṅ meṅ be tarkíb wáqa hotí

bloody, sometimes mixed with pus, or of offensive, ill digested fæces, the number of the evacuations varying from three or four to seven or eight a-day. The abdomen at the same time feels full and hard, without being very painful on pressure, the urine is high colored, and is passed with pain. The patient when in bed lies on his side, with the body much curved, and the lower limbs bent on the abdomen, to relax the muscles as much as possible. The pulse is feeble, intermitting, and generally slow, excepting towards evening, when some degree of fever occurs. The tongue is often bright and glossy, the skin is cold, sallow, dry and rough, the lips appear livid, emaciation proceeds rapidly, the feet and legs become œdematous, and ascites occasionally takes place, the patient sometimes becomes jaundiced, and finally after some weeks or months, dies from irritation and exhaustion. The odour from persons suffering from this disease is very peculiar, if once recognized it cannot be forgotten, it is very offensive and at the same time acid.

Treatment.—Should there be the slightest inflammation, it must be reduced by careful local and general bleeding, bearing in mind, that the strength of your patient has probably suffered severely, when treated for the acute form of the disease. The bowels should be carefully cleansed by oleaginous purges, and small mucilaginous clysters; blisters to the abdomen may be employed with advantage. Should there be no inflammation, astringents and tonics are indicated, either vegetable or mineral; should catechu and kino be of no avail, great benefit may be derived from the sulphate of copper or the sugar of lead in doses from one quarter of a grain, gradually increased up to three or four grains, either with or without opium, and given three times a day in form of a pill, and not on an empty stomach; should it cause sickness, it may be combined with small doses of prussic acid. Moderately stimulating and oleaginous frictions of the abdomen, the part being subsequently swathed in flannel, is occasionally found useful. Where there is reason to suppose that the rectum is ulcerated, various injections are employed with advantage. A weak solution of acetate of lead or sulphate of zinc, five grains of either, with two ounces of rice

hai, is hálát men *ánw* lahú ke dast áte hain *baz auqát un* men rím milí huf hotí hai yá mutafan baráz ghizá ká milá huá nikaltá hai. Tadád daston kí mukhtalíf hotí hai, ek din ke arsaḥ men tín char daston se, sát áḥ daston tak ijábat hotí hai, aur is hálát men shikam pur aursakht malúm hotá hai lekin dabáno se bahut dard nahín malúm hotá. Pesháb tez rang aur dard se átá hai. Maríz jab bistar par hotá hai karwaḥ se pará rahtá hai aur jism ko terhá rakhtá hai, aur hatt-ul-imkán wáste dhíla karne puṭṭhon ke tale ke aza ko shikam par jhukáe rakhtá hai. Nabz bárík aur mutawaqif hotí hai, aur aksar auqát sust aur áhistah chaltí hai, siwái shám ke, jab kí filjumlah tap hotí hai. Zabán aksar auqát surkh aur tábindeḥ hotí hai, jism sard aur zard aur khushk aur khurdará rahtá hai, lab níle hojáte hain. Lágharí jism kí jáld wáqa hotí hai. Pánw aur tängen phúl játí hain, áur *baz auqát istasqá* hojátá hai, aur *baze waqt maríz ko yarqán* hojátá hai, aur basabab irritation aur zál hone táqat ke marjátá hai. Is marz ke mubtaláon ke jism se ek khás bú áfí hai jo kí agar ek dafa daryáft kí jáwe to farámosh nahín hosaktí, wuh bú bahut nágawár aur tursh hotí hai.

Maáljah.—Agar zara sá bhí waram ho, to wuh báahtiyát kam kiyá jáwe, tanqiyah khún khás yá *ám* se, magar yih bát malhúz rahe kí basabab maáljah ayám bímárí shadíd ke maríz men táqat báqí rahí hai yá nahín. Rodah bhí báahtiyát o hoshyarí chikne jullábon aur mucilaginous huqnon se sáf kí jáweḥ aur is súrát men shikam par blister lagáne se fáidah hotá hai. Agar waram na ho to adwiyah qábiz aur muqawwí monásib hain khwá nabátátí hon, khwá mádaní. Agar catechu aur kino se fáidah na ho to sulphate of copper yá sugar of lead se bahut fáidah ho saktá hai aur maṭád is dawá ke chaháram hissah grain se batadríj ziyádaḥ kí jáwe, tín yá char grain tak, khwá mai opium khwá baghair opium ke, aur is kí gokí banákar tín dafa ek din men díjáwe, magar khálf medeh men nahín, aur agar isse kuchh jí matláwe to is ke sáth qalí maṭáden prussic acid kí shámil kareḥ. Gúnah tahrík dená aur shikam par chiknáí malní aur uspar flannel lapetní baze mauqa par mufíd páí gaí hai. Jis súrát men qayás cháhtá ho kí káuch men zakhm ho gae hain, to mukhtalíf pichkariyon ke istamal se fáidah hásil ho saktá hai. Ek kháff solution, acetate of lead yá sulphate of zinc, bamiqdar pauch grain mai do ounce cháwal ke

water, has the effect of allaying irritation, whilst a solution of the sulphate of copper, or one of the corrosive sublimate, two or three grains of either, in two ounces of lime water, excites foul and sluggish ulcers to healthy action, and in many cases has effected a permanent cure. The diet should be entirely farinaceous, solid animal food, vegetables, and all stimulating matters being rigidly forbidden. Change of air, or a sea voyage, has frequently proved advantageous when all other remedies have failed.

Questions.

How many forms are there of dysentery ?

Describe the symptoms of the acute form of the disease ?

Name some of the chief causes that give rise to this disease ?

What treatment should you adopt in the inflammatory stage of the disease ?

When all inflammatory action has ceased, what treatment should you follow ?

Enumerate the symptoms of the chronic form of the disease ?

What treatment should you adopt at first in the chronic form of the disease ?

If there should not be any inflammatory symptoms, what class of medicines are indicated ?

What diet should the patient have when labouring under this disease ?

DYSMENORRHŒA ; OR PAINFUL MENSTRUATION.

This disease may arise at any period of life at which the menstrual function is performed ; it may exist from the time of puberty and cease on marriage ; or the first attack may come on immediately after marriage, and last until the patient becomes pregnant ; and in some cases it does not come on till after child-birth.

Symptoms.—At the menstrual period there is acute pain generally, which decreases as the discharge flows ; the pain often resembles the grinding pains of the first stage of labor, in par-

pání ke asar sozish ká kam kar saktá hai aur solution of the sulphate of copper yá solution corrosive sublimate ká do yá tñ ounce, do ounce chune ke páñ men kharáb aur derpá násúron ko mufíd hotá hai, balki baz hálaton men isse mutlaq sihat hásil ho gáí hai. Aur cháhiye ki ghizá mutlaq raqíq o muqawwí ho, aur muqawwí ghizá misl gosht aur tarkáriyán aur tamám muharrik ghizáen batákíd mana kí jáwen. Tabdíl hawá aur safar daryá-i-shor aksar auqát bahut mufíd páyá gayá hai, jab ki tamám aur iláj kárgar nahín hue haiñ.

Sawálat.

Kitní qismon men árzah ishál ámúman munqisam hai, unke nám bayán karo?

Alámaten shadíd súrat is bímárí kí bayán karo?

Ásal báis jin se yih bímárí paidá hotí hai bayán karo chand nám unke?

Kyá iláj ikhtiyár karná cháhiye is bímárí ki hálát-i-ámás men?

Jab kí tamám ámal iláj waram ke mauqúf ho chuke haiñ kyá iláj ikhtiyár karná cháhiye?

Ginke batao alámaten shadíd súrat is bímárí kí?

Kyá iláj tum ikhtiyár kar sakte ho ibtidá-i-bímárí ishál kohnah men?

Agar kuchh hálát waram nábaqí rahí ho to kis qism kí adwiyah ká istamál karná cháhiye?

Kis ghizá ká maríz ko istamál karná cháhiye jab ki wuh is árzah men mubtilá hai?

DYSMENORRHOEA; YANE BÍMÁRÍ HAIZ DARD ANGAIZ.

Jis waqt tak ki aurat ko haiz hotá rahtá hai, un auqát umr tak kisi waqt men unhen yih bímárí paidá ho saktí hai. Yih marz láhaq ho saktá hai ahad balúghat se, aur rafa ho saktá hai barwaqt katkhudái ke; yá pahlá hamlah bímárí ká á saktá hai fauran dan níkáh ke aur tá hámilah hone marízah ke rah saktá hai, aur baz hálaton men bímárí mazkúr nahín áyud hotí hai, jab tak ki aurat ke bachcha paidá nahín hotá.

Alámaten.—Áyám haiz men aksar dard shadíd hotá hai, aur jiun jiun khún i haiz járí hotá hai dard kam hotá játá hai. Yih dard aksar mushábah us dard ke hotá hai jo ki pahle darjah dard zeh

oxysms of short duration, and frequent occurrence. There is also, in the intervals, a constant aching pain down the legs, with a dragging sensation in the back and loins; there is sometimes also a sensation of bearing down in the pelvis with even an actual lowering of the womb. Occasionally there is a peculiar membranous substance expelled from the womb, consisting of coagulable lymph.

Treatment.—Immediately before the expected attack, the bowels should be opened by a mild purgative of castor oil, or a dose of Gregory's powder, or a warm water injection; the patient might also put her feet in warm water, or sit in a hip bath. At this time, should the pulse be full and frequent, the countenance flushed, and general plethora prevail, cupping on the loins, or by leeches to the pudenda or groins might be advisable, and the following draught be given, and repeated every hour or two according to the effect:

Tincture of opium, twenty drops.

Sweet spirits of nitre, forty drops.

Camphor mixture, one ounce.

Belladonna plaisters may be applied to the sacrum. Injections of warm rice water, containing two grains of belladonna or opium, may be frequently thrown into the vagina, or a clyster of the same kind may be employed. Suppositories containing two grains of opium are also useful at times.

The loins, pubes, and perineum should be frequently fomented with a warm decoction of poppy heads. Æther, assafoetida and ammonia, may be given at intervals to relieve the spasms. Hot gin and water will often subdue the pain. These medicines, however, should be very cautiously administered, should there be much heat of skin and feverish excitement. In the intervals of the menstrual periods, the general health should be regulated. Equal parts of steel wine and the compound spirit of sulphuric æther, half a drachm to one drachm each in a wine glass of the infusion of gentian or chiretta, may be given two or three times a-day. The bowels should be regulated by any mild purgative; moderate exercise is adviseable. The diet should be nutritious, but not stimulating. Great benefit will be derived by the regular employment night and morning of cold water injections into the vagina.

men hotá hai, aur daurah is ká thore waqfah se hotá hai, aur aksar wáqa hotá hai. Aur is zimn men ek dard qáyam niche tángon ke bhí rahtá hai, aur píth aur kamar men ek kashish sí malúm hotí hai, baz auqát pelvis, yane puá shikam men jhukáo malúm detá hai balki bachchadán niche ko utar bhí átá hai, baz auqát ek khás medeh chhiichhron ká sá riham men se nikaltá hai, aur wuh mushtamil hotá hai ek jannewáli ratúbat se.

Maq̄lah.—Qabal is ke ki hamlah bímári mazqúr kí umed ho, fauran ek halke julláb castor oil ke yá ek maútád Gregory's powder yá huqnah áb-i-garm se rodah khol diye jáwen. Marzah apne pánw ko garm páni men rakhe, yá tábakamar garm páni men baiṭhe, is waqt men agar nabz men imtlá aur surat ho, aur chehrah surkh aur ziyádatí khún kí ho, to kamar par pachhne lagáne yá sharmgáh aur chadḍon par jonken lagáni munásib hongí, aur adwiyah marqúmat-uz-zail ek ek yá do do ghanṭe ke bad bamújib asar dawá ke dení cháhiyen.

Tincture of opium, bís qatrah,

Sweet spirits of nitre, chális qatrah,

Camphor mixture, ek ounce.

Ríh par pháya belladonna ke lagáe jáwen. Pichkáriyan garm cháwal ke páni kí mai do grain belladonna yá opium ke aksar auqát anaq-ul-riham men dáli jáwen, yá ek huqnah usí qism ká kám men láya já saktá hai, aur baze waqton men shayáf do grain opium ke bhí muftíd hote hain.

Kamar aur muqám múezohár aur seewan cháhiye ki aksar garm joshándah se post ke dodon se senken. Bad iske wáste izálah tashannuj ke æther, híng aur ammonia kuchh kuchh fáslah waqt se dí jáwe. Garm gin sharáb aur áb i garm aksar dard ko rafa kar saktá hai, lekin in adwiyát ke dene men darsúrat-i-ki garmí jild aur tap mahsúh ho, to bahut ahtiyát malhúz rahe. Ayám haiz ke mábin men tamám jism kí sihat kí durustí bhí karní cháhiye. Barábar juz steel wine aur compound spirit sulphuric æther ká nisf drachm se ek drachm tak har ek men se ek wine glass infusion of gentian yá chiretta men din bhar men do yá tén dafa diyá jáwe. Anten kisi halke aur muláyyam julláb se murattab aur durust kí jáwen. Filjumlal riyázat jismí bhí lázim hai, ghizá-i-muqawwí dení cháhiye, lekin muharrik na ho. Subah aur rát ko áb-i-sard kí pichkáriyon ke anaq-ul-raham men dene se bahut fáidah kiyá jáwegá.

Questions.

At what period of life does dysmenorrhœa generally show itself ?

What are the usual symptoms of the disease ?

What treatment should you adopt at the commencement of the disease ?

ENTERITIS: INFLAMMATION OF THE BOWELS.

Symptoms.—There is fever, deep seated pain, especially round the navel; pulse generally quick and sometimes hard, skin hot, great thirst, tongue generally red at the tip and edges, sometimes it is all red. If the upper portion of the bowels are inflamed, then there will be nausea, but if the lower portion, there will be pain in the iliac region and along the course of the colon, with diarrhœa. After some time, the abdomen becomes tympanitic, tormina are occasionally observed, this is when the colon is affected.

Treatment.—Copious general bleeding, and leeches to the abdomen, also warm fomentations and mild laxatives. When the abdomen is tympanitic, give turpentine clysters. In very acute cases, blisters will be of service, but generally the application of hot spirits of turpentine or mustard poultices should be preferred, which however must be removed before it produces vesication.

Questions.

What are the symptoms of inflammation of the bowels ?

What causes the nausea in enteritis ?

If there is pain in the iliac region, and along the course of the colon, what portion of the bowels will be inflamed ?

What treatment should you adopt ?

EPILEPSIA: EPILEPSY.

Symptoms.—Loss of sensation and consciousness with spasmodic contraction of the voluntary muscles, succeeded by convulsive distortions and stupor. The premonitory signs of an attack are, headache, giddiness, dimness of sight, ringing in the ears, the patient also feels a peculiar sensation of tremor or numbness, which begins at the extremity of a limb, and gradually ascends to

Sawálat.

Kis zamáne meṇ umr ke árzah haiz dard angez paidá hotá hai ?

Kyá haiṇ mashhúr alámateṇ is bímárí kí ?

Kyá iláj ikhtiyár karná cháhiye shurú bímárí meṇ ?

Mábín ayám haiz ke kyá iláj honá munásib hai ?

ENTERITIS: YAṆE SOZISH UMÁ.

Alámateṇ.—Bukhár aur jamaḥ huá dard khasúsan gird náf ke rahtá hai. Nabz meṇ aksar tízí aur baḥ waqt salábat pái játi hai, jild badan kí jaltí rahtí hai aur piyás ká ghalbá hotá hai. Zubán kí nok aur donoṇ ján bain aksar surkh rahtí haiṇ, aur baḥ súraton meṇ tamám zuban ká yihí hál hotá hai. Aksar úpar ke hisseh meṇ umá ke warm hotá hai to us súrat meṇ dil málísh karta hai, aur jis súrat meṇ asfal ke hisseh meṇ waram hotá hai to maqám daqqáq meṇ aur us jagah jahán tak colon phailtí hai dard rahtá hai, aur is ke sáth shikam bhí jári hotá hai. Thoré se ársah ke baḍ shikam phúl játa hai. Baḥ auqát dard umá bhí hotá hai, magar us súrat meṇ jab kí colon meṇ khalal howe.

Maáljah.—Lená kḥún ká kḥátir kḥwá bazariāh fasd aur lagáne jonkon ke shikam par aur bhí senkná aur dená halkí mulayyan adwiyah ká iláj hai, jis súrat meṇ shikam phúlá huá howe to huqnah turpentine ká karen. Ilálat shiddat meṇ lagánuá blister ká mufid howegá, lekin aksar istámál garm spirits turpentine yá rái kí poultice ká bahtar hai, magar usko bhí qabal uz paidá hone áblah ke dúr kar den.

Sawálat.

Kyá alámateṇ warm umá kí hotí haiṇ ?

Kis sabab se is marz meṇ dil málísh kartá hai ?

Agar dard muqám daqqáq meṇ aur us jagah jahán tak colon játi howe, to konse hisseh umá meṇ warm hotá hai ?

Kyá iláj karná cháhiye ?

EPILEPSIA; YAṆE MIRGÍ.

Alámateṇ.—Is bímárí meṇ hosh hawás aur tamíz-o-shaúr meṇ nuqsán á játa hai aur puṭṭhe jin ke sabab ádmí harkat kartá hai tashannuj ke sáth sukar játe haiṇ, aur baḍ iske azá bashiddat kham kḥákar behoshí aur ghaflat tári hotí hai. Awwal ásár is árzah ke dard sir aur daurán sir aur kḥirgí basárat aur rahná sansanáhat ká kánon meṇ hotá haiṇ. Maríz ko ek kḥás qism kí

the head, called "aura epileptica." The fit occurs suddenly, the patient falls to the ground, the body is convulsively agitated, the eyes are fixed and reverted, permanent contraction of the pupils, gnashing of the teeth, protrusion of the tongue, foaming of the mouth, laborious respiration, the pulse generally small; the fit lasts generally on an average about twenty or thirty minutes. After it is all over, the patient continues insensible in an apparently profound sleep, from which he recovers in an exhausted state, without any recollection of what has happened.

Treatment.—When the disease occurs in infants and children, and appears to be connected with dentition, lancing the gums, giving an emetic, then a brisk purge, with the occasional exhibition of aperients and absorbents, and paying attention to the diet and regimen, is what is required; where the disease seems to be caused by worms, give four drachms of the oil of turpentine, following it up with a dose of castor oil. When the disease occurs in females, and appears to be connected with the uterus, which is indicated by irregularity of menstruation, the employment of emmenagogues, the warm or hip bath, and stimulating clysters are to be recommended. When the disease appears to be connected with general plethora, determination of blood to the head, and the patient is young and robust, bleeding is indicated, either general or local; cupping between the shoulders, blisters to the nape of the neck, and regulating the bowels is to be adopted. Antispasmodics, such as camphor, musk, castor, valerian, opium, henbane or stramonium, should be administered before the attack. The nitrate of silver taken internally has been found efficacious, as well as the sulphate of copper, arsenic, and the oxyde and sulphate of zinc. Electricity and galvanism have been found sometimes very serviceable. The causes which give rise to epilepsy, are blows, wounds, fractures, and other injuries done to the head by external violence, together with lodgments of water in the brain, tumours, concretions, and polypi. Violent affections of the nervous system, sudden frights, fits of passion, great emotions of the mind, worms in the stomach or intestines, teething, or the suppression of any

thartharí, yá k̄hún kí jo ki shúrú hotí hai, ek azu ke sire se aur batadríj charṭí hai. Ghashí dafátan tárí hotí hai aur maríz zamín par gir parṭá hai, jism maríz ká tashannuj ke sáth harkat kartá hai, ánkhen pathrá játí hain, aur putliyán chhotí ho játí hain, maríz dánt chabátá hai, zubán nikal átí hai, aur dam mushkil se átá hai aur nabz aksar bárik hotí hai, aur yih hálat ghashí aksar bís yá tís minute tak rahtí hai, aur bad guzar jáne in tamám hálaton ke bhí maríz behis-o-sharkat aur behosh rahtá hai, aur bazáhir aisá maḷúm hotá hai ki k̄lwáb ḡhaflat men pará hai, aur is hálat se jab maríz hoshyár hotá hai to us waqt zauf tárí hotá hai, aur jo kuchh us par guzrá hai us kí kuchh k̄habar us ko nahín hotí.

Maq̄lah.—Jab ki yih bímárí bachehon aur lar̄kon ko áyad hotí hai, aur aisá zahir ho ki basabab dant nikalne ke hai, to chír dená masúr̄on ká, aur dená adwiyah muqai ká, aur bad izán dená ek juláb tez ká, aur kabhí istamál men lání adwiyah malayyan aur jazib ká, aur k̄hiyál rakhná ghiza aur parhez ká, zarúryát se hai, aur jahán yih bímárí wáqā huí hai basabab kíron ke to chár drachm turpentine dewen aur bad iske ek maṭáḍ castor oil kí. Jab ki yih bímárí áuraton ko áyad ho, aur aisá záhir ho ki wuh k̄halal raham se huí hai, jiskí alámat beqáida ke ijrái k̄hún haiz hai, to istamál adwiyah dastá war garam paní se naháná yá garm paní men baiṭhná aur huqneh tez dawá ke munasib hain, jab ki yih záhir ho ki bímárí mazkúr mutalliq hai ziyádatí k̄hún se, aur thahar jane se k̄hún ke sir men, aur maríz jawán aur farbah hai, to tanqiyah k̄hás yá ám k̄hún ká munásib tajwíz kiyá gayá hai aur lagána puchhnon ká darmiyán shánon ke, aur blister ká gardan par, aur tartíb rodah ikhtiyár kiyá gayá hai. Adwiyah dáfa tashannuj, misl camphor, musk, castor, valerian, opium, henbane, or stramonium qabal az hamlah bímárí ke dená cháhiye. Nitrate of silver aur sulphate of copper, arsenic, oxyde aur sulphate of zinc bhí kabhí kabhí, dená bahut mufíd pác gae hain. Electricity aur galvanism bhí aksar auqát bahut mufíd pác gae hain. Báis jo ki bímárí sarāh ko paidá kartí hain wuh sadmát aur zaḥm aur tuṭ jáná ustak̄hairán ká, aur aur qism ke sabab jo kí báhar se sir par pahunchē mai jama ho jáne pání ke dimagh men, aur warm aur injamád k̄hún hote hain. Saḥt amráz puṭthon ke yá dar jáná, dafátan, yá ghalbá ḡham-o-ḡhussah ka, yá bará josh-i-dil ká, yá honá kenchu-

accustomed evacuations. Sometimes it is hereditary, and at other times it depends on a predisposition arising from mobility of the sensorium, which is occasioned either by plethora or a state of debility.

Questions.

What are the symptoms of epilepsy ?

What are some of the premonitory signs of an approaching fit ?

What is the proper treatment for the different species of epilepsy ?

ERYSIPELAS.

This disease may be divided into three varieties, viz., the simple, the phlegmonous, and the œdematous.

Symptoms of the simple variety.—The inflammation attacks the skin, which is hot, red, smooth and shining, with tumefaction, and sometimes an effusion into the subjacent cellular tissue. The pain is pungent and burning. On the third or fourth day, vesications form on the surface of the inflamed skin. When the erysipelas evinces any disposition to change from one spot to another—"metastasis,"—it becomes necessary to carefully watch the state of the internal organs.

Treatment of the simple variety.—Aperient and refrigerant medicines are sufficient, diaphoretics and diuretics are also beneficial. If the extremities are affected, they should not be used, but must be kept in the horizontal position; in some cases leeches may be necessary, and warm fomentations. Should this form become erratic, bark may be given combined with diaphoretics and purgatives. If the disease be occasioned by suppressed perspiration, give diaphoretics, such as ammonia, antimony and camphor. If the head be not affected, an emetic, after the necessary depletion, restores the function of the liver and skin. Give calomel and James' powder at night, and on the following morning, the compound infusion of gentian and senna with a neutral salt.

Symptoms of the phlegmonous variety.—The inflammation attacks the skin, and the subjacent cellular tissue, and generally termi-

oñ ká medeh aur rodon meñ yá níkalne dántoñ ká, yá ruk jáná kisi mamúli shai ká jo kharíj hotí rahtí hai, báis is marz ká hotá hai. Baz auqát yih marz maurúsi hotá hai, aur baz waqt khalal sensorium se hotá hai jo khalal khwá ziyádatí khúñ yá kamzori se howe.

Saqálat.

Kyá haiñ alámateñ arzah sarah kí?

Kyá haiñ bazí pahlí alámateñ qaríb ánewále ghash kí?

Kyá munásib íláj haiñ wáste mukhtalíf qism sarah kí?

ERYSIPELAS.

Yih marz tín aqsám meñ munqisam ho saktá hai, yané sádah aur balghamí aur œdematous.

Alámateñ qism sádah kí.—Sozish jild par wáqa hotí hai, jisko sabab wuh garm aur chikne aur chamakte amás ke sáth hotí hai, aur baz auqát darmiyán tale ke jild kí jhillí ratúbat ho játi hai. Dard tez aur sozish ke sáth hotá hai. Tíse yá chauthe din satah par jism ke jahán sozish hotí hai áblah níkal áte haiñ. Jis waqt yih arzah mailán intiqál ek muqám se taraf dúse muqám ke záhir kare to us hálat ko metastasis jánná cháhiye, aur khabargíri andarúni azá kí pur zarúr hai.

Maqljah qism sádah ká.—Adwiyah mulayyan aur dáfa harárat káfi haiñ, adwiyah arqáwar aur mudir bhí mufíd hotí haiñ. Agar háth páñw meñ yih arzah howe to unko harkat na deñ, aur phailáe hue sídhá rakhen. Bazí súratoñ meñ hájat jonkon aur senk kí bhí ho saktí hai. Agar yih marz ek jagah se dúsrí jagah daurñe lage, to bárk bashamúl adwiyah arqáwar aur dastáwar ke de sakte haiñ. Darsúrat-i-ki yih marz basabab band ho jáne pasíne ke láhaq ho se, to adwiyah arqáwar misal ammonia aur antimony aur káfír ke deweñ. Agar sir is arzah se mahfúz howe, to basabab dene adwiyah qaiáwar ke bad zarúri tanqiyah ke jigar aur jild apne kámon par amádah ho jáenge. Rát ke waqt calomel aur James' powder aur uske subah ko compound infusion of gentian aur senna ke sáth neutral salt ke deweñ.

Alámateñ qism balgham kí.—Sozish jild par aur uske tale kí jhillí aur rag-o-reshah meñ hotá hai, aur aksar us meñ píb pañ játi hai,

nates in suppuration; it is more frequent on the extremities than elsewhere; the accompanying fever is inflammatory. The redness of the skin is of a deep tint; at the end of four or five days vesications appear. Sometimes there is desquamation of the cuticle, the redness then declines, the skin assumes a yellow tinge, the swelling and fever gradually subside, and the disease then ends in resolution. Suppuration however is the most common termination, and not unfrequently gangrene.

Treatment of the phlegmonous variety.—This must be very active. Copious blood letting is absolutely necessary, especially when the face and scalp are affected. Local bleeding and cold lotions to the scalp are also useful. Active purgatives, antimonials, and refrigerating drinks, with strict abstinence, are the next means to be resorted to. The active treatment now recommended is only admissible for the young and strong, and at the commencement of the disease. When the patient is old or weakly, or in the latter stages of the disease, it will be necessary to support the system by quinine, ammonia, wine, cordials, &c. When suppuration and sloughing has taken place, and when pus is infiltrated through the subcutaneous cellular tissue, incisions are to be made to give it outlet; after the incisions, warm fomentations are to be applied, till the bleeding has ceased; a warm bread poultice should then be applied. Pressure by bandages will afterwards be useful in promoting the healing process. When during the continuance of erysipelas, symptoms of gastric irritation come on, and there be fulness of the pulse, and other marks of acute fever, bleeding and leeches to the epigastrium are indicated.

Symptoms of the œdematous variety.—This form of the disease generally occurs in weak constitutions, or in persons disposed to dropsical effusion. The skin is of a pale red colour, inclining to a yellowish brown, smooth and shining, but less hot and painful than in the two preceding varieties; there is an effusion of serum, the affected part pits on pressure, sometimes pus is mixed with the serum. The redness changing to a livid hue, and the pain ceasing, indicate gangrene. Erysipelas is most dangerous when it

aur aur muqámon ki nisbat háth pánw men ziyádahtar láhaq hotí hai, aur uske sáth bukhár muhtarqah hotá hai. Surkhí jild kí gahre rang kí hotí hai, barwaqt khatam hone chár yá páñch din kí áblah nikal áte hain. Baze waqt jab kí jild kí jhillí judí ho játí hai, to rangat jild kí zardí liye hue hotí hai, aur waram aur bukhár darjah badarjah ghat játá hai aur bad us ke marz zúil hojátá hai, magar niháyat aksar yih hotá hai, kí anjám men píb par játí hai, aur bárhá muqám marz sarh bhí játá hai.

Maájláh qisam bulghamí ká.—Lázim hai kí iláj chustí ke sáth karen. Lená khún ká bakasrat niháyat pur zarúr hai kshásús jab kí chehre yá khoprí par yih arzah howe. Leuá khún ká muqám marz se aur rakhná sard chízon men tar kíye hue kapre ká khoprí par bhí mufid hotá hai. Bad in murátib ke yih cháhiye kí tez julláb aur adwiyah antimonials aur refrigerant yane dáfa harárat dewen, aur niháyat saht parhez karwáwen. Yih saht iláj jis ká abhí zikar huá hai siraf un logon ke wáste jáyaz hai jo kí jawán aur táqatwar hon, aur bímárí kí bhí ibtidá howe. Jis súrat men maríz umr rasídah yá natáqat ho yá marz akhír darjah men pahunch gayá ho to bahál rakhná táqat jisn ká bazariáh quinine, ammonia, wine, aur cordials yane mufarrehát waghairah ke zarúr hogá, jab kí pakáo wáqa howe aur zañhm men chhichhíre howen aur píb ristí ho, to paidá karná zañhm ká wáste ikhráj ke zarúr hogá. Bad paidá karne zañhm ke, zañhm ko sekte rahen táwaqte ke khún band na howe aur bad band hone khún ke rofi ká poltice banákar bándhen. Dabáná zañhm ko bazariáh pattíyon ke sihat bakshsh ne men mufid hogá. Agar darmiyan is ma. z ke alámaten gastric yane khalish medeh kí numáyán howen aur nabz men imtalá ho, aur alámaten bukhár shadíd kí pái jáwen to leuá khún ká aur lagáná jokon ká epigastrium yane fam medeh men munásib hogá.

Alámaten qism œdematous kí.—Yih arzah aksar unko láhaq hotá hai jo kí zaíf-ul-mizáj hote hain yá jinke badan men ratúbat bahut hotí hai. Jild badan kí zardí liye hue surkh aur zardí máyal bhúrí, chikní aur chamaktí huí hotí hai magar itní garm nahín hotí na itná dard hí hotá hai, jaisá kí pahlí donon qismon men bayán huá hai, muqám marz men ek ratúbat hotí hai aur dabáne se garhá partá hai aur baz anqát píb ke sáth gosht ká sá dhowan milá huá hotá hai. Agar rang jild ká surkh se nilá, aur dard mauqíf ho jáwe to isse záhir hotá hai kí muqám

attacks the face and scalp, the danger arising from supervening inflammation of the brain or its membranes. In this form, there is some smart febrile indisposition for two or three days, then a redness appears on some part of the face from which it spreads over the entire face, forehead, scalp, and even further. There is swelling of the face, and particularly of the eyelids; there is also delirium, which is at first temporary, and afterwards constant, succeeded by drowsiness and coma; about the fourth day, vesications or desquamation of the cuticle comes on; in bad cases the cerebral symptoms increase, delirium becomes furious, or the patient becomes entirely insensible, and about the tenth or twelfth day, dies.

Treatment of the œdematous variety.—In this form, mild aperients, confinement to the horizontal position, warm fomentations, and in broken constitutions, tonics, such as quinine, cascarilla with soda or potass, camphor and wine are indicated. Pressure here also with bandages will be beneficial. Should the erysipelas terminate in gangrene, bark, wine and opium are to be given, and the bowels to be regulated by mild aperients. The nitrate of silver, either in substance or strong solution, will be found of the greatest service if thoroughly rubbed round the external circle of the inflammation, as it arrests the spreading of it, but great care must be taken that the circle is perfect, otherwise the inflammation will be sure to spread through the slightest opening.

Questions.

Name the different varieties of erysipelas.

What are the symptoms and treatment of the simple variety ?

What are the symptoms and treatment of the phlegmonous variety ?

What are the symptoms and treatment of the œdematous variety ?

FEBRIS CONTINUA; CONTINUED FEVER.

Symptoms.—In the first or premonitory stage, there is lassitude and disinclination to exertion, mental or bodily, dull aching pains in the back and limbs, sometimes a dull headache, with giddiness

andar se sarh gayá hai. Yih marz us súrát meñ niháyat khatarnák hotá hai ki chehrah aur khopri par paidá ho, kyúñki dimágh yá uske pardou meñ sozishájáne ká khauf hai. Is tarah ki is marz meñ do yá tñ din tak tez bukhár kí hurárat rahtí hai aur bad iske kisí muqám par chehrah kí surkhi numáyán hotí hai, aur wa hán se tamám chehrah aur máthe aur khopri par balki isse bhí ziyádah phail játí hai, aur chehrah khasús áñkh ke pupote súj játe haiñ, aur hiziyan bhí hotá hai jo pahle bader nahín rahtá magar ákhir ko har-waqt, aur uske bad ghauúdgí aur behoshí wáqa hotí hai, aur qaríb chauthé din ke áblah yá judá honá jild ká wáqa hotá hai. Dar-súrát niháyat bad qism ke hone is marz ke álamaten khalal dimágh kí ziyádah hotí haiñ, yane hiziyan meñ díwángí aur ghazab náqí pái játí hai, yá maríz bilkul behosh ho játá hai, aur qaríb das yá bárah din ke mar játá hai.

Maúljah.—Is tarah kí bímári meñ istamál halkí mulayyan adwiyah ká aur sídhá pará rahná aur senkná, aur agar maríz zaif-ul-mizáj ho to dená quinine, cascarilla ká hamráh soda yá potass, camphor yane káfúr aur wine ká munásib hai. Is mauqa par bhí dabáná bazariyah patthiyon ke musfid hai. Agar is marz meñ anjám kár muqám marz sarh jáwe to bark, wine, aur opium den, aur rodon kí tartíb balki adwiyah mulayyan se karen. Nitrate of silver khwá khushk, khwá tez ghulá huá niháyat musfid páyá jáwegá agar baqhúbí gird sozish ke malá jáwe kyúñki yih sozish ko taraqqí nahín karne detá magar iská bahut khiyál rahe ki koí jagah gird meñ chhút ná jáwe nahín to sozish zarási bhí jagah pákar phail jáwegí.

Sawálát.

Mukhtalif qismen marz crysipelas kí biyan karo?

Kyá álamaten aur iláj qism sádeh kí hote haiñ?

Kyá álamaten aur iláj balghamí qism kí hotí haiñ?

Kyá álamaten aur iláj qism œdematous kí hotí haiñ?

FEBRIS CONTINUA, YANE TAP-I-DÁIMÍ.

Álamaten.—Is árzah ke darjah awwal meñ sustí hotí hai, aur soch o fikir aur mahnat aur kám ko dil nahín cháhtá, aur dard khafif pusht aur azá meñ rahtá hai, aur baz waqt filjumlah dard

and faintness, occasional chilliness, followed by slight flushes, pulse in general weak, small and intermitting. In the second stage, there is coldness of the surface, with shivering pains in the back, loins, and limbs, pulse still weak and intermitting, respiration irregular and laborious, sometimes interrupted by sighing and yawning, a white viscid coating on the tongue, the digestion very much impaired, bowels constipated or relaxed, urine pale. After this stage has lasted for some time, the chilliness is interrupted by slight and partial flushings of heat, till the entire surface of the body becomes warm. This is the commencement of the third stage. In severe cases of this stage, there frequently occurs irregular distributions of blood. When the head is the seat of this irregular distribution, the symptoms are, intense pain in the forehead and temples, and sometimes furious delirium. To these symptoms are added, wakefulness, either total or partial; eyes suffused with blood, intolerance of light, pupils either dilated or very much contracted, pungent heat of the surface, the external senses either depraved or preternaturally excited. Should the lungs be the seat of this irregular distribution, the symptoms are, lividity of the countenance and of the lips, voice husky and hoarse from the accumulation of blood in the larynx, which may also extend to the pharynx, and there produce some pain in swallowing, sense of uneasiness in the chest, dyspnœa, and some cough. Should the intestinal mucous membrane be the seat of this preternatural accumulation of blood, there will either be constipation or a relaxed state of the bowels, the evacuations, in the latter case, consisting of dark colored vitiated bile and mucus; abdomen hard, distended, and sometimes painful on pressure, more especially in the right iliac region; the sanguineous accumulation may extend up to the jejunum, stomach, liver, and spleen. In this stage the pulse is generally full and frequent, skin hot, dry, and red, and in some cases covered with exanthematous patches, chiefly about the neck, breast, and joints; the tongue is of a bright red color, becomes brown and dry along the medial line, which soon extends to the tip and edges. The urine is now high colored and clear. There is generally an exacerbation towards evening, and a remis-

sir sáth daurán aur zauf ke hotá hai, kabhí kabhí badan þhandá hotá hai, aur bad iske garmí ke kḥafíf shuálah uþhte haiñ, nabz aksar zaíf aur bárík aur mutwaqqif hotí hai. Darjah doim men satah jism ká þhandá hotá hai, aur dard larzah ke sáth pusht aur kamar aur azá men hotá hai, aur is hálát men bhí nabz zaíf aur mutwaqqif hotí hai, aur dam beqáidah aur diqqat se átá hai, aur baze waqt basabab áh i sard aur kḥamyázah ke ruktá hai, aur zubán par sufed chamaktá huá mail hotá hai, házmah bahut bigar játá hai, rodah munqabiz ho játe haiñ yá dhíle par játe haiñ, aur pesháb zard hotá hai, bad iske ki yih darjah kuchh muddat rahá ho to þhandá rahná jism sáth gúnah shuálon harárat ke mauqúf ho játá hai, tá áñki bilkul satah jism ká garm ho játá hai. Ágház darjah soyam ká.—Is darjah kí saḥt hálát men aksar beqáidgí taqsím kḥún kí hotí hai, jis súrát men kí kḥún sir men se beqáidah taqsím hotá hai, to uskí álamaten yih haiñ ki máthe aur kanpañon men dard shadíd hotá hai, aur baze waqt hizyán kḥashamuák tári hotá hai, aur aláwah in álamaton ke beḥwábí bhí mutlaq yá jazwí hotí hai, áñkhen kḥún se surkḥ ho játi haiñ, aur mutahmil roshní kí nahín hotín. Putliyán áñkhon kí yá to barḥ játi haiñ, yá ghaḥ játi haiñ, jild niháyat garm hotí hai, aur qawá-i-hawás záhiri men nuqsán ho játá hai, yá kḥiláf qáidah ziyádatí. Agar pheprah muqám is beqáidah taqsím ká ho, to álamaten uskí nilápan chehrah aur honḥon ká hotí haiñ, basabab jama ho jáne kḥún ke hinjab men áwáz baiḥ játi hai, aur agar yih kḥún taraf farynx yané muriye ke rujú kare, to nigalne men filjumlah dard paidá hotá hai, aur sínah men bearámí maḥmúd hotí hai, dam charhtá hai, aur gúnah khánsí hotí hai, agar antariyon ke luábdár pardah muqám is beqáidah jama ho jáne kḥún ke hon, to yá to qabz rahegá yá rodeh dhíle par jáwenge, aur is pichhli hálát men dast mushtamil honge siyáh rang ke, ifasid sufrah aur áñw se shikam saḥt aur taná huá rahegá, aur baze waqt dabáne se dard maḥmúd hogá, kḥasúsan ziyádahtar dáhine nale men. Yih ijtaḥ kḥún ká phel saktá taraf jejunum yané sáyam aur medeh aur kabad aur tihál tak. Is darjah par nabz aksar auqát mumatlí aur saríh hotí hai, aur jild garm aur kḥushk aur surkḥ rahtí hai, aur baze waqt us par dáne ho játe haiñ kḥasúsan qaríb gardan aur sínah aur bandon ke, zubán surkḥ aur tábandah hotí hai aur darmiyán-i-kḥat gan-

sion in the morning.

Treatment.—If at the early part of the disease, the congestion in the head, chest or abdomen be intense, and the patient's constitution warrant it, bleeding to the extent of twelve or twenty ounces should be employed; but if the disease has gone into the second stage, and the pulse, though frequent, is neither hard or very full, and the patient not be of a very vigorous habit of body, bleeding is not admissible. Should the head in such a case be the seat of congestion, it must be relieved by local blood letting, and by leeches applied to the forehead and temples; the head must also be shaved, and cold applications to it be employed. The same plan of treatment and the same limitations are to be observed when the thoracic viscera are the seat of congestion. When the respiration is laborious, and pain in the side is felt on taking in a full breath, bleeding must be freely employed, if not otherwise contra-indicated. Leeches should also be applied to the chest or side, until the symptoms are mitigated, and sometimes it will be necessary to apply them to the throat, when the larynx or trachea may be affected. In the early stage of the disease, five grains of calomel, five grains of James' powder, and ten grains of colocynth may be given at bed time, followed up in the morning with a brisk dose of salts and senna. The use of purgatives, if not otherwise contra-indicated, should be continued for the first three or four days, and then in ordinary cases, on alternate days. In order to diminish superficial heat, the body should be sponged frequently with cold water, or vinegar and water; this is only admissible when the skin is pungently hot and dry. The internal refrigerant medicines are, the neutral salts in small quantities, as nitre and cream of tartar, the acetate and citrate of ammonia. The common saline mixture may be easily made thus:

Epsom salts, one ounce.

Tartar emetic, two grains.

Sweet spirits of nitre, four drachms.

Water, twelve ounces.

dam gfa aur khushk bhí he játtá hai, aur wuh rangat jald phaittí hai nek aur kináron tak, is hálat meñ pesháb niháyát rangín aur síf hotá hai, aur is sdrat meñ amúman shám ke waqt taraqqí marz, aur subah ke waqt takhff o ísfáqat hotí hai.

Maáljah.—Agar ibtidá-i-bimári meñ sir yá sínah yá shikam meñ niháyát khún jamá ho aur maríz ká jism bhí qábil is ke ho to fásd kífáwe aur báreh ounce se bís ounce tak khún liyá jáwe lekin agar marz ddsre darjah par pahunchá ho aur nabz agarchi saríh holekin saht aur bahut mumtáleh na howe aur maríz záíf-ul-badan ho to fásd lení munásib nahín hai. Agar aisí hálat meñ sir muqám jamá hone khún ká ho to tanqiyah khas khún ká karná cháhiye sáth lagáne jonkon ke peshání aur kanpañiyon par. Bál sir ke mundwáne cháhiyon aur sard pañiyán sir par lagáwen. Yihí tadbír maáljah kí aur yihí qáiden malhús rahen jab kí thoracic viscera yane sadar ke muqámon meñ jab kí jamá hone khún ke ho : jab kí dam diqqat se átá ho aur púre dam lene meñ pahlú meñ dard malúm hotá ho, to beshak khátir khwá fásd lení cháhiye bashartkí kisi aur wajah se námunásib na ho. Jonkon bhí sínah yá pahlú par lagáni cháhiyon jab tak kí alámaten marz kí kam hojáwen aur baze waqt lagána jonkon ká gale par bhí zarúr hogá jab kí hinjre aur qasbat-úr-riyah meñ khalal ho. Awwal darjah bimári meñ páñch grain calomel aur páñch grain James' powder aur das grain colocynth sone ke waqt dewen aur bad uske subah ko tez maütád salt aur senna ke. Istamál adwiyah mushil ká. Agar kuchh aur tadbír munásib na jáni gáí ho jári rahe waste awwal tén yá char din ke aur bad asán yih adwiyah bích rasme háltan ke ek din bích dekar kám meñ láwen. Wáste kam karne bálá-i-garmí ke jism aksar ábi sard yá sirke aur páníse nam kíyá jáwe, magar yih bát sirf us waqt munásib hai jab kí jild aksar garam aur khushk ho. Andrúni sard karnewáli yane refrigerant adwiyát yih hain. Neutral salt bích mukhtasir maütádoñ ke misl nitre yane shorá aur cream of tartar aur acetate aur citrate of ammonia. Mushhúr namkín nuskhá ásáni se tayár ho saktá hai aur wuh yih hai.

Epsom salt, ek ounce.

Tartar emetic, do grain.

Sweet spirits of nitre, char drachm.

Páni, bareh ounce.

Of this a wine glassful may be taken every six hours. For common drink, cold ice water may be allowed freely, or the imperial drink, made by dissolving a drachm of cream of tartar in a quart of water, and sweetening it. Free ventilation is of the utmost importance. Tonics or bitters should not be given till the tongue is clean and moist, and the skin cool. A little boiled or roasted chicken may then be allowed or a mutton chop. Great frequency of pulse and some headache often remain in fever patients, after all other symptoms are gone, these are the result of debility, they are to be remedied by improving the diet.

Questions.

How many stages are there in a case of continued fever ?

Describe the three stages as they generally occur ?

What treatment should you adopt in each stage ?

Is sponging the body with cold water admissible in all cases ?

When are tonics and bitters to be given ?

What effects often remain in fever patients, after all other symptoms are gone, and how is this state to be remedied ?

FEBRIS INTERMITTENS; INTERMITTENT FEVER.

The species or types of intermittent fever are quotidian, tertians, and quartans, though very rarely a quintan, sextan, septiman or deciman may be met with, and still more rarely, a double tertian and octavan; these latter types are called "erratica," as the disease wanders out of its usual course.

Symptoms.—The fit or paroxysm of an intermittent commences with a sense of fatigue, dull muscular pains, particularly at the back and loins, a sense of chilliness, a sensation as if cold water was running down the back; this is followed by a creeping sensation over the surface of the body, with an erection of the papillæ of the skin. When this state has lasted some time, there are distinct shiverings; the face and limbs become shrunk, and the entire skin contracted. There is a dull heavy pain of the head, the mind becomes stupified, the sensations all depraved; loss of appetite, nausea; the pulse in general is small and frequent, res-

Is men se is ká ek bhará huá wine glass maríz har chah ghanṭe bad pí saktá hai. Wáste har waqt ke píne ke sard barf ká pání beshak diyá jáwe, yá ek drachm cream of tartar ek botal pání men milákar aur shírín karke dewen bích ek botal pání ke. Baḡhúbí hawá dení niháyat zarúr hai aur táwaqte ki zubán bilkul sáf na howe to istamal adwiyah tonic yá bitter na karen: Ním josh diyá huá yá bhuná huá chúzeh murgh yá mutton chop dená munásib hai. Aksar tezí-nabz aur sir dard tap ke maríz ko jab ke tamám aur alámaten rafa ho játi haiñ malum huá kartá hai to wuh babájs naqáhat yá kamzorí ke hotá hai to un ká iláj siraf ghízá-i-muqawwí hai.

Sawálat.

Kitne darje tap-i-dáimí ke hote haiñ?

Bayán karo wuh tín darje jo ki amúman wáqa hote haiñ?

Kyá iláj iḡhtiyar karoge bích tín muḡhtalif darjon ke?

Kyá nam karná jism ká ṡhande pání se sab suraton men munásib hai?

Kab adwiyah muqawwí aur talkh díjáwen?

Jab ki tamám aur alámaten játi rahen marízán tap men kiyá aksar rah játe haiñ aur is ká iláj kyunkar kar sakte ho?

FEBRIS INTERMITTENS; TAP-I-NAUBAT.

Qismen, yá alámaten tap hác naubat kí yih haiñ, tap har rozah, tap sah rozah, tap rubeh, aur agarchi tap panj rozah, aur tap shasha rozah, aur tap haft rozah, aur tap dah rozah bahut kam hotí haiñ, lekin yih bhí hotí haiñ aur har chand niháyat kam, lekin tap sah rozah, aur tap hasht rozah aisí bhí dekhne men áti haiñ ki din men do martabah áwen, yih áḡhír qism ke buḡhúr ghair taiyun kahláte haiñ, kyonki apne mamúlí tariq se báhar ho játe haiñ.

Alámaten.—Bári kí tap kí naubat kí shurú hotí hai, ma-lúm honá sustí aur ḡhafif dard rag-o-puṡṡhe aur ḡhasusau dard pusht aur kamar, aur sard hojáne jism se aisá ma-lúm hotá hai ki goyá ṡhandá pání pusht se níche ko daurtá hai, aur bad iske aisá ma-lúm hotá hai ki koí jánuwar badan par rengtá hai aur rongṡe badan ke khare hojáte haiñ. Bad kuchh der rahne is hálal ke badan men ek saf larzah hotá hai, chehrah aur tamám azá sukaṡ játe haiñ, aur tamám post khinḡh játá hai. Sir men dard hotá hai, dil mutwahish aur pareshán aur hawás tamám ḡharáb ho játe haiñ, ishtahá sáqit aur málish dil hotí hai, nabz aksar bárik aur

piration hurried and laborious, yawning, tongue white, moath clammy, urine limpid, bowels torpid. Two hours is the average duration of the *cold* stage. The *hot* stage sets in with transient flushes of heat, which subside and re-appear, till at length the hot stage becomes permanently established; according as the hot fit comes on, the color of the skin becomes red, and sometimes turgid. The patient is very restless. The dullness and obtuse headache of the first stage is succeeded by acute and throbbing pains of the head; there is increased sensibility, respiration freer, but hurried and anxious; pulse strong, hard, and frequent; tongue furred with a brown coating and dry towards the centre; intense thirst, and often vomiting; urine high colored but clear, bowels still torpid. After this state has lasted for some time, a perspiration breaks out, first on the forehead, which ultimately becomes general and profuse; all the distressing symptoms of the preceding stage are now relieved. The functions of respiration, circulation, &c., are restored. The kidneys now secrete urine, which contains more than its ordinary quantity of salts, so that on cooling it yields a copious lateritious sediment; the tongue becomes nearly clean, and if the case be recent, the natural expression of countenance is restored; if it be one of long standing, the intermissions are not marked by so perfect a return to health.

Treatment.—If the case be recent, and the general health of the patient but little impaired, after the bowels have been well opened with five grains of calomel and thirty of jalap or kalladana, commence at once giving quinine, which is to be repeated every two or three hours during the intermission; but in natives I always try kutkarinja before giving quinine. “I can strongly recommend the following febrifuge pills, having administered them in hundreds of cases to natives; kutkarinja bruised three grains, black pepper one grain, assafœtida one grain. Two of these pills to be given three times a day during the intermissions.” Some prefer giving eight or ten grains of quinine, with a full dose of laudanum immediately before the paroxysm. Other astringent

sarīh hotī hai, tanaffus tez aur bojhal hotā hai, jamāhiyān ātī haiṅ, dahan luābdār, aur zubān sufed, aur peshāb sāf o shafāf, aur rodah afsūdah ho jāte haiṅ. Mutwasat waqt rahne larzah kā do ghanṭe haiṅ. Darjah garmī kā shurū hotā hai sāth nāpāedār shuṣṭon garmī ke jo ki kam ho jāte haiṅ aur phir zāhir hote haiṅ jab tak ki ākhir kā darjah garmī kā qayām pakar jātā hai, aur jis qadar garmī ātī jātī hai rang jild kā surkh hotā jātā hai, aur baze waqt us meṅ amās sā bhī hotā hai. Mariz bahut beqarār rahtā hai. Bād sustī aur dard-i-sir khafīf darjah awwal ke-dard-i-sir shadīd shurū hotā hai, aur ghaflat pahlī sī nahīn hotī, aur pahle kī nisbat dam zarā āsānī se āne lagtā hai, lekin jald aur muztarib. Nabz qawwī aur saḡht aur sareh, aur zubān khārdār hotī hai, aur us par gandum gūn mail jam jātā hai, aur bīch meṅ khushk hotī hai, tishnagī ghālib, aur aksar istafrāgh hotā hai, peshāb nihāyat rangīn lekin sāf hotā hai, aur rodah is hāl meṅ bhī afsūrdah rahte haiṅ, bād rahne is hālat ke kuch ārsah tak pasīnā awwal peshānī par numāyān hotā hai, aur bād azān tamām badan par khul kar ātā hai, aur us waqt tamām alāmaten taklīf dihandah hālat sābiq kī rafa ho jātī haiṅ, aur sāns aur daurah khūn waghairah hālat aslī par ā jātā hai, is mauqā par gurdon meṅ peshāb paidā hone lagtā hai, aur us meṅ nisbat maṃūl ke ziyādah shoriyat hotī hai, is qadar ki agar usko ṭhaṇḍā karen to us meṅ bahut sā dard baiṭh jātā hai, zubān sāf sī ho jātī hai, aur agar yih ārzah jadīd ho to sūrat chehrah kī bahyyat aslī ājātī hai, aur agar bīmārī muddat kī ho, to hālat waqfa meṅ koī alāmat bilkul sihat ke hāsīl hone kī nahīn pāī jātī.

Maqālah.—Agar yih marz thoṛe dinon kā ho aur ām sihat meṅ mariz kī kisī tarāh kā balut nuqsān na ho to bād kholne antāriyon ke bazariāh pānch grain calomel aur tīs grain jalap yā kālādānah ke dena quinine bilā tawaqqūf shurū karen aur isko do yā tīn ghanṭe ke bād bar waqt na hone bukhār ke dete rahen. Main tākīd se salah detā hūn dene hab hāī dāfa bukhār marqūmat-uz-zail ke jo ki saikron Hindustānī marizon ko dī gāī haiṅ katkaranjā yane karanjwa tīn grain, siyah mirch ek grain, hing ek grain, ek yā do in goliyon meṅ kī din bhar meṅ tīn waqt dī jāwen. Bāz tabīb denā katkaranjā kā bamiqdār āṭh yā das grain quinine ke hamrah ek purī maṭad laudānum ke qabal az shurū hone daureh bukhār ke bahtar jānte haiṅ aur quinine is dawā se pahle nahīn dete. Aur

barks have also been given in ague. Narcotine has been highly extolled. The metallic tonics also, as the sulphates of copper, iron and zinc ; the liquor arsenicalis or "Fowler's solution" has succeeded in cases where other means have failed. Should the case however be one of long standing, and have injured the functions of the several important organs, particularly those of the abdomen, should there be tenderness of the hypochondria, sluggishness of the bowels, muddiness of the skin, yellowness of the conjunctivæ, the urine depositing a lateritious sediment, even during the intermission, before giving the quinine, the bowels must be well cleaned out, and the liver and intestines must be stimulated to a healthier action. The diet during the intermission should be light and nutritious. With respect to the treatment during the paroxysm, at the commencement of the fit, some recommend an emetic, some a purgative, some the warm bath, and others, the free use of the lancet during the cold stage, a stimulating draught of camphor mixture with æther and opium, bland warm drinks should be given, nothing better than plain barley or congee water. In the *hot stage*, some of the bed clothes should be removed, and cooling drinks be given, such as lemonade, or the common imperial drink : the patient may be sponged all over with cold water and vinegar, or he may have a couple of mussocks of cold water poured over him, and then be well dried. Antimonial wine or powder may be given every two or three hours, whilst the heat lasts. When there is violent reaction, blood-letting is necessary. In the *sweating stage*, no medicines are necessary, but the greatest care must be taken that the patient is not suddenly chilled.

Questions.

Describe the different species or types of intermittent fever ?

Describe the symptoms of the three stages in succession, as they usually occur ?

In a recent case of intermittent fever, what treatment should you adopt ?

qism ke astringent barks, yane qábiz chhálen bhí tap larzah ke naubat men dí gaí hain. Narcotine yane adwiyah muskarát bhí is marz ke liye niháyat pasand kí gaí hain. Mádaní adwiyah muqawwí bhí misl sulphate of copper, loha aur zinc, ke pasundídeh hain, liquor arsenicalis yá Fowler's solution aksar marízon par mufídd pará hai, jahán ki aur iláj qásir, rahe hain. Agar marz derínah ho gayá ho aur us ne aksar azáe raísá kí táqaton ko ghatá diyá ho khasúsan quwwat shikam ko, aur agar hypochondria yane kokh men amáo aur ánton men sustí aur tírjí jild aur zardí conjunctivæ men ho, aur pesháb men ek dard bhí baiþhá ho, daráphálki bukhár bhí na ho to qabl az dene quinine ke rodon ká sáf karná zarúr hai, aur kabid aur ánton ko aisí tahrík den ki apní harkat basihat o durustí karne lagen, aur darmiyán waqfah is bímárí ke maríz ko ghízá muláyam aur muqawwí dená munásib hai, baliház maáljah ke ágház naubat men baze tabíb adwiyah muqawwí aur baze mushil aur baze garm pání se ghushl aur baze ziyádatí se lene khún ko darmiyán darjah sardí ke munásib jánte hain, baze ek mufarrih jarah camphor mixture shámil o sáth æther aur opium ke tajwíz karte hain. Latíf garm píne kí chízen dení cháhíyen, kuchh chíz bihtar nahín hai banisbat ásh ijau yá chával ke pání ke. Darjah garmí men kuchh kapre bistar ke hatá diye jáwen, aur ashurbah bárid dí jáwen misl sharbat limon yá us sharbat ke jo bantá hai. Maríz ká tamám jism bazariyah sponge nam kiyá já saktá hal áb i sard aur sirke se, yá uske úpar do mashken áb i sard kí chhoren, aur bad iske uská jism baqhubí khushk karen. Antimonial wine yá antimonial powder do do yá tín tín ghanþe bad de sakte hain jab tak ki garmí rahe. Jab ki marz basakhtí dobáre aud kare to khún lená zarúr hai. Bich darjah pasínah ke adwiyát kí kuchh zarúrat nahín, lekin niháyat ahtiyát malhúz rahe ki maríz dafaþan þhandá na ho jáwe.

Saválát.

Bayán karo mukhtalif aqsám aur alámaten tap-i-naubat kí ?

Bayán karo alámaten un tín darjon kí batartíb jis tarah ki wuh aksar wáqa hotí hain ?

Agar tap naubat thore dinon se áti ho to kyá iláj karen ?

If the disease should be one of long standing, and the functions of the most important organs deranged, what should you then do?

FEBRIS REMITTENS; REMITTENT FEVER.

Symptoms.—The paroxysm of remittent fever commences with symptoms very like those of intermittent fever, viz., languors, lassitude, depression of spirits, a feeling of cold running down the back, and dull pain in the head: to these symptoms soon succeed delirium, nausea, vomiting, generally of bilious matter; sense of pain at the epigastrium and hypochondria; symptoms of pulmonary congestion, as dyspnœa, with a feeling of oppression at the chest, and some cough, a livid color of the countenance; pulse, and heat of the skin very variable, sometimes frequent and full; at other times, even during the delirium, it is little above the natural standard. The tongue is never natural, at first it is white, afterwards becomes dry in the centre, and at length its entire surface becomes covered with a dry fur; it sometimes puts on a glazed and red appearance. The urine is generally high colored, and deposits occasionally a lateritious sediment. The remissions generally occur in the morning, and in general, the principal exacerbation occurs towards the evening, which continues for the principal part of the night. To distinguish intermittent from remittent fever, should you find a *perfect* intermission, it is ague: if it be *imperfect*, it is called remittent fever.

To distinguish remittent from hectic fever; hectic fever is accompanied by obvious suppuration and a florid hue, entirely different from the livid or sallow hue of remittent fever. Remittent fever is characterized by a yellowish skin, nausea and sickness, sense of weight at the pit of the stomach, thick fur on the tongue, and a lateritious sediment in the urine, whereas in the hectic fever, the sediment is of a pink colour: the violent delirium so common in remittent fever, is very rare in hectic.

Treatment.—In the early stage of the disease, when the pulse is full and strong, the skin burning hot, the eyes suffused, coun-

Agar yih bímárí mu'dlat ki ho aur quwwat azái raísah záiil ho gai ho tab kyá karná cháhiye ?

FEBRIS REMITTENS; YANE BÁRÍ KÍ TAP.

Alámaten.—Naubat tap-i-remittent kí shurú hotí hai sáth alámaton ke jo ki bahut mushábah hotí hain, intermitten fever, yane tap-i-naubat se, yane naqáhat aur kasal-i-azá aur sustí-i-hawás aur malúm honá sardí ká utarte hue pusht par aur khafif dard sir. Bad in alámaton ke fatran hizyán aur málsh-i-dil aur istafaragh sufrah ámez aksar hotá hai, aur malúm honá dard ká epigastrium yane bálái medeh aur hypochondria yane zér kokh. Alámaten balghamí ijtamá-i-klún kí phepre men misal chahne dam ke, aur malúm honá tangí ká sínah men, aur filjumlá khánsí aur nílgún honá chehrah ke rang ká, nabz aur harárat jild kí bahut badaltí rahtí hai, nabz baze waqt tez aur mumtálí, aur baze waqt hálat hizyán men bhí hyyat aslí se kuchh hí ziyádah hotí hai. Zubán kabhí hálat-i-aslí par nahín hotí, pahle wuh sufed hotí hai, bad izán wast men khushk ho játí hai, aur ákhirkár uske tamám satah khushk kánton se chhip játá hai, aur baze waqt uskí rangat chamaktí huí aur surkh ho játí hai, pesháb aksar niháyat surkh hotá hai, aur kabhí kabhí usmen ek dard jamtá hai ifáqah is marz men aksar subah ke waqt wáqa hotá hai, aur ziyádatí amúman shám ke waqt hotí hai, aur yih ziyádatí-i-marz bahut rát gae tak rahtí hai. Shanákht intermitten yane tap-i-naubat aur remittent fever kí yih hai, ki agar ifáqah bad bukhár ke kámil ho to usko tap larzah kahte hain, aur agar ghair kámil ho to wuh tap-i-remittent kahlátí hai.

Aur farq darmiyán tap-i-remittent aur hectic fever, yane tap-i-diq ke yih hotá hai ki tap-i-diq sáth záhirá pakáo aur surkhí ke hotí hai bilkul mukhtalif rang nílgún yá zard rang tap-i-remittent se. Tap-i-remittent men jild badan kí máyal bazardí hojátí hai, aur málsh-i-dil aur mándgí aur malúm honá siqalát ká fam-i-medeh par aur hajúm kánton ká zabán par aur baiṭhná durd ká pesháb men hotá hai, barkhiláf iske ki hectic fever yane tap-i-diq men rang durd ká náfarmáni hotá hai, aur saht hiziyán jo ki aksar tap-i-remittent men hotá hai tap-i-diq men bahut kam hotá hai.

Madljah.—Awwal darjah men is bímárí ke jab nabz mumtálí aur qawí hotí hai, aur jild garam jaltí huí aur ápkhen munghashir, aur

tenance flushed, intense pain in the head, immediate and full venesection is indispensable ; should the first bleeding make no impression on the pulse, it should be repeated in eight or ten hours. Should you not have seen the patient till after the third or fourth day of the disease, the greatest caution must be adopted with regard to bleeding. Local bleeding by cupping or leeches will always be proper ; when there are symptoms of congestion or inflammation, the blood is to be taken from the vicinity of the organ affected. This should be followed up by copious purging, a powder of calomel and jalap being one of the best you can give. If the disease still appears disinclined to yield, the mercurial plan must be adopted without delay, but further bleeding is generally unnecessary and hurtful. Five grains of calomel, with or without opium according to the state of the stomach and bowels, are then to be given in a little syrup or jelly, and repeated every two or three hours, according to the urgency of the symptoms, and the degree of danger apprehended. Thirty or forty grains have generally produced salivation ; when this happens, all alarming symptoms disappear. A saline effervescing draught, with eight or ten minims of tincture of henbane, is very efficacious in allaying the distressing sickness. Sponging the body with cold water and vinegar is useful in allaying the pungent heat of the skin. Cold applications also to the head, if there should be heat or pain there, will afford great relief ; a bladder filled with pounded ice is the most convenient form. During the febrile state, the diet must be restricted to the lightest and most cooling diluents, such as ice water, tamarind tea, lemonade, &c.

During convalescence, and after recovery, strict attention to the bowels and the diet, must be paid ; change of air, mild tonics, and light nutritious food, are of the utmost importance.

Questions.

Describe the symptoms of remittent fever ?

How do you distinguish remittent from intermittent fever ; and remittent from hectic fever ?

In the early stage of the disease, what is the proper treatment to be followed ?

chehrah tamtamáyá huá aur dard-i-sirshadíd to fauran achchí tarah khún lená zarúriyát se hai, aur agar pahlí fásd kuchh asar nabz ki tezí par na kare to áth yá das ghanṭe bad mukarrar fásd kījáwe. Agar tum ne maríz ko bad láhaq hone bímári ke tñ yá chár din tak nahín dekhá hai to barí ihtiyát malhúz rakhní cháhiye balihás fásd ke. Tanqiya kḥás pachhno yá jonkon se hameshah munásib hogá, aur jab ki alámaten jamaḥ hone khún yá sozish kí namúdar hon to us ázu ke qaríb se jis men khalal ho khún lená cháhiye aur bad iske bare bare julláb diye jáwen, ek powder calomel aur jalap ke niháyat bahtar hai. Agar isse bhí marz ko ifáqat na ho to bilá tákhír dená páre ká ikhtiyár karen, lekin ziyádah barín khún lená aksar auqát muzhir hai. Is súrat men páunch grain calomel hamráh opium yá baghair opium hasb hálat medeh aur rodon ke thore se shírah yá jelly men diyá jáwe aur bamújib zarúrat alámaten aur darjah andeshe ke do do, tñ tñ ghanṭe bad yih dawá mukarrar aur mutawátir dewen. Tis yá chális grain dene se aksar munḥ kjátá hai, aur jab ki yih wáqa hotá hai to tamám alámaten bad rafá hojátis hain, ek saline effervescing yane ek namkín urñewáli maütád síth áth yá das qatrah tincture henbane ke waste kam karne taklífát árzah ke bahut asar rakhtá hai.

Sponge karná jism ká áb-i-sard aur sirka se wáste kam karne harárat shadíd jild ke bahut mufíd hai, aur agar sir men garmí aur dard malúm hotá ho to sard chizon ká sir par lagáná bhí bahut tiskín detá hai ek phukná bhará huá kúṭe huc barf ká niháyat munásib tarkíb hai. Darmiyán darjah harárat ke cháhiye ki ghizá niháyat darjah kí sard karne wáli raqíq chízon ke ho misl áb-i-barf aur áb-i-tamarind yane imlí aur sharbat límon wághairon ke. Asnáí naqáhat men aur bad síhat yábi ke rodch aur ghizá kí taraf niháyat tawajjah malhúz rahe; tabdíl-i-hawá aur halkí adwiyah muqawwí aur subuk táqat baḥsh ghizáen niháyat fáidahmand hoti hain.

Sawálat.

Alámaten tap-i-remittent ki kyá hain?

Kis tarah tamíz karte ho darmiyán tap-i-remittent aur tap-i-naubat ke, aur darmiyán tap-i-remittent aur tap-i-diq ke?

Ibtidáe darjah bímári mazkúr men konsá iláj munásib amal men láná cháhiye?

Should you not have seen the patient till after the third or fourth day, what should you then do ?

What effect has salivation on the patient ?

FEBRIS TYPHOID; TYPHUS FEVER.

There are two varieties of typhus, the typhus mitior or mild form, and the typhus gravior, or malignant form.

Symptoms.—At first the patient is seized with languor, dejection of spirits, great debility and loss of muscular strength, universal weariness and soreness, pains in the head, back, and extremities, rigors, the eyes appear full, heavy, yellowish, and often a little inflamed; the temporal arteries throb; the tongue is covered with a brownish coloured mucus, which soon becomes dry and parched, the proper taste is lost, the respiration is commonly laborious and interrupted with deep sighing, the breath is offensive and hot, the bowels costive; the urine natural or pale, the pulse is frequent, small, hard and fluttering, the slightest thing causing it to become very rapid and unequal. There is sometimes a great load, feeling of heat and oppression of the stomach, and frequently bilious vomitings. As the disease advances, the pulse increases in frequency. There is now great debility, and great heat and dryness of the skin, oppression of the heart, with anxiety, sighing, and moaning; the thirst is generally moderate, and the tongue, gums, teeth, mouth and lips are covered with a brown or blackish fur; the speech becomes inarticulate, scarcely intelligible, the patient consequently mutters, and is mostly very delirious. The fever continuing to increase still more in violence, symptoms of putrefaction show themselves; the breath becomes highly offensive, the urine deposits a black and foetid sediment, the stools are dark, offensive and pass involuntarily; hæmorrhages issue from the gums, nostrils, mouth, and other parts of the body. Purpuræ or livid spots appear on the body, the pulse intermits and sinks; the extremities become cold, hiccough ensues, and the patient dies.

