

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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AND

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1853.

KHULA'SA

Tib aur Materia Medica,

YANE

KHAWA'S ADWIYAH WAGHAIRAH

AUR

SAMYA'T AUR JARRA'HI KA',

MAI TI'N SAU SAWA'LAT MULHAQA MUSHTAMILBAR KA'R ROZMARRAH
SHAFAKHANA KE,

WA'STE FA'IDAH

TA'BEDA'R MUTALLIQON ILA'QA TIBA'BAT

DONON ANGREZI' AUR HINDUSTA'NI' TASNIF SE,

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Assistant Surgeon, Mutalliqat Iha'ta Bangalla ke,

AUR

TARJUMA KI' GAI' BAA'NAT

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MUDARRIS MADARSA DEHLIE KI.

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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 Hindoostance: 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, would, 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. O'Shaughnessy, 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.

PART I.
ON THE
CLASSIFICATION OF MEDICINES.



ABSORBENT, Jázib.	EMOLLIENT, Mulayyan.
ACID, Tezáb.	EMULSION, Chiknáee dawá.
ALKALY, Khár.	ENEMA, Pichkári kí dawá.
ALTERATIVE, Badun sudhárne- wálá.	Jild ookhárnewálá.
ANODYNE, K̄hwábáwar.	ERRHINE, Chlínk lánewálá.
ANTACID, Tezáb kí tasír khone- wálá.	ESCHAROTIC, Kátnewálá zaḵhm ká.
ANTALKALINE, Khár kí tasír kho- newálá.	EXPECTORANT, Kuf dafa kurne- wálá.
ANTHELMINTIC, Keḡchwá márnc- wálá.	FEBRIFUGE, Dáfa buḡhar.
ANTISCORBUTIC, Dáfa K̄hárish.	GARGLE, Ghar ghrah.
ANTISEPTIC, Dáfa afúnat.	HYDRAGOGUE, Putla dust lánec- wálá.
ANTISPASMODIC, Dáfa tashannuj.	IRRITANT, Jaláne wálá.
AROMA(TIC, K̄hushbúdár.	LAXATIVE, Petnarm karnewálá.
ASTRINGENT, Qábiz.	LITHONTRIPTIC, Dáfa sang masá- ná.
BLISTER, Laip, yáne Plaster.	OPIATE, Khwábáwar.
CARMINATIVE, Dáfa riyáh.	PARTURIFACIENT, Moosqit.
CORDIAL, Dilkusha.	PURGATIVE, Dastáwar.
COUNTERIRRITANT, Dáfa sozish.	REFRIGERANT, Dáfa garmí.
DEMULCENT, Tar karnewálá.	REPELLENT, Khárij karnewálá.
DEOBSTRUENT, Mufattih.	RUBEFACIENT, Surḡh karnewálá badan ká.
DETERGENT, Zaḡhm sáf karne- wálá.	SIALOGOGUE, Muḡh lánewálá yáne joshe dahan.
DIAPHORETIC, Pasíná lánewálá.	STIMULANT, Mufarráh.
DIGESTIVE, Pakánewálá.	STOMACHIC, Muḡawwí miuduh.
DILUENT, Raqíq karnewálá.	STYPTIC, Khún band karnewálá.
DISCUTIENT, Tahkíl karnewálá.	SUDORIFIC, Pasíná lánewálá.
DIURETIC, Pesháb lánewálá.	SUPPURATIVE, Píb paidá kurne- wálá.
DRASTIC, Tez dast lánewálá.	
EMETIC, Rad lánewálá.	

PART I.
ON THE
CLASSIFICATION OF MEDICINES.

Q.—What is an Absorbent?

A.—Any medicine that has no acrimony of itself, and destroys acidity in the stomach and bowels.

Q.—Give examples ?

A.—Magnesia and prepared Chalk.

Q.—What is an Acid?

A.—A substance possessed of the following properties: generally a sour taste; the power of changing the vegetable blue colours into red, and of combining with an Alkaly, with Earths, and with Metallic Oxyds. Some Acids, as the Sulphuric, Nitric and Muriatic, have a very powerful action, and corrode or destroy animal and vegetable substances.

Q.—How are Acids divided?

A.—Into mineral, animal, and vegetable.

Q.—Give examples of each kind of Acids?

A.—The principal Mineral Acids are the Sulphuric, Muriatic, Carbonic, and the Fluoric; the Animal Acids are the Phosphoric, Prussic, and the Uric; the chief vegetable acids are the Acetic Acid or Vinegar, the Oxalic, the Tartaric, the Citric, the Malic, and the Benzoic.

Q.—What is an Alkali?

A.—A substance endowed with the following properties. It changes the vegetable blue colours to green, forms a substance with Acids, having qualities quite distinct from both Acids and Alkalis, and forms soap when mixed with oils.

Q.—How many kind of Alkalis are there?

A.—Two: the fixed and the volatile.

Q.—Name the two kinds of Alkalis?

A.—The fixed Alkalis are Potash and Soda; the Volatile Alkali is Ammonia or Hart'shorn.

BA' B A W W A L.

DARBA' B JAMA' AT ADVIA' T KE.



Sawál.—Jázib kisko kahte haiñ ?

Jawáb.—Jázib us dawá ko kahte haiñ ki jismeñ tundí aur charparahañ bezátehí na howe, aur mádeh aur anṭriyon kí turshái ko záyal kare.

S.—Misál iskí kyá hai ?

J.—Magnesia aur sáf ki huí khariá miṭṭí.

S.—Tezáb kisko kahte haiñ ?

J.—Jis shai meñ yih ḡhawás howeñ ki aksar záiqá uská tursh ho, aur yih sift rakhtí ho ki nabátátí níle rugoon ko surḡh karde, aur khár aur miṭṭí aur falazzátí kushta ke sáth miljáwe. Báz báz tezáb misl tezáb gandhak aur shorah aur namak ke bahut tez tásír rakhte haiñ, aur haiwání aur nabátátí chízon ko khájáte aur galá dete haiñ.

S.—Tezáb kai qism ke haiñ ?

J.—Khaní, haiwání aur nabátátí.

S.—Har qism ke tezáb kí misál do ?

J.—Mashhúr tezáb khání yeh haiñ, yañe tezáb gandhak, tezáb namak, tezáb Cárbonic aur tezáb Fluoric; tezáb haiwání yeh haiñ, Phosphoric, Prussic aur Uric; mashhúr nabátátí tezáb yeh haiñ, Acetic Acid yá sirká, Oxalic, Tartaric, Citric, Malic aur Benzoic.

S.—Khár kisko kahte haiñ ?

J.—Jis chíz meñ yih ḡhawás hoñ ki nabátátí níle rañg ko sabz karde, aur tezáb se milkar ek nai chíz ho jáwe, jiskí ḡhawás tezáb aur khár se bilkul muḡhtalif hoñ, tel ke sáth milne se sábnun banjáwe.

S.—Khár kai qism ká hotá hai ?

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

S.—Un aqsám ke nám kyá haiñ ?

J.—Qáim khár haiñ Potash aur sajjí, aur dúsrí qism hai uñnewá-
wáli, jaisá Ammonia, yañe nousádar aur Hart'shorn, yañe hirká síng.

Q.—What is an Alterative?

A.—A Medicine intended gradually and imperceptibly to improve the constitution in some of its functions without producing any sensible evacuation, by perspiration, purging, or vomiting.

Q.—Name some of the usual Medicines given as an Alterative?

A.—Small doses of Rhubarb, different mineral waters or imitations of them, small doses of Calomel or Blue Pill, Plummer's Pill, Sulphate of Iron, or Tincture of Steel.

Q.—What is an Anodyne?

A.—A medicine which relieves pain.

Q.—How are Anodynes divided?

A.—Into three kinds, Hypnotics, are those that induce sleep; Narcotics, those that give ease, by stupifying; Sedatives, those that diminish the rapidity of the circulation, or the activity of the general system.

Q.—Name some of the chief Anodynes?

A.—Opium, Henbane, Hemlock, Camphor, Foxglove, Tobacco, Stramonium and Hemp.

Q.—What is an Antacid?

A.—Any medicine which corrects acidity of the stomach.

Q.—Name some of the chief Antacids?

A.—The Alkalis Potash and Soda, and their subcarbonates dissolved in water; Ammonia, Limewater, Magnesia, and prepared Chalk.

Q.—What is an Antalkaline?

A.—That which possesses the power of neutralizing Alkalis; all the Acids are of this class.

Q.—What is an Anthelmintic?

A.—Remedies which possess the property of destroying worms, or expelling them from the intestinal canal.

Q.—How many kinds of Anthelmintics are there?

S.—Badan sudhárnewálí dawá kis ko kahte haiñ ?

J.—Jo dawá is khásiyat ki banáí jáwe ki áhista áhista aur baghair maḷúm hone aḷámat ke baḷ súratoñ meñ tabiāṭ ko fáida baḷshshe, aur koí iḷhráj bazáhir maḷúm na howe, misl áne pasína yá dast yá radd.

S.—Chand adwiya badan sudhárnewalí jo aksar istamál meñ átı haiñ, unká nám bayán karo ?

J.—Kam miqdár Rhubarb, yañe rewand chíní aur baḷ qism kí kán ká pání yá misl úskí; kam miqdár Calomel, yañe páreh ká kushta, yá Blue Pill; Plummer's Pill, Sulphate of Iron, yañe Kasís, yá Tincture of Steel.

S.—Khwábáwar dawá kis ko kahte haiñ ?

J.—Us dawá ko kahte haiñ jo dard ko taskín baḷshshe.

S.—Khwábáwar kai qism kí hotí haiñ ?

J.—Tín qism kí; Hypnotics, ki jisse níñd kí taraf tabiāṭ rujú howe: Narcotics, ki jisse behóshí paidá hokar áram maḷúm howe: Sedatives, jo ki harkat khún ko kam kare aur sáre jism kí chustí aur chálákí ko ghaṭáwe.

S.—Mashhúr in adwiya meñ se chand chízoñ ká nám bayán karo ?

J.—Afyún, Hyoscyamus, Hemlock, Káfúr, Digitalis, Tambákú, Dhatúra aur Bhang.

S.—Tezáb kí tásír khonewalí dawá kisko kahte haiñ ?

J.—Jo dawá kí turshí mede ko durust kare.

S.—Chand mashhúr tezáb kí tásír khonewalí dawáoñ ká nám lo ?

J.—Alkali Potash aur Soda, yañe sajjí aur unké Sabcarbonates jab ki pání meñ ghuláe jáweñ: Ammonia, yañe nousádar, Limewater, yañe chúnah ká pání: Magnesia, aur Prepared Chalk, yañe sáf kí huí khariá mittí.

S.—Khár kí tásír khonewalí dawá kisko kahte haiñ ?

J.—Jo chíz khár ko beasar kare: tamám tursh chízeñ aisí qism kí haiñ.

S.—Keñchwá márnewalí dawá kis ko kahte haiñ ?

J.—Jo dawá kí khawás már dálne yá níkalne keñchwá ká ant-riyoñ meñ se rakhtí ho.

S.—Keñchwá márne wálí dawá kai qism kí hotí haiñ ?

A.—Three kinds: some are intended to act mechanically, as the powder of Tin, or the Cowitch;—some act by their purgative quality, as Turpentine, Aloes, Rhubarb, Scammony, Jalap, and Calomel; and others act constitutionally, as the bitter tonics, such as the infusion of Rhubarb, Quassia, and Wormwood.

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?

J.—Tin qism, baḡ un meḡ ká asr tárkīb se hotá hai, maslan Powder of Tin, yaḡe safúf. qalaí, yá Cowitch : baḡ basabab rakhne ḡhawás ishál ke, maslan Turpun Tel, Elwá, Rhubarb, yaḡe rewand chíní, Scammony, yaḡe Sakmuniya, Jalap, yaḡe Jalápá, aur Calomel, yaḡe páreḡ ká kushta : baḡ dawá bamuáfiqat tabíat ke fáida bakhshítí haiḡ, jaise talḡh adwiya mukawwí; misl Khaisáḡdah, rewand chíní, Quassia aur uisuntín-rúmí.

S.—Dáfá ḡhárish dawá kis ko kahte haiḡ ?

J.—Wuh dawáeḡ ki wáste indifáa aur insidád ázar Scurvy ke, jo samundar yá ḡhushkí meḡ láhaḡ howe mustámil haiḡ.

S.—Mashhúr dáfá ḡhárish dawáeḡ meḡ se baḡ chízoḡ ká nám bayán karo ?

J.—Tursh asmár, misl nimbú, káḡhzí nimbú, rangtara, Citric acid, sirka, lahsan, ráí, aur hálim, kachchá aloo, aur joshida sharáb, jaisá Spruce Beer aur Cyder.

S.—ḡhushbúdár dawá kis ko kahte haiḡ ?

J.—Jis shai meḡ pasandída masáledár ḡhushbú átí ho, aur záíqa uská tez aur matbá howe.

S.—Mashhúr ḡhushbúdár chízoḡ meḡ se baḡ ká nám bayán karo ?

J.—Loung, jáephal, jáwatrí, dárchíní, mirch, soḡḡh aur aslí tel jo kaí daraḡhtoḡ ke poudoḡ se ṡapká kar banáe játe haiḡ, misl tel Rosemary, Lavender aur Podínah ká tel.

S.—Qábiz dawá kisko kahte haiḡ ?

J.—Jo shai ki jab kisé chíz par lagáí jáwe, uske ajzá ko har taraf se kheḡch kar jamá kare aur kam kare aur jhurryán ḡále.

S.—Mashhúr qábiz dawáeḡ ká nám lo aur istámál ?

J.—Phiṡkírí, katthá, Oak-bark, yaḡe chhál balút, sandal, májú-phal, kíno, khariá, lohá, chúne ká pání, Carbonate of Lead, Diluted Acids, yaḡe patlá tezáb, aur Nitrate of Potash, yáne shorah.

S.—Qábiz dawáeḡ kab díjátí haiḡ ?

J.—Us súrát meḡ mufíd hotí haiḡ jab ki aḡṡaryán bahut árse se ḡhílí ho gaí hoḡ, aur miuduh ḡhalíz kam na hotá ho, aur us hál meḡ ki wáste raḡa karne aslí marz ke tajwíḡ amal meḡ á chukí ho.

S.—Blister kis ko kahte haiḡ ?

J.—Jo shai ki jism par lagáí jáwe aur usse phapholá paidá howe.

S.—Mashhúr chízeḡ Blister lagáne kí meḡ se nám lo ?

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 saltpetre 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 Harts-horn, Æther, 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 makkhíse, ráí kí lup-rí, khoulta pání, aur marham se bantá hai; Simple Dressing jis men Tartar Emetic miláyá játá hai.

S.—Blister kis marz ke liye mufíd hai ?

J.—Jab ki Nervous Fever hotá hai, aur jab ki hizyán hotá hai, kamí bínái, bahrápan, aur bahut zouf ke; bích bímárí saktá píchhe khún lene ke; fálij men baz waqt jab lagáyá játá 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, báí, aur áhistgí warm joṛon ke.

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

J.—Bích bímárí jalandrí, jis men baz waqt Ulceration aur siran paidá hotá hai; aur jis súrát men ki 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 ghante māmúl hai, aur larṛon khurdsál ke wáste ek yá do ghanta aksar lagá rahná káfi hai.

S.—Jo Blister lagáne se kabhí qabáhat yá kisí nau ká fásád paidá ho to usko kistarah raḥa 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 baḥshe.

S.—Dilkushá dawá ká istámál kis súrát 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 Ammoniá; dar súrát láhaq hone ghash ke hirn ká síng, Æther yá Valerian diyá jáwe; bád iḥtitám kám járrahí ke, yá bád infarág janne ke, jis súrát men ki 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, Assafoetida, 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 lagáí jáwe táki usse jism kí satah par sozish paidá ho, aur aur jagah se sozish rafá hojáwe; jaise ki Blistér sínah par lagáne se phephre ke talí sozish rafá hojátí 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 koi sarní shurú hogaí ho to usko ziyádah sarne se báz rakhtí haiñ.

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

J.—Crcasote, 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 pañthon aur pañthon 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, ilá chí, 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 sakhtí jigar aur dígar ázá ke rafá karne men bahut tásir bañsh 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 zañhm ke usko ziyádah paká detí haiñ.

Q.—Name some of the articles employed as Digestives ?

A.—Elder Ointment, Resin, Cerate, warm fomentations and Poultices.

Q.—What is a Demulcent ?

A.—A Medicine or drink, of an oily or mucilaginous nature given to prevent the action of acrid or stimulating matters in the body.

Q.—What articles are usually employed as Demulcents ?

A.—Solutions of Gum Arabic or Gum Tragacanth, decoctions of Linseed, Marshmallows, Liquorice and Rice; Sweet Almond emulsion, Spermaceti, Isinglass and Wax.

Q.—What is a Detergent ?

A.—A Medicine supposed to have the power of cleansing ulcers, and removing such viscid humours as adhere to, and obstruct the vessels.

Q.—Name some of the articles employed as Detergents ?

A.—Honey and Borax, Oxymel, Liniment of Verdigris and a solution of the Sulphate of Copper.

Q.—What is a Diaphoretic ?

A.—Medicines which promote the perspiration gently, short of sweating, such as minute doses of Tartar Emetic; Sweet Spirits of Nitre; Spirits of Mindereris, saline effervescing draughts, small doses of Dover's Powder, or Ipecacuanha Powder; Camphor, Musk, and Opium, keeping the patient warm in bed, and making him drink freely of warm tea: linseed tea, gruel or rice-water is an effectual and safe method.

Q.—What is a Diluent ?

A.—Watery liquors which are believed to increase the fluidity of the blood, and to diminish the acrimony and viscidness of several of the secreted or excreted fluids.

Q.—What Diluents are usually employed ?

S.—Chaud chízon ká nám bayán karo jo pakáne men istámál hotí haiñ ?

J.—Elder Ointment, Resin, Cerate, garm pání se senkná aur lupri lagáná.

S.—Tar karnewálí dawá kis ko kahte haiñ ?

J.—Jo dawá ki noshídní yá chikní aur luábdár qism kí ho, rok detí ho mádah mufarraḥ aur taláḥ ko jo jism men paidá ho usko rafa kare.

S.—Kon kon sí chízon aksar batour tar karne wálí adwiyah ke istámál men hotí haiñ ?

J.—Solutions of Gum Arabic yá Gum Tragacanth, joshándah alsí, yá Decoction of Linseed, Marshmallows, muleḥí yane Liquorice, aur cháwal; Emulsion bádám shírín, Spermaceti, Isinglass yane machhlí kí apt ká saresh, aur mom.

S.—Zaḥm sáf karnewálí dawá kis ko kahte haiñ ?

J.—Jo dawá ki tásír safái dumbal aur rafá karne luábdár mádah ká jo ragon men lagjátá hai aur unko band kardetá hai.

S.—Jo adwiyah ki batour zaḥm sáf karnewálí mustámil haiñ nám unká un men se bayán karo ?

J.—Shahd aur sohágá, Oxytel, Liniment of Verdigris yáne zungár ká, aur Solution of Sulphate of Copper yáne nilá tholhe ká.

S.—Pasíná lánawálí dawá kisko kahte haiñ ?

J.—Jis dawá se ki áhiste áhiste pasíná ziyá dah nikalne lage, magar bahut na nikle, maslan qalíl miqdár Tartar Emetic, Sweet Spirits of Nitre, Liquor Ammonia Acetatis, namkín bulbule uḥáncwálá pání yáne Saline Effervescing Draughts, qalíl mutad Dover's Powder kí, yá Ipecacuanha, safúf káfúr, mushk aur afím, garm rakhná bímár ko bistar men, aur usko garm cháḥ, alsí kí cháḥ, pích yá cháwal ká pání piláná bahut tásír baḥsh hotá hai, aur is tajwíz se kuchh zarar nahín hotá.

S.—Raquí karnewálí dawá kisko kahte haiñ ?

J.—Pání ke muwáfíq bahnewálí chízon jo ḥún kí riqqat ko ziyá dah karen, aur talḥí aur luáḥ har qism ke sayál ká jo jism se nikalne aur ḥárij hone kí tásír rakhte haiñ kam kare.

S.—Mashhúr dawáen raquí karnewálí jo aksar mustámil hotí haiñ wuh kon kon 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 alsí kí cháh, aur chával ká pání.

S.—Tahlíl karne wálí dawá kisko kahte haiñ ?

J.—Jis shai meñ ki k̄hawás dafá karne yá tahlíl karne warm ká hotá hai.

S.—Jo dawá ki aksar batour tahlíl istámál meñ átí 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 dawáeñ 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 mánc hai lafz Drastic ke ?

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

S.—Rad láne wálí dawá kisko kahte haiñ ?

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

S.—Rad láne wálí dawáeñ kyun̄kar taqsím kí gaí haiñ ?

J.—Darmiyán nabátátí aur khání ke.

S.—Mashhúr nabátátí qyáwar dawáeñ kon kon sí haiñ ?

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

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

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

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

J.—Jo dawá ki k̄hawás ziyádah ikhráj máhí yáne haiz ká rakhtí ho.

S.—Haizáwar dawáeñ kyun̄kar 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 Fæces.

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 mufarraḥ, jaise ki Mercurial aur Antimonial Preparations: darmiyán jaláníwálí, jaisá kí Elwa, Savine aur Spanish Flies yáne Teliní makkhí: darmiyán muqawwí, maslaḥ dawáen baní howeṇ lohá ke, naháne ṭhande pání se, aur chhal qadmí karná: darmiyán dáfá tashannuj ke, jaisá ki híng, Castor, aur garm pání se naháná.