Treatment.—At the commencement of the disease, if the patient should be of a full habit of body and young, bleeding from the arm in a full stream until fainting is produced, will afford

• Agar tum ne mariz ko tñn yá chár din bad tak nahín deklá hai tab tum ko kyá karná cháhíye?

• Kyá asar rakhtá hai áná munh ká mariz par?

FEBRIS TYPHOID ; YANE TYPHUS FEVER.

Tap-i-typhus kí do qism hotí haiñ, yañe typhus kħaffí aur typhus shadíd.

Alámaten.—Mariz par awwal sustí aur udási aur nátawání aur nuqs-i-quwáe rag-o-puñhe, aur dard, aur mándgí tamám azái ke, aur dard sir, aur dard kamar, aur dard dast-o-pá, aur larzah tári hotá hai, áñkhen bhari huí, aur bhári, aur zardí máyal, aur aksar sozish álúd ho játi haiñ, aur shiryán sudagh dharaktí haiñ, zubán sáth ek bhúre se rang ke luáñ ke dhak játi hai, jo luáñ ki jald kħushk ho játi hai záiqah munh ká bigar játi hai, dam aksar diqqat se átá hai aur uske sáth mariz áh sard bhartá hai, aur sáñs búdar aur garam hotá hai, ánten munqabiz, pesháb bahálat-i-aslí yá zard, nabz saríh aur bárík aur sañht aur muztar hotí hai, halkí sí halkí chíz use tezrau, aur muztar, aur náhamwár kar detí hai. Is marz men mariz ko aksar auqát bará bár rakhtá hai aur badan men harárat aur bojñ sá mañum hotá hai, aur pit ámez qai áti haiñ. Joñ joñ bímári barhtí hai, súrat nabz kí ziyádah hotí játi hai. Is hálat men mariz ko barí nátawání ho játi hai, aur barí garmí aur kħushkí jild kí aur dil par fikar, aur taraddud, aur áh sard aur gham se bará sadmá guzartá hai, píyas aksar átidál par hotí hai, aur zubán, aur masúre, aur dáñt, aur munh, aur honñon par, bhúre yá siyáhi máyal kħár ho játe haiñ, aur mariz alfáz jo ki mushkil se samajh men áwñ boltá hai, aur islíye barhbarhátá hai, aur aksar usko niháyat bizyán hotá hai, aur jab kí tap ziyádahtar sañht ho játi hai alámaten sarñ jáne kí záhir hotí haiñ, dam niháyat mutaaffin ho játi hai, pesháb men ek siyáh aur badbúdar durd baiñhtá hai, aur dast siyáh aur badbú ke hote haiñ, aur kħud bakhud nikal játe haiñ, aur masúron, aur nathnon aur munh aur ajzái jism se kħún jári hotá hai. Níle dhabbe jism par záhir ho játe haiñ, nabz mutuwaqqif aur niháyat záif ho játi hai, háth páwn sard ho játe haiñ, hichkiyán shurú ho játi haiñ, aur mariz mar játi hai.

Maáijah.—Ibtidái bímári mazkúr men bashartíki mariz tawána aur jawán ho, kħún ká lená bázú se jab tak us par zauf o ghashí áyad ho bahut mufíd hogá, lekin nátawán jism marizon ke liye

great relief, but this treatment is not proper in impaired constitutions, or in any stage of the malignant form. This should be followed up by an emetic, an opiate, and a cordial diaphoretic; pouring cold water over the head and body from a height has often checked the disease at the commencement, but this remedy should not be used after the first three days, as it is too exhausting. The bowels ought to be moved by castor oil or Gregory's powder, in order that no acrid matter may be lodged in them. The surface of the body should be frequently sponged with cold water and vinegar. Should there be tendency to any local inflammation, this must be reduced by the judicious use of leeches, blisters, and spirituous lotions, after which the sulphate of quinine should be administered, according to the strength of the individual. Acids of all kinds and acidulous drinks are of great use in typhus, as they allay the heat, tranquillize the restlessness, support the strength, and oppose the tendency to putrefaction. Wine must be given with the greatest caution, and the quantity gradually increased, otherwise the stimulus would produce exhaustion, and increased torpitude. Great attention must be paid to the state of the bowels; when sufficiently evacuated, broth and jellies may alternately be allowed: his bed clothes should be light and frequently changed as well as his body linen: his evacuations of every kind should be immediately removed, and above all things, his bed-room be freely ventilated, and if the patients be numerous fumigation with chlorine gas should, not be neglected. As the disease is of a highly infectious character, the individual affected should be removed from his family or associates, as soon as possible, and all communication with his attendants to be as little as possible.

Questions.

How many varieties of typhus fever are there, and what are they called ?

What are the symptoms at the commencement of the disease ?

As the disease advances, what further symptoms arise ?

At the commencement of the disease, what treatment should you adopt ?

What effect have acids on the disease ?

Is the disease considered infectious ?

yá kisi darjah में is tap ke दूसरी qism ke yih ilāj munāsib nahīn hai. Bad iske adwiyah muqawwī aur adwiyah khwābāwar aur mufarraḥ-ul-qalab aur pasīnah lānewālī dī jāweñ, aur āb i sard ki ek dhār bulandī se sir aur jism par dālne aur tarḥe ne aksar is bīmārī ko āghāz में rok diyā hai, lekin yih ilāj kām में lānā nahīn chāhiye bad awwal tīn dīn ke, kyunki yih ilāj nihāyat saff aur khālī kar denewālā hai. Rodeh castor oil yāne arandī ke tel aur Gregory's powder se saff kī jāweñ, tāki koī mawād tursh-otalaḥ un में na rah jāwe, satah jism kā aksar bazariḥ sponge nam kiyā jāwe āb i sard aur sirkah se. Agar kisi muqām par sozish sī maḷūm howe, to wuh ghaṭā dī jāwe sāth munāsib istamāl jonkon aur blistarōn aur spirituuous lotions ke, aur bad iske sulphate of quinine hamūjib tāqat marīz ke dī jāwe. Hamūziyāt tamām qism ki aur ashurbah tursh tap typhus में nihāyat mufīd hote haiñ, kyunki weh harārat ko kam karte haiñ, aur iztarāb o be-ārāmī ko fāidah bakhshite haiñ, tāqat ko thāmte haiñ, aur bow-sīdgī aur sarjāne ko rokte haiñ. Sharāb soch o samajh kar denī chāhiye, aur miqdār iski batadrīj ziyādah kī jāwe, aur dar sūrat adam ahtiyāt o nātāqatī aur garmī ziyādah karegī. Hālat rodeh par baṛī tawajjah masrūf rakhnī chāhiye, jab ki weh bakhūbī khālī ho gae haiñ. Yaḥnnī aur jellies ki bārī bārī se ijāzat dī jāwe, marīs kā bistar sabak honā chāhiye, balki bistar aur uske badan ke kapre aksar badalne chāhiyeñ, uske dast aur qai waghairah fauran haṭā dene chāhiyeñ, aur in sab se ziyādah yih bāt malhūz rahe ki uske bistargāh में bahut hawā ātī rahe, aur agar bīmārī bahut hon to chlorine gas jalāne aur uske dhuyen kī khushbū pahunchāne में taghāful na karen. Chūnki yih bīmārī nihāyat mutādī hai, to marīs ko uske khāndān yā aur rafqā में se hatūlwasa jald alag kar denā chāhiye, aur uske bīmārdāron se bhī hatūlimkān āmad-o raft kam kar denī chāhiye.

Sawālāt.

Kitne aqsām tap typhus ke haiñ, aur wuh kyā kahlāe jāte haiñ ?
 Kyā haiñ wuh ālāmaten jo ki is bīmārī ke shurū में hotī haiñ ?
 Jūn jūn bīmārī baṛhtī jātī hai kyā ziyādahtar ālāmaten paidā hotī haiñ ?

Shurū marz में kyā ilāj karnā chāhiye ?

Hamūziyāt is bīmārī में kyā tāsīr rakhte haiñ ?

Kyā is bīmārī ko mutādī khīyāl karte haiñ ?

GASTRITIS; INFLAMMATION OF THE STOMACH.

Symptoms.—Pain in the pit of the stomach, increased by pressure, so that the slightest, the weight of the bed clothes, or any muscular effort will cause distress; a burning thirst, and a desire for cold drinks, the fluid when swallowed, almost instantly ejected by vomiting; constant nausea, and disposition to vomit; a sensation of burning often extending from the œsophagus to the pharynx; hiccup; heat in the epigastric region, sometimes very great, whilst the extremities are cold. The tongue is generally red at the tip and edge; when the disease has been of long standing, it is observed to be red, glazed, and smooth. The breathing anxious and difficult; pulse quick, small and hard; the bowels constipated; great prostration of strength; countenance very anxious, and the patient is restless and complains much. Acute gastritis if not quickly subdued, soon proves fatal. It is produced by many causes, such as cold applied to the body when heated, or to the inner surface of the stomach when the body is overheated, as eating an ice or drinking iced water, causing at times sudden death; at other times the sudden cessation of gout in an extremity has produced the disease; a stone passing from the kidney has also caused it; great grief or great fatigue has sometimes produced it; it is also easily produced by acrid matter taken into the stomach, such as corrosive sublimate, cantharides, or the mineral acids in large doses.

Treatment.—In the acute form just described, you must first endeavor to discover the cause of the disease. If it arises from poison, you must neutralize it if possible, or use the stomach pump, but if you have not one at hand, employ emetics. If the disease arises from simple cold, you must first bleed generally, regulating it by the strength of the patient, and the state of the pulse; then apply leeches to the pit of the stomach, the number being regulated by the age and strength of the patient; the bowels are to be kept open by enemas. Give cold drinks, either pure ice water or lemonade, consulting the patient's feelings in this matter; avoid giving the slightest stimulant. When the patient

GASTRITIS ; YANE SOZISH MEDEH.

Alamatalen.—Fum-i-medeh men dard hotá hai, aur dabánu se ziyádah ho játá hai, hattá ki zará se chhúne aur bár párocheh bistar, yá kisi putthe kí harkat se bahut taklíf hotí hai; tishnagi kamál, aur khwáhish ashrubah sard kí ho játí hai, aur maríz jo kuchh pítá hai fauran qai kar detá hai, hameshah ghisyán aur tabíat máyal baistafaragh rahtí hai. Malúm honá sozish ká jo ki aksar phailtí hai cesophagus yane hulqúm se pharynx yane múre tak, aur hichkiyán áttí haiñ aur bálá-i-medeh garmí hotí hai jo ki baze waqt bahut ziyádah hojátí hai us hálat men háth páñw sard rahte haiñ, zubán aksar auqát nok aur kináron ke pás se surkh hotí hai. Jab ki is bímári ko muddat guzar gai hai to zubán surkh aurtábindeh aur shaffáf dekhí gáí hai, aur tanáfús pareshán aur dushwár hotá hai, nabz tez aur bárík aur saht, rodeh munqabiz rahte haiñ, aur táqat záyal hojátí hai, chehreh par maríz ke bahut tashwísh páí játí hai, aur wuh bahut beqarár aur sháqí rahtá hai. Agar sozish shadíd medeh ká fauran dáfa ná ho to wuh jald már dáltá hai. Yih marz chand báison se paidá hotá hai, maslan asar hone sardí ke jism par jabki badan garam ho, yá pahunchne se sardí ke satah medeh men jab ki jism ziyádah garm ho, misl kháne baraf yá pínc baraf ke pání ke jis ke sabáb admí kabhí kabhí dafatan marjátá hai aur baz waqt basabab dafatan thahar jáne marz niqras ke niche ke badan men, yih arzah paidá ho gayá hai. Basabab utarne sang rezah ke gurdah se bhí yih bímári ho játí hai, aur ranj ázím aur barí kost, aur thakáwat men bhí is bímári ko paidá kiyá hai, aur aisá bhí huá hai ki basabab medeh men jáne tursh chízon ke misl corrosive sublimate, teliní makkhí yá bare mau-tádon tezábón mádoní ke yih marz baásáni paidá huá hai.

Maqílah.—Is bímári kí qism shadíd men jiská zikar abhí ho chukán hai, awwal cháhiye ki báis bímári ká daryáft karen. Agar wuh zahar se paidá huí ho to cháhiye kí use bashartimkán nikálen, yá stomach pump kám men láwen, aur agar yih álah maujúd ná ho, to adwiyah qaiáwar den. Agar bímári maskúr paidá huí hai sirf sardí se, to awwal tanqiyah am fasd se karná cháhiye, bamujib táqat maris aur hálat-i-nabz ke; bad iske joken fam-i-medeh par lagáwen, magar tadád unki bamujib umt aur táqat maríz ke ho. Rodeh khole-jáwen sáth pichkárí ke. Ashrubeh sard yá khális áb-i-barf yá sharbat limon dewen, magar is báb men maris kí khwahish púchhí jáwe. Done we halkí se halkí muharrik dáwa ke áhtárák rahe. Jab kumaris ko

in convalescent, the return to diet must be carefully regulated and should consist chiefly of farinaceous substances, with mild broths.

Symptoms of chronic Gastritis.—These are the same as in the acute form, but less severe.

Treatment.—This should consist chiefly in strict attention to diet and regimen, avoiding all stimulants, and applying a few leeches occasionally to the pit of the stomach, and sometimes blisters, or tartar emetic ointment; the bowels to be kept open by enemata.

Questions.

What are the symptoms of acute gastritis ?

Name some of the causes that induce this disease ?

What treatment should you adopt in acute gastritis ?

What are the symptoms of chronic gastritis ?

What treatment ought you to adopt in chronic gastritis ?

GONORRHOEA.

Gonorrhoea is a specific inflammation of the mucous membrane of the urethra, with a mucopurulent discharge peculiar to the disease, and is of a purely local nature.

Symptoms.—It follows "coitus" at different distances of time, generally earlier when it is a first attack, it is then also much more severe. It may commence in a few hours after, by the patient feeling a peculiar sensation at the external opening of the urethra, of a tingling nature; next there is a frequent inclination to make water, soon accompanied with a scalding pain, then a discharge of thin mucous. The desire to void the urine now becomes incessant, the pain in making it most acute, and a disagreeable itching is felt in the perinæum, and about the anus. After making water severe pain darts along the urethra under the pubes to the bladder, and considerable tenderness is felt in the groins and testicles and pain in the perinæum. The penis is now much swollen, particularly the prepuce and glands. During the night time, the penis has a constant disposition to erect, assumes a curved shape, and is acutely painful, this is called "chordee;" the patient gets out of bed very often, either to

ifáqat háníl ho ghízá niháyat ahtiyát se kasb ~~ghízá~~ cháhiye aur cháhiye ki ghízá-i-mushtamil ho, aksar raqíq o muqámmi mahiyá se sáth halke shurbáon ke.

Alámaten sozish-i-kohneh medeh kí.—Yih alámaten hain waqt kí jaisí ki qism shadíd meñ hotí hain, lekin waisí saht nahín hotí.

Maáljah.—Cháhiye ki is meñ aksar liház ghízá aur parhes ká niháyat malhús rahe, aur kisí qism kí muharrik chízen na den aur chand jonken kabhí kabhí fam-i-medeh par aur baze waqt blisser, yá marham tartar emetic lagáwen; aur rodeh bazariah pichkárí ke kholdi jáwen.

Sawálat.

Kyá hain alámaten sozish shadíd medeh kí?

Bayán karo baze un báison ko jo ki sabab paidá hone is bímárí ke hote hain?

Kyá maáljah ikhtiyár karná cháhiye sozish shadíd medeh meñ?

Kyá hain alámaten sozish kohneh medeh kí?

Kyá maáljah karná cháhiye sozish kohneh medeh meñ?

GONORRHOEA; YANE SOZÁK.

Is marz meñ us jhillí meñ jo ki mujrái boul meñ hai, sozish ho játi hai, sáth ikhráj-i-rímdár mawád fásid ke jo ki khástan is bímárí ke liye hai, aur muqám-i-marz hí se nikaltá hai.

Alámaten.—Yih marz bad jimá ke jaldí yá bader magar aksar auqát jald wáqa hotá hai, jis súrát meñ ki yih marz pahle pahal wáqa hotá hai, to wuh ziyádah saht hotá hai, baze waqt wuh shurú hotá hai chand ghanṭe bad jimá ke, aur maris ko malúm detí hai ek khás qism kí khalaish munh par niyázah ke, bad iske aksar ahtibás pesháb ká hotá hai, aur fauran bad iske sozish ke sáth dard hotá hai, aur tab ikhráj raqíq rím ká hotá hai. Is hálát meñ hájat rafa karne boul kí dambadam hotí hai, aur uske karne meñ dard niháyat shadíd hotá hai, aur perineum yane síwan meñ aur gird miqad ke ek khárish napasandídah malúm hotí hai. Bad pesháb karne ke dard shadíd tamám ráh pesháb meñ niche se muqám dahan masánah tak chabak mártí hai, aur chaddon aur baision aur síwan meñ ehhúne se taklíf hotí hai. Is hálát meñ usy tanásul bahut sáj játa hai, khasúsan muqám qulfah aur ghaddí. ~~Is~~ Is waqt usy tanásul meñ istádgi rahtí hai, aur khámí ho játi hai, aur us meñ dard shadíd hotá hai, aur is hálát ke chorde ~~ke~~ kábe hain.

abate this state, or to make water. The discharge is now very copious, of a thick consistence, and a greenish color. This may be considered the first stage of the disease, and should be treated actively. If remedial means have not been employed, the preceding symptoms continue commonly for ten or twelve days, the inclination to make water and the scalding begin to abate; the swelling of the penis, and the disposition to erect, decreases; the discharge is of a whiter hue and thicker consistence, and flows more copiously. This state continues for some days, then the symptoms become progressively milder, until the scalding and chordee cease, and the discharge changes to a glary fluid, which, with the inability to retain the urine for the same length of time as in health, constitutes "gleet."

Treatment.—In the first stage leeches should be applied to the urethral aspect of the penis from the frænum to the anus, then warm fomentations and the hip bath, perfect rest, low diet, diuretic and mucilaginous drinks, such as linseed tea, barley or nonjee water, should be drank in large quantities, assisted with saline aperients and the mixture aqua potassæ. Before retiring to rest, the penis should be bound down on the perinæum, with a piece of linen cloth interposed, in order to prevent chordee, and an opiate of hyoscyamus and half a grain of extract of belladonna inserted into the anus: some prefer three grains of camphor, forty drops of laudanum, and one ounce of water in form of a draught, to be taken at bed time. A suspensary bandage must be worn day and night. In the second stage, that is, when the scalding begins to abate, a drachm of powdered cubebs, mixed with a scruple of balsam copaibæ, should be mixed thoroughly in an ounce of mucilage of gum arabic, and given at first twice, then thrice, four and five times a day, if the stomach will retain it; this will generally check the disease in a few days, but the medicine should be continued for a few days longer, diminishing the dose very gradually. Stimulants of every kind must be strictly avoided, but if the patient cannot or will not do without something of the sort, good sherry or weak gin and water will be found the least irritative.

Mariz aksar suqat biatar se nhatá hai, khwá wáste kam karne is hálat ke, yá pesháb karne ke. Ab ikhráj-i-mawád baharat hotá hai, aur wuh gárhá aur sabzi máil hotá hai. Yih pahlé darjah, is bímári ká hai, aur cháhiye ki iská bandobast chustí se kiya jáwe. Agar maáljah amal men nahín áyá hai, to alámaten marqámat ká amúman jári rahtí hai wáste, das yá bárah din ke. Khwábáwar pesháb karne kí aur sozish kam honí shurú hotí hai, aur sújan qv tanásul kí aur dard aur istádgi kam ho játi hai, mawád kí rangat kuchh sufed ho játi hai, aur wuh ziyádah gárhá ho játa hai, aur ziyádah ifrát se nikaltá hai. Yih hálat chand roz tak rahtí hai, aur tab alámaten men farq par játa hai, táwaqtiki sozish aur istádgi mauqúf ho játi hai, aur mawád men shafáfi á játi hai, aur mariz pesháb ko is ársah tak rok nahín saktá jaisá ki sihat men rok saktá thá, aur usko jiryán maní kahte hai.

Maáljah.—Darjah awwal men cháhiye ki jonken muqám frenum se miqad tak síwan men lagáí jáwen, badhú senkná aur kúle tak garm pání men baiṭhná aur kisi qism ká harj na karná, aur kam ghizá par rahná munásib hai, aur adwiyah mudir aur luábdár ashurbah, aur inkí madad ke liye namkín adwiyah mulayyan aur mixture of liquor potassæ dewen, qabl az sone ke cháhiye ki qv tanásul bándhá jáwe síwan par sáth ek ṭukre párchah malmal ke wáste rokne istádgi aur dard ke. Aur ek dawáí khwábáwar misl hyoscyamus aur nisf grain extract of belladonna ke andar miqad ke rakkhí jáwe, baze munásib jánte hai tñ grain káfúr aur chálís qatrah laudanum, aur ek ounce pání bataur tabríd ke sote waqt piyá jáwe, ek bandish áwezáp din rát rakkhí jáwe. Darjah doyam men yané jab ki sozish shurú bakamí hotí hai ek drachm cubeba piáí huí maḥlút sáth ek scruple balsam copaibæ ke cháhiye ki bilkul maḥlút kí jáwe bích ek ounce luábdár samagh Arbí ke dí jáwe, awwal do dafah aur bad aizán tñ aur chár aur páñch dafah ek din men bashartiki medeh use qabúl kare, yih aksar rokegá bímári mazkúr ke chand roz men, lekin cháhiye ki yih dawá jári rahe chand roz ziyádah, magar maútáden iski kam kar dí jáwen. 'Tus dawáen har ek qism kí cháhiye ki na dí jáwen, lekin agar mariz nahín rah saktá hai baghair kisi is qism kí chíz ke, aonchhi sharbi sherry yá kamzor jin aur pání aur chízon se ziyádah kam khálish paidá karegá.

Questions.

What is the nature of the disease called gonorrhœa ?

Describe the symptoms which appear in the first stage of the disease ?

What are the symptoms of the second stage ?

What treatment should you adopt in the first stage ?

What treatment in the second stage ?

HÆMOPTYSIS ; SPITTING OF BLOOD.

This disease may occur under three forms ; 1st, from the bronchial mucous membrane ; 2nd, from pulmonary apoplexy, and 3rdly, from rupture of a blood vessel in a tubercular cavity of the lungs.

Symptoms of the first form.—This is the most common, and generally attacks women whose monthly discharges are deficient or entirely suppressed. It may also occur in men. It is preceded by cough, with more or less difficulty of breathing, the pulse is generally quick and bounding, the expectoration resembles red currant or putwah jelly, the discharge is sometimes copious, but generally moderate in quantity and very frothy.

Treatment of the first form.—Should the patient be plethoric, and there be signs of irregular determination of blood, venesection will be necessary. The patient should be kept in a recumbent position, perfectly quiet, and abstain from every thing stimulating : he should be placed in a large cool room, and the bowels frequently opened by saline purgatives. Should the bleeding still continue with a strong pulse, nauseating doses of tartar emetic should be given ; after the congestion is removed, the sugar of lead, either with or without opium, should be given.

Symptoms of the second form.—There is chilliness, the extremities are cold, followed by flushes of heat and redness of the cheeks, headache, quick and hard pulse ; palpitation and oppression of the heart, the discharge from the lungs attended with great difficulty of breathing, a feeling of suffocation in the chest, sometimes pain : the pulse is now frequent, full and vibrating.

Sawálat.

Maḥsús sozák kyá hotá hai ?

Bayán karo alámaten jo ki záhir hotí haiñ darjah awwal bímári mazkúr men ?

Kyá haiñ alámaten darjah doyam kí ?

Kyá iláj iḵhtiyár karná cháñfiye darjah awwal men ?

Kyá iláj darjah doyam men karen ?

HEMOPTYSIS; YANE THÚKNÁ KHÚN KÁ.

Yih bímári wáqa ho saktí hai tîn tarah par; awwal, bronchitis, yañe us parde se jo ki arúq ḵhishnah par hotá hai; doyam, pulmonary apoplexy, yañe bhar jáne se ḵhún ke phepre men, aur tísri, phat jáne se kisí rag ke mutaliqah phepron ke.

Alámaten.—Qism awwal kí yih bímári aksar áid hotí hai auraton ko jab ki ayám haiz men qasúr hai yá bilkul band ho gae haiñ. Yih marz mardon ko bhí ho saktá hai, iske pahle ḵháñsí hotí hai aur dam kam o besh mushkil se átá hai, aur nabz aksar tez aur jihandah hotí hai, aur balgham mushábah hotá hai, surḵh kakronde yá patwá jelly se, iḵhráj ḵhún baz waqt bahut kasrat se hotá hai, lekin aksar miqdár men baatidál aur kaf ámez hotá hai.

Maájláh qism awwal ká.—Agar maríz damwí mizáj ho, aur alámaten beqáidah ṭhaharne ḵhún kí maujúd hon, to fasd ká lená zarúr hai. Cháhiye ki maríz jhuká huá aur bilkul chupká letá rahá kare, aur parhez kare harek tez chíz se, aur bare sard makkán men rahe, aur rode aksar khole jáwen sáth namkín jullábon ke. Agar ḵhún ká áná is par bhí jári rahe aur nabz qawí ho, to jí matláne wáli maṭáden tartar emetic kí dí jáwen, bað iske ki ṭhahrá huá ḵhún phail jáwe, to sugar of lead ḵhwá sáth opium ke yá baghair uske dená cháhiye.

Alámaten qism doyam kí.—Is qism men badan men ḵhun-kí rahtí hai, aur háth páñw sard hote haiñ, aur bað iske shuálah garmí ke uṭhte haiñ, aur surḵhí ruḵhsáron kí, aur dard sir aur nabz tez aur saḵht hotí hai, dharakná aur iztaráb-i-dil, aur iḵhráj ḵhún phepron se, aur iske sáth áná dam ká diqqat se, aur maḷúm honá ghuṭná dam ká chhátí men, aur baze auqát dard rahtá hai. Is hálat men nabz sarí aur mumtalí aur tapán hotí hai.

Treatment of the second form.—This must depend on the state of the lungs, age, constitution of the patient, and quantity of blood lost. Copious bleeding even to fainting, perfect rest, absolute silence, the wants of the patient must be conveyed by signs as far as practicable, cool air, nauseating doses of antimony: acidulated drinks, and sugar of lead in doses of two or three grains every third or fourth hour.

Symptoms and Treatment of the third form.—Will be described when speaking of phthisis.

Questions.

Describe the different forms under which the disease may occur?

What are the symptoms of the first form?

What is the treatment to be followed in the first form?

What are the symptoms and treatment of the second form?

HEMORRHOIDS; PILES.

Symptoms.—Sense of heat and pain at the rectum and in the loins, headache, giddiness, flatulence, feverishness, restless nights, scanty and high colored urine, with a frequent desire to void the urine and fœces: there is sometimes pain and bleeding when the patient has an evacuation.

Treatment.—Should the pulse be full and strong, you should bleed from the arm, and give two grains of calomel, with eight grains of James' powder at bed time, and on the following morning give a gentle saline aperient; let this be continued for two or three nights. When the piles proceed from costiveness, give an electuary of sulphur, cream of tartar, and the confection of senna. You should apply leeches and cold lotions to the rectum, keep the patient in the horizontal position, and if there should be bleeding from the rectum, apply an astringent ointment of powdered galls and opium; and if there be inflammation attending it, add some of Goulard's extract to it. The patient should always avoid eating indigestible food, and abstain entirely from spirituous and fermented liquors.

Question.

What are the symptoms and treatment of Hæmorrhoids?

Maáljah qism doyam ká.—Yih cháhíye ki munhasir ho úpar hálat phepreh aur umr aur mizáj maríz, aur miqdár khún talf-i-shudah ke lená khún ká baifrát balki yabán tak ki ghash á jáwe, aur na karná kisi qism ke harj ká, aur rahná bilkul khámosh cháhíye, aur jahán tak aml men á sake ahtiyáját maríz rawá kar dí jáweñ, imái aur ishárah se, aur hawái sard, aur jí matlánewáli maütáden antimony ke, aur ashurbah tezábí aursugar of lead bích maütáden do yá tíu grain ke tín yá chár ghante bad dí jáweñ.

Alámaten aur maáljah qism soyam ká likhá jáwegá barwaqt zikr árzah phthisis, yane bímári sil ke.

Sawálat.

Bayán karo mukhtalif aqsám jin men yih bímári wáqa ho sakti hai ?

Kyá hain alámaten qism awwal kí ?

Kyá maáljah kiyá jáwe wásle qism awwal ke ?

Kyá hain alámaten aur iláj qism doyam ke ?

HEMORRHOIDS ; YANE BAWÁSÍR.

Alámaten.—Malúm honá jalan aur dard ká miqad aur kamar men, aur dard sir, aur daurán sir aurnafkh aur harárat tap kí sí aur bechain rahná rát ko, aur qalíl aur niháyat tez rang áná pesháb ká sáth aksar ihtiyáj boul-o baráz ke aur baze waqt honá dard ká, aur áná khún ká barwaqt ijábat ke alámaten is marz kí hain.

Maáljah.—Agar nabz mumtalah aur qawí ho to bazú se fasd len, aur do grain calomel sáth áth grain James' powder ke sone ke waqt, aur dúsre din subah ko koí halkí namkín adwiyah mulayyan den aur is iláj ko jári rakhen do yá tín rát tak. Jab ki bawásír qabz se paidá ho to electuary of sulphur, yane gandak ká aur cream of tartar, aur confection yane halwá saná ká dewen. Aur tumhen cháhíye lagáni jonken aur sard lotions miqad ko, aur rakhná marís ko sídhá, aur agar miqad men se khún bhí átá ho to lagána ek astringent yane qábiz marham pisi húi gall-nut yane majú aur opium ká, aur agar uske sáth sozish bhí ho to shámil karná usmen thofá extract of Goulard mufid hogá. Bímár ko cháhíye ki hamesha parhez kare kháne se aisi ghizá ke jo ki qábil hazm hone kí na ho, aur baz rahe buri aur garam sharábon se.

Sawálat.

Kyá hain alámaten aur iláj bawásír ke ?

HEPATITIS; INFLAMMATION OF THE LIVER.

This may be either acute or chronic.

Symptoms of acute Hepatitis.—There is pain in the right hypochondrium, shooting to the back and shoulder, increased on pressure, pain in the right shoulder; the pulse generally strong and full; there is thirst, a furred and yellowish tongue, and frequently vomiting, sometimes of a bilious, at other times of a dark coloured matter. The bowels are commonly irregular or costive; the urine almost always scanty, and very high coloured. There is also pain, tenderness, and tumefaction in the region of the liver, occurring with more or less degree of intensity, with inability to lie on the left side; occasionally jaundice, depression of spirits and nervousness, with great irritability of temper. Hepatitis may terminate by resolution or by suppuration, or the irritation may continue in a modified manner, so as to be classed among chronic diseases of the liver. The indications of resolution are, in the first instance, the subsidence of the fever, the gastric symptoms, and the pain; this is followed by the disappearance of the tumefaction, which, though generally the last of the symptoms, often occurs with great rapidity; the dilatation of the side is no longer observed, the right hypochondrium and epigastric region lose the tension and fulness which occurred during the height of the disease. If suppuration takes place, the tumefaction increases, shiverings more or less severe are observed, with or without perspirations; the pulse becomes small and rapid, the countenance is pale, and a sour smell of the surface is perceptible. If the abscess forms so as to be perceptible by manual examination, we may observe the following conditions; 1st, a generally enlarged state of the organ, in which, though no perceptible fluctuation exists, a doughy or boggy feel is communicated over a greater or less portion of the tumour; 2nd, distinct tumefaction below the margin of the rib; 3rd, a tumour in the epigastrium; and 4th, a bulging of the false ribs, with more than usual fulness of the intercostal spaces; the constitutional symptoms are night cold-sweats, clamminess of the skin, and frequent fainting sensations. The inability to salivate the patient is considered very characteristic of suppuration having taken place.

HEPATITIS; YAÑE WARM-I-JIGAR.

Yih warm do qism ká hotá hai; acute, yañe shadíd, aur chronic, yañe kohneh.

Ásár shadíd warm-i-jigar ke.—Dáhiní kokh men dard rahtá hai, aur sháne aur pusht kí taraf yakáyak phailtá hai, aur dabáne se ziyádah hotá hai; aur dáhine kándhe men bhí dard hotá hai; nabz aksar zor se aur jald chaltí hai; piyás ká ghalba hotá hai; zubán men káñte parjáte hain, aur rangat zubán kí máil ba zardí hotí hai; qai aksar hotí rahtí hai, aur uske sáth kabhí kabhí safrá aur kabhí kabhí maile rang ká mádda nikaltá hai; antariyán aksar betartíb aur band rahtí hain; pesháb thorá thorá aur bahut rangín átá hai; kaleje ke ás pás kam-o-besh dard, aur amáo aur warm bhí hotá hai, aur bímár báin karwat leṭ nahín saktá; kabhí kabhí yarqán hojátá hai, aur dilpar udási chhá játí hai, aur máríz niháyat tez mizáj aur chirchirá hojátá hai. Barwaqt záyal hone ásár ke yih maraz bhí záyal ho saktá hai, aur jis súrat men kalejá pak jáwe, yá dard-i-khafíf jári rahe, to usko amrázi aqsúm-i-chronic se shumár karte hain. Ásár rafa hone is marz ke awwal yih hain, ghaṭ jánú bukhár aur ásár bímári shikam aur dard ká, aur baḍ iske rafa honá warm ká; yih warm agarchi aksar akhír alámat is bímári kí hai, magar jald játá rahtá hai, phailáo pahlú ká nahín maḷúm detá, aur dáhiní kokh, aur uu muqámon men jo medeh se upar hain, tanáo aur warm jo marz kí shiddat men paidí hotá hai nahín rahtá. Darsúrat pakjáne kaleje ke warm taraqqí pakartá hai, aur larzah kam-o-besh pasíne ke sáth yá baghair pasíne ke numáyán hotá hai, nabz kamzor aur tez raftár hojátí hai, chehrah zard par játá hai, aur badan se khaṭṭí bo áne lagtí hai. Agar warm háth lagáne se maḷúm hotá hai, to uske ásár batafsíl-i-zail páe játe hain. Awwal, kalejá aksar baṛh játá hai, aur agarchi bazáhir harkat kartá huá nahín maḷúm detá, magar waram narm aur muláyam maḷúm hotá hai. Doyam, paslí ke kináre ke níche warm záhir hotá hai. Sayum, us muqám men jo medeh ke úpar hai warm ájátá hai. Chahárum, tale kí donoḅ chhoṭí pasliyán baṛh játí hain, aur kḥulú darmiyán pasliyón ke ziyádah wasí hojátá hai, aur jism par rát ko ṭhandá pasíná átá hai, aur post badan ká chipchipá maḷúm detá hai, aur aksar ghash kí taraf tabiát rujú kartí hai; aur jabki bímár ko munḥ áne kí dawá dene se munḥ nahín átá, to isse yaqín-i-qawí hojátá hai kí bímár ká kalejá pak gayá.

Treatment.—In the early stage of the disease, and there are no signs of suppuration present, the treatment should commence with a free bleeding from the arm, which, if the patient be robust and the inflammatory fever high, should be pushed so as to produce some effect on the circulation; if after four or five hours the pain and oppression return, the bleeding should be repeated. The bowels should be opened by a dose of calomel, ten grains, followed by a brisk saline purgative of epsom or rochelle salts, and assisted by a purgative injection of an infusion of salts and senna; after the purgative has acted, thirty leeches should be applied to the most painful part of the side, and when they fall off, the oozing of blood should be arrested at once, as it only tends to weaken the patient, without relieving him in the least. After the hæmorrhage has been completely arrested, great advantage will be afforded by the application of warm poultices of linsced meal, or bread and milk, over the affected organ; these however must be made light, as their weight in some cases proves distressing. If the disease should be complicated with dysentery, great relief may be afforded by the application of a dozen leeches to the region of the anus as well. The circumstances that point out that the general and local depletions have exercised a salutary influence on the suffering organ are the following: the diminution of the inflammatory heat, and of the oppression in the epigastrium and hypochondrium, the subsidence of the pain and tenderness; and lastly, of the tumefaction, which is to be ascertained by the touch and by percussion of the lower part of the thorax and abdomen. Blisters are now to be employed, but their use must never be resorted to while the inflammatory fever runs high, and they must be removed as soon as the patient begins to feel their stimulus.

When the disease occurs in persons of a broken down constitution, and particularly in those who have long indulged in ardent spirits, the greatest caution is to be observed in the use of the lancet, and trust principally to local bleeding and counter-irritation. Mercury may now be employed to produce salivation. Ten grains of calomel, combined with one or two of opium, may be given twice in the day, or scruple doses at bed time; but should salivation not be induced in three or four days, the remedy must be stopped. Antimonial or James' powder may be added to the

Madījah.—Ibtidāe bīmārī meṇ, aur jab ki āsār pakāo ke maḷūm nā hote hon, maālijah is taur par shurū karnā chāhiye; hāth kī aisī fasd lenī chāhiye jo ziyādah ḵhūn de; aur agar bīmār qawī ho, aur sozish kā buḵhār bashiddat ho, to munāsib yih hai, ki is qadar ziyādah ḵhūn nikāleṇ, ki surat-i-nabz meṇ farq parjāwe. Agar chār pānch ghante ke bad dard aur shiddat phir aud kar āwe, to fasd dobārah karnī chāhiye. Calomel, yāne kushta-i-pārah, bamiqdār das grain ke istamāl kiyā jāwe, tāki antariyān khul jāweṇ, aur iske bad namkīn tez mushil az qism-i-namak epsom, yā rochelle salts diyā jāwe, aur uskī madad ke liye ḵhisāndah-i-namak aur sanā kā huqnah kiyā jāwe; jis waqt dast ā chukeṇ, to tīs jonkeṇ us muqām par pahlū meṇ jahān ki nibāyat taklīf ho lagāī jāweṇ, aur bad chhuṭ jāne jonkeṇ ke ijrāe ḵhūn ko jald band karnā chāhiye, kyunki is sūrat meṇ nikalnā ḵhūn kā bīmār ko zarah bhī fāidah nahīn baḵshatā, balki zauf ziyādah kartā hai. Jabki ḵhūn bilkul band hojāwe to us jagah par jahān bīmārī ho, agar garam poultice alsī ke, āte yā roṭī aur dūd kā lagāyā jāwe to bahut mufid hogā; magar yih poultice halkā banānā chāhiye, is-liye ki basabab uske wazan ke baḷ sūraton meṇ taklīf hotī hai. Agar ishāl bhī is bīmārī ke sāth lāhaq ho, to bārah jonkeṇ miqad par bhī lagānī chāhiyeṇ, kyunki usse bahut ifāqah mutsawwar hogā; āsār jinse zābir hotā hai ki tanqiyon marqūma-i-bālā ne bīmārī-ijigar ko fāidah baḵshā hai wuh yih haiṇ. Kam hojānā jalāne-wālī garmī kā aur shiddat kā us muqām meṇ jo medeh ke ūpar hai, aur kokh meṇ, aur ghaṭ jānā dard aur amāo kā, aur in sab se bad warm kā jiskī kamī chhātī aur peṭ ke niche kī taraf dabāne aur thapakne se daryāft ho saktī hai. Is hālat meṇ plaster lagānā chāhiye, magar darsūrat ghālib hone tap-i-sozish ke istamāl plaster kā munāsib nahīn, aur jis waqt bīmār ko plaster se taklīf ho to uskā dūr karnā lāzim hai.

Jis sūrat meṇ bīmārī aise shaḵhson kolāhaq ho jo ki nātāqat aur zaif hon, ḵhasūsan aise shaḵhs ko jo ki ek arse se sharāb hāe garam pitā rahā ho, to uske tajwīz fasd meṇ bahut ihtiyāt wājib hai; aise marizon ke wāste lagānā jonkeṇ kā muqām-i-marz par aur paidā karnā counter-irritation, yāne ek aur taklīf kā ziyādah mufid mutsawwar hai. Wāste lāne muph ko istamāl pāre kā chāhiye. Das grain calomel bashamūl ek yā do grain afyūn ke do dafaṭ din meṇ diyā jāwe, yā bamiqdār ek scruple ke sote waqt; agar tīn chār din ke arse meṇ muph na āwe, to yih ilāj mauqūf kiyā jāwe. Antimonial powder

calomel, as they are considered to assist materially in producing salivation rapidly. Strong mercurial ointment may also be well rubbed into the armpits and groins to the extent of a drachm three times a day for the like period. In the acute stage of the disease, the patient must be kept on the lowest diet possible. Effervescing draughts may be allowed, and will often be found to be of great benefit, when they act on the skin and kidneys. Mild saline purges with emollient injections should be employed, and the patient may drink a solution of cream of tartar or tamarind tea, and if there be much restlessness, an anodyne draught, or twelve grains of Dover's powder, may be given at bed time. But if, notwithstanding these means, the tumefaction continues, and the fever assumes a remittent or hectic type, the formation of an abscess is to be dreaded. The patient's strength must be supported by farinaceous and gelatinous food, and the exhibition of wine in moderation, with vegetable tonics, will be advisable; poulticing must be diligently employed over the region of the liver, and we must endeavour to bring forward the abscess towards the surface as much as possible; when, in the event of a perceptible and fluctuating tumour being formed, it will be advisable to give exit to the matter as speedily as possible. When the abscess makes its way either externally or into the lungs or bowels, the strength of the patient must be carefully supported by light and nutritious diet, wine and tonic medicines, according to the circumstances of the case. The mineral acids may also be given in the different tonic infusions, such as gentian, chiretta, calumbo, or cinchona. The greatest attention should be paid to the state of the bowels, and a gentle and graduated pressure on the organ might accelerate the cure, by closing up the opening, after the matter has been evacuated.

HEPATITIS CHRONICA; CHRONIC INFLAMMATION OF THE LIVER.

Symptoms.—More or less pain in the region of the liver, increased by excitement, accompanied by tenderness and tumour, a sallow countenance, a dry skin, foul tongue, scanty and high colored urine, with occasional attacks of jaundice, occasional pain about the right shoulder, bitter taste in the mouth, and wasted

jisko James' powder bhí kahte haiñ, calomel men shámil kiyá jáwe; isliye ki yih donon jald munh ke lâne men bahut muassar samjhe játe haiñ. Qawí marham páre ká bamiqdár ek drachm ke tñ mar-tabah har roz tñ din tak baghal aur bázú aur rán men khúb malá jáwe. Darsúrat acute, yane shadíd hone bímári ke, maríz ko jahán tak ho sake kam khurák dení cháhiye. Effervescing draughts, yane babule lánewále pání kí ijázat díjáwe; yih pání bahut mufíd hogá, jabki post aur gurde par uskí tásír hogí. Halke mushil namak ko mai mulayyan pichkáriyon ke istamál men áwen, aur bímár ko solu-tion of cream of tartar yá imlí kí chá piláí jáwe, aur agar ziyádah iztiráb malúm ho to anodyne, yane taskín bakhsh pání yá bárah grain Dover's powder sote waqt istamál men áwe. Aur jo bá wasf in tadbíron ke warm jári rahe aur bukhár bári ká yá diq kí qism se hojáwe, tois súrát men khauf ho jáne phore ká mutsawwar hai; aise mauqe par wájib hai ki táqat bímár kí bazariyah-i-ghizáe muláyam aur patlí ke qáyam rakkhen aur istamál sharáb ká bsatidál basha-mul muqawwiát-i-nabátátí ke munásib hai, aur kaleje par lagáná poultice ká mauqúf na kiyá jáwe, aur aisi tajwíz amal men áwe ki mawád us phore ká hattulimkán jism ke satah kí taraf rujú kare; aur jis súrát men mawád jigar men ziyádtí pakre aur muta-harrík hone lage, to uske ikhráj men jahán tak hosake niháyat jaldí karní cháhiye. Jis hál men phorá báhír numáyán ho yá taraf phepre yá antariyon ke rujú kare to kھیál sanbhálné táqat-i-maríz ká bazariyah-i-subuk aur muqawwí ghizá ke aur sharáb aur muqawwí adwiyát ke mutábiq súrát hál bímár ke zarúr cháhiye. Mineral acid, yane tezáb hamráh mukhtalíf muqawwí khisáñdon jantyáne yá chiretta yá calumbo yá cinchona ke diyá jáwe. Antariyon kí hálát par ziyádah tawajjuh cháhiye, thorá thorá aur darjah badarjah dábné uzv mazkúr ke se bazariyah band karne munh uske ke bad ikhráj máddah ke jald honá sihat ká mutsawwar hai.

HEPATITIS CHRONICA; YANE KOIINAH WARAM-I-JIGAR.

Asar-i-maraz.—Honá dard ká kaleje men kam o besh, aur ziyadah honá uská ghabráne tabiát aur harkat karne se, aur honá uske sáth warm aur amáo ká, zard rang honá chehre ká, aur khushk honá jild ká, aur mailá rahná zubán ká, thorá thorá aur tez rang áná pesháb ká, aur gáhe gáhe láhaq honá yarqán ká, aur kabhí kabhí paidá honá

state of the body, when the disease has been of long continuation.

Treatment.—At the commencement apply every third or fourth day a dozen leeches to the region of the liver until all pain and tenderness is removed. The bowels should at the same time be diligently, but mildly acted upon by gentle laxatives, combined with mercurials, such as the grey powder or the blue pill. Afterwards repeated applications of blisters over different parts of the organ, or keeping up an eruption over it by means of the tartar emetic ointment, should be persevered in for a considerable time. If these means do not succeed, and if there is no contra-indication, the system should be gently affected with mercury, which may be done by giving small doses of calomel or blue pill, combined with Dover's powder, at night, or by rubbing in over the region of the liver one drachm of the strong mercurial ointment, three times a day. When, from the constitution of the patient, it is thought unadvisable to use mercury, the nitro-muriatic acid should be employed.

The following is the mode in which the remedy is recommended to be used. A mixture is made of eight ounces of pure water with four ounces of the nitric and four of the muriatic acid. Of this solution from two to five ounces are to be mixed with about three gallons of water at the temperature of ninety degrees in a high and narrow vessel, and the feet kept immersed in it for about half an hour every night, before retiring to rest. If the first bath does not cause a pricking sensation in the parts, the next is to be increased in strength. Advantage has also been obtained from sponging the body with a similar solution every night. After the disease has been subdued, vegetable tonics may be given to restore the digestive powers. The patient should wear warm clothing, and carefully avoid any error of regimen that may cause a return of the hepatic disease. In very obstinate cases, a trip to sea or to Europe would be of essential service.

Questions.

How may hepatitis be divided ?

What are the usual symptoms of the acute form of hepatitis ?

What are the usual terminations of an attack of acute hepatitis ?

dard ká dáhine sháne men, aur nahíf honá jism ká, yih sab ásár us waqt hote hai, jab ki yih marz bahut dinon ká ho játá hai.

Madljah.—Ibtidá men tisre chauthe din bárah jonken kaleje par lagáte raheñ jab tak ki dard aur amáo bilkul rafa na ho, magar is arse men mutaharrík rakhne antariyon ka baáhistgí bazariáh adwiyát-i-muhallil ke bashamúl murakkabat-i-páre ke misl Grey powder aur blue pill ke niháyat liház rahe. Bad iske plaster úpar mukhtalíf muqámon jigar ke bár bár lagáyá jáwe, yá bazariáh marham tartar emetic ke phunsiyán arsa-i-daráz tak qáyam rakkhí jáweñ. Agar in tadbiron se kuchh fáidáh na ho aur koí alámat síhat kí bhí zahír na ho, to thorá sá calomel bashamúl Dover's powder ke maríz ko rát ko diyá jáwe, yá marham páre ká bamiqdárek drachm din men tén martabah kaleje ke muqám par malá jáwe, jab tak ki ásár us dawá ke jism par záhir na hoñ. Jabki baliház hálat maríz ke dená páre ká munásib-i-waqt na ma'lúm ho, to tezáb shore aur namak ká istamál kiyá jáwe.

Uske istamál kí munásib tarkíb istarah par tajwíz huí hai. Ath ounce sáf pání men chár ounce shore, aur chár ounce namak ke tezáb ke miláe jáweñ, aur is men se do ounce se páñch tak tin gallon aise pání men jismen nawwe darje kí garmí ho shámil kiye jáweñ, aur is pání ko únche tang bartan men dál kar sone sepahle har rát usmen údhe ghanṭe tak páñw rakkheñ. Agar páñw men us páshoya se kánṭe se na parne lageñ to dúsrá páshoya zarah pahle se tez banána cháhiye, aur aischí páshoya se dhoná jism ká bhí rát ko mufid hotá hai. Jab ki marz rafa hojáwe to us waqt muqawwiyát-i-nabátátí wáste hálat-i-aslí par láne qúwat-i-házma ke istamál kí jáweñ. Bímár ko cháhiye ki garm kapre pahná kare aur aisi bad parhezí se har dam ihtiyát aur ihtiráz kartá rahe jisse khauf aud karne arzah-i-kaleje ká mutsawwar ho. Jabki bímári kisí iláj se asar pizír na ho, to rawána honá taraf daryáe shor ya mulk-i-Farang ke bahut mufid hogá.

Sawátál.

Warm-i-jigar kai qism ká hotá hai?

Mamúli ásár acute, yane shadíd warm-i-jigar ke kyá haiñ?

Shadíd warm-i-jigar ke khatm hone kí alámaten kyá haiñ?

What are the indications of the disease having terminated in resolution ?

What are the usual signs of suppuration having taken place ?

When suppuration has taken place, is it easy to cause salivation ?

In the early stage of the disease, should there be no signs of suppuration present, what treatment should you adopt ?

After leeches have been applied, why should you not increase the flow of blood by fomentation ?

When there is dysentery and Hepatitis at the same time, has the application of leeches to the anus afforded great relief ?

How would you know that the general and local depletions have proved beneficial to your patient ?

When is the employment of blisters contra-indicated ?

In broken down constitutions, should you employ the lancet freely, or what should you rather trust to ?

When should you administer mercury, and for what purpose do you give it ?

In the acute stage of the disease what should be the nature of your patient's diet ?

What treatment is to be adopted when suppuration has taken place ?

What are the usual symptoms of chronic hepatitis ?

What treatment should be followed at the commencement ?

Is mercury ever given in this form of the disease ?

When from any peculiarity in the constitution of the patient it is not advisable to give mercury, what other plan would you adopt ?

When the disease has been subdued, what should be the after-treatment ?

HYSTERIA; HYSTERICIS.

Symptoms.—This disease usually comes on at times very suddenly, with crying, laughing, and shrieking in the fit, with a sense of choking, as if there was a ball rising in the throat which could neither be got up or down; heaving up and down of the breasts, thumping them with the clenched fists; hiccup, and a rumbling noise in the belly; a great secretion of limpid urine, at times passed involuntarily. To these symptoms succeeds temporary loss of sense and consciousness, and of command over the muscles

Jab ki yih árzah záyal howe to uske ásár kyá hote hain?

Ásár wáqa hone pakáo ke kyá hain?

Jab ki is marz meñ jigar pak jáwe to munh maríz ká dawá se basáñí á saktá hai yá nahín?

Ibtidáe marz meñ agar alámaten pakáo kí páí na jáweñ, to maáljah kis tarah kiyá jawe?

Jab ki jonkeñ lagáí jáweñ to ijráí khún bazariah-i-sepkne ke kis wáste ziyádah nahín kiyá játá?

Jab ki árzah ishál ká bhí warm-i-jigar ke sáth howe to láganá jonkeñ ká miqad par mújib ifáqe ká hotá hai yá nahín?

Kis tarah malúm ho saktá hai ki mushil dene aur khún lene se bímári ko fáidah huá hai?

Kis súrat meñ lagáná plaster ká mamnū hai?

Jab ki maríz bahut kamzor aur zaif ho to kyá uskí fasd bilátaam-mul kí jáwe, yá nahín to kyá iláj kiyá jáwe?

Kis súrat meñ dená párc ká munásib hai, aur kis wáste diyá játa hai?

Jab ki yih árzah shadíd ho to kis qism kí ghizá bímár ko dí jáwe.

Jabki pakáo wáqa ho to kyá maáljah uská kiyá jáwe?

Mamúllí alámaten kohnah warm-i-jigar kí kyá hain?

Ibtidáe marz meñ kyá iláj kiyá jáwe?

Is qism ke marz meñ istámál páre ká kíya játá hai yá nahín?

Agar basabab khawás-i-tabíat maríz ke dená páre ká munásib na malúm ho to aur kyá tajwíz kí jáwe?

Jab ki yih árzah rafa ho jáwe to uske bad kyá karná cháhiye?

HYSTERIA ; YAÑE HABAS-UD-DAM.

Alámaten.—Is árzah meñ amúman baze waqt achánchak rone, hapsne, aur chákhne se, ek golá sá halaq meñ jo ki niche já sake na báhar á sake chháti meñ malúm huá kartá hai, babájs jiske maríz apne háth kí mutthí ko bándh ke chháti ko thapká kartá hai. Hich-kiyáñ aur peñ meñ qaráqur hotá hai, pesháb sáf aur raqíq bakaárat hotá hai, balki bemalúm nikal játá hai. Máorái in alámaten ke aql záil dil bethikáne ho játá hai, aur háth páñw ke putthe qábú yáftah nahín rahte balki un ko kám meñ láne ke waqt maríz hich-

of voluntary motion, which are either motionless or violently agitated, the arms and legs being most generally affected. The disease is much more common in females than males, particularly about the age of puberty.

Treatment.—During the fit, the patient must be prevented from injuring herself by her hands, by her teeth, or by striking her head or her breasts against any hard substance. If the symptoms indicate determination of blood to the head, it should be raised, and towels rung out of cold water applied to the forehead, warmth being applied at the same time to the feet. All tight clothing about the neck or chest should be loosened. In cases going on to complete coma, blood may be taken from the arm, or by leeches from the temples. When there is less plethora, and the fit is obstinate, the patient being at intervals able to swallow, half a drachm of aromatic spirit of ammonia, or the spirits of sulphuric ether, may be given in a little water. The face and chest should be sprinkled with cold water.

Questions.

Describe the symptoms of a fit of hysterics ?

Describe the appropriate treatment of hysteria ?

ICTERUS ; JAUNDICE.

This disease arises from an impediment to the passage of the bile into the intestines, which may be either mechanical, as the passage of gall-stones, or enlargement of the adjoining viscera ; or functional, as a spasmodic or inflammatory or weakly state of the gall ducts.

Symptoms.—There is yellowness of the skin, the white of the eyes, roots of the nails, and urine, and paleness of the fæces. There is also nausea, vomiting, thirst, constipation of the bowels, and great languor. When jaundice arises from gall-stones, there is a sudden acute pain, either in the epigastrium, or shooting towards that part from the back, or right hypochondrium : there is also vomiting, occasional shiverings and profuse perspiration without any fever, or increased frequency of the pulse. Sometimes the pain precedes the appearance of jaundice, returning perhaps with great severity, for several successive days, and remaining for several hours at each return : the shiverings in jaundice rarely precede the pain, but occur irregularly during a paroxysm ;

kichátá hai. Auratēn báligh is mars mēn aksar mubtilá hotí haiñ banisbat mardon ke.

Mañjah.—Naubat mars mēn lázim hai ki kisí tarah ká khatál háthon yá dānton se maríz na karne páwe, aur koí sañht chíz par uskí dastras na hone deñ mubádá ki wuh apne sir yá sínah mēn már le. Agar rujú khún ká taraf sir ke alámaton se sabút ho to ek rúmál sard pání mēn bhíga huá sir par aur garam pání ká pai-ron par rakkheñ. Aur kapre jo ki gird gale aur chhátí maríz ke tang hon un ko dhílá kar dená zarúr hai. Babáis daryáft hone sabab coma ke tanqiyah khún bazariyah fasd ke bāñh se aur jonkon ke kanpaton se kareñ. Jab ki maríz mēn tawánáí pái jáwe, aur naubat marz bashiddat aur níz yih bhí sabút ho ki maríz nisf drachm aromatic spirit of ammonia yá spirits of sulphuric ether darmiyán waqfah marz, páuí mēn milákar pí saktá hai, dewēñ. Chehrah aur sínah par sard pání chhiṛakte rahēñ.

Sawálat.

Bayán karo alámatēn naubat hysteria ki ?

Bayán karo munásib iláj hysteria ke ?

ICTERUS; YANĒ YARQÁN.

Yih marz is tarah par wáqa hotá hai ki jis ráh se ki safrá anta-riyon mēn játá hai us mēn rukáo ho játá hai, khwá basabab gall-stones, yá faráñhi-i-pardah multahmah yá paidá hone tashannuj ahtiráq mēn, yá hálát kamzorí gall ducts se.

Alámatēn.—Áñkh kí sufedí aur nákhúnon kí jaron mēn aur pesháb aur pákhánah aur jild badan par zardí hotí hai. Mális dil aur qai aur tishnagí bhí hotí hai, aur antariyon mēn inqabás rahtá hai, aur badan mēn barí sustí. Jab ki yarqán basabab gall-stones ke wáqa hotá hai, to us súrat mēn yakáyak tez dard yá to khud kauṛí mēn hotá hai yá kamar yá dáhiní kokh mēn hokar kauṛí mēn chabak mártí hai, kabhí kabhí qai aur larzah aur ziyádatí pasínah kí bhí hotí hai, baghair bukhár yá sarat nabz ke. Baz auqát dard qabl az waqú yarqán paidá hotá hai, aur mutáddid dinon tak pai dar pai shiddat se uñhtá hai, aur kabhí ghuñton tak har martabah jári rahtá hai. Marz yarqán mēn larzah qabl az uñhne dard ke bahut kam wáqa hotá hai, magar beqáidah darmiyán daurah ke wáqa

the pain is acute and excruciating and occurs in paroxysms; the patient bends his body forward upon his knees, when not writhing in other directions. Should the pulse become hard and quick, the greatest care should be taken that the irritation does not run into inflammation. In that form of jaundice, in which the yellow inclines to green jaundice, recovery seldom takes place.

Treatment.—If there is acute pain, give opium in large doses, foment the pit of the stomach, give a warm bath, with purgatives of jalap and calomel. An emetic has sometimes proved useful. The morbid state of the bile should be corrected by alkalis, nitric acid, or the extract of taraxacum. When inflammatory symptoms are present, local blood-letting, with other antiphlogistic measures, must be resorted to.

Questions.

What is the nature of the disease called jaundice, and what is it caused by?

What are the usual symptoms of jaundice?

When the disease arises from the presence of gall-stones, what symptoms usually occur?

What is the treatment in a case of common jaundice?

Should there be inflammatory symptoms what treatment would you adopt?

ICTUS SOLIS; STROKE OF THE SUN.

Apoplexy thus caused by “a stroke of the sun,” is either sanguineous or serous, according to the temperament and habits of the patient.

Symptoms.—The person thus attacked, suddenly falls down in a state of stupor and insensibility, and if assistance is not immediately procured, seldom recovers, but in the course of a very short time dies. The sanguineous form may, if attended to in time, possibly be cured; the serous is always fatal.

Treatment.—If the patient is seen immediately after the seizure, copious bleeding from the temporal artery, and cupping on the

hotá hai. Dard tez aur shadíd bataur naubat uñhtá hai. Maríz apne jism ko áge kí taraf apne ghuñnon par jhukátá hai, darsúratí-ki kisi aur bal pench o táb nahín kartá. Jis hálat men ki nabs men sakhtí aur sarat páí jáwe to niháyat liház rakhná cháhíye ki warm men sozish paidá na ho jáwe. Jis súrát men ki yarqán kí sardí máil basabzí ho to shafá sház o nádír hásil hogí.

Mañjah.—Dar súrátiki dard tez howe, to barí mañtád afiun kí dewen, aur sam medeh ko senken, aur garm pání se nahláwen, aur mushil jalap aur calomel ká piláwen. Adwiyah qaiáwar bhí baz mufíd huí haiñ. Taghyyur jo ki safrá men hotá hai uskí durustgí bazariáh alkalis yané khár yá tezáb shorah yá extract taraxacum ke karen. Jis súrát men kí alámaten sozish kí maujúd hon, to tanqiyah khún muqám marz se karen, aur aisi tadbír amal men láwen jo ki harárat gharízi ko kam kartí haiñ.

Sawálát.

Kyá khása marz yarqán ká hotá hai, aur kis báis se yih marz paidá hotá hai ?

Kyá mamúli alámaten yarqán kí hotí hai ?

Kyá mamúli ásár púc játe haiñ jab ki yarqán basabab maujúd hone gall-stones ke wáqa hotá hai ?

Kyá iláj karná cháhíye darsúrat láhaq hone yarqán ke ?

Jis súrát men ásár sozish ke maujúd hon to us hálat men kyá karen ?

ICTUS SOLIS ; YÁNE LÚZDAH.

Ghashí jo ki basabab dhúp ke wáqa howe wuh bamújib mizáj aur tabíat yá to basabab kasrat khún ke yá ratúbat ke hotí hai.

Alámaten.—Jo shaḡhs ki is marz men mubtilá hotá hai wuh yaká-yak behis o hawás gir partá hai, aur agar fauran uskí madañ aur khabargíri na kí jáwe to bahut kam shafá pátá hai, balki thore se arsañ men mar játá hai. Agar marz damwí ká tadárúk barwaqt kiyá jáwe to mumkin hai ki maríz jánbar ho jáwe; magar marz bádí hameshah muhallik hai.

Mañjah.—Agar maríz bafaur mubtilá hone ke is arsañ men páyá jáwe to temporal artery yané shiryán sadagħ se khún bakhábí

back of the neck, should be resorted to immediately, followed up as soon as possible by a dose of calomel and jalap. General bleeding should not be neglected, if a sufficient quantity of blood cannot be procured from the temporal artery. When the pressure on the brain by these means has in some degree been taken off, the calomel should be repeated, both as a purgative and as a sialogue, with a view of restoring the equilibrium of the system. Cold applications to the head are particularly efficacious. The head should be shaved, and a solution of the muriate of ammonia or nitrate of potass in water absorbed by a soft towel, with which the head should be covered. It is very rare that a person who has once suffered from this complaint, ever recovers the perfect use of his physical and mental faculties. It is well worthy of observation, that these consequences are certainly less, sometimes not at all, observable in those who have been salivated in course of the disease.

Questions.

What is the nature of the disease called ictus solis ?

What are the symptoms attending it ?

What treatment should you adopt ?

What effect has salivation on those who have suffered from the disease ?

LARYNGITIS; INFLAMMATION OF THE LARYNX.

Symptoms.—There is hoarseness or whispering with an almost total suppression of the voice. The breathing is hoarse, loud, and rough, with long inspirations, accompanied with spasmodic fits of difficulty of breathing, and even then the patient must be in an erect posture, or he will be suffocated. The face is pale and ghastly; the lips pale and livid, and the throat occasionally swollen. Sometimes the tonsils and tongue are swollen; sometimes there is a very hoarse cough with expectoration of viscid mucus. The pulse is rapid, there is a clammy sweat, and the pupils of the eyes are dilated. Death frequently occurs suddenly with a spasm on the third or fourth day. This disease generally occurs in adults, just as croup does in children, and arises chiefly from exposure to cold and wet.

lewa, aur guddí meñ bhari hui sīngiyāñ lagāweñ, aur bad uske jald baqadar imkāñ ek maṭād calomel aur jalap ki deweñ. Agar khūñ khātir khwā temporal artery yāñe shiryāñ-ul-sadagh se na āwe to tanqiyah āñ ki taraf se bekhābar rahnā na chāhiye. Dabāo jo ki dimāgh par hotā hai us meñ agar in wasilon se kuchh takh-fif ho jāwe to calomel bataur mushil aur sialogue ke denā chāhiye, is nazar par ki jism meñ az sar-i-nau aītdāl ā jāwe. Lagānā sard chizon kā sir par khāskar bahut muassir hotā hai. Bāl sir ke mundwādāleñ, aur solution nitrate of ammonia yā nitrate of potash ko kisī bārik rūmāl meñ jazb karke sir par dāleñ. Yih shāz o nādīr zahūr meñ ātā hai ki bad ek martabah mubtilā hone ko is marz meñ qawāi jismī aur zamīri mariz ke bilkul hālat aslī par āweñ. Yih bhī yahāñ bayāñ karnā chāhiye ki aise natīje is marz ke bahut kam hote hain, balki bañ auqāt zarā bhī tamīz nahīñ kī jāti darsūratiki hālat-i-marz meñ bīmār kā munh lāyā gayā ho.

. Sawālāt.

Kyā khāsah marz ictus solis ka hotā hai ?

Kyā ālāmateñ is marz ke sāth hotī hain ?

Kyā ilāj karnā chāhiye ?

Jo log is marz meñ mubtilā howeñ un ke munh lānc se kyā asar hotā hai ?

LARYNGITIS ; YĀNE SOZISH HINJRAH.

Ālāmateñ.—Is marz meñ galā baiṭh jātā hai, aur kalām ūhistah kiyā jā saktā hai, aur āwāz bilkul dabī hui sī hotī hai, dam lene meñ giraftgī aur shor aur durustī hotī hai, aur sāñs khiñch kar ātī hai, aur hamrah in bāton ke bataur naubat tasbannuj ke dam ruk kar ātā hai, is hālat meñ bhī zarūr hai ki mariz sīdhā rahe, nahīñ to dam gluṭ jāwegā. Chehrah zard aur pazmurdah hotā hai, honṭh zard aur nīlgūñ rahte hain, aur halaq kabhī kabhī phūl jātā hai. Bañ auqāt tonsils yāñe halqūñ aur zubāñ bhī phūl jāti hai, kabhī kabhī aisā bhī hotā hai ki khāñsī baiṭhī hui āwāz ke sāth uṭhtī hai, aur uske sāth balgham chipaktā huā nikaltā hai. Nabz meñ sarāt hotī hai, aur pasīnah bemālūm ātā hai, aur put-liyāñ āñkhoneñ kī phail jāti hain. Tīere yā chauthe din aksar auqāt mariz tashannuj hokar yakāyak mar jātā hai. Yih marz ziyādah-tar jawānon ko lāhaq hotā hai, misl ūrzah croup ke jo bachchon ko

Treatment.—Bleed immediately very freely from the arm, so as to make the patient faint, then cover the throat with leeches; afterwards apply hot poultices or fomentations. Salivate as quickly as possible, give five or ten grains of calomel every two or three hours until it comes on, and rub the strong mercurial ointment into the groins and arm-pits, and inside of the thighs, three or four times a day, for as soon as the patient begins to spit, the danger is over. Should there be immediate danger of suffocation, you must not wait for the salivation, but open the wind-pipe at once, this operation being called “bronchotomy,” which will afford immediate relief, and enable you to go on with the mercury; for neither the mercury alone, or the operation alone, will save the patient; the two must be combined in the more severe cases. The after-treatment may be the same as followed in all cases of inflammation of the respiratory organs.

Questions.

What are the symptoms of laryngitis?

What treatment should you follow?

In cases of danger from immediate suffocation, what must you do?

LEUCORRHŒA; FLUOR ALBUS.

Symptoms.—This is one of the most common and the most obstinate diseases to which a female is liable; sometimes it is called the whites, at other times “a weakness.” The discharge most commonly arises from the upper part of the vagina, but in some cases it may be traced to a high degree of irritation of the womb itself. It should be remembered, that profuse leucorrhœa occurring at the period of life when menstruation generally ceases, is often a sign of structural disease, and hence the necessity of a careful examination. The pre-disposing and exciting causes of this complaint are various; it may arise from scrophula, frequent child-bearing: abortions, a disordered state of the menstruation, or from worms in the lower part of the intestines, such as the escharides in the rectum.

hotá hai, aur báis is marz ká aksar rahná sardí men yá namí men hotá hai.