S.—Mulayyan dawá kisko kahte haiṇ ?

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

S.—Mulayyan dawáen kyunḡkar taqsím kí gaí haiṇ ?

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

S.—Chikní dawá kisko kahte haiṇ ?

J.—Dawá murakkab jis meṇ tel aur chikní chízeṇ, aur aisi chízeṇ se jo pání meṇ nahín galtiṇ haiṇ, aur jab kisí qism ke pání meṇ ḡhálí jáweṇ, basabab luábdár hone ke pání meṇ na mileṇ balki uskí sataḥ par tair ke raheṇ, jaisá ki Mucilages yá Syrups.

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

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

S.—Pichkárí kí dawá kisko kahte haiṇ ?

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

S.—Chand fawáyad dígar pichkárí ke bayán karo ?

J.—Wáste ḡhílá karne táqat jismí ke, aur paidá karne behoshí ke, jaisá kí tumákoo kí dhúní dubar meṇ dene se khuljáte haiṇ, band ánt. Wáste már dálne kíroṇ ke jo dubar meṇ paidá hote haiṇ, jaisá kí Threadworm kírá: wáste mahfúz rakhne antaryoṇ ke pit kí tezí se, yá koí tezí mawád se: wáste rokne ishál ke: wáste tázgi jism ke jabki ḡhurák mádah meṇ nahín pahunḡhtí hai, aur nahín ṭhahartí; wáste kam karne tashannuj, mádah, antaryoṇ, phepre, gurdah, yá dígar ázá ke.

S.—Jild ookhárnewálí dawá kisko kahte haiṇ ?

J.—Koí shai jo istámál kí játí hai wáste jild ukhárne ke, jo jism sataḥ par lagáí jáwe, to usse buḡhár uṭhkar khál 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,

bashakl áblah ke namúd howe, aur usmen patlá zard pání paidá howe, jaisá ki Spanish Fly ká sirká.

S.—Chhínk láne wáli dáwá kisko kahte haiñ ?

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

S.—Kátnewáli zaḥm kí dáwá kisko kahte haiñ ?

J.—Koí shai jo jism par lagái jáwe, aur us jagah se jism ko chhichṛá karke galá de.

J.—Adwiya zaḥm kátnewáli kyunkar taqsím kí gai haiñ ?

J.—Darmiyán Eroding, yane khánewáli gosht kí, jaisá ki nílá thothá aur phitkírí baryán, aur darmiyán Caustic, jaisá ki Nitrate of Silver, Potassa fusa, aur tezáb kháni.

S.—Kaf dáfa karnewáli dáwá kisko kahte haiñ ?

J.—Koí shai ki jo iḥhráj kaf ká phephṛe se ziyádah kare.

S.—Kaf dáfa karnewáli dáwá kyunkar taqsím kí gai haiñ ?

J.—Durmíyán jí machlánewáli, mufarraḥ, jalánewáli, aur dáfa tashannuj.

S.—Harek qism ke misál do ?

J.—Jí machlánewáli dáwá, maslan Ipecacuanha, miqdár qalíl Tartar Emetic, janglí piyáz, Ammoniacum, aur lahsan ; mufarraḥ, adwiyáh jaisá ki Horehound ; jalánewáli, maslan dhúni tumákoo aur buḥhárát tezáb ; dáfa tashannuj, jaisá ki Blister, ghusl karná arm pání se, aur buḥhárát pání ke.

—Dáfa buḥhár dáwá kisko kahte haiñ ?

J.—Jo dáwá ki ḡhawás kam karne shiddat buḥhár ká rakhtí ho.

S.—Dáfa buḥhár dawáon men se jo aksar istámál men áti haiñ unká nám bayán karo ?

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

S.—ḡharghrah kí dáwá kis ko kahte haiñ ?

J.—Munḡ aur halaq ke dhone kí dáwá ko kahte haiñ.

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

J.—Darmiyán mufarraḥ aur qabiz, jaisi ki ḡhisánda guláb, aur Diluted Sulphuric Acid, yane patlá gandhak ká tezáb, yá ḡhisánda lál

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, Elaterium, 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

mirch ká aur sirká, aur darmiyán Mucilagenous yáne luábdár aur Soothing, yáne taskín denewálee, maslan pích, jou ká pání, yá cháh alsí kí.

S.—Patlá dast láne wálee dawá kis ko kahte haiñ ?

J.—Jo dawá kí jism se nikálne wálee Secretions yá Excretions mawád ko ziyádah kare, jaisa kí pání jism ká kisé rastá jism se khárij hotá rahe, maslan mushil, Elaterium aur Compound Jalap Powder.

S.—Jalánewálee dawá kisko kahte haiñ ?

J.—Kóí shai kí upar jism ke lagálee jáwe us sabab se jalan nagá-wár hiss, sáth garmí aur surkhí ke málúm howe, jaisá Caustic yá kóí tezáb khání.

S.—Peñ narm karne wálee dawá kis ko kahte haiñ ?

J.—Jo dawá kí anṭriyon meñ se bahut ba-asání mawád ikhráj kare, magar bahut kasrat se mawád khárij ne howe, aur us dawá kí tásír hone meñ bahut tabiát ko dard ne málúm howe, aur kisse nau kí tahrík tabiát par tahik ná howe.

S.—Is ke mísal do ?

J.—Manna, arandí ká tel, gandhak, tunhá yá milá huá sáth Cream of Tartar, Rochelle aur dígar Neutral Salts ke.

S.—Dafá sang masáná dawá kisko kahte haiñ ?

J.—Jin dawáon meñ yeh quwwat samjhí játee hai kí sang másána ko galáwen, yá usse mailán paidá howe Calculus ká jism se rafá hojáwe, maslan Carbonates of Magnesia aur Potash, aur Liquor Potassæ.

S.—Khwábáwar dawá kisko kahte haiñ ?

J.—Jo dawá kisé qism kí ufim se murakkab howe bích báze aqsám uske ke.

S.—Musqit dawá kis ko kahte haiñ ?

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

S.—Dastáwur dawá kis ko kahte haiñ ?

J.—Jo dawá kí jaldí mawád ko khárij kare aur dast ziyádah láwe.

S.—Kyá kóí taur se mushil ke tásír hotí hai ?

J.—Waqá meñ káf taur se mushil ke tásír hotí hai, báze mushil ke tásír is taur se hotí hai kí anṭriyon ke putṭhon ke reshá ússe khare hojáte haiñ aur wuh harkat Peristaltic hai, aur isí sabab se

Kaiadana, 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 fœcal 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.

mawád unká jald aur bilkul sáf hojátá hai, maslan Jalap, Kaladáná, Elwa, Sukmooníya, rewund chíní, aur Colocynth; baze dawáen Mucous Follicles aur Exhalants ko mufarrah karte haiñ, kí usse khárij hone wáí muwád sriyál ho, banisbat mámulí ke antaryon 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 pání ziyádah aur baqhubí khárij ho jáwe, maslan Calomel aur Blue pill.

S.—Drastic Purgative se kyá murád hai ?

J.—Kof dawá mushilá ke bashiddat aur tezí se tásir kare, maslan jamálgote ká tel, Gamboge aur Sukmooníya.

S.—Dafá garmí kí dawá kisko kahte haiñ ?

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

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

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

S.—Khárij karnewáí dawá kisko kahte haiñ ?

J.—Jis dawá ke lagáne se maraz jism ke satah se hañ jáwe ?

S.—Surkh karnewáí badan kí dawá kisko kahte haiñ ?

J.—Jis dawá se ki jism ko Blister ki taklíf ki nísbat kam sozish pahunche.

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

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

S.—Joshe dahan kí dawá kisko kahte haiñ ?

J.—Jo dawá ke munh kí rál ko ziyádah kare, maslan mukhtalíf adwiya murakkab párá ke, janglí piyáz, Nicotine aur mirch yá sonth.

S.—Mufarrah 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 howe yá jism ko har-
kat pahunche.

S.—Kyonkar mufarrah dawáen taqsím kí gai haiñ ?

J.—Darmiyán qábil intishár, jaisá ki Alkali urnewálí, Electri-
city, yane jazb, aur garmí; darmiyán andarúní, jaisá kai qism ke
arq, sharáben, garm masála, mushk, Castor, Ammonia, aur garm
noshidní, jaisá cháh, pích, cháwal ká pání, yá shorbe; aur dar-
miyán adwiyah, jo muqám marz par lagái jáwe, jaisá Spanish Flies,
yane Teliní makkhí, Alcohol, Æther, Ammonia, Caustic, Creasote,
nílá thothá, Chloride of Zinc, Nitrate of Mercury, Arsenious Acid,
yane tezáb sankhíyá ká, aur tamám tezáb khání.

S.—Muqawwí miuduh dawá kisko kahte haiñ ?

J.—Jo dawá ki aksar is istiláh meñ mustámil haiñ ki miuduh ke
haq meñ mufid hon, aur taqwíyat hazúma 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.—Khnún band karnewálí 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, phiṭkírí, turpan tel, aur Muriated Tincture of Iron.

S.—Pasíná lánewálí dawá kisko kahte haiñ ?

J.—Jo dawá ki jism se is qadar bukhárát uṭháwe ki wuh bukhá-
rát bashakl pání satah par jism ke namúdár howen.

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

J.—Tín, awal, jo ki jism kí ragon ko tárík karke pasíná khárij
kareñ, maslan báhar kí garmí, málísh, yá jo dawáen ki jism ke
mawád siyál ke sáth shámil hokar jism ke post par tásír kareñ,
maslan dawáen párah aur gandhak kí, yá jo adwiyah ki maḍah par
lagái jáweñ basabab muwáfqat yá miuduh post par tásír kareñ, mas-
lan ṭhandáien baz auqát pasíná láné meñ bahut muqawwí hote haiñ;
doyam, jo dawáen ki Vascular System, yane ragon kí harkat ko ziyá-
dah kareñ, 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.

áwar ko khole, jáisá adwiyah murakkab Antimony ke, sard paní dálná aur namkín arq áwar.

S.—Pib paidá karnewálí dawá kisko kahte hain ?

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

S.—Aksar kon kon sí chízen wáste pakáne ke kám meṅ átí hain ?

J.—Garm sínken aur kaí qism kí luprín, kḥwá murakkab hon kḥwá ghair murakkab.

S.—Muqawwí dawá kisko kahte hain ?

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

S.—Adwiya muqawwí kis tarah par taqásim kí gaí hain ?

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

S.—Chand adwiya badan sudhárnewálí muqawwí meṅ se unká nám bayán karo ?

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

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

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

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

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

S.—Chand adwiya talkḥ muqawwí meṅ se unká nám bayán karo ?

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

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

J.—Híng, Valerian, yane Billí Loṭun, buríja, Nux Vomica, Sapkhíá ká pání, Blue Pill, Calomel, yane 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.
$\frac{3}{4}$	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.
$\frac{1}{6}$	From 2 years old,	8 grains.
$\frac{1}{8}$	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.

BA'B DOYAM.

DAR BAYA'N DAWA' SA'ZI'

NAQSHA.

Bábat maqmáli 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 larhá chahár sál ká ho, chaháram hissa,	15	grains.
$\frac{1}{5}$	Aur jo ba umr se sál ho, chaṭá hissa,	10	grains.
$\frac{1}{8}$	Aur jo ba umr do sál ho, áṭhwán hissa,	8	grains.
$\frac{1}{12}$	Aur jo ba umr ek sál ho, bárahwán hissa,	5	grains.

Acetum Cantharides, yaṇe sirká Spanish Fly ká.

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

Acetum Colchici, yaṇe sirká zaṭrán midú ká.

F.—Yih dawá wáste idrár ke baárzah niqras aur gaṭhyá ke deto haiṇ.

Miqdár.—Nisf drachm se ek drachm tak, kisí narm saiýal meṇ díjáwe.

Acetum Scillæ, yaṇe sirká jaṅlí piyáz ká.

F.—Wáste kaf níkalne aur idrár pesháb ke dete haiṇ.

M.—Nisf drachm se do drachm tak kisí ḡhushbúdár ṭapkáe húe pání meṇ díjáwe.

Acetic Acid, yá Acidum Aceticum.

F.—Jab yeh dawá pání meṇ milái jáwe tab tásir uskí sard hotí hai, aur Hæmorrhage, yaṇe ijræe ḡhún kí bímári meṇ díjátí hai, ḡhasús us súrat meṇ jab kí Acetate of Lead díyá játá hai, iswáste kí yih dawá us súrat meṇ us namak ko galá detí hai, kí jo murakkab shíshe se ho, báhar jism par lagáne se yih dawá ba-taur Lotion, yaṇe ḡházah 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 nikálnewálí bahut kam mustāmil hai, magar sirf wáste banāne Compound Tincture Camphor ke yá Paregoric Elixir ke kām átí hai.

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

F.—Sardí paidá kartá hai jab ki sajjí yá nousádar ke sathl ámez kfyá jáwe.

M.—Das grain se nisf drachm tak.

Acidum Hydrochloridum, yañe Muriatic Acid, namak ká tezáb.

F.—Yih dawá wáste píne ke bahut kām mustāmil hai, magar sirf bimárí Scarletina aur Typhus bukhár men píte haiñ. Kabhí kabhí wáste kharíj karne kirm ke díjátí hai, aur Quassia, yañe taj ke khisāndah men milákar usko píte haiñ.

M.—Pāñch se bís minim, yañe qatrah tak ek din men tñ chár martabah dete haiñ.

Acidum Hydrocyanicum Dilutum, yañe Diluted Prussic Acid.

F.—Wáste árám dene, aur kam karne dard ke, aur qai ko rafa karne, aur antaryon kí sozish mauqúf karne men mustāmil hotí hai, aur yih dawá bimárí haizáhl ke shuru men díjátí hai, aur baárzah qúling aur sozish peṭ ke, wa digar maroṭ paidá karnewálí marzon ke díjátí hai, khasús baárzah zíquunnafs ke.

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

Acidum Nitricum, yañe Nitric Acid, tezáb shore ká.

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

Acidum Nitricum Dilutum, yañe Diluted Nitric Acid.

F.—Dáfa sozish, aur muqawwí, medeh aur mudir, aur wáste galáne pathrí, baárzah Syphilis shadíd, aur darpáh sozish jigar ke mufíd hai.

M.—Pāñch minim se chális minim tak, tñ martabah ek din men.

Acidum Phosphoricum Dilutum, yañe Diluted Phosphoric Acid.

F.—Wáste muqawwí karne medeh ke, aur wáste durust karne hálato bimárí tabíat ke jismen ki bakasrat Phosphate of Lime badan men jama hojátá hai dete haiñ, jaise ki baárzah Exostosis, aur nez wáste kam karne tishnagí bamarz Diabetes, yañe Ziyabatus.

M.—Bís se sáth minim tak ek din men tñ martabah.

Acidum Sulphuricum Dilutum, yañe 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.

Does.—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, yane un bímáriyon ke jin meñ pasíná bahut kasrat se nikáltá hai, aur wáste andarúní Hæmorrhage, yane ijræe k̄hún ke bahut mufíd hai.

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

Acidum Tartaricum, yane Tartaric Acid.

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

M.—Pachchís grain se tís grain tak.

Æther Sulphuricus, yane Sulphuric Æther.

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

Miqdár.—Nisf drachm se do drachm tak.

Spiritus Ætheris Nitrici, yane Spirit Nitric Æther ká.

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

M.—Nisf drachm se do drachm tak, kaí martabah ek din meñ.

Spiritus Ætheris Sulphurici Compositus, yane 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 haiñ.

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

Anarcotine.

F.—Dáfaí 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 meñ diyá jáwe, medeh kí quwwat bañshne meñ, k̄hasúsan bad síhat ke kí bad janne ke hotí hai, bahut umdah dawá hai.

Ammonia Sesquicarbonas, yane 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 Ammoniaë, or Solution of Ammonia.

U.—Stimulant, Rubefacient and Antacid.

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

Liquor Ammoniaë 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 Ammoniaë 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.

Morphiaë Acetas, or Acetate of Morphia.

U.—Sedative and Antispasmodic.

D.—Quarter of a grain to one grain.

Morphiaë 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 gvain.

Brucine, yane Sulphate Brucine ká.

F.—Baarzah fálij wáste quwwat dene medeh ke bahut qawwí ainþhnewáli dawá hai. Agar miqdár muayan se kof shaþhs ittafá-qan 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 Ammonie, yane Solution Ammonia ká.

F.—Muharrik, Rubefacient, yane lál karnewálá aur Antacid.

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

Liquor Ammonie Acetatis, yane Solution Acetate Ammonia ká, aur isko Spirit Mindererus kábhí kahte hain.

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 Ammonie Sesquicarbonatis, yane 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.

Morphie Acetas, yane Acetate Morphia ká.

F.—A'sáish dihandah aur dáfai tashannuj.

M.—Chaháram grain se ek grain tak.

Morphie Hydrochloris, yane 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, yane gházah uská ki usmen ek hissah Muriate of Ammonia, aur chaubís hissah Spirits of Wine, our usí qadar tapkáyá húa sirká miláyá jáwe, waste lagáne zaþhm aur choþ yá phoþe ke ki bahut arse tak qáim ho bahut muffed hai; tásir 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 Poultice of Hemlock.

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

Cataplasma Coronilla, or Poultice of the Nutiya leaf.

U.—A common Emollient application.

Cataplasma Daturæ, or Datura Poultice.

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

Cataplasma Fermenti, or Poultice of Yeast.

U.—Applied to fœtid and sloughing sores.

Cataplasma Lal-Chitra, or Poultice 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 Poultice.

U.—A useful Emollient application.

Cataplasma Nim. or Poulitice of Nim leaf.

Quinine Disulphas, yaṇe Disulphate Quinine ká.

F.—Buḡhár ke dafa karne meṇ bahut qawwí, aur medeh kí qawwat dene meṇ bahut mufíd hai. Yeh dawá sirf baǎrzah buḡhár bárí ke istamál kíjáwe, us súrat meṇ jab ki jism tar, aur ṡhandá, aur antaryáṇ baḡhúbí kushádah howeṇ.

M.—Ek grain se pañch grain tak, ek din meṇ tín chár martabah.

Strychnia, yaṇe Strychnine.

F.—Baǎrzah fálij bamiqdár áṡhweṇ hissah ek grain ke andar jism ke istamál kíjáwe; aur baǎrzah Amaurosis, yaṇe zaháb ulbasar bataur marham lagáí jáwe.

Veratria, yaṇe Varatrine.

F.—Mashhúr hai ki yih dawá ḡhárij honewále aur iláhidah honewále ajsám se saiyál ko ziyádah kartí hai, aur baǎrzah niqras aur gaṡhíyá mustamíl hotí hai. Báhar lagáne meṇ ragon ke árzah meṇ yih dawá bamiqdár pañch grain, chahár drachm charbí meṇ, milákar jis muqám par taklíf ho, us muqám par lagáí jáwe, aur usse málsh kíjáwe, bahut mufíd hotí hai, miqdár dáneh kalán maṡar ke, ek din meṇ tín martabah istamál is dawá ká kiyájáwe.

Cataplasma Conii, yaṇe Poultrice Hemlock ká.

Fáidah.—Wáste áram dene phoṛe ke ki jismen sozish ho, aur warm kaṡhle ke ki baarzah kaṡṡhmálá lahaq ho, mufíd hai.

Cataplasma Coronilla, yaṇe Poultrice barg Nutiya ká.

F.—Umúman wáste mulayyan karne ke mustamíl hai.

Cataplasma Daturee, yaṇe Poultrice Datura ká.

F.—Achclá Narcotic, yaṇe sun karnewála Poultrice hai, us phoṛe meṇ ki jismen sozish ho aur bawásír berúní par lagáyá játá hai, magar bawásíri andarúní par nahín lagáyá játá.

Cataplasma Fermenti, yaṇe Poultrice ḡhamír ká.

F.—Yih Poultrice foetid, yaṇe badbú aur chhichṛedar ḡhaon meṇ lagáyá játá hai.

Cataplasma Lal-Chitra, yaṇe Poultrice Lal-Chitra ká.

F.—Bahut qawwí, aur arzán aur umdah Blister hai, bark ko kuchalkar banáte haiṇ, aur bad par ibtidá meṇ lagáyá játá hai.

Cataplasma Lini, yaṇe Poultrice alsí ká.

F.—Yih Poultrice wáste mulayyan karne ke mustamíl hai.

Cataplasma Nim, yaṇe Poultrice barg Ním ká.

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

Cataplasma Orissa Arum, or Ghet Kuchoo Poultice.

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

Cataplasma Sinapis, or Mustard Poultice.

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 Totah aur násúr puráne ke mufíd hai.

Cataplasma Orissa Arum, yane Ghet Kachú ká Poullice.

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

Cataplasma Sinapis, yane Poullice ráí ká.

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

Ceratum Calamine, yane marham Calamine ká.

Fáidah.—Wáste lagáne khárash aur násúr ke mufíd hai, aur ág se jale hue ázá ko bad kam hone Inflammation, yane sozish ke fáidah kartá hai.

Ceratum Cantharides, yane marham makkhí Spain ká.

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

Ceratum Cetacei, yane Spermaceti ká marham.

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

Ceratum Hydrargyrum Compositum, yane murakkab marham páre ká.