Maáljah.—Fasd báth kí baghair tákhír karen, aur is qadar khún lewen kí mariz ko naubat ghash kí pahunché, bad uske gale ko jonkon so bhar den, aur iske bad ek bará poultice lagáwen, yá gale ko senk den. Jahán tak jald mumkin ho munh láná cháhiye, aur is nazar par páñch yá das grain calomel दूसरे तिसरे गhanṭe dete rahen táwaqtiki munh á jáwe, aur tez mercurial ointment yane tez marham párah chaddon aur baghlon men aur zer zánú men din men tén yá char martabah malen, kyunki jis waqt mariz ko thúkne kí táqat ho játi hai us waqt khauf ján ká nahín rahtá. Darsúratiki yih khatrá ho kí dam jald ruk jáwegá to intizár munh áne ká na karen balki halaq ko bilá támul kholeñ, is amal ko bronchotomy kahte haiñ. Is ke zariyah se fauran ifáqah ho jáwegá, aur qábú istamál párah ká bhí milegá, kyunki na to faqt parah lí na yih amal sirf mariz ko bachá saktá hai, yih donon hátén hálat shiddat men amal men láí jáwen, báqi maáljah bad iske wuhí haiñ jo kí sozish azáí ta-naffus men kiye játe haiñ.

Sawát.

Kyá alámaten laryngitis yane sozish hinjrah kí hotí haiñ ?

Kyá maáljah karná cháhiye ?

Agar dam ghut jáne ká khatrah ho pahle isse kí munh áwe to is hálat men kyá karná cháhiye ?

LEUCORRHOEA; YANE HAIZ.

Alámaten.—Jin amrázon men auraten mubtilá hotí haiñ un men se yih marz niháyat úm aur niháyat ghair iláj pazír hotá hai, baz auqát is ko whites kahte haiñ, aur baz auqát weakness yane kam-zorí. Ikhráj aksar úpar kí taraf se unuq-ul-riham ke hotá hai, magar baz auqát is báis se hotá hai kí khud riham men bahut sozish ho játi hai. Yih yád raho kí jab kí marz leucorrhoea yane haiz men ikhráj khún ziyádatí se howe, aur yih marz us zamáne men wáqá ho jab kí haiz mauqúf ho játi hai to aksar yih alámat structural yane mánind fitiq ke hotí hai, aur isí jihat se pur zarúr hai kí is marz kí tashkísh men khauf karen. Jin báison se medeh láhaq hone is marz ká paidá hotá hai wuh mutáddid haiñ. Yih marz basabab scrophula yane kanthmálá yá bárbár ke janne yá abortion yane isqát hamal yá menstruation yane beqáidah áne

Treatment.—Attention should be paid to the stage of the circulation and general health. If there is a quick pulse, a coated tongue, thirst, with determination of blood to the head; bleeding from the arm, together with active purging, and keeping your patient on a vegetable diet, may perhaps remove the disease, without the employment of local remedies. Leeches to the groins, or cupping over the loins, is however in general of great service, in the acute form. The bowels are to be kept open, but if the digestion is impaired, the purgatives employed must be mild in their nature. The best local application is a solution of the nitrate of silver, commencing with three grains to the ounce of distilled water, gradually increasing the strength. A curved bone syringe should always be used, and the patient should place herself in the recumbent posture, and remain so for several minutes after the syringe has been removed. The nitrate of silver causes neither pain nor irritation.

Questions.

Describe the symptoms of leucorrhœa ?

Enumerate some of the causes that may give rise to the disease ?

What constitutional treatment should you adopt ?

What local application to the vagina has been strongly recommended ?

LUMBAGO; RHEUMATISM OF THE LOINS.

Symptoms.—There is very severe pain in the muscles of the loins, descending on the outer side of the thighs and increased on motion, accompanied with more or less fever; the pulse is quick, soft, and full; the tongue white, and the urine high coloured. There is profuse sweating, the parts are hot, swollen and painful, increased by heat.

Treatment.—If the patient is plethoric, you must bleed both generally and locally, and apply cold or tepid lotions to the part. Internally you must give the following saline mixture :

hais yá babájs par jáne kíron ke niche ke hissah men antariyon ke, misl kíron escharides ke jo ki miqad men par játe hain paidá ho saktá hai.

Maqiljah.—Tawaji taraf hálat daurah khún kí karen, aur riyáyat sab tarah kí sihat ke rakkhen. Agar nabz men sarat aur zubán par mail aur tishnagi howe, aur iske dimágh men khún thahar jáwe, to lená háth kí fasd ká aur dená tez mushil ká, aur rakhná marizah ko ghizai qism baqulat par sháyad is marz ko dafa kar saktá hai, baghair iske ki maqiljah khas muqám i marz par aml men áwe. Lagána jonkon ká chaddon men aur singion ká kamar men jab ki marz acute yane shadid hotá hai nihayat fáidah rakh-tá hai. Antariyan khulí rakhni cháhiyen, lekin agar házmah kharáb ho gayá ho, julláb dene cháhiyen, magar sakht qism ke na hon. Bahtar dawá jis ká istamál muqám marz par karná cháhiye wuh yih hai ki solution nitrate of silver ká bamiqdár tin grain ek ounce tapkái hue pání men milákar shurú karen, isse darjah badar-jah táqat barhtí hai. Pichkari terhi haddi kí hameshah kám men lání cháhiye, aur marizah ko cháhiye ki bad nikalne is pichkari ke chand lahzah tak khamidah rahe. Nitrate of silver se na to ízá na sozish hoti hai.

Sawálat.

Alámaten leucorrhœa kí bayán karo ?

Chand bájs paidá hone is marz ke bayán karo ?

Kyá iláj baliház um sihat ke karná cháhiye ?

Kaunsi dawá wáste unuq-ul-riham ke munásib hai ?

LUMBAGO ; YANE DARD-I-KAMAR.

Is bímari men kamar ke patthon men shiddat se dard hotá hai, aur úpar kí taraf zánú ke utar átá hai, aur harkat se ziyádah hotá hai, aur hamráh is dard ke kam o besh bukhár bhí hotá hai. Nabz saríh aur narm aur mumtalí rahtí hai, aur zubán sufed aur pesháb tez rang ká. Pasinah bashiddat átá hai, aur ajzáe muqám marz ke phúle hue hote hain, aur garni se barh játe hain.

Maqiljah.—Agar mariz damwi mizáj ho to tanqiyah khún bazariyah fasd ke aur muqám marz ke donon tarah par karen, aur sard yá ním garm lotion muqám marz par lagáwen, aur kháne ke liye murakkab adwiyah zel dewen :

Liquor Ammonia acetatis, half an ounce,
 Camphor mixture, half an ounce,
 Wine of colchicum, twenty drops,
 Antimonial wine, twenty drops,

regularly every six hours, having previously cleared the bowels out with a full dose of calomel and jalap. Animal food and fermented liquors should be strictly forbidden during the active stage; barley water or toast and water, with a little plain sago, are all that should be allowed. If there should be very great pain, the hot bath may be given twice a day. When the inflammation is subdued, counter-irritation by tartar emetic ointment or mustard poultices will be of service. The strength may be supported with quinine, or any aromatic bitter.

Questions.

What are the symptoms of lumbago ?
 What treatment should you adopt ?

MENORRHAGIA ; PROFUSE MENSTRUATION.

This disease may be either active or passive; the former arising from too great activity in the vessels of the uterus, the latter from a want of tone in their secreting orifices.

Symptoms of the active form.—Sometimes for two or three days before the expected period, there is a sensation of unusual fulness about the pelvis, with throbbing of the womb, along with sense of heat and weight, the external parts of generation are often slightly swollen, and the breasts become hot, tumid, and painful. The circulation is quickened, the mouth hot, the tongue dry, with thirst, and there is a general feeling of oppression, with headache and giddiness. After these symptoms have lasted for a certain time, menstruation begins; but the discharge comes on with violence, in gushes, and usually accompanied with pure blood. The progress is then variable; sometimes after the first few hours the patient feels relieved, lighter and cooler, and the rest of the period passes over more quietly and naturally; but in more aggravated cases, the flow still proceeds in equal or increased quantity, and lasts for several days, occasionally subdued, but again breaking

Liquor ammonia acetatis, ádhá ounce,
 Camphor mixture, ádhá ounce,
 Wine of colchicum, bís qatrah,
 Antimonial wine, bís qatrah.

Istamál is dawá ká har chhah ghanṭe ke baḍ karen, magar pahle antariyon ko purí matáḍ jalap se sáf kar len.

Kháne se gosht ke aur píne se sharáb ke darmiyán shiddat marz ke batákíd parhez batláná chháhiye, sirf áb-i-jau yá senkí huc nán páo aur pání ke maḥ thore se sago ke ijázat dení chháhiye.

Agar dard shiddat se howe to din men do martabah garm pání men biḥlá sakte hain. Jab ki sozish kam ho jáwe to counter-irritation bazariyah marham tartar emetic yá ráí ke poultice ke muḥḥ hogá. Táqat maríz kí bazariyah quinine yá kisí talḥ dawá ke bahál rakh sakte hain.

Sawálat.

Kyá álamaten marz lumbago kí hotí hain ?

Kyá iláj karná chháhiye ?

MENORRHAGIA: YAṆE BAKASRAT ÁNA KHÚN HAIZ KÁ.

Yih bímári do qism kí hotí hai, ek to active yaṇe mutaharrík, aur dusrí passive yaṇe ṭhahrí huí. Pahlí qism paidá hotí hai basabab niháyat harkat urúq-i-ríhm ke, aur dusrí basabab na hone quwwat ke urúk mazkúrah ke siron men jinse khún átá hai.

Alámaten qism árzah active yaṇe awal kí.—Baz auqát do yá tén din pahle ayám haiz ke. Ek khás purí sí qaríb muqám warq ke maḥlúm hotí hai aur bachhedán dharaktá hai, aur garmí aur bojh maḥlúm hotá hai, aur berúní azá-i-furj kí phúl-játe hain, aur chhátion men garmí aur ubhár aur dard ho játá hai. Daurah khún men sarát hotí hai, aur dahan garam, aur zabán khushk aur tishnigí paidá hotí hai, aur aksar auqát taklíf dard sir aur daurán sir kí hotí hai. Baḍ rahne in álamaton ke, ek khás arse tak ijrái khún haiz shurú hotá hai, magar sáth shiddat ke aur aksar khális khún áta hai. Baḍ iske taraqqí is marz kí muḥḥtalíf tarah par hotí hai, baz auqát pahle chand ghanṭon ke marizah ko ifáqat maḥlúm hotí hai, aur wuh apne taín subaktar aur sard páti hai, aur báqí auqát ziyádahtar qarár o áram aur hálat aslí men guzartí hai, lekin hálat ziyádatí marz men baháo haiz ká barábar yá ziyádah miqdár men barhtá játá hai, aur kai din tak

forth upon the slightest exertion, till at the end of the period the patient is left weak and languid, with a feeble pulse and pale countenance. By the time of the recurrence of the monthly period the individual is perhaps restored to the previous state of health, but the same train of circumstances is again renewed with perhaps increased severity, and the complaint rarely lasts long without the number of days intervening between the periods being rapidly diminished, till at last scarcely one period is over before the next approaches. *The causes* of the active form of the disease. It is found to occur in plethoric habits, in those who live a sedentary and indolent life, aggravated or excited by luxurious living, hot rooms, and also by very violent exercise, or any other very fatiguing exertion.

Treatment of the acute form.—In a patient who has been till recently in a robust and plethoric habit of body, and in whom the disease has been of recent origin, or has arisen from temporary and accidental causes, you should bleed from the arm, judging of the quantity to be taken by the powers of the patient, and the severity of the symptoms. Cold should then be applied freely to the abdomen, pelvis, loins, and back: the cold hip bath, dashing cold water, or vinegar and water on the person, injecting cold water into the vagina, and applying ice, both externally and internally, to the os uteri. Strong astringent injections into the vagina, consisting of solutions of alum or sulphate of zinc in infusion of galls, or decoction of oak bark, are often of service. In obstinate cases, where all other plans have been tried in vain, the following remedy though resulting in serious mischief occasionally may be followed. A gum elastic male catheter is to be carefully inserted into the womb itself, and by means of a syringe, about thirty or forty drops of a weak solution of alum or sugar of lead (five grains of either to one ounce of water) is to be very carefully injected, and the catheter to be removed as soon as it produces pain in the back. Accumulations of hard fœces in the rectum should always be removed as soon as possible by a clyster of cold water. Internally, the patient should take from one to three grains of the sugar

rahtá hai, aur agarche yih kabhí kam ho játá hai lekin filjumlá harkat aur mahnat se phir jári ho játá hai, aur ákhir ayám haiz tak marizah zaif aur sust ho játí hai, aur nabz zaif aur chehrah zard ho játá hai. Tawaqtiki aud karne máhwári ayám haiz ke marizah ghálban pahlí hálat i sihat par á játí hai, lekin wuhí sí-sila az sarenau shurú hotá hai balki sháyad ziyádah saḡhtí se, aur yih marz sház o nádír hí bader rahtá hai, baghair is ke ki tadád diuon kí jo ki mábain do haizon ke hotí hai, jald kam na ho jáwe hattá ke ákhirkar hanoz ek zamána ayám haiz ká ákhir nahín huá hai ki dusrá waqt uská nazdik á játá hai, bad iske yih marz qism doyam se ho játá hai, kḡwá baliház muqám marz, kḡwá baliház aur álamaton ki. Báis paidá hone awwal qism is marz ke, yih bímári un auraton ko áyad hotí hai jo damwí mizáj hain aur unko jo ki beharkatí aur káhilí men umr basar kartí hain aur ziyádah ho játí hai yá paidá hotí hai basabab aish o ashrat aur garm kamron, aur blí bahut saḡht riyázat aur bahut thakánewálí mahnat ke.

Maqljah qism awwal ká.—Jo marizah ki hanoz tawáná aur damwí mizáj ho aur yih bímári chand roz kí ho yá árzí, aur ittifáqí báison se láhaq huí ho to uske bázú kí fasd lení cháliye, magar táqat marizah aur saḡhtí álamat se kḡhiyál miqdár kḡhún ká malhúz rahe. Bad iske sard chízen perhú, aur muqám warq, aur kamar, aur pusht par lagáni cháliyen. Tába kamar sard pání men baiḡhná aur tareḡá áb-i-sard ká yá sirka aur pání jism par dálná aur pichkárí se furj men ṡhandá pání dálná aur lagána barf ká báhar aur andar rihm ke mufíd hai. Dená qawíqábiz pichkáriyon ká furj men mushtamilsolution yane gholí huí alum, yá sulphate of zinc, infusion of gall, yane kḡhisándah májú men yá joshándah oak bark men aksar mufíd hotá hai. Jahán ki aur tadbíron beqáidah wáqá huí hain iláj marqúmat-uz-zail agarchi súrati-kḡharábí-i-azím hai lekin kabhí kabhí zarúratan mauqe se amal men á saktá hai. Ek gond kí salái hoshiyári se rihm ke andar rakkhí jáwe aur bawasilah ek pichkárí ke tis yá chálís qatreh ek halkí solution yane gholí huí phitkarí yá sugar of lead ke pánch grain ek ounce pání men bahtiyát tamám andar dáli jáwen, aur salái hattái jáwe, bafaur is ke ki wuh pusht men dard paidá kare. Chahiye ke hamesha huttul wasah bahut jald bráz saḡht jo ki miqdád men jama ho gayá hai nfkálá jáwe áb-i-sard ke huknah se, aur is asnáí men marizah ko cháliye ki ek se tén grain tak sugar of lead aur chauthái grain opium

lead and a quarter of a grain of opium, every two, three or four hours, according to the urgency of the symptoms. Large doses of the nitrate of potash or of the oil of turpentine have occasionally been given with success. Alum whey may be given as drink, or a very weak solution of sulphuric acid, five drops of the acid to a pint of water, made palatable with sugar. In all these cases, you should first thoroughly examine and see, if there is not a polypus, which may be causing the hæmorrhage. It is always indispensable that the patient should keep perfectly quiet, and retain the horizontal position.

Symptoms of the passive form.—The patient is habitually languid, has palpitations of the heart, and violent headaches, with throbbing and beating of the temples, ringing in the ears and giddiness, all arising from debility. When the complaint has been of long standing, but not very suddenly violent, the complexion becomes sallow and cadaverous, the countenance either pinched and emaciated, or bloated and anasarcaous; the pulse rapid and feeble, the legs and feet dropsical, the respiration short and difficult.

The causes of the passive form.—They are caused by all those circumstances which lower the bodily powers, and weaken the action of the heart and arteries. The local causes may be blows or falls, or any other local violence; frequent and recent abortions, fluor albus, irritation in the bladder, diarrhœa, tenesmus, piles, worms, or dried fœces in the rectum, habitual or accidental costiveness, and organic or functional disease of the liver.

Treatment of the passive form.—If the individual should be plethoric, bleeding may be required. Cooling saline medicines may be taken, and the bowels kept open by an infusion of roses and epsom salts, and if it irritates the bowels, tincture of henbane may be added. Cold hip bathing, and also cold astringent injections, will be found useful. Perfect rest should be ordered. The diet should be farinaceous, and all wines left off. In the more feeble constitutions, the sulphate of zinc has been given with very great benefit, in doses of one or two grains, three times a day, made up into a pill. The steel wine also in full doses has proved

har ek do yá tín yá chár ghanṭe bad bamújib zarurat alámatoṅ marz ke píwe. Bare maṭádoṅ shore ke, kḥár yá roghan turpen-tine ke dene se baz auqát bahut fáidah hásil huá hai. Pání álum bajái pání píne ke liye diyá já saktá hai, yá ek bahut kamzor solu-tion of sulphuric acid ká; páñch qatre acid mazkúr ke nisf botal pání meṅ misrí milákar, qábil píne ke kar diye jáweṅ. In tamám hálatoṅ meṅ awal baḥhúbí imtihán karná chábiye, aur dekhná cháhiye ki áyá koí dumbal rihm meṅ na ho kyunki yih dumbal báis ijrái kḥún ho saktá hai. Yih bát hameshah munásib hai ki marízah apne taín baḥhúbí chupcháp rakhe aur sídhí leṭí rahá kare.

Alámatoṅ marz qism doyam yane bakasrat áne kḥún haiz kí.—Marízah harwaqt sust rahtí hai, aur dharakná dil ká aur dard sir shadíd rahtá hai, aur kanpaṭiyóṅ meṅ bharak aur dhamak hotí hai, aur kánoṅ meṅ sansanáhaṭ aur daurán sír hotá hai, aur yih tamám báteṅ basabab nátawání ke hotí haiṅ. Jab ki yih marz muzminah ho gayá ho aur dáfatán uskí shiddat nahín huí hai to rang chehrah ká zard aur murdah ká sá, aur chehrah sutá huá aur lúghar yá ámúsídah aur phulá huá ho játá hai, nabz tund aur zaíf, aur t́nggeṅ aur páñw misl mustasqí ke, aur tanaffus kotáhi aur mushkil ho játá hai.

Báis paidá hone marz qism doyam ke.—Yih bímúrí tamám un bátoṅ se paidá hotí hai, jo ki jisme quwwatoṅ ko kam aur harkat dil o shiryán ko kamzor kartí haiṅ. Kḥás báis ho sakte haiṅ sadmát yá girpárná, yá koí aur kḥás sabab aksar aur nayá honá isqát-i-hamal ká aur úná ratúbat ká, yá harárat masáne, yá ishál aur maṛoṛá, yá bawásír, yá kíre, yá kḥushk baráz miqad meṅ, yá ádatí, yá ittafáqí inqabáz aur azwí, yá kisí tarah ká árzah jigar ká.

Maáljah qism doyam ká.—Agar marízah meṅ ziyádatí kḥún maḷúm hotí ho to kḥún lene kí zarúrat ho saktí hai. Sard karnewálí namkín adwiyah amal meṅ á saktí haiṅ, aur rodch khole jáweṅ bazariáh kḥisáñdah guláb aur epsom sált ke, aur agar. wuh rodon meṅ kḥalish paidá kare to tincture of henbane us meṅ shámil kyá jáwe. Kúlah tak sard páoí meṅ baithná aur bhí ṭhandí qábiz pichkáriyáñ bahut mufíd hongí. Maríz ko tákíd istaráhat se rahne ki kí jáwe. Ghizá raqíq o muqawwí honí cháhiye, aur tamám sharábeṅ tark kará dí jáweṅ. Ziyádatar nátawán jism wáloṅ ko sulphate of zinc diyá gayá hai, aur usse

beneficial, acting as a tonic in numerous cases. In that form of the disease arising from a disordered liver, or a retarded state of the circulation through the abdominal veins, the patient should take small doses of plummer's pill, to act as an alterative, assisted by full doses of the decoction or the extract of taraxacum. The bowels should be regulated by a pill composed of ipecacuana, soap and rhubarb, assisted if necessary by a clyster of soap and water. Great relief will often be felt by the application of a few leeches from time to time to the anus.

Questions.

How many forms of menorrhagia are there ?

What are the usual symptoms of the active form ?

Enumerate some of the causes that give rise to the active form of the disease ?

What treatment should you adopt in the active form of the disease ?

What are the usual symptoms of the passive form of the disease ?

What are the causes that may give rise to the passive form of the disease ?

* What treatment is to be adopted in the passive form of the disease ?

NEPHRITIS; INFLAMMATION OF THE KIDNEYS.

Symptoms.—More or less fever, with pain in the loins, chiefly confined to one side, which runs along the ureter towards the bladder, and down the inside of the thigh: nausea, vomiting, a constant desire to make water, retraction of the testicle of the affected side, which is sometimes swollen and painful; the urine is scanty and red. This disease may be distinguished from lumbago by the following signs. In lumbago, the pain is generally felt on both sides of the loins, in nephritis only on one side: in lumbago the pain descends to the outer side of the thigh, along the course of the sciatic nerve, and increased on motion, whereas in nephritis, the pain generally only extends to the bladder, testicle, and inside

bahat bará fáidah huá hai; yih dawá ek yá do grain din bhar meṅ tñ dafa goli baná kar dí játí hai. Steel wine bhí púrí maṭádon meṅ aksar marís ko fáidamand wáqa huí hai, kyunki maṭawwí hai. Us qism kí bímári meṅ jo kí betarkíbí jigar se yá ruke hue daurah khún ke se darmiyán uruq perú ke paidá hotí hai, marís ko halki maṭádon plumber's pill kí den, kyunki yih tartíb dahindah hai, aur iski madat ke liye púrí maṭáad joshándaḥ yá extract of taraxacum ke deweṅ. Cháhiye kí rodah tartíb diye jáweṅ ek goli se joki banái jáwe ipecacuanha aur sabún aur rewand chíní se, aur bashart zarúrat madaḍ kí jáwe sáth ek huqnah sábulon aur pání ke, aur kabhí kabhí miqad par chand jonken lagánc se aksar baṛí taskín maḷúm hogí.

Sawálat.

Kitne iqám árzah kasrat ámad khún haiz ke hain?

Kyá hain mamúlí alámaten qism awwal yane mutharrik kí?

Bayán karo baze báis jo kí mujib paidá hone qism awwal árzah kasrat ámad khún haiz ke hote hain.

Kyá iláj ikhtiyár karoge wáste qism mutharrik bímári mazkúr ke?

Kyá hain mamúlí alámaten qism passive yane thahre hue árzah mazkúr ke?

Kyá hain sabab jo kí báis hadus qism doyam árzah mazkúr ke hote hain?

* Kyá iláj ikhtiyár karná chahiye qism doyam meṅ árzah mazkúr ke? .

NEPHRITIS ; YANE SOZISH-I-GURDAH.

Alámaten.—Kam o besh bukhár aur uske sáth dard kamar rahtá hai, aur yih dard ziyádatar ekhí jánib meṅ hotá hai, aur wahánc se phail kar taraf masánah ke utar átá hai, aur tale kí taraf zánú ke játá hai. Málísh-i-dil aur qai aur har dam hájat pesháb kí hotí hai, aur usí taraf ká bezah jidhar ko khalal hotá hai charh játá hai, aur kabhí us meṅ warm aur dard bhí hotá hai, aur pesháb thoṛá aur surkh rang átá hai. Is marz meṅ aur dard kamar meṅ tamíz alámaten zail se ho saktí hai, dard kamar meṅ amúman dard donon jánib meṅ kamar ke maḷúm detá hai, aur sozish gurdah meṅ faqt ekhí taraf. Dard kamar meṅ, dard úpar kí taraf zánú ke sciatic nerve kí taraf hotá huá utartá hai, aur harkat karne se ziyádat hotá hai,

of the thigh. This disease may be caused by exposure to cold; from mechanical violence, such as a blow, twist, or fall; or it may be caused by the use of turpentine or cantharides; or by a stone in the kidney.

Treatment.—Bleeding, both general and local, by cupping or leeches, calomel purges and the warm bath. Fomentations should be constantly renewed, and if the first bleeding does not afford the necessary relief, it should be repeated again and again, according to the strength of the pulse and the urgency of the symptoms. Should suppuration ensue, you must support the strength of the patient, tranquillize him with anodynes, and perhaps give the *uva ursi*.

What are the usual symptoms of nephritis ?

How is nephritis distinguished from lumbago ?

Enumerate some of the causes that give rise to nephritis ?

What treatment should you adopt ?

OPHTHALMIA SIMPLEX; SIMPLE OPHTHALMIA.

Symptoms.—An itching, followed soon by pain, as if sand or dust was applied to the eye, redness, heat, tension, and throbbing, aggravated by motion or light, and increased flow of scalding tears. Sometimes the eye is unusually dry. In severe cases, the pain shoots from the eye-ball as if it were through the head; there is fever, a full, strong hard pulse, generally preceded by rigors. When the eye is examined in the acute stage, the vessels are observed to be superficial and distinct, and to run in *straight* lines, and when the smaller branches are injected, the conjunctiva presents a uniform red appearance. When the disease has become chronic, the vessels become *winding* in their course, and purple in colour.

Treatment.—If the pulse be hard, and the excitement great, you must bleed freely from the arm, following it up with leeches, fomentations, brisk purgatives, nauseating doses of tartar emetic and blisters. When the disease assumes the chronic form, attend to the state of the bowels, scarify the inside of the eyelids if they

khiláf iske gurdah kí sozish men dard amúman sirf taraf masánah aur fotoṅ aur niche kí taraf zánú ke phailtá hai, yih mara basabab kháne sardí ke yá kisi áseb se misl ghúnse yá maroṅ yá girne ke paidá ho saktá hai, yá basabab istamál turpentine yá cantharides yane mulk Spain kí makkhí ke, yá babáís hone pathrí ke gurdah men láhaq ho saktá hai.

Maáljah.—Tanqiyah khún ká bazariyah fasd aur lagáne síngioṅ yá jonkon ke muqám marz par karen, aur mushil calomel ká dewen, aur ghusl garm pání se aur senk dambadam jári rahe, aur agar pahle tanqiyah khún se ifáqah na howe, to nazar bar táqat maríz aur zarúrat marz ke tanqiyah bárbár karte raheṅ, agar gurdah pak jáwe to táqat maríz kí bahál rakkheṅ, aur bazariyah adwiyah khwáb-áwar ke usko taskín dewen, sháyad dawái uva ursi ká istamál kar sakte haiṅ ?

Sawálat.

Kaunsi mamúli alámaten sozish gurdah kí hoti haiṅ ?

Kyunkar sozish gurdah dard kamar se tamíz kiyá játá hai ?

Chand báís bayan karo jinke sabab sozish gurdah paidá hoti hai ?

Kyá iláj karná cháhiye ?

OPHTHALMIA ; YANE DUKHINÁ ANKHOṆ KÁ.

Alámaten.—Pahle khárish hoti hai, aur badhú dard is tarah par ki goyá ankhon men ret yá khák bhari huí hai. Ankhon men surkhi aur garmi aur phuláo aur lapak hoti hai, aur harkat roshni se ziyádati hoti hai, aur balná únsoṅ ká ziyádah hotá játá hai. Baz auqát ankh men ghair mamúli khushkí pái játí hai shadíd súraton men bukhár bhí rahtá hai, aur nabz pur aur qawí aur sakht hoti hai, aur agar bad iske rigors yane phureriyán áti haiṅ. Jab ki hálat-i-shiddat men ankh ko dekhte haiṅ to rageṅ satah ki úpar aur judá aur khat-i-ustuwár men malúm deti hai, aur jab ke chhoṭi ragon ko mulá hizah karte haiṅ to conjunctiva surkh hotá hai, jis súrat men yih marz kohnah ho játá hai to rageṅ apní ráh men pchídah ho játí haiṅ aur arghawáni.

Maáljah.—Agar nabz men salábat howe, aur khalish ziyádah to fasd háth kí karen, aur khún khátir khwá leṅ, aur bad iske jonken lagáwen, aur senken, aur tez julláb aur málish paidá karnewáli maṭátd tartar emetic kí dewen, aur blister lagáwen. Jab ki yih marz kohnah ho jáwe to antariyon ke hál par tawajjah rakkheṅ,

are much swollen; employ astringent and stimulating washes, a weak solution of caustic, one or two grains to an ounce of distilled water; the vinum opii and blisters to the temples or behind the ears. When the disease is attended with purulent discharge, before you attempt to open the eyelids, bathe them well in warm water. After the termination of the disease, the eyelids are often left in a soft swollen spongy state; to remedy this, use the ordinary astringents; should these fail, apply caustic once every third day, taking great care first of all to evert the eyelid completely, and to bathe the part in a little warm milk and water after the application. In the *purulent ophthalmia of infants*, should both eyes be affected, apply one leech to each temple; give one grain of calomel and two of scammony twice a day, until the bowels are well opened; keep the eyes very clean, and the eyelids from sticking together—this may be done by injecting warm milk and water gently three or four times a day between them, and then applying a little sweet oil to them; exclude the light; keep the child in a cool, well ventilated room; use the warm bath morning and evening; examine the eye thoroughly once or twice a day, and give an occasional opiate. After the inflammation is thoroughly subdued, should the vascularity remain, or the mucous membrane be in a fungous or granulated state, employ an astringent or even a stimulating injection. Should the granular state resist this, you must apply caustic or else scarify them. On the decline of the disease, a mild tonic plan of treatment may be adopted.

Questions.

What are the usual symptoms of simple ophthalmia ?

Describe the appearance of the eye when examined, in the acute stage and in the chronic ?

What treatment should you adopt in the acute stage ?

What treatment in the chronic form of the disease ?

In the purulent ophthalmia of infants, what treatment should you adopt in the acute stage, and what in the chronic stage ?

aur andar kí taraf papoṭon ke chír den, agar un men warm ziyádah howe, aur qábíz omutharrik wásh kám men láwen, maslan ek halká sá solution caustic ká bamiqdár ek yá do grain ek ounce pání men istamál karen, aur vinum opii aur blister kanpaṭion par yá kán ke pichhe lagáwen. Jab ki is marz men rímdár mádah bhí khárij hotá ho, to qabl az chírne papoṭon ke unko garm pání se khúib dhoná cháhiye, bad iḳhtitám is marz ke aksar auqát papoṭe naram aur phúle hue aur sponge kí máuind hote hain; wáste un ke durust karne ke mamúli adwiyah qábíz kám men láwen, aur agar inse kuchh fáidah na howe, to har tísre din caustic yane tezáb lagáte rahen, magar is bát ka bahut liház rahe ki awwal papoṭe ko bilkul ulaṭ den, aur thore se dúdh aur pání men dho kar dawái mazkúreh ká istamál karen. Agar bachchon ko yih árzah howe, aur donon ánkhoṅ se mawád rímdár jári howe, to ek ek jonk donon kanpaṭion par lagáwen, aur ek grain calomel aur do grain scammony yane saqmonia ek din men do martabah dete rahen, táwaqtiki antariyán baḳlhubí khul jáwen. Ánkhoṅ ko bahut sáf rakkhen, aur papoṭon ko chimatne na den, bazariyah dálno garm dúdh aur pání ke áhistah áhistah ek din men tii yá chír martabah, aur bad iske zará sá míthá tel un men lagáwen, makán men roshní na áne den, aur bachche ko sard hawádár makán men rakkhen, aur subah o shám garm pání se nahláwen, ánkho ko baghaur ek din men ek yá do martabah dekhte rahen, aur kabhí kal 'í adwiyah opium ámez dower, jab ki sozish bilkul rafa ho jáwe aur bardah urúq balghamí aur dānedār sá howe, to pichkárí qábíz balki maharrik dower. Agar yih dāne is tadbír se isláh pizír na hoṅ, to caustic yane tezáb lagáwen, nahín to chír den. Barwaqt kam hone is marz ke iláj halká aur quwwat baḳshsh iḳhtiyár karná cháhiye.

Sawálat.

Kyá mamúli álamaten marz ophthalmia kí hotí hain ?

Hálat shiddat men yá jab ki yih marz kohnah par játá hai to ánkho kí shakl kaisí hotí hai ?

Hálat shiddat men kyá iláj karná cháhiye ?

Jab ki yih marz kohnah ho jáwe to kyá iláj karen ?

Jin súraton men ki bachchon ko yih marz láhaq howe aur mawád rímdár jári ho to hálat-i-shadíd aur kohnah men kyá iláj karná cháhiye ?

When the disease declines, what class of medicines should you give the child ?

PERITONITIS; INFLAMMATION OF THE PERITONEUM.

This disease may assume either the acute or chronic form.

Symptoms of the acute form.—This affection frequently commences by a shivering more or less prolonged, accompanied by a feeling of general indisposition and weariness in the limbs. At an uncertain period reaction takes place, and heat of skin more or less pungent, with headache, constriction of the epigastric region, a frequent, hard, concentrated pulse, together with heat and excruciating pain in the abdomen, the weight of the bed clothes even aggravating it; the patient lies constantly on his back, and cannot without increase of suffering lean to either side; he keeps his knees in a slight degree elevated. His respiration is frequent, small, and interrupted, and chiefly performed by the abdominal muscles. In some cases the abdomen becomes tense and swollen. There is also hiccup, nausea, and vomiting. The bowels are generally obstinately costive, though occasionally relaxed. The pulse, as the disease advances, is frequent and small, ranging from 120 to 130 in the minute, and feels like a small whip-cord or harp-string. The tongue is covered with a whitish fur, the urine is scanty and high coloured, and there is excessive thirst, which the patient fears to gratify in consequence of the vomiting which ensues. The disease may remain stationary for thirty or forty days, but in most instances, the patient sinks in sixteen or twenty-four hours unless relieved. The approach of death is marked by a cessation of pain, by the pulse becoming quicker, smaller, and very weak, feeling like a soft undulating line; the extremities and the whole body becomes cold, the abdomen becomes more tumid and tense, but in some cases soft and relaxed; the face is sunk and especially hollow round the eyes; the vomiting is succeeded by regurgitation of the liquid contents of the stomach; sometimes delirium or coma, at other times, convulsions of the head or limbs. Acute peritonitis may terminate by resolution, by effusion, by gangrene, or it may assume the chronic form. *Resolution* may take place between the fifth and twentieth day. It is indicated by a cessation of pain, fever, and other inflammatory symptoms; the neighbouring organs resume

Jab ki marz kam hone lage to kis qism ke adwiyah dení cháhíye?

PERITONITIS.

Yih bímárí do qism kí ho saktí hai, shadíd yá kohnah.

Alámaten qism shadíd kí.—Yih bímárí aksar shúrú hotí hai sáth ek larzeh ke jo ki bahut yá thoří der rahtá hai, aur małúm honá kasalmandí aur sustí-i-azá ká iske sáth hotá hai, ek betahqíq waqt men amal is ká muqarrar wáqa hotá hai, aur garmí jild kí kam yá ziyádah tez ho játí hai, sáth dard sir aur bastgí-i-muqám-i-báláe medeh ke, aur nabz sarí aur saħht aur pechídah hotí hai, aur garmí aur taklíf dihandah dard is qadar perú men hotá hai, ki bojھ bistar ke kapron ká bhí use ziyádah kar detá hai. Maríz hameshah chit pará rahtá hai, aur bidún ziyádatí taklíf ke karwať nahín le saktá hai, aur apne ghutnon ko filjumlah únchá rakhtá hai. Uská tanaffus sarí aur kotáh aur ruká huá hotá hai, aur liyá játá hai sáth putthon mutállíq perú ke. Bazí hálaton men perú tan aur phúl játá hai, us men hichkiyán aur ghasyán aur qai áná bhí hotá hai. Ánton amúman niháyat shiddat se munqabiz ho játí hai, go kabhí kabhí dhílí par jáwen. Jab ki yih bímárí barhtí hai nabz sarí aur patlí hotí hai, aur ek sau bís se ek sau tís tak ek minute men barkat kartí hai, aur mahsús hotí hai, misl ek chhote chábuk kí dor yá tár barbat ke, zubán safedí máil kánthon se chhip játí hai, pesháb kam átá hai, aur niháyat rangín hotá hai, tishnagi bashiddat hotí hai, lekin maríz babáís kھیál istafrágh kuchh pí nahín saktá, is andeshah se ki istafrágh hotá hai. Yih bímárí qáyam rah saktí hai tís yá chálís din tak, lekin aksar muqám men yih daryáft huá hai ki darsúrat iláj na hone ke maríz kí hálát solah yá chaubís ghante men tabáh ho játí hai. Qurb maut ká mauqíf-i-dard aur tezí aur báríkí aur zauf nabz se małúm ho játá hai, nabz is mauqa par misl ek laharnewále mad ke mahsús hotí hai, háth pánw aur tamám jism sard rahtá hai, aur perú ziyádatar ámásídah aur saħht ho játá hai, magar bazí hálaton men muláyam aur dhílá blí hotá hai, chehrah utar játá hai, aur khasúsan ánkhon ke gird halqeh par játe hai, bad qai áne ke yih hotá hai ki mawád raqíq medeh ká wápis játá hai, baze waqt hizyán yá behoshí, aur baze auqát sir yá azá men tashannuj hotá hai.

Qism shadíd ikhtítám pá saktí hai sáth tahlíl hone yá ziyádah

their functions, the patient can turn on his side, and bear pressure on his abdomen, (which should in all cases be made with the palm of the hand, and not with the points of the fingers,) nausea and vomiting disappear, the pulse becomes slow and soft, the urine abundant, the perspiration copious, and the sleep is quiet and refreshing. *Effusion*: the fluid effused may be serum, pus, or in some rare instances blood; they may exist singly or in combination with each other, or with coagulable lymph. The symptoms which denote effusion, are diminution of the abdominal pain, with sense of weight and oppression in the affected part, irregular chills, softness of the pulse, paleness of the countenance, and coldness of the extremities; fluctuation may also occasionally be felt. *Gangrene*: the symptoms of this termination, are sudden cessation of the abdominal pain, smallness of the pulse, which becomes concentrated and intermitting, extreme prostration of strength, a peculiar sardonic grin, and speedy death. This termination of the disease is very rare.

Treatment of acute peritonitis.—You should bleed your patient in the arm, making a large orifice, and allow the stream to flow, either until the pain is relieved or weakness of the pulse and faintness is produced. Having allowed your patient to recover from the faintness, his abdomen should be slightly fomented with warm water, wiped dry, and leeches should be applied in numbers proportioned to the urgency of the symptoms and strength of the patient. In a robust adult, fifty or sixty is the usual number. They should be especially concentrated over the parts where most pain and tenderness on pressure exists, and after they have fallen off, fomentations with cloths dipped in warm water should be assiduously applied and repeated for some time, to encourage the bleeding and soothe the irritation of the inflamed parts. The leeches may be repeated several times, as long as any considerable soreness remains. Either before, or during the application of the

hone ratúbat yá sar jáne ke yih marz qism kohnah se ho játá hai. Hálát tahlíl wáqā ho saktí hai páñchweñ din se bísweñ roz tak, aur uskí shanákt yih hai ki dard aur bukhár aur aur alámaten warm kí zálil ho játí haiñ, aur qaríb ke azá meñ quwwat aur harkat apne apne kám karne kí dobárah á játí hai, aur maríz karwat le saktá hai, aur agar uske shikam ko dabáweñ to sahar saktá hai, (magar yih yád rahe ki shikam ko har hal meñ hathelí se dabána cháhiye, aur ungliyon se nahín), aur ghisyan aur qai ka áná mauqúf ho játá hai, nabz sust aur muláyam ho játí hai, aur pesháb aur paeiná bahut átá hai, aur nīnd árám se átí hai, aur usse istaráhat hotí hai ziyádatí-i-ratúbat. Mawád raqíq jo ki ziyádah ho játá hai wuh yá to zard áb yá rím yá bazí súraton meñ magar sház o nádír khún hotá hai, yih mawád ho saktá hai tanhá yá baítiffáq aur sha-múl ek dúre ke yá sáth qábil injamád *ratúbat* ke. Alámaten jin se záhir hotá hai ki *ratúbat* ziyádah ho gaí hai weh yih haiñ, ki dard shikam kam ho játá hai, aur muqám marz meñ bojh aur dabáo małúm hotá hai, beqáidah khun kí aur muláimat nabz kí, aur zardí chehrah kí, aur sard honá háth pañw ké, aur kabhí kabhí beqaráfí bhí małúm hotí hai. *Sarjána*: Alámaten is tarah par khatam hone is marz ke yih haiñ ki yakáyak dard shikam mauqúf ho játá hai, aur nabz bárík aur mutwaqqif ho játí hai, aur táqat niháyat zálil ho játí hai, aur maríz jald mar játá hai, magar yih anjám bímárí mazkúr ká babut kam hotá hai.

Maáljah qism shadíd sozish pardah shikam ká.—Maríz kí fasd bázú meñ gahrá nashtar dekar kholen, aur khún ko nikalne deñ, yá to jab tak ki dard mauqúf ho jáwe yá nabz zaif pañjáwe aur ghash ájáwe. Aur bímár ko hálát-i-ghashí se jab ifáqat ho to cháhiye ki uská shikam áhistah áhistah garam pání se senken aur ponchh kar khushk karen, aur jonken muwáfiq zarúrat alámaten aur baliház táqat maríz ke lagáweñ. Tawána jawún ke liye pachás yá sáth jonkon kí mamúlí tadéd hai, aur jonken khasús us muqám par ziyádah lagáweñ jahán ki dard aur amáo ziyádah ho, aur jab ki wuh chhuñ jáweñ to garam pání meñ kaprá tar karke muqám mazkúrah par rakkhen, aur bár bár kuchh arsañ tak rakhte raheñ, is nazar par ki khún nikaltá rahe, aur muqám marz ko taakín bañhsahe. Jonken mukarrar o sikarrar lagái já saktí haiñ jab tak ki dard meñ ziyádatí rahe. Khwá peshtar, yá darmiyán lagáne jonkon ke páñch se das grain tak calomel mañ ek yá do grain opium ke dené chá-

leeches from five to ten grains of calomel, with one or two of opium, should be given, which may be repeated in diminished doses every three or four hours. After the second or third dose, the bowels should be opened with a clyster, and if the stomach is not irritable, you may give an ounce of castor oil in any aromatic water, but not in wine, spirits or coffee. If vomiting is urgent, the rochelle salts with the carbonate of soda in a state of effervescence, with lemon juice, may be used in repeated doses, so as to produce a moderately laxative effect. Having evacuated the bowels, the calomel and opium should be resumed, until salivation is produced, by which all the symptoms become mitigated. The warm bath may occasionally be used, and repeated warm fomentations to the abdomen will tend much to relieve the pain and soreness. After the inflammatory action is subdued, great relief will be obtained by the application of flannel to the abdomen dipped in turpentine, in preference to the common blisters. In a tympanic state of the abdomen, resulting from a mere loss of tone, small quantities of wine and brandy may be given at short intervals. Frictions of the abdomen, and injections of beef tea, bark, or sulphate of quinine, turpentine or tincture of assafœtida, with a moderate quantity of laudanum, may be repeated every two or three hours. When the inflammation is acute, the diet should consist of merely small quantities of rice or barley water; but during convalescence, he may cautiously take small quantities of animal food and wine, keep his bowels regular, by the vinum aloes, and his feet dry and warm, and wear flannel next to his skin.

Treatment of Chronic Peritonitis.—When far advanced, this disease in most cases is incurable; much will depend on arresting it at an early stage. When there is abdominal pain and tenderness, and the constitution of the patient is not very much debilitated, you may bleed him to the extent of six or eight ounces, which may be repeated twice a week, until the symptoms have disappeared. The abdominal soreness may be relieved by the frequent application of leeches. The bowels should be regulated by gentle aperients and clysters. The warm bath or fomentations to the abdomen may be frequently employed, and flannel steeped in turpentine may occasionally be applied to relieve the tenderness. When the pain and soreness are mitigated, if serous effusion

hiye, aur is dawá ko ghaṭá kar tín tín yá chár chár ghanṭe baḍ dene ká iḡhtiyár hai. Baḍ do yá tín maṭádon ke cháhiye ki ánter kholí jáweṅ sáth ek huqnah ke, aur agar medeh irritable na ho to ek ounce castor oil kisi ḡhushbúdar pání meṅ miláweṅ, lekin kisi qism kí sharáb yá qahwá meṅ na ho. Agar istafragh ká ḡhalbá ho to rochelle salt hamrâh carbonate soda ke bích us hálat ke ki josh kartá ho arḡ lemon ke sáth bích mutwatir maṭádon ke deweṅ, is tarah par ki wuh talín kare. Baḍ ḡhálí karne rodon ke calomel aur opium ká phir istamál kiyá jáwe jab tak ki muṅh á jáwe, kyunḡi isse tamám alámat kam ho jatí haiṅ. Garam pání se kabhí kabhí nahlá sakte haiṅ, aur istamál mukarrar garam seṅkon ká medeh par wáste ifáqat dard aur taklíf ke bahut múfid hogá. Baḍ kam hone sozish ke flannel ke turpentine meṅ ḡotah de kar lagáne se shikam par ziyádatar fáidah hogá nisbat blisteron ke. Jis hálat meṅ ki shikam basabab nuqsán quwwat ke aḡrá huá howe to muḡhtasir miqdáreṅ sharáb angúr aur brandy ke thore thore fásle se dí já saktí haiṅ. Malná shikam ká aur pich-káriyán áb-i-gosht baqar yaṅe gosht gáw yá bark yá sulphate of quinine aur turpentiuc yá tincture assafoetida ke sáth maṭadil miqdár laudanum kí dí já saktí haiṅ pai dar pai do do yá tín tín ghanṭe baḍ. Jab ki sozish shadíd ho, cháhiye ki ḡhizá mushtamil ho sirf muḡhtasir miqdáron cháwal kí pích yá ásh-i-jau se, lekin asná ifáqat meṅ maríz bahut ahtiyát se thora thora gosht kháwe, aur sharáb-i-angúr píwe, magar qadar-i-qalíl, aur rakkhe apne rodon ko murattib sáth vinum aloes ke, aur apne páñw ko ḡhushk aur garam aur pahne flannel badan se chimṭí huí.

Maḡljáh qism kohmah sozish pardah shikam ká.—Jab ki yih bímárfi bahut baḡh jatí to aksar auqát iláj pazír nahín ho saktí; is marz ko ibtidáhi meṅ rokná cháhiye. Jab ki shikam meṅ dard aur amáo ho, aur jism maríz ká bahut nátawán nahín huá hai, to bazariáh fásd ke ḡhún chhah yá áth ounce tak le sakte haiṅ, aur táwaḡtiki alámaten rafa na hon, to fásd har haftah meṅ do martabah kar sakte haiṅ. Dard shikam ko basabab aksar lagáne jonḡon ke ifáqá ho saktá hai. Rodeh tartíb diye jáweṅ sáth halkí adwiyah mulayyan aur huqnah ke. Garam pání se naháná yá seṅk shikam par aksar kám meṅ á saktí hai, aur párchah flannel bhigoyá huá turpentine meṅ kabhí kabhí wáste ifáqat amáo ke lagáyá já saktá hai. Jab ki dard aur sul kam ho jáwe, aur raḡiq rezish jári rahe, to marham, markú-

exists, the following ointment rubbed gently into the abdomen night and morning, has proved highly beneficial in numerous cases.

Hydriodate of potass, four scruples.

Simple ointment, four ounces.

Strong mercurial ointment, four ounces.

While the effusion continues, tonics, combined with diuretics, are indicated. The ferrum tartarizatum in solution, combined with compound spirit of juniper or good gin, is as good as any, as it acts on the kidneys, and improves the patient's general health. The diet may now be a little more nutritious; milk in small quantities appears the most suitable.

Questions.

How many forms of the disease are there?

What are the usual symptoms attending the acute form?

What are the signs of a fatal termination to the disease?

How may acute peritonitis terminate?

What is the treatment to be pursued in acute peritonitis?

What treatment would you follow in the chronic stage of the disease?

PERTUSSIS; HOOPING COUGH.

This disease is one of those which regularly occur but once in the same individual, and that generally in infancy.

Symptoms.—Hooping cough commences like an ordinary catarrh, with feverishness, thirst, a running at the nose, tenderness of the eyes, and a frequent dry cough; these symptoms usually continue from four to ten days, at which period the cough changes its character, and assumes its peculiar convulsive form of the disease. It occurs in paroxysms, at intervals of half an hour, to three or four hours, and is accompanied by long and noisy inspirations, with a crowing and whooping sound. During the paroxysm the patient usually shows all the signs of impending suffocation; the face and neck become red, swollen, and often livid, the vessels of the head are full, and a tensive pain is felt in the forehead, the eyes water, and appear as if starting from their sockets; the pulse becomes quick, and the patient is agitated. This state continues for a few minutes, when a

mat-us-sail rāt ko aur subah ko āhistah āhistah shikam par malnā aksar hālaton men nihāyat mufid huā hai.

Hydriodate of potass, chār scruple.

Simple ointment, chār ounce.

Strong mercurial ointment, chār ounce.

Jab ki bahnā mawād kā jāri rahe, to adwiyah muqawwī bashamūl adwiyah mudir ke munāsib haiṅ. Ferrum tartarizatum in solution bashamūl compound spirit of juniper yā achchhī sharāb gin ke bahut achchhā ilāj hai, kyunki wuh asar kartā hai gurdon par aur bihtar kartā hai mariz kī ām sihat ko. Is hālat men ghizā zarā ziyādah qawī ho aur thorā thorā dūdh denā nihāyat munāsib hai.

Sawālat.

Kis qadar iqsām is bīmārī kī hotī haiṅ ?

Kyā haiṅ aksar ālāmaten jo kī qism shadīd ke sāth hotī haiṅ ?

Kyā haiṅ asār muhlik bīmārī mazkūr ke ?

Kis tarah qiem shadīd is ārzah kī ākhir ho saktī hai ?

Kyā maaljāh āmal men lānā chāhiye bich qiem shadīd ārzah peritonitis ke ?

Kyā ilaj karnā chāhiye darjah kohnah men is marz ke ?

PERTUSSIS; YĀNE KŪKAR KHĀNSĪ.

Yih bīmārī un marzon men se hai jo kī beqāidah siraf ek dafa ek shakhs ko hotī hai, aur aksar auqāt bachpan men.

Ālāmaten.—Kūkar khānsī shūrū hotī hai misal mamūlī ārzah sukām aur nazlah ke, aur uskī tap se, aur piyās hotī hai, aur nāk se pānī jātā hai aur ānkhon men dabāne se dard malūm hotā hai, aur aksar khushk khānsī ātī hai, yih ālāmaten aksar jāri rahtī haiṅ chār din se das din tak, aur is asnāe men khānsī apnī sūrat badal dāltī hai, aur khās durust sūrat kūkar khānsī kī pakartī hai. Wuh waqah hotī hai naubaton aur bāriyon men bich mufāsilon ke ādhe ghante se tīn yā chār ghante tak, aur us ke sāth darās aur guldār tanaffus sāth khānsī aur khurrah ke hotā hai. Darmiyān naubaton ke mariz ke hāl se aksar āsār jald ghuṭ jāne dam ke numāyān hote haiṅ chehrah aur gardan sorḥ aur phālī hūi hojātī hai aur aksar nīlgon, aur ragen sir kī phūl jātī haiṅ, aur mātḥe men dard hotā hai, ānkhon se pānī nikaltā hai, aur sief malūm detī haiṅ ki goyā bāhar niklī atī haiṅ, nabs taurū

large quantity of mucus is vomited up; the cough ceases, and the patient gradually recovers tranquillity. In severe cases, discharges of blood may take place during the paroxysms, from the nose, eyes, lungs or stomach; involuntary discharges may also occur from the bladder and bowels. When the second stage has fairly set in, the symptoms of catarrh in favorable cases abate, and the fever is often very slight; the cough declines in severity about the fourth week, the secretion of mucus becomes more abundant, the cough is looser, the paroxysms less violent and fatiguing, and the intervals longer, until at length in two or three months, from the first onset, the disease ceases altogether.

Treatment.—The chief object is to avert inflammations or congestions of important organs, as the lungs, brain, or stomach. First give an antimonial emetic, then supposing the child to be one or two years old, give it a draught containing one drop of laudanum, five drops of ipecacuanha wine, and two grains of soda, in four drachms of water. For a purgative, give calomel and rhubarb. The state of the lungs should be narrowly watched, lest bronchitis or pneumonia supervene; any appearance of inflammation should be met by bleeding, purging, and nauseating doses of tartar emetic, if the child be old enough. Exposure to cold must be avoided; change of air will generally remove any residu of the cough. When hooping cough becomes complicated with bronchitis or pneumonia, the greatest care is necessary; the lancet is indicated, profuse and continued purging should be avoided. When irritability of the stomach will not admit of ipecacuanha or tartar emetic, you must then chiefly rely on bleeding, blistering, the warm-bath, and small doses of nitre. The blistering is most beneficial after effusion has taken place in the bronchi and air cells, after which period we must be cautious about any further bleeding. To promote expectoration, antimonials may be employed if the patient be old enough, as also calomel and ipecacuanha, but in very young children, an occasional emetic of ipecacuanha wine and syrup of squills will answer much better, with small doses of the hydrargyrum cum creta and ipecacuanha powder from time to time. The strictest

ho játi hai, aur mariz beqarar rahti hai. Yeh halat chand lahma tak jari rahti hai jab ki ek bahut balgham munh se nikal jata hai to khansi mauquf ho jati hai aur mariz ko batadrj aman o sham hasil hota hai. Is marz ki saht halaton men khun bh darmiyan naubaton ke ata hai, nak ya kkhon ya phephre ya medeh se, aur kabhi kabhi beikhtiyari men baz auqat masannah aur antariyon se bh ikhrj hota hai. Bad shuru hone darjah doyam ke alamatan zukam o nazlah ke darsurat sihat pazir hone marz ke kam ho jati hain, aur tap bh aksar auqat bahut khaff hoti hai aur qarib chauthe hafte ke sahti khansi ke bh kam ho jati hai aur kam taklif deti hai aur der kar uhti hai hattaki akhirkar do tin mahine men ughaz bimari se urzah mazkur bilkul mauquf ho jata hai.

Maaljah.—Bara matlab yeh hai ke dafiah sozish ya ijtaam khun ka azai raisa men misl phephrah aur dimagh ya medeh ke malhuze rahe. Awwal ko antimonial emetic dewen, bad us ke agar larka ek ya do baras ka ho to ek maud jo ki mushtamil ho ek qatra laudanum aur panj qatra ipecacuanha wine, aur do grain soda se char drachm pani men pilawen. Bataur mushil calomel aur rewand chini di jawen. Halat phephrah per bahtiyat tamam lihaz rahe, mubada bronchitis yane sozish i uruk khishnah, ya pneumonia yane sozish i phephrah paida ho jawe aur agar ko zahur sozish ka malum ho to us ka ilaj khun lene aur jullab dene aur qaiawur maudon tartar emetic se amal men awc, basharteki larka zara bara ho. Mariz ko sardi na pahunchne den, tabdili hawa ki aksar kisi jagah ko, kukar khansi ko dur kar deti hai. Jabki kukar khansi ke saath sozish uruk khishnah, ya sozish phephrah bh ho to nihayat ihtiyat pur zarur hai, khun lena munasib mutsawwar hua hai, aur ziyadah aur hamesha jullab ka dena bh mamnu hai. Jabki irritability yane hararat-i-medeh ke ipecacuanha aur tartar emetic ko qabul na karne to chahiye ki ziyadah lene fasd aur lagane blister aur garam pani men baithane aur khafif maudon shore ke dene se ilaj karen. Istamal blister ka darsurat hone rutubat ke uruk khishnah aur air cells men bahut musid hota hai magar bad iswaqt ke chahiye ki ziyadatar khun lene men ihtiyat malhuze rakkhen. Waste faidah ikhrj balgham ke antimonials yane adwiyah murakkab surmah ki, aur bh ipecacuanha aur calomel de sakte hain basharteki mariz ki umr

attention should be paid to the state of the gums and of the bowels, and local determinations, particularly to the head, must be avoided. When convulsions occur, change of air will be found of essential service to the child.

Questions.

How often does the hooping cough occur to the same person?

Describe the symptoms of hooping cough.

What treatment should you adopt?

When hooping cough becomes complicated with bronchitis or pneumonia, what should you do?

PHTHISIS PULMONALIS; CONSUMPTION.

Symptoms.—Phthisis generally commences with a slight dry cough, which may last for months or years. Sometimes the cough is severe from the commencement, and is accompanied with a mucous expectoration, or spitting of blood may set in and return at different intervals, and give the first sign of the disease. The patient complains of great languor. The slightest exertion, such as walking up a hill, or going up stairs, hurries the breathing; the pulse is more frequent than natural. By degrees the cough and expectoration increases, and hectic fever appears. Two exacerbations in general take place in the twenty-four hours, the first towards noon, and the other about five or six o'clock in the evening, accompanied with a sense of chilliness for about an hour, then the skin becomes warm, and the pulse is accelerated, the patient complains of thirst and uneasiness; in five or six hours, perspiration breaks forth, after which he falls asleep, and when he wakes up finds himself in a profound sweat. He now begins to lose flesh rapidly, and becomes more feeble; diarrhoea now sets in, the cheeks become hollow, and in the centre of them you will see a round patch of a bright colour, the sure sign of hectic fever.

sipsdah ho, lekin bahut ehhoṭe' bachchop ko kabhí kabhí mauṇa par istamál emetic, ipecacuanha wine aur shírah aquilla ká múfid hogá sáth ehhoṭí maṭádon hydrargyrum cum creta aur ipecacuanha powder ke jo kí kabhí kabhí di jáwe. Tawajah tamám zakhmí cháhiye hál par masúron aur rodon ke, aur yih bhí k̄hiyál rabe ki k̄hún kisí muqám marz men thahr na jáwe k̄hasúsan sir men. Jab ki tashannuj waṇa ho to tabdíl áb o hawá kí bachche ke wáste niháyat múfid páf gáí hai.

Sawálat.

Kai dafa kúkar khánsí bamújib qáidah ke wáqah hotí hai ek shaḵhs ko?

Bayán karo alámaten kúkar khánsí kí?

Kyá iláj karná cháhiye?

Jab ki kúkar khánsí ke sáth sozish uruq khishnah yá sozish phephrah bhí ho to kyá karen?

PHTHISIS PULMONALIS; YANE BÍMARÍ-I-SIL.

Alámaten.—Árzah sil aksar shurú hotá hai sáth ek k̄haff k̄hushk khánsí ke jo kí sháyad mahínon yá barson rahtí hai. Baze waqt yih khánsí ibtidá hí se shiddat kí hotí hai aur uske sáth ikhráj balgham hotá hai yá muḵhtalif auqát men maríz k̄hún thúkne lagtá hai, aur yih pahlí alámat is marz kí hotí hai. Maríz shikáyat niháyat zauf o natawání kí kartá hai. Halkí halkí sí koshish misl ek pahar par chalne yá zínah par charne se uská dam jald chalne lagtá hai aur nabz nisbat aslí hálát ke niháyat jald aur tezrau ho játí hai. Batadríj khánsí aur ikhráj ziyádah hota játá hai, aur tap-i-diq zahúr kartí hai. Do exacerbation chaubís ghante ke arse men aksar wáṇa hote hain, pahlá qaríb dopahar din charhe ke aur dúsrá qaríb pánch yá chbah ghante baje shám ke, aur uske sáth maḷúm honá sardí ká qaríb ek ghante ká maḷúm hotá hai, baḍ azán jild badan kí garam aur nabz tezrau ho játí hai, maríz piyás aur beqarárf aur bearámí kí shikáyat kartá hai, baḍ pánch chbah ghante ke paś-ne chhuṭtá hai. Is hálát men uske jism ká gosht bahut jald kam hotá játá hai, aur ziyádatar nátawán ho játá hai is mauṇa par iahál shurú ho játá hai, rukhsáron men garhe par játe hain, aur unki wast men ek gol dhabbah tábindah surkh rang ká numáyán hotá hai, jo kí yaqíní alámat tap-i-diq kí hai.

Treatment.—This disease when once thoroughly established in a scrophulous patient is incurable, though you may afford very great relief by palliating the symptoms as they arise, and thus prolong life perhaps for many years. The patient should compose his mind as much as possible, and be kept free from all excitement; his diet should be light and nourishing; his clothing warm and light, he should never fatigue himself, he should live in a steady climate, as bad and changeable weather would injure him; he should attend to the state of his bowels, and never allow them to become costive. Small general and local bleedings should occasionally be resorted to for the purpose of relieving the pain in the lungs. Should there be much purging, and the stools watery, dark coloured and fetid, an uneasiness felt in the abdomen, a few leeches should be applied, followed up by the tartar emetic ointment.

Questions.

What are the usual symptoms of phthisis pulmonalis ?

Is the disease curable in a scrophulous patient ?

What treatment should you adopt ?

PLEURITIS ; PLEURISY.

Symptoms.—There is fever, with an acute sharp stabbing pain in the chest, with immobility of the ribs over the affected part, respiration painful, frequent and hurried, quick during inspiration, and slow in expiration; the patient lies on the affected side or on his back; the affected side is often enlarged. Pleurisy may be distinguished from rheumatism of the muscles of the chest in the following manner; in the latter, the least touch causes pain and soreness, which it does not in pleurisy; in acute rheumatism, there is profuse sweating, such as there is not in pleurisy, but there is not in rheumatism that general disturbance of the constitution that there is in pleurisy. The pain in pleurisy is only felt at the lowest part of the chest, not in front or at the back, but to the side.

Maáljak.—Yih bímárí jabki ek scrophulous maríz meṇ bilkul jagah pakar játi hai to láíláj hotí hai, agarchi basariah kam karne ásar alámaton ke jo ki paidá hote hain maríz ko bahut ifáqat rah-saktí hai aur istarah se sháyad chand baras jí saktá hai. Maríz ko cháhiye ki apne dil ko hattul imkán bahut taskín dewe aur tamám tashwíshat se ázád rakkhá jáwe, aur ghizá subuk aur quwwat dahindeh aur poshák sabuk aur garam, aur cháhiye ki apne taín kabhí na thakáwe, aur haraj-o-marj ná kare, aur aise muqám meṇ rahe jahán ki mausam ek hálat par rahtá ho kyunki burá aur badalne wála mausam use nuqsán degá aur hálat rodon par tawajjak rakkhe aur kabhí unheṇ munqabiz ná hone dewe. Kabhí kabhí mauqa se tanqiah ám aur kḥás bhí filjumlah kḥún lene se wáste taskín dene dard phephre ke kiyá jáwe. Agar maríz ko bahut dast áte hon aur baráz raqíq pání sá átá ho aur siyáh rang aur mutáffin hon aur shikm meṇ bcárámí maḷúm hotí ho to chand jonken lagání cháhiyeṇ, aur uske bad marham tartar emetic ká istamál kiyá jáwe.

Sawálat.

Kyá hai kḥásiyat us bímárí kí jo ki sil kahláti hai?

Jabki yih bímárí scrophula meṇ wáqa howe to qábil iláj hai yá nahín?

Kyá maáljahi ikhtiyár karná cháhiye?

PLEURITIS; YANE ZÁT-UL-JAMB.

Alúmaten.—Is bímárí meṇ tap hotí hai, aur síne meṇ dard shadíd misl súl ke rabtá hai, aur jis taraf dard hotá hai us taraf kí pasliyán harkat nahín kartín, dam lene se dard hotá hai aur dam jald átá hai is tarah par ki barwaqt tez dam lene ke aur áhistah dam chhoṇe meṇ maríz us pahlú se pará rahtá hai jis taraf dard hotá hai yá chit, aur pahlú jis meṇ dard hotá hai áksar daráz ho játa hai. Is marz meṇ aur us dard ríhí meṇ joki chhátí ke patḥhon meṇ hotá hai is taur par shanákhṭ ho saktí hai ki pichhlí bímárí meṇ zará háth lagána bhí bájs dard aur súl ká hotá hai jo ki zát-ul-jamb meṇ nahín hotá aur shadíd dard ríhí meṇ is qadar ziyádatí se pasíná átá hai kí zát-ul-jamb meṇ nahín átá lekin dard ríhí meṇ wuh ám taḳallul jism ká nahín hotá joki zát-ul-jamb meṇ hotá hai. Árzah zát-ul-jamb meṇ sirf niche sínah ke dard maḷúm hotá hai aur áge yá pusht meṇ nahín hotá, balki pahlú meṇ hotá hai.

Treatment.—Bleeding, both general and local, the extent of which must be regulated by the violence of the fever, and of the pleuritic pain, then salivate as quickly as possible, and after a time apply blisters, or counter-irritation, using the tartar emetic ointment freely over the part affected; regulate the bowels with laxatives and administer diuretics, and keep the patient on very low diet for a considerable time. If the effusion is of long standing, the diuretics may be combined with bitters; the following mixture will answer the purpose.

Take of compound infusion of gentian, one ounce.

Tincture of bark, two drachms.

Tincture of cantharides, ten minims.

Acetate of potash, ten grains.

This draught to be given two or three times a day. The patient must carefully avoid exposing himself to fresh cold, and avoid all violent exercise.

Questions.

What are the symptoms of pleurisy ?

How may pleurisy be distinguished from acute rheumatism of the muscles of the chest ?

What treatment should you adopt in pleurisy ?

PNEUMONIA; INFLAMMATION OF THE LUNGS.

Symptoms.—There is fever, difficulty of breathing, cough and a sense of weight and pain in the chest, particularly in a recumbent position, or when lying on the side affected, accompanied with great anxiety and thirst. At the commencement of the disease, the pulse is full, strong, hard, and frequent, but in a more advanced stage, it is commonly weak, soft, and irregular. At first the cough is frequently dry and without expectoration, but in some cases it is moist, even from the first, and the matter spit up is various both in colour and consistence, and is often streaked with blood. If relief is not afforded in time, and the inflammation proceeds with such violence, as to endanger suffocation, the vessels of the neck will become turgid and swollen, the face will turn purple, an effusion of blood will take place into the cellular substance of the lungs, and the patient will be suffocated. Some-

Maq̄lah.—Tanqiah 4m yá k̄hás k̄hún ká munásib hai aur miqdár uskí bamújib saḡhtí bukhár aur dard ke ho, bad is ke jis qadar jald mumkin ho maríz ká munh láná cháhiye aur bad thore arse ke blister yá counter-irritation kám men lāwcn, marham tártar emetic ko muqám-i-dard par maleñ aur rōdon ko sáth adwiyah muláyan ke tartíb den, aur adwiyah mudir ká bhí istāmál karen, aur maríz ko muddat tak bahut thoṛí ghizá par rakkhen. Agar effusion muddat se ho to adwiyah mudir ho saktí haiñ shamil kí gaisáth adwiyah talḡh ke, aur mixture yāne majmua marqumat-uz-zail bahut muḡid hogá.

Compound infusion of gentian, ek ounce.

Tincture of bark, do drachm.

Tincture of cantharides, das minim.

Acetate of potash, das grain.

Yih nuskhá diyá jáwe do yá tīn dafa ek din men. Maríz ko cháhiye ki apne tañ baahtiyát tamám sardi se bacháwe aur har qism ki saḡht riyázat se altaráz kare.

Sawálat.

Kyá alámaten zát-ul-jamb kí hotí hai?

Kyunkar zát-ul-jamb shanáḡht kiya játa hai dard ribí ke sínah ke paṭthon se?

Kyá iláj zát-ul-jamb men karná cháhiye?

PNEUMONIA ; YĀNE SOZISHI PNEPRAH.

naten.—Is marz men tap aur diqqat tanaffus aur khánsí aur malúm honá bojh ká aur dard ká sínah men, k̄hasúsau jhukne men, yá pare ralne men pahlú se dard hotá hai, aur uske sáth niháyat tashwīsh-i-k̄hátir aur piyás hotí hai.