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

Ceratum Plumbi Acetatis, yane Cerate Acetate shíshah ká.

F.—Thandá marham bích hálaton jaljáne aur khál udharjáne ke mustamil hai.

Ceratum Plumbi Compositum, yane 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 mufíd hai.

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

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

Ceratum Sabinae, 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.

Ceratum Sabinæ, यांने मारुहम Savinæ क़ा.

F.—Wáste ijrác mawád ke Blister ke muqám se yih marham lagáte hain.

Ceratum Saponis, यांने मारुहम sábuñ k़ा.

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

Ceratum Telini, यांने मारुहम Telini makkhí k़ा.

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

Confectio Amygdalæ, यांने halwá bádám k़ा.

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

Confectio Aromatica, यांने khushbúdár halwá.

F.—Muharrik aur mufarrah.

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

Confectio Aurantii, यांने sangtrah k़ा halwá.

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

Confectio Cassiæ, यांने halwá taj k़ा.

F.—Mulayyan aur mushil.

M.—Do drachm se ek ounce tak.

Confectio Opii, यांने halwá afyún k़ा.

F.—Muskir aur muharrik.

M.—Das grain se tís grain tak.

Confectio Opii cum Catechu, यांने halwá afyún aur katthe k़ा.

F.—Taskín dihandah aur qábiz.

M.—Ek scruple se ek drachm tak.

Confectio Piperis Nigri, यांने Confection siyáh mirch k़ा.

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

Confectio Rosæ Caninæ, यांने Confection Dog Rose k़ा.

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

Confectio Rosæ Gallicæ, यांने halwá guláb surkh k़ा.

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

Confectio Rutæ, यांने halwá sudáb k़ा.

F.—Enema, यांने adwiya pichkárí men tásír uskí Antispasmodic यांने 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 Aloes.

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.—Mucilaginous 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.—Muharrik 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 joshándah sibr ká.

F.—Maṭdil mushil aur muqawwí medeh.

M.—Chahár drachm se ek ounce tak.

Decoctum Amyli, yaṅe joshándah Starch, yaṅe nishástah ká.

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

Decoctum Cetrariae, yaṅe joshándah Liverwort ká.

F.—Mucilagenous, yaṅe luábdár aur talkh hai, dar súrat záf aur baárzah sil mustamil hotá hai, aur níz aise marzon men ki jismen adwiyat muqawwí medeh darkár hon, istámál iská kiyá játá hai.

M.—Ek ounce se chahár ounce tak.

Decoctum Chimaphilae, yaṅe joshándah Wintergreen, yá Pyrola ká.

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

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

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

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

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

F.—Dáfai bukhár aur muqawwí medeh.

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

Decoctum Cydoniae, yaṅe joshándah bihídáná.

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

Decoctum Dulcamara, yaṅe joshándah Woody Nightshade ká.

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

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

Decoctum Gramati, 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.—Mucilaginous 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, Infection, 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 Bark.

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

Decoction Granati, yanê joshândah anár ká.

F.—Qábiz, baárzah purání pechish aur peṭ ke kíron ke mustamil hai.

M.—Chahár drachm se ek ounce tak, do yá tîn martabah ek din men.

Decoction of Gulancha, yanê joshândah Gulancha ká.

F.—Talkh aur muqawwí medeh aur Alterative, yanê tartíb di-handah hai.

M.—Ek ounce, ek din men tîn martabah shahad ke sáth istamál karte hain.

Decoction Hordei Compositum, yanê murakkab joshândah jau ká.

F.—Demulcent, yanê tar karnewálá hai, aur har qism ke bukhár, aur marzi sil aur Gonorrhœa, yanê suzák aur taqtír ulbúl ke mustamil hai, kuchh miqdár uskí muaiyan nahín.

Decoction of Ispaghool, yanê joshândah Ispaghool ká.

F.—Mulayyan hai, baárzah Dysentery yanê pechish men diyá játa hai.

Decoction Lichenis Zeylenici, yanê joshândah Ceylon Moss ká.

F.—Mucilagenous, yanê luábdár, Demulcent, yanê tar karnewálá hai, wáste larakon ke, aur sihat páncwálon ke bataur khurák latíf ke mustamil hotá hai.

Decoction Malvæ Compositum, yanê murakkab joshândah Marsh-mallow, yanê khatmí ká.

F.—Senk aur pichkárí men kám átá hai.

Decoction Papaveris, yanê joshândah post ká.

F.—Warm taklíf dihandah aur kharásh men, is dawá kí senk bahut áram detí hai.

Decoction Quercus, yanê joshândah chhál balút ká.

F.—Qábiz hai, aur gharárah, aur pichkárí, aur Lotion, yanê gházah men kam átá hai.

Decoction of Rice, yá *Oryzæ*, yanê joshândah chával ká.

F.—Mulayyan hai, aur bakasrat iská istamál karte hain, aur pichkárí men bhí kám átá hai.

Decoction Rohuni, yanê joshândah Rohun ká.

F.—Bahut umdah qábiz dawá wáste gharárah, aur Vaginal Injections, yanê pichkárí rihm aur huqrah ke hai. Wáste Decoction chhál balút ke yih dawá bahtar badaḷ ho saktí 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.

Emplastrum Ammoniacum, Plaster of Ammoniacum.

Decoctum Sarsæ, yañe joshándah Sarsaparilla, yañe ushbá ká

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

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

Decoctum Sarsæ Compositum, yañe murakkab joshándah ushbá ká.

F.—Muarríq aur Alterative, yañe tartíb dihandah jism hai, baárzah Syphilis, yañe atshaki darjahi doyan ke aur baárzah gañhiyá 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 derh ounce tak, ek roz men tén martabah.

Decoctum Senegæ, yañe joshándah Senega ká.

F.—Kaf nikálnewálá, mudir aur muarríq hai, baárzah phephrah aur gañhiyá puráni ke diyá játá hai.

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

Decoctum Tormentillæ, yañe joshándah Tormentilla ká.

F.—Qábiz aur muqawwí medeh baárzah Diarrhœa, yañe puráne ishál ke dete haiñ.

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

Decoctum Ulmi, yañe joshándah chihál darañhti Elm ká.

F.—Mudir hai, baárzah nikálue 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 talñ 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 kutki ká.

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

Emplastrum Ammoniacum, yañe lep Ammoniacum ká.

U.—Stimulant and discutient, applied to indolent swellings.

Emplastrum Ammoniaci cum Hydrargyro, or Plaster of Ammoniacum and Mercury.

U.—Stimulant and discutient, used chiefly for venereal tumours.

Emplastrum Belladonnæ, or Plaster of Deadly Nightshade and the Plaster of Datura.

U.—Anodyne and Antispasmodic; applied near the eye it causes dilatation of the pupil. Applied to the Sacrum, it relieves the pain of Dysmenorrhœa.

Emplastrum Cantharides, or Plaster of Spanish Flies.

U.—For making Blisters; it should always be spread with the thumb, as the hot iron destroys the virtues of the fly.

Emplastrum Galbani, or Galbanum Plaster.

U.—Stimulant and discutient.

Emplastrum Hydrargyri, or Plaster of Mercury.

U.—Alterative and discutient.

Emplastrum Opii, or Plaster of Opium.

U.—Anodyne.

Emplastrum Picis, or Plaster of Pitch.

U.—Stimulant and Rubefacient.

Emplastrum Plumbi, or Plaster of Lead.

U.—For making up several of the other kinds of Plasters, also as a common Sticking Plaster for uniting the edges of fresh wounds.

Emplastrum Resinæ, or Plaster of Resin.

U.—Stimulant and adhesive.

Emplastrum Saponis, or Soap Plaster.

U.—Discutient.

Emplastrum Telini, or Plaster of Telini Flies.

U.—The same as the *Emplastrum Cantharides*.

Enema Aloes, or Enema of Aloes.

U.—Stimulant, Cathartic; used for dislodging worms from the

F.—Muharrík aur muhallíl hai, aur warm puráne ko lagáte haiñ.

Emplastrum Ammoniaci cum Hydrargyro, yane lep Ammoniacum aur párah ká.

F.—Muharrík aur muhallíl hai, aksar baúrzah warm garmí ke lagáte haiñ.

Emplastrum Belladonnae, yane lep Deadly Nightshade ká aur lep *Datura* ká.

F.—Khuábáwar aur Antispasmodic, yane dífai tashannuj hai; agar áñkh ke pás lagáyá jáwe to áñkh kí putlí ko barhátá hai. Agar Sacrum par lagáyá jáwe to dard Dysmenorrhœa ko dafa kartá hai.

Emplastrum Cantharides, yane lep makkhí Spain ká.

F.—Iská Blistea banáte haiñ; yih dawá hameshe háth ke angulhe se phailáí jáwe, isliye ki garm lohe se makkhí kí tásír bigar játí hai.

Emplastrum Galbani, yane lep Galbanum ká.

F.—Muharrík aur muhallíl.

Emplastrum Hydrargyri, yane lep párah ká.

F.—Alterative, yane sudhárnewálí aur muhallíl hai.

Emplastrum Opii, yane lep afyún ká.

F.—Khuábáwar hai.

Emplastrum Picis, yane lep Pitch, yane rál ká.

F.—Muharrík aur lálkarnewálá badan ká

Emplastrum Plumbi yane lep shíshah ká.

F.—Wáste banáne kaí qism ke lep ke kám átá hai, aur nez wáste miláne kanórah zalkhu tózah ke aksar yih chipaknewálá marham lagáte haiñ.

Emplastrum Resinae, yane lep rál ká.

F.—Muharrík aur chipaknewálá hai.

Emplastrum Saponis, yane sábuñ ká lep.

F.—Discutient, yane muhallíl.

Emplastrum Telini, yane lep Teliní makkhí ká.

F.—Iskí tásír misl tásír lep Cantharides, yane Spain kí makkhí ke hai.

Enema Aloes, yane pichkárí sibr kí.

F.—Muharrík aur mushil hai, wáste iḡhráj kirm ke, Rectum

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 Terebinthinæ, or Enema of Turpentine.

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

Extractum Abri, or Extract of Goonch.

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.

yañe miqad se yih pichkárí kám átí hai, aur baárzah Amenorrhæa, yañe bastgí haiz mustamíl hotí hai.

Enema Colocynthis, yañe pichkárí hanzal kí.

F.—Mushil hai, baárzah qabz shadíd aur qulinj ke dete hain.

Enema Opii, yañe k̄huábáwar pichkárí kí dawá.

F.—Baárzah sozish antaryon ke fáidah baḡhshtí hai.

Enema Tabacci, yañe pichkárí tambákú kí.

F.—Yih pichkárí bahut kam mustamíl hai, sirf darsúrat Strangulated Bowels, yañe dabí huí antaryon ke kám átí hai, aur shid-dat se dastáwar hai.

Enema Terebinthinæ, yañe pichkárí tarpentel kí.