Is bímári ke úgház men nabz mumtalí aur qawwí aur saḡht aur sarí hotí hai, lekin darsúrat ziyádah baḡh jánc marz ke wuh aksar zaif aur muláyyam aur beqáidah hotí hai. Ibtidá men khánsí aksar k̄hushk aur baghair bulgham ke hotí hai, lekin baḡí hálaton men ibtidáhi se tar yāne ratúbatdár hotí hai, aur balgham jo nikaltá hai wuh muḡhtalif hotá hai rang aur ghulízat men, aur aksar auqát us men k̄hún ke dhabbe hote haiñ. Agar bar waqt naubat ke tadáruk nahín kyá jáwe to sozish sáth aisí saḡhtí ke baḡhe ki jisse k̄hauf galá band ho jánc ká ho, ragen gardan ki ámasidah aur súfí huí ho játīñ haiñ, chehrah arḡhwání aur surk̄h ho játa

times notwithstanding every attention having been paid to the disease, it will run on to suppuration, which event may be known by frequent slight shiverings, with an abatement of the pain, and a sense of fulness in the part, and by the patient being able to lie on the side affected, without great uneasiness. This disease proves fatal generally by suffocation, which usually happens between the third and seventh day, or else it may terminate fatally by suppuration or gangrene.

Treatment.—Begin by large and copious bleeding from the arm, to the extent of twenty-four or thirty-six ounces of blood, which may be extracted twice or thrice in the twenty-four hours, due consideration being had to the severity of the attack, the constitution and age of the patient. It is often advisable to apply leeches or cupping over the part, a few hours after the first bleeding, more especially if there is any appearance of pleurisy. Tartar emetic should then be given to such an extent, as to keep up a strong feeling of nausea, not vomiting; calomel may also be combined with the antimony. The anti-phlogistic regimen is strictly to be adhered to; when the active inflammation is reduced, large blisters or the tartar emetic ointment may be applied with very great advantage. To quiet the cough, demulcents may be given. Inhaling steam will assist in bringing about expectoration, and nauseating doses of squills will relieve the patient from the viscid matter collected in the wind-pipe. When the complaint declines, and there is a copious expectoration, tonic medicines with nutritious diet become necessary to support the strength, and the same means will be proper should it go on to suppuration. Should any organic changes have taken place, such as hepatization or ulceration of the lungs, great caution is required to prevent the patient falling into a consumption.

Questions.

What are the symptoms of pneumonia ?

hai, aur "cellular substance" men pheprah ke, khun utar atá hai, aur mariz ka galá ghut jatá hai. Baze waqt báwajúd iske tawajjah tamám mabzúl huí hai bímári mazkúr par, lekin is par bhí pheprah pak jatá hai, aur pakáo daryáft ho saktá hai in báton se kí mariz ko aksar khafif phururiyán átí hai aur dard kabhí kam ho jatá hai, aur muqám mazkúr men purí malúm detí hai, aur mariz us pahlú se jis men khalish hotá hai, baghair malúm karne ziyádah bechainí ke let saktá hai. Aksar auqát mariz is marz men galá band ho kar martá hai, aur yih bát amúman tisre din se sátwen din tak waqa hotí hai, yá ikhtatám is bímári ka yun hotá hai ki kalejah pak jatá hai yá sar jatá hai jisse mariz jánbar nahín ho saktá.

Maqálah.—Ibtidá men bazaráah fasd bazú ke khun ziyádatí se bamiqdár chaubís yá chhattís ounce ke lewen, aur yih miqdár khun kí chaubís ghanṭe ke arse men do yá tén dafa nikálen, magar saḡhtí marz aur jusha, aur umr mariz ka kھیál rahe. Aksar yih bhí munásib hai kí jonken aur pachhue lagáe jáwen muqám marz par, chand ghanṭe baḡ pahle fasd ke, khlásusan agar koí alámat árzah zát-ul-jamb kí záhir ho. Baḡ is ke tártar emetic aise ek miqdár se diyá jáwe jisse kí gھیyán bashiddat malúm ho aur qai na áwe, aur calomel bhí bashumúl antimony yane surmah ke diyá já saktá hai. Parhez o ghizá aisi cháhiye kí harárat gharízí ko ghaṭá de, aur jab kí sozish shadíd kam ho gai hai baḡe blister yá tártar emetic marham ke lagáne se bahut baḡá fáidah ho saktá hai. Wáste dabáne khlánsí ke muláyyam karnewáli adwiyát dí já saktí hai. Balgham ke nikálne men madad karegá aur gھیyán karnewáli tabriden squills kí mariz ko taskín dengí, us luábdár mawád se jo kí hinjrah men jamá ho gayá hai. Jab kí marz ghaṭ jáwe aur balgham kí kasrat ho to adwiyah aur ghizái muqawwí wáste sambhálné táqat ke zarúr hai, aur agar pheprah pak gayá hai to bhí yihí tadbír munásib hogí. Agar azái raisah men kuchh tabdílíán waqa huí hai misl khalal-i-jigar yá zaḡhm par jáne ke phepron men to baḡí ihtiyát zarúr hai kí mariz ko árzah-i-sil ná ho jáwe.

Sawálat.

Kyá alámaten árzah sozish pheprah kí hotí hai?

At the commencement of the disease, what treatment should you adopt ?

When the active stage of the disease is over, what should you do ?

RUBEOLA ; MEASLES.

Symptoms.—Measles commence with languor, shivering, heat of skin, and thirst ; as the disease advances, there is a dry hoarse cough, often much resembling that of croup : frequent sneezing, suffused and watery eyes, swollen and feverish face ; alternations of heat and cold, quick pulse, great thirst, and scanty secretion of urine, with a hot and dry skin. There is occasional vomiting or purging, but sometimes constipation. Sometimes in severe cases there is delirium, and even inflammation of the lungs ; there is usually towards evening an exacerbation of all the febrile conditions. All these symptoms continue for three or four days or even eight days, when an eruption begins to appear in the form of round red dots, showing first on the forehead and face, and subsequently upon the body and limbs. On the fifth day the whole surface of the body is usually covered with the eruption, which begins to decline on the face on the sixth day, and has usually disappeared altogether upon the tenth day from the commencement of the fever, or the sixth day from its own first appearance. The eruption extends to the mucous membrane ; slightly elevated spots may be seen in the mouth and throat about the fourth or fifth day. In favorable cases, the violence of the fever abates as soon as the eruption appears.

Treatment.—Be very careful not to expose the child to cold or damp, keep it moderately warm, and in a darkened room owing to the pain in the eyes ; give it mild mucilaginous drinks, as linseed tea, barley or rice water, &c. The face, arms, hands, and chest should be lightly sponged with warm vinegar and water ; mild diaphoretics and gentle aperients are useful. Attend carefully to the state of the head and chest ; if any symptoms of an attack in the head, as headache, intolerance of light, or convulsions appear, apply a few leeches to the temples or behind the ears, and place the child in a warm hip bath for five or ten minutes ; if the chest is affected,

Shurú marz kyá iláj karen ?

Jab ki shadíd darje bímárí mazkúr ká mauqúf ho gayá ho to kyá karen ?

RUBEOLA ; YANE SURKHBÁD.

Alámaten.—Yih marz shurú hotá hai sáth sustí aur larzab aur harárat-i-jild aur piyás ke ; aur jiun jiun bímárí mazkúr bařhtí hai to khusk khánsí galá pakarnewálí áwáz ke sáth hotí hai, misl us áwáz ke jo ki árzah croup men nikaltí hai, aur aksar chhínkon ká úná, aur surkḥ aur tar rahná únkhon ká, aur sújú huá aur tap ká sá chehrah honá, aur kabhí garmí, aur kabhí sardí maľúun honí, aur tezí nabz, aur shiddat tishuagí, aur kam paidá honá pesháb ká, aur garam aur khusk rahná jild ká, alámaten uskí haiñ. Is bímá-
rí men kabhí kabhí qai aur dast bhí áte haiñ, lekin baže waqt qabz rahtá hai. Baže auqát saķht hálaton bímárí mazkúr men hizyán aur bhí sozish phepron ká hotá hai. Aksar shám ke waqt taraqqí tamám alámaton buķbár kí hotí hai. Yih tamám alámaten tñ yá chár din tak rahtí haiñ, yá ářh din tak bhí ; is ke bađ dána gol surkḥ rang ke pahle peshání aur chehrah par, aur bađhú jism, aur azá par numáyán hote haiñ. Páñchwen din tamám satah jism ká aksar dánon se chhip játá hai, aur chhaře din chehre ke dánon men takhfíf hone lagtí hai, aur aksar bilkul daswen din ágház tap se yá chhaře din apne awwal roz nikalne se gháyab ho játe haiñ. Yih dáne phailte haiñ mucus membrane tak aur khafíf ubhre hue dhabbe dekhe já sakte haiñ munḥ aur gale men qaríb chauthe yá páñchwen din ke. Darsúrat islah pazír hone marz ke shiddat tap kí bafaur zahúr danon ke kam ho játí hai.

Maáljah.—Is bát kí bahut ahtiyát rakkhen ki bachchá sard yá tar jagah na rahe, aur usko baatidál garam aur tárík makán men ba-sabab dard únkhon ke rakkhen, aur khafíf luábdár ashrubah, misl linseed tea, yane áb-i-tuķhm katán, aur ash-i-jau, yá chával kí pích, waghairah dewen. Chehrah aur bázú aur háth aur sínah áhístah áhístah bazariáh sponge ke garam sirká aur garam pání se tar kiye jáwen. Khafíf pasína lánewálí aur halkí mulayyan adwiyah fáidah-
mand haiñ. Sir aur sínah kí hálal par baihtiyát tamám tawajjah rakhní cháhiye ; agar alámaten khalal dimágh kí misl dard sir yá bar-
ásht na hone roshní ke, yá tashannuj ke záhir hon to chand jon-

you should bleed from the arm if the strength of the child will admit of it, if not apply a few leeches to the chest or the back of the foot, and adopt the usual treatment for subduing such like inflammation. Should severe purging come on at the decline of the disease, it may be removed by alterative aperients if the stools be foul, or by astringents if the evacuations are watery, and abdomen drawn in and empty. Should debility be present, wine and stimulants will be required, but they must be administered with the greatest caution.

Questions.

What are the usual symptoms of rubeola?

What treatment should you adopt?

If the head or chest become affected, what should you do?

RHEUMATISMUS ; RHEUMATISM.

This disease may be either acute or chronic.

Symptoms of acute Rheumatism.—There are rigors, with a general feeling of numbness, aching and pain; fever; skin pungent and hot; pulse quick, full, hard, and bounding; pain increases with the fever, and is generally of a gnawing character; parts become red, swollen, and tender to the touch: the pain aggravated by motion, tongue white, urine high colored, and deposits a red brick-dust sediment; skin sometimes bathed in a clammy sweat: this disease is generally caused by exposure to cold and moisture.

Treatment of acute Rheumatism.—If the patient be plethoric and robust, and the disease be seen early, you should take some blood from the arm, the quantity to be determined by the effect produced. Should general bleeding be contra-indicated, local bleeding by cupping or leeches may be employed. Then give the tartar emetic in small and frequent doses to keep up nausea. Afterwards you may give the wine of colchicum with tincture of henbane, but as soon as it purges, you must give it up. Laxatives should be

keñ kanpañiyon yá píchhe kánon ke lagáweñ, aur larke kokúláh tak garam pání meñ páñch yá das minute tak rakkheñ; agar sínah meñ khalal paidá ho to bázú se khún leweñ, basharteki quwwat larke kí uskí muthammil ho, aur agar táqat kam ho to chand jonkeñ sínah yá pusht-i-pá par lagáweñ, aur ikhtiyár karenñ iláj mamúli jo ki wáste rafa karne is qism kí sozish ke mufíd hai. Agar barwaqt ghatne bímári ke dast bashiddat áne lagen to dañah uská bazariáh aisí adwiyah ke jo ki alterative yáne tartíb kunandah jism aur mulayyan haiñ, karenñ, basharteki dast mutañin honñ, aur darsúrateki dast raqiq áte honñ aur shikam khalál ho to adwiyah astringent yáne qábiz denñ. Agar maríz ko zauf ho to sharáb-i-angúr aur adwiyah stimulant yáne mutharrik kí zarúrat hogí, lekin unke istámál meñ niháyat hoshyári ámal meñ áwe.

Sawálat.

Kyá haiñ alámaten árzah rubeola kí?

Kyá maáljah ikhtiyár karná cháhiye?

Agar sir yá sínah meñ khalal ho to kyá karenñ?

RHEUMATISMUS; YÁNE WAJA MUFÁSIL.

Yih bímári ho saktí hai shadíd yá kohnah.

Alámaten shadíd waja mufásil kí.—Is bímári meñ malúm honá khunkí ká tamám jism meñ, aur dard, aur bukhár, aur tezí aur harárat jild kí, aur tundí, aur imtalá, aur sakhtí, aur jahindgí nabz kí hotí hai, aur tap ke sáth dard ziyádah ho játá hai, aur is qism ká hotá hai jaise koí muqám dard ko chubátá hai, aur muqámát dard surkh aur ámásída ho játe haiñ, aur háth lagáne se un meñ dard hotá hai, aur barkat karne se dard ziyádah hotá hai, zabán sufed aur pesháb niháyat rangín, aur us meñ surkh inñ kí khák sí jamtí hai, post jism baze auqat ek chipchipe pasíne meñ tar ho játá hai; yih bímári ámúman paidá hotí hai sardí aur ratúbat meñ rahne se.

Maáljah waja mufásil shadíd ká.—Agar maríz damwí mizáj aur táqatdár ho aur bímári ibtidáhi meñ dekhí jáwe to cháhiye kí thorásá khún bázú se leweñ magar miqdár khún kí muqarrarí ho, us asar kí jo wuh paidá kare; agar fasd námunásib ho to tanqiyah khás pachhnon yá jonkon se ámal meñ á saktá hai. Bað uske tártar emetic bích chhoñ aur aksar mañtádon ke wáste qáyam rakhne málish-i-dil ke denñ. Bað azár wine colchicum sáth tincture henbane ke de sakte haiñ, lekin jis waqt usse dast áweñ to mauqúf kardenñ.

given, so as to keep the bowels moderately open. Calomel and opium pushed so far, as to make the mouth tender, has been given with great benefit in obstinate cases. After the acute inflammation has been quite subdued, a full dose of opium may be given at bedtime to procure sleep. As the pleura and pericardium are very apt to be affected in this disease, their state should be very carefully watched.

Symptoms of chronic Rheumatism.—The symptoms are the same as in the acute form, only of a less violent character. This affection is not confined to the joints, but may attack the muscles of the back, it is then called lumbago; when it attacks the sciatic nerve, or the muscles passing from the trunk to the lower extremities, it is called sciatica.

Treatment of chronic Rheumatism.—Should there be fever, give the tartar emetic as in the acute stage, as also the colchicum: the warm bath and vapor bath will afford great relief, together with rubefacients, blisters or counter-irritation with the tartar emetic ointment. When the parts are colder than they should be, acupuncture has afforded great relief. The needle should only be inserted into fleshy parts, in general from two to six sharp pointed needles are used at once, and are pushed into the affected part to the depth of from $\frac{1}{2}$ to $1\frac{1}{2}$ inches, and left in for a couple of hours. The ammoniated tincture of guaiacum is an excellent internal stimulant, commencing with half drachm doses, and increased gradually until the patient feels himself warmed with the remedy. When rheumatism assumes the intermittent form, you may give the quinine, or the arsenical solution, paying great attention to the action of the latter medicines; the bowels should be kept regular.

Rheumatism may be distinguished from gout thus: rheumatism may come on at any time, gout generally at bed time; rheumatism arises from some obvious cause, such as cold and damp, not so gout; rheumatism affects the larger joints, and the pain is generally gnawing and numb, whereas in gout, the pain is burning, pungent and lancing.

Adwiyah mulayyan dení cháhíyē is tarah par ki rodeh baqtídál khule rahē. Is qadar calomel aur opium ká dená jisse muñh á jáwe bahut mufíd buá hai jab ki marz kisé aur tarah nahín jútá hai. Bad mauqúf-i-sozish ke ek púri maütád opium kí sote waqt dení cháhíye táki nīnd á jáwe. Chúnki is marz men pleura yāne ghashaurriyá, aur pericardium yāne hijáb-ul-qalb men bhí aksar khalal ho jútá hai, to un ke hál ká bahitiyát tamám nigrán rahná cháhíye.

Alámateñ waja mufásil kolmah ki.—Is kí alámateñ bhí misl alámatoñ waja mufásil shadíd kí hain, magar shiddat men kauí hotí hai. Yih bímári sirf joñhí par nahín hotí, balki pusht ke puñthon par bhí dákhál kartí hai, aur is súrát men usko lumbago yāne dard kamar kahte hain; jab ki dákhál is marz ká sciatic rag par, yá un puñthon par jo ki dhar se pñw kí taraf utarte hain hotá hai, to wuh sciaticá kahláyá jútá hai.

Maqájah waja mufásil kolmah ká—Darsúrát hone bukhár ke tártar emetic dewēn jaise kí darjah shadíd men dete hain, aur bhí colchicum aur garam páni men baitháná aur bhapúrá dená ma istamál rubefacient, yāne jild surkh karnewáli marham yá blister yá counter-irritation bazariyah marham tártar emetic ke bahut mufíd hogá. Jab kí azúí mamúli se ziyádah sard hain to pachhnon se bahut fúidah hogá. Súí chuboní cháhíye ajzái lahmí men. Aksar auqát do se chha tez nok kí saiyon tak ek dafa chuboi júti hain, aur muqám-i-marz men ádhí inch se derh inch tak utári júti hain, aur do ghanṭe tak nahín nikáli játin. Ammoniated tincture of gniacum niháyat umdah stimulant yāne mutharrik kháne kí dawá hai, jo kí shurú kí jáwe sáth nisf dráchm maütádoñ ke, aur batadríj ziyádah kí jáwe jab tak kí mariz ke badan men garmí á jáwe. Jab kí yih árzah súrát naubat kí pakre to quinine yá solution arsenic yāne sankhyá dewēn, magar bahut tawajjah masrúf ho picchhí dawá ke amal par; aur lodon kí tartíb karte rahē.

Tamíz darmiyán waja mufásil aur niqras ke istarah par hotí hai kí waja mufásil áyad ho saktá hai harek waqt, aur árzah niqras amúmán sote men. Árzah waja mufásil paidá hotá hai bāze zálir sabab se, misl sardí aur ratúbat ke, aur árzah niqras is sabab se nahín hotá. Waja mufásil aksar asar kartá hai ziyádah bare bandon par, aur dard istarah ká hotá hai kí goyá koí muqám ko chubátá hai barkhiláf iske árzah niqras men dard sozindah aur

Questions.

How many forms of rheumatism are there?

What are the symptoms of the acute form?

What is generally the cause of rheumatism?

What treatment should you adopt in the acute stage?

What are the symptoms of the chronic form?

What treatment should you adopt in the chronic form?

How would you distinguish rheumatism from gout?

SCARLATINA ; SCARLET FEVER.

This is an eruptive fever, of which there are two kinds, the simple and malignant.

Symptoms of the simple form.—There are the ordinary symptoms of fever, viz., lassitude, shivering succeeded by heat, thirst, quick pulse, and occasionally nausea, headache and perhaps delirium. About the second or fourth day, the eruption is at its height, and then appears in the form of a continuous bright redness on the extremities, and of large irregular patches upon the trunk of the body. The redness is paler in the morning, and is brightest towards evening, the eruption may also be seen upon the inside of the mouth and throat, which assumes a bright scarlet color. The throat is generally sore, the tongue if clean, is also scarlet, but if foul, the red papillæ may be seen through the coating of fur on it. On the fifth day the eruption usually begins to decline, and in a day or two afterwards, disappears altogether, at which time the cuticle on the whole of the body generally peels off. Scarlatina may be distinguished from measles or roseola thus; from the latter, by its regular and longer duration, and by the sore throat and eruption in the mouth; from the former, by the period of the appearance of the rash.

Treatment of simple scarlatina.—The patient should be confined to his bed, his room kept cool and well ventilated, cooling drinks

tes aur sul márnewálá hotá hai.

Sawálat.

Árzhah waja mufásil men kitne aqsám hote haiñ ?

Kyá haiñ alámaten qism shadíd kí ?

Kyá haiñ amúman, sabab árzhah waja mufásil ke ?

Kyá iláj ikhtiyár karná cháhiye darje shadíd men bímárí mazkúr ke ?

Kyá haiñ alámaten qism kohnah kí ?

Kyá iláj karná cháhiye qism kohnah bímárí mazkúr men ?

Kyunkar tamíz ho saktí hai árzhah niqras aur waja mufásil men ?

SCARLATINA.

Yih hai ek nikalná dánon ká jiskí do qismen hotí haiñ, sádah aur malignant.

Alámaten sádah scarlet fever kí.—Is men mamúli alámaten tap kí hotí haiñ, yañe sustí aur larzah aur bad iske garmí, aur piyás, aur tundí nabz aur kabhí málísh-i-dil, aur dard sir, aur sháyad hizyán bhí hotá hai. Qaríb do yá chár din ke is marz men dáne bashakl surkh dhabbon ke nikalte haiñ, awwal chehrah aur gardan par jo ki jald ápas men miljáte haiñ aur phail játe haiñ tamám jism aur háth páñw par. Tísre yá chauthé din yih dáne apne kamál par pahunchte haiñ, aur tab záhir hote haiñ basúrat ek qáyam tábindah surkhí ke háth páñw par, aur bare bare beqáidah dhabbon ke tanah jism par. Yih surkhí subah ke waqt ziyádah sard, aur shám ke waqt niháyat tábindah hotí hai. Yih dáne andar munh aur halq ke bhí númaysh ho játe haiñ, jinke sabab rang tábindah aur surkh ho játá hai, halqúm aksar majrúh hotá hai, zabán agar sáf hai to wuh bhí surkh hotí hai, lekin agar mailí hai to mail men se dáne dikhláidete haiñ. Pánchwen din yih dáne aksar ghatne shurú hote haiñ, aur ek yá do din bad bilkul gháyab ho játe haiñ, aur us waqt men tamám jism ke post se bhúsi jhar játí hai. Is árzhah men aur árzhah surkhbad men is tarah tamíz ho saktí hai ki surkhbad men dáne beqáidah aur derpá hote haiñ, aur dard gulú hotá hai, aur dáne munh men nikal áte haiñ aur surkhbad men ársah nikalne dánon ká muáyyan hotá hai.

Maájljah scarlet fever sádah ká.—Cháhiye ki maríz ko uske bistar se na uñhne den, us ká kamrah sard aur hawádár ho aur ashrúbah

given freely, and abstaining from animal food, and every thing likely to heat the body. A gentle emetic should be given to check the fever, and clear the throat of viscid mucus; this should be followed up by a purgative. The body should be sponged with cold or tepid water and vinegar. Should any particular organ be inflamed, you must of course bleed both locally and generally, so as to subdue that inflammation, but no more. If the patient should be old enough to use gargles, the best in ordinary cases, is barley or rice water, acidulated with vinegar. Inhaling the steam of boiling water and vinegar will afford great relief. When the skin is peeling off, the tepid bath will be found useful, and the greatest care should be taken at this time that the patient does not catch cold; the bowels should be kept relaxed, and the kidneys be acted upon by occasional doses of compound jalap. As the patient becomes convalescent, tonics, such as the mineral acids or quinine, should be given, with mild nutritious food and change of air.

Symptoms of malignant scarlet fever.—These are similar to those already described in the milder form of the disease, but which soon assumes a typhoid form. The pulse becomes very rapid and irregular, the heat of the surface of the body unequal, a low muttering delirium, with great restlessness, sets in. There is hoarseness, pain in swallowing, and swelling of the glands of the neck. As the disease proceeds, all the symptoms are aggravated, and the patient sinks into a state of stupor. The sloughs in the throat spread, and become dark colored and gangrenous; the disease extends to the nostrils, and an acrid discharge flows, which excoriates the lips and cheeks; finally the breathing becomes difficult, the tongue black and dry, and discharges of blood take place from the different passages, and the patient sinks generally from the third or fourth day, to the second or third week. Total insensibility or convulsions may precede death.

Treatment of malignant scarlet fever.—First of all, administer an emetic of tartarized antimony to adults, and ipecacuanha to children, following it up with some mild aperient. Should the breathing be difficult, a few leeches may be applied to the throat or

bárid bakasrat dí jáweñ, aur gosht aur har ek chís se jo kí jism meñ harárat paidá kare parhez karáweñ. Ek khafif dawá qai kí wáste rokne tap, sur sáf karne luábdár balgham halkonke dí jáwe, aur bad iske julláb diyá jáwe. Jism dhoná cháhiye sáth sard yá ním garam pání aur sirke ke. Agar kisí khás uzv par azáí marz meñ se warm ho jáwe to tanqiyah khás aur am khún ká karná zarúr hai is qadr kí wuh warm rafá ho jáwe, lekin ziyádah nahín. Agar maríz is qadr umr ká ho kí ghargharah kar sake to roz marrah kí hálatoñ meñ jau ká pání, yá cháwal kí pích, tursh kí gaí sáth sirke kí niháyat bihtar hai. Bhapára lená ubalte huc pání aur sirke ká bañí taskín degá. Jab kí post utartá játá hai, to ním garam pání meñ baiṭháná mufíd páyá jáwegá, aur us waqt meñ niháyat ihtiyát malhúz rakhní cháhiye kí maríz ko sardí saráyat na kare aur rodah dhíle rakkhe jáweñ aur kabhí kabhí maṭádoñ compound jalap ke dene se gurdoñ ko harkat deweñ. Jab kí maríz ko ifáqat hai to adwiyah muqawwí misl kání tezábón yá quinine ke dení cháhiyeñ sáth muláyam quwwat denewáí khurák aur tabaddul áb o hawá ke.

Alámatoñ malignant scarlet fever kí.—Is kí alámatoñ bhí misl alámatoñ marqúmali bálá yane alámatoñ qism khafif o sádah árzah mazkúr ke haiñ, lekin yih jald súrat baqáidah pakartí hai. Nabz bahut tez aur beqáidah ho játí hai, aur harárat satah jism kí náhamwár aur ek khafif hizyan sáth bañí bechainí ke shurú ho játá hai. Is marz meñ giriftgí áwáz aur nigalne meñ dard hotá hai, ghudúd gardan ke phúl játe haiñ: jiun jiun yih bímári barhtí játí hai tamám alámatoñ bhí ziyádah hotí játí haiñ, aur maríz par ghafiat aur behawási tári ho játí hai. Chhichre gale meñ phail játe haiñ, aur siyáh rang ho kar sarh játe haiñ. Yih marz nathnoñ tak phail játá hai aur mawúd talkh o shor jári hotá hai jo kí honṭhoñ aur gáloñ ko chhíl dáltá hai. Anjámkár dam lená mushkil ho játá hai, zabán siyáh aur khushk ho játí hai, aur mukhtalif ráhoñ se khún jári hotá hai aur maríz aksar tísre yá chauthé din se dúsre yá tísre hafte tak mar játá hai. Marne se pahle behoshí yá tashannuj hotá hai.

Maqljah malignant scarlet fever ká.—Sab se pahle muqai tártarized antimony jawán marizoñ ko aur ipecacuanha bachchoñ ko den, aur bad iske khafif adwiyah mulayyan dí jáweñ. Agar dam lené meñ diqqat malúm ho to chand jonkeñ gale par lagáí jáweñ, yá kánoñ

behind the ears, and if there be pain in the head and stupor, a few leeches to the temples might relieve the congestion. During the stage of excitement, the patient should be placed in a warm bath, strongly impregnated with salt, and afterwards the skin to be well rubbed with warm dry flannel, especially when irregular distribution of heat exists, when, in addition bottles of warm water, or heated bricks, should be applied to the cold extremities. When the stage of excitement has passed, nourishment, such as broth, must be given, and if collapse approaches, wine and other stimulants will be required. The throat should be gargled with the chlorides of soda or lime, in proportion of two ounces of the solution, to half a pint of water; if the patient cannot gargle, the sores in the throat may be washed with a sponge soaked in the gargle; it is not of any consequence if any of the fluid is swallowed; while sufficient mild nourishment is given, every thing heating or stimulating must be avoided, and the bowels kept open by gentle laxatives. Should dropsy ensue, it requires purgatives and leeches, being usually of an inflammatory character.

Questions.

What description of fever is scarlatina, and how many varieties of the disease are there?

Describe the symptoms of the simple form.

How would you distinguish scarlatina from measles or roseola?

What treatment should you adopt in the simple form of the disease?

What are the symptoms of the malignant form of the disease?

What treatment should you adopt in the malignant form of the disease?

SPLENITIS; INFLAMMATION OF THE SPLEEN.

Inflammation of the spleen may be either acute or chronic.

Symptoms of the acute form.—After a sensation of cold and partial rigor, there is a feeling of weight, fulness and pain in the left side extending to the left shoulder, increased on pressure and coughing; thirst, slight nausea, dry cough, with the usual symptoms of fever. Vomiting of blood, faintings, or pain on respiration are occasionally

ke píchhe, aur agar sir men dard aur behoshí ho to lagáná chand jonkon ká kanpatiyon par injamád khún ko musfíd hogá. Hálát darjah tugh yání marz men, marís áb-i-garam men bitháyá jáwe jis men bahut namak dálá ho, aur bad iske post-i-badan bakhúbf popohhá jáwe garam aur khushk flannel se, khasúsan jab ki beqáidáh taqáim harárat kí maujúd ho aur bashamúl iske botalep garam pání kí, aur garam ínten thande háth páw men lagái jáweñ. Jabki darjah tahrík ká guzar gayá hai, ghizá misl shorba ke dení sarúr hai aur agar niháyat darjah ká zauf ho jáwe to sharáb angúr aur aur ad-wiyah mutharrik ká dená zarúr hai. Ghargharah sáth chlorides of soda yá chúne ke bamiqdár do ounce solution ke nisf botal pání men karná cháhiye, aur agar maríz ghargharah nahín karsaktá hai to jaráhat-i-halqúm ko ek sponge se áb-i-ghargharah men tar karke dhowen, aur agar koí qatrah halq se utar jáwe to uská kuchh musáiqá nahín, jabki káfi subuk ghizá milne lage to har ek shai garam yá mutharrik se parhez karen aur rodeh khule rakkhe jáweñ halke jullábon se. Agar árzah istasqá ho jáwe, to uske liye jonkon aur julláb zarúr hai kyunki is mauqa par yih árzah aksar sozish se hotá hai.

Sawálat.

Kis qism ke bukhár ko scarlatiná kahte haiñ, aur is bímári kí kitne aqsám haiñ ?

Bayán karo alámaten qism sádah kí?

Kis tarah tum tamíz kar sakte ho darmiyán árzah surkhhbád aur árzah measles yá roseolá ke ?

Kyá iláj íkhtiyár karen qism sádah bímári mazkúr men ?

Kyá haiñ alámaten qism malignant árzah mazkúr kí ?

Kyá iláj qism malignant men karen ?

SPLENITIS; YAÑE SOZISH-I-TEHÁL.

Sozish-i-tehál ho saktí hai shadíd yá kohnah.

Alámaten qism shadíd kí.—Bad malúm hone sardí aur juzwí saakhtí ke báen pahlú men bojh aur imtalá aur dard malúm hotá hai, aur wuh báen sháue tak phailtá hai, aur dabáne aur kháns se sigá-dah hotá hai, aur tishnagí aur gúnah málish-i-díl aur khushk khánsí sáth aksar alámaton tap ke hotí hai. Istafágh khún aur

observed. A natural crisis is often observed, after hæmorrhage from the nose or stomach, after a copious deposit from the urine, after the disappearance of the headache; when the hemorrhoidal or menstrual flux supervenes. In violent cases, which rapidly terminate in a general dissolution of the splenic tissue, there is incessant vomiting, which is often attended by a discharge of clotted blood from the intestines and stomach. This disease generally arises from ague, or after the patient has been exposed to malaria. If after a certain period the inflammation does not subside, it assumes a chronic form.

Treatment of acute splenitis.—General bleeding must be promptly ordered, and be repeated as long as the inflammatory pain is considerable, and the strength of the patient permit. Moderate saline purgatives should be given from time to time, to keep up a gentle action on the bowels. Leeches should be plentifully applied over the seat of pain, followed up by blisters or counter-irritation. If the constitution has suffered from malaria, you should give quinine in moderate doses for a considerable time, and if possible order your patient change of air.

Symptoms of chronic inflammation of the spleen—There is a sensation of weight and pressure in the left hypochondrium, accompanied with fulness and swelling in that situation; a dull uneasy pain, especially when turning in bed; indigestion, disturbed sleep, and unpleasant dreams; sometimes there is difficulty of breathing, with a dry cough; defective nutrition, a sallow complexion; the spleen sometimes attaining an enormous size, occupying nearly the whole abdomen, and its edges conveying to the hand, the feeling of ridges; this form of the disease is generally connected with a cachectic or scorbutic condition. There are wandering pains in the limbs, sometimes ending in collections of pus under the integuments of the arms, thighs, &c. In the latter periods of disease, the debility and emaciation become very great, hectic more or less comes on, attended with distressing diarrhœa. The disease commonly continues for months, and often for very many years with remissions.

Treatment of chronic splenitis.—This consists chiefly in the combinations of aperients, tonics, and sedatives.

ghashon ká honá, yá bar waqt dam lene ke dard ká honá kabhi kabhi dekhá gayá hai. Bad íjrái khún ke nák se, yá medeh se, yá bad baiṭhne bahut durd ke pesháb meṇ yá bad masuqúf dard sir ke tabaddul alámát wáqa hotá hai. Jabki bawásírí, yá máh-wáírí íjrái khún haiz ziyádah ho játá hai, saḡht súraton meṇ jin meṇ tillí gal játí hai mutwátir qai átí hai, aur qai ke sáth khún munjamid medeh aur ánton se átá hai. Yih bímárí aksar paidá hotí hai tijárí se, yá bad iske ki maríz malaria yane pání kí abkharahdár hawá meṇ rahtá hai. Agar bad ek khás waqt ke sozish kam nahín hotí to bímárí mazkúr súrát qism kohnah kí pakartí hai.

Maqljah qism shadíd tehál ká.—Cháhiye ke fasd se tanqiyah am ká fauran hukm diyá jáwe, aur jab tak amáo se dard ziyádah rahe aur quwwat maríz kí ijázat dewe to fasd lení mukarrir o mutwátir cháhiye. Maṭdil namkín julláb bhí kabhi kabhi dene cháhiyen táki khafíf harkat rodon par rahe. Muqám-i-dard par jonken ba-kasrat lagáí jáwen, aur bad iske istamál blister aur counter-irritation ká kiyá jáwe. Agar jism maríz ne malaria se bahut nuqsán uṭháya hai to cháhiye ki quinine maṭdil maṭúdon meṇ bahut muddat tak den, aur agar mumkin ho to maríz ko wáste badalne ab-o-hawá ke saláh den.

Alámaten qism kohnah sozish tehál kí.—Is qism meṇ ek bojh aur dabáo báín kokh meṇ maḡúm hotá hai aur uske sáth us muqám meṇ purí aur sújan hotí hai, aur bechainí ke sáth míṭhá dard hotá hai khásús karwat lene meṇ, badhazmí aur badkhwábí wáqa hotí hai, aur buté khwáb dikhláí dete haín, baze waqt sáns diqqat se áta hai, aur khushk khánsí uske sáth hotí hai, aurgizá baḡhúbí táqat badan meṇ nahín hone detí aur chehrah zard ho játá hai, aur tillí baze waqt niháyat barḡ játí hai, aur tamám peṭ korok letí hai aur kináre tillí ke háth ko ubhre hue maḡúm dete haín. Yih qism bímárí kí aksar iláqa rakhtí hai ek cachectic yá scorbutic hálat se. Azá meṇ daurtá huá dard hotá rahtá hai, aur baze waqt básuon aur zanuon waghairah ke post ke niche rím ho játí hai. In pichhlí suqát bímárí meṇ nátawání aur lágharí bashiddat ho játí hai aur tap-i-diq kam yá ziyádah maí azíyat dahindah ishál ke paidá hotí hai yih bímárí amuman mahínon tak járí rahtí hai aur aksar bahut barson tak magar kabhi kabhi darmiyán meṇ ifáqat bhí hásil hotí hai.

Maqljah sozish tehál qism kohnah ká.—Iláj mushtamil hai ziyádatar bashamúl adwiyah mulayyan aur muqawwí aur tashkín dancwáí ke.

The following mixture is usually given with great benefit.

Powdered jalap,	} of each one drachm.
Powdered rhubarb,	
Powdered columba root,	
Powdered ginger,	
Powdered cream of tartar,	
Sulphate of iron, ten grains.	
Tincture of senna, four drachms.	
Tincture of henbane, one drachm.	
Spearmint water, ten ounces.	

One ounce and a half of this mixture to be taken daily at six o'clock in the morning and to be repeated at eleven o'clock in the day; from three to six stools should be procured daily; the patient gains strength, and the disease is gradually removed, which, however, generally requires from three to six months to complete. Change of air is essentially necessary at the same time. If the spleen seems to suffer from relaxation, iodine should be given both internally and externally. In those cases where the spleen becomes softened, a blister should be laid occasionally on the precordia, and an effervescent draught given, containing a few drops of laudanum from time to time. Mercury in all its forms should be carefully avoided. In those cases attended with a cachectic or scorbutic state of body, the free exhibition of the vegetable acids are indicated, such as fresh lime juice, citric acid, or good vinegar.

Questions.

What are the usual symptoms of acute splenitis?

After what occurrences taking place, is a natural crisis often observed?

What are the usual symptoms of the spleen having become softened?

What treatment is recommended in the acute stage?

What are the usual symptoms of chronic splenitis?

In what should the treatment of chronic splenitis consist?

In cases complicated with cachexia or scurvy, what particular class of medicines are indicated?

Nus̄khe-i-murakkib marqumat-uz-zail ke dens̄ se aksar bahut f̄aidah huá hai.

Powdered jalap,	}	Harek ek ek drachm.
Powdered rhubarb,		
Powdered columba root,		
Powdered ginger,		
Powdered cream of tartar,		
Sulphate of iron, das grain.		
Tincture of senna, chár drachm.		
Tincture of henbane, ek drachm.		
Spearmint water, das ounce.		

Derh ounce is nus̄khe mixture ká har roz chha baje subah ke istamál men̄ áwe, aur phir gyárah baje subah ke diyá jáwe. Tin se chha daston tak cháhiye ki har roz lée jáwe, isse maríz ko táqat hotí hai, aur bímári batadríj rafa ho játi hai, magar tin mahíne se chha mahíne ke arse tak amúman bilkul bímári rafa hotí hai, aur is asne men̄ tabdíl áb-o-hawá kí bhí niháyat zarúr hai. Agar aisá malúm ho ki tehál ko zauf o niháfat se ázár pahunchá hai to iodine khiláwe bhí, aur lagáwe bhí. Un hálaton men̄ jaháq ki tehál muláyam ho gaí hai kabhí kabhí ek blister rakhná cháhiye precordia par, aur effervescing maütád mushtamil chand qatrakáse laudaxum se kabhí kabhí dí jáwe. Tamám adwiyah sákhete smáb na dení cháhiye. Un hálaton men̄ jinke sáth hálal jism kí cachectic ya scorbatic hotí hai to bakhúbí dená nabatáti tesábon ká munásib mutsawwar huá hai, misl tázab araq limun aur citric acid ya achchhe sirke ke.

Sawdlát.

Kyá hain̄ alámaton qism shadíd árzah sozish-i-tehál kí?

Bad kin wárdáton ke waqa hone ke yih k̄hás bímári aksar dekhí gaí hai?

Kyá hain̄ am alámaton tehál ke muláyam ho jáne kí?

Kyá hain̄ farzí báis árzah sozish-i-tehál ke?

Kyá iláj tajwíz kiyá gayá hai hálal shadíd men̄?

Kin chízon se iláj qism kohnah árzah sozish-i-tehál ká mush-tamil hai?

Jab ki tehál ázár páti hai zauf-o-naqáhat se, to kyá k̄hás dawá tumhen dení cháhiye?

TONSILITIS VEL CYNANCHE TONSILARIS; INFLAMMATION OF THE TONSILS.

Symptoms.—If both tonsils are inflamed, on opening the patient's mouth, you will see two large red balls, one on each side of the throat, which may be felt also externally. There is very severe pain extending into the ear, particularly when any effort is made to swallow; sometimes one tonsil only is affected at a time, at other times the disease will shift from one to the other. The inflammation produces heat, swelling and hardness; there is fever, the pulse quick, the skin hot, redness of face, urgent thirst, and the tongue very foul. The disease may terminate in resolution or suppuration; the formation of pus in the tonsils is known by the pain of the acute stage becoming gradually more dull or obtuse, breathing and swallowing is more difficult, and by the peculiar sound of the voice; as the abscess increases in size, the patient is unable to speak. This disease is generally caused by exposure to the cold and wet, especially if the patient has lately been under the influence of mercury.

Treatment.—In severe cases, general bleeding is indicated, but in milder cases apply leeches to the throat, afterwards foment the part with hot water, and put on a large warm bread and water poultice to encourage the bleeding. After the leeches, if you find there is still some slight inflammation left, apply a blister, but never do this until you have first tried the effect of leeches, or that you see the patient is so very weak that he cannot stand the bleeding from the leeches. Puncturing the tonsils with a lancet has afforded considerable relief, and allows any matter there may be to flow out. You should then give a full purging dose of calomel, placing it dry on the tongue, and follow it up in four hours with castor oil. The inhalation of hot water is very agreeable to the patient, by relaxing the parts, as are also gargles composed of vinegar, honey, and rice or barley water. If the patient is weak, you must give nourishing food, as broths, jelly, &c., and sometimes allow a little wine. If the inflammation is active, it must be treated like any other inflammation; if passive, it requires only local astringents and stimulants, such as a gargle composed of a decoction of seneka root, with red pepper and brandy,

TONSILLITIS, YAÑE SOZISH-I-LAUZTAIN.

Álámatañ.—Agar donon lauztain men sozish howe to barwaqt kholne mariz ke munh ke ek ek bari golisurkh rang ki donon taraf halq ke dikhlai deti hai. Dard shiddat se phailkar kan men hoti hai, khasus us surat men ki kisi chiz ke nigalne ka qasd kiyai jave. Bas auqat sirf ekhi lauztain men se sozish hoti hai, aur bas martabah ek se taraf dusre ki intaqal karti hai. Sozish men hararat aur mas aur salabat pai jati hai; bukhar rahti hai, aur nabz tez aur jald chalti hai, aur chehrah surkh, aur tishnagi shadi, aur zuban bahut ghalfz hoti hai. Sozish ya to khul jati hai, ya pak jati hai; shanakt par jane pi ki lauztain men istarah se ho sakti hai ki dard shadi darjah badarjah khafif hoti jati hai, aur dam lena aur nigalna ziyadatar dushwar hoti hai, aur awaz ek khas qism ki ho jati hai aur jiu jiu dumbul qad pakarti jati hai usi qadar mariz bolne se ari hoti jati hai, yih marz aksar basabab rahne ke sardi ya nami men hoti hai, khasus us surat men ki pahle mariz ko pari mila ho.

Maaljah.—Halat-i-shiddat men tanqiyah am khun ka munasib hai, lekin darsurat khafif hone marz ke gale par jonken lagawen, kyunki aise mauqa par fard se bihtar hoti hai. Bad iske muqam mazkur ko garam pani se senken, aur garam pani ka poultice unpar lagawen taki khun jari rahe. Bad jonkon ke, agar gunah sozish baqi rahe, to blister lagawen, lekin iski zarurat nahin hai, qabal iske ki asar jonkon ka daryaft ho jave, ya us surat men ki mariz ko tab jonkon ki howe. Basabab chira dene ke lauztain men nihayat faidah hui hai, kyunki mawad nikal jati hai. Bad chir ke dast asth mutad calomel ke istarah par ki usko khushk zuban par rakkhen, aur badhi castor oil pilawen, karawen. Pina garam pani ka mariz ko bahut munasib hoga, kyunki muqam marz ko dhila karega, aur isi tarah se ghargharah banaye hue sirkai aur shahad aur chawal aur jau ke pani ka. Agar mariz zaif ho, to ghiza-i-muqawwi, misal shorbai ya jelly waghairah ke dewen, aur baz waqt qadre wine bhil pilawen. Agar sozish taraqqi par howe to us ka ilaj manind aur sozishon ke kiyai jave; aur agar thahri hui ho to yih chahiye ki muqam marz par adwiyah qabis aur mutharrik misal ghargharah murattabah jushad-dah senekai root, lal mirch, aur brandy ke.

Questions.

What are the symptoms of tonsilitis ?

What causes may give rise to the disease ?

What treatment should you adopt ?

CYNANCHE TRACHEALIS; CROUP.

This disease is peculiar to childhood, and those infants who have been early weaned appear more susceptible to it than others; this disease, however, has been occasionally, though very rarely, met with in adults.

Symptoms.—The disease generally commences during sleep, by a single, sharp ringing cough; the child then awakes, with a sharp and stridulous voice, the breathing audible, difficult and labored, and often accompanied during inspiration with a crowing sound: the face is swollen and red, the eyes suffused, pulse quick and hard: if old enough, the child complains that he is choking, and asks for drink: if very young, he tosses about restlessly, and frequently grasps at his throat, as if anxious to remove some obstruction to respiration; if the disease is not cut short in its first stage, the respiration becomes more and more labored and wheezing, the debility of suffocation then sets in, the countenance pale, the lips livid, the eyes languid, the iris with less color than natural, the pupils dilated, the tongue loaded and with purple edges, thirst considerable, the skin much less hot and clammy, the extremities become cold, the stools dark and foetid, coma or convulsions set in, and the child dies between the third and fifth day.

Treatment.—On the first sound of the ringing cough, the child should have a drachm of ipecacuanha wine in a table spoonful of warm water every quarter of an hour until nausea is produced, which should be kept up for ten or twelve hours; at the same time, apply to the throat a flannel bag filled with hot salt, which causes a copious perspiration, and very often checks the disease at once. If fever and difficulty of breathing exists, blood should immediately be taken from the hand or arm, and if a sufficient supply

Sawaláá.

Kyá álmateñ sozish-i-laostain kí hotí haiñ ?

Kin báison se yih marz paidá hotá hai ?

Kyá iláj karná cháhiye ?

CYNANCHE TRACHEALIS; YANE CRUP.

Yih marz k̄háskar bachpan meñ hotá hai, aur we atfál jinká dúdh jald chhuráyá játá hai nisbat auron ke ziyádatar mubtilá is marz ke hote haiñ; yih marz kabhí jawánon ko bhí ho gayá hai, magar sház.

Álmateñ.—Yih marz amúman sote meñ shurú hotá hai, sáth ek, aur tez aur khunakdár khánsí ke; bachchá us waqt jág uñhtá hai, sáth ek tez past áwáz ke, aur áwáz chalne sáns kí sunáí detí hai, aur dam diqqat aur mushkil se átá hai, aur aksar dam lene meñ ek tez áwáz nikaltí hai, aur chehrah phúlá huá aur surk̄h hotá hai, aur ánkhen gulábí, nabz tez aur sañht hotí hai, aur agar bachcha bará hotá hai to galá ghuñne kí shikáyat kartá hai, aur pánf mángtá hai, aur agar kam san hotá hai to niháyat bechain aur muztir rahtá hai, aur bár bár apne gale ko pakartá hai, goyá wáste hatáne rukáo ke jo kí mánah tanaffus hai, aur agar marz pahle hí darjah meñ dafa nahín kyá játá, to ámad-o-raft dam kí ziyádatar dushwár aur tahlíl karnewálí ho játí hai. Bad is ke zañf aur ghuñná gale ká shurú hotá hai, chehrah zard, aur honñh nñle, aur ánkhen pazmurdah hotí haiñ. Tabáí rang qaus qúzah ká phíká ho játá hai, aur putliyán phail játí haiñ, zubán par mail hotá hai, aur kináre us ke arghawáni. Tishnagí bashiddat aur jild jism kí kam garam hotí hai, aur chipaktí hai. Háth páñw sard rahte haiñ, aur dast shiyáh rang ke aur mutáfin áte haiñ. Aur ghadat yá tashannuj shurú ho játá hai, aur bachcha tíse din se páñchweñ din tak mar játá hai.

Maájjah.—Barwaqt awwal sunne áwáz khunakdár khánsí ke cháhiye kí bachcha ko ek drachm ipecacuanha wine ká chamche bhar garam pání meñ páo páo ghanñe ke fásilah se dete raheñ, táwaqteki málish-i-dil paidá howe, aur málish-i-dil ko das yá bárah ghanñe tak qáyam rakhná cháhiye, aur isí áre meñ gale par párchah flannel ke garam namak se bharí huí thailí lagáweñ, kyunki isse pasíná ifrát se átá hai, aur aksar marz ke dafá kar detá hai. Agar bukhár aur diqqat tanaffus maujúd ho to sauras

cannot be procured in this manner, then open the jugular vein: if the child is under two years of age, take from two to five ounces, if under eight years, take from three to eight ounces of blood, which will be about the proper quantity. The lower extremities of the child should be placed in a bath of the temperature of ninety-eight to hundred degrees, and two or three grains of calomel given every third hour; the calomel ought to move the bowels after the second or third dose; if it does not do so, a tea spoonful or two of castor oil should be given. If reaction takes place, a second bleeding must be had recourse to. By adopting these active measures, the respiration becomes less labored, the cough loose, and the fever abates. Should the disease have run into the second stage before assistance has been obtained, then recourse must be had to continued emetics: when vomiting has been produced, it must be repeated every two or three hours, as long as the strength will admit of it. A blister should be applied to the *chest*, and not to the throat. Calomel may be given in conjunction with the antimonials, to the extent of two or three grains every second or third hour. If the child is cold and sinking, wine, burnt brandy, or ammonia must be given, but these remedies are only to be employed when all others have failed. When the child becomes convalescent, great attention must be paid to its diet; he should be carefully and sufficiently protected from the damp and cold easterly winds.

Questions.

At what age does the disease generally appear ?

What are the symptoms of croup ?

What treatment should you adopt, when the child is first attacked ?

When the second stage has set in, what should you do ?

VARIOLA; SMALL POX.

This disease is divided into two varieties, viz., the distinct and the confluent.

Symptoms of the distinct variety.—The pustules do not touch each other, and are comparatively few in number: there may be one, two, three or a dozen; but if there be a larger quantity, they are

ਖ਼ੰਨ ਬੰਸੁ ਯਾ ਹੱਥ ਸੇ ਲੇਵੇ, ਅਰ ਆਗ ਿਸ ਟਾਰਹ ਸੇ ਖ਼ੰਨ ਕਾਫ਼ੀ ਨਾ ਆਵੇ
 ਤੋ ਜੁਗਲਰ ਵੇਨ ਯਾਨੇ ਰਾਗ ਹਾਬੁਲਵਾਰੀਦ ਖ਼ੋਲੇ, ਅਰ ਆਗ ਬਾਚਚਾ ਟੋ
 ਫ਼ਾਰਸ ਸੇ ਕਾਮ ਊਮਰ ਹੋ ਟੋ ਟੋ ਸੇ ਪਾਂਚ ਊਨਸੇ ਟਾਕ, ਅਰ ਆਗ ਆਥ
 ਫ਼ਾਰਸ ਸੇ ਕਾਮ ਹੋ ਟੋ ਟਿਨ ਸੇ ਆਥ ਊਨਸੇ ਟਾਕ ਖ਼ੰਨ ਲੇਵੇ, ਕ੍ਯੁਨਕੀ ਯਿਹ
 ਮੁਨਾਸਿਬ ਮਿਧਦਾਰ ਹੈ। ਪਾਂਚ ਬਾਚਚੇ ਕੇ ਗਰਮ ਪਾਨੀ ਮੇਂ ਜਿਸ ਮੇਂ
 ਗਰਮੀ ਆਥਾਨਵੇਂ ਟਾਰਜਾਹ ਸੇ ਸਾਊ ਟਾਰਜਾਹ ਟਾਕ ਹੋਵੇ, ਰਾਕਕੇਂ, ਅਰ ਟੋ
 ਯਾ ਟਿਨ ਗਰਾਨ ਕਾਲੋਮੇਲ ਟਿਸਰੇ ਗੁਠੇ ਟੇਰੇ ਰਾਹੇ, ਟੋ ਟਿਨ ਮਾਊਟਾਡੋਂ ਮੇਂ
 ਚਾਹੀਏ ਕੀ ਿਸ ਟਾਵਾ ਸੇ ਟਾਸ ਆਵੇਂ ਅਰ ਆਗ ਨਾ ਆਵੇਂ ਟੋ ਬਾਮਿਧਦਾਰ ਏਕ
 ਯਾ ਟੋ ਚਾਹ ਕੇ ਚਾਮਚੇ ਕੇ ਆਰਾਧੀ ਕਾ ਟੇਲ ਪਿਲਾਵੇਂ। ਆਰ ਆਗ
 ਰੀਐਕਸ਼ਨ ਵਾਧਾ ਹੋਵੇ, ਟੋ ਟੋਬਾਰਾਹ ਖ਼ੰਨ ਲੇਨਾ ਪੁਰ ਝਾਰੀਰ ਹੈ। ਬਾਸਾਬਾਬ
 ਿਨ ਟਾਡਫ਼ੀਰੋਂ ਕੇ ਟਿਧਕਾਤ-ਿ-ਟਾਨਾਫ਼ੁਸ ਮੇਂ ਫਾਰਕ ਪਾਰ ਜਾਟਾ ਹੈ, ਅਰ ਖ਼ਾਨੇਸ਼
 ਫ਼ਿਲੀ ਅਰ ਬੁਖ਼ਾਰ ਕਾਮ ਹੋ ਜਾਟਾ ਹੈ। ਆਗ ਮਾਰਝ ਟੁਸਰੇ ਟਾਰਜਾਹ ਪਾਰ
 ਪਾਹੁੰਚ ਜਾਵੇ ਕਾਬਾਲਾਝ ਸ਼ੁਰੂ ਹੋਨੇ ਿਲਾਜ ਕੇ ਟੋ ਟਾਡਵਿਯਾਹ ਮੁਕਾਫ਼ੀ
 ਮੁਟਵਾਟੀਰ ਟੇਰੇ, ਅਰ ਜਾਬ ਕੀ ਕਾਫ਼ੀ ਆਨਾ ਸ਼ੁਰੂ ਹੋ ਜਾਵੇ, ਟੋ ਟੋ ਯਾ ਟਿਨ
 ਗੁਠੇ ਟਾਡ ਟੇਰੇ ਰਾਹੇ, ਟਾਵਾਕਟੇਕੀ ਕੀ ਟਾਕਾਟ ਰਾਹੇ। ਬਲਿਸਟਰ ਚਿਹਾਟੀ ਪਾਰ
 ਲਾਗਾਵੇਂ, ਮਾਗਰ ਗਾਲੇ ਪਾਰ ਨਾਹਿੰ। ਕਾਲੋਮੇਲ ਬਾਸਾਮੁਲ ਟਾਡਵਿਯਾਹ ਆਨਿ-
 ਮੋਨੀ ਕੇ ਬਾਮਿਧਦਾਰ ਟੋ ਯਾ ਟਿਨ ਗਰਾਨ ਕੇ ਟੋ ਯਾ ਟਿਨ ਗੁਠੇ ਟਾਡ ਟੇਰੇ
 ਰਾਹੇ। ਆਗ ਬਾਚਚਾ ਸਾਰਫ਼ ਹੋ ਅਰ ਹਾਲ ਗੁਠਾਯ ਹੋਟਾ ਜਾਟਾ ਹੋ, ਟੋ ਵੀਨੇ
 ਯਾ ਜਾਲਨੇਵਾਲੀ ਬਰਾਨਡੀ ਯਾ ਅਮੋਨੀਆ ਟੇਰੀ ਚਾਹੀਏ, ਮਾਗਰ ਿਨ ਿਲਾਜੋਂ ਕੀ
 ਟਾਰਾਫ਼ ਊਸ ਵਾਕਟ ਰੁਜ਼ੀ ਕਾਰੇਂ ਕੀ ਅਰ ਿਲਾਜ ਮਾਵਾਸਿਰ ਨਾ ਹੋਯੋ। ਜਾਬ ਕੀ
 ਬਾਚਚਾ ਸਿਹਾਟ ਹਾਸਿਲ ਕਾਰਨੇ ਲਾਗੇ, ਟੋ ਊਸ ਕੀ ਗੁਠਿਝਾ ਮੇਂ ਬਾਹੁਟ ਿਹਿਯਾਟ
 ਚਾਹੀਏ, ਅਰ ਊਸਕੋ ਨਾਮੀ ਅਰ ਪੁਰਵਾ ਹਾਵਾ ਸੇ ਬਾਖ਼ੁਬੀ ਮਾਹਫ਼ੂਜ਼
 ਰਾਕਕੇਂ।

Sawálat.

Kis umr meñ yih marz amúman láhaq hotá hai ?
 Kyá alámaten marz crup kí hotí hañ ?
 Jab kí awal yih marz láhaq howe to kyá iláj karen ?

Agar bachcha ko bar waqt shurú hone दूसरे darjah ke dekheñ,
 to tab kyá iláj karen ?

VARIOLA; YANE SÍTLÁ.

Yih bimári munqasim hai do qism meñ, yañe mutfáwat, aur
 mujtama.

Alámaten.—Qism mutfáwat kí yih haip. Áblah ek दूसरे के
 muttamil nahñ hote, aur tadád meñ bhí kam hote haip. Is qism
 kí bimári meñ barwaqt nikalne dānoñ के बुखार काम हो जाटा है

detached. In this form of the disease the fever decreases when the eruption occurs, and when it is complete, the feverishness is nearly gone. The disease shows itself generally about fourteen days after infection, and the commencement of the fever is commonly well marked, being for the most part a sudden and severe rigor, followed by excessive heat, pain in the head and back, nausea, pain at the pit of the stomach, weakness and giddiness, with disposition to heavy sleep. In children, the first symptom is a convulsive fit; on the fourth day inclusive, or it may be forty-eight hours from the commencement of the fever, the second stage begins; an eruption of small, red, elevated pimples shows itself, first upon the face and neck, and subsequently on the rest of the body, being completely out, in a period, varying from twenty-four hours to two or three days. The eruption is not confined to the skin, being often extended to the mucous membrane of the mouth and throat, and sometimes to the "tunica conjunctiva" of the eye: the pimples grow larger and higher, their increase in size being attended with pain in the jaws, and general redness of the skin. In two or three days from their first appearance, they become vesicular, each vesicle containing a straw colored fluid, and depressed in the centre. From day to day, the redness and swelling of the skin increases, and is accompanied with pain, the face becomes swollen, so that the eyelids are usually closed; the hands and fingers also swell. The distinct cells in the vesicles gradually run together, and losing the central depression, they point and form pustules, filled with a thick yellowish matter. This process, called ripening, is completed about the eighth day from the commencement of the fever. The pustules are then about the size of a pea. On the eleventh day, the swelling and inflammation of the skin on the body and face decline, and the pustules on these parts dry up and form scabs, which fall off about the fourteenth or fifteenth day, leaving behind them a scar in some cases peculiar to this disease. The pustules on the hands remain a day or two after the others, and often break and leave troublesome sores.

Treatment of distinct small pox.—As soon as the disease shows itself, the patient should be confined to his room, which should be large, airy and darkened: warm diluents, such as tea, rice or bar-

sūr-jab ki dāne bilkul nikal āte haiṅ to bukhār barānām rahtā hai. Qarīb chaudah din bad asar marz ke yih bīmārī aksar apne taṅ zāhir kartī hai, aur āghāz taphī se shanākht is marz kī hotī hai, kyunki wuh aksar yakāyak aur saḡht shiddat se hote haiṅ, jis ke bad ziyādatī harārat kī aur dard sir, aur dard pusht, aur mālīsh-i-dil, aur dard fam medeh, aur nōtawānī, aur daurān, aur kḡwāhīsh wāste gahrī nīnd ke hotī hai. Bachchon meṅ pahllī ālāmat is marz kī yih hotī hai ki unkotashannuj hotā hai; chauthe din yā shāyad artālīs ghanṭe bad bhī shurū tap se dūsrā darjah shurū hotā hai; Dāne basūrat chhoṭī, surkḡ, ubhrī huī phunsiyon ke awwal chehrah aur gardan par aur bad azān bāqī jism par nikalte haiṅ, aur chauthīs ghanṭe se do yā tīn din ke arse tak bilkul bālir nikal āte haiṅ. Yih bukhār sirf jild badan par hī nahīn nikaltā hai balki jhillī tak; muṅh aur halq ke phailtā hai, aur bāze āṅkh ke tunica conjunctiva tak. Dāne jald ziyādah bare aur ziyādah ūnche ho jāte haiṅ, aur unke barhne ke sāth dard jabron kā hotā hai, aur tamām badan kā post surkḡ ho jātā hai. Bad do yā tīn din ke unke pahle zahūr se wuh ābladār ho jāte haiṅ, aur har ek āblah meṅ ghās ke rang kā raqīq muwād hotā hai, aur bīch meṅ se past ho jāte haiṅ. Roz baroz surkhī aur āmās post kā ziyādah ho jātā hai, aur uske sāth dard bhī hotā hai, chehrah is qadar sūj jātā hai ki palken aksar band ho jātī haiṅ, hāth aur ungliyān bhī phūl jātī haiṅ. Fāslahdār garḡhe āblon ke batadrīj āpas meṅ mil jāte haiṅ aur bad zāyal hone bīch kī pastī ke wuh basūrat phunsiyon ke dikhlāi dete haiṅ, jin meṅ ek ghaliz zardī maial medeh bhar jātā hai. Yih hālat jis ko pulḡhtagī kahte haiṅ qarīb āthweṅ din ke āghāz tap se kamāl ko paluṅchti hai, aur tab āblah qarīb miqdār maṭar ke ho jāte haiṅ. Gyārahweṅ din sūjan aur warm jism aur chehrah kī jild kā ghaṭṭā hai, aur āblah in muqāmon ke kḡhushk ho jāte haiṅ, aur chhilke hokar jhar jāte haiṅ. Chaudhweṅ yā pandhraweṅ din bad jhar jāne chhilkon ke zaḡhm bāz hālaton meṅ bāqī rah jāte haiṅ, aur yih bāt kḡlās is marz meṅ hotī hai, yih phunsiyān hāth par nisbat aur muqāmon kī phunsiyon ke ek yā do din bad tak rahtī haiṅ, aur aksar ṭūṭ jāne se taklīf dahindah zaḡhm bāqī rahtī haiṅ.

Maqljah mulfawat qism chechak kā.—Bafaur is ke ki bīmārī maḡkūr zahūr kare, chāhiye ki mariz ek aise makān meṅ rakkhā jāwe ki barā aur hawādār aur tārik ho, garam raqīq chīzen miel chāh

leg water may be given to any extent, and his food to consist of the lightest and most digestible kind that can be procured, such as oatmeal and barley broth, or roasted apples. After the fourth day, opiates should be given at bed time to allay the irritation. Should there be no diarrhoea, the bowels should be gently moved by enemas or mild aperients, as rhubarb and magnesia or manna. Should the fever run high in plethoric persons, it would be well to bleed either generally or locally, to relieve the head or chest. If the weather should be cold or damp, and there be a large eruption, the patient should be kept continually to his bed, with only sufficient clothing on to prevent any sudden check to the eruption. When the disease is going off, mild nutritious food may be given, and if there be restlessness, an occasional anodyne. Stimulants are not often required, and should be given with the greatest caution. The state of the bowels should be carefully watched, and a mild laxative given occasionally.

Symptoms of the confluent form of small pox.—In this form of the disease, the pustules are very numerous and run together, the fever is violent and of a typhoid character, the pulse is not so strong, the patient is very weak. The symptoms in the first stage are similar to those in the “distinct” variety, but more severe and violent; the fever running higher and being accompanied by considerable nervous excitement often amounting to delirium. The eruption appears generally on the third day, coming out earlier than in the “distinct” form, but the fever does not diminish in violence upon the commencement of the second stage as it does in the “distinct” form. At first the eruption has nothing peculiar in itself; but in a day or two you will perceive that the pustule does not rise so high or fill so much as usual, and by degrees those on the face run into one another and form one continuous bag, containing a thin bloody fluid instead of pus. The face becomes considerably swollen, and as the confluence takes place it loses its red color, and becomes white and puffy. About the eighth day, the covering of the pustules changes to a dusky color or it bursts, and dark brownish fetid scabs are formed; towards

yá cháwal ke pání yá ásh-i-jau, ki jis qadar cháhén de sakte hai, aur nakí ghizá mushtamil ho niháyat subak aur niháyat qábil hazm hone kí qism se, jo ki béham pahunch sake misl oatmeal, aur jan ká shurbá yá bhune hue sebon ke. Bad chauthé din ke adwiyah khwábáwar wáste kam karne sozish ke sote waqt dení cháhíyén. Agar daat na áte hon, to ántén bamuláimiyat harkat dí jáwén sáth pichkáriyén muláyam adwiyah ke, misl rewand chíní aur magnesia aur manna yané shírkhisht ke. Agar un logon ko jin ke jism men khún ziyádah hai tap kí shiddat howe to tanqiyah ám yá khás khún ká munásib hai wáste taskín sir yá sínah ke. Agar mausam sard yá martúb ho aur dáneháe chechak bakasrat nikle hon to cháhíye ki maríz hameshah rakkhá jáwe uske bistar par, aur is qadar káfi kaprá orhe rahe ki dafátan bukhárát nikalne se band na ho jáwe. Jab ki árzah mazkúr rafa hotá játá hai to muláyam taqwiyat dahindah ghizá dí já saktí hai, aur agar maríz ko beqarárí ho to kabhí adwiyah khwábáwar de sakte hai. Adwiyah mutharrik kí aksar zarúrat nahín hotí, aur agar dewén to bahut soch samajh kar. Hálat rodop kí bahut hoshyári se malhúz rahe aur kabhí kabhí ek khaffí mushil diyá jáwe.

Alámatén qism chechak mujtama kí.—Is qism men bímári maskúr ke áblah beshumár hote hai, aur ápas men mil játe hai, tap shadíd aur ek typhoid qism kí hotí hai, nabz bahut qawwí nahín hotí, maríz bahut nátawán ho játá hai. Alámatén darjah awwal kí waisí hí hotí hai jaise ki qism mutfáwat men hotí hai, balki ziyádatar saht o shadíd ho játí hai, aur shiddat tap kí bhí ziyádah hotí hai, aur uske sáth niháyat tahrík rag o putthe kí hotí hai, aur aksar hálat hizyán ho játí hai. Nikalná dánon ká aksar tísre din záhir hotá hai, aur dáne chechak ke báhir nikal áte hai ziyádah jald banisbat qism mutfáwat ke, lekin sahtí tap kí nahín hotí, ágház darjah doyam par jaise ki wuh kam hotí hai qism mutfáwat men. Awwal dánon men koí khás chís nahín hotí, lekin ek do din men áblah is qadar nahín ubharte aur is qadar bharte jaise ki hameshah aur batadrj dáne chehrah ke ek dára se mil játe hai aur ek hamwár ke se ban játe hai, aur us men ek raqiq kuchh lahúsá bajáe rím ke hotá hai. Chehrah niháyat súj játá hai, aur jab ki hajúm wáqa hotá hai wuh apní surkh rangat ko kho detá hai, aur sufed aur rímdár ho játá hai. Qarib átkwén áin ke post áblon ká siyáh sá ho játá hai, yá wuh shaq ho játá hai, aur

the twentieth day, large scabs fall off, disclosing ulcerations of the skin and leaving permanent pits and seams. About the tenth or eleventh day, a secondary fever sets in, attended with a variety of distressing symptoms: the skin becomes dry and hot, with a quickened pulse, white tongue, and thirst; there is often violent delirium or coma present, or that peculiar affection of the nervous system resembling "delirium tremens." The chest is liable to be affected, especially the pleura, which is often the seat of sudden and fatal inflammation. Boils and abscesses may also form in different parts of the body, as well as hemorrhages from some of the passages. Gangrene of the genitals frequently takes place, and usually proves fatal; there is often severe ophthalmia causing sloughing of the cornea.

Treatment of confluent small pox.—Great care is required at the commencement to prevent the fever attaining a dangerous height. When the secondary fever has set in, you should give diluent drinks, occasional aperients, and if there be irritation and restlessness, opiates. It is seldom safe to bleed at this late period. In bad cases of secondary fever, there is often great debility, coldness of the extremities, and typhoid symptoms. A similar state is often produced by the drain of matter from the pustules when they are very numerous, and sloughing sores upon parts of the body exposed to pressure. Under these circumstances, wine, tonics and stimulants are called for, as the only means you have of supporting the patient's strength. Children should have their hands confined, to prevent them scratching the pustules on their faces. The pustules do not require any particular local treatment; if they become hard, anoint them with a little sweet oil, or dust them with starch or other dry powder, when they are discharging thin bloody matter. Change of air will be highly beneficial when the patient is convalescent.

Questions.

: How many varieties of small pox are there, and what are they called?

siyáh phore mutáfin chhilke banjáte hai, aur bíswep din bare bare chhilke gir parte hai, aur jild badan meḡ se saḡhm sahir hote hai aur hameshah ko gháe rah játe hai. Qarib daawen yá gyárahwen din ke, ek dúsrí qism kí tap shurú hotí hai, aur us ke sáth muḡhtalif taklíf dahindah alámateḡ hotí hai, jild badan kí ḡhushk aur garam ho játi hai, nabz tund, subán sufed, aur tishnagí hotí hai, is meḡ aksar hálat-i-hizyán yá behoshí, yá yih kí ek ḡhás dard rag o putṡhe ká mushábah marz delirium tremens ke hotá hai. Chhátí meḡ basabab is marz ke ḡhalal ho saktá hai, ḡhasúsan ḡhashaurriyá meḡ jis meḡ yakáyak muhlik sozish á játi hai. Phunsiyán aur dumbul bhí muḡhtalif ajzái jism par ho játe hai, aur bhí bazí ráhoḡ se ḡhún jári hotá hai. ḡhuayat-ain aksar saḡ játe hai, aur aksar maríz halák ho játa hai; is marz meḡ aksar dukhná únḡkboḡ ká wáḡa hotá hai jinke sabab se qarínah meḡ chhichṡe ho játe hai.

Maáljah qism mujtama chechak ká.—Áḡház marz meḡ baṡi ihtiyát is bát kí rakhní zarúr hai ki tap is qadar shiddat na pakṡe ki jisse mujib ḡhauf o ḡhatr ho. Jab kí dúsrí tap shurú ho, to cháhiye kí ashrúbah raqíq aur kabhi kabhi adwiyah muláyyan aur agar sozish aur beqarári ho to adwiyah ḡhwábáwar deweḡ. Is pichhle waqt meḡ ḡhún ká lená niháyat ḡhatrnák hai. Darsúrat bad qism ke hone tap sáni ke aksar baṡi nátawáni aur sardi háth pánw kí aur alámateḡ tap typhoid kí hotí hai. Aur aksar basabab nikalne mawád ke phunsiyóḡ se hál tap mazkúr ká sá guzartá hai jis súrat meḡ kí phunsiyán beshumár hoḡ aur chhichṡe paṡ jáweḡ, aur zaḡhm azáe jism ke dabew. Aisi súrateḡ meḡ sharáb angúr aur adwiyah muḡawwi aur mutharrik wáste madad táqat maríz ke deḡ kyunki sirif yihí tabdí bahál rakhne táqat maríz ke hai. Is nazr par kí bachcha phunsiyóḡ ko chehrah kí na nocheḡ, un ke háth bándh diye jáweḡ. Lagáná kisí dawá ká phunsiyóḡ par, darsúrateki saḡht ho jáweḡ zarúrat nahín rakhtá lekin gúnah míthá tel mal deḡ, yá un par koí ḡhushk powder chhiraḡ deweḡ, jis súrat meḡ kí un meḡ raqíq medeh ḡhún álúd nikaltá ho. Jab kí maríz ko ifaqát hásil hai, to tabdí ab o hawá bahut muḡid hogá.

Sawdlát.

Kitne aqsám chechak ke hai, aur unko kyá kyá kahte hai?

What are the symptoms of distinct small pox ?

What treatment should you adopt in the distinct form of the disease ?

Describe the symptoms of the confluent form of the disease, and the meaning of the term.

What organ in particular is very apt to become inflamed in this variety of the disease ?

What treatment should you adopt at first in the confluent form of the disease ?

What takes place generally about the tenth or eleventh day in the confluent form of the disease ?

In bad cases of secondary fever, what is often the state of the patient, and what should you then do ?

VARICELLA; CHICKEN OR SWINE POX.

Symptoms.—The eruption is preceded by more or less fever, and first appears on the back, neck and breast, the face being comparatively free, coming out suddenly in the form of little blisters, about the size of split peas, and filled with a transparent straw-colored or yellow lymph. These vesicles may be oval, pointed, round, or may be confluent, thus constituting the four varieties. Successive crops of vesicles come out, which is characteristic of the disease, not occurring in any other of the eruptive fevers. There is usually a slight degree of redness of the skin round the vesicles, accompanied with itching. About the fourth or fifth day they begin to dry up, turning into brown gummy scabs; these crumble off in the course of a week or ten days, sometimes leaving pits in the skin.

Treatment.—It is merely necessary to keep the child in bed two or three days, and not allow it animal food, or heating drinks. Towards the close of the disease, a mild laxative may be given, and the return to its ordinary food must be very gradual.

Questions.

What are the symptoms of varicella ?

• Kyá haiñ alámateñ qism mutfáwat chechak kí?

Kyá mañjah awwal iñhtiyár karná cháhiye qism mutfáwat ársah chechak meñ?

Bayán karo alámateñ qism mujtama chechak kí aur mana na lafs ke?

Kaun se azá meñ kháskar is qism kí bímári meñ sosiah á játt hai?

Kyá iláj awwal iñhtiyár karná cháhiye qism mujtama bímári maskúr meñ?

Kyá wáqa hotá hai amúman qaríb dasweñ yá gyárahweñ din ke is bímári qism mujtama meñ?

Buri hálateñ meñ tap-i-sání kí hálat mariz kí aksar kyá hotí hai, aur us súrat meñ kyá karná cháhiye?

VARICELLA; YAÑE CHICKEN YÁ SWINE POX.

Alámateñ.—Dánoñ ke nikalne se pahle ziyádah yá kam tap hotí hai, aur awwal dáne zahir hote haiñ, pusht, aur gardan, aur sínah par, aur chehrah banisbat in azá ke un se mabfúz rahtá hai, aur nikalte haiñ dafatan basúrat chhoṭe chhoṭe ábloñ ke qaríb dalf huí maṭar ke, aur in meñ ek shafáf straw yañe ghás ke rang ke, yá zard ratúbat bhari hotí hai. Yih áblah ho sakte haiñ baizawí, yá nokdár, yá mudawwar, yá hajúm meñ bhí ho sakte haiñ, aur is tarah inki chár iqsám hotí haiñ. Mutwátir guchchhe ábloñ ke báhar nikal áte haiñ jo ki khásah hai is bímári ká, aur kias qism ke bukhár meñ jis meñ dáne nikalte haiñ yih bát nahíp hotí. Is marz meñ thoṛí sí surkhí jild ke gird ábloñ kí hotí hai, aur uske sáth khárish bhí hotí hai. Qaríb chauthe yá páñchweñ din ke weh khushk hone shurú hote haiñ, aur mutbaddil ho játe haiñ bích bhúre gondár chhilkon ke, yih fúṭ kar jhar játe haiñ ek haftah yá das din ke arsa meñ, lekin báze waqt jald badan meñ garhe chhoṛ játe haiñ.

Mañjah.—Sif yih bát zarúr hai ki do yá tñ din tak bachcha ko uske bistar meñ rakkheñ, aur use ghost yá ashrúba garam na deñ. Barwaqt iñhtitám marz mazkúr ke ek khafíf sá julláb diyá já saktá hai, aur mariz láyá jáwe batadríj uske mamúlf aur hameshah kí ghizá par.

Sawdlát.

Kyá haiñ alámateñ ársah varicella kí?

How many varieties of eruption are there, and how are they designated?

What peculiarity is there in this disease, which does not occur in any other of the eruptive fevers?

What treatment should you adopt in this disease?

VERMES; WORMS.

Symptoms.—Worms may be suspected to be present when a child looks pale, and grows emaciated, while his belly swells and becomes hard: there is a gnawing, burning, or twisting pain felt in the stomach or about the navel. The appetite is usually precarious, at times voracious: the breath is fetid, and the bowels deranged, being alternately purged or costive, and much mucus passes in the stools. The child picks its nose, or it has great irritation at the rectum, and if it is old enough, complains of faintness from the irritation caused by the worms. Its sleep becomes unquiet, subject to start up, or suddenly awakes from its sleep, it grinds its teeth, the eyes look fixed, and the pupils dilated; there is listlessness, restlessness, or great depression of spirits; sometimes there is pain in the head or even convulsions; the pulse is quickened, the breathing hurried, oppressed or difficult, accompanied with a dry convulsive cough. There are three varieties of worm found in the human intestines, viz. the “*ascaris lambricoides*,” or long round worm, which resides in the small intestines and causes colicky pains about the navel with faintness, also great emaciation and voracious appetite;—the “*ascarides*” or thread worms: these reside in the large intestines, particularly the rectum, and may be often seen in great numbers in the stools, looking like pieces of cut thread; they often creep from the rectum, and may be found in the bed clothes, or seen clustering round the anus; the itching and irritation felt in the rectum, generally increased in the evening, is a characteristic sign of their presence;—the “*tœnia*” or tape worm, this last variety is more frequently found in the adult, and has often been seen ten or fifteen yards in length.

Ue men kitni qismen dāne ki hotī hai aur kistārah weh nishān kī gai hai?

Is bimāri men wuh kaunsi khasūsiyat hai jo ki nahīn wāqa hotī hai kisi aur nikalne wāle dānon men?

Kyā ilāj ikhtiyār karna chāhiye is bimāri men?

VERMES ; YANE KIRM-I-SHIKAM.

Alāmataṅ.—Jab ki bachcha zard dikhlāī de, aur roz ba roz uatawān hotā jāe, to yih gumān ho saktā hai ki uske peṭ men kīre hai; uskā peṭ phūl jātā hai, aur saḡht ho jātā hai, medeh men yā qarīb nāf ke sozindah yā pechishdār dard hotā hai. Ishtahā hameshah besabāt hotī hai, magar baṛe auqāt bahut tanaffus mutaffīn hotā hai, aur rodeh basabab iske ki kabhī ishāl aur kabhī qabz rahtā hai betartīb ho jāte hai, aur daston men bahut ānw ātī hai, bachchā apnī nāk ko khujlātā hai, yā uske miqad men ek sozish hotī hai, aur agar wuh kāfī barā hotā hai to wuh shikāyat zauf kī us sozish se rakhtā hai jo ki babāis kīron ke paidā hotī hai. Bachchā ārām se nahīn sotā, dam badam chaupk partā hai, aur dafātan sote sote jāg uḡhtā hai, aur apne dānt chabātā hai, aur āpkhen pathrā jātī hai aur putliyān barī ho jātī hai. Is marz men ghaflat aur baqarāri yā nihāyat zauf-i-hawās hotā hai aur baṛe auqāt dard sir yā tashannuj hotā hai, nabz tuud ho jātī hai, aur dam jald jald ātā jātā hai, aur uske āne jāne men taklīf aur diqqat hotī hai, aur uske sāth ek khushk tashannuj ke sāth khānsī hotī hai. Insān ke rodeh men tīn iqsām kīron kī hotī hai, jinkī tafsīl yih hai. “*Ascaris lambricoides*” yane lambā mudawwar kirā jo ki chhotī ānton men rahtā hai, aur bāis hotā hai qulinj ke se dardon kā, qarīb nāf ke sāth hālat ghashī ke, aur is men barē bare dast āte hai, aur bhūkh siyādah hotī hai. “*Ascarides*” yane sūt ke se kīre: yih rahte hai barī ānton men, khasūsan miqad men, aur aksar bakasrat dekhe jā sakte hai daston men, aur dikhlāī dete hai misl katre hue sūt ke tukron ke, weh aksar chalte hai miqad se aur dekhe jā sakte hai bistar ke kapron men yā unkā guchhā gird miqad ke dikhāī detā hai, aur khārish aur sozish kānch men malūm hotī hai, aur yih shām ke waqt aksar ziyādah ho jātī hai, aur hai ek khas alāmat unki maujūdgī kī. “*Tonia*”—yih akhīr qism hai, aksar pāī gai jāwān ādmiyon men, aur aksar dekhī gai hai das yā pandrah gaz lambān men.

Treatment.—As turpentine generally acts against all kinds of worms, and may be safely given to very young children, you should administer this medicine in doses of half a drachm to one drachm of the oil of turpentine mixed in a little milk, two or three hours after a meal, and not on an empty stomach, following it up with castor oil two or three hours after; in adults, the dose may be increased to one or two ounces: persons should remain quiet after taking this medicine, as it is very apt to irritate the stomach and cause vomiting. The thread worm is speedily removed by injections of turpentine and rice or barley water; the medicine should however be taken internally also. The food should be nutritious, or even occasionally stimulant, salt being freely eaten at meat time. Injections also of sulphate of iron, from two to five grains, with four ounces of water for a child, will be often found very serviceable.

Questions.

What are the usual symptoms of a child having worms?

How many varieties of worms are there found in the human intestines, and what are they called?

What treatment should you adopt for their removal?

What kind of food should you give those laboring under this affection?

Madhjak.—Chūnki turpentine aksar amal kartā hai barqhilāf tamām qismon kiṛon ke, aur diyā jā saktā hai bahut chhoṭe bachchon ko bhī, to chāhiye ki istamāl is dawā ke tel kā nisf drachm se ek drachm tak thōre se dudh meṅ milākar do yā tin ghanṭe bad khāne ghizā ke karen, magar medeh khālī na ho, aur phir do tin ghanṭe bad is ke arandī kā tel dewen; chāhiye ki marī bad khāne is dawā ke kuchh harkat na karen, kyūnki us medeh meṅ jald sozish paidā ho saktī hai, aur qai ā saktī hai. Wāste jawān ādmiyon ke maṭṭād ziyādah kī jā saktī hai ek yā do ounce tak. Sūti kiṛe jald nikāle jā sakte haiṅ sāth pichkariyon turpentine aur chāwal ke pānī yā āb-i-jau ke, lekin chāhiye ki yih dawā khālī bhī jāwe. Ghizā honī chāhiye muqawwī bhī yā kabhī kabhī mutharrik, aur namak waqt ghizā ke baḥhūbī khāyā jāwe. Pichkariyān sulphate of iron do grain se panch grain tak sāth chār ounce pānī ke ek bachche ke liye bahut mufid pāī jāwengī.

Sawālat.

Kyā haiṅ mamūlī ālāmaten ek laṛke kī peṭ meṅ kiṛe hone kī ?

Kitnī qism ke kiṛe insān ke rodon meṅ pāc gae haiṅ, aur wuh kyā kahlāc jāte haiṅ ?

Kyā ilāj tum iḥtiyār kar sakte ho wāste rafa karne in kiṛon ke ?

Kis qism kī ghizā denī chāhiye un logon ko jo ki is bīmārī meṅ mubtilā hote haiṅ ?

PART IV.
ON
TOXICOLOGY.

BA' B CHAHA'RAM.



DAR BAYA'N ZAHAR.

PART IV.
OR
TOXICOLOGY.

Question.—What is a poison ?

Answer.—That which when applied externally, or taken internally, causes such derangement, as to produce disease, and at times, death.

Q.—How are poisons divided ?

A.—Into animal, vegetable, mineral and ærial.

Q.—How many classes of poisons are there ?

A.—Six, viz.

The corrosive, as corrosive sublimate, red oxyde of mercury, the sulphate of mercury, mercurial vapours; preparations of arsenic, copper, tin, zinc, nitrate of silver; the mineral acids; the corrosive alkalies, as the subcarbonate of soda, potash, ammonia, lime, powdered glass, and Spanish flies.

The astringent, as preparations of lead.

The acrid, as the gases, chlorine, muriatic acid, sulphuric acid, nitrous and nitro-muriatic vapors.

The narcotic and stupifying, the gases hydrogen, azote, and the oxyde of azote, opium, stramonium, henbane, prussic acid, &c.

Narcotico acrid, as carbonic acid, or the gas of charcoal, and fermenting liquors, belladonna, tobacco, foxglove, camphor, cocculus indicus, ergot of rye, &c.

Septic or putrescent, sulphuretted hydrogen, putrid effluvia of animal bodies, the bites of venomous animals, the rattlesnake, scorpion, mad dog, &c., &c.

MINERAL POISONS ; PREPARATIONS OF ARSENIC.

Symptoms.—Little or no taste; generally within an hour, pain and heat are felt in the stomach, soon followed by vomiting, with burning and dryness of the throat, and great thirst; the ejected matters are green, yellow or bloody. Diarrhoea and tenesmus ensue, the pulse becomes small, frequent and irregular, and the

BÁB CHAHÁRAM.

DAR BAYAN ZAHAR.

Sawál.—Bayán karo zahar kyá hai ?

Jawáb.—Jo chíz kháne yá badan par lagáne se bímári yá mauz paidá kare.

S.—Iqsám-i-zahar kyunkar haiñ ?

J.—Haiwánáti, nabátáti, dháti aur äerial yane hawáf.

S.—Iqsám-i-zahar kai haiñ ?

J.—Chhah haiñ.

1st. *Corrosive*, misl corrosive sublimate, red oxide of mercury, sulphate of mercury, mercurial vapors, preparations of arsenic, támbá, tin, zinc, nitrate of silver, dháti tezáb, corrosive alkalies, misl subcarbonate of soda, potásh, naushádar, chúná, pisá huá shí-shah, aur Spain kí makkhí.

2nd. *Qábiz*, misl preparations of lead.

3rd. *Hamúziyát*, misl gases, chlorine, muriatic acid, sulphuric acid, nitrous aur nitromuriatic vapors.

4th. *Muskir*, aur stupifying, yane behosh karnewálá, misl gases, hydrogene, azote, aur oxyde of azote, opium, stramonium, henbane, prussic acid, waghairah.

5th. *Muskir hamúziyát*, misl carbonic acid, yá gas of charcoal, aur urnewáli pání kí chíz, belladonna, tambákú, foxglove, kafúr, cocculus indicus, ergot of rye, waghairah.

6th. *Badbúdar*, sulphuretted hydrogen, badbú sarí huí nash haiwánát kí, zahríle haiwánát, rattlesnake yane sánp, bichchú, díwáná kuttá, waghairah.

DHÁTI SAMÚMIYÁT; MURATTABÁT SANĀKHIYAI KE.

Alámateñ.—Zaeqá bahut kam yá nahín hotá, amuman ek ghanṭe ke arse meñ hiddat-o-dard medeh meñ maḷúm hotá hai, aur fauran baḍ iske dáḱ lag játi hai aur haḷqúm meñ sozish aur ḱhushkí, piyás kí shiddat hotí hai, qai yá to zard yá sabz yá ḱhún álúḍ hotí hai. Is mauqa par dast aur nibáhi hotí hai, aur nabz patlí aur sarí aur

breathing oppressed. Dysuria and bloody urine occur; cramps and slight convulsions often precede death, which sometimes takes place in five or six hours after the arsenic has been taken.

Treatment—Excite vomiting by emetics of sulphate of zinc if not already present, encourage it with large draughts of new milk, gruel, or linseed tea, so as to envelope, and get rid of the arsenic. Inflammatory symptoms are to be subdued by bleeding from the arm, leeches and fomentations to the abdomen; emollient clysters, and other appropriate remedies. Dysenteric and nervous consequences should be relieved by the usual remedies. If death does not ensue, the diet should be fluid, farinaceous and demulcent for a considerable time afterwards.

Tests.

Those most usually now employed are Marsh's and Reinch's, and may be thus described.

Marsh's test.—It is the reduction of the metal by calcining in a small glass tube with a spirit lamp, the dried suspected matter, mixed with fresh burnt charcoal, when, if arsenic be present, even the hundredth part of a grain, it will be sublimed, and adhere to the inside of the tube in the form of a shining metallic crust externally, and appear crystalline internally, when viewed with a magnifying glass; this crust may be reconverted by exposure to heat, into the white oxyde, consisting of minute octahedrons with triangular fascettes, easily recognised with a microscope.

Reinch's test.—This is considered a more delicate test than the former. It consists in boiling the suspected substance with electrotype copper and strong muriatic acid. Metallic arsenic is deposited as a black coating on the copper, and by removing this metal from the liquid, washing it with a little distilled water, and allowing it to dry, on heating it in a glass-tube, the metallic arsenic and crystals of arsenious acid sublime.

beqáidah ho játi hai, aur ságs diqqat se átá hai, pesháb batakliif aur khdn álúd átá hai, ainqhan aur gunah tashannuj aksar qabala maut ke láhaq hotá haiy bas suqát páñch yá chhah ghançe bad kháne sankhiyá ke.

Maqljah.—Adwiyah qaráwar sulphate of zinc se qai ko ziyádati dep, aur agar yih maujúd na hon to kuchh dúdh tázah yá cháwal kí pích yá alsí kí cháh is qadar ifrát se piláweñ ki sankhiya meñ maqhlút hokar is ko qai meñ nikál dep. Agar álamateñ sozish kí numáyán howeñ to un ko bazariah háth ke faad, jonkon, aur senk-i-shikam, aur mulayyan pichkáriyon aur aur tadábír munásib se rafá kareñ. Wáste rafá ishál aur khalal is áb ke lázim hai ki mamúlf iláj amal meñ láweñ. Agar maut láhaq na ho to ghizá muddat tak raqíq aur táqatbakhsht aur naram dene cháhiye.

Shanákhht.

Tariq shanákhht ke, jo niháyat aksar in dinon meñ amal meñ áte hain weh do hain, ek to Mársh sáhab ká, dúsrá Reinch sáhab ká, aur hál unká zail meñ likhá hai.

Márah sáhab ká tariq shanákhht ká—Yih hai: nikálná madni ká basariah jaláne ke use spirit lamp se darmiyán ek síse kí nalí ke khusk kí huí shai ko jis meñ shubah zahar ká hai, táse jaláo hue koslon meñ milá dep, agar sankhya us meñ maqhlút hoke bamiqdár soweñ hisse ek grain ke ho to bhí farár hoke andar kí taraf nalí meñ aur báhir se bashakl tábindah madni chhilke ke, aur andar se misl billaur ke díkhái degi agar jo durbín se musháhidah kareñ. Agar is chhilke ko muqábil garmí ke kareñ to wuh safed oxyde meñ mubaddil ho jáegá, aur basúrat chhote chhote hasht pahlú yá musallas tukron ke mubaddil hokar bazariah microscope yane barháne wále síse se díkhái degá.

Tariq shanákhht Reinch sáhab ká.—Yih pahle se niháyat behtar tariq shanákhht ká hai, aur wuh yih hai, ki us shai ko ki jis meñ shubah zahar ká ho sáth electrotype támba aur tez muriatic acid, yane namak ke tezáb ke josh dep. Sankhiya misl siyáh tah támba ke úpar jam jáwegá, aur us madani shai ko raqíq shai se judá kar ke aur thore khínche hue pání se dho kar aur khusuk kar ke agar síse kí nalí meñ us ko garmí dep to sankhiya madani aur chhilke sankhiya ke tezáb se jam jáweñge.

PREPARATIONS OF ANTIMONY.

Symptoms.—Similar to those occasioned by acids, with painful and obstinate vomiting, copious stools, constriction of the throat, cramps, symptoms of intoxication, and prostration of strength, often terminating in death.

Treatment.—Vomiting to be excited by tickling the throat with a feather or the finger, and by large draughts of mild bland fluids, as rice water, gruel, or linseed tea; or allayed by opium according to the previous effect of the poison. The best antidotes are, decoctions of astringent vegetables, such as oak, cinchona, or willow bark, gall nuts or strong tea, which may be given freely to excite vomiting, and at the same time to decompose the poison.

Tests.

Tartarized antimony is precipitated from its solution, of an orange color, by sulphuretted hydrogen and the hydro-sulphurets, the precipitate being reduced to the metallic state, by exposure to a stream of hydrogen gas while heated in a glass tube. It is also precipitated white by sulphuric acid, alkalies, lime, and barytes waters. Alkaline and earthy neutral salts do not affect it, but salts with excess of acid do. The muriate of antimony is a dark heavy fluid, to which if water be added, a white precipitate is formed. The oxyde is soluble in muriatic acid, forming the muriate. All the preparations of antimony are readily reduced to the metallic state on a large scale, by calcination with charcoal and potash.

PREPARATIONS OF BISMUTH.

Symptoms.—Similar to those of other corrosive poisons, with great heat in the chest and very difficult breathing.

Treatment.—No specific antidote is known. Milk and mild mucilaginous fluids to be drank plentifully to facilitate vomiting, and purgatives should be given.

MURATTABÁT ANTIMONY KE.

Alámaten.—Waise hí hote haiñ jo ki acid yane tezábon ke kháne se paidá hotí haiñ, sáth is bát ke ki dard ke sáth dákk bashiddat lag játí hai, aur dast bakasrat járí ho játe haiñ, aur galá ghuñ játá hai, aur tashannuj ho játá hai, aur alámaten behoshí kí numáyáñ hotí haiñ, aur táqat záyal ho játí hai, aur aksar maríz mar játá hai.

Maáljah.—Cháhiye ki qai ko bazariáh gudgudáne gale ke par yá unglí se aur raqíq aur latíf ashrubah misl cháwal ke pání, pích yá cháh alsí, bakasrat dewen, yá usko bazariáh dene afiun ke kam karen, jis tarah par ki zahar ne pahle asar kyá hai. Bahtar adwiyah dáfa-uz-zahar joshándah qábiz nabátát ke hote haiñ, misl chhálon daraqht oak, cinchona yá willow ke: májú phal yá tez baní huí cháh bhí dáfa zahar hai, aur unko baqhubí piláwen wáste ziyádañ karne qai ke, aur is nazar par ki zahar ko judá kare.

Shanákhí.

Tártarized ántimony baiñh játí hai bað ghulne ke, aur rang us ká náranjí ho játá hai; sulphuretted hydrogen aur hydro-sulphurets se fauran bahálat maðaní ho játí hai babáis lagne hydrogen gás ke jab ki síse kí nalí ko gunah garmí pahunche. Uskí rangat sulphuric acid, alkalies, chúná, aur barytes pání se fauran sufed ho játí hai. Alkaline aur zamíni néutral namak uspar kuchh asar nahín karte, lekin namak maí tezáb ke kartá hai; muriate of ántimony goki siyáh aur gadlá pání hai lekin agar us meñ pání ko shámil karen to fauran barang sufed ho jáegá. Oxyde ke galne se muriatic acid meñ, muriate ban játá hai. Sabtarah kí antimony fauran bahálat maðaní ho kar bañe bañe chhilke ban játe haiñ chár-coal aur potásh ke sáth jaláne se.

MURATTABÁT BISMATH.

Alámaten.—Iskí misl alámaten corrosive sammumiyát ke haiñ jin meñ niháyat garmí sínah aur diqqat sáñs malúm hotí hai.

Maáljah.—Koi maqhsús zaharmohrá yane dáfa-uz-zahar is ká hanoz tajwíz nahín huá, balki sirf dúdh aur mulayyan luqbat ashrubah bawáste karáne qai ke bakasrat piláte haiñ, aur baðñ julláb dete haiñ.

Tests.

The nitrate boiled with distilled water is decomposed, part being precipitated as sub-nitrate, and part remaining dissolved, being a super-nitrate. This solution is colorless, reddens litmus paper, and the hydrosulphurets produce a black insoluble sulphuret of bismuth. The sub-nitrate is soluble with a little heat in nitric acid, from which the alkalis precipitate the white oxyde, which is easily reduced by calcination. Chromate of potash precipitates it yellow.

PREPARATIONS OF COPPER.

Food cooked in foul dirty vessels, and pickles made green by copper.

Symptoms.—Taste acrid and coppery, tongue dry and parched, constriction of the throat, and coppery eructations, severe vomitings, or fruitless efforts to vomit, dragging at the stomach, dreadful colic, frequent black bloody stools with tenesmus, abdomen distended, pulse small, hard and quick; syncope, great thirst and anxiety, cold sweats, scanty urine, cephalalgia, vertigo, cramps and convulsions, usually preceding death.

Treatment.—Large draughts of milk and water to encourage vomiting, whites of eggs stirred up with water and taken freely. Inflammatory symptoms to be subdued on general principles, and the nervous symptoms by anodynes and antispasmodics; sugar dissolved in coffee may be given with advantage. The ferrocyanate of potash has also been recommended as an antidote, next to albumen or white of eggs.

Tests.

The salts of copper are mostly of a bright green or blue color, and are easily reduced by charcoal at an elevated temperature. The sulphate is partly decomposed by alkalis and alkaline earths. Potash precipitates a subsulphate of a green color from it. If the salts of copper be dissolved in coffee, port wine, or malt liquors, which in part decomposes them, they may be detected by adding

Shanákhí.

Chuáe hue pání aur shore ke sáth agar josh kyá jáwe to wuh iláhdá ho kar fauran misl subnitrate ho jáegá aur jo chíz ki us men báqí rahegí so wuh ghol kar super-nitrate bad rang surkhi máil misl litmus kághaz ke rahegí. Aur hydro-sulphurets ek siyáh rang aur qábil na galne ke jo usse paidá hotá hai wuh sulphuret of bismuth hai. Agar shore ke tezáb men sub-nitrate ko ghol kar gúnah garmí karne pahuncháwe to wuh galkar fauran basúrat alkalies sufed kúshṭe ke, qábil-i-sokhtane baásane tamám ho jáwegá. Chromate of potash usko fauran basúrat zardí láwegá.

MURATTABÁT TÁMBÁ.

Kháná pakáyá huá beqalaj bartan támbé men, aur achár jo ki sabz ho játá hai rakhne se támbé men.

Alámaten.—Záiqá tursh aur kasíla, aur zubán par khuskí aur jalan, aur galá ghuttá huá maḷúm hotá hai, ḍakáren khattí átí hain, qai bakasrat hotí hai, aur harwaqt jí aisá málish kartá rahtá hai ki qai ho jáwegí, aur medeh men niháyat taqáqur maj dard ke rahtá hai, bárhá siyáh rang ke dast khún ámez nabáhi ke sáth áte hain, aur peṭ phúlá rahtá hai, nabz tezrau aur saḡht aur kam hotí hai, ghashí kasrat aur tishnagí aur udási maḷúm hotí hai, ṭhande pasí-nah bhí áte hain, aur pesháb kam hotá hai, cephalalgia, gheimerí akráhat aur tashannuj niháyat ho kar maríz mar játá hai.

Maáljah.—Bakasrat dúdh aur pání pilákar qai karáweṅ, sufaidí ande kí hamráh pání ke baḡhúbí piláte raheṅ, táki alámaten sozish rafa ho jáweṅ, aur tez dard ásab ko adwiyah maj khusábáwar aur dáfa tashannuj se taskín baḡhshen, aur agar qahwah ko shírín karke piláweṅ, to usse bhí bará fáidah mutsawwar huá hai; ferrocyanete of potash ko bhí ek dáfa-ul-zahar jáná hai, jab ki sufedí ande ke bad piláweṅ.

Shanákhí.

Zangár bazát khud sabz yá nílá chamakdár rang ká hotá hai, agar keele baḡhúbí roshan karke usko garmí pahuncháwe to wuh baásaní tamám pighal jáwegá; khár aur khárí maṭṭiyon ko agar sulphate se miláweṅ, to uská juz o kul jláhidah kar denge, aur potash jo ki subsulphate hai, fauran rangat sabzí máyal pakregá. Agar sangár men qahwa, port wine, yá malt liquors gholá jáwe, to unko phár

a spirituous tincture of guaiacum, which will occasion a precipitate varying in shade from a greenish indigo to that of a pale green. Ammonia added to a solution of any cupreous salt, gives a blue or greenish precipitate according to the quantity, but if added in excess, it re-dissolves the precipitate, and forms a deep blue transparent solution; ferrocyanate of potash produces a fine brown precipitate, and oxyde of arsenic with a little ammonia a grass green one.

PREPARATIONS OF SILVER.

Symptoms.—Similar to those occasioned by other corrosive poisons.

Treatment.—A table spoonful of common salt to be dissolved in a pint of water, and a wine glassful to be taken every two or three minutes, to decompose the poison; after which, mucilaginous drinks may be given freely, followed up by purgatives.

Tests.

Nitrate of silver is precipitated white by muriate of soda, yellow by phosphate and chromate of soda; if placed on burning coals, it enlivens them, leaving a coating of silver; calcined with charcoal and potash, the silver is reduced to its metallic state.

PREPARATIONS OF LEAD.

Symptoms.—When taken in large quantity, a sugary, astringent metallic taste; constriction of the throat, pain in the region of the stomach, obstinate, painful, and often bloody vomitings; hiccup, convulsions, and death.

Treatment.—The same as recommended for the salts of barytes; in addition to which, bleeding must be used, if symptoms require it. Castor oil, either with or without opium, to clear the bowels, assisted by frequent emollient clysters; the warm bath should not be omitted. Carbonates should not be given, as they increase the activity of the acetate.

kar khud ilahdah ho jātá hai, spirit ámez arq guaiacum ká jo ki fauran hyyat uskí tabaddul karke sabzí máyal nílá yá zardí liye hue kar detá hai, agar ammonia ko kisí zangár se murakkab karen to usse nílí yá sabzí máyal rangat hasb miqdár ke fauran paidá hogí; agar miqdár se ziyádah miláwen, to wuh galkar fauran ek gahrí rangat ká nílá shafáf solution ban jáwegá, bhúrí rangat ferrocyanete of potash ke miláne se fauran bigar jātá hai, aur qadre ammonia aur oxyde of arsenic ke miláne se ghás kí sí sabz rangat ho jātí hai.

MURATTABÁT CHÁNDÍ.

Alámaten.—Is men bhí wuhí wáqa hotí hai misl corrosive zahron ke.

Maáljah.—Ek bará chamchla namak-i-taám ká ádh ser pání men ghol kar aur ek sharáb píne ká glass bharke do yá tín lalzhah men piláte rahen, wáste iláhdah karne zahar ke, bað azún ash-rúbah luábdár bakhúbí piláwen, aur julláb dewen.

Shanákhht.

Nitrate of silver fauran sufed ho jātá hai, sajjí ke namak se zard phosphate aur chromate sajjí ke se; agar usko jalte hue coals par rakkhen to do bárah zindah ho kar chándí ká ruán un par jam jáwegá, koela aur potash men jaláne se chándí fauran bahálat-i-madani á jáwegí.

MURATTABÁT SÍSA.

Alámaten.—Agar koí shaḅhs ise bakasrat khá jáwe, to shírín aur charcharí ashyái mádni ká sá zúiqá ho jātá hai, sukar jáná halaq ká, dard medeh saḅhtí, qai dard ke sáth átí hai, magar aksaron men khún bhí átá hai, hichkiyán lag jātí hai, tashannuj hokar ádmí mar jātá hai.

Maáljah.—Is ká maáljah wuhí hai jo ki wáste namak barytes ke tajwíz huá hai bashamúl uske iske istamál men fasd bhí lázim hai, basharteki alámát muqtazí fasd lené kí hon, wáste sáf karne antariyon ke arandí ká tel khwá afyún ke sáth yá bidún afyún ke mai huqnah háí adwiyah mulayyan ke aksar istamál men láyá jáwe; istamál garm pání ke ghushl ká faroguzásht na ho, carbonates dene nahín cháhiyen, kyunki we acetate mazkúr kí tezí ko ziyádah karenge.

Tests.

All the preparations of lead are easily reduced to the metallic state, by calcination with charcoal. The acetate dissolved in water, is precipitated white by sulphuric acid, these precipitates being easily reduced by calcination. The alkaline sulphurets precipitate the acetate of lead of a blackish color, and so does sulphuretted hydrogen gas. A piece of zinc, suspended in a solution of lead, abstracts the lead from the fluid, and it then becomes deposited on the zinc in the form of a metallic tree or crystallization.

PREPARATIONS OF MERCURY.

Symptoms.—An acrid metallic taste, immediate constriction and burning in the throat, with anxiety, and tearing pains in the stomach and bowels; nausea and vomiting of various colored fluids, sometimes bloody; profuse diarrhœa and sometimes dysuria, pulse quick small and hard, faintings, great debility, difficult breathing, cramps, cold sweats; death occurring within twenty-four or thirty-six hours after the sublimate has been taken.

Treatment.—Whites of eggs to be mixed with water, and one to be given every two or three minutes to procure vomiting, and by decomposing, to lessen the virulence of the poison. Milk in large quantities, gum water, or linsced tea, sugar and water, or plain water at about 80°; gluten as it exists in wheat flour, decomposes the sublimate, and should be given mixed with water. Inflammatory consequences should be anticipated, and subdued as they occur, in the usual manner.

Tests.

Mercurial preparations heated to redness in a glass tube with potash, are decomposed, the quicksilver being volatilized. The oxy-muriate is precipitated white by ammonia, yellow by potash, and of an orange color by lime water; by nitrate of tin, a copious dark brown precipitate is formed, and by albumen mixed with cold water a white flocculent one. A few drops of solution of sublimate, placed on a bit of gold, forms a silvery amalgam on it, if touched with an iron pin, owing to a galvanic energy being excited at the

Shanákhht.

Sab tarah ke murattabát sísa ke baásání tamám apní hálat mádní par á sakte haiñ, koelon men jaláne se acetate pání men gholá huá sulphuric acid ke zariañ se sufed ho kar jald baiñh játá hai, yih durd jaláne se baásání tamám súrat pakar játá hai. Alkaline sulphurets acetate of lead ko jald siyáh kar detá hai, aur isí tarah sulphuretted hydrogen gás bhí kar detá hai, agar ÷ukre zinc ko ghole hue sísa men lajká den, to wuh sísa ko pání se phár kar judá kar detá hai, aur zinc men jama hokar bashakl ek mádní darañht yá shafáf o tábindah chíz ke ho játá hai.

MURATTABÁT PÁRA.

Alámaten.—Záiqá tursh ashyái mádní ká sá hotá hai, dafatan sukar jáná aur jalan halaq kí mañ taraddud aur kharásh medeh aur antariyon ke dard hotá hai, málish i dil aur qai rang barangíratúbát kí áti haiñ, baz auqát ÷hún ámez. Dast bakasrat jári ho játe haiñ, aur baz waqt dysuria nabz tez báriq aur sañht ghashí bahut zauf ámad o raft, dam men dushwári, tashannuj, sard pasína áná aur aur alámát bad záhir hotí haiñ, chaubís yá chattís ghanñe bad kháne sublimate ke maríz mar játá hai.

Maúljah.—Sufedí andon ki pání men milákar qai karáne ke wáste do do tñ tñ lahze bad dí jáwen táki sañhtí zohar íláhidah aur kam ho jáwe, dúdh bakasrat, gond ká pání, alsí ke bíj ká pání, shakkar aur pání yí sádá pání assí darje tak dyá jáwe; gluten jo ki gehun ke áñe men hotá hai sublimate ko nikál detá hai, us ko agar pání men milákar dewen, magar sozish ká khyál bhí malhúz rahe, aur agar paidá huí ho to us ká íláj bataur mamúlk kyá jáwe.

Shanákhht.

Murattabát páre ko ek síse kí nalí men maíkhár ke lál aur garam karne se íláhdah ho játe haiñ aur pára ur játá hai. Oxy-muriate nausádar se sufed, aur khár se zard, aur chúne ke pání se náranjí rang ká ho játá hai. Shore aur lohe kí sharáb se bahut siyáh bhúre rang ká fauran ban játá hai aur sufedí ande kí aur ÷hande pání men miláne se flocculent yane rúf ká gálá sa ho jáwegá. Agar chand qatrañ ghole hue sublimate ke ek ÷ukre sone par rakkhen to wuh símen majmuá ban játá hai. Jo ek lohe kí súf

point of contact. The hydriodate of potash and protochloride of tin are very delicate tests of sublimate.

PREPARATIONS OF TIN.

Symptoms.—Taste austere and metallic, with constriction of the throat, vomitings, with pain over the whole abdomen, copious stools, pulse small, hard and frequent, convulsive movements of the extremities and face, sometimes paralysis, and mostly death.

Treatment.—Milk to be given in large quantities to distend the stomach and produce vomiting, and afterwards to decompose the remains of the poison. Inflammatory or nervous symptoms to be subdued as they occur in the usual manner.

Tests.

The muriate precipitates gold from its solution of a purple color; it is itself precipitated of a bright yellow color by strong tea or alcoholic infusion of galls. Albumen or gelatine occasions a copious flocculent precipitate. The oxyde may be volatilized by heat, is soluble in nitric acid, combines with earths by fusion, and with fixed alkalies forms enamel; it is easily reduced by calcination.

PREPARATIONS OF ZINC.

Symptoms.—An acerb taste, a sensation of choking nausea, and vomiting, pain in the stomach, frequent stools, difficult breathing, quickened pulse, paleness of face, coldness of the extremities, but seldom death, owing to the emetic quality of the poison.

Treatment.—Vomiting, which is the usual consequence of large doses of sulphate of zinc, to be rendered easy by draughts of warm water, and particular symptoms to be met by appropriate remedies. Milk and white of eggs may be given as in poisoning with copper.

Tests.

The pure sulphate is precipitated white by caustic potash and ammonia, yellowish white by the alkaline hydro-sulphurets, and of an orange color by the chromate of lead. The oxyde is readily reduced by calcination with charcoal and nitre, and when heated

us men lagáí jáwe to fauran galvanic ghalbá ho kar ekhí jagah men jamá ho jáwegá. Hydriodate of potash aur protochloride of tin se bahut achhchí shanaḡht sublimate kí hai.

MURATTABÁT TIN.

Alámaten.—Záiqá tursh aur ashyaí mádní ká sá maí sukaḡ jáne halaq ke. Qai ká áná maí dard ke tamám peḡ men, kasrat-i-ishál, nabz bárík, saḡht, aur tezrau, aur tashannuj, dast o pá o chehre ká; baḡe waqt fálij, aur aksar maüt.

Maáljah.—Wáste nafḡh-i-medeh aur qai láne ke awwalan dúdh bakasrat piláyá jáwe aur haḡ azán báqiah' zahar iláhdah kyá jáwe. Sozish rag o puḡḡhe kí alámaten befaur ihdás rafa kí jáwen bataur mamúli.

Shanáḡht.

Namák sabz rang ká baiḡh játá hai jab ki us ko nafarmáne rang men dálen, bazát ḡhud tábindah zard rang ká ho játá hai, tez baní huí cháh yá sharáb ámez ḡhisáhdah mázú se sufedí ande ke yá gelatin ke ámezish se ek niháyat ruí ká sá galá durd baiḡh játá hai, garmí páne se kushtá uská uḡ játá hai. Nitric acid men gal játá hai. Piḡhláne se ḡhák men mil játá hai, aur mujassim khár se enamel ban játá hai, phúkná uská ásán hai.

MURATTABÁT ZINC.

Alámaten.—Záiqá ḡharáb, nalḡhara ruká huá sá, jí matlátá huá, qai áti huí, dard medeh men, dast barhá áte hue, diqqat sáns, tezí nabz, zardí chehre, maílum honá sardí ká dast o pánw men, leḡn gáhe mæriz mar bhí játá hai.

Maáljah.—Barí maütáden sulphate of zinc se ki jo qai hote haiḡ unko bakasrat garam pání se rafa karná cháhiye, aur maḡhsús alámaten agar daryáft howen to un ká iláj mamúli karen. Dúdh aur sufedí ande kí dewen jaisá ki zahar ḡhurdah támbe ko dete haiḡ.

Shanáḡht.

ḡhális sulphate baiḡh játá hai barang sufed caustic potash aur nausádar se, zardí máil sufed ho játá hai alkaline hydro-sulphurets se. Aur barang náranjí tabaddul hotá hai ámezish cromate síse se; usko kushtá banáyá cháheḡ to koele aur shore men

nearly to redness, it becomes yellow, and on cooling becomes white again; this is very characteristic.

BY MINERAL ACIDS.

Symptoms.—An acid burning taste, acute pain in the throat, frequent vomiting of bloody fluid, which effervesces with chalk or alkaline carbonates, and reddens litmus paper, the mouth or lips excoriated, shrivelled, white or yellow, hiccup, copious stools more or less bloody, tenderness of the abdomen, difficult breathing, irregular pulse, excessive thirst, drink increasing the pain and seldom staying down, frequent but vain efforts at micturition, cold sweats, altered countenance, convulsions and death. If prussic acid be taken largely, death is the immediate result; in smaller quantities, it produces stupor, nausea, vertigo, with loss of sight, and sometimes salivation, difficult breathing, dilated pupils and syncope, which, if not soon relieved, terminates in death; when applied to sores or to the surface of the body incautiously, the same effects are produced. All the salts formed with this acid are more or less poisonous. The essential oil of bitter almonds is very similar to prussic acid, and nearly as destructive in its effects.

Treatment.—Mix an ounce of calcined magnesia with a quart of water, and give a wine glassful every two minutes. Soap or chalk and water may be used until magnesia can be procured. Carbonated alkalies are objectionable, on account of the great extrication of gas in the stomach, and the salts formed with them are too irritating for that organ. Vomiting to be excited by tickling the throat. Diluents may be taken after the poison has been got rid of, and the return to solid food must be very gradual. Inflammatory and other consequences to be treated by the usual remedies. If the vitriolic acid has been swallowed, water alone should not be given, nor should calcined magnesia with water be given, but the common carbonate of magnesia may be given freely when mixed with water. There is too much heat generated in the stomach, if the above cautions are not attended to. Chalk and water is preferable to magnesia, if oxalic acid has been taken.

jaláwēn, aur jis waqt ki qarīb surkh hone ke sufed, jo ki makhsda khásiyat us kí hai.

MAĐANÍ TEZÁB SE.

Alámaten.—Kháne acid se záíqa sozindah, dard shadíd halaq meñ, bárhá honá khún álúda ratúbát qai, jo ki ur játi hai khariyá miñfiyá alkaline carbonates se, aur surkh kar detá hai litmas kághaz ko; dahan yá lab kharáshidah sukre hue, sufed yá zard ho játe haiñ. Hichkiyan lag játi haiñ, dast bakasrat kam o besh khún álúda jári ho játe haiñ. Peñ lag játa hai, diqqat-i-tanaffus, nabz beqáidah, tishnagi mufrit ho játi hai, pání ke píne se dard bakasrat aur gáhe batakhfif hotá hai. Láhásil qasd wáste pesháb karne ke kartá hai, sard pasíne áte haiñ, hyyat badal játi hai, tashannuj hokar maríz mar játa hai, agar kisi ne prussic acid bakasrat kháyá hai jisse ki ádmí bahut jald mar játa hai ek qadare miqdár meñ, usse behoshí, jí matláná, ghumere mañ tírgi-i-binái ke wáqa hotí hai, aur baže waqt munh á játa hai, diqqat-i-tanaffus, putliyan farákh aur behoshí jo ki bafaqr na rafa ki jáwēn to maríz ján bahaq ho játa hai. Jab ki nádánistgi se zañhmon par yá kisi aur satah jism par lag játa hai to usse bhí wuhí tásir paidá ho jatí haiñ. Tamám namak jin meñ ki is acid ke ámezish hai kam o besh zahríle haiñ, muqattar raughan-i-badám talakh bhí tásir misl prussic acid ke rakhtá hai aur qarīb qarīb, waisá hí qátil hai bazát khud.

Maáljah.—Ek ounce jalái huí magnesia ek ser pání meñ milákar sharáb píne ká glass bhar ke do do lahze meñ piláte rahēñ. Adam dastyábi magnesia meñ sábún yá khariyá miñfi aur pání piláte rahēñ. Carbonated alkalies ba waste iláhdah karne gás medeh se mufid haiñ, aur jin namkon meñ in kí ámezish hai weh bhí fáidámand aise mahal meñ hote haiñ. Qai karáni bazariyah gudgudáne halaq ke cháhiye. Bađ infarágh zahar adwiyát tar mizáj ká istámál karáke áhistah áhistah ghizái mamúli par lawēñ. Sozish aur aur alámat mullaqa ká mamúli iláj karen, agar kisi ne vitriolic acid yane gandak ká tezáb kháyá hai to sirif pání aur jalí huí magnesia na deñ balki carbonate magnesia ká pání meñ milákar bañhúbi piláwēñ. Agar hoshiyári bataur mazkúre balá amal meñ na áwēñ to medeh meñ átish paidá hogí. Agar kisi ne oxalic acid kháyá hai to bajáe magnesia ke khariyá miñfi aur pání piláwēñ, chúná baharhál bihtar hai balki alkalies yá unke carbonates na dene cháhiyēñ.

Give lime in all its forms, but not alkalies or their carbonates. If prussic acid has been taken, use emetics or the stomach pump, try the cold effusion, and let the patient inhale the vapor of ammonia or chlorine freely, get ammonia or other stimulants into the stomach, and rouse the system in every possible way.

Tests.

Sulphuric acid is known by its great weight, evolving heat when mixed with water, by emitting no fumes. If barytes be added to it, a sulphate is formed which is insoluble in water or nitric acid.

Nitric acid emits orange colored fumes upon adding copper to it, and is changed blue by it; if potash be added, a nitrate is formed which deflagrates when thrown on burning coals. It tinges the skin yellow.

Hydrochloric acid emits pungent fumes; if nitrate of silver be added to it, a very white precipitate is formed of hydrochlorate of silver, soluble in ammonia, but not in nitric acid.

Oxalic acid, precipitates lime and all its salts from water, the precipitate being soluble in nitric, but not in excess of oxalic acid. Exposed to heat, it volatilizes, leaving but little residue; it is decomposed by sulphuric acid, becoming brown; it is dissolved by heat and nitric acid, and rendered yellow. Muriatic acid dissolves it with heat, and decomposes it.

Phosphoric acid, precipitates barytes and lime waters, the precipitate being soluble in nitric acid; it is decomposed by charcoal at a high temperature, evolving carbonic acid gas, and phosphorus being sublimed.

Fluoric acid exhales white vapors, not unlike those of muriatic acid; heat is evolved with a hissing noise when water is added to it; it dissolves glass.

Tartaric acid produces a precipitate from lime water, soluble in an excess of acid, and in nitric acid also; with potash it forms a neutral and super salt; it does not precipitate solution of silver, but its salts do.

Prussic acid smells like bitter almonds or peach leaves; it precipitates nitrate of silver white, which is insoluble in cold nitric

Agar prussic acid khá gayá hai to karáná qai aur istamál stomach-pump ká munásib hogá; sard pání ká tapará aur sáns ke sáth khinch-ná bukhárat ammonia yá chlorine ká baqhubí istamál karáwen. Ammonia yá aur sard qábiz mizáj kí adwiyah medeh men pahunchákar huttool wasá us hálat ko rafa karen.

Shanákhht.

Sulphuric acid wazní mashhúr hai, pání men miláyá huá garmí ko dúr kartá hai dáalne se jis ke bháp nahín ughtí hai. Agar us men barytes miláwen to sulphate ban játá hai jo nahín galtá pání yá nitric acid men.

Nitric acids se náranjí rang bháp paidá hotí hai, us men támba miláne se aur bhí nílá par játá hai, use agar potash ke sáth miláyá jáwe ek nitrate ban játá hai jis ko jab ki jalte hue coals par dálden to fauran jal jáwegá, usse chamrá rangá játá hai zard.

Hydrochloric acid se tez bháp paidá hotí hai; agar nitrate of silver men use miláwen ek niháyat sufed durd ban kar hydrochlorate of silver ban játá hai, ammonia men gal játá hai, magar nitric acid men nahín.

Oxalic acid baith játá hai, misl chúna aur uske namak jo pání men baith játe hai, lekin oxalic acid men nahín milte; garmí men rakhne se wuh ur játá hai, aur sirif qadre baqiyah chhor játá hai. Sulphuric acid se iláhdah ho játá hai, magar bhúre rang ká. Nitric acid garmí páne se ghul kar zard ho játá hai, muriatic acid use ghol detá hai garmí pahuncháne se, aur usko iláhdah kar detá hai.

Phosphoric acid baith játá hai barytes aur chúne ke pání se, aur jo durd baith játá hai wuh nitric acid men gal játá hai. Bahut roshan kiye hue kocle kí garmí use iláhdah carbonic acid gás paidá kartá hai, aur phosphorus ur játá hai.

Fluoric acid men se abkharah sufed ughte hai mánínd muriatic acid ke, garmí phunkár ke sáth nikaltí hai us men pání miláne se. Usse káñch bhí gal játá hai.

Tartaric acid durd ho kar baith játá hai chúne ke pání se, turshí ke pahunchte hí gal játá hai, aur tez nitric acid men potash ke sáth wuh ban játá hai, neutral aur super salt. Wuh solution of silver ko nahín bihá detá hai magar uske namak.

Prussic acid kí bú misl bú bádám talkh yá shaftálú ke patton kí sí hotí hai, wuh bihá detá hai nitrate of silver ko barang sufed

acid, and when dried and heated, gives out cyanogen gas, which burns with a fine rose colored flame.

PREPARATIONS OF POTASH, SODA AND AMMONIA.

Symptoms.—The taste is acrid, urinous and caustic, great heat in the throat, nausea and vomiting of bloody matter, which changes syrup of violets to green, and effervesces with acids; if the carbonated form of the alkali has been taken, copious stools, acute pain in the stomach, colic, convulsions and death.

Treatment.—Vinegar and other vegetable acids to be given largely to neutralize the poison; then dilute freely with demulcents, and treat inflammatory symptoms in the usual manner. Almond or olive oil may be given freely, either of which would render vomiting easy, and would convert the alkali into soap.

Tests.

Alkalies have many properties in common: their solutions feel soapy to the touch, change vegetable reds and blues to green, and yellow to brown, remaining transparent when carbonic acid is added to them, which distinguishes them from solutions of the alkaline earths, barytes, strontian and lime. Nitrate of silver is precipitated by them in form of a dark colored oxyde, soluble in nitric acid. Potash and soda may be distinguished from each other, by evaporating their solutions to dryness; potash will become moist by absorbing water from the air, while soda will remain dry. Ammonia is known by its pungent smell, and precipitates the salts of copper, blue.

PREPARATIONS OF LIME AND BARYTES.

Symptoms.—Violent vomiting, convulsions, palsy of the limbs, distressing pains in the abdomen, hiccup, alteration of the countenance, and very early death when baryta or any of its combinations have been taken. Lime, from its sparing solubility, is less active, but has occasionally produced death.

Treatment.—If lime has been taken, vinegar and other vegetable

jo sard nitric acid men nahin galtá, aur jab ki khushk ko garm karen, to us men se cyanogen gas niklá kartá hai, jinkí lau jalne men gulábí rang ki malúm huá kartí hai.

MURATTABÁT POTASH, SAJJÍ AUR NAUSÁDAR KÁ.

Alámaten.—Záíqa karwá pesháb ká sá aur tez jalan bakasrat halaq men, málish-i-dil, honá qai khún ámez. ratúbat ká jisse ki shírah violets yane gul banafsha sabz ho játá hai, hamúziyát se josh khátá hai. Agar carbonated tarah ká alkáli kháyá hai, to dast bakasrat, dard shadíd, medeh qúlinj, tashannuj aur maut wáqa hotí hai.

Maájláh.—Sirká aur aur nabatáti hamuziyát bakhúbí piláwen ilahdah karne ko zahar, tab raqíq kar ke bakhúbí adwiyah tar mizáj ke istamál karen aur sozishí alámaton ká iláj mamúli amal men láwen. Bádám yá raughan-i-zaitún bakhúbí khiláwen jin men se koí na koí baásáni tamám qai kará detá, aur alkali ko mubaddil basábún kar detá.

Shanákhht.

Alkalies kí anwáe alámaten mashhúr hain. Unke solutions chhúne men sábún ke se malúm hote hain. Tabaddul kar dete hain. Nabátát ko surkh, aur nílá sabz ko, aur zard bhúre ko, jabki carbonic acid un men miláyá jáwe to baqiyah shafáf malúm hotá hai jise ki tez solutions khári mittiyon barytes, strontian, aur chúna men ho saktí hai. Nitrate of silver biñhá detá hai unhen basúrat siyáh rang oxyde ke, magar nitric acid men gal játá hai. Potash aur sajjí men tamíz ho aktí hai ek dústre se urá dete hue unke solutions ko khushk hone men. Kyunki potash hawá men se pání ko khinch letá hai, sajjí sirif khushk rah játí hai. Nausádar apní tez-i-bú se malúm ho játá hai aur támbe ke namak ko nila kar detá hai.

MURATTABÁT CHÚNA AUR BARYTES.

Alámaten.—Qai bashiddat, tashannuj, maftúje-i-ars, dard-i-shi-kam, taklíf dahindah, hichkiyán, tabaddul chehrah hokar maut jaldí wáqa hotí hai jabki baryta yá koí aur chíz jis men kí wákf ámezish ho, kháyá hai. Qadreghulá huá chúna tezí men kam hotá hai lekin usse bhí maut wáqa hotí hai.

Maájláh.—Agar chrúna kháyá hai sirká aur aur nabátátí hamusi-

acids are the best antidotes, with demulcents. If baryta in any of its forms has been swallowed, a weak solution of epsom or glauber's salts should be drank plentifully to produce vomiting, and at the same time to decompose the poison, which it renders inert, by forming an insoluble sulphate. Till the above salts can be obtained, large draughts of well water alone, or made sour by sulphuric acid, may be drank freely.

Tests.

Solution of lime changes vegetable blues to green, and is precipitated white by carbonic and oxalic acid, while no change is produced on it by sulphuric acid; its salts are decomposed by the fixed alkalis, which precipitate the lime, but not by ammonia. Pure baryta undergoes changes similar to lime when water is added to it, and acts like it on vegetable colors; it does not effervesce with acids. Sulphuric acid, and all the sulphates, added to a solution of it, produce a white precipitate, insoluble in water and nitric acid. Carbonate of baryta is insoluble in water, but dissolves in nitric or muriatic acid with effervescence. Muriate of baryta in solution is not changed by sulphuretted hydrogen or pure ammonia, but its carbonate as well as all other alkaline carbonates, throws down a white precipitate, which is carbonate of baryta.

PREPARATIONS OF NITRE.

Symptoms.—Cardialgia, nausea, painful vomiting, purging, convulsions, syncope, pulse feeble, extremities cold, with tearing pains of the stomach and bowels; difficult breathing, a kind of intoxication and death.

Treatment.—Similar to that of arsenic.

Tests.

If nitre be thrown on burning coals, it crackles, and gives a beautiful white flame; if powdered, and sulphuric acid be poured upon it, it gives out nitrous fumes; both these circumstances distinguish it from glauber's salts. It is decomposed at a high temperature, affording oxygen gas.

yát behtar zaharmohra haiñ, hamráh tar mizáj kí adwiyát ke. Agar kisi tarah ká barytá kháyá hai to ek halká solution epsom yá glauher's namak ká wáste qai karáne ke baḡhúbí piláweñ, usí waqt zahar iláhdah karne ko jis ko usne bhárí kar diyá hai aur qábil nikalne ke. Sulphate jab tak ki namak mazkúr dastyáb na hon sáf pání bakasrat sulphuric acid se tursh karke baḡhúbí piláweñ.

Shanáḡht.

Solution chúna ká tabaddul kar detá hai nabátát ko sabz aur baiṡh játá hai sufed. Carbonic aur oxalic acid kisi tarah tabdíli nahín qabúl kartá sulphuric acid se. Uske namak iláhdah ho játe haiñ mujassim alkalies jo baiṡhá dete haiñ chúne ko lekiu ámmonia nahín. Sáf baryta bhí waisá lí tabaddul kar detá hai chúne ko us meñ pání miláne se, aur wuhí tásir kartá hai nabátátí rangon par. Hamuziyát se wuh nahín ubaltá hai. Sulphuric acid aur tamám sulphates uske solution meñ miláe jáweñ to sufed durd biṡhlá dete haiñ nigalne ke qábil pání aur nitric acid meñ. Carbonate baryta ká pání meñ nahín galtá, lekin nitric yá muriatic acid meñ gal játá hai sáth ubálke. Muriate baryta ká ghulá huá nahín mubaddil hotá sulphuretted hydrogen yá sáf nausádar se, lekin uská carbonate misl tamám aur alkaline carbonates ke ek sufed durd níche biṡhlá detá hai jo ki carbonate baryta ká hai.

MURATTABÁT SHORE KE.

Alámateñ.—Cardialgia, jí matláná, dard ke sáth qai úná, dast járí, tashannuj, ḡhashí, zauf nabz, háth aur pair sard, maj tez dard medeh aur antariyon meñ, diqqat-i-tanaffus, ek tarah kí behoshí, aur maüt wáqə hotí haiñ.

Maáljah.—Is ká iláj misl maálje sanḡkhyá ḡhurdah ke karná cháhiye.

Shanáḡht.

Agar shore ko jalte hue coals par rákkheñ to us meñ se chaṡaḡh kar ek ḡhúbsúrat shola 'niklá kartá hai. Agar pís·kar use gandhak ke tezáb meñ dáleñ to usse shore ká sá dhuáñ uṡhtá hai in donon alámaton se is meñ aur glauher's namak meñ tamíz hotí hai; garmí bahut pahunchna se wuh iláhdá ho játá hai maj oxygen gas ke.

MURIATE OF AMMONIA OR SAL AMMONIAC.

Symptoms.—Excessive vomiting, with convulsions and general stiffness of the muscles, great pain in the bowels, early alteration of the countenance, and death.

Treatment.—Vomiting to be rendered easy by large draughts of warm sugared water, and if not occasioned by the poison, should be excited by the finger. The consequent nervous symptoms to be calmed by anodynes and antispasmodics, and the inflammatory ones by the usual remedies.

Tests.

Muriate of ammonia is soon volatilized, if placed on hot coals; if rubbed with quicklime, it gives out the odour of hartshorn. A solution of it in water, is precipitated white, upon the addition of the nitrate of silver.

IODINE AND HYDRIODATE OF POTASH.

Symptoms.—A strong burning sensation, with constriction in the throat, nausea and bilious vomiting, heartburn, and slight salivation, pain in the eyeballs, and obscure vision, palpitation, tremor, and occasional paralysis.

Treatment.—Mucilaginous drinks should be taken plentifully, and large emollient clysters may be given. Give a cold mucilage of starch to decompose the iodine; add a little weak solution of chlorine, if the salts of iodine have been taken in excess.

Tests.

Iodine exists in scales of a grayish black color, and becomes a violet colored gas at about 120° ; it is sparingly dissolved by water, which tinges raw starch of a purple hue; it stains the skin brown, which soon vanishes; it destroys vegetable colors like dilute chlorine, and has nearly the same smell. Hydriodate of potash precipitates oxymuriate of mercury of a carmine red color, and acetate of lead of a fine yellow tint.

PHOSPHORUS.

Symptoms.—They are similar to those of concentrated acids, with a hot taste of garlic in the mouth. A grain or two has been known

MURATTABÁT NAMAK NAUSÁDAR YÁ SAL AMMONIAC.

Alámaten.—Mutawátir ána qai ká mai tashannuj ke sur amúman sakhtí i ásáb ke bahut dard rodon men, awwal tabaddul hyyat hokar ádmí mar játá hai.

Maájljah.—Qai baásáni karáwen garam sharbat bakasrat pílfkar, aur agar shubah zahar ná ho to sirf unglí dál kar darde ásáb ko ba-adwiyah khwábáwar aur rafa dard se áram den, aur sozishí alámaton ko bataur mamúlí.

Shanákhht.

Nausádar ká namak fauran garam coals par rakhne se ur játá hai, agar quick lime ke sáth malen to us men se bú hiran ke síng kí áttí hai, usko agar pání men ghol kar nitrate of silver miláwen to wuh sufed durd ho kar baiṭh játá hai.

IODINE AUR HYDRIODATE POTASH KÁ.

Alámaten.—Bashiddat malúm honá jalan ká mai sukar jáne halaq ke, jí ká matlóná, aur pit ámez qai ká áná, dil ká jalná, aur khaff munh ká áná, dard ánkhe ke papoton men, aur dhundhlá dikháif dená, dil ká dharakná, phureriyán ání, aur gáhe máhe fálíj.

Maájljah.—Luábdár ashrubah bakasrat piláí jáwen aur bare mulayyan pichkaryán dí jáwen. Sard luábdár nishástá wáste iláhdá karne iodine ke dewen, agar salts iodine ká kháyá hai ek qadre khaff solution chlorine ká istamál karen.

Shanákhht.

Iodine ke sabzí siyáh máil chhilke se hote hai, aur ek sau bis darje garmí men ek gol banafsha ke rang ká gás ho játá hai, wuh mushkil se galtá hai pání men ki jisse kache nisháste ká rang nafarmání ho játá hai. Usse jild bhúrí ho játí hai magar wuh rang fauran játá rahtá hai. Wuh nabatáttí rangaton ko bigar detá hai, misl dilute chlorine ke aur qaríb qaríb waisihí bú rakhtá hai. Hydriodate of potash bíthá detá hai raskafúr ko ek carmine yan mahawar surk rangat ká aur acetate of lead ko ek achche zard rang ká.

PHOSPHORUS.

Alámaten.—In kí bhí misl alámaten mujtameh hamúsiyát ke hotí hai mai aise ek garam zaiqe ke ki goyá lahsan munh men

to occasion death.

Treatment.—No specific antidote is known; but vomiting should be excited by large draughts of water mixed with magnesia. Oil and fatty substances must be avoided, as they dissolve the phosphorus.

Tests.

If phosphorus, or the rejected contents of the stomach after it has been taken, be boiled in a retort, (having its beak under water) with a solution of caustic potash, phosphorated hydrogen gas is formed, which explodes with a green flame as soon as it reaches the surface of the water.

IRRITATING POISONS.

Such as colocynth, hellebore, scammony, meadow saffron, claterrum, savine, squills, gamboge, and euphorbium.

Symptoms.—The general effects of this class of poisons, are an acrid, pungent taste, with more or less bitterness; excessive heat; great dryness of the mouth and throat, with a sense of tightness in it; violent vomiting, and the efforts are continued, even after the stomach is emptied; purging, with great pain in the stomach and bowels; pulse strong, frequent and regular; breathing often quick and difficult; appearance of intoxication, the pupil of the eye frequently dilated; insensibility resembling death, the pulse now becomes slow, and loses its force, and death takes place. If applied externally, many of them produce violent inflammation of the skin with blisters or eruptions of pustules.

Treatment.—If vomiting has been occasioned by the poison, and the efforts are still continued, they may be rendered easy by large draughts of water or thin gruel; but if symptoms of insensibility have come on without vomiting, it ought immediately to be excited by the sulphate of zinc or some other active emetic, and after its operation, a strong purgative should be given. After as much as possible of the poison is got rid of, a very strong infusion of coffee, or vinegar diluted with water, may be given with advantage. Camphor mixed with æther may be taken frequently, and if insensibility be considerable, warmth, frictions, and blisters may be

chabáyá hai. Ek yá do grain iske mashhúr haiñ wáste márdálne ke.

Maqálah.—Maḡsús zaharmohra is ká hanoz daryáft nahin hua, siraf magnesia miláyá huá pání men bakasrat pilá kar qai karáwen. Chúnki rogan aur charbídar chízon se phosphorus gal játá hai liházá un se parhez karáwen.

Shanqáht.

Agar phosphorus ya muḡhrij mawád medeh ko lekar ek bhubhke men ki chonch uskí nál ki niche pání tak rahe hamráh ek ghole hue caustic potash ke josh karen to phosphorated hydrogen gás ban játá hai jis waqt ki wuh satah pání men pahunchtá hai ek sabz shole ke sáth urh játá hai.

IRRITATING SAMÚMIYÁT.

Misl hinzal, kuḡkí, sacmonia, záfrán, cl-terium, sevine, janglí piyáj, usára rewand, aur euphorbium.

Alámatal — Aksar tásírat is qisim ke zahron ki yun hotí haiñ yane char charí tez mazá kam o besh talkhí m'iyat, garmí mutwátir, ḡhushkí-i-dahan o halq mai ma'ca hone subkiyat ke, qai bashiddat átí hai hattá ki medá ḡhálí hone ke ba l bhí qai hí karne ká irádá jári rahtá hai. Dast áte rahtá haiñ mai dard medeh aur antariyon ke. Nabz tez aur baqá'idah rahtí hai. Sáns jald aksar diqqat ke sáth átá hai, súrat madhoshí kí sí ho játí hai, patlí-i-chasm aksar faráḡh ho játí hai aisi hálat men nabz kí táqat záyal ho kar wuh sust parh játí hai aur maut á játí hai. Agar un men se koí badan par lag jáwe to sozish jild paidá kartí haiñ mai áblon aur phunsiyon ke.