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

Extractum Abri, yañe Extract Gung ká.

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

Extractum Aconiti, yañe Extract Aconite ká.

F.—Andar jism ke kabhí kabhí sházo nádar baárzah Neuralgia, aur Tic-doloreux, aur purání gaḡhiyá ke pahuncháte hain. Aur báhar jism ke lagáne ko ek drachm Extract aur ek ounce charbí milákar marham bauáte hain, kabhí kabhí baárzah Tic-doloreux, aur Sciatica, aur digar awáriz nason ke istamál karte hain.

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

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

F.—Mushil aur Stomachic, yañe házim hai.

M.—Páñch grain se pandrah grain tak.

Extractum Anthemidis, yañe gulbábune ká sat.

F.—Muqawwí medeh aur k̄hafíf muskir hai.

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

Extractum Barberr̄y Bark ká.

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

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

Extractum Belladonnæ, yañe Extract Deadly Nightshade ká.

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

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 Corni, or Extract of Meadow Saffron Cornus.

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 Cannabis, yaṅe san ká sat.

F.—Bashiddat sun karnewálá hai, aur árzah haizái wabái aur baiṭhne jab aur behoshí, aur káṭne kutte ke dete haiṅ.

M.—Nisf grain se das grain tak, mutábíq súrat marz ke kaí martabab yih dawá maríz ko dete haiṅ.

Extractum Chiretta, yaṅe Extract Justicia, yaṅe Kreat ká.

F.—Umdah talḵ dawá muḡawwí medeh hai, is dawá ko aksar bajoshándah ushbá yá lohe ke sáth dete haiṅ.

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

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

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

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

F.—Muḡawwi medeh, aur Stomachic, yaṅe házim aur dáḡa buḵhár hai.

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

Extractum Colchici Aceticum, yaṅe Acetic Extract zafrán meadow ká.

F.—Baárzah gaṭhiyá shadíd ke ibtidá men yih dawá dete haiṅ.

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

Extractum Colchici Cormi, yá Extract Meadow Saffron Cormuská.

F.—Awwal hálat shadíd gaṭhiyá ke dete haiṅ.

M.—Ek grain, har ek chár ghanṭe baḡ.

Extractum Colocynthides, yaṅe Extract Colocynth ká.

F.—Mushil hai.

M.—Páñch grain se bís grain tak.

Extractum Colocynthidis Compositum, yaṅe murakkab Extract of Colocynth ká.

F.—Mushil aur dastáwar hai.

M.—Páñch grain se bís grain tak.

Extractum Conii, yaṅe Extract Hemlock ká.

F.—Jab ki jism ke andar mustámil ho yih dawá khuábáwar hai, aur baárzah gaṭhiyá shadíd aur kúkar khánsí ke istámál karte haiṅ; báhar jism par aksar marham shadh men milákar bawásír aur sartán aur Stricture Rectum par lagáte haiṅ.

M.—Páñch grain, har áṭhwen ghanṭe men, jab tak ki sir men 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 Hamatoxyli, 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, yane Extract Foxglove ká.

F.—A'ráam dihandah aur mudir hai, yih dawá bahut kam mustamil hotí hai.

Extractum Dyospyri, yane Extract Gab ká.

F.—Ek umdah dawá qábiz hai, baárzah Diarrhoea, yane ishál raqíq, aur Chronic Dysentery, yane purání pechish ke dete haiñ. Do drachm is dawá ke ghulehúe nisf bottle pání men niháyáh tohfa pichkárí kí dawá wáste rehñ ke bích maraz Leucorrhœa ke hotí hai.

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

Extractum Elaterii, yane Extract Elaterium ká.

F.—Hydragoguc, yane patlá dast lánewálá aur mushil hai.

M.—Nisf grain se do grain tak, do yá tñ martabah ek din men. goliyáñ banákar kháte haiñ.

Extractum Gentianæ, yane Extract Gentian ká.

F.—Muqawwí aur Stomachic, yane házim.

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

Extractum Glycyrrhizæ, yane Extract Askussús ká.

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

Extractum Gulanchæ, yane Palo ká sat.

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

M.—Derh drachm se tñ drachm tak.

Extractum Hamatoxyli, yane Extract Logwood ká, yane Extract Bukhum ká.

F.—Qábiz hai; aur baárzah Diarrhoea, yane ishál raqíq aur Dysentery, yane pechish dastoy ke jo arse se láhaq ho dete haiñ.

M.—Das grain se tís grain tak istamál karte haiñ khushbúdar pání men.

Extractum Hyoscyami, yane Extract Henbane ká.

F.—Muskir, aur dard ko áráam denewálá, aur Antispasmodic, yane dáfa tashannuj hai.

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

Extractum Jalapæ, yane 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 Lactuce, 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 Pareiræ, 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 Quassiæ.

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 menñ tñ 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 tñ martabah ek din menñ.

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 tñ martabah ek din menñ.

Extract Nemooka.

F.—Qábiz aur peshábáwar hai, jab ki pání menñ milákar istamál kí jáwe.

M.—Bís grain, ek din menñ tñ martabah.

Extractum Nux Vomica, yañe Extract kuchle ká.

F.—Yih dawá maṛoṛ karnewáli muqawwí medeh hai, roṭi ke gúde ke sáth goliyán uskí banáste haiñ.

M.—Áṭhwenñ hisse se chauthi hisse ek grain tak, ek din menñ tñ 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 Pareira, yañe Extract Pareira ká.

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

M.—Das grain se bís grain tak.

Extract Quassia, yañe Extract taj ká.

F.—Talkh dawá, wáste quwwat medeh ke mufid 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.—One to two ounces.

Infusum Armoraciæ 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 tín martabah.

Extractum Rhei, yañe rewand chíní ká sat.

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

M.—Das grain se tís grain tak.

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

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

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

Extractum Scammonie, yañe Extract Saqmúnia ká.

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

M.—Páñch grain se das grain tak.

Extractum Stramonii, yañe Extract Thorn Apple, yañe dhatúra 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, yañe Extract Dandelion ká.

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

M.—Das grain se ek drachm tak.

Extractum Uvae Ursi, yañe Extract Whortleberry ká.

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

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

Infusum Anthemidis, yañe khisándah babúne ká.

Faidah.—Baárzah Dyspepsia, yañe badhazmí ke mufid hai, aur talkh aur khushbúdar aur muqawwí hai, aksar wáste ziyádah karne asar adwiyah, qaiáwar ke dete haiñ.

Miqdár.—Ek ounce se do ounce tak.

Infusum Armoracie Compositum, yañe murakkab khisándah sohunjine ká.

F.—Baárzah fálij muharrik hai.

M.—Ek ounce se se'ðeñ ounce tak, ek din men do yá tín 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, yāne 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 k̄haff talk̄h aur k̄hushbúdar.

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

Infusum Calumbæ, yāne k̄hisāndah Calumbæ ká.

F.—Házim aur muqawwí medeh, k̄hasúsan wáste kam karne us ár̄ze 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, yāne k̄hisāndah laung ká.

F.—Muharrík aur mufíd medeh.

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

Infusum Cascarrillæ, yāne 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, yāne murakkab k̄hisāndah katthe ká.

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

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

Infusion Chiretta ká.

F.—Talk̄h aur muqawwí medeh.

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

Infusum Cinchonæ, yāne k̄hisāndah Cinchona ká.

F.—Muqawwí medeh aur dáfaī bukhár hai; baárzah Dyspepsia, yāne badhazm̄ ke mufíd hai.

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

Infusum Crini, yāne k̄hisāndah Kanoor ká.

F.—Halkí aur mujarrib qaiáwar dawá hai.

M.—Do drachm, har b̄is 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 Diurctic.

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 k̄hisāñdah Cusparia ká.

F.—Muqawwí medeh, aur muharrík aur dáfai bukhár.

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

Infusum Digitalis, yañe k̄hisāñdah Foxglove ká.

F.—Mudir aur bahut muskir hai, is dawá kí tásír par ziyádah tawajjuh aur k̄habargírí karní cháhiye, is wáste ki yih dawá dafatan azái raísá ko bilkúl zaíf kardetí hai, aur usse k̄hatrá hojátá hai.

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

Infusum Diosmæ, yañe k̄hisāñdah Buchu ká.

F.—Muqawwí, aur mudir aur muarrík hai, bích ráddár ikhráj ke azá pesháb se mufíd hai.

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

Infusion Ergot Rye ka.

F.—Parturifacient, yañe jalá bachchá ko peṭ se nikálnewále.

M.—Do yá t̄in ounce, har nisf ghante men̄ dete haiñ, jab tak ki hasbi dil k̄huáb tásír hojíwe.

Infusum Gentianæ Compositum, yañe murakkab k̄hisāñdah Gentian ká.

F.—Mufíd aur muqawwí medeh.

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

Infusion Gulancha ká.

F.—Bahut umdah muqawwí dawá, aur Alterative, yañe sudhárnewálí aur mudir hai.

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

Infusum Hemidesmi, yañe k̄hisāñdah Ununtamúl ká.

F.—Alterative, yañe sudhárnewálá aur mudir hai, baárzah átshak darjei doyam aur purání gaṭhiyá ke istamál karte haiñ.

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

Infusum Justiciae, yañe k̄hisāñdah Kreat ká.

F.—Ek umdah talkh dawá muqawwí medeh hai.

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

Infusum Krameriae, yañe k̄hisāñdah Rhatany ká.

F.—Muqawwí medeh aur qábiz hai.

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

Infusion Kurroo, yañe k̄hisāñdah Kurroo ká.

F.—Dawá muqawwí medeh.

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

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 Rhei, 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 Sideæ, or Infusion of Pata.

U.—A bitter Tonic and Astringent.

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

Infusum Lini Compositum, yañe murakkab khisándah alsí ká.

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

Infusum Lupuli, yañe khisándah Hops ká.

F.—Muqawwí, aur mufidí medeh, aur muskir badarjai khafif.

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

Infusion Neemooká, yañe khisándah Neemooká ká.

F.—Baamráz azái pesháb dete haiñ.

M.—Do ounce se chár ounce tak, ek din men tín martabah.

Infusum Pareiræ, yañe khisándah Pareira ká.

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

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

Infusum Pedalium, yañe khisándah Gokeroo ká.

F.—Mucilagenous, yañe loábdar aur mulayyan.

Infusum Quassia, yañe khisándah taj ká.

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

M.—Derh ounce se do ounce tak, ek din men do yá tín martabah.

Infusum Rhei, yañe khisándah Rewand Chíní ká.

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

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

Infusum Rosæ Compositum, yañe murakkab khisándah guláb ká.

F.—Qábiz aur dáfaí garmí, aur Hæmorrhage, yañe ijrái khún kí hálat men dete haiñ.

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

Infusum Scoparii, yañe khisándah Broom ká.

F.—Mulayyan aur mudir.