Maqálah.—Agar babáis kháne zahar ke qai átí hon aur jí matlána rahe to pání aur pích bakasrat pilákar tiskín den. Agar alámat behoshi bilá qai ke numáyan hon to fauran sulphate of zincyá kísi aur adwíyah tez qaiáwar se qai karáwen, aur baḡd is amal ke ek tez julláb den; baḡd infarág-i-zahar hatul imkán ek tez ḡhisándah qahwá yá sirká ḡapkáe hue pání ke sáth dewen to faidah baḡshegá. Káfúr hamráh æther ke aksar dewen, aur agar behoshí tasauwar ho to senken, málisheñ aur blister lagáwen; agar sozish yá koí aur ḡhatarnák baḡis láhaq howe to un ká iláj mamúli karen.

employed. If inflammation or any other dangerous consequences ensue, they are to be treated in the usual manner.

Remember

That plants whose flowers have five stamens, one pistil, one petal, and whose fruit is of the berry kind, may at once be pronounced as poisonous. The umbelliferous plants which grow in water are mostly poisonous, and such as have the corolla purple and yellow may be suspected of being so.

NARCOTIC POISONS.

Such as belladonna, datura, nux vomica, digitalis, henbane, camphor, opium, cocculus indicus, and tobacco.

Symptoms.—If taken into the stomach, or applied to a wound, occasion stupor, numbness, heaviness in the head, a desire to vomit, slight at first, but afterwards unsupportable, a sort of intoxication, pupils of the eyes dilated, furious or lively delirium, sometimes pain, convulsions of different parts of the body, or palsy of the limbs. The pulse is variable, but at first generally strong and full, the breathing is quick, and there is a great anxiety and dejection, which, if not speedily relieved, soon ends in death. When nux vomica, or its active principle strychnia, has been taken in an overdose, it produces symptoms very similar to lockjaw, but which have a much more rapid progress than either idiopathic or traumatic tetanus, and require the immediate use of the stomach pump to save life. Iodine, chlorine, and bromine have lately been considered antidotes.

Treatment.—The stomach to be well evacuated by giving four or five grains of tartar emetic, or from ten to thirty grains of the sulphate of zinc, and repeating it every quarter of an hour, till the full effect is produced; this may be assisted by tickling the throat with a feather or the finger. Large and strong clysters of soap dissolved in water, or of salt and gruel, should be speedily administered, to clear the bowels, and assist in getting rid of the poison, and active purgatives may be given after the vomiting has ceased. When as much as possible of the poison has been expelled, the patient may drink alternately, a teacupful of strong infusion of coffee, and vinegar diluted with water. If the drowsiness, which

Yaddashí.

Ushjár ki jin ke phul pāñch stamens, ek pistil, ek petal, ke se hote haiñ, aur jin ká phal qism berry ká sá hai weh mashúr zahrílí haiñ. Umbelliferous yan chuttedar ushjár jo ki pání men paidá hote haiñ niháyat zahrílí haiñ, aur maḡhsús jin kí ki rangat corolla, nafarmání aur zard hote haiñ weh bhí waise hí shúmár kiye jáwen.

SAMÚMYÁT MANUSHSHAH.

Misl belladonna, dhatura, nux vomica, digitalis, henbane, kafúr, aphyun, cocculus indicus, aur tambákú.

Alámateñ.—Inko kháne aur zaḡham par lagúne se maḡlúm honá bchoshí, sun-i-jism, bháripān sir ká, tawajjah basu í qai, subkiyat, ibtidá men bháripān, anjám men ek qism ke madhoshí, puttlí-i-chashm faráḡh. Ghazabnák yá tez hizyán, baḡe waqt dard tashannuj, muḡhtalíf atráf-i-badan men, yá maflúje-i-azá maḡlúm detí haiñ, nabz mutabaddil, lekin ibtidá men tez aur pur. Tanaffus-i-jald, baḡe udásí, aur mughmumí. Agar in alámateñ ko fauran tiskín na den to anjám bahalákat hogá, jab ki nax vomica yá uská tez strychnia be andáz kháyá hai to us se alámateñ misl jábrah band ho jáne ke paidá hotí haiñ jo ki jald taraqqí pakar játe haiñ mánind idiopathic yá traumatic tetanus ke se aur matlúb hotá hai fauran amal stomach pamp bacháne ko zíst. Iodine, chlorine aur bromine chand roz se inke zaharmohra bhí tasawwur kiye gae haiñ.

Maḡljah.—Medá ḡhálí karne ke wáste chár yá pañch grain tartar emetic yá das se tís grain tak sulphate of zinc mukarrar o sikarrar pao pao ghante ke bad dewen, hatta ki unká asar paidá ho. Is amal kí ianat ke wáste halq ko bazariāh par yá unglí ke gúd gúdáwen, baḡe aur tez pichkáriyán sábuñ ghule hue pání yá namak aur pích ke bawáste safai-i-uma o bamadad farigh karáne zahar se dewen, aur bad infaráḡh-i-amal qai ke, tez jalláb den. Wab ki hattul-imkán zahar nikal gayá hai tab maríz ko cháh ká piyálá bhará huá ḡhisándah qahwa aur sirká ṡapkayá huá hamráh pání ke piláwen; agar ḡhumárfí joki baḡe waqt ziyádah rahtí hai aur behoshí mai sakta to unká iláj yuñ aur guram ḡhusal se na karen balki ḡhún

is sometimes extreme, and the insensibility bordering on apoplexy, be not remedied by these means, and by the tepid bath, blood may be taken from the jugular vein, blisters may be applied to the neck and legs, and the attention roused by every possible means. If the heat of the body declines, warmth and friction must be perseveringly used.

Vegetable acids are on no account to be given before the poison is expelled, and it is desirable that but little fluid of any kind be given, as it promotes the diffusion and absorption of the poison.

POISONOUS MUSHROOMS.

Symptoms.—Exhilaration of spirits, laughter, vertigo, heat and pain in the stomach and bowels, with vomiting and purging; thirst, convulsions, faintings, pulse small and frequent, delirium, dilated pupil, stupor, cold sweats, and death.

Treatment.—The stomach and bowels to be first cleared out by tartar emetic, followed by frequent doses of glauber's or epsom salts, and large stimulating clysters. After the poison is evacuated, æther may be administered, with small quantities of brandy and water; but if inflammatory symptoms ensue, they must be treated in the usual manner, instead of giving stimulants.

Test.

It is said that when you sprinkle a little salt on the spongy part of the mushroom, if it turns yellow it is poisonous, if black it is wholesome.

POISONOUS FISH.

Symptoms.—In an hour or two, or often in a much shorter time, after stale or poisonous fish has been eaten, a weight at the stomach is felt, with slight vertigo and headache, and a sense of heat about the head and eyes, with considerable thirst, often an eruption of the skin, called "urticaria," and in some cases, death.

Treatment.—An emetic should be speedily given, or in the absence of it, vomiting may be excited, by tickling the throat with a finger, and taking large draughts of warm water. After full vomiting, an active purgative should be given, to remove any of the noxious matter that may have found its way into the bowels.

habl-úl-waríd se leweñ. Blister gardan aur tángon par bándheñ aur tawajjah har ek mumkinát tariq par malhúz rakkheñ agar garmí jism kam ho jáwe to garam senk aur málísh tawátúr amal men láweñ.

Nabatáí tezáb qabalaz nikal jáne zahar ke kisé hálat men bhí na deñ kyonki yih bát zarúr hai ki agar qadre bhí pání kisé tarah ká díyá jáwegá to intashár aur juzbeyat ko ziyádah karegá.

ZAHRÍLÍ KHUMBHÍ YÁ ZAMÍN KÁ PHUL.

Alámaten.—Inkisháf-i-azm, hansí, ghirní, garmí, aur dard medeh aur amá men hotá hai mai qai aur daston ke, tishnagí, tashannuj, ghashí malúm huá karté haiñ, nabz mumtalí tez hizyán farákh honá puttliyon ká, behoshí, sard pasinc ká áná jin se maut wáqa hotí hai.

Maáljah.—Medeh aur rodon ko awwal bazariáh tartar emetic bádhu aksar miqdáron glauber's yá epsom salts aur bare qábiz o muttharrik pichkáriyon se sáf karen bad nikal jáne zahar ke æther hamrah qalíl miqdáron brandy aur pání ke dewen. Agar alámat sozish namudar hon to unká iláj batur mamúli bajáe dene adwiyát muqawwí ke karen.

Shanákh.

Kahte haiñ ki qadre namak agar tar khumbhe par dáleñ aur wuh zard ho jáwe to zahríli hai, agar siyáh ho jáwe to achhí hai.

ZAHRÍLÍ MACHHLÍ.

Alámaten.—Ek yá do ghante yá thori hí der men bad azán bási yá zahríli machhlí kháne ke, giráne i medeh, khafíf ghirni, daurán-i-sir aur malúm honá garmí ká, sir aur ánkhone men mai tishnagí-i-mufrit, aksar ukhar jáná jild ká jis ko urticaria kahte haiñ wáqa ho kar maut á jatí hai.

Maáljah.—Fauran emetic ke sáth qai karáweñ, darsúrat na hone emetic ke garam pání bakasrat piláke aur halaq ko unglí se gud gudá kar qai karáweñ. Bad azán baqhúbí qai ke ek tez julláb bawáste'rafa kharáb medeh ke ki jo rodon men dañhil ho gayá hai dewen. Sirká aur pání bad maáljât mazkúrain piláke amal men á chuká hai

Vinegar and water may be drank after the above remedies have operated, and the body may be sponged over with vinegar and water. Water made very sweet with sugar, to which æther may be added, may be drank freely as a corrective, and a very weak solution of alkali has been recommended to obviate the effects of the poison. If spasms ensue after evacuations, laudanum in large doses is necessary. If inflammation ensues, it is to be treated in the usual manner.

STINGS OF VENOMOUS INSECTS.

Symptoms.—In general the sting of these insects causes only a slight degree of swelling, but occasionally the symptoms are more violent, sickness and fever are produced by the intensity of the pain, leading occasionally even to death.

Treatment.—Hartshorn and oil may be rubbed on the affected part, and a piece of cloth, moistened in the same, or in salt and water, may be kept upon it, till the pain is removed. A few drops of hartshorn may be given in a little water, and a glass or two of wine or brandy and water may be taken. Immediate relief has been known by making a paste with ipecacuanha powder and water, and laying it on the part for some time. Should inflammation ensue, it is to be subdued in the usual manner.

CANTHARIDES AND THE TELINI FLY.

Symptoms.—Nauseous odour of the breath, acrid taste, burning heat in the throat, stomach and bowels; frequent vomiting, often bloody, with copious bloody stools, excruciating pain in the stomach, painful and obstinate priapism, with heat in the bladder, and strangury or retention of urine, frightful convulsions and death.

Treatment.—Vomiting to be excited by drinking sweet oil, sugar and water, milk, or linseed tea, very freely. Emollient clysters should be administered, and if symptoms of inflammation of the stomach, kidneys, or bladder should come on, they must be subdued promptly in the usual manner. Camphor dissolved in oil, may be rubbed over the abdomen, and on the thighs, and the warm bath should be given.

piláweṅ aur jism ko sirke aur pání se nam karen. Pání shakar se niháyat shirin kar ke us meṅ æther miláke baḡhúbí piláyá jáwe jaisá ki musleh aur ek halke solution alkali kí bhí ijázat hai wáste rokne tásírát zahar ke. Agar daston ke baḡ maroṛá bhí ho to baṛe miqdáron meṅ laudanum ká dená zarúr hai. Agar sozish paidá ho jáwe to iláj us ká maṃúlí karen.

NESH ZAHRÍLE KIRON KÁ.

Alámaten.—Amúman nesh in kiron ká siraf ek ḡhafíf si sujan paidá kartá hai, magar baṛe auqát alámat ziyádatar shadíd hote hain. Basabab shiddat dard ke kusal mánde tabiyat aur tap paidá hotí hai jisse baṛ auqát maut wáqa hotí hai.

Maáljah.—Hiran ká síng aur tel muqám-i-nesh par lagáya jáwe, aur ek tukrá kapṛe ká us meṅ yá namak aur pání meṅ tar karke ta rafa hone dard ke us muqám par rakkhá jáwe, chand qatraḡ sháḡháhú ke qadre pání meṅ dí jáweṅ, aur ek yá do glass sharáb ke yá brandy aur pání ke piláe jáweṅ; baṛá faidah maḡlúm huá hai ipecacuanha piṣe hue aur pání se poultice banákar muqám-i-nesh par kuch der rakhne se. Agar sozish wáqa ho to dafiya us ká bataur maṃúlí amal meṅ áwe.

CANTHARIDES AUR TELINÍ MAKKHÍ.

Alámaten.—Makrúh bú dam ke sáth talḡhí záiqá, jalan-i-halaq, medeh aur rodon ke, dambadam áná qai ká, aksar maḡ ḡhún ke sáth baṛe baṛe daston lahú ke, dard medeh pechish ke sáth, pur dard aur shadíd istádḡí maḡ garmí-i-masána ke, habas-ul-bol, haulnák shannuj, aur á jáná maut ká.

Maáljah.—Míṡhe tel shakkar aur pání, dúdh, alsí kí cháh piláne se bakasrat qai karáweṅ, mulayyan pichkáriyán istamál meṅ láweṅ. Agar alámát sozish-i-medeh gurdah aur masánah kí páí jáweṅ, to dafiya unká bajaldí tamám bataur maṃúlí karen, káfúr tel meṅ hal karke peṡ aur ránon par malen, aur garam pání meṅ biṡháweṅ.

BITES OF POISONOUS SERPENTS.

Symptoms.—A sharp pain in the wounded part, which extends over the limb or body: great swelling; at first hard and pale, then reddish, livid, and gangrenous in appearance; fainting, vomiting, convulsions, and sometimes jaundice; pulse small, frequent and irregular; breathing difficult, cold sweats, the sight fails, and the intellectual faculties are deranged. Inflammation and often extensive suppuration and gangrene, followed by death.

Treatment.—A moderately tight ligature to be applied above the bite; next let the bitten part be removed with the knife, and the wound allowed to bleed, after being well washed with warm water. The actual cauter, caustic, or the butter of antimony may then be applied freely to it and afterwards covered with lint dipped in equal parts of olive oil and spirits of hartshorn. The ligature to be removed if the inflammation be very considerable. Warm diluting drinks, and small doses of ammonia or hartshorn to cause perspiration; the patient to be well covered in bed, and a little warm wine given occasionally. If gangrene be threatened, wine may be given more freely combined with quinine. Arsenic has been strongly recommended. The application of the cupping glass immediately after the bite, or sucking the wound, might be very serviceable.

Observe.

Poisonous snakes have tubular fangs, but only one row of teeth on each side of the upper jaw, while the innocent tribe have two.

TREATMENT OF DROWNED PERSONS.

Commence inflating the lungs immediately after the body is out of the water, and continue perseveringly as long as it retains any warmth, and while the limbs are flexible. Press back the larynx, close both nostrils, and blow forcibly your own breath into the lungs through the corner of a handkerchief, which you have laid over the mouth; as soon as you can procure a pair of bellows, close the mouth and one nostril, and blow through the other, still press-

KÁTNA ZAHRÍLE SÁNPOŃ KÁ.

AlámateŃ.—Dard shadíd muqám zaḡhmoŃ meŃ hotá hai, aur wuh tamám uzv ya jism meŃ jald phail játá hai. Sújan bakasrat ibtidá meŃ saḡht aur zard, baḡizán surḡh aur nílá, aur saḡan záhiran ma-lúm detí hai, ḡhisván, qai, tashannuj aur baḡ auqát yarqán hotí hai. Nabz bárík, mutharrik aur beqáidah ho játí hai, tanaffus dushwár aur sard pasína átá hai, quwwat básirah záil ho játí hai, aur hosh-ohawás meŃ farq á játá hai, sozish aur aksar baifrát áná rím ká, aur saḡan ho kar iske baḡ ádmí mar játá hai.

Maáljah.—Jis jagah sánp ne kátá ho uske úpar ek band baḡtidál kheŃch kar bándhá jáwe, aur baḡ izán wuh muqám chhurí se kát diyá jáwe, aur baḡhú zaḡhm ko baḡhúbí garam pání se dho kar us meŃ se ḡhún járí rahne deŃ; baḡ iske dáḡh caustic, makkhan antimony ká us par lagáyá jáwe, aur baḡ izán lint roḡhan zaitún aur muqattar sharáb hiran ke síŃg ke hamwazan meŃ bliḡokar us muqám par rakkheŃ. Agar sozish bahut ho to bandish ko mauqúf kareŃ, ashrubah garam aur muḡhtisir maütádeŃ ammonia yá hiran ká síŃg wáste pasína láne ke deweŃ, aur maríz ko bistar par achchhí tarah kaproŃ se dhánkeŃ, aur kabhí kabhí thoḡí garam sharáb deŃ. Agar saḡan ká andesha ho to sharáb ko quinine meŃ milákar bakasrat piláweŃ. SaŃkhiyá balki niháyat munásib tajwíz kiyá gayá hai, lagáná bharí huí síŃgion ká bafaur kátne sánp ke yá chúsná zaḡhm ká bahut mufid hogá.

Tahqíqát.

Zahríle sánpoŃ ke dáŃt misl nalí ke hote haiŃ, magar sirf ek qatár úpar ke jabroŃ meŃ, jo ki ḡharíb qaum sánpoŃ ke har do jánib hote haiŃ.

MAÁLJAH DÚBE HUE ASHḡHÁSON KÁ.

Dam ká phúlná pheŃpre meŃ shurú ho játá hai baḡ nikalne nash ke pání se báhar, aur tawátúr járí rahtá hai kisí tarah kí garmí pahunche tak aur azáe us ke qábil jumbish rahtí haiŃ. Larynx yaŃe kág ko piche ko dabá kar donoŃ nathnoŃ ko bhínch kar apne sáŃs ko bazaur andar pheŃproŃ ke ek rúmál ká koná uske muŃh par rakh ke pahuncháweŃ. Jis qadar jald ho sake ek joḡá dhaunkniyoŃ ká baham pahunchákar muŃh aur ek taraf ke nathne ko bhínchkar

ing back the larynx or wind-pipe. Having distended the lungs fully, press on the chest, so as to empty the lungs; do this alternately, imitating natural respiration. Remove the neckcloth, *cut off* the wet clothes, rub the body dry, apply dry heat in every possible way, such as hot sand or bricks, bottles of boiling water, &c., as soon as you can get the body into a house, carrying it on a door or plank of wood, with the head raised. If the glottis be spasmodically closed, you must use the tracheal tube to inflate it, and if oxygen gas could be procured, it would be more efficient. Stimulants may be got into the stomach, by means of a flexible tube, till the person can swallow. Clysters of mustard with salt or brandy and water may be thrown up. Bleeding cautiously might relieve the congestion on the right side of the heart. Electricity might be tried, passing gentle shocks through the heart, the body being insulated, by placing it on a shutter or door, supported by quart bottles, perfectly dry on the outside. Frictions are of doubtful efficacy, if they urge venous blood on to the heart, which is already oppressed. Tracheotomy may be performed, if other means fail in distending the lungs. Tobacco in any form is very injurious.

TREATMENT OF PERSONS SUFFOCATED BY CARBONIC ACID GAS, HYDROGEN OR NITROGEN GAS, EXHALATIONS FROM PRIVIES, &c.

If the body retains its heat, expose it to the air, and dash cold water over the head, neck and breasts. The lungs should be inflated, the nostrils stimulated, and if the veins of the neck appear full, some blood may be removed from them. If the temperature of the body be below the natural standard, heat must be applied instead of cold. Frictions may also be useful.

TREATMENT OF STILL-BORN CHILDREN.

The lungs must be perseveringly inflated by means of a quill, or a small female catheter; the heat kept up by the application of warm flannels, or immersion in warm water. Stimulants may be applied to the nose and pit of the stomach, and gentle friction

dूसरे में से पहुँके, मगर कौं यँ सँसँ अँनँवँली नँली कौ पँचहे कौ हँतँकर. पँहँपँरे कौ तँमँमँ ० कँमँल पँहुलँकर बँवँस्ते कँहँली कँरने पँहँपँरँ के चँहँतँी कौ दँबँवँने. यँहँ अँमँल मुकँरर ० सँकरर वँस्ते अँदर जँने असँली सँसँ के कँरने. गुलुबँद कँहल दँले, तर कँपँरे कँतँदँले, कँहुशुक बँदन कौ मँले. कँहुशुक चँसेन गँरम कँ हँु मँसल गँरम रँत, यँ इँतेनँ अँर बँतलेनँ जँशँदँह पँनी वँघँरँह के से जँस वँक़त के नँश कौ गँहँर मँने ले जँवँने उसँी वँक़त बँदन पँर लँगँवँने. उँसकु कँसँी कँवर यँ लँक़री के तँक़ते पँर सर उँचँहँ करके ले जँवँने. अँगर ग्लँttis अँक़रँहँत से बँद हँ जँवे तँ तुम कौ लँजँम हँी कँी तँracheal नँलक़हँरे से उँस कौ पँहुँके. अँर जँ ० oxygen gas मँयँassir अँवे तँ कँहुँब मुफँद हँी. Mutharrík चँसेन बँzariyah lachak-dár नँली के मेदेह मँने पँहुँचँवँने जँब तँक कँी ádmi नँगँल सँके, पँchkáryán rái kँी हँmrah-i-namak यँ brandy अँर पँनी के देनी चँhíyene. Fasd báhoshyári kँरने जँस से कँी itráf-i-dahní तरáf díl कौ árám पँहुँचे. Electricity kँá bhí imtáhn bázariyah kँháfíf sadmen पँहुँचँने से díl कौ कँरने, jism कौ árasteh करके यँने ek kíwár पँर रँक़ के बँtलेनँ kँá sahára देकर बेरुनी बँदन कौ कँहुँब कँहुशुक कर देनँ. Málíshon मँने shubáh हँी tásír करके kँá, agarchi वे तँhrík detí हँीनँ ragon के कँhún कौ dílके जँ कँी abhí tháhár gáyá हँी. Tracheotomy अँमँल कँरने अँगर कँसँी अँर तँur से ná pँhulene. Tambákú báhár noñ muzir हँी.

MAÁLJAH UN SHAKHSON KÁ JIN KÁ KI DAM RUK GAYÁ HAI CARBONIC ACID GAS, HYDROGEN YÁ NITROGEN GAS, EXHALATIONS PAKHÁNE WAĞHAIRAH SE.

अँगर jism मँने कँसँी un chizon मँने कँी garmí हँी तँ हँwá मँने rakkhen अँर thánde पँनी के तररे सर अँर sínah पँर देनँ. पँहँपँरे pँhule húe hon, nathne jarí hon, अँर अँगर ragen gárdan kँी pur málum hon तँ qadre kँhún un मँने से लेवेनँ. अँगरचँी garmí í jism bamujib itadal mízáj के कम हँ तँ bájái sardí के garmí lagáwene. Málíshen bhí mufid hongí.

MAÁLJAH SISAKTE BACHCHE PAIDÁ HONE KÁ.

Lázim हँी कँी पँहँpँrón कौ mutwátir pँhuláwene bázariyah पँर यँ चँhote zánáne cathéter से, bázariyah garam pँtuon यँ garam pání मँने g'hote lagáne से garm rakkhen. Mutharrík चँसेन nák अँर qar मेदेह पँर lagái jáwene, अँर kँháfíf málíshen bhí kँरने, yíh iláj pánch यँ

should be used. These remedies should be continued for five or six hours.

TREATMENT OF PERSONS STRUCK BY LIGHTNING.

Inflate the lungs as soon as possible, apply stimulants, more particularly *gentle* electrical shocks passed through the chest and along the spine; keep up the temperature of the body by external heat, and get warm cordials into the stomach, by means of the stomach-pump.

TREATMENT OF PERSONS WHO HAVE BEEN EXPOSED TO INTENSE COLD.

First use gentle friction with snow or ice water, or if these cannot be procured, the cold bath may be used, and whilst the person remains in it, small quantities of warm water must be added very slowly, so as to increase the heat gradually. The lungs are to be inflated. Warm wine, or any other warm fluid to be given, very cautiously at first, and solid food must not be given for many hours after recovery.

TREATMENT OF PERSONS HANGED.

Remove the ligature as soon as possible, and act as if it was a drowned person, with the exception in this case of opening the jugular vein, and removing if possible six or eight ounces of blood. Death is caused rather by suffocation than by apoplexy; therefore, the lungs should be supplied with air without delay.

TREATMENT OF PERSONS LABOURING UNDER THE EFFECTS OF LARGE QUANTITIES OF ALCOHOL, BRANDY, WINES, AND ALL SPIRITUOUS LIQUORS.

Symptoms.—Intoxication, and when taken too freely, complete insensibility, with apoplexy or paralysis of one side: the countenance is swollen, and of a dark red colour; the breathing is difficult, and often stertorous, with a peculiar puffing out of the lips; the breath smells of liquor, which will distinguish the symptoms from those of spontaneous apoplexy. If the pupils of the eyes are dilated and fixed, recovery seldom takes place.

chhah 'ghante tak jári rakkhen.

MAĀLJAH BIJLÍ ZADAH KÁ.

Phenpron ko phupkná cháhiye aisá jaldi jaisá ki mumkin ; muthar-rik chízen lagání cháhiyen, maḡhsús ḡhaffí electrical sadma guzárne cháhiyen chhátí aur darbáb sulb ke, garmí jism kí bachání cháhiye bazariḡh beruní garmí ke, aur garam mufarraḡh-ul-qalb chízen ba-wasíle stomach-pump ke medeh men pahuncháwen.

MAĀLJAH SURDÍ ZADEH KÁ.

Ibtidá men baraf yá baraf ke pání se málísh karen ; agar yih báham ná pahuche to sard pání men biḡháwen. Asnái is amal ke qadre, qadre garam pání bawáste ziyádah karne garmí ke áhiste áhiste miláte rahen, phenpron ko phuláte rahen. Garam sharáb yá koí aur garam raqíq chíz bhí dete rahen bahut ḡhahardárfí se ibtidá men, aur saḡht ḡhizá achche hone ke baḡd kitneḡhí ḡhanton ke na den.

MAĀLJAH PHÁNSÍ YÁFTAḡH KÁ.

Bandish ko fauran dúr karke wuhí amal kám men láwen jaisá ki dúbe hue ádmí ká; maḡhsús is hálat men habl-ul-warfd kholkar chhah yá áḡh ounce ḡhún lewen, maut láhaḡ hotí hai ziyádahtar dam ḡhuchne se, banisbat sakta kí liházá phenpron ke bilá támul hawá pahuncháwen.

MAĀLJAH MARÍZÁN MOASSARAH BEANDÁZ ALKO- HOL, BRANDY, SHARÁBEN, AUR TAMÁM MUQÁTTIRAT SHARÁBON KE.

Alámaten.—Madhoshí hotí hai aur jab kí bakasrat piye hain bilkul behoshí ho játi hai maḡ sakteh yá fálij kísf ek itráf ke. Chehrah suj játa hai aur siyáḡhí chhá játi hai. Diḡqat-i-tanaffus aur aksar stertorous yané kharkhara sáth ek maḡhsús bhambhráḡh hoḡton ke. Sáns men se sharáb kí si bu áti hai jise kí tamís ḡhudrau paidá hone sakteh kí hogí. Agar putlí-i-chashm faráḡh aur baiḡh jáwen to shafá páná sház hai.

Treatment.—A powerful emetic of sulphate of zinc or tartar emetic should be got into the stomach as soon as possible, and if the person has lost the power of swallowing, a flexible catheter or tube, should be the means of conveying it there. The vomiting should be encouraged as much as possible with warm water; and large active clysters of salt and water should be thrown up. The patient should be placed erect, and if the countenance and other appearances are not improved after these means have been used, the jugular vein may be opened, and cold wet clothes applied to the head, particularly if the body is hotter than natural. If the extremities become cold, warmth and friction should be perseveringly used.

Madījah.—Ek tez qai sulphate of zinc yá tartar emetic fauran medeh men pahunchákar karáwen, aur agar táqat nigalne kí na ho to bazariyah lachakdár cathíter yá nalí ke wahán tak pahuncháwen. Bawáste íanat qai ke garam pání jittá kí ho sake piláwen, aur bare tez namak aur pání ki pichkariyán den. Maríz ko sídhá biñháwen, aur agar chehre par in amaliyát se dalálat behtarí kí ná daryáft ho to fasd habl-ul-waríd kí len aur sard pání men tar kiyá huá kaprá sir par lagáwen maḡsús us hálat men kí garmí-i-jism ziyádah hai nisbat asal ke. Agar dast o pá sard ho gae hain to senk aur málísh ká istamál karen.

PART V.
ON
DOMESTIC SURGERY.

BA'B PANJAM.

DAR BA'B NASARJARI', YANE JARRA'HI' KE.

PART V.
ON
DOMESTIC SURGERY.

Question.—How is blood-letting generally effected ?

Answer.—Either by leeches, cupping or the lancet.

Q.—Which method on the whole has the advantage ?

A.—Cupping, because a certain quantity of blood can be obtained very quickly, and without exhausting the patient, and from any particular part whence it is desirable to be drawn.

Q.—When leeches come off, how is the bleeding to be encouraged ?

A.—By first sponging off any clotted blood there may be, and then covering the part with a warm bread and water poultice, which is to be changed every half hour, so long as you wish the blood to flow.

Q.—If a leech-bite should bleed for many hours, and the usual remedies fail in stopping it, what should you do ?

A.—Thrust a moderate size, thin needle into the skin, on one side of the bite, and bring its point out well on the other side; a piece of strong silk or thread is then to be tied or wound round it beneath the two ends of the needle; this generally stops the bleeding. After three or four days the thread may be cut, and the needle very carefully removed.

Q.—Should this however not stop the bleeding what should you then do ?

A.—Thrust into the bottom of the wound a bit of thin iron wire heated white hot, which has seldom been known to fail to stop the bleeding.

Q.—If the usual cupping instruments are not at hand what substitute would answer ?

A.—A small tumbler or tea-cup, a bit of lighted tow or paper, and a sharp razor or pen-knife ?

Q.—How is the operation to be performed ?

BÁB PANJAM.

DAR BA'B NASARJARI, YANE JARRA'HI KE.

Sawál.—Aksar *khún* kistaur se nikálte haiñ ?

Jawáb.—Jonkon se, yá *singí* lagáneñ se, yá nashtar lagáne se.

S.—Sab men *kaunsi* tarkib mufid hai ?

J.—*Singí* mufid hai, isliye ki jis qadar *khún* nikálná matlúb hois ki zariyai se jald nikal saktá hai, aur istaur se *khún* nikálne se bímár kamzor bhí nahín ho játá hai, aur jis muqám se *khún* nikálná manzúr hai wahín se nikal saktá hai.

S.—Jab jonken gir paren to ijrâe *khún* kistaur se jári rakkha jáwe.

J.—Awal jo jama huá *khún* ho us ko sponge se sáf kare, bádhú garam poultice rotí aur pání ke banákar usí muqám par bándh dewe, aur jab tak nikálná *khún* ká matlúb ho us waqt ádh ádh ghanṭe men us poultice ko badaltá rahe.

S.—Agar jonk ki *ḍank* se bahut arse tak *khún* jári rahe, aur mamúlí tadbíron se wuh *khún* band na howe to kyá iláj kare ?

J.—Jonk ki *ḍank* lagne ke muqám ki ek taraf se jild men ek miyání báriki súi ghusá de, aur dúsrí taraf so uská sirá nikále, us waqt mazbút reshám, yá *ḍore* súi ke donon sira ki niche se bandhe yá lapete, aksar is tadbír se *khún* ruk játá hai, bad tîn chár roz ke wuh *ḍorá* káṭ diyá jáwe, aur súi baihtiyát nikálí jáwe.

S.—Agar is tadbír se bhí *khún* na thambhe to kyá tajwíz amal men áwe ?

J.—Zakham ki niche ek báriki tár lohe ká is qadar garam kar ke ki wuh sufed ho jáwe wuh tár us men ghusá diyá jáwe, yih tadbír bahut kam *khún* ki rokneñ men kásir hotí hai.

S.—Agar *singí* lagáne ki mamúlí álát maujúd na howen to us kí jagah kyá tadbír, aur kis chíz se kám líyá jáwe ?

J.—Ek chhotá sá ábkhora yá piyálah cháh ká aur ek tukrú jalte hue san yá kágaz ká, aur ek tez ustarah yá kalam tarásh.

S.—In chízon se kyunkar *khún* nikálá jáwe.

A.—The lighted tow or paper is to be placed in the tumbler or tea-cup, and when warm, and the air rarified, it is to be turned down on the skin; when the skin so covered becomes red or purple from the congested blood, the cup must be taken off, and the skin scarified with the razor or knife, after which the cup or tumbler is to be put on again as at first and renewed according to the quantity of blood required.

Q.—Where is bleeding with a lancet commonly performed?

A.—At the bend of the elbow, and sometimes, though very seldom, on the top of the foot.

Q.—Is there any danger to an unpractised person in bleeding at the elbow?

A.—Yes, very great danger of wounding an artery at the time of opening the vein.

Q.—How do the veins of the arm generally run?

A.—Along the arm, and upon its outside, runs a large vein from the root of the thumb up to the shoulder; and on its inner side another of equal size from the little finger into the arm above the elbow. A third vein of nearly equal size makes its appearance at the top of the forearm, just below the elbow, and very soon divides into a fork, one branch of which turns to the inner vein, and the other into the outer vein just above the bend of the joint.

Q.—Which is the proper vein to be opened?

A.—The outer branch of the middle vein.

Q.—Before opening this vein, what should you always do?

A.—Put the point of my finger on it and ascertain if there should be an artery under it, which may be known by its pulsation; should there be an artery there, and no other vein visible, I must then open it with the greatest caution.

Q.—Why should you not bleed in the inner branch of the middle vein?

A.—Because the great artery of the arm runs close behind it generally.

Q.—How would you proceed to open a vein at the bend of the arm?

J.—Jaltá huá san yá kágaz us ábkhórah yá piyáláh cháh men rakhe, jis waqt wuh bartan garam ho jáwe aur us ke andar kí hawá latíf ho jáwe us waqt us bartan ko jiam par ulaṭ de, jis waqt ki us ke andar kí khál surkh yá argawání basabab congested blood yané munjamid hone khún ki ho jáwe us waqt wuh bartan utár liyá jáwe aur us tarah yá qalam tarásh se khál men shigáf diyá jáwe, bád us ke piyáláh yá ábkhórá badastúr sábiq phir dhánp diyá jáwe, aur isí tarah mutwátir kartá rahe, jab ki khún bamiqdár matlubah nikal jáwe.

S.—Kis muqám par khún bazariáh nashtar nikálte hai.

J.—Kohne ke kham par se, aur panjah ke panw ke upar se agar-chi yahán ká khún bahut kam nikálá játá hai.

S.—Agar koí fasd lene men muhárat na rakhtá ho wuh shaḡhs kohní par fasd lewe to kuch jáe andeshá to nahin hai?

J.—Albattah bahut andeshá hai ki shayad barwaqtlagáne nashtar ke rag par kahin shiryán par zaḡham na ho jáwe.

S.—Ragen kis tarah se wáqa hai?

J.—Báñh ke upar se niche tak aur báhir kí taraf báñh ke ek baṛí rag anguṭhe kí jaṛ se kandhe tak hai, aur báñh ke andar kí taraf ek aur rag usí qadar baṛí angúsht khinsar se kohní tak hai, aur ek tísrí rag tákhmínan usí qadar bare aur agle háth ke upar kohní ke niche hí namúdar hai, aur wahán se age uskí do sháḡh ho gain hai, ek sháḡh to andar kí rag kí taraf aur dúsrí basimt báhir kí rag ke upar us muqám ke, ki jahán ká joṛ wáqa hai.

S.—Kaunsi rag ká kholná wájb hai?

J.—Bích kí rag ke bahar kí sháḡh ko kholá jáwe.

S.—Qabal az kholne is rag ke kyá kíyá jáwe?

J.—Apní unglí ke sire ko us rag par rakkhe aur daryáft kare ki us ke niche koí shiryán bhí hai, honá shiryán ká bazariáh harkat us shiryán ke tamíz ho saktá hai, agar wahán shiryán maujúd ho aur koí dúsrí rag wahán záhir howe, us súrat men baahitiyát tamám us rag men fasd li jáwe.

S.—Bích kí rag ke andar kí sháḡh men fasd kyun nahin kholte?

J.—Is liye ki báñh kí baṛí shiryán báñh men upar se niche tak aksar píchhe us rag ke wáqa hotí hai.

S.—Jis muqám par kí báñh men kham waqa hai, wahán kí fasd kyunkar kholí jáwe?

A.—I should take a piece of broad tape or ribbon, and turn it twice round the arm, a hand's breadth above the elbow, and tie its ends in a bow knot, so that I might easily loosen it.

Q.—What is the object of thus binding the arm ?

A.—To prevent the return of the blood, and make the veins swell, and jut well up.

Q.—Having applied the bandage, what else would you do ?

A.—I should take hold of the forearm, and apply the palm of my left hand and fingers just below the elbow, and pass my thumb over the outside, so that its tip might lie upon the vein to be opened, and by slightly pressing prevent its rolling. I should then hold the lancet between the thumb and forefinger of the right hand, turning its scales or covering forwards, to be out of the way. My other three fingers of the right hand are then to be gathered together, and rested on or near the left thumb, so as to form a rest for the forefinger and thumb holding the lancet, the point of which being brought down to the skin, is made to pierce it and the vein together, with a swinging motion upwards, upon which the blood would immediately flow out.

Q.—When the required quantity of blood is taken, what would you do ?

A.—Untie the tape, cleanse the wound with a sponge of any blood, and fasten a pad of folded cloth three or four times doubled over it with a bandage in shape of a figure of 8, taking care not to tie it too fast.

Q.—What objection is there to fastening the bandage very tight ?

A.—The blood could not pass through the unwounded veins which would swell, and the blood would then burst open the vein that had been closed.

Q.—If you wanted to open a vein in the foot, how would you proceed ?

A.—I should tie a garter tightly round the leg, immediately below the knee, and when the veins had swollen I should open the largest of them on the top of the foot, making the incision lengthways.

Q.—When you had taken sufficient blood from your patient, how would you stop the bleeding ?

J.—Ek tukrā chaurē niwāār yā fite kā lekar bānh meṇ aurek háth ke fásle par upar kí taraf niche ko do pher dekar bāndhá jáwe, aur us ke donoṇ sire par ek girah bonoṭ yanē deṛh girah lagáí jáwe táki baásáni dhíli ho sake.

S.—Is tarah bānh ke bāndhne se kyá fáidā hai ?

J.—Táki khún ulaṭ kar na jáwe, aur rag phul na jáwe, aur khún achchhí tarah se nikle.

S.—Bad bāndhne is band ke phir kyá kíyá jáwe ?

J.—Agle háth ko pakarle aur báen háth kí hathelí aur ungalíyān mīche kohní ke lagá de, aur angúṭhe se báhar kí taraf dabáwe, is taur se ki uská sirá us rag par wáqa howe ki jis ká kholná manzúr hai aur zará us ko dabá de ki us muqám par se dhalak na jáwe, us waqt dahne háth meṇ darmiyān angúṭhe aur angusht shabbábe se nashtar ko pakre aur us kí donoṇ dhakne ko donoṇ taraf se khol de aur báqí tīn ungalíyān dahne háth kí jama karke úpar yā nazdík báen háth ke anguṭhe ke lagáí jáweṇ, yá ki angusht shabbábe aur anguṭhe ke wáste ki us meṇ nashtar hotá hai sahará ho jáwe aur us nashtar kí nok pás post ke lákar us post aur rag ko ek hí dafāh shigáf diyá jáwe aur upar kí taraf us nashtar ko harkat dekar nikále, táki khún jald nikalne lage.

S.—Jab kí khún bamiqdār matlúbāh nikal áwe us waqt kyá kíyá jáwe ?

J.—Us fite ko khol dále aur sponge se khún jo lagá ho sáf kare aurek gaddí meṇ chār tah kapre kí kar ke ek patṭí se bashakl hindse angrezí áṭh ke us jagah par bāndhe, magar ihtiyat rakkhe ki bahut khinch kar na bandhe.

S.—Us patṭí ko zor se bāndhne meṇ kyá haraj hai ?

J.—Táki khún unhiṇ ragon meṇ na utr jáwe jin ko shigáf nahin diyá gayá, wuh ragen phul jáwengí aur is sabab se khún us rag ko jo band kí gai hai phir pháṛ degá.

S.—Agar kholná fásd ká paṇw meṇ markúz ho to kyá kíyá jáwe ?

J.—Rān ke niche ek patṭí khinch kar táng meṇ bāndhí jáwe, aur jab ragen phul jáweṇ to us waqt sab se barí rag jo paṇw ke upar ho us meṇ nashtar lagáyá jáwe magar shigáf lambáí meṇ diyá jáwe.

S.—Jab kí bímār ká khún hasb miqdār zarúrí nikal jáwe us waqt khún kistarāh band kíyá jáwe ?

A.—I should take the garter off, let my patient lie down at full length, and close the wound with a pad of lint and a strip of sticking plaster.

HOW TO PUT ON A ROLLER OR BANDAGE.

Question.—How would you roll a leg ?

Answer.—I would take a single headed roller in my right hand holding its circumference between my thumb and fingers, and lay its loose end on the top of the foot at the root of the toes, and fix it there with the thumb of the left hand, whilst the roller itself is carried beneath the sole and round the foot, and twice or thrice round in the same place till it gets a hold on the foot. The roller is then to be turned round and round the foot towards the heel, each turn half covering the former one, and as the roller passes beneath the foot, I take it from the right to the left hand, and then as it passes over the foot, from the left to the right hand again. Having arrived at the instep, I now carry the roller round the ankle, make it descend to the opposite side of the foot from which it had been brought, pass it beneath the sole, and then carry it round the ankle again. The roller is then to be turned round the leg, each turn half covering the former, and delivered from hand to hand alternately, from within to without, or from without to within, according to which leg I may be rolling. This is to be continued till I reach the calf of the leg, when the bandage must be reversed to make it lay flat.

HOW TO ROLL THE THIGH.

This is merely continuing to roll spirally from above the knee to the groins, having reached which the two or three last turns must be tacked together, and then a turn or two made round the hips, and these tacked to the roller on the thigh, so as to prevent it slipping down.

HOW TO ROLL THE FORE-ARM ALONE, OR THE UPPER ARM ALSO.

It is generally only begun at the wrist, and rolled upwards, but if the fingers and hand become puffy and uneasy, as they some-

J.—Us pattī ko khol dīyá jáwe, aur bfmár ko páñw phailáke litá dīyá jáwe, aur zaḡham ko bazariāh ek gaddī lint kapre kí aur ek pháah marham sticking plaster kí bándh dīyá jáwe.

TARKÍB BÁNDHNE ROLLER YÁ PATTÍ KÍ.

S.—Táng par kis tarah roller bándhen ?

J.—Ek roller ki jis ká ek sirah khulá ho dáhne háth men pakre aur us ke guláí ko angúthe aur unglíyon ke bích thámbe aur uská khulá huá sirá páñw ke úpar ungúthe kí jaḡ men lagá de us waqt us ko bín háth ke ungúthe se us maqám par saháre, aur us roller ko talwe ke niche aur páñw ke gird le jáwe aur usí tarah do tín lapet usí jagah men dewe jab tak ki páñw wuh roller khub mazbút pakaḡ le baḡ uske us roller ko airi kí taraf se páñw par kaí lapet dekar bándhe, is tarah ki har lapet men pahlá lapet ádhá dabtá jáwe, aur jab kí roller páñw ke niche se guzre us ko dáhní taraf se baín taraf le jáwe, aur jab ki páñw ke úpar ko áwe us waqt baín se dáhní taraf ko phir pahuncháwe, us roller ko pushtqadam par pahunchákar takhneḡ ke gird le jáwe aur páñw ke sámne kí taraf se utáre, jahán se ki us ko pahle nikálá thá, baḡhú talwe ke niche se nikál kar phir takne par lapete, baḡ us ke us roller ko táng ke gird lapete is tarah ki har lapet men pahlá lapet ádhá dab jáwe, aur ek háth se dústre háth men bári bári andar kí taraf se báhar kí taraf yá báhar kí taraf se andar kí taraf mutábīq mauḡa táng ke, ki jis par roller bándhá jáwe us ko chhortá rahe, aur isí tarah lapettá rahe, jab ki táng kí pindlí tak pahunche, wahán se us pattí ko ulaḡkar us ko barábar milákar bándh dewe.

TARKÍB BÁNDHNE ROLLER KÍ JÁNG MEN.

Siraf pech dar pech ghutne ke úpar se us roller ko groin yáne jangáse tak bándhtá chalá jáwe, aur jab wahán pahunche do tín lapet pichhle tank dewe, aur ek do lapet kúleh par bándhe, aur un ko roller ke sáth jáng men táng dewe táki wuh niche ko ná phisál jáwe.

TARKÍB ROLL BÁNDHNE KÍ UNGLÍ PAR YA ÚPAR KÍ BANH PAR.

Bandish is kí aksar háth kí kaláí se shurú hokar úpar ko chale hai, magar jo unglíyán aur háth phúl jáweḡ aur dard hone lage ki

times do, it will be necessary to roll each finger separately with a narrow bandage, and then roll the hand itself to the wrist, after which the arm must be rolled as directed.

HOW TO ROLL THE BELLY OR CHEST.

A flannel bandage is generally used, about two hands breadth, and six yards long. The roller is put on spirally up and down till it be exhausted. It is best to tack it through the first two or three rolls before proceeding further, otherwise the bandage soon gets loose.

Question.—What form of bandage would you employ to keep a poultice on in cases of fistula, or a sore in the groin?

Answer.—A bandage formed in the shape of the letter T

Q.—How would you apply it?

A.—That part of the bandage answering to the head of the letter forms a belt, which ties round the belly immediately above the hips, and should be made of linen a hand's breadth wide. The stem of the letter is formed by a piece of linen double the width of the former, and sewn by one end to its middle, so that it lies against the loins. This piece should be of sufficient length, that it may be brought forwards, and upwards, between the legs, to the front of the belt, over which its loose end is to be turned, and being split a little way down, the two loose ends thus made may be brought forwards and tied, or it may be sewn to the belt without splitting. If with this bandage a poultice has to be confined on the groin, the tail piece must be inclined to that side, and fastened to the belt as may be necessary.

THE MANY-TAILED BANDAGE.

Question.—Describe the composition of a many-tailed bandage and its use?

Answer.—This bandage is made of linen, and consists of one long band of roller, width three inches, across which transverse pieces of the same width, but of sufficient length for their ends to overlap each other after surrounding the limb, are laid, one-half covering the other, and, thus placed, are sewn at their middle, to

báze auqát aisá ittafáq hotá hai us súrát men har ek unglí men judí judí kamchaurí paṭṭí bándhí jáwe aur bádhú háth par kaláí tak roll bándhá jáwe aur niche se bāṅh par hasb hidāet mazkúreh bálá roll bándhá jáwe.

TARKÍB PEṬ YA' CHHATÍ PAR ROLL BĀNDHNE KÍ.

Is kám men flannel kí paṭṭí do háth chaurí aur chhah gaz lambí aksar kám átí hai, roller ko úpar aur niche pech dar pech bándhte haiṅ. Jab tak ki sárá lipaṭ jáwe munásib yih hai ki do yá tīn lapaṭ dekar us ko ṭánk dyá jáwe, warne wuh bandish jald dhíli ho játí hai.

S.—Kis súrát kí paṭṭí wáste lagáne poultice ke násúr yá zaḥm jáng par bakár ámad hotí hai?

J.—Paṭṭí bashakl angrezí harúf barí ṭí ke (T) hotí hai?

S.—Yih paṭṭí kyunkar bándhí jáwe ?

J.—Wah hissá paṭṭí ká ki jo bashakl úpar ke hissé us haraf ke hai, wah bataur paṭṭí lapaṭá cháhiye, us ko gird peṭ ke úpar kúláh ke bándhte haiṅ, cháhiye ki wuh paṭṭí linen kapre kí háth bhar chaurí banáí jáwe, aur paṭṭí ki bajáe niche kí sháḡh us haraf ke hotí hai wuh linen kapre kí do háth chaurí banáí jáwe aur ek sirá uská bích men us paṭṭí ke sí díyá jáwe táki wuh kamar ke úpar pará rahe, yih ṭukrá túl men is qadar muḡhtafí ho ki áge aur úpar ṭángon ke bích men se us paṭṭí ke sámne tak pahunche, wahāṅ us ká dusrá sirá jo khulá ho lapaṭá jáwe, aur zará us ko pháṛ kar donoṅ sire ki iláhdah ho jáwenge ; áge konikálkar bándh díye jáwen, yá paṭṭí men wuh sirá bilá sarkáne ke sí díyá jáwe ; agar is bandish se poultice jáng par qáem rakhí jáwe to pichhlá sirá us taraf ko sarká díyá jáwe aur hasb zarúrat paṭṭí men bándh díyá jáwe.

TARKÍB KAÍ SHĀḠHDĀR PAṬṬÍ BĀNDHNE KÍ.

S.—Tarkíb kaí sháḡhdár paṭṭí kí aur fuwaed uske bayán karo.

J.—Yih paṭṭí linen kapre kí baní hai, aur wuh paṭṭí bahut lambí roller ke baarz tīn inch chaurí hotí hai, aur uske bích men káí árí paṭṭíyāṅ usí qadr chaurí magar aisí lapaṭe ki un ke sire bad bandish hone ápas men har ek azv ke lipaṭne ke qábil raheṅ lagáí játí haiṅ, is tarah ki ádhí paṭṭí se úpar kí paṭṭí dab jáwe, aur is

the long band. It is employed for the purpose of supporting a limb, and it may be also for keeping on dressings or poultices, when the patient is so feeble that he cannot bear the fatigue of having his leg rolled.

Q.—How is this bandage applied ?

A.—The limb is gently raised of sufficient height to slip the bandage beneath it, the long band being placed in correspondence with the length of the limb; the ends of the cross pieces are then pulled out, and laid smoothly and regularly upon the bed, which done, they are turned over the leg alternately, from below upwards, one over the other, till the whole limb is completely enveloped.

SWOLLEN VEINS.

Question.—Describe the appearance of varicose or swollen veins and the class of people most liable to them ?

Answer.—Labouring people, especially women, and often those who are careless of their bowels, allowing them to be continually costive. The veins of one or both their legs become very large and swollen after long standing about, and towards evening, the limb becomes heavy and painful, and walking wearisome and difficult; very often the skin inflames on some part of the leg and an ulcer forms which occasionally bleeds, and is always very difficult to be cured. Sometimes without any ulcer, one of the veins suddenly bursts, and the person loses a large quantity of blood, and naturally becomes much alarmed.

Q.—What treatment would you adopt for the cure of varicose veins ?

A.—Varicose veins can very rarely be cured: all that can be done is to prevent their greater enlargement if possible. It is absolutely necessary that the bowels be properly moved every day, so that there should not be any lodgment in them, the pressure of which prevents the free passage of the blood from the limb. A bandage six yards long should be carefully applied every morning before rising, beginning from the toes and continued above the knee; but if the veins of the thigh be enlarged, the bandage must be con-

taur se lagákar bñch men se un lambí paṭṭiyon ko sí dete hain, yih paṭṭí waste salárá dene azv ke mustámil hotí hai, aur nij wáste qáyem rakhne marham yá poultice ke kám áttí hai, jis súrát men ki bímár aisá zaif howe ki táng par roll bándhne kí takán us se gawará ná kí jáwe.

S.—Yih bandish kyunkar bándhte hain ?

J.—Azv ko is qadr únchá uṭháte hain ki uske niche paṭṭí rakkhí jáwe, lambí paṭṭí mutábíq túl azv ke rakhte hain, árrí paṭṭiyon ke sire us waqt bíhar khínchkar barábar aur sídhe bistar par rakkhí játtí hain, aur baḍ uske un ko bári bári se táng par niche se úpar ko lapette játe hain jab ki sáre azv kí baḥhúbí bandish ho jáwe.

PHÚLÍ HUÍ RAGON KÁ BAYÁN.

Sawál.—Súrát árzah varicose yáne phúlí huí ragon kí bayán karo, aur níz yih ki kis qism ke logon ko yih árzah aksar láhaq hotá hai ?

Jawáb.—Mahnatí log khasúsan auraten aur aksar weh shaḥs jo ki antariyon kí hálat se gháfil rahte hain, aur rahne dete hain, antariyon men hamesha qabz so unki ek yá donon tángon kí ragen bahut barh jítí hain, aur baḍ arsa tak khare rahne ke phúl játtí hain, aur shám ke waqt azá unke bhárrí ho játe hain, aur un men dard hone lagtá hai, aur chalte waqt takán aur diqqat malúm hotí hai, aksar auqát baze baze muqám men unki táng ke post men jalan malúm hotí hai, aur ek dumbal ho játtá hai, aur us dumbal se kabhí kabhí khún nikaltá hai, aur sihat páná uská hamesha bahut mushkil hai, baz auqát bidún nikalne dumbal ke koí koí rag achánchak phaṭ játtí hai, aur bahut khún badan se nikal játtá hai, aur maríz ko bahut dalshat az khud ghálib ho játtí hai.

S.—Is súrát men kyá iláj tum ko cháhiye wáste varicose ragon ke ?

J.—Árzah-i-varicose ká jo ragon men láhaq ho játtá hai, bahut kam rafa hotá hai, sirf is qadar maáljah honá mumkin hai, ki darsúrát imkán weh ragen ziyádah barhne na páwen, yih bát niháyat zarúr hai ki maríz ko dast achchhí tarah par har roz karýá kare, táki antariyon men kuchh mawád, báqí na rahe, zerá ki us mawád ke rahne se ámad o raft khún ki us azv se ruk játtí hai, ek paṭṭí chhah gaz lambí baahiyát tamám har subah ko qabl az uṭhne ke pánpw ke angúṭhe se zánú tak bándhí jáwe, magar jo ragen jáng kí phúl

tinued up to the groin, and two or three turns made above the hip to prevent its slipping down.

Q.—When an enlarged vein bursts, what should you do ?

A.—Stop it by placing a finger on the bleeding part and laying the person down flat either on the ground or on a bed. A little pad of lint is then to be put on, and bound fast with a roller, which should first be applied upon the foot, and then rolled up carefully over the pad and above the knee or higher according to circumstances. The person should be kept in bed for a few days, in which time the wound heals, and the pad may be removed having first soaked it for a few hours in a wet poultice. A small piece of plaster may then be put on and the leg carefully rolled as before.

ON BRUISES.

Question.—What is meant by a bruise ?

Answer.—A common, and very often a troublesome accident caused generally by some heavy weight falling upon some part of the body, or the person falling heavily from some height. At first the part swells, then blackens, in consequence of the blood escaping beneath the skin from the small vessels which are burst by the blow. After a day or two or more, according to the severity and extent of the bruise, the colour changes to a dirty green, and the skin around the bruise has a greenish yellow hue. Sometimes, when much blood has been extravasated, and not absorbed, an abscess forms, which at last bursts through the skin, and is often very troublesome to cure.

Q.—What is the best application to a bruise ?

A.—A warm moist poultice, constantly renewed, or hot moist flannels. If the bruise should be very severe and in the neighbourhood of a joint in an adult, a dozen leeches should be applied to relieve the pain, following them up with warm poultices or flannels; leeches may require to be applied three or four times before the pain is removed. Should the bruise be near any joint, the limb must be kept perfectly quiet for many days.

TORN OR CUT ACHILLES TENDON.

Question.—Where is the tendon Achilles situated ?

jáwēn to us sūrat men us paṭṭī ko jaṅgāse tak khfnc̣h kar bāndhī jāwe, aur kúle ke úpar do yá tīn lapeṭ diye jāwēn.

S.—Jab ki barhī huī rag phaṭ jāwe us waqt kyá ilāj kiyá jāwe ?

J.—Jis jagah se khún nikaltá ho wahān unglī lagákar khún ko rok diyá jāwe, aur mariz ko hamwár zamīn par yá chārpái par páñw phailákar barábar liṭá diyá jāwe, us waqt ek chhoṭī gaddī lint kī lagákar roller se bāndh dī jāwe. Awwal páñw par bāndhkar baah-tiyát tamám us gaddī par úpar zánú yá aur úpar hasb zarúrat aur mauṇa lapeṭī jāwe, aur mariz ko chand roz tak chārpái par pará rakkhen, táki us arsa men uská zaḥm indamál páwe, aur gaddī ko chand ghante tak tar poultice se bhīga huá raḥkar utár dále baḍ iske ek chhoṭá ṭukrá plaster ká rakh kar ṭāng badastúr sábiq phir roll se bāndh dī jāwe.

ZARB KE BAYÁN MEN.

Sawál.—Zarb se kyá murád hai ?

Jawáb.—Basabab gir paṛne kisī bahut bhári boj ke azái jism par, yá basabab gir paṛne dafātan kisī buland muqám se. Awwalan jis muqám par zarb áti hai us muqám par warm ho játá hai, baḍ uske siyáh ho játá hai isliye ki chhoṭī chhoṭī ragon men se jo ki basabab sadme ke phaṭ játí haiñ khún nikalkar andar khál ke daurtá hai, baḍhú ek yá do yá ziyádah dinon ke bartábaq tashaddud aur túlání zarb ke rang uská sabz siyáhi máil ho játá hai, aur ás pás kī khál barang zard sabz máil ho játí hai, baz auqát jab ki khún niklá, aur na jazb huá, us sūrat men phoṛá ho játá hai, aur ákhir-ul-amar andar khál ke phuṭ játá hai, aur uská achehhá honá bahut diqqat talab hai.

S.—Sab se bahtar zarb par lagāne kī dawá kyá hai ?

J.—Garam tar poultice yá tar flannel har roz bāndhī jāwe, agar zarb bahut shadíd howe, aur kisī joṛ ke pás wáḡa howe, aur wuh shaḥs jawán howe, wáste kam karne dard ke bárah jonken lagáwēn aur uske baḍ garam poultice yá flannel bāndhá jāwe, qabl az rafá hone dard ke jonk tīn yá chār martabah lagáí jāwēn, agar wuh zarb kisī joṛ ke pás wáḡa howe, to azv ko chand roz tak bilá jumbish rakhná zarur hai.

DARBÁB PHAṬ JÁNE YÁ KAṬ JÁNE ACHILLES TENDAN KÁ.

Sawál.—Achilles tendon puṭṭhe kis muqám par wáḡa hai ?

Answer.—The large thick tendon so called, connects the heel with the great muscles forming the calf of the leg.

Q.—How does this accident generally occur ?

A.—The person makes a false step when walking or in coming down stairs; sometimes it has been broken by a person dancing violently.

Q.—What are the signs of a torn tendon achilles ?

A.—The person drops to the ground as if shot, and feels as if he had received a violent blow on the part. When he gets up, he finds himself utterly unable to keep that leg erect, if he make the least attempt to rest his weight on it, and is therefore compelled to hop on the other.

Q.—What is the proper treatment in such a case ?

A.—The person should be put to bed, and lay his leg on the outside, with his knee much bent, and the toes much pointed, by which position the torn ends of the tendon are brought as nearly together as possible. This position should be retained by putting a piece of thin board about three fingers wide, and extending from below the knee cap beyond the toes upon the front of the leg, taking care to have the board well padded; it must be confined above by a few turns of a short roller around it, and the upper part of the calf; and below, around it and the foot, so that the pointing of the toes is thus rendered continual. No bandage must be put on at the part where the tendon has been torn, and which is easily found before the foot is extended, by the gap in which the finger drops in passing it from the heel up the leg towards the calf.

Q.—How soon may the patient get up ?

A.—Generally in about fourteen days. He should however wear a half boot laced up in front with a very high heel of cork, which should keep the toes pointed, as they were when he was in bed. In course of ten days the height of the heel of his boot may be slightly reduced, and so on every ten days, until he brings his heel gradually to the ground.

Q.—Should the tendon achilles be cut, what treatment ought to be pursued ?

A.—The edges of the skin must be kept together by two or three

J.—Bará motá paṭṭha jis ko achilles tendon kahte haiṅ eṛi ko un paṭṭhon meṅ shámil kartá hai jis se pinḍlí baní huí hai.

S.—Yih paṭṭhá kis tarah phaṭ játá yá kaṭ játá hai ?

J.—Jab ki chalte waqt yá zíne se utarte waqt ghabráhaṭ meṅ páñw par játá hai, aur baz waqt ittifáqan zor se náchne waqt túṭ játá hai.

S.—Ksár kaṭ jáne achilles tendon ke kyá haiṅ ?

J.—Wuh shaḵhs ki jis ká yih paṭṭha kaṭ jáwe, wuh zamín par is tarah gir partá hai ki jaise kisi ke golí lage, aur usko aisá maḷúm hotá hai ki us muqám par bará sadma pahunchá, jab ki wuh uṭṭhá hai to apní tángen sídhe khare hone ke qábil nahín páṭí, agarche wuh gáhe iráda kartá hai bojh dená us táng par to wuh kúḍ partá hai dúsrí táng se.

S.—Aisí súrat meṅ kyá iláj karná munásib hai ?

J.—Wuh shaḵhs chárpái par liṭáyá jáwe, aur apní táng báhar níkále, aur ghuṭne ko bahut jhuká de, aur nok se angúṭhe ko sídhá kare, aisá karne se wuh paṭṭhá albatta hatt-ul-imkán qaríb á játá hai, is waza se qáim rakhne kí tadbír yih hai ki ek tukrá patle takhte ká tín angusht chauṛá ghuṭne kí chapní ke níche se páñw ke angúṭhe ke sire kí taraf táng ke sámne bándh dewen, magar yih ihti-yát karen ki us takhte par aur úpar kí taraf jáng aur níche aurgird páñw ke lagáe jáwen táki nok angúṭhe kí is tarah qáim rahe, aur jis muqám se ki paṭṭhá kaṭ gayá ho, waháñ kuchh bandish na kí jáwe, aur wuh muqám qabl az phailáne páñw ke hone chhed ke se ki jis meṅ se unglí utar jáwe, jis waqt ki eṛi se táng par jáng kí taraf háth pherá jáwe baásání tamám maḷúm ho játá hai.

S.—Kis arsa meṅ maríz uṭhne ke qábil ho játá hai ?

J.—Aksar chaudah roz meṅ maríz ko cháhiye kí ádhá boot júṭá áge se bandhá ho, us júte kí eṛi ko cork kí dáṭ se únchá rakkhen, angúṭhe páñw ke usí tarah khare raheṅ jaise chárpái par parne ke waqt khare rahte haiṅ, das roz bad boot kí eṛi kí bulandí thorí sí kam kí jáwe, aur isí tarah har daswen roz kam karní cháhiye, jab tak ki eṛi áhistah áhistah zamín par ṭikne lage.

S.—Achilles tendon kaṭ jáwe to kyá iláj kiyá jáwe ?

J.—Sab taraf se khál jamaṭ kar ke do yá tín táñke resham ke

stitches of silk, both edges of the skin should be nipped up, so as to make their under sides touch, and then pass the needle and thread upwards through both together about two-tenths of an inch from the edge, and then a quarter of an inch distance to pass it again downwards in like manner. Two or more stitches must be put in, and should be supported by long narrow strips of sticking plaster laid between them lengthwise on the leg. About the third or fourth day, the stitches must be taken out, if the holes through which the needles have passed be wet with matter, or before this time, if they be red and swollen. After they are removed, the straps of plaster must be used to keep the wounds together.

BLEEDING FROM THE NOSE.

Question.—How would you check bleeding from the nose ?

Answer.—This is generally done by the person sitting upright, bathing the nose with cold water or vinegar and water, and sniffing it up the nostrils, or applying pounded ice. If it however continues, twenty grains of alum may be put into two table spoonsful of cold water and thrown up with a squirt; or a plug of lint dipped in this wash may be passed into the bleeding nostril, taking care to pass a strong thread securely round it, lest it should be pushed in so far back, that it cannot be got out without great difficulty. The patient should take a few saline purges.

ON BLEEDING FROM WOUNDS.

Question.—How would you attempt to stop bleeding from a wound ?

Answer.—If the wounded part be on a bone, as for instance on the skull, or on parts of the face, where it can be pressed firmly against the bone by the finger, or by a bit of cork or hard pad bound tightly on with a roller. If this does not succeed, each edge of the wound may be lifted up, carefully examined, and if any little jet of blood be seen, it may be presumed that some little artery is wounded. The point of a tenaculum should then be dipped in as near as possible to it, and the spouting mouth drawn up sufficiently, to pass a strong thread or silk round it below the tenaculum; one end of the silk should then be passed through the other, and both ends drawn steadily till the blood cease to flow. Any other spouting vessel

lagáweñ donon kináre úpar ko is tarah khainche jáweñ, ki andar kí taraf se us khál ke us patthe ká múnh mil jáwe, us waqt donon men úpar kí taraf ko súf aur dorá ek inch ke दूसरे hissah ke bará-bar us kínáre se nikálen, aur níche se ek inch ke chaháram hissah ke fásle par usí taur se. Do yá ziyádah tánke lagáe jáweñ, aur lambá kamchaurí patí sticking plaster kí un tñkon ke bích men tång ke úpar lagá dí jáwe, táki we tánke wahñ qáim rahen. Qaríb tíse ya chauthe roz ke we tánke nikále jáweñ, agar chhed súf ke babáís píb ke tar hon, yá surkh yá phúlc huc hon. Bád nikálne tánke ke pháýá marham wáste milá rakhne zaḡhmon ke istámál kiyá jáwe.

BAYÁN JARÍ HONE NAKSÍR KÁ.

Sawál.—Kyunkar tum band kar sakte ho ḡhún nikalná nák se ?

Jawáb.—Tarkíb band karne ḡhún kí yih hai, ki maríz ko sídhá biḡhlákar us kí nák ṡhande pání se, yá sirke aur pání ke sáth tar karen, aur sungháweñ us ko nathnon kí ráh se, yá lagáweñ us par kúṡá huá baraf. Agar isse ḡhún ná thambe, bís grain phṡkarí do mez ke chamche bhar pání sard men milákar picḡkárí se nák men ḡálí jáwe; yá ek batí lint kí us pání men bligokar ḡhún nikalne-wále nathne men lagáí jáwe, magar yih ihtiyát rahe ki ek mazbut dorá us men bándhá jáwe, táki wuh battí aisí dúr nák ke andar na chahí jáwe ki us ká nikalná dushwár ho jáwe.

BAYÁN IJRÁÍ KHÚN KÁ ZAḡHM SE.

Sawál.—Nikalná ḡhún ká zaḡhmon se kyunkar band kiyá jáwe?

Jawáb.—Agar wuh zaḡhm kisí haḡdí par howe, maslan ḡhoprí par, yá kisí muqám chihre par, to us muqám par unglí yá cork kí lakrí se dabáyá jáwe, yá ek saḡht gaddí roller se khainchkar bándh dí jáwe. Agar yih tadbír kárgar na howe, har ek kinára zaḡhm ká uṡhákar baahiyát tamám ḡhaur se dekhá jáwe, agar chhoṡá sá rásta ḡhún ká nazar áwe, to yaḡú kiyá jáwe ki koí chhoṡí shiryán men zaḡhm ho gayá hai. Us súrat men tinaculum ke nok hatt-ul-imkán us ke muttasíl kí jáwe, aur jahán se ḡhún nikaltá ho us ko baḡadar zarúrat unchá uṡhákar us ke gird mazbút dorá resham ká níche us tenaculum ke lagáwe; bádhu ek sirá us resham ká दूसरे men se lagákar donon siron ko ḡhúb khainchen jab tak ki nikalná ḡhún ká band

must be hooked up, and tied in a similar manner. After which, if the bleeding cease, the wound may be brought together with plaster.

Q.—If the bleeding proceed from a wound near the armpit, what should be done ?

A.—Place your thumb firmly into the neck immediately behind the middle of the collar bone, which will stop the flow of blood, until proper medical aid can be procured. The pressure thus made soon tires the thumb ; the handle of a large key, wrapped in three or four folds of linen, may be pressed in like manner for almost any length of time without fatigue.

Q.—If the bleeding proceeds from a wound in the leg or thigh, especially if high up in the latter, how would you proceed to stop it ?

A.—Place the patient on his back, and apply pressure directly on the groin, at right angles with the body, until assistance could be procured.

Q.—When the bleeding is anywhere below the middle of the upper arm or below the middle of the thigh, how would you temporarily stop it ?

A.—I should take a handkerchief, and pass it once or twice round the limb, some distance if possible above the wound, and tie it tightly and firmly. A stick is then to be pushed beneath the circular bandage thus formed between it and the skin, and twist it so that it screws the handkerchief tight until the blood ceases to flow. The screwing should only be continued till the bleeding stops, as the soft parts beneath may be severely bruised.

ON SPRAINS.

Question.—What is a sprain ?

Answer.—A straining, wrenching, or tearing of the ligaments or tough structures which bind bones together to form joints.

Q.—What joints are most commonly sprained ?

A.—The wrist and ankle.

Q.—What treatment should you adopt for a strain ?

A.—The joint should be kept perfectly at rest, and the person keep on his bed ; warm moist flannels should be repeatedly applied

ho jáwe. Aur दूसरी rag jis में se क़ून निकालता ho us ko भी isी तरह hook लाग़ार बान्धे. बाद us ke agar क़ून थाम जावे to zaḥm ko plaster लाग़ावे ताकी wuh andmāl पावे.

S.—Agar क़ून aise zaḥm se निकालता ho ki wuh muttasil baghal ke ho, us सूरात में क्या क़िया जावे ?

J.—Angūthā háth kágardan par se niche háns kí haḍḍí ke bích में mazbút rakhkar dabáwey ताकी us se क़ून band ho जावे, jab tak aur maáljah munásib tajwíz kiyá जावे. Is तरह dabáne se angūthā jald dukhne lagegá, is liye munásib hai ki barí kunjí ke daste par tín yá chár tah linen kí lapeṭ kar usी तरह use dabáwe, aur is तरह se jab tak cháhe dabáwe kuchh thakán maálum na hogá.

S.—Agar क़ून aise zaḥm se járí ho jo táng yá jáng में, yá jáng se úpar wáqa ho, us ko kyunkar band karen ?

J.—Maríz ko píṭh ke saháre se biṭháwe, aur ek gaddí jangáse par durustí se लाग़ी जावे, jab tak ki दूसरी maáljah munásib tajwíz ho.

S.—Jab ki क़ून kisí muqám se niche bích úparle háth ke yá niche bích jáng ke wáqa ho, to bilfail us ko kis तरह band karen ?

J.—Ek rúmál se, ek yá do lapeṭ us úzv par thore ek fásle zaḥm se jaisá ki mumkin ho क़ूब ख़ािचकर mazbút बान्ध de. बादहू ek lakrí is paṭṭí mudawwar ke niche se yaṇe darmiyán paṭṭí aur post ke nikálkar us ko itná aiṅṭhe ki क़ून band ho जावे. Magar jab tak aiṅṭhe ki jab tak क़ून band ho जावे, mubádá azáí muláim ki us ke niche wáqa ho un में zarar na pahunche.

MOCH KE BAYÁN में.

Sawál.—Moch kis ko kahte haiñ ?

Jawáb.—Jo lachak, yá aiṅṭh, yá shigáf paṭṭhon में yá jaráo joron में haiñ jis se ustaḥwán aur azáí bane hue haiñ us में wáqa ho us ko moch kahte haiñ.

S.—Kaun kaun se úzv में aksar moch á játí hai ?

J.—Kaláí háth aur ṭaḥne páñw के में.

S.—Us के aiṅṭh के में क्या tadbír kí जावे ?

J.—Wuh úzv behis aur harkat rakkhá जावे, aur maríz chárpái par pará rahe, garam aur tar flannel mukarrar aur sikarrar chand

for some hours, and a warm bread and water poultice at bed time. These should be continued for a few days, and no attempt be made to use the joint. If the pain be very severe, and continue so for the first and following days, leeches may be applied, and be repeated once or oftener. When the pain subsides, a vinegar poultice or a wash of goulard extract may be applied. When the pain entirely subsides, the greatest caution must be used not to excite fresh inflammation by walking too soon, or exercise the limb. A joint often swells a long while after a sprain, it should then be bound up carefully with straps of soap plaster and a roller of linen.

BROKEN BONES.

Persons who break their arms either below or above the elbow, will find it least painful to put the forearm at right angles with the upper, in a broad sling, which will contain it from the elbow to the points of the fingers; and he will find he can walk home, or to the Doctor's residence, with far less pain to himself, than if he went in a carriage of any kind.

If the leg or thigh be broken, a hurdle or a door covered with straw, coats, or blankets, may be converted into an excellent litter, which should be laid down by the sufferer's side, and be gently and quickly laid on it, by just as many persons as are enough to raise him up a very little from the ground, and by no more, as the greater number of assistants there be, the less likely are they to act together and effectually. The hurdle or door should be carried by hand, not on the assistants' shoulders as commonly done, two persons at each end taking hold of it, and all keeping step as they move along. If a couple of poles can be procured and fixed across and beneath each end of the hurdle or door, the bearers will be able to carry him with less fatigue either to themselves or the patient. If neither hurdle or door can be procured, an excellent substitute may be made, by fastening four stout poles together, and tying a blanket securely to them, so as to resemble the frame and sacking of a bedstead, and upon this the sufferer may be led. Having got the sufferer on the hurdle, door or blanket frame, the sound limb should be brought close to the broken one, and both limbs be tied firmly together with two or three handkerchiefs, thereby giving great support to the broken limb, and almost pre-

phanṭon tak lagáí jáwe aur garam roṭí aur pání ká poultice sote waqt bāndhá jáwe. Aisá hí chand roz tak kartá rahe, aur us uzv se mutlaq sám na le. Agar dard bahut shadíd howe, waisá hí istamál men láte raho awwal din yá dúsre din tak, aur jonken lagáí jáwen ek martabe yá ziyádah. Jab ki dard ko ifáqá ho, to poultice sirká yá wash goulard extract ká lagáyá jáwe. Jab ki dard bilkul mauqíf ho jáwe, to bahut ahtiyát karen ki jald chalne yá us uzv ko harkat dene se sozish ziyádah na ho jáwe. Moch áne ke kitne hí arse bad aksar warm á jútá hai, us waqt cháhiye ki bahtiyát tamám paṭṭí soap plaster kí lapet ke aur roller linen ká úpar bāndhá jáwe.

BAYAN TÚT JÁNE HADDÍ KÁ.

Jis shaḵhs ká háth niche yá úpar kohní se tút jáwe, agar wuh shaḵhs apne agle háth ko mustaqím úpar ke háth ke háth par chauṛí himáíl men rakkhe, ki us men sára háth kohní se ungliyon tak á jáwe to bahut kam taklíf hogí, agar wuh shaḵhs gáṛí men baithkar ghar jáwe, yá doctor ke makán par pyádah jáná us ko mújib bahut kam taklíf ká hogá.

Agar táng yá jáng tút jáwe to ṭaṭṭiyon ko ghás yá bārán coat yá kambloṅ se dhānkkar ek achchhá ḍolá banáyá jáwe, aur maríz ke barábar rakkhá jáwe, aur jis qadar ádmí ki us ko zamín se ubhár sakeṅ usí qadar ádmí jamaḅ kar ke us ko uṭhákar us men liṭáyá jáwe, isse ziyádah ádmí lagáe jáwen, isliye ki jis qadar ádmí ziyádah honge usí qadar un se ek sáth aur jaisá ki cháhiye kám anjám hogá. Wuh ḍolá háthon par chale, aur kandhon par na chale jaise ki aksar dastúr hai, do ádmí us ko donon taraf se pakre chalen, aur báqí ádmí sáth sáth qadam uṭháe jáwen. Agar do ḍande báham pahuncheṅ aur niche har ek siro ke us ḍole men áre lagáe jáwen, to kaháron ko kam thakán maḷúm hogá, aur níz bímár ko blí kam taklíf hogí. Agar ḍolí báham na pahunche to yih tajwíz umda hai ki uskí jagah chár mazbút ḍande bāndhkar unke bích men ek kambal tán dewe ki wuh bashakal ḵháne chárpáí ke ho jáwe, aur us par maríz ko le jáwen. Aur us shaḵhs ko ḍolí yá kambal ke chaukhte par sawár kar ke achchhá uzv túte hue uzv ke muttasil lákar donon ázá ko tín rúmálon se ḵhúb mazbút bāndhá jáwe, is taur se túte hue uzv ko bahut sahará ho játá hai, aur harkat qadre mauqíf ho játí hai, ek takiyá yá lambí gaddí ghás kí báhar kí taraf us uzv ke rakkhí jáwe, táki us ko aur ziyádah maz-

venting any movement. A pillow or long pad of straw should be placed along the outside of a limb to render it still more steady. In placing the limb on the hurdle, door or blanket frame, great care should always be taken to lay the broken bone as near as possible in its natural position, for if this be not attended to, but the broken part be left bent, most probably one or other end of the bone will thrust through the skin, and thereby materially increase the injury.

On the patient being brought home, the limb, if an arm, should be placed upon a pillow half bent, and if a leg or thigh, it will rest most easily upon the outer side, with the knee bent, and so retained until proper assistance can be procured.

BROKEN RIBS.

Question.—What are the usual signs of a broken rib ?

Answer.—It may be presumed a person has his ribs broken, when, after a fall or blow, he feels at every breath, a stitch or prick in the side of his chest where he has received the injury ; and if the hand be placed on this part, and the person be directed to draw his breath in deeply, the broken ends of the bone will be felt moving on each other, and giving a sort of crackling feel.

Q.—What treatment should you adopt, if one or more ribs be broken on one side of the chest ?

A.—Wind a flannel or linen roller, six yards long and four inches wide, tightly round the chest, so as to prevent any motion of the ribs in breathing. The end of the roller should be sewn, and it would be as well, if all the turns of the roller were sewn together, as it would render the binding more secure. If well put on, such a bandage would not require to be renewed more than twice in a month.

Q.—Should you bleed in such cases ?

A.—It is better left alone, until the patient complains of pain, or is troubled with cough, then a pint of blood may be taken with benefit, and may perhaps require to be repeated once or twice. The bowels should be well cleared out with a purge, and twenty drops of antimonial wine, five or ten drops of laudanum in a glass of water be given three or four times a day. After a few days the

húfí ho jáwe, jis waqt ki háth us dolí par khisak ke chaukhte par rakkhá jáwe us waqt túfí huí haddí ko mila huá hatt-ul-wasá bahálat aslí rakhte hain, aur hamesha bahut ihtiyát karní lázim hai, zera ki agar us men ihtiyát na kí jáwegí aur túfá huá uzv khamídah pará rahegá to ghálib hai ki ek sirá yá dúsrá sirá haddí ká jild men ghus jáwegá aur usse ziyádah ízá pahunchegí, aur jis waqt maríz ghar pahunchte to us uzv ko agar háth ká howe ádhá kham dekar takiye par rakkhen, agar táng yá jáng ká howe to us ke báhar kí taraf ghuṭná jhukákar rakkhen, bahut árám maḷúm hogá, is taur se us ko sahará diyá jáwe jab tak ki maáljah munásib tajwíz ho.

BAYÁN TÚTNE PASLIYON KÁ.

Sawál.—Mamúlí úsar shikastgí paslí ke kyá hain?

Jawáb.—Jis shaḅhs kí paslí túfí huí hai jo ki baḍ girne yá pahunchne kisí sadme ke har ek sáns men us ko ek kasak yá chasak chháfí ke pahlú men jahán andar pahunchí hai maḷúm howe, aur us muqám par háth rakkhá jáwe, aur us shaḅhs ko kahá jáwe ki sáns andar ko zor se khainche to túte hue sire paslí ke idhar udhar harkat karte hue maḷúm hongé.

S.—Agar ek yá ziyádah pasliyán chháfí kí ek taraf se tút jáwen to kyá iláj kiyá jáwe?

J.—Flannel yá linen kapre ká roller chhah ghaz lambá aur char inch chaurá khenchkar chháfí ke ás pás bándhá jáwe táki dam lete waqt pasliyón ko harkat na howe, aur sire us roller ke sí diye jáwen, aur jo sab lapet us roller ke tánk diye jáwen jisse ki wuh bandish khúb hifázat se rahegí, agar yih bandish khúb baudhe to do martabah kholná ek mahíne men munásib hogá.

S.—In súraton men fasd lená bhí cháhiye?

J.—Munásib hai ki kuchh na karen jab tak ki bímár ke dard kí shikáyet ho, yá us ko khánsí satáwe; us súrat men ádhá ser khún ká lená mufíd hogá, aur sháyad ek do martabah aur fasd kí zarúrat howe, mushil de kar antariyán khúb sáf kí jáwen, aur bís qatre antimonial wine ke aur páñch yá das qatre laudanum ke, ek glass pání men, char martabah ek din men piláe jáwen, baḍ chand

person will find himself much more comfortable sitting up than lying in bed.

Q.—If the ribs on both sides be broken, what should you do ?

A.—In that case, or if the breast bone be broken, no bandage should be applied, as it will do mischief, but the person must be kept as quiet as possible. These latter accidents are always very dangerous.

BROKEN COLLAR BONE.

Question.—What are the signs of a broken collar bone ?

Answer.—A bump may be observed, when comparing the broken with the unbroken bone; the unnatural motion felt by the fingers put on the broken part when the arm is moved; the pain on motion, the disappearance of the irregularity when the shoulders are brought back, and its reappearance when the hold of them is left off, are proofs of the nature of the accident.

Q.—What is the treatment to be adopted here ?

A.—It consists in placing high up in the hollow of the armpit, a pad as big as two fists, and twice as wide, which must be kept in place by a tape at each end, passed on the back, and the other on the front of the chest, and tied on a pad to prevent galling on the opposite side of the neck. A bandage is next to be turned once or twice round the arm, immediately above the elbow, and its two ends carried round the chest, one before, and the other behind, and tied so as to keep the elbow close to the side. The elbow and forearm are then put into a short sling, which lifts up the shoulder, and should be tied on the sound side of the neck. The bandages thus put on must be worn for a month.

BROKEN ARM ABOVE THE ELBOW.

Question.—What are the signs of an arm being broken above the elbow ?

Answer.—This accident is easily distinguished by the unnatural motion at the broken part, and by the person being incapable of raising either the elbow or forearm.

roz ke bímár ko chárpái par pará rahne se aur uṭh kar baiṭhne se ziyádah áráam maḷum hone lagegá.

S.—Agar donon taraf kí pasliyán tūt jáweṅ to us súrát meṅ kyá kiyá jáwegá?

J.—Us súrát meṅ agar chhátí kí haddí tūt jáwe to bandish karní munásib nahín, zerá ki usse qabáhat lázim áwegí, magar maríz ko jahán tak mumkin ho beharkat rakkhá jáwe, aur aisí hawádis mazkúra bálá se hamesha bahut zarar láhaq hotá hai.

BAYÁN TŪṬ JÁNE HADDÍ HÁNS KÁ.

Sawál.—Ásár shikastgí haddí háns ke kyá hain ?

Jawáb.—Jis waqt ki tŭṭí huí háns kí haddí ko sálim haddí ke muqábil dekhá jáwe, to uspar ek gúmrá sá maḷum hotá hai, aur jab ki tŭṭe hue ūzv par unglí rakkhí jáwe, barwaqt harkat dene háth ke us jagah ek harkat khiláf ádat hotí huí maḷum hotí hai, barwaqt jumbish ke dard hotá hai, jabki kandhá píchhe ko jhukáyá jáwe, to us waqt badshaklí dahán kí uskí shakal se maḷum hotí hai, aur jabki unko dhílá chhor diyá jáwe, to us waqt phir badshaklí usse wáza hotí hai, to us súrát meṅ wáza ho kí haddí háns kí tŭṭ gaí.

S.—Us hálat meṅ kyá iláj kiyá jáwe ?

J.—Cháhiye ki baghal ke andar ūnche kí tarafek gaddí bamiqdár do muṭṭhí moṭí aur chahár muṭṭhí chaurí ho donon taraf se bándhí jáwe, ek fíta donon siron par bándhkar ek sirá píṭh par ko níkáلكar aur dúsrá chhátí ke sámhne lákar us gaddí par bándhí jáwe, ki sámhne kí taraf gardan ke taklíf na ho; badhú ek paṭṭí kí ek yá do lapet dekar zará kohní ke úpar bánh meṅ bándhí jáwe, aur us paṭṭí ke do sire meṅ se ek sirá chhátí ke áge se dúsrá píchhe lejákar bándh diye jáweṅ, táki kohní pahlú ke pás rahe, záppas kohní aur aglá háth ek chhoṭí sí himáil meṅ rakkhe jáweṅ, ki jisse kandhá uṭhá rahe, aur gardan kí sálim haddí kí taraf kandhá bándhí jáwe, aur yih bandish ek mahíne tak bandhí rahe.

BAYÁN TŪṬ JÁNE HADDÍ HÁTH KÁ KOHNÍ SE ÚPAR.

Sawál.—Kohní ke úpar bánh tŭṭ jáne ke ásár kyá hain ?

Jawáb.—Tŭṭná bánh ká is muqám se basabab khiláf ádat wáqa hone harkat ke bamuqám shikastgí baásání tamíz ho saktí hai, aur us súrát meṅ wuh shaḅhs kohní aur aglá háth uṭhá nahín saktá hai.

Q.—What is the treatment to be followed here ?

A.—The pads and splints must be fitted on the sound arm, and four of each will be required. The splints should be about three fingers' breadth wide; one should reach from the shoulder to the bend of the elbow, one behind from the shoulder to the point of the elbow, one from the armpit to the jutting inside of the elbow, and one from the shoulder to the jutting outside of the elbow. The pads should be a little wider than the splints and about two inches longer, so that they may be turned over each end of the splint, and tacked, to prevent them slipping about. Two long rollers are also necessary. The immediate swelling after the accident having subsided, the limb must be placed with the forearm bent at a right angle with the upper. The hand and arm are to be lightly swathed with a roller, the turns of which should overlap each other, and be continued a little above the elbow. The second roller is now to be wound round the arm, twice or three times above the elbow, then the first splint is to be placed on the front of the upper arm, but not quite down to the bend of the elbow, and two or three turns of the roller made round it; next the back splint, from the shoulder to the elbow, placed against the arm, and the roller carried around it twice or thrice; the third splint is now put on at the inside, its upper end being pushed up into the arm-pit, not so high, however, as to rub against and gall it, and the fourth on the outside, round these the roller is now to be wound, and continued till the whole arm with the splints have been swathed from the arm-pit to the bend of the elbow. A short sling is then put round the neck, which must only support the hand and wrist. By thus doing, the weight of the elbow drags down the lower end of the bone, and keeps the broken portions in place. The splints rarely require being touched for ten days or a fortnight, and must then be again applied in the same manner. They must be worn for a month or five weeks. The person should walk about during his cure, as the broken bone keeps its position better than when in bed.

Q.—If wooden splints are not procurable, what substitutes may be employed ?

A.—Stiff paste board, or wheat straw splints.

Q.—Is there any other method ever employed with success ?

A.—Yes, after rolling the hand and forearm, a long roller well

S.—Is sūrat men kyá maʿljah kiyá jáwe ?

J.—Gaddiyān aur splint sálim bāñh par charháe jáweñ, har qism ke chár chár honí cháhiyen, tñ tñ angusht chaurí splint lekar ek to kandhe se kohní ke kham tak, aur ek kandhe ke píchhe se kohní ke kináre tak, ek baghal se kohní ke andar nok tak, aur ek kandhe se kohní ke báhar nok tak bándhí jáweñ, gaddiyān splint se zará chaurí aur do inch ziyádah lambí hon tákí splint ke donon kináron se ulaṭ kar ke síye jáweñ, tákí splint phisal na jáweñ, aur do lambe roller bhí darkár hote hain, jab ki warm hawádas kam ho jáwe, títá huá háth agle háth par kham dekar basúrat záwiya qáima rakkhá jáwe, badhú háth aur bāñh roller se lapete jáweñ, istarah ki lapet uske lapet par áte jáweñ, aur zará kohní ke úpar tak dúsrá roller bāñh ke gird do tñ lapet kohní ke úpar lapete jáweñ, badhú awwal splint úpar ke bāñh kí sámhne rakkhá jáwe, magar aisá niche nahín ki kohní ke kham tak pahunche, aur roller ke do tñ lapet us par diye jáweñ, bad uske píñh ká splint kandhe se kohní tak rakkhá jáwe, aur do tñ pech roller ke uspar bhí lagáe jáweñ, badhú tísrá splint andar kí taraf rakkhá jáwe, uská úpar ká sirá andar baghal ke lagáya jáwe, magar aisá ziyádah na lagáweñ ki baghal usse ragaṛ kar zaḡhm ho jáwe, aur chauthá splint báhar kí taraf lagáya jáwe, aur unke gird roller lapetá jáwe, aur lapettá rahe jab tak ki sári bāñh mai splint baghal se kohní ke kham tak lipaṭ jáwe, us waqt ek chhoṭá sá hamáil gardan men dálá jáwe, tákí uspar háth aur kaláí sahárí jáwe, aisá karne se basabab bojh kohní ke niche ká sirá haḍdí ká utar átá hai, aur tuṭe hue sire apní apní jagah á játe hain, das pandarah din tak splint ko chherne kí zarúrat bahut kam hotí hai, darsúrat chherne ke phir usí tarah se bándh diye jáweñ, ek mahíne yá sawá mahíne tak isí tarah bandhe rahen baayám maʿljah maríz ko cháhiye ki chaltá phirtá rahe, is liye ki banisbat chárpaí par pará rahne ke harkat karne se ustakhwán shikastah ziyádah ṭhikáne se rahte hain.

S.—Agar lakrí ke splint báham na pahunchen to us sūrat men biliwaz unke kyá iláj kiyá jáwe ?

J.—Saḡht waslí yá gehún kí nálí ká splint.

S.—Koí aur bhí tarkíb isse bihtar hai ?

J.—Hán aur bhí tadbír hai ki bad roll bándhne háth aur agle háth

soaked in thick gum water, starch, or rice water, may be carefully swathed round the upper arm from the elbow to the arm-pit. The limb must then carefully be laid upon a pillow, in as nearly as possible its natural position, and in the course of twelve or twenty-four hours, the gum or starch dries, and a tough, unyielding, well fitting case encloses the arm, and rarely requires being meddled with, till it be completely removed at the end of the month.

BROKEN ARM BELOW THE ELBOW.

Question—What are the signs of a broken bone below the elbow?

Answer.—There are two bones in the fore-arm, if only one of them is broken, it is often very difficult for an unpractised person to discover it, and it is of less consequence, as the sound bone serves as a splint to keep the broken one pretty nearly in its proper place, not so however when both bones are broken, here the nature of the injury is easily perceived.

Q.—What treatment ought to be pursued when both bones are broken?

A.—Two padded splints are required extending from the tips of the fingers to the bend of the elbow in front, and to the point of the elbow behind; the forearm is now bent; the splints applied, one before and one behind, and both bound firmly to it with a roller from the fingers up to the bend of the elbow. The arm then resting on its back is to be put in a sling, which shall support it from the elbow to the finger ends. The splints must be kept on about a month.

ON BROKEN FINGERS.

Question.—How would you treat a broken finger?

Answer.—Take a piece of thin wood or stiff paste board, as wide and as long as the finger, and place it on its front, or same side as the palm of the hand: Upon this the finger being laid straight it is to be bound with a roller an inch wide from end to end. The hand should be kept in a sling for a month, and no attempt be made to use it before that time.

ke ek lambá roller gárho gonđ ke pání meñ yá nisháste meñ yá cháwal ke pání meñ bhigokar úpar ke háth ke gird baahiyát tamám kohní se baghal tak lapetá jáwe, uzv shikastah us waqt bawaza aslí sábiq ke bahoshyári tamám jaisá ki mumkin ek takiya par rakkhá jáwe, do chár pahar meñ wuh gonđ yá cháwal ká pání khuskh ho jáwegá, us waqt ek goyá ki saht bejumbish aur laṭak átá huá miyán háth ke gird ho jáwegá, aur bích uske chheṛne kí zarúrat kam hogí, jab tak ki ákhir mahíne tak bilkul na utár liyá jáwe.

BAYÁN TÚT JÁNE BANH KÁ KOHNÍ SE NÍCHE.

Sawál.—Shikastgi ustakhwán zer kohní kí alámaten kyá haiñ ?

Jawáb.—Agle háth meñ do haddí hotí haiñ, agar ek tút jáwe aksar nawáqif ádmí ko maḷúm karná us ká dushwár hotá hai, aur us ká namaḷúm karná bhí chandán mujib qasúr azím mutsawwar nahín ho, is wáste ki dúsrí haddí sálim bataur splint us túṭí huí haddí ko qaríb qaríb basúrat aslí qáim rakhtí hai, magar jab ki donon haddí tút jáweñ us waqt yih súrath nahín hotí aur isí sabab se bawaqt túṭne donon haddí ke maḷúm ho játá hai ki kyá nuqsán huá.

S.—Jab donon haddí tút jáweñ to us waqt kyá iláj kiyá jáwe ?

J.—Do gaddí lage huí splint darkár hote haiñ aise lambe ki unglí kí nok se kohní ke kham tak sámhne kí taraf aur kohní kí nok tak píchhe kí taraf pahunchen, agle háth ko jhukákar ek splint áge aur ek píchhe lagáyá jáwe, aur unglí se kohní ke kham tak roller se mazbút bándhe jáweñ, bađhú bánh ko us kí pusht par thahrákar ek himáil par rakkhí jáwe, táki uspar kohní se ungliyon ke sire saháre jáweñ, aur yih splint ek mahíne tak barábar bandhe rahen.

BAYÁN TÚT JÁNE UNGLIYON KÁ.

Sawál.—Túṭí huí ungliyon ká kyá iláj kiyá jáwe ?

Jawáb.—Ek tukrá patlí lakrí yá saht waslí ká un ke barábar arz aur túl meñ lekar sámhne kí taraf hathelí kí taraf un ungliyon ke rakkhá jáwe aur unglí sídhí rakkhar ek inch chauṛe roller se ek sire se dúsré sire tak bándhí jáweñ, aur háth ek mahíne tak himáil meñ rakkhá jáwe aur us se kám lene ká iráda us qadar arse tak na kiyá jáwe.

Q.—How is the stiffness that generally remains to be removed?

A.—By placing the hand daily in warm water, and afterwards bend the finger gently forwards and backwards, as far as it can be moved without pain.

BROKEN THIGH.

Question.—How is the nature of this accident detected?

Answer.—If it occurs in any part a little distant from the hip or knee joint, it is easily ascertained by the unnatural bending at the seat of the injury, and by the person being unable to lift up the leg below the broken part, as well as by his not liking to attempt it on account of the pain produced by the ends of the bone pushing into the flesh.

Q.—How would you treat such an accident?

A.—With splints if possible; if not procurable then without them, taking care to keep the person as quiet as possible.

Q.—How would you proceed to treat without splints?

A.—The patient must be placed on his back upon a firm mattress, laid on a board resting on the bed frame. Two thick pads are then to be made of sufficient size to cover, the one the whole of the inside of the sound knee, and the other the inside of the ankle of the same limb. Both limbs must now be laid close together, in the same straight line as the body, resting on the heels, with the toes right upwards; and in doing this care must be taken that the calves of the legs rest flat on the mattress. The body must now be kept immovable by one person who grasps the hips with his two hands. A second person then takes hold of the broken limb with both hands just above the ankle, and gently and steadily draws it down without disturbing its position, whilst a third person places the knee pad between the two knees and the ankle pads between the ankles. The gentle pulling being continued, the sound knee is brought close to that of the broken limb, but a little above it so that it rest against the jutting inside of the joint, and then, both being kept close together, a pad about as broad as the hand must be turned round both legs, directly below both knees, and round this a roller about three yards long, must be softly, carefully

S.—Sakhtí jo ungliyon par ho jáwe kyunkar rafa kiyá jáwe?

J.—Har roz háth ke garam pání men rakhkar ungliyon ko áhiste áhiste áge píchhe harkat detá rahe, hattá ki un kí jumbish bilá qasúr yá taklíf hone lage.

BAYÁN TÚT JÁNE HADDÍ JÁNG KÁ.

Sawál.—Shikastgí jáng kyunkar daryáft kí jáwe?

Jawáb.—Agar jáng zánú ke joṛ yá kúle ke joṛ se fásile par tút jáwe to maḷúm honá us ká ásán hai, isliye kí bamuqám zarb kham k̄hiláf ádat par játa hai aur maríz uzv shikastgí se táng apní uṭhá nahín saktá, aur basabab ghusne ustak̄hwán shikasta ke dard gosht men maḷúm hotá hai, aur maríz ká yih jí cháhntá hai kí apne pánw ko harkat na dúñ.

S.—Is súrat men kyá iláj kiyá jáwe?

J.—Agar mumkin ho to iláj bazariāh splint kiyá jáwe, aur jo splint dastyáb na hon to bilá splint bhí ho saktá hai. Illá yih ahtiyát rahe kí us súrat men maríz hattulwasa behis aur harkat rahe.

S.—Bilá zariāh splint kis tarah iláj kiyá jáwe?

J.—Maríz ko mazbút gadele par kí takhtá jo kí chárpaí par jaṛá howeliṭáwen. Do moṭí gaddiyán aisí lambí chauṛí banái jáwen kí ek to sálím ghuṭne ke andar aur dúsrí usí uzv ke tak̄hne ke andar ba-k̄húbí á jáwe. Donon uzv pás pás rakkhe jáwen usí sídh men jaise kí jism hotá hai kí koí shaḅhs apní eṛí par sahará dekar aur pánw kí ungliyon ko sídhá úpar kí taraf karke khará howe; aur aisá karne men yih liház rahe kí donon tángon kí jáng us gadele par sáf phailí raheñ. Ek ádmí donon kúlon ko donon háth se pakar ke us maríz ke badan ko jumbish hone na dewe, aur dúsrá ádmí túṭe hue uzv ko donon háth se tak̄hte par pakre rahe, aur áhiste áhiste aur mazbúti se us ko níche utáre, magar us uzv ko terhá na karen balki sídhá rakkhen, aur tísrá shaḅhs ghuṭne kí gaddí ko darmiyán donon ghuṭnon ke aur tak̄hne kí gaddí ko darmiyán donon tak̄hnon ke rakkhe. Ahiste áhiste khínche sálím ghuṭna túṭe hue uzv ke pás láyá jáwe, magar us se wuh úpar r̄phe is tarah kí andar kí taraf uzv kí jo nok wáqa hai us par sahará páwe, us waqt donon mutsil lákar ek gaddí háth bhar chauṛí donon tángon ke gird sídhí donon tak̄hnon ke lapetí jáwe, aur us par tín gaz lambá roller áhiste áhiste baahiyát tamám lapetá jáwe táki ek ghuṭna dústre ghuṭne ke pás se na phisalne

and tightly wound so as to prevent one knee slipping from the other. A strap and buckle will serve the same purpose, or, in want of a roller and strap, a handkerchief may be passed round and tied, care being taken not to make a knot opposite either of the hard parts which mark the place of the two leg bones, for if it be put there it will be liable to cause very uneasy pressure. Both ankles are next to be tied together in like manner, care being taken that that of the sound is above that of the broken limb. A small pad is now to be put between the insides of both feet to guard them against the pressure which is made by bending the feet together, and this completes the whole business.

Q.—How would you treat a broken thigh with splints?

A.—The management is various, as regards both the number of splints and the position of the limb; sometimes one long straight splint is used; sometimes four short splints, whilst another case may require the double inclined plane to be used.

Q.—Describe the method of applying the long splint?

A.—The whole must be rolled carefully, beginning from the toes, and continuing up to the hip. This must always be done, let what splint be used you please. After having rolled the foot and leg a little above the ankle, and the body being steadied by one person, a second grasps the ankle, and gently pulls the leg down to its proper length, raising it just sufficiently from the bed, which must be assisted by a hand placed beneath the knee, and slightly raising it also, to allow the roller to be passed round it again and again, till the whole limb be rolled to the hip. The roller should only be six yards long and sewn to another for the convenience of the operator and comfort of the patient, for a roller of fourteen or sixteen yards is too bulky. The single splint should be half an inch thick, four fingers wide, and of length to reach from the armpit to an inch below the outside of the sole of the foot. It must be measured upon the unbroken limb, and a round hole cut, with its edge well scooped out, so as to allow the outside of the ankle to go into it, to prevent its being pressed upon. The whole length of the splint is to be well padded on the side next the outside of the broken limb. Each end of the pad is to be turned well over the corresponding end of the splint, and then the pad carefully

páwe. Yih kám ek tasme aurek baksue se nikal saktá hai, aur dar-súrat adm dastyábí roller yá tasme ke ek rúmál lapetkar bándh diyá jáwe, magar is qadar ahtiyát rahe ki saḡht jagah donon haḍḍiyán ṭáᅇg kí howeᅇ girah na lagáweᅇ, isliye agar us jagah girah lagegí to us ke dabáo se taklíf hogí. Isí tarah se donon ṭáᅇhnon ko bhí bándhe, magar yih ḡhiyál rahe ki achchhí ṭáᅇg ká ṭáᅇhná ṭúṭí huí ṭáᅇg ke ṭáᅇhnc par bándhá jáwe. Ek chhoṭí gaddí darmiyán meᅇ andar kí taraf donon páᅇw ke rakkhí jáwe táki is meᅇ basabab donon ikaṭṭhe bandhe hone ke dabáo na kare, pas aur kuchh karná zarúr nahíᅇ.

S.—Ṭúṭí huí jáᅇg ká iláj bazariᅇh splint kyunkar kiyá jáwe?

J.—Kaí tarkíb se karte haiᅇ baliház ṭadád splint aur mauqa uzv shikastah ke kaí tarkíb se iláj kiyá jáwe; baᅇe auqát ek lambá sídhá splint, aur baᅇ auqát chár chhoṭe splint aur baᅇ súrat meᅇ dohre splint bashakal musallas ke kám áte haiᅇ.

S.—Lambe splint bándhne kí tarkíb bayán karo?

J.—Sádah splint baahṭiyát páᅇw kí ungliyon se kúle tak bándhá jáwe; kaisáhi splint ho illá is tarah bándhná uská hamesha cháhiye. Ṭáᅇg aur páᅇw ko zará ṭáᅇhne se upar roller se lapet kar, ek shaḡhs bandan ko mazbút pakre, aur dúsrá ṭáᅇhne ko pakre aur ṭáᅇg baqadar zarúrat níche kí taraf khíᅇche, aur baqadar iktafá usko chárpái se uṭháwe, aur yih amar is taur se kiyá jáwe kí níche gluṭne ke háth lagákar aur usko zará únchá uṭháwe aur roller uske ás pás kaí martabe lapete, yá jab tak sára uzv kúle tak lipat jáwe; aur wuh roller sirf chhah gaz lambá howe aur dúsré roller meᅇ siyá jáwe, táki wáste kár bandish aur árám mariz ke mulíd howe, isliye chaudah yá solah gaz lambá roller bahut bhári hotá hai. Jo ek splint ho to wuh ádh inch moṭá, chár angusht chaurá ho, aur is qadar lambá ki baᅇhal se ek inch níche páᅇw ke talwe se pahunche. Usko sálim páᅇw par náᅇ liyá jáwe aur ek gol suráḡh us meᅇ kiyá jáwe aur kináre uske káṭ diye jáweᅇ kí erí us meᅇ utar jáwe táki usse kuchh dabáo na howe. Ṭúṭe hue uzv ke báhar kí taraf jo roller kí taraf howe uspar ḡhúb gaddí lagá dí jáwe; har sirá gaddí ká usí taraf ke splint ko ḡhúb tarah se lapetá jáwe, aur baḍ uske baahṭiyát tamám wuh gaddí us splint ke sáth sí dí jáwe táki us meᅇ se wuh báhar na phisal jáwe. Is tarah splint ko tayár karke bándhe. Bímár ko jab ek gadele par liṭáwe aur hasab hidáyat mazkúre bálá us ke uzv ko roller bándh-

stitched to the splint, to prevent it slipping about. Thus prepared the splint is to be put on. The patient lies on his back on a mattress, and the limb having been rolled, as already directed, the body is steadied by one person and the leg gently pulled down, as it rests on the heel with the toes upwards, by another, who grasps the ankle, till the sole is brought level with that of the sound limb, and there kept. The arm on the injured side is now moved away a little from the chest, a pad put into the arm-pit, and into the middle of this pad, the upper end of the padded splint is gently pushed, and there kept by a bandage, which had been previously turned round the splint, and tied on its outer side. The long ends of the bandage are then passed across the chest, behind and before, crossed on the opposite side, brought back again, and tied upon the splint. Another bandage, fastened to the splint in the same way, is in like manner to be passed round the hips, and tied also on the out side of the splint. The broken limb is now to be fastened to the splint, with a roller four inches wide, and about sixteen yards long tacked in lengths of six yards long. The outer side of the limb is first gently brought close to the splint, and the ankle having been well fitted into the hole made for it, the limb and splint are held firmly together by the hands of one person on the thigh, one hand above and the other below the broken part, and the leg also by another person, who grasps it and the splint just below the knee, whilst the person pulling at the ankle grasps it and the splint together, still continuing to draw. The person who puts on the bandage now passes it two or three times round the foot, across the instep, upon which it is to be carefully tacked through all the turns. This done, the bandage is passed over the splint, and round the ankle two or three times, then again down under the sole of the foot into the fork of the splint, across the instep, round the ankle again, over the instep, under the foot and the fork of the splint, and again round the ankle, so that in this way the bandage forms a figure of eight from the leg to the foot, the crossing of which is on the front of the ankle. Great care is required in putting on this part of the bandage, as upon it rests the whole scheme of the treatment which consists in preventing the lower end of the broken bone being pulled up over the upper end. The

kar ek shaḥṣ jism ko sídhá thánbe, aur ek shaḥṣ ṭaḥna pakṛe, wuh ṭáṅg ko áhiste áhiste níche ko khínche jaise erí saḥarí játí hai, aur ungliyán úpar ko hotí haiñ aur khínchí jáwe jab tak ki talwá us ṭáṅg ká achche pánw ke talwe ke hamwár ho jáwe. Mazrúb taraf se bánh ko zará chhátí kí taraf sarkáwe aur ek gaddí baghal meñ rakkhe, aur us gaddí ke bích meñ upar ká sirá gaddí lagáí huí splint ká áhiste áhiste pahuncháwe, aur us jagah ek paṭṭí se jo pahle splint par lipṭí huí thí dáb dewe aur báhar kí taraf se bándh dewe, aur lambe sire us paṭṭí ke áge aur píchhe chhátí ke lákar aursámhne kí taraf ek sire par guzarkar úpar splint ke bándhe jáweñ; aur ek dúsrí paṭṭí usí tarah gird kúle ke lapetkar báhar kí taraf splint ke bándh dí jáwe. Ṭúṭe hue uzv ko splint ke sáth bazariyah roller ke ki chár inch chaurá aur qaríb solah gaz lambá aur chhah chhah gaz ká lagá huá ho bándhá jáwe. Awwal báhar kí taraf se wuh uzv áhiste áhiste splint ke pás láyá jáwe, aur ṭaḥne ko darmiyán suráḥh ke ki pahlá kiyá gayá hai ḡhúb áṭe hue kar ke us uzv aur splint ko milákar jáṅg par háth rakhkar ḡhúb mazbút pakṛe, ek háth ṭúṭe hue uzv ke úpar aur dúsrá níche howe, aur dúsrá ádmí ṭáṅg ko pakṛe aur us ṭáṅg aur splint ko níche ghuṭne ke thánbe, aur ek ádmí ṭaḥne ko khínch kar us ṭaḥne ko splint se miláwe, aur barábar khínchtá rahe. Aur jo shaḥṣ ki paṭṭí ko bándhe usko cháhiye ki do tín pher us ke pusht qadam se gird pánw ke dewe aur bad sab lapet us kí baahiyát tamám lapetí jáweñ. Yih karke ek roller gird splint aur ṭaḥne ke do yá tín martabe lapete, baḡhú pánw ke talwe ke níche se splint ke kánṭe meñ se us ko guzáre aur úpar pusht qadam ke aur gird ṭaḥne ke lejákar yih us pusht qadam par se pánw ke níche lejákar us splint ke kánṭe meñ se nikálkar phir ṭaḥne ke gird lejáwe is tarah ki us paṭṭí kí bandish bashakal hindse áṭh angrezí ke ṭáṅg se pánw tak ho jáwe aur sámhne ṭaḥne ke taqáta kare. Is paṭṭí ke bándhne meñ bahut ahtiyát karní lázim hai, isliye ki isí par kul tadbír íláj kí mauqúf hai : cháhiye ki níche ká sirá ṭúṭí huí haddí ká upar ke sire par na khínchá jáwe. Úpar ká sirá splint ká baghal par saḥarkar qáim kiyá jáwe aur aisí bát meñ ziyádá tawaj-jah kí jáwe ki pánw aur ṭaḥne us ke níche ke sire par khínchkar miláyá jáwe aur is tarah se níche ká sirá ṭúṭe hue sirá ustaḥwán shi-kasta ká uske úpar ke sire ke barábar rakkhá jáwe. Aur jab yih bandish ho chuke to sirf is qadar aur kám baqí rah játá hai ki ṭáṅg aur jáṅg splint se is taur se bándhí jáwe ki roller ko us uzv aur splint

top end of the splint resting in the arm-pit being there fixed, the intention is to keep the foot and ankle fast to its lower end, and thus preserve the position of the lower end of the broken end of the broken bone against its upper end. When this has been done, it only remains to bind the leg and thigh to the splint, by carrying the roller up again and again over the limb and splint, each succeeding turn of the roller slightly overlapping the foregoing one, till the hip be reached, and then three or four turns are made round the splint and hips, and the finish put to the whole by tacking the bandage firmly together. The limb is now gently laid down upon the mattress with the toes upwards, and to prevent the foot lolling to either side, which would disturb the position of the broken bone, a bandage should be passed once or twice round the ankle, its ends crossed upon the instep, passed once or twice round the foot, tied on the instep, and then its ends fastened one to each of the sides of the bed. This bandage if properly applied will not require to be reapplied for a fortnight or three weeks. Sometimes it happens that for the first few days after the broken limb has been set, there will be spasm in the thigh, which pulls up the lower broken end over the upper, and by thrusting its sharp points into the soft parts keeps up the spasm. When this takes place, it must be prevented by weighting the foot sufficiently, which is easily done by passing a bandage once or twice round the ankle, bringing its ends across the instep to the sole of the foot, and slinging a brick or a seven-pound weight which must hang over the bed foot, to which a bit of board about inches high should be screwed, so as to form a pulley on which the bandage may run and play. Generally, the need for the weight ceases after three or four days, the muscles having then become tired.

TO USE FOUR SPLINTS.

Question.—When should a broken thigh be set with four splints ?

Answer.—If the accident happen at sea, or the person have to be moved from place to place, and liable to be shaken.

Q.—How do you apply the four thigh splints ?

A.—The principal splint is the outer one, which must be of the same length, and be fastened to the body, and to the foot and the

ko lapet diyá jáwe, har ek lapet se pahlá lapet thorá thorá dablá jáwe jab tak ki bandish kúle tak pahunchhe, badhú tīn chār splint aur kúle par lagáe jáweñ aur ákhir-ul-amar paṭṭī ko mazbút táñk deweñ. Uzw ko áhiste áhiste gadele par ungliyáñ páñw kí upar karke rakkhí jáweñ, aur páñw ko kisí taraf jumbish na hone páwe, táki mauqá ṭúṭí huí haddí ke meñ kuchh harj wáqz na howe badhú ek paṭṭí se ek do lapet dekar ṭakhne par bándhe, uske sire bamuqám pusht pá taqáta karte hue ek do martabe gird páñw ke lipaṭ jáweñ aur niche se pusht par lákar un meñ girah lagáí jáweñ aur badhú us ke donoñ sire ek ek taraf chárpaí ke bándh diye jáweñ. Agar yih bandish kḥúb bándhf jáwe to do hafte se pahle tak uskí phir kholkar bándhne kí zarúrat na hogí. Baz auqát aisá ittifáq ho játa hai, ki bad jorne ṭúṭe hue uzv ke awwal ke chand roz tak basabab sarak jáne niche ṭúṭe hue sire ke úpar ke sire par jáñg meñ chabak rahtí hai, kyunki us ke tez kináre muláyam azáe meñ chubte haiñ. Jab ki is taur se chabak láhaq howe to us ko is tarah rafa kiyá jáwe kí páñw par jis qadar káfí ho bojh diyá jáwe, aur us kí tarkíb yih hai ki ek lapet yá do lapet paṭṭí kí ṭakhne ke gird dekar aur us kí pusht qadam ke úpar se páñw ke talwe par lákar ek pech yá ek bánt bawazan sát pound yañe sáre tīn ser us meñ chárpaí ke páye se laṭkáyá jáwe aur us páye par ek ṭukrá takhte ká takhminan ek inch únchá pech ke zariyah se jar diyá jáwe goyá kí ek charkhí kí súrat banáwe kí jis par wuh paṭṭí phirtí rahe. Bojh laṭkáne kí zarúrat tīn chār roz bad mauqúf ho játa hai jab kí paṭṭhe darmánde ho játe haiñ.

CHÁR SPLINT KE ISTAMÁL KÍ TARKIB.

Sawál.—Ṭúṭí huí jáñg kí bandish chár splint se kis súrat meñ kí jáwe.

Jawáb.—Agar kisí shaḥs kí táng shor daryá ke safar meñ ṭúṭ jáwe, yá wuh shaḥs ek muqám se dúse muqám ko harkat kiya cháhe aur wuh láiq harkat pahunchne ke ho.

S.—Chár splint waháñ par kyunkar lagate haiñ ?

J.—Báhar ká splint bará splint mutsawwar hotá hai, wuh splint túl meñ us qadar hotá hai kí cháhiye kí mutábíq hidáyet mundarje

ankle in the manner already mentioned, but the whole limb is not to be bandaged up till the other splints are put on. One splint should be put on the inside of the limb which must reach from the fork of the thighs, to an inch below the inside of the sole of the foot, with a round hole cut in it to receive the inside of the ankle. Its upper end should be tied first with a handkerchief round the upper part of the thigh, to keep it steady, and afterwards the lower end fastened to the ankle and foot, and to the outersplint, with the roller which had already begun to be used. Another splint should now be put at the back of the limb just where the buttock joins the top of the thigh, to about two inches above the heel, and this lower end of the splint should be hollowed out a little so as not to dig into the skin. Two or three turns of the roller will steady this, and then the last splint must be put on in front. This front splint must reach from about an inch below the crease which separates the bottom of the belly from the top of the thigh, to an inch above the bend of the ankle. At the part where this splint will be upon the knee-cap, three or four incisions must be made across it about half an inch apart, and nearly through its thickness, so that the splint will bow here, otherwise the pressure it makes upon the knee-cap will be unbearable. This splint having now been put on the front of the limb, the roller is to be continued round, and ran up to the top of the thigh, covering all four splints at the same time. In this way the limb will be enclosed in a long box, and it is hardly possible without violence to displace it. Great care must be taken to inquire constantly during the progress of the cure whether the splints pinch or wring any particular part; the ankles are most commonly the parts so annoyed. Whenever the person complains of this, the bandage should be cut through a little above or below, and several turns of it having been taken off, some lint or other padding must be gently pushed in to relieve it, and then the roller replaced, and carefully sewed together where it had been cut through. It will be necessary that either of these splints should be continued for at least six weeks; and if, at the end of that time, on taking the splints off, the person cannot raise his leg a little clear of the bed, and, more especially, if the thigh be noticed to bend at the broken part, the union is not perfect, and they must be put on again, for three or four weeks more; but this is not often

bálá ke jism par aur pánw par aur ṭakhne par bándhá jáwe, magar sáre uzv par bandish nahín kí jáwe jab tak ki báqí ke splint na lagáe jáweñ. Ek splint andar kí taraf uzv ke lagáyá jáwe, aur jáng ke jangáse ke andar kí taraf talwe pánw se ek inch niche tak pahunche us meñ ek gol surákh kiyá jáwe táki ṭakhná us meñ á jáwe. Us ká úpar ká sirá awwal rúmál se ás pás úpar ke sire jáng ke bándhá jáwe, táki wuh sídhá qáim rahe; aur bað us ke niche ká sirá ṭakhne meñ aur pánw meñ aur báhar ke splint meñ bazariah roller jisse bandish karní shurú kí ho bándhá jáwe. Ek splint aur uzv ke píchhe jis muqám par ki surín aur jáng ká joṛ wáqa hai erí ke do inch úpar tak lagáyá jáwe, aur niche ká sirá splint ká zará khálf kar liyá jáwe, táki jism ke post meñ na chubhe. Do tén lapet roller ke dekar us ko mazbút kar diyá jáwe, aur phir ákhir ká splint sámhne kí taraf bándhá jáwe. Yih splint sámhne ká ek inch niche shikam se ki darmiyán pendí shikam bích sire jáng ke wáqa hai ek inch úpar tak ṭakhna ke kham ke pahunche. Jis muqám par ki yih splint ghutne kí chapní par howe tén chár lapet us jagah ádh inch ke fásle se qaríb us kí moṭáí tak pahuncháweñ táki splint us jagah kham khá jáwe, warne jo splint kí bandish se ghutne kí chapní par dabáo paṛegá us ká gawára karná mushkil hogá. Jab yih splint sámhne kí taraf uzv ke bandh chuke ek roller gird us ke lapetkar jáng ke sire tak pahuncháyá jáwe cháron splint ko barábar lapetá chala jáwe. Is tarah se wuh uzv goyá ek lambe sandúq meñ mahsúr ho jáwegá, aur bidún zabardastí aur chírne ke uská ilahdah karná dushwár ho jáwegá. Is amar meñ ziyáadah ihtiyát karní cháhiye ki is maáljah kí támíl meñ maríz se hamesha daryáft kar liyá jáwe ki splint kisé khás muqám par jism meñ chubhe yá us meñ kashish kare; is qism kí taklíf aksar ṭakhne par huá kartí hai. Jab ki maríz is amar kí shikáyat kare, cháhiye ki bandish zará úpar yá niche ko káṭ dí jáwe, aur us kí lapet nikál kar kuchh lint kaprá yá aur qism kí gaddí áhiste áhiste us ke andar wáste taskín taklíf ke ghusá dí jáwe, aur bað us ke roller phir bándh diyá jáwe, aur us ko jahán jahán se káṭá gayá hai phir ikhaṭṭhá sí diyá jáwe. Yih bát zarúr hai ki in splint meñ se koí sá splint kam se kam chhal hafte tak bándhá rahe; agar is arse ke akhír meñ barwaqt kholne splint ke wuh shaḅhs chárpaí se ilahdah apní táng ko zará bhí úṭhá na sake, aur khasúsan jáng us muqám se jahán tút gaí thí kham khátí maáúm ho, to jáná cháhiye ki joṛ khúb nahín milá,

needed. Sometimes, though rarely, this straight posture cannot be borne, and it is necessary to place the limb, with the knee joint bent, over a double inclined plane.

Q.—How is the double inclined plane made?

A.—It consists of two boards half an inch thick, and two feet wide; one should reach from the sitting bone to the ham, and the other from the ham to an inch below the heel. They are then to be joined endways in such a manner as to form an angle, the ridge of which should be about six inches above the other ends of the boards, and prevented splaying by one or two braces at bottom. Some pegs are usually dropped into holes on each side of the broken limb, to prevent it slipping about. The broken thigh is now to be brought close to the sound one, and the knees and ankles having been tied with handkerchiefs, the knees are to be gently bent, the heels a little raised, and the inclined plane entirely covered with a large pad, six or eight folds of blanket thick, carefully pushed beneath them, which done, the limbs are gently dropped upon the plane. The further bandaging may be either simply tying the knees and ankles together with a pad between them as already described, or three short splints may be put on an outer one, extending from the top of the outside of the thigh to the outside of the knee; an inner one, from the fork of the thighs to the inside of the knee; and a front one, from a little below the crease of the groin to a little about the knee-cap. Three bandages or straps, guarded with a pad each, must be gently pushed beneath the thigh, where the pads are to be left to prevent cutting; and these ends of the bandages being brought out on the opposite side of the broken thigh, or tied each to its other end over the splints at the upper, lower, and middle parts of the thigh, as tightly as can be borne without pain.

BROKEN KNEE-CAP.

Question.—How does this accident usually occur ?

Answer.—Sometimes by falling upon it, but more frequently by the effort made to prevent falling, in making a false step on the

us súrāt meṇ tīn chār hafte tak phir bāndhī jáwe, magar aksar aisī zarúrat nahīn huá kartī hai. Baz auqát agarche yih bāt bahut sház hai ki aisī karī bandish maríz se sahári nahīn játī, us súrāt meṇ rakhná uzv shikastá ká ghuṭne ke joṛ ko kham dekar us ke sáth úpar dhalwán satah kí súrāt musallis par rakkhá jáwe.

S.—Wuh dhalwán satah bashakal musallis kyunkar bantá hai?

J.—Us meṇ do takhte ádh ádh inch moṭe aur do do foot chaurē lage hain, ek to joṛī huī haddī se rán tak, aur दूसरा rán se ek inch niche tak erī ke. Bād us ke un ko sire kí taraf se aisá miláte hain ki ek záwiya ban játá hai, usí kí nok un takhton ke aur siron se chhah inch úpar howe, aur niche do tīn bandish lagákar usko sarakne se baz rakkhá jáwe, donon taraf se tūṭe hue uzv kí chand khunṭiyán banákar surákhon meṇ ghusá dí jáweṇ har ek tūṭe hue uzv ke, táki us ko jumbish ná hone páwe. Bād us ke tūṭī huī jáng sálím jáng ke pás láí jáwe aur ghuṭna aur ṭakhnon ko rúmál se bāndhkar ghuṭnon ko áhiste áhiste jhuká dewe, aur erion ko zará uṭhá de, aur us sárc dhalwán satah par barī gaddí chhah yá áṭh tah kambal kí lagákar baahtiyát niche un ke sarkáí jáwe, yih karke azá ko áhiste áhiste satah par rakkhá jáwe. Bādhú sirif is taur bandish kí jáwe ki ghuṭna aur ṭakhna ko ek sáth unke bích meṇ gaddí hasb hidáyet mazkúra bálá ghusákar báudh diyá jáwe, yá tīn chhoṭe splint báhar kí jáng ke sire se báhar kí taraf ghuṭne tak, aur andar ká splint jáng ke jangáse ghuṭne ke andar tak aur áge ká splint jangáse kí shikan ke zará niche se ghuṭne kí chapní ke zará úpar tak bāndhá jáwe. Tīn paṭṭiyán yá tasma gaddí lagī huī áhiste áhiste jáng ke andar jis muqám par wáste dafātan kaṭ jáne jism ke gaddí lagáte hain ghusáí jáweṇ, aur un ke sire tūṭī huī jáng ke sámhne nikálkar ek ek sirá apne apne दूसरे sire ke sáth splint par úpar kí taraf aur niche kí taraf aur bích meṇ jáng ke is qadar khainchkar bāndhe jáweṇ, jis qadar khincháó bilá wáqa hone taklíf ke gawára kiyá jáwe.

BAYÁN TÚṬ JÁNE HADDÍ CHAPNÍ GHUṬNA KÁ.

Sawál.—Aksar yih zarab kyunkar á játī hai?

Jawáb.—Baz auqát basabab ghuṭna ke bal girne se, magar aksar auqát bawáqt koshish karne sambhalne meṇ beqáidab, pair paṛne

stairs or in slipping off a foot-path : and immediately it is thus produced, the person drops like a shot, and when lifted up cannot stand on the limb of which the knee-cap is broken.

Q.—What are the signs in such an accident ?

A.—When after such a fall or slip, the person is incapable of bearing on that limb, and neither thigh nor leg be broken, and the movements of the hip, knee, and ankle are undisturbed, the knee is to be carefully looked at and felt. If this be done very soon after, and before much swelling comes on, there will be found, instead of the cap of the knee, a pit on the front of the joint about an inch and a half long into which the fingers immediately drop with the least pressure, above and below which will be found a bone, neither of which is so large as the knee-cap of the sound side, and which are much more moveable than it. These are, in fact, the two pieces, into which the bone is generally broken.

Q.—What is the proper treatment to be followed in such accidents ?

A.—The person must be put on his back in bed, with his head and body raised, so as to be in a half sitting posture. The thigh and leg are to be kept in the same straight line, and the foot and leg raised as high as can be conveniently borne, so that the whole limb bend upon the body at the hip joint. In this posture he is to be kept by a short sling, the upper part of which passes round his neck, and the lower round his foot and heel. In this way only can the broken pieces of bone be brought at all near together, for the muscles of the thigh pull up the upper piece and prevent it being drawn down, whilst the lower piece is so fixed to the shin bone, that it cannot move without moving that bone. The upper end of the bone is therefore left alone; but by bending the limb on the belly, the lower piece is brought up to or near it, and there kept by the sling. After the swelling, which is often very great, has gone down, generally at the end of a week, it is the common practice to put on one circular strap, or two or three turns of a roller upon the thigh immediately above where the upper piece of bone is felt, and sufficiently tight to prevent it slipping under. Another circular strap or roller is put in like manner upon the leg directly beneath the lower end. A couple of handkerchiefs tied

zīne par se yá phisal parne pair ke pagḍandī par se chapnī tūt jāti hai; jab ki chapnī tūt jāwe to wuh shaḅhs is tarah gir partā hai jaise kisī ke golī lagī ho, aur jab us ko uṅhāyā jāwe to us ghuṭne se jis kī chapnī tūt gaī ho khaṛā nahīn ho saktā hai.

S.—Chapnī tūtne ke āsar kyā hain ?

J.—Jab ki bad isī tarah gir parne yá phisal parne ke wuh shaḅhs us ghuṭne par saharā dene qābil na howe, aur jāng aur ṭāng na tūṭe aur harkat kúle aur ghuṭne aur ṭakhne kī men kuchh qabāhat wāqā na howe, to us sūrat men ghuṭne ko dekhā jāwe aur ṭaṭolā jāwe. Agar filfaur aisā kiyā jāwe aur jab tak ki waram ziyādah na howe to bajāī chapnī ke us jagah joṛ ke sāmhnē derh inch lambā ghār maḷum hogā us men unglī bilā dabao kisī nau ke utar jāwegī, uske úpar aur niche ek haddī maḷum hogī, us men se koī haddī aisī baṛī hogī jaise ki sālīm pānw kī chapnī hai, aur wuh ziyādah mutharrik maḷum hogī. Yih hī donoṅ maḅhsús ṭukre hain jin ke bīch men haddī aksar tūt jāti hai.

S.—Aisī sūrat men kyā maāljah karnā munāsib hai ?

J.—Wuh shaḅhs pīṭh ke bal se chārpāī par liṭāyā jāwe aur us ká sir aur jism zarā únchā rakkhá jāwe ki ádhā baiṭhá maḷum howe. Jāng aur ṭāng ek hī khat-i-mustaqīm men rakkhe jāwen, aur pānw aur ṭāng is qadar únche úṭhāe jāwen jis qadar úṭhāne men taklīf maḷum na howe, is taur se ki sārī ṭāng jism par bamuqām joṛ kúle ke kham khāwe. Is sūrat se jism ko bazariāh chhoṭe himāil ke rakkhá jāwe, upar ká sirā gird gardan ke, aur niche ká sirā gird pānw aur eṛī ke guzará jāwe, sirif isī taur se párah hāe ustaḅhwān shikaste jama ho jāte hain, jāng ke puṭṭhe úpar kī taraf khīnchte hain, aur us ko niche kī taraf khīnchne se báz rakhte hain, aur niche ká ṭukrā haddī ká pinḍlī kī haddī men aisā qāim hai ki bilā harkat dene us haddī ke us ko harkat nahīn hotī. Is wāste úpar ká sirā haddī ká badastúr parā rahe, lekin jhukāne se us uzv ko úpar peṭ ke niche ká sirā us ke pás láyā jāwe, aur us jagah himāil men rakh diyā jāwe. Jab ki waram jo ziyādah bāze auqāt ho jātā hai aur aksar āre ek hafte men rafa ho jātā hai, to ām dastúr yih hai ki ek mudawwar tasma yá do tīn pech roller ke jāng par us muqām se zarā upar jahān úpar ká sirā haddī ká maḷum hotā hai bāndhe jāwen, aur is qadar khīnch diye jāwen ki phisal parne se mahfúz rahe, aur ek dúarā mudawwar tasma yá roller usī tarah se ṭāng par durustī se

round these parts will answer the same purpose. These two circular bandages are now brought together, the upper one drawing down with it the upper piece of bone a little, by tapes, one from the other, and tied on each side of the knee. This posture and bandaging requires to be kept up about a month, when it may be removed. When the person first gets up, he is not very well able to bend his knee, which he finds very weak, his leg unable to support his weight, and that it cannot be thrown forward with steadiness and safety in stepping forwards.

Q.—What is the reason of this unsteadiness ?

A.—It arises from the substance by which the broken bone is united, stretching, and if this stretching be great, as it occasionally is to several inches, he becomes quite lame and incapable of standing in consequence of the muscles which brace the leg to the thigh becoming lax by the lengthening of the new substance, allowing the upper part of the knee-cap to which they are fixed to rise above its proper place.

Q.—How is this laxity of the muscles to be overcome ?

A.—The person must sit upon a high table with his leg hanging over just clear of the knee, and then must swing it backwards and forwards till he can raise it straight with his thigh. When able to do this he must fasten a pound or two-pound weight to his foot and proceed as before. After which the weight is to be increased once or twice. Ten days or a fortnight's practice in this way will put the muscles to rights, enable them to brace the knee properly, keep it straight to support the body, and also throw the leg forward so as to render the person capable of walking safely.

BROKEN LEG.

Question.—How would you treat a broken leg ?

Answer.—It is better to wait four or five days after the accident to allow any swelling to subside before splints are applied. During this time, the leg should be laid on its outside, upon a pillow with the toes and a little raised by a pad placed beneath the outside of the foot near the little toe, and the knee should be half bent.

níche ke síre par lapetá jáwe, yá do rúmál in azá ke gird lapetá jáwe to un se bhí kám chal jáwegá. Yih donon mudawwar bandishen bazariāh fite ke pás pás láí jáwe, upar kí bandish se úpar ká sírā haddí ká zará níche ko jhuk jáwegá, aur har taraf ghuṭne ke bándh diye jáwe. Yih waza aur bandishen qaríb ek mahíne tak qáim rahe, aur bad ek máh khol diye jáwe. Jab ki wuh shaḡhs awwal uṭhtá hai to apne ghuṭne ko baḡhúbí jhuká nahín saktá; wuh ghuṭná us ko bahut kamzor maḡúm hotá hai, aur uskí táng us ká bojh saharne kí qábil nahín hotí, aur baistihkám áge nahín rakkhí játí, aur baitmínán qadam áge nahín barḡayá játá.

S.—Is beqaimí kí wajjah kyá hai ?

J.—Basabab phail jáne us medeh ke ki jis se ustaḡhwán shikasta jur játí hai, aur agar yih phailáo ziyádah ho jisse aksar káí inch tak ho játá hai, tab wuh shaḡhs bilkul langrá ho játá hai, kharé hone kí qábil nahín rahtá, is wáste ki jin puṭṭhon se táng jáng ke sáth khiñchí huí hai basabab phail jáne medeh ke dhíle ho játe hai; aur uṭhne meṅ jhaṭ úpar ká hissá chapní ká jis meṅ ki weh puṭṭhe lage hue haiṅ mamúlí jagah se ziyádah úṭh játá hai.

S.—Dhílá honá puṭṭhon ká kyunkar rafa kiyá jáwe ?

J.—Us shaḡhs ko cháhiye ki buland takht par baiṭhe, aur apní táng ghuṭne se ilahdah níche laṭká de, aur áge aur píchhe kí taraf us ko harkat detá rahe jab tak ki us ko jáng ke sáth sídhá na uṭhá sake; jaisá ki aisá karne qábil ho jáwe us waqt ádh ser yá ser bhar bojh apne pánw meṅ bándh lewe aur badastúr sábiq phir harkat dená skurṭ kare; phir us wazan ko ek do martaba ziyádah kar lewe. Das pandrah din tak aisá karne se us ke puṭṭhe durúst ho jáweṅge aur ghuṭne kí bandish un se ḡhúb ho jáwegí aur sídhe hokar qábil saharne jism ke ho jáweṅge, aur táng áge phailne lage aur wuh shaḡhs baitmínán chalne lagegá.

BAYAN TŪTÍ HUÍ TĀNG KĀ.

Sawál.—Tūṭí huí táng ká kyá iláj kiyá jáwe ?

Jawáb.—Munásib yih hai kí chár páñch roz tak yá kam hone warm ke wáste bándhne splint ke intizár kiyá jáwe. Is arsaḡ meṅ táng báhar kí taraf se ek takiya par rakkhí jáwe, aur ek gaddí báhar pánw kí ungliṅ ke kí jis se chhoṭí unglí zará uṭhí rahe. Níche báhar kí taraf pánw ke pás chhoṭí ungliṅ ke lagá deṅ, aur ghuṭne

Before putting on the roller, the foot and the leg must be wrapped smoothly in a double fold of lint, otherwise the bandage, wet with a thick solution of gum, will stick to the hairs, and there will be much difficulty in getting the roller off afterwards. This done, the leg must be gently raised, and supported by two persons, one of whom holds it above the broken part, and the other below, with one hand around the ankle, by which a little pull is to be made, so as to prevent the broken ends of the bone overlapping. The roller is then to be put on, turning it first round the middle of the foot, and continuing it over the instep and heel on to the leg and up to the knee, taking care that each turn of the roller half covers the one just made. Having reached the knee, the roller must be turned round the leg in the same way downwards to the middle of the foot, and again upwards to the knee, and there left. The limb is then laid down on its outside upon a smooth pillow as before, and the front of the foot supported to such height, that the tip of the great toe and the knee-cap are on the same level. Care also must be taken that the leg should be put as nearly as possible in the same direction, as it would lie if it were unbroken. In course of twenty-four or thirty-six hours the roller will have dried, and a firm close fitting case is formed, in which the leg will be immoveable. When the bandage is hard and firm, usually about the third day, the person may get up and move about. Sometimes it may be necessary to take the bandage off and re-roll it, if it pinch anywhere, or if, by shrinking of the soft parts, it get very loose, but usually it does not require to be meddled with till the end of the month, when it may be entirely removed. If splints be used, two are required, three or four fingers in width, according to the size of the leg, and reaching from the knee to the sole of the foot, each having a circular hole cut out where they will rest against the ankle. The splints having been thickly padded, the leg, placed as already directed with the knee bent, is to be gently raised, and one splint slipped beneath it along the outside of the leg; the other is laid upon the inside, and then both are fixed by winding a roller around them from the foot to the knee. The leg resting on the outside with the knee bent, is generally the best and the easiest position. Sometimes the broken ends of the bones will not drop into their proper place, or will not

ko ádhá kham diyá jáwe. Qabl az lagáne roller ke pánw aur táng par safáí se dohrá kaprá lint ká lapetá jáwe, warna patí ko gáre solution gonđ men tar karke bándhí jáwen, jo ki bálon par chipat jáwegí, aur roller ke iláhda karne men barí diqqat hogí. Aisá karke táng ko zará únchá uṭháyá jáwe, aur do ádmí usko thánbe raheñ, ek tau ádmí ṭúte hue muqám se úpar pakre, aur दूसrá níche se, aur ek háth apná ás pás ṭákhue ke rakkhe, aur use zará khenchtá rahe, táki ṭúte hue sire hadđí ke lipat na^o jáwen. Badhú roller bándhá jáwe, awwal usko pánw ke ás pás bích men lapetkar pusht qadam aur erí tak táng men aur ghuṭna tak lapetá jáwe, magar yih ihtiyát rahe ki har lapet se pahlá lapet nisf dabtá rahe. Ghuṭna tak pahunchákar roller táng ke gird usí taur se níche kí taraf pánw ke bích tak lapetá jáwe, aur phir úpar ghuṭna tak lapetkar chhor diyá jáwe. Uzw ko báhar kí taraf sáf takiya par pahlí dafa ke muwáfíq rakkhe, aur pánw sámhne se aisí bulandí par sahára jáwe ki pánw ke angúṭhe kí nok aur ghuṭno kí chapní ek khat men hamwár ho jáwen; aur yih ihtiyát rahe ki táng hatt-ul-imbán qaríb qaríb is waza se rakkhí jáwe ki jaise us súrat men rahe jab us men kuchh zarab na pahunchí ho. Chaubís yá chhabbís ghante men roller khusk ho jáwegá, aur ek mazbút táng khána sá ban jáwegá ki jis men táng ko jumbish na ho sakegí. Jabkí bandish saḡht aur mazbút howe, aksar tísre roz us shaḡhs ko cháhiye ki uṭhe aur chale phire. Baz auqát zarúrat kholne roller kí aur uske phir bándhne kí ho játí hai, jab ki kahín bhinch jáwe yá haṭ jáwe azáí muláyam se, yá lapet dhíla ho jáwe, magar aksar ek mahíne ke ákhir tak uske chheṛne kí ahtiyáj nahín hogí; bad ek mahíne ke usko bilkul khol dálte heñ. Agar istamál splint ká kiyá jáwe to do splint cháhiyeñ ki tén yá chahár ungal chaure mutábíq túl táng ke hon, aur ghuṭne se pánw ke talwe tak pahunchen, har ek men ek ek gol surákh kaṭá howe, ki jahán se splint ṭákhne par saháre jáwen. Splint par moṭí gaddí lagákar aur táng hasb hidáyat markúrah bálá ghuṭne ko kham dekar rakkhí jáwe, aur usko zará únchá uṭháyá jáwe, aur दूसrá splint andar kí taraf lagáyá jáwe, aur uske bad pánw se ghuṭne tak roll bándhkar donon ko khench diyá jáwe. Táng ko báhar kí taraf aur sahára dekar ghuṭne ko jhuka huá rakkhe, aksar bahút bahtar aur árámбахsh waza tajwíz huí hai, bas auqát ṭúte hue sire hadđí ke apní apní jái munásib men nahín waal hote haiñ, aur yá is tarah táng ko rakhne se us muqám par qáyam

so remain when the leg is thus laid. It then becomes necessary to put the limb straight and resting on the heel; and if there be still any disposition in the broken ends of the bone to stick up, it will be necessary to weight the foot, as directed in the treatment of broken thigh, for a few days, till the disposition of the muscles to drag up the lower part of the bone ceases.