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

Infusum Sennæ Compositum, yañe murakkab khisándah Senna ká.

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

M.—Do ounce se chár ounce tak.

Infusum Serpentariæ, yañe khisándah Serpentary ká.

F.—Muarriq aur muqawwí.

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

Infusum Sidæ, yañe khisándah Pata ká.

F.—Talkh dáwá muqawwí medeh aur qábiz.

M.—Ek ounce se do ounce tak, ek din men tín 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 Ammoniæ, or Liniment of Ammonia.

U.—Stimulant and Counter-irritant.

Linimentum Ammoniæ 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 k̄hisāṇdah Simaruba ká.

F.—Muqawwí medeh, aur qábiz aur mucilagenous, yañe luáb-dár hotá hai, aḱher darjai Dysentery, yañe ishál pechish meṇ dete haiṇ.

M.—Ek ounce se do ounce tak, harek tísre chauthe ghaṇṭe meṇ.

Murakkab k̄hisāṇdah Sohunjuna ka.

F.—Muharrík hai.

M.—Ek ounce se tīn ounce tak.

Infusum Velerianæ, yañe k̄hisāṇdah Billilotun ká.

F.—Antispasmodic, yañe dáḞai tashannuj, aur muharrík maraz Hysteria meṇ dete haiṇ.

M.—Derh ounce se do ounce tak, har tísre chauthe ghaṇṭe meṇ.

Infusum Violet, yañe banafshá ká k̄hisāṇdah.

F.—Mutanaffir aur muharrík hai.

M.—Do yá tīn ounce tak, harek nisf ghaṇṭe meṇ.

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

F.—Ṭhandá kartá hai, k̄hárash, aur ganj, aur jale húe muqám par lagáte haiṇ.

Linimentum Æruginis, yañe marham zangár ká.

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

Linimentum Ammonia, yañe marham naushádar ká.

F.—Muharrík aur Counter-irritant, yañe dáḞai sozish.

Linimentum Ammonia *Sesquicarbonatis*, yañe marham Sesquicarbonate Ammonia ká.

F.—Muharrík aur Counter-irritant, yañe dáḞai sozish hai, baárzah Uvula aur Pharynx aur Tonsils ke istamál karte haiṇ, jab ki sozish hotí hai.

Linimentum Camphoræ, yañe marham kafúr ká.

Linimentum Camphoræ Compositum, yañe murakkab marham kafúr ká.

F.—Muharrík aur Counter-irritant, yañe dáḞai sozish hai, moch, aur zarab, aur gaṭhiyá aur puráne zaḱhm par lagáte haiṇ.

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, yane murakkab marham páre ká.

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

Linimentum Opii, yane marham afyún ká.

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

Linimentum Saponis, yane marham sábuñ ká.

F.—Muharrík aur árám deh.

Linimentum Simplex, yane marham sádah.

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

Linimentum Terebinthinæ, yane marham tarpantel ká.

F.—Bahut qawwí muharrík hai.

Mel Boracis, yane shahad aur suhágá miláyá huá.

F.—Aláish sáf kartá hai aur thandá kartá hai, aur baǎrzah Aphous, yane chhálóñ zabán aur Fauces ke istamál karte haiñ.

Mel Rosæ, yane shahad aur guláb pání meñ pakáyá huá.

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

Oxymel, yane 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 tín yá chár martabah.

Oxymel Scillæ, yane sikanjbín janglí piyáz ká.

F.—Dáfaí balgham hai, baǎrzah khánsí aur zukám derpá ke dete haiñ; agar bamiqdár ek yá do ounce istamál kíjave to qaiáwar hai.

Alumen Exsiccatum, yane khasht plitkirí.

F.—Jabki andar jism ke pahunche to baǎrzah bawásír, aur Diarrhoea, yane ishál raqíq aur ikhráj renth ke bahut qábiz dawá hai; aur úpar jism ke lagáne ko qábiz aur Repellent gházah aur ápkh dhone kí dawá banáte haiñ.

M.—Das grain se bís grain tak, ek din meñ do yá tín 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 Aluminium Compositum, yañe murakkab ghulí húi phiṭkírí.

F.—Badarjai gháyat Styptic, yañe ḡhún band karnewálá, aur qábiz hai, aur násúr kohná men lagáte haiñ, aur wáste dhone áñkhon ke bhí kám átá hai.

Antimonii Oxysulphuretum, yañe Oxysulphuret surmá ká.

F.—Baárzah Herpetic, aur digar phunsí phore jildí ke istamál karte haiñ, magar bahut sház.

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

Antimonii Potassio Tartras, yañe Potassio Tartrate surmá ká, jisko Tartar Emetic bhí kahte haiñ.

F.—Muharrik, aur qaiáwar, aur mushil, hasbe miqdár dawá ke bamiqdár, nisf grain mushil, aur bamiqdár ek grain qaiáwar, har nisf ghanṭe men istamál kíyá jáwe, jab tak ki hasbe dil ḡhúb tásir uskí amal men áwe. Báhar lagáne se Counter-irritant, yañe dáfaí sozish hai, jis maqám par sozish ho, ek drachm Tartar Emetic aur ek ounce charbí men milákar us jágah subah o shám ḡhúb málísh kí jáwe.

Pulvis Antimonii Compositus, yañe murakkab pisá huá surmá.

F.—Muarriq, aur Alterative, yañe tartíb denewálá, aur qaiáwar aur mushil.

M.—Páñch grain se das grain tak.

Argenti Nitras, yañe Nitrate of Silver, yañe Caustic.

F.—Andar jismke quwwat ziyádah kartá hai, aur Antispasmodic, yañe dáfaí tashannuj hai, baárzah Epilepsy, yañe mirgí ke dete haiñ. Aur báhar jism par lagáyá jáwe to zaḡhm ko khá játá hai.

M.—Hashtam hisse ek grain se darja badarja do grain tak barhá-yá jáwe, aur rotí ke gude men milákar goliyán banái jáwen, aur do yá tín martabah har roz istamál kíyá jáwe.

Liquor Potassæ Arsenitis, yañe Solution Arsenate Potash ká.

F.—Kamál muqawwí aur dáfaí buḡhár hai, baárzah buḡhár bári aur Remittent buḡhár ke, aur bári ke sar dard aur báz amráz jilc men istamál karte haiñ.

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

Barii Chloridum, yañe Chloride Barium ká.

F.—Yih dawá aksar wáste daryáft hone aur malúm hone miqdár Sulphuric Acid, yañe tezáb gandhak ke, yá Sulphate ke, jo kisí 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 Bronchocele 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, yaṇe Trisnitrate Bismuth ká.

F.—Antispasmodic, yaṇe maṛoṛ rafaṇ karnewáli hai, baárzah Dyspepsia, yaṇe badhazmí ke ki jismen peṭ meṇ maṛoṛ dard angez ho-jáwe dete haiṇ.

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

Calamina Preparata, yaṇe Calamine tyár kiyá huá.

F.—Absorbent, yaṇe jázib báhar istamál meṇ áti hai, jab ki jism kisi ká jal jáwe, aur chhlil jáwe.

Liquor Calcis, yaṇe páni chúnce ká.

F.—Antacid, yaṇe dáfaí turshí hai, baárzah Dyspepsia, yaṇe badhazmí ki jismen turshí ho istamál karte haiṇ, qábiz hai baárzah Diarrhoea, yaṇe ishál, aur Dysentery, yaṇe pechish ke jab yih maraz arse ká hojáwe to is dawá ká istamál karte haiṇ, aur baárzah Leucorrhoea bataur pichkári qábiz kám áti hai.

M.—Ek ounce se chhaih ounce tak, dúdh ke sáth istamál karte haiṇ.

Liquor Calcii Chloridi, yaṇe Solution Chloride Calcium ká.

F.—Deobstruent, yaṇe mufattah aur muqawwí hai, baárzah Bronchocele, yaṇe gheghá aur Scrophulá, yaṇe kanṭhmálá ke dete haiṇ.

M.—Chális minim se do drachm tak, ek din meṇ do yá tín martabah.

Calx Chlorinata, yaṇe Chlorinated Lime, ki usko Labarracque's Disinfecting Fluid blí kahte haiṇ.

F.—Disinfectant hai, yaṇe manai saráyat maraz jabki ghol kar hawá meṇ rakhí jáwe to badbú jo kisi mariz yá sare hue medeh haiwáni se nikaltí ho, usko sáf aur durust karne meṇ qawwí hai.

Creta Preparata, yaṇe banái húi khariyá.

F.—Antacid, yaṇe dáfaí tásir tezáb aur jázib hai, baárzah turshí medeh aur Diarrhoea, yaṇe daston ke dete haiṇ. Jism ke úpar aise násur parlagáte haiṇ ki jismen se patlá mawád jaltá huá nikaltá ho.

Cupri Ammonio Sulphas, yaṇe Ammonio Sulphate támbe ká.

F.—Muqawwí aur Antispasmodic, yaṇe dáfaí maṛoṛ hai baárzah Chorea, yaṇe rásha, aur Epilepsy, yaṇe mirgí ke dete haiṇ.

M.—Pao grain se páñch grain tak, darje badarje barháte haiṇ, aur roṭí ke gúde meṇ do yá tín martabah ek din meṇ istamál karte haiṇ.

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 khaff Escharotic, yane khánewálá murdár gosht ká, jabki bahut patlá kiyá jáwe to áñkh ke karíne se dágh o nishán rafa kartá hai.

Ferri Sulphas, yane Sulphate lohe ká.

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

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

Ferri Sesquioxylum, yane Sesquioxide lohe ká.

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

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 dáwá baárzah Scrophula muqawwí hotí hai, das minim se ek drachm tak dete haiñ, baárzah rukáo pesháb har das minute bad das minim dete haiñ, jab tak ki maraz ko ifáqa ho, aur baárzah hæmorrhage yane ijrái khún azmasánah wa gurdah wa rihm yih dáwá Styptic, yane band karnewáli hai; aur báhar jism ke bataur Styptic zañhm wo sartán aur Fungous zañhm aur Venereal Wort par lagáte haiñ.

Ferri Potassio Tartras, yane Potassio Tartrate lohe ká.

F.—Wáste larakon ke bahut umdah muqawwí dáwá hai, kisí qism ke khushbúdar pání men, ya rub men milákar dete haiñ.

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 haiñ.

Ferri Iodidum, or Iodide of Iron.

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

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

Hydrargyrum cum Creta, 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 Linsced 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, yaṇe Iodide lohe ká.

F.—Emmenagogue, yaṇe haizáwar, aur muqawwí hai, baárzah Scrophula, yaṇe kanṭhmálá, aur darjai doyam kí átshak ke aur baṛhí húi tilli ke, aur Amennorrhœa, yaṇe bastgí haiz ke dete haiṇ.