ON BROKEN TOES.

Question.—What usually takes place when the toes are broken ?

Answer.—Toes are rarely broken without severe injury of the soft parts, and excepting in the first joints of the great toe, and that next to it, can only be discovered with difficulty.

Q.—What is the treatment to be followed in such an accident ?

A.—A piece of thick paste-board may be placed on the under surface of the toe, and fastened to it with a few turns of a narrow roller, the patient being kept quiet on his bed or sofa.

COMPOUND FRACTURES.

Question.—What is meant by a compound fracture ?

Answer.—Broken bones, with wounds of the soft parts running down to them.

Q.—Are accidents of this nature considered dangerous ?

A.—Yes, and they are serious in proportion to the size of the wound, and the tearing and bruising of the soft parts. A compound fracture is most dangerous when a joint is involved in it. It is more serious in the lower than in the upper limbs, is more to be dreaded in the thigh than in the leg, and more in the arm above the elbow than below it.

Q.—What is the treatment to be adopted in such cases ?

A.—The great object is to make the accident a simple fracture by healing the wound as quickly as possible, which in the thigh

nahín rahte. Us súrát meṇ zarúr partá hai ki us uzv ko sídhá rak-
khá jáwe, aur erí par sahára diyá jáwe; agar phir bhí tũṭe hue sire
haddí ke thikána na baiṭhen, tau us hálat meṇ zarúr hai ki hasb
hidáyat mundarjah maáljah jáng shikasta páṇw par chand roz tak
bojh bándhá jáwe, jab ki ek mílán puṭṭha darbáb khinchné nícḥe
ke sire haddion ke mauqúl na ho jáwe.

BYÁN TŪT JÁNE UṄGLÍ PÁNŪW KÁ.

Sawál.—Jab páṇw kí uṅglí tũṭ jáwe us súrát meṇ kyá hál hotá
hai?

Jawáb.—Jab tak ki páṇw ke muláyam ázá meṇ zarab na
pahunché tab tak uṅglí nahín tũṭtí, aur aṅgũṭhe ke pahle joṛ aur
wuh joṛ ki us ke muttasil hotá hai us ke siwá patṭhá us zarab ká
badushwáarí maálum hotá hai.

S.—Aisí zarab ke pahunchne meṇ kyá iláj kiyá jáwe?

J.—Ek ṭukrá moṭí waslí ká uṅglí ke andar ke satah par lagáya
jáwe, aur kamchaurí roller ke chand lapet dekar us meṇ bándh
diyá jáwe. Aur bímár ko behis aur harkat chárpaí yá taḡhtposh
par rakkhá jáwe.

BAYÁN TŪT JÁNE HARDO HADDÍ YÁNE MURAKKAB KÁ.

Sawál.—Shikastagí murakkab kis ko kahte haiṇ?

Jawáb.—Jab donon haddí tũṭ jáweṇ aur naram azá meṇ us
jagah tak zaḡhm ho jáwe.

S.—Is qism kí zarben kuchh ḡhatarnák hotí haiṇ?

J.—Filwáqá jis qadar bará zaḡhm ho jáwe aur azái naram phaṭ
jáweṇ yá pis jáweṇ us qadar ziyádah ḡhatar hotá hai, shikastagí
murakkab us súrát meṇ ziyádah ḡhatarnák hotí hai, jab koí mufásil
us meṇ ájátá hai, wáqá honá shikastagí murakkab ká úpar ke uzv
meṇ nisbat nícḥe ke uzv ke ziyádah ḡhatarnák hai, jáng banisbat
táṅg ke, kohní se úpar ke háth meṇ nisbat kohní se nícḥe ke háth
meṇ aisí zarab pahunchne se ziyádah ḡhauf karná cháhiye.

S.—Aisí súrát meṇ kyá iláj kiyá jáwe?

J.—Barí murád yih hai ki shikastagí murakkab ko jis qadar
jald mumkin ho zaḡhm ko indamál karke ki jáng kí súrát meṇ

especially is very difficult. In all cases it must be at first attempted to unite the edges of the wound by bringing them lightly together with strips of sticking plaster, and the limb should be covered with a light cold wet linen cloth, which must be repeatedly moistened by squeezing a wet sponge over it or by sprinkling it with water, as, by evaporation, it becomes dry.

Q.—What is the object of this ?

A.—To regulate the inflammation which generally ensues, and is more or less severe.

Q.—How is the evaporation kept up ?

A.—The bed clothes are kept away from the limb by putting a cradle across it, over which the sheet alone should lie, care being taken, at the same time, that the edge of the sheet should be lifted up in two or three places so that there may be a current of air, otherwise the limb will be kept in a steam bath, and damaged rather than relieved. The use of a cradle is necessary only for the thigh or leg. The arm can lie on a pillow uncovered by the bed clothes.

Q.—Describe the state the patient generally at first falls into.

A.—Three or four days after the injury, the patient begins to get fidgetty, cannot sleep, or only gets short and disturbed sleep. He soon begins to be hot and thirsty; his head aches, he becomes more restless, has one or more shivering fits, and usually becomes worse towards evening; his mind wanders, or he even becomes delirious. The wound begins to discharge at first a dirty bloody sort of matter in small quantity, which by degrees increases, and if things go on well, changes its character to that of good matter, which is free from smell, about as thick as cream, and of a straw color. With the appearance of such matter the symptoms mentioned soon subside, the fever goes off, the sleep and appetite return.

Q.—Describe the second stage.

A.—In this stage the process called granulation commences, which is the formation of new flesh to fill up the gap formed by the injury, to pass through, before the broken ends of the bone can begin to knit together. This is a very perilous stage in the cure of the accident; for persons whose health has been broken

khasúsan yih amar bahut muhál hai, har ek súrât men awwal yih tadbír kí jáwe ki bazariah pháye sticking plaster ke zaḡhmon ke kináre áhiste áhiste miláe jáwen, aur uzv shikasta par kaprá linen ká lapetá jáwe, sponge ko bhigokar us par mutwátir pání nichoḡte raheḡ, zerá ki basabab urne pání ke wuh kaprá khusk hojâtá hai.

S.—Is se kyá faidah mutsawwar hai?

J.—Wáste iatdál sozish ke ki aksar ho játí hai aur shiddat us kí kam aur besh hotí rahtí hai.

S.—Ikhráj bukhár kis tarah járí rakkhá jáwe?

J.—Chárpái ke kapre us uzv se iláhdá rakkhe jáwen, aur ek cradle yane lakrí ká sarposh rakh kar wuh uzv us par rakkhá jáwe, cradle mazkúr par sirif ek chádar bichháí jáwe, aur yih iltiyát rahe kí kináre us chádar ke kaí jagah se únche uḡháe jáwen táki hawá hamesha us men ko átí rahe, warna wuh uzv goyá hammám bukhár men rahegá, aur banisbat áram hone ke zarar pahunchegá, istamál cradle ká sirif wáste jáng aur tǎng ke zarúr hai; háth ek takiya par rakkhá rahe, magar kaprá us par na howe.

S.—Bayán karo ki awwal bímár kí kyá hálat hotí hai?

J.—Wuh shaḡhs beqarár hone lagtá hai, us ko nínd nahín átí, agar átí hai to kḡhafíf, aur aisí ki us men bekal rahtá hai, aur jalan, garmí, aur tishnagí us par ghálib hotí hai, sir dard hone lagtá hai, iztaráb ziyádah hotá játá hai, ek yá ziyádah martabah larza charḡ átá hai, aur jiun jiun shám hotí átí hai, us kí hálat bigartí játí hai, us ká dil bhatakne lagta hai, aur balki hálat hiziyáp ho játí hai, zaḡhm men se awwal thoḡá thoḡá mailá kḡhún qisam mawád nikalne lagtá hai, aur batadríj ziyádah hotá játá hai, aur agar súrât bihtarí kí maḡlúm ho, to wuh mawád mubaddil hotá hai basúrat achche píb ke, aur badbú us men nahín rahtí, aur misl malái ke ho játá hai, aur rangat us kí misl ghás ke ho játí hai, aise mawád ke nikalne se ásár mazkúra bálá bhí rafa ho játe haiḡ, aur bukhár játá rahtá hai, aur ishtahá aur nínd bahálat aslí ho játí haiḡ.

S.—Darjah doyam ká hál bayán karo?

J.—Is hálat men wuh tarkíb shurú hotí hai jis ko granulation yaní paidá honá naye gosht ká aur indamál honá surákh zaḡhm ká jo basabab zaráb ke ho játá hai, pahle isse ki tǔḡe hue sire haddion ke ápas men wasl hone lagen, aur yih hai ek bahut achchehá hálat maájljah karne men, aur yih darjah bahut kḡhatarnák hai un logon

by intemperance, age, or any other cause, and if the injury have been to the lower limb, they most commonly die, unless the limb be cut off, and even this is a very uncertain remedy. If the constitution fail in this second stage, the feverish condition again sets in, the pulse becomes quick and weak, the countenance flushed with pink, alternate heat and violent perspiration, general wasting of the body, loss of appetite, dry brown tongue, restlessness, soon followed by delirium and death.

Q.—Directly the constitutional disturbance begins what should you do ?

A.—Poultice the wound, to encourage the formation of matter, as its appearance and production of a good sort, is, as has been mentioned, a very favorable symptom ; the poultice must be continued until the wound is nearly or entirely healed.

Q.—Describe the medical treatment to be followed in the two stages.

A.—In the first stage, when the inflammatory condition is accompanied with strength, it will require checking with occasional doses of calomel and tartar emetic, which, however, must be employed with great discretion, as not unfrequently, and if the case go on badly, after three or four days, the symptoms assume a typhoid character, and instead of depressing the constitution, it will require support with wine and other stimulants, or the patient sinks at once. In the second stage, the inflammatory stage is of that kind depending on exhaustion, and then at once the constitution requires to be assisted by every thing which will prop up and strengthen it, wine, brandy, and strong nourishing broth, or nourishing easily digested food must be given often in very considerable quantities.

DISLOCATIONS.

Question.—What is the meaning of a dislocation ?

Answer.—When a limb or part of a limb slips out of its socket or joint, it is said to be dislocated.

ke haq meṇ jin kí ki umed zindagí munqata ho gaí ho, basabab zaiíf umr ke, yá dígar wajah ke kamzor aur kharáb ho gaí ho, aur agar zarab niche ki uzv meṇ pahunche to darsúrat na káṭne us uzv ke wuh shaḡhs aksar mar játa hai, aur aisí tadbír yaṇe káṭne se kuchh iatbár sihat mutsawwar nahín. Agar tabíat is darje doyam meṇ bigaṛ jáwe to súrát buḡhár phir gálib hotí hai, harkat nabz tez aur zaiíf ho játa hai, chihrah tamtamáyá huá basiyáhi máil ho játa hai, garmí aur pasíne bári bári se láhaq ho játe haiṇ, sára badan dublá hotá játa hai, ishtahá raḡa ho játa hai, zubán kḡhushk aur bhúrí ho játa hai, beqarárí aur us ke píchhe hiziyán láhaq hotá hai, aur badhú maríz mar játa hai.

S.—Jis waqt ki tabíat meṇ khalal wáḡa hone lage, kyá karná munásib hai?

J.—Zaḡhm par poultice lagáí jáwe táki paidáish píb ziyádah howe, zerá ki namúð hone aur paidá hone achchhí qism kí píb se jaisá ki úpar zikar huá, ásár nek záhir hote haiṇ, istamál poultice ká járfí rahe, jab tak ki zaḡhm qaríb qaríb yá bilkul indamál páwe.

S.—Kyá kyá dawá har do darje marz meṇ istamál kí jáweṇ ?

J.—Awwal darje meṇ jab ki hálat sozish bahut zor ke sáth láhaq hotí hai rokná us ká kabhí kabhí bazariáh istamál karne calomel aur tartar emetic ke munásib hai, magar is ke istamál meṇ bahut hoshyári cháhiye, kaí martabah istamál un ká kiyá jáwe, agar súrát maríz bad tén chár roz ke badtar hotí jáwegí, to marz ká kḡhawás typhoid ho jáwegá, aur bajáe zauf karne tabíat ke zarúrat us kí saharne ke bazariáh istamál sharáb aur dígar mufarraḡ adwiyát ke ho jáwegí, warna maríz dafatan ján bahaq ho jáwegá. Darjah doyam meṇ sozish ká martabah us qism ká hotá hai, jis se táqat záil ho játa hai, to us súrát meṇ aisí chízon ke istamál se tabíat ki madad kí jáwe, ki jis se tabíat mustahkim ho jáwe, aur quwwat ziyádah ho jáwe, sharáb aur brandy, aur qawí táqat baḡhsh, yá táqat baḡhsh hazam hone wáli kḡhurák aksar kasrat ke sáth dí jáwe.

BAYÁN UKHAR JÁNE JOṚON KÁ.

Sawál.—Mufásil ká ukharná kis ko kahte haiṇ ?

Jawáb.—Jab ki koí uzv yá joṛ apne khána se yá joṛ se phisal jáwe, us ko ukharná mufásil ká kahte haiṇ.

Q.—What joints are most apt to be dislocated ?

A.—The loose joints which admit of motion in every direction, as the shoulder and hip joints ; while those which move like a hinge, as the elbow and knee joint, are more rarely dislocated, and require an unusual degree of violence to accomplish it.

Q.—In what direction may a round headed bone be dislocated ?

A.—It may be pushed backward, forward, upward, downward, or in any part of the circumference.

Q.—How may other kind of joints be dislocated ?

A.—Backward, forward, or to either side.

Q.—How is a bone known to be dislocated ?

A.—By there being a loss of the usual motion in the joint, by the limb being altered in its length or distorted, by there being great pain in the surrounding parts, and this pain increased on motion or pressure.

Q.—What are the causes of dislocation ?

A.—They are either internal or external ; the internal causes are diseases of the joint or its appendages, relaxation of the ligaments or articular cavities. A white swelling sometimes partially dislocates the knee, and scrophula the hip joint. External causes of dislocation are such as blows, falls, violent wrenches or twists.

Q.—How is a dislocation known to be reduced ?

A.—By the limb recovering its natural length, shape, and direction, and by the patient being able to perform certain motions which he could not do when the bone was out of its place. There is a great and sudden diminution of pain, and sometimes the bone is heard to give a loud crack when going into its natural position.

Q.—After a dislocated bone is reduced, is there occasion for any further trouble ?

A.—Care must be taken to prevent a recurrence of the accident, by retaining the limb steady by appropriate bandages, which should be put as far as possible from the centre of motion. To the ankle and wrist splints may sometimes be necessary. After fixation of the shoulder joint, the arm is to be kept in a sling. If there is

S.—Kaun kaun se mufásil aksar ukhar jáyá karte hain?

J.—Dhíle mufásil ki jin men har jánib ko harkat ho saktí hai, wehí aksar ukhar játe hain, maslan kandhá aur kúlá, aur wuh mufásil ki jis kí harkat misl kabze ke hotí hai, jaise ki mufásil kohní aur ghuṭna ye bahut kam ukharṭe hain, aur us kám ko anjám karne men basabab mamúli ke ziyádah zor darkár hotá hai.

S.—Gol sire kí haddí kis simt se ukhar játí hai?

J.—Áge, yá píchhe, yá upar, yá níche kí taraf yá bích men se kisí taraf sarak játí hai.

S.—Aur mufásil kis tarah utar játe hain?

J.—Áge, yá píchhe, yá donon taraf se.

S.—Kyunkar daryáft kiyá jáwe ki haddí ukhar gaf hai?

J.—Mufásil mazkúr men basabab mamúli ke harkat kam ho játí hai, aur us uzv ke túl men faraq par játá hai, yá us uzv men kaj wáqa hotá hai, ás pás ke azá men bahut dard hone lagtá hai, aur wuh dard dabáne yá harkat karne se ziyádah hotá hai.

S.—Sabab ukhar jáne mufásil ke kyá hain?

J.—Yá to koí sabab andrúni hotá hai yá berúni. Mufásil yá mutalaqát mufásil, dhíle hone patṭhe yá articular cavity ká árzá andrúni men dákhil hai, wáqa honá waram sufed ká baz auqát ghuṭna ke mufásil ko kuchh ek ukhár detá hai, aur wáqa honá kanṭhmálá ká kúle ke mufásil ko berúni sabab ukharne mufásil ke sadma aur gir parná aur jhaṭak yá moch shadíd mutsawwar hotí hain.

S.—Kis tarah maḷúm howe ki mufásil ukhrá huá durust ho gayá?

J.—Uzv kí harkat aur wasat aur simt bahálat aslí ho játí hai, aur maríz baz harkat ke bahálat ukhar jáne ustaḥwán us se nahín ho saktí thí, karne lagtá hai, dard dafatan bahut kam ho játá hai, aur baze auqát jab haddí apne ṭhikáne men játí hai to us men seek zor kí áwáz nikaltí hai.

S.—Jab ki ukhrí huí haddí wasl ho játí hai, to kuchh aur bhí diqqat karne partí hai yá nahín?

J.—Ukhrí huí haddí ṭhikáne baith jáwe, ahtiyát is amar kí kí jáwe ki phir na ukhar jáwe, isliye lázim hai ki uzv ko bazariyah bandish munásib, aur wuh bandish ke jis qadar sídhá qáim rakkhá jáwe, aur mumkin ko, us qadar fásile par rakkhar harkat se lagáí jáwe. Baz auqát ṭakhne aur kaláí men splint bándhne kí zarúrat

any appearance of inflammation or swelling taking place from the accident, or from the force employed in reduction, a cold lotion is to be kept to the place, and even leeches may be necessary, with a saline purgative.

Q.—What is the meaning of a compound dislocation ?

A.—Compound laxations are those which are attended with a wound communicating with the cavities of the injured joints.

Q.—Is there any danger attending compound laxations ?

A.—They are often attended with very great danger ; the reduction must be effected as gently and as quickly as possible. The wound is to be cleared from dirt or any extraneous matter, and its lips are to be brought together by adhesive plaster. The limb is to be bound with the proper splints and bandages, and to be kept cool by refrigerant lotions, and if there is much constitutional excitement, bleeding large and general, is to be put in practice. Saline draughts and antimonial medicines must be resorted to, if febrile symptoms present themselves, and purgatives also, provided they do not subject the patient to too much motion of the injured part.

Q.—What are the signs usually of a favorable termination of the injury ?

A.—The febrile symptoms abating, and the local inflammation not running to any great extent.

Q.—What are the unfavorable signs ?

A.—Violent inflammation attacking the joint followed by supuration, and all the dangers and symptoms of hectic fever.

DISLOCATION OF THE JAW.

Question.—What are the signs of a dislocated jaw, and how does it usually occur ?

Answer.—It mostly takes place in gaping, when the lower jaw being violently and quickly drawn down, its joint ends slip from their sockets, and the jaw becomes firmly fixed, keeping the mouth wide open. The face in consequence is lengthened considerably : the expression altered and vacant, the power of speaking lost ; and any attempt at utterance producing only strange and incom-

hotí hai, ki baḍ utar jáne mufásil kandhe ke háth ko himáil men rakkhá jáwe; agar kuchh sozish yá waram basabab is sadma ke yá charháne ke waqt zor pahunchne se namúḍ ho áwe to thandá lotion us jagah par lagáyá jáwe, ya jonken lagáí jáwen, aur julláb namak ká liyá jáwe.

S.—Compound dislocation se kyá murád hai?

J.—Compound dislocation se murád yih hai ki mufásil ukhre hue ke surákhon tak zaḡhm ho jáwe.

S.—Compound dislocation men kuchh bará khatrá bhí ho játá hai?

J.—Bárhá aise maámle men bahut bará khatrá ho játá hai, jis qadar sahuilyat aur shitábi se mumkin ho; us uzv ko charhá diyá jáwe zaḡhm ko mattí yá dígar medeh berúni se sáf kiyá jáwe, aur kináre zaḡhmon ke bazariyah chipaknewále marham se miláe jáwen; uzv ko splint aur patṭí hác munásib se bándhá jáwe, aur thandá lotion lagákar us ko thandá rakkhen; agar tabíat maríz qawí ki hai to ám aur ziyádah ikhráj khún kí tadbír kí jáwe. Saline draughts yane namkín pání aur antimonial adwiyát darsúrat namúḍ hone ásár bukhár ke istamál kí jáwen aur múshil bhí diyá jáwe, is wáste kí bímár ke ukhre hue joṛ par ziyádah harkat na pahunchne.

S.—Súrat bihtarí kí is hálat men kyá hotí hai?

J.—Alámat bukhár kam aur sozish khún bhí kam hona.

S.—Alámat raddí is marz kí kyá hotí hai?

J.—Jab ki joṛ par sozish shadíd ho jáwe, aur us ke baḍ pakáo ho jáwe, aur khatra aur alámaten hectic bukhár kí namúḍ howen.

BAYÁN JABRE KE UKHAR JÁNE KÁ.

Sawál.—Ukhre hue jabre ke ásár aur us ke ukharne kí wamúli wajahát kyá hai?

Jawáb.—Jabrá aksar jambháí lene men utar játá hai, jab kí niche ká jabrá zor se aur shitábi se niche utre us ke joṛ ke sire khána men se nikal játe hai, aur jabrá qaím rah játá hai, aur munh khulá rah játá hai. Is báis se chihrah bahut lambá ho játá hai, guftgú badal játí hai, aur kháíl áwáz nikaltí hai, qúwwat nátiqá játí rahítí hai, aur jo wuh shaḡhs bolne ká irádah kare to ajsb áwáz na

prehensible noises, and the oddest contortions of the countenance possible by the various shifts the person employs in endeavoring to make himself understood.

Q.—How is a dislocated jaw reduced ?

A.—The patient being seated on the floor, and his head resting against the operator's knees, who stands behind him, two pieces of hard wood about the same size, or the handles of two forks, are to be passed into the mouth one at each corner, and to be pressed back as far as they will go, between the back teeth on each side and there held by another person. The operator then bending over the patient, and passing his own fingers between one another so as to make a loop of both hands, places them under the chin, and pulls it up so as to close the mouth. As this is doing, the joint ends of the jaw bones are made to descend, and as soon as they reach the edge of their sockets, are pulled into place, and the dislocation is reduced. Care must be taken that the pulling up of the chin be made level, and that the pieces of wood or fork handles both retain their place, otherwise if it be unequal, or one of the forks slip, only one side of the jaw goes in, and very commonly in attempting to reduce the other, it slips out again, as this is often repeated several times to the equal vexation of the doctor and patient. When this accident occurs the first time, the jaw should be kept closed for two or three days, by passing a bandage once or twice round the top of the head and under the chin; and the person should be advised to be cautious how he laugh or yawn too widely, as when the jaw has once slipped out, it readily does so again in either of these actions.

DISLOCATION OF THE ARM INTO THE ARM-PIT.

Question.—What are the signs of a person having dislocated his arm into the arm pit ?

Answer.—He is incapable of getting his elbow close to his side or of raising it to a level with his shoulder.

Q.—How is such a dislocation commonly reduced ?

A.—The patient and the person who is to pull the arm into place both lie down on the floor side by side but in contrary direc-

samajhne qābil misl ghul ke nikaltí hai, aur hatt-ul-wasaḥ chihrah men̄ ajab tarah kí salwaṭ dāلكar anwá anwá kí tadbírse wuh shaḥḥs dúsre ko apná manshá-i-mafhúm karne men̄ saj kartá hai.

S.—Ukhr̄e hue jabre ke charhāne ke liye kyá tadbír kí jáwe?

J.—Maríz ko farsh par bitháyá jáwe, aur us ká jabrá charhāne-wále ke ghuṭna par kí wuh píchhe khará howe rakkhá jáwe, do barábar ṭukre saḥt lakr̄i ke yá do kánton ke daste munh ke har ek kone men̄ ghusáe jáwen, aur donon̄ taraf pichhle dānton men̄ ko jahān tak já sakeṅ jáne dekar ek ádmí ke háth men̄ pakr̄á dewen. Maálij us waqt maríz ke úpar jhukkar aur apní ungliyān ápas men̄ gānth lewe aisá kí donon̄ háthon ká ek halqa baná le, aur us halqa ko zer zanaḥḥdān rakkhar aise zor se úpar ko uṭháwe kí munh band ho jáwe. Aisá karte hue jabre kí haddí ke niche sire utāre jáwen, aur jab kí apne ḥhána ke kināre par pahunche, us waqt un ko un kí jagah par utár diyá jáwe, is taur se jabrá charh játá hai. Is amar men̄ ziyádah ahtiyát rahe kí ṭhorí ko hamwár kar ke únchá uṭhá de aur we lakr̄i ke ṭukre yá kánte ke daste apní apní jagah par qáim rahen, agar ṭhorí ke uṭháne men̄ kaj rahegá yá koí sá ṭukrá sarak jáwegá sirif ek taraf se jabre ká joṛ milegá, aur aksar dusrá joṛ milátí dafa wuh pahlá joṛ phir nikal jáwegá, aur jo aisáhi ká martabah karne ká ittafāq hogá to doctor aur maríz donon̄ diq honge. Jab aisásadma awwal martabá pahunche to lázim hai kí jabre ko do tīn roz tak ek pattí ke do yá tīn lapet̄ sir ke úpar aur ṭhorí ke niche lagákar band rakkhá jáwe, aur us shaḥḥs ko hidáyet kí jáwe kí ziyádah munh kholkar haṅsne men̄ yá jambháí lene men̄ ahtiyát rakkhe, is liye kí jab ek martabah jabrá apní jagah se ṭal gayá yá jambháí lene men̄ phir jaldí se ukhar jáwegá.

BAYÁN KHUL JANĒ BANĒ KE JOṚ KÁ BAGĒAL MEN̄ SE.

Sawál.—Ásar daryáft ukharne joṛ bānh ke baghal men̄ se kyá hain?

Jawáb.—Us sūrat men̄ wuh shaḥḥs apní kohní apne pahlú tak nahīn lá saktá hai, yá kandhe ke hamwár nahīn uṭhá saktá hai.

S.—Is joṛ ke charhāne kí riwájí tarkīb kyá hai?

J.—Jis ká joṛ ukhar jáwe aur jo shaḥḥs us ko charhāwe we donon̄ pahlú ba pahlú farsh par lete hain, magar muḥtaliṭ taraf se,

tions, so that the feet of the one are at the shoulder of the other, or the side where the displacement is. The operator then having taken off his shoe, and put a folded towel in the patient's arm-pit, puts his foot upon it, between the chest and the arm, using the right foot if the right shoulder is dislocated, and the left foot, if the left shoulder. He then grasps the patient's wrist with both hands, and pulls the arm down steadily. At the same time, he tells the patient to make some little change in his position, and thus inducing him to call some other muscles into action, the resistance to the reduction, which the muscles of the dislocated shoulder had been previously offering, is for a moment suspended, and at that moment the operator pulls a little more vigorously, and generally the bone immediately returns to its socket with a more or less loud snap.

DISLOCATION OF THE THIGH AT THE HIP JOINT.

Question.—How would you proceed to reduce a dislocated thigh?

Answer.—In the absence of proper pulleys, the patient and the operator should both lie down on their backs, and assistants hold the hips of the former steady, so that they shall not sway about. The operator then puts his leg, after having taken off his shoe, between the patient's legs, and presses his foot close up to the fork, which must be protected with a towel; he then grasps the patient's ankle with both hands and pulls, bids his patient change his position a little, and whilst he is thus engaged, pulls a little more briskly, and probably succeeds in replacing the bone, which goes in with a snap, more especially if the accident has recently occurred.

DISLOCATION OF THE THUMB.

Question.—How would you proceed to reduce a dislocated thumb?

Answer.—A piece of soft leather should be placed round the thumb, over this a piece of strong tape, in the form of the clove hitch, by which extension is to be made, counter-extension being made at the wrist, or between the thumb and forefinger. When reduced, a compress and bandage are to be applied.

yane is taur se, ki ek ke pánw dusre ke kandhe ke pás yá us jagah par rahen jahán se jo ukhar gayá ho. Mañlij apná jútá utárkar aur ek liptá huá rúmál mariz ke baghal men dalkar dahná pánw úpar chhátí aur báh ke bích men rakkhe, aur jo dahná kandhá utra ho to dahná pánw, aur jo báyan kandhá utrá ho to báyan pánw, is kám keliye rakkhe. Bað us ke mariz kí kaláí donon háthon se pakre, aur báh ko sídhá kar ke niche kí taraf khainche. Us waqt mariz ko yih kah dewe ki zará karwað badle us waqt basabab mutharrik hone dígar patthon ke ukhre hue kandhe ke patthe jo barwaqt charháne us ke muzáhimat karte the, wuh muzáhimat wáste ek lahzah ke mauqíf ho jáwegí, chunánchi us lahze men wuh mañlij us ke khainchne men zará ziyádah zor kare, aur aksar is taur se wuh haddí jald kam yá ziyádah áwáz se apne khande men á játi hai.

BAYAN UKHAR JÁNE JÁNG KÚLAH KE JOR MEN SE.

Sawál.—Ukhere hue kúle ko kyunkar charháyá jáwe?

Jawáb.—Darsúrat na maujúd hone charkhi munásib ke mariz aur mañlij donon píth ke bal let rahen, aur dígar shakhs mariz ke kúlon ko sídhá pakren, aisá ki kúle kisí jánib ko jhukne na páwen. Mañlij bað jútá utarne ke apní tang ko mariz kí tangon men rakkhe, aur jáng ke fork yane dushakhe par apne pánw se dabáwe, magar us dabáo kí jagah ko rúmál bándhkar mahfúz kiyá jáwe; bað us ke mariz ke ghutna ko donon háth se pakre, aur mariz ko kahe ki zará karwað badle; jab wuh karwað lene lage us waqt zará zor se khainche, ghálib hai ki is taur se haddí ko wasl karne men kámyáb howe, wuh haddí chatákha ke sáth, khasús agar sirif chand roz se ukhri ho, apní jagah par pahunchegí.

BAYAN UKHAR JÁNE PÁNW KE ANGÚTHA KA.

Sawál.—Pánw ke angútha ke charháne ko liye kyá tadbir kí jáwe?

Jawáb.—Ek tukrá muláyam chamre ká angútha ke gird lapetá jáwe, aur us par ek tukrá mazbút niwár ká bashakal clove hitch yane der girah ke bándhá jáwe, aur us girah ko pakarkar khainchá jáwe aur kúlah ko pakarkar dusrí taraf khainchá jáwe, yá angúthá aur ungliyon ke bích men se khainchá jáwe. Bað charh jáne angútha ke gaddí lagáke bándish bándh dí jáwe.

PART VI.

THREE HUNDRED QUESTIONS RELATING TO
HOSPITAL DUTY.

BA'B SHASHUM.

MUSHTAMIL U'PAR TYN SAU SAWA'LA'T KE KI
JO SHAFI'KHA'NA KE KA'MON SE ILA'QA
RAKHTE HAIN.

PART VI.

THREE HUNDRED QUESTIONS RELATING TO HOSPITAL DUTY.

1. What is the matter with you ?
2. How long have you been ill ?
3. Are your bowels open ?
4. Put out your tongue.
5. Have you any pain ; where is the pain ?
6. Why did you not come to hospital before ?
7. Have you any fever ?
8. At what time does the fever come on ?
9. Have you any shivering at the time ?
10. Does the fever come on at the same hour daily ?
11. How long have you been purged ?
12. Is there any blood or slime in your stools ?
13. Can you swallow a pill ?
14. When did you burn or scald yourself ?
15. Are you often troubled with asthma ?
16. Have you any pain in your throat or chest ?
17. Does it hurt you to draw in your breath ?
18. Do you feel very feeble ?
19. How long has that swelling been coming ?
20. Have you any pain about your heart ?
21. Have you ever had a cataleptic fit before ?
22. How long have you had this cough ?
23. Have you pains over your body with stiffness ?
24. When did this purging and vomiting come on ?
25. Have you been eating or drinking anything to disagree
with you ?
26. Did you drink cold water when in a perspiration ?
27. Have you any pain about the navel ?
28. Does the pain come on and go off again at times ?

BA' B SHASHUM.

MUSHTAMIL UPAR TY'N SAU SAWA'LA'T KE KI JO SHA-
FA'KHA'NA KE KA'MON SE ILA'QA RAKHTE HAIN.



1. Tum ko kyá bímárí hai ?
2. Kitne dinon se bímár ho ?
3. Tumko pákhána muwáfiq mamúl ke átá hai ?
4. Apní zubán báhar nikálo.
5. Kyá tumko kahín dard małúm hotá hai, kahán dard hai ?
6. Shafákhána men áj tak kyun na áe ?
7. Tum ko kuchh bukhár hai ?
8. Tum ko kis waqt tap charhtí hai ?
9. Tap charhne ke waqt kuchh larza bhí hotá hai ?
10. Tap har roz ek hí waqt charhtí hai ?
11. Tum ko kitne dinon se dast áte hai ?
12. Tumháre daston men khún yá ánw bhí małúm hotí hai ?
13. Tum golí dawá kí nigal sakte ho ?
14. Kab tumhárá badan ág yá garam pání se jalá ?
15. Kyá tum par damá aksar zor kartá hai ?
16. Tumháre gale men dard hai yá chhátí men ?
17. Kyá tum ko sáns lene men dard małúm hotá hai ?
18. Kyá tum ko bahut naqáhat małúm hotí hai ?
19. Yih warm kab se shurú huá ?
20. Tumháre dil ke ás pás kuchh dard hai ?
21. Tum ko kabhí áge bhí cataleptic kí bári huí hai ?
22. Yih khánsí tum ko kab se huí hai ?
23. Kyá tumháre badan men dard sáth akráhat ke hotá hai ?
24. Tum ko dast aur dáak kab se hai ?
25. Kuchh tumne kháyá piyá hai jisse tumhárá jí matlátá hai ?

26. Kyá tumne pasíne men thandá pání piyá hai ?
27. Tumhárá náf ke pás kuchh dard hai ?
28. Kyá yih dard kabhí hone lagtá hai aur kabhí játá rahtá hai ?

29. Have you any pain about the bladder ?
30. Do you feel a constant inclination to make water ?
31. Does it hurt you, when I put my hand on it ?

32. Do you feel a burning or throbbing there ?
33. Have you been smoking bang or churrus ?
34. What is it, then, that makes you shake so ?
35. Have you been sleeping outside your house at night ?
36. Have you been subject to epilepsy since childhood ?
37. Do you feel faint or giddy ?
38. Have you any pain at the pit of the stomach ?
39. Are you very thirsty ?
40. How long is it since you first perceived the discharge ?

41. Have you ever had gonorrhœa before ?
42. Have you any scalding when you make water ?
43. Have you any erection of the penis at night ?
44. Do you ever see any blood in your urine ?
45. How long have you been spitting blood ?
46. Do you often spit blood ?
47. Have you any heat or pain at the rectum ?
48. Do the piles bleed when you go to stool ?
49. Does your rectum ever fall down when you go to stool ?
50. Does the pain shoot to your back and shoulder ?
51. Is the pain increased by pressure ?
52. When did the dog bite you ?
53. Was the dog killed at the time ?
54. Are you quite sure the dog was mad ?
55. Who saw the dog besides yourself ?
56. How long is it since this man was struck down by the sun ?
57. How long have you had this eruption ?
58. Have any of your family had the same disease ?

59. How did it first come on ?
60. How old are you ?
61. Are you married ?
62. Have you any children, how many ?
63. Are you subject to rheumatism ?

29. Kyá tumháre masána ke pás kuchh dard hotá hai ?
30. Kyá tum ko hájat pesháb kí har waqt małúm detí hai ?
31. Kyá tum ko is jagah hamáreháthi dharne se taklíf małúm detí hai ?
32. Kyá us jagah jalan aur lapak małúm detí hai ?
33. Kyá tum bhang yá charas piye hue ho ?
34. Phir kyá sabab hai ki tum itná kánpthe ho ?
35. Kyá tum apne ghar men rát ko sáya men nahín sote ?
36. Kabhí tum ko mirgí bachpan men bhí huí thí ?
37. Tumko ghash átá hai yá sir phirtá hai ?
38. Peṭ ke tale kuchh dard małúm hotá hai ?
39. Kyá tumko piyás zore kí lagtí hai ?
40. Kitní muddat huí ki tumne us men se awwal mawád bah-tá dekhá ?
41. Tum ko kabhí palile bhí sozák huá hai ?
42. Pesháb karne ke waqt sozish bhí hotí hai ?
43. Rát ko tum ko nauz bhí hotá hai ?
44. Kabhí tumháre pesháb men kḥún bhí małúm hotá hai ?
45. Tum kab se kḥún thúkte ho ?
46. Tumháre thúk men lahu aksar átá hai ?
47. Dubar ke ás pás kuchh dard aur jalan hai ?
48. Dast ke sáth bawásir ká kḥún bhí átá hai ?
49. Pákhána phirne ke waqt kabhí káñch nikal átí hai ?
50. Yih dard tumhári kamar aur kokh men mártá hai ?
51. Kyá dard dabáne se ziyádah hotá hai ?
52. Tum ko kutte ne kab káfé ?
53. Kyá us kutte ko us waqt már dala thá ?
54. Tum ko kḥúb yaqín hai ki kuttá díwáná thá ?
55. Tumháre siwá kisí aur ne bhí kuttá dekhá thá ?
56. Kitná arsa huá ki yih admí dhúp kháne se gir pará ?
57. Kitne dinon se tumháre badan par phunsi hai ?
58. Kisí ko kabhí tumháre kumbe men se yih bímári láhaq huí thí ?
59. Awwal kyunkar yih bímári láhaq huí ?
60. Tumhári kyá umr hai ?
61. Tumhári shádí ho gaí hai ?
62. Tumháre bál bachche bhí haiñ, aur kitne haiñ ?
63. Kyá tum ko gaḥhiyá ká khalal rahtá ha ?

64. When did your joints begin to swell?
65. Have you pain on both sides of your loins?
66. Does the pain descend on the outer side of your thigh?
67. Is the pain increased when you move about?
68. Have you received a blow over your kidneys?
69. Have you lately twisted yourself, or had a heavy fall?
70. Did you ever pass a stone when making water?
71. Can you see by day or night best?
72. Do you feel as if you had sand in your eye?
73. Is the pain increased by the light?
74. Is your sight very much affected?
75. When did you become paralytic?
76. Is your taste, smell, or hearing affected?
77. Does the pain dart through your left shoulder-blade upwards to left collar bone and shoulder?
78. Are you obliged to lay in that position?
79. Cannot you lay in any other posture?
80. Bend yourself a little forward, cannot you?
81. Cannot you lie on your right or left side?
82. Draw up your legs towards your belly.
83. Now stretch them out straight.
84. Are your ancles weak?
85. Stretch out your right arm, now your left.
86. Now lift them both over your head.
87. Draw in a full breath, now cough.
88. Open all your fingers wide.
89. Have you ever had disease of your lungs?
90. When you cough, do you ever spit up matter?
91. What disease did your parents die of?
92. What part of your chest is the pain in?
93. Does it hurt you to lie on that side?
94. Are you obliged to sleep sitting upright?
95. How long is it since you made water?
96. Have you got a stricture in your passage?
97. Have you been putting any thing up your passage?
98. Did the stricture come on after a gonorrhoea?
99. Show me both of your hands and wrists.
100. How long has your spleen been swollen?

64. Kab se tumháre jorõn men sũjan shurũ huĩ ?
65. Kyá kamar ke donõn taraf dard hotá hai ?
66. Kyá dard niche utar ke rán ke úpar kí taraf hotá hai ?
67. Kyá dard tahalne se ziyádah hotá hai ?
68. Tumháre gurde par kahĩn choṭ to nahĩn lagĩ ?
69. Kyá in dinõn men tumháre moch áĩ yá tum gir pare ho ?
70. Kabhĩ tumhári pesháb men kankar bhĩ niklá hai ?
71. Tum ko din men ziyádah dikháĩ detá hai yá rát ko ?
72. Áñkhõn men tum ko ret sí bharĩ huĩ maĩlũm detĩ hai ?
73. Roshnĩ men dard ziyádah ho jútá hai ?
74. Kyá tumhári áñkhõn se bahut kam dikháĩ detá hai ?
75. Tum ko kab se fálij huá hai ?
76. Kyá tumháre záiqã, shámuh yá shunwá men farq á gayá hai ?
77. Kyá dard niche se báĩn katf men hoke úpar ko haslí aur kandhe ke chubak mártá hai ?
78. Siwá is balke, kyá tum aur taraf nahĩn leṭ sakte ho ?
79. Kyá tum kisĩ aur taraf nahĩn leṭ sakte ?
80. Agar tum áge kí taraf jhuk sakte ho to jhuko.
81. Kyá tum dáhinĩ yá báĩn karwaṭ nahĩn leṭ sakte ?
82. Apnĩ ṭãngõn ko peṭ se miláo.
83. Ab unko sídhá phailá do.
84. Kyá tumháre ṭãkhõn men táqat nahĩn hai.
85. Apná dáhiná bázú phailáo aur ab báyan.
86. Ab donõn báheñ apne sir se únchĩ karke kharĩ karo.
87. Sáns úpar ko lo, ab khãnsõ.
88. Tamám apnĩ ungliyan kholkar phailáo.
89. Tum ko kabhĩ phepre ká bhĩ marz láhaq huá hai ?
90. Khãnsne men khankár ke sáth kabhĩ píb bhĩ áti hai ?
91. Kaun bímári tumháre má báp ko marne ke waqt huĩ thĩ ?
92. Chhátĩ men kis muqám par dard hotá hai ?
93. Is karwaṭ leṭne se kyá dard hotá hai ?
94. Kyá tum ko siwá baiṭhne ke nínd nahĩn áti hai ?
95. Tum ko pesháb kiye hue kitná arsa huá ?
96. Tumháre pesháb ke raste men kuchh rukáo hai ?
97. Kyá tum ne pesháb ke raste men kuchh chíz charháĩ hai ?
98. Kyá yih rukáo bad suzák ke wáqã huá ?
99. Ham ko apne donõn háth aur pahũche dikháo.
100. Kitnĩ muddat se tumhári tillĩ barh gáĩ hai ?

101. Have you had ague lately?
102. Have you been taking mercury lately?
103. Have you ever been vaccinated?
104. Have you been near any person lately who had the small pox?
105. How many days have you felt poorly?
106. Does it hurt you to swallow water?
107. Put twelve leeches on his throat, and foment it with hot water until the bleeding ceases.
108. Show him how to gargle his throat, which he should repeat every quarter of an hour, and keep some flannel wrapped round it.
109. Are you regular every month?
110. Have you any throbbing in your head?
111. How long has the child had those spots on its mouth and tongue?
112. Are the child's bowels in good order?
113. Is it purged or costive?
114. How long have your courses been obstructed?
115. What caused them to stop?
116. How long has that child had St. Vitus' dance?
117. Is that child cutting a tooth?
118. How many teeth has that child?
119. Has it ever had a convulsion before?
120. Has the child been eating any thing to disagree with it, or has it got worms?
121. That child has got the mumps.
122. Did the swelling disappear suddenly?
123. Have you any pain at the lower part of your back when you menstruate?
124. Have you always pain at that time?
125. Are you married?
126. Does the child complain of the eruption, itching or smarting much?
127. Does the eruption show itself on any other part of its body?
128. How long have you remarked that child's head to be swollen in that manner?

101. Kyá in dinon men tum ko járe se bukhár átá hai?
102. Kyá tum ne áj kal kuchh párá kháyá hai?
103. Tumháre kabhí tíká bhí lagá hai?
104. Tum in dinon men kisé aise shaḡhs ke pás to nahín gae jise sítlá nikal rahí thí?
105. Kitne dinon se tumhári tabíat mándí hai?
106. Pání píne se tum ko dard maḡlúm hotá hai?
107. Us ke kaleje par bárah jonken lagáo, aur jab talak ḡhún band na ho garm pání se senkte raho.
108. Us ko gharárah karne kí tarkíb batá do, aur kah do kiek ghante men chár dafa gharárah kare aur tukrá loí ká apne gale se lapet rakkhe.
109. Tum ko haiz qáidah se har mahína hotá hai?
110. Tumháre sir men kuchh dhamak maḡlúm detí hai?
111. Is larke ke munh aur zubán par kitní muddat se dáḡh hai?
112. Is larke ko dast qáidah se hotá hai?
113. Pet jári hai yá band?
114. Kab se haiz band hai?
115. Kis sabab se haiz band huá?
116. Kitní muddat se is larke ko rashá huá?
117. Is larke ke dán̄t nikalte hai?
118. Is larke ke kitne dán̄t hai?
119. Kabhí us ko sábiq men bhí tashannuj huá thá?
120. Kyá is larke ne kuchh aisé chíz khái hai jisse jí matlátá hai, yá us ke pet men kire hai?
121. Kyá us larke ke mumps hai?
122. Kyá waram yakáyak játá rahá?
123. Kyá tumhári kamar ke niche dard hotá hai jab ki tum kapron se hotí ho?
124. Us waqt kyá tumháre hamesha dard hotá hai?
125. Kyá tum biyáhi ho?
126. Kyá yih larke kí faryád ḡhárish yá ziyádash sozish phunsiyon kí kartí hai?
127. Yih phunsi us ke badan par kisé aur jagah bhí hai?
128. Tum ne kab se dekhá hai ki us larke ká sir is tarah par súj gayá hai?

129. Does the child clasp its head and scream at times as if in great pain ?

130. Is it heavy and drowsy ?

131. Does it squint ?

132. Does that girl often get hysterics ?

133. How long have you had that discharge ?

134. Are your courses quite ceased ?

135. How long has that child had the hooping cough ?

136. Does the fit of coughing come on very often ?

137. Have you much hooping cough near you ?

138. Has that child ever had the measles ?

139. That child has got the measles now ?

140. How many days has the eruption been out ?

141. Is that child one of a scrophulous family ?

142. Has the child a ravenous appetite ?

143. What food do you generally give it ?

144. Is that child weaned yet ?

145. That child ought to be weaned directly.

146. You should procure a healthy wet-nurse for that child as soon as possible.

147. You should change that child's nurse, do you not see her milk disagrees with it ?

148. Give that child donkey's milk.

149. Wean the child gradually, and give it thin sago during the day.

150. Take care, that eruption on the head is contagious, keep it away from the other children.

151. If possible, that child should have change of air, or sea bathing.

152. Has that child ever had croup before ?

153. Do not be alarmed, the child has only got the nettle rash, which will soon go away.

154. This is chicken or swine pox.

155. Does the child pick its nose, and complain of irritation at the rectum ?

156. How long have you remarked worms in its stools ?

129. Kabhí yih larḳá apná sir donon háthon se bhínchkar dard ke máre chillátá bhí hai?

130. Yih larḳá sust aur nínḁásá bhí hai?

131. Kyá wuh derátá hai?

132. Is larḳí ko kyá aksar hysteric hotá hai?

133. Yih mawád kab se bahtá hai?

134. Kyá tum ko kapre áne bilkul mauqúf ho gaye hain?

135. Us larḳe ko kúkar khánsí kab se huí?

136. Khánsí kyá aksar uṭhtí hai?

~ 137. Kyá tumháre ghar ke ás pás kúkar khánsí aksaron ko hai?

138. Us larḳe ke kabhí khasrá bhí niklí hai?

139. Us ko abhí khasrá hai?

140. Kitne dinon se phunsi niklí hai?

141. Kyá is larḳe ke kunbe meṅ kanṭhmálá bahut hai?

142. Kyá us larḳe ko shiddat kí bhúk hamesha lagtí hai?

143. Kyá ghizá tum hamesha us ko dete ho?

144. Kyá us larḳe ká dúdh chhuṛá liyá hai?

145. Us larḳe ká dúdh abhí chhuṛá lená cháhiye.

146. Tum ko us larḳe ke wáste ek tandurust anná jalḁ rakhní cháhiye?

147. Tum ko cháhiye kí us larḳe kí dúdh piláí ko badlo, tum nahin dekhte ho kí us ke dúdh se bachche ká jí matlátá hai?

148. Us larḳe ko gadhí ká dúdh piláo.

149. Us ká dúdh rafte rafte chhuṛáo aur din meṅ kuchh ságú patlása pakákar khiláyá karo.

150. Yih phunsiyán is larḳe ke sir par mutaaddí hain (yane pás baiṭhne se aur ko bhí ho játí hain) dekho yih larḳá aur bachchon ke pás hargiz na jáne páwe.

151. Agar ho sake to is larḳe kí tabdílí hawá kí karo, aur daryá meṅ naqal karo.

152. Kabhí is larḳe ko marz croup áge bhí huá hai?

153. Andeshá na karo is larḳe ko sirf nettle-rash hai, jalḁ rafa ho jáegá.

154. Yih to motiyá yá swine pox hai.

155. Kyá larḳá apní náḁ ko unglí se nochtá hai aur dubar ke dard se diḳ hai?

156. Tum ne kab se us ke dast meṅ kíre dekhi?

157. The child's food should be nutritious, but not stimulating.
158. See that the child chews its food properly.
159. Do the patients leave the hospital without leave?
160. Are all the hospital servants always in attendance?
161. Have the men any complaints to make?
162. Do the bearers assist the feeble men, when asked to do so?
163. Do the sweepers clean the privy well every day?
164. Why do you permit the men to relieve themselves on the ground all round the hospital?
165. I will send my grass-cutters to-day, to cut the grass for fifty yards all round the hospital.
166. The next time I see the ground soiled, I will report it to the Commanding Officer.
167. Why do you allow the sick men to bring their accoutrements into hospital? you know very well it is against orders.
168. The hospital is very dirty, see that the sweeper is more attentive in future.
169. Have every door opened an hour after gun-fire in the morning, to ventilate the hospital.
170. Shut all the doors an hour after sunset.
171. During the hot weather, all the doors may be open all night.
172. Do not allow the sick men to take their charpoys outside at night.
173. Take care one native doctor is always to be present at the hospital day and night.
174. No man is to be discharged from hospital until fit for duty.
175. Do not allow the men to spit about on the floors; place a koondah by each bed.
176. Never make up any prescription that may be sent to you until I have seen it.

157. Ghizá is larke ko muqawwí dení cháhiye, magar aisi na ho jo tahríka ho.

158. Is bát ká liház rakkho ki larzá apne kháne ko khúb chabákar kháwe.

159. Kyá maríz shafákhána se bejázat báhar chale játe hain?

160. Tamám naukar shafákháne men hamesha házir rahte hain?

161. Kyá koi ádmí nálshí hain?

162. Jab ki nátáqat bímár kaháron se madad cháhte hain to we karte hain?

163. Kḥákrob jáizarúr ko har roz sáf kiyá karte hain?

164. Tum kis wáste is bát ko maná nahín karte ki ádmí cháron taraf shafákhána ke ghilázat phailáte hain?

165. Áj main apne ghasyáron ko bhejungá ki pachás gaz tak gird shafákhána ke ghás sáf kar den.

166. Agar ham phir kisi waqt zamín ko ghalíz dekhenge to us kí Kamániar Sáhíab ko itlá denge.

167. Tum kis wáste marízon ko shafákhána men sámán láne dete ho? tum khúb jánte ho ki yih bát khiláf hukm ke hai.

168. Shafákhána sáf nahín hai, khabardár raho ki khákrob apne kám men sustí na kare.

169. Ek ghante bad fajar kí top ke tamúm darwáze khol diye jáwen táki tázi hawá shafákhána men báhar se áwe.

170. Tamám darwáze ek ghante bad gharúb hone áftáb ke band kiye jáwen.

171. Garmí ke mausam men tamám darwáze khule rakhne cháhiye tamám rát.

172. Bímáron ko chárpaíyan rát ko bahar na bichháne do.

173. Khabardár raho ki ek Hindustání Doctor shafákhána men rát din maujúd rahe.

174. Kisi maríz ko shafákhána se ruḥsat karná na cháhiye jab talak ki wuh qábil bajá láne apní naukarí ke na ho.

175. Kisi maríz ko zamín par thukne na do aur ek ek kúpdá har ek kí chárpaí ke pás rakkho.

176. Kisi bheje hue nusḥha ko taiyár na karo jab tak ham us ko dekh na len.

177. I do not allow any smoking inside the hospital.

178. Those men who want to smoke must go out into the verandahs.

179. Send for me at any hour of the day or night if I should be required.

180. If any case of cholera should occur, send for me immediately.

181. Send and let me know if that man gets any worse.

182. If he cannot swallow a pill, make up the medicine into a powder.

183. Give him these two pills to-night.

184. Let him have the purgative to-morrow morning.

185. Give him a table spoonful of the mixture after each liquid stool.

186. Give him two table spoonsful of the mixture directly, and repeat it every three or four hours.

187. Put the blister on to-night, and dress it in the morning with simple ointment.

188. Dress his blister morning and evening with the savine ointment.

189. Fasten the blister on carefully, so that it cannot be displaced.

190. That wound should be dressed twice a day, otherwise it will be very offensive.

191. If you see any maggots in the wound, wash two or three times a day with some turpentine.

192. This arm, leg, thigh, cannot be saved; we must amputate it at once.

193. Explain the necessity of doing so to him, as the only chance of saving his life.

194. You will not suffer any pain during the operation, if you breathe through this cloth.

195. Pour out one drachm of chloroform.

196. Bring me the amputating instruments.

197. Take care the tourniquet is not displaced should he struggle.

198. Hold the limb steady, and keep it in that position.

177. Main shafákhána men kisi ko huqqa píne kí ijázat nahín detá.

178. Jo koi huqqa píná cháhe to barámda men jákar píwe.

179. Agar kisi waqt din yá rát ko hamará áná zarúr ho to ham ko bulwá lo.

180. Agar kisi ko haizá howe to ham ko fauran buláo.

181. Agar us ádmí ká hál abtar ho to ham ko khabar do.

182. Agar wuh dawá kí golí nigal na sake to us ko pískar do.

183. Yih donoḡ goliyán us ko áj rát ko khiláo.

184. Kal subah us ko julláb piláo.

185. Us ko yih bamiqdár ek majhole chamche ke bad har ek patle dast ke piláo.

186. Us ko do majhole chamche is murakkab dawá ke is waqt piláo, aur phir isi qadar tín tín chár chár ghante bad dete raho.

187. Áj rát ko plaster lagáo aur kal phalkoḡ ke úpar sufed marham lagáo.

188. Us ke phalkoḡ ke úpar subah aur shám marham sawine lagáo.

189. Plaster ko khub ihtiyát se bándho táki kisi tarah apní jagah se phisal na jáwe.

190. Us zaḡhm ko din men do dafa sáf karke pháyá lagáo nahín to zaḡhm sar jáwegá.

191. Agar us zaḡhm men kíre par jáwen to din men do yá tín dafa turpentine tel se dhoyá karo.

192. Yih bázu aur táng aur rán achchhi nahín ho sakte, hamen unko abhi kátná cháhiye.

193. Usko samjhá do ki sirif wasíla uskí ján bachne ká yihí hai.

194. Tum ko kuchh ízá káṭne kí nahín maḡúm degí agar is kapre men se dam loge.

195. Ek drachm chloroform ká dálo.

196. Hathiyár káṭne ke mere pás láo.

197. Khabardár raho ki tourniquet barwaqt us ke háth páḡw márne ke apní jagah se haṭ na jáwe.

198. Is uzv ko mazbút thánbo aur isi tarah rahne do.

224. Take care that every leech employed in this hospital is destroyed directly it comes off.

225. The sweeper has no right to complain, as he has been paid already for the leeches.

226. If he is very restless, give him three or forty drops of laudanum.

227. This man is poisoned; what have you been eating or drinking to-day?

228. Have you had a quarrel with any person lately?

229. Could he have poisoned you if he wished?

230. Do you suspect any person in particular?

231. Give him half a drachm of sulphate of zinc.

232. Let him drink a large quantity of warm water, at least six pints to keep up the vomiting.

233. As he cannot swallow, we must use the stomach pump.

234. Do not throw away the contents of his stomach until I have examined it.

235. When did the snake bite you?

236. What kind of a snake was it that bit you?

237. Where is the snake? I should like to see it.

238. Rub the caustic well into the wound, and then apply a hot poultice over it.

239. You must make him walk up and down the hospital until all drowsiness goes away.

240. Order two of the bearers to support him under his arms; he must not rest yet.

241. Give him a full dose of the spiritus ammonia succinatus and brandy directly.

242. Repeat it every twenty minutes, until he is relieved from the stupor.

243. Let him sniff at the ammonia occasionally.

244. Do not allow this man to get up when his bowels are moved, but give him a bed-pan.

245. If you allow him to sit up or get out of bed he will probably die.

246. That lancet is not sharp, take another.

224. Dekho jonken jo is shafákhána men lagáí jáwen un'ko barwaqt chhúṭne ke fauran már dálo.

225. Jonk wále ko jab ki us ne qímat apní jonkon kí pálí hai jagah shikáyat kí nahín hai.

226. Agar wuh bahut beqarár hai to us ko tís chálís búnden laudanum kí piláo.

227. Is ádmí ko zahar diyá hai, áj to tum ne kyá kyá kháyá píyá hai?

228. Tumhárá in dinon men kisé se jhagrá to nahín huá?

229. Agar us ádmí ká zahar dene ká irádah hotá to wuh khilá saktá thá?

230. Tum kisé kḥás ádmí par shubah rakhte ho?

231. Sulphate of zinc us ko ádhá drachm de do.

232. Us ko bahutsá garam pání piláo na kam chhah pints se ho, tákí baḥhúbí qai áwen.

233. Chúnki us ko nigalne kí táqat nahín hai to ham ke stomach pump kám men láná cháhiye.

234. Jo kuchh us ke peṭ men se nikle us ko baghair hamáre daryáft karne us kí haqíqat ke phenk na dená.

235. Tum ko sánp ne kab kátá?

236. Jis sánp ne tum ko kátá wuh kis qism ká thá?

237. Wuh sánp kahán hai? main us ko dekha cháhtá hún.

238. Zaḥm par caustic ko kḥúb malo aur baḍ us ke us par garm poultice lagáo.

239. Tum us ko idhar udhar shafákhána men tahláte raho jab tak ki uskí úng rafa na ho.

240. Do kaháron ko hukm do ki baghlon men háth dekar us ko khará rakkhen.

241. Púrí miqdár spirits ammonia succinatus aur brandy ká jald do.

242. Bís bís lahze ke baḍ yih piláte raho táwáqftki us kí behoshí záil na ho.

243. Kabhí kabhí us ko ammonia sungháo.

244. Is ádmí ko uṭhne na do jab tak ki us ko pákháne kí hájá ho balki ek tasht us ke pás rakh do.

245. Agar tum is ádmí ko uṭhne yá chárpái se utarne doge to us ke mar jáne ká kḥauf hogá.

246. Wuh nashtar tez nahín hai, aur lo.

247. Do you know how to cup a patient ?
248. Bring the instruments, and I will show you.
249. Cup him over the temples.
250. When you cup a patient, do not press the instrument heavily on the part.
251. He must be cupped on the nape of his neck.
252. Have his head shaved, and keep cold lotions constantly applied to it.
253. Bring me the seton needle and some oiled silk.
254. This seton must be kept in for a long time, and dressed regularly every morning.
255. Do you know what the object is in making an issue ?
256. He should have an issue made either in his arm or thigh.
257. Let this man have one of his comrades to wait upon him, as he is very feeble.
258. How many are there now from the lines waiting on the sick ?
259. Send half of them back, as one man can very easily attend upon two patients.
260. Keep that man, as he is a brahmin.
261. This man is dying, ask him if he wishes to see any person in particular.
262. Ask him if he has any property to leave, and how he wishes it disposed of.
263. Write down what he says in the presence of two witnesses, and let him sign it or make his mark before them.
264. Do you think his friends would object to my opening his body ?
265. I am very glad I did open his body, as I find I was treating him correctly, though he did die.
266. If you see or hear of any poor man, who has a stone in his bladder, let me know.
267. Did you ever see the operation of lithotomy ?
268. The weather is too warm to operate with safety to the patient.
269. Take him into hospital, and when his health is improved I will operate on him.

247. Tum ko bímár ke síngí lagání áttí hai ?
248. Hathýár láo, ham tum ko síngí lagáne kí tarkíb batá denge.
249. Us kí kanpaṭṭiyon meṇ síngí lagáo.
250. Jab kí tum bímár ke síngí lagáo to ála ko bahut na dábo.
251. Us kí guddí meṇ síngí lagání cháhiye.
252. Us kí hajámat banwákar sir par thandhá pání chhirakte raho.
253. Náth kí súí aur resham tel láo.
254. Is náth kí súí ko ziyádah arsa tak lagá rahne do, aur zaḵhm ko har roz subah ko dhoyá karo.
255. Tum jánte ho kyá sabab issuc lagáne ká hai ?
256. Cháhiye kí uske bázú yá rán meṇ ek issue banáyá jáwe.
257. Ek sipáhee uske pás ḵhabargíree ke wáste rahe, kyunḵi wuh bahut kamzor hai.
258. Kitne sipáhee ab wáste ḵhabargíree bímáron ke haiṇ ?
259. Ádhe un meṇ se len meṇ bhejo, kyunḵi ek ádmí bahut ásaní se do kí ḵhabargíree kar saktá hai.
260. Us ádmí ko rakkho, kyunḵi wuh brahmin hai.
261. Wuh ádmí martá hai, us se daryáft karo, agar kíse se milná chahtá ho.
262. Usse púchho kí uská kuchh asbáb hai, aur kyunḵar uská bandobast kíyá jáwe.
263. Jo kuchh wuh kahe usko sámhne do gawáhon ke likh lo, aur uske dastḵhat yá nishání karwá lo.
264. Tumháree dánist meṇ uske dost burá máneṅge agar ham us murde ká peṭ chák karen ?
265. Ham bahut ḵhush haiṇ kí hamne uská peṭ chák kíyá, kyunḵi hamenḵ khul gayá kí hamne uske iláj meṇ ḵhatá nahíṇ kí jab kí wuh mar gayá.
266. Agar tum dekho yá suno kí kíse gharíb ke pathree hai to hamko ḵhabar do.
267. Tumne kabhee pathree nikalte huí dekhí hai ?
268. Garmí bahut partí hai, káṭne meṇ bímár ke wáste ḵhatra hai.
269. Usko shafáḵhána meṇ le lo jab kí wuh ján pakar jáwegá us waqt ham káṭeṅge.

270. A detachment of the regiment is ordered to march, whose turn is it to go this time?

271. See that the usual quantity of medicines are made up, and I will examine them.

272. Is the dooly and bedding in perfect order?

273. Why did you not inform me that the dooly was broken?

274. The regiment is ordered on service, we start in a very few days.

275. Pack up all the medicines very carefully.

276. Wrap some tow round each bottle.

277. Put all the instruments in one box, so that we shall know where to look for them.

278. See that the straps and padlocks are not broken.

279. Only put those medicines in the petarrahs that are daily required.

280. Warn all the servants to be ready to start.

281. Never allow any man to go in a dooly if he is able to walk.

282. Order every spare dooly to keep close up to the rear of the regiment on the march.

283. One Native Doctor must keep in the rear, to see after the doolies, and take care the bearers do not stray away.

284. The sick men may start in advance of the column, under charge of the other Native Doctor.

285. It is likely the regiment will go into action to-day.

286. Keep one dooly expressly for the instruments, bandages, splints, and brandy.

287. Order one of the bheesties to remain close to this, and not absent himself for a minute.

288. Make up several rollers of sizes, and spread three or four yards of sticking plaster.

289. Take care to have the lantern ready with the wax candles.

290. Draw up all the doolies directly the firing commences, and place sentries over them.

291. Place all the tourniquets in the dooly.

292. Is there plenty of lint at hand?

293. Get out every piece of sponge we have.

270. Ek hissa palṭan ke kūñch ká hukm hai, is martabah kis kī bārī hai?

271. Muwáfiq mamūl ke har qism kī dawáon taiyár kar rakkho, ham unko ap ánkar dekhege.

272. Dólí aur us ká bichhoná khúb durust hai.

273. Tum ne ham ko kyun na khabar dí kī dólí tūt gáí hai?

274. Palṭan ko muhim par jáne ká hukm hai, thore se dinon men ham kūñch karege.

275. Sab dawáon ko hoshyári se bándho.

276. Har ek shíshí par san lapeto.

277. Tamám hathyáron ko ek hí sanduq men band karo, istarah par kī sarúrat ke waqt mil jáwen.

278. Tasmon aur quflon ko dekh lo kī tūte hue to nahín haiñ.

279. Sirif wuh dawáon jo roz kám men áti haiñ piṭáre men rakkho.

280. Sab naukaron ko jatá do kī kūñch ke wáste taiyár raheñ.

281. Kisí ádmí ko dólí men na jáne do jis súrát men chalne kī táqat rakhtá ho.

282. Hukm do kī fáltú doliyán palṭan ke píchhe milí raheñ.

283. Lázim bai kī ek Hindustání Doctor píchhe wáste khabardári doliyon ke rahe, aur khabardár rahe kī kaháron ko idhar udhar na chalne de.

284. Bímár ádmiyon ke áge jáwen, aur un ke hamráh दूसrá Hindustání Doctor rahe.

285. Yaqín partá hai kī palṭan laráí par charhe.

286. Ek dólí khás wáste rakhne hathyáron aur paṭṭiyon aur splint aur brandy ke cháhiye.

287. T ko saqqon men se hukm do kī isí dólí kolf ke sáth rahe aur ek T na judá na ho.

288. Us ek barí paṭṭiyán banáo aur tín yá chár gaz sticking plaster ke phailáo.

289. Dekho láltain mai mom kī battiyon ke taiyár rahe.

290. Jis waqt top aur bandúq chalne lage us waqt sab doliyon ko qatár bándhke khará karo aur un par pahredár kharé karo.

291. Sab tourniquet dólí men rakkho.

292. Wahán bahut lint nazdík hai?

293. Sponge jitná ho sab nikál lo.

294. The ammonia, chloroform and laudanum with a glass measure should be at hand.

295. We must make the best operating table we can, with the camel trunks.

296. Send off the doolies quickly under a guard to pick up those wounded men.

297. Now that all the wounded have been attended we can go and get something to eat.

298. One of you had better sit up to look after the wounded, whilst the other sleeps.

299. As soon as I have had a little sleep, I will come and relieve you.

300. All the wounded men are going on very well.

294. Ammonia chloroform aur laudanum aśth ek glass measure ke nazdík rahe.

295. Ham ko koí chíz mez kí sūrat banání chāhiye tākí zaḥmīyōṅ ko us par liṭākar kāt kūt amal meṅ áwe, úṭṭōṅ ke san-dūq yih kām de sakte haiṅ.

296. Ḍolīyōṅ ko bahifāzat ek pahre ke bhejo ki zaḥmīyōṅ ko uṭhā lāweṅ.

297. Ab to ham sab ne zaḥmīyōṅ kí dawá dārú aur marham paṭṭī se khāne kí fursat páí.

298. Bihtar yih hai ki ek tum meṅ se wāste ḳhabargírī zaḥmīyōṅ ke jágtā rahe aur dúsrá sowe.

299. Baḍ thoṛī níṅd ke maiṅ ánkar tumhárí badlí karūṅgá.

300. Tamám zaḥmí ḳhairāfiat se haiṅ.