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

Hydrargyrum cum Creta, yaṇe párá aur khariyá ki jisko aksar Grey Powder kahte haiṇ.

F.—Alterative, yaṇe durust kunandai jism aur mubtil tásír tezáb baárzah Chronic Diarrhœa, yaṇe puráne daston ke jo laṅkon ko láhaq ho dete haiṇ.

M.—Das se tís grain tak, jelly men milákar dete haiṇ.

Hydrargyri Bichloridum, yaṇe Bichloride páre ká, jisko Corrosive Sublimate, yaṇe ruskapúr kahte haiṇ.

F.—Alterative, yaṇe sudhárnewálá hai, baárzah átshak darjai doyam ke, aur baárzah juzám ke dete haiṇ.

M.—Aṭhwen hisse ek grain chaháram grain tak, ek din men do yá tín martabah.

Liquor Hydrargyri Bichloridi, yaṇe Solution Bichloride páre ká.

F.—Iskí tásír misl tásír dawái mazkúrai bálá hai, aur Linseed Tea, yaṇe chá alsí yá digar luábdár saiyaḷ ke sáth dete haiṇ.

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

Hydrargyri Chloridum, yaṇe Chloride páre ká, jisko Calomel yaṇe kushitai párá kahte haiṇ.

F.—Mushil aur Alterative, yaṇe badan sudhárnewálá, aur Antisyphilitic, yaṇe dáfaí átshak, bawástai amráz kalejá aur istisqá aur tap dawám aur hai shadíd ke bahut umduh dawá hai, baárzah tihál aur Scurvy, yaṇe khárash aur Scrophula, yaṇe kanṭhmálá ke istamál is dawá ká aslan na kiyá jáwe.

M.—Páñch grain se das grain tak mushil hai, bís grain baárzah haiza aur Dysentery, yaṇe daston shadíd ke áram dihandah hai, ek yá do grain do yá tín martabah ek din men baárzah átshak wáste Salivation, yaṇe múñh lánc ke dete haiṇ.

Hydrargyrum Ammonio Chloridum, yaṇe Ammonio Chloride páre ká ki jisko White Precipitate, yaṇe sufaid páre ká kahte haiṇ.

F.—Jism par lagáne ko bashakli marham, yih dawá Alterative, yaṇe sudhárnewálá aur baawáris jildí kám átí hai, yih dawá baqadar ek drachm ke ek ounce charbí men milákar lagáte haiṇ.

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

Hydrargyri Oxydum, याने Oxyde पारे का, कि जिकर *Oxyde* पारे का काहे है।

F.—Alterative, याने सुधरनेवाली गलियान बनाने का है, मगर बहुत शहस इस्तमाल की जाती है।

M.—Ek grain se tīn grain tak, ek dīn men do martabah.

Hydrargyri Binoxidum, याने Binoxide पारे का, जिसे सुरक्ष Precipitate काहे है।

F.—Alterative, याने सुधरनेवाली है, अन्तर जिन के बहुत कम मुस्तमिल होती है; जिन के ऊपर बतौर Caustic, याने तेज, और Escharotic, याने खानेवाली मर्दार गोशत की लगेते है।

M.—Ek grain, do martabah ek dīn men, har miqdār men nisf grain afyūn kā milākar dete hai.

Hydrargyri Nitrico Oxydum, याने Nitric Oxyde पारे का।

F.—Sīrf bāhar jism par lagāte hai, tāsīr uskī Escharotic, याने खानेवाली मर्दार गोशत की है।

Hydrargyri Bicyanidum, याने Bicyanide पारे का।

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

Hydrargyri Iodidum, याने Iodide पारे का।

F.—Alterative, याने सुधरनेवाली है, बाँरज़ाह Scrophula, याने कण्ठमाला के और अतशक के दते है; और is qism ke amrās men bātur marham bhī lagāte hai.

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

Hydrargyri Biniodidum, याने Biniodide पारे का।

F.—Alterative, याने सुधरनेवाली है, बाँरज़ाह Scrophula, याने कण्ठमाला और Syphilis, याने अतशक के दते है।

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

Hydrargyri Bisulphuretum, याने Bisulphuret पारे का, याने शिंगरफ़।

M.—Nisf drachm lāl garm kiye hue lohe men rakh kar dhūnī dete hai.

Hydrargyri Sulphuretum cum Sulphure, याने Sulphurate पारे का साथ गन्धक के।

F.—Alterative, याने सुधरनेवाली है, यिह दावा बहुत शहस इस्तमाल है।

M.—Pāñch grain se tīn grain tak, har roz.

Magnesia Calcinata, याने Calcined Magnesia.

F.—Antacid, याने अम्ल-हर्तक और तेज का है।

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.

Potassæ Carbonas, or Carbonate of Potash.

U.—Antacid and Diuretic, given in Milk or Mucilage.

D.—Ten to thirty grains.

Magnesia Carbonas, यांने Carbonate Magnesia का.

F.—Antacid, यांने मुब्तिल तसईर तेजब अर मुशिल अर Lithontrip-tic, यांने सगमासने को गलती है.

M.—ईक scruple से एक drachm तक, दो या तीन मरतबाह एक दिन में.

Magnesia Sulphas, यांने Sulphate Magnesia, कि जिस्को Epsom Salts काहे है.

F.—मुशिल है, जबकि हाइअ गहलिल हो, तो उस वाकत इस्तमाल इस दावा का हगिज ना कियअ जअवे, इसीये कि उसे बादरजै गहायत इस्ताफ्राह होतअ है, कि मेदेह इस गदार क्हाली हो जतअ है अर हाइअ लाहाक हो जतअ है.

M.—Chār drachm से एक ounce तक.

Plumbi Acetas, यांने Acetate shishah का, कि जिस्को Sugar of Lead काहे है.

F.—Waste इस्तमाल कार्ने अंदर या बाहार जिस्म के, यिह दावा बहुत उंमदाह ग़ाबिज है, बाअरज़ाह Diarrhoea, यांने इशाल रागीक, अर Dysentery, यांने पेचिश के, बामिग़दर दो या तीन grain एक दिन में, दो या तीन मरतबाह; बाअरज़ाह Hemorrhage, यांने क्हुन निकाल्ने के प्हेप्रे से अर अंतार्योण से इस्तमाल कार्ते है. बाहार जिस्म के बतार पिक़क़री बमारज़ सुज़ाक के, अर वीस्ते धोने अंक्ल के बाअरज़ाह Ophthalmia के में लागते है.

Liquor Plumbi Diacetatis, यांने Diacetate shishah का, जिस्को Goulard Lotion काहे है.

F.—Qābiz है, बाअरज़ाह जिल्दी अर बाल्ग़ामी सोज़िश पोस्ते के उपर जिस्म के लागते है.

Plumbi Chloridum, यांने Chloride shishah का.

F.—Muriate of Morphia की तर्क़िब में काम अता है.

Plumbi Iodidum, यांने Iodide shishah का.

F.—Alterative, यांने दुरस्ते कुनइदाइ जिस्म है, बाअरज़ाह वारम देरपा के अर कान्ठमाला की जिस्में तक्लीफ़ होती हो, अर नसूर के इस्तमाल कार्ते है, अर इन्हिण अमर्राज़ में बतार मरहाम लागते है.

M.—Chahāram से निसफ़ grain तक रोती के गुदके के साथ गोलि बना कर, दो या तीन मरतबाह एक दिन में देते है.

Plumbi Qxydum Hydratum, यांने Hydrated Oxyde shishah का.

F.—Waste बनाने Disulphate Quinine के काम अता है.

Potasse Carbonas, यांने Carbonate Potash का.

F.—Antacid, यांने बातिल कुनइदाइ तसईर तेजब अर मुदिर है, दूध या लूब के साथ देते है.

M.—Das से तीस grain तक.

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 Effervescens, 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.

D.—One drachm to an ounce in solution.

Liquor Potassæ Carbonatis, यांने Solution Carbonate Potash का.

F.—Tásir iski misl tásir dawá mazkúrai bálá hai.

M.—Das minim se ek drachm tak, do yá tîn martabah ek din men.

Potassæ Bicarbonas, यांने Bicarbonate Potash का.

F.—Tásir iski misl tásir dawá mazkúrai bálá hai.

M.—Das grain se tís grain tak.

Liquor Potassæ Effervescens, यांने Effervescing Solution Potash का.

F.—Tásir iski misl tásir dawá mazkúrai bálá hai.

M.—Chár ounce se áth ounce tak.

Liquor Potassæ, यांने Solution Potash का.

F.—Antacid, यांने mubtili tásir tezáb, aur mudir, Alterative, यांने sudhárnewálí aur Lithonriptic, यांने gudázindai sangmasáná hai, baamráz jildi jaise juzám aur Psoriasis waghairá ke istamál 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 tîn martabah.

Potassæ Hydras, यांने Hydrate Potash का.

F.—Bahár jism ke wáste paidá karne tásir Escharotic, यांने galáne ke lagáte hai.

Potassæ cum Calce, यांने Potash milá huá chúne का.

F.—Tásir iski misl tásir 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 mushil hai bích miqdár do yá tîn drachm tak.

Potassæ Sulphas, यांने Sulphate Potash का.

F.—Kabhí kabhí yih díjatí hai eklá, magar beshtar istamál men áti hai bích taiyár karne Dover's Powder ke.

M.—Das grain se chár drachm tak.

Potassæ Bisulphas, यांने Bisulphate Potash का.

F.—Yih díjtí hai bashamúl aur mushilon ke, khusúsan rewand chíní.

M.—Das grain se ek drachm tak.

Potassæ Tartras, यांने Tartrate Potash का.

F.—Muláim mushil hai.

M.—Ek drachm se ek ounce tak Solution banáte 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 Chlorinatae, 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, यांने Bromide Potassium का.

F.—Yih dījātī hai yarm tihāl men.

M.—Tīn grain se das grain tak, do yā tīn martabah ek din men.

Potassii Iodidum, यांने Iodide Potassium का.

F.—Ālterative, यांने sudhārnewālī dījātī hai, baamrāz kanṭh-mālā derpā gaṭhyā kure, ātshak kohuś hamrāh kḥisāndah Ununtamool, yā Sarsaparilla, यांने Ushba ke.

M.—Tīn grain se das grain tak, tīn martabah ek dia men.

Potassii Sulphuretum, यांने Sulphuret Potassium का.

F.—Kabhī kabhī baistamāl andarūnī kām ātī hai, bāhari istamāl men ātī hai bīch mukhtalif bīmārion jildī ke, maḥsūs bīch kḥārish laṅkon ke.

Sodæ Carbonas, यांने Carbonate Soda का.

F.—Antacid aur Diuretic, यांने mudir hai.

M.—Das grain se tīs grain tak, do yā tīn martabah ek din men.

Sodæ Carbonas Ersiccata, यांने kḥushk Carbonate Soda का.

F.—Tāsīr iskī misl tāsīr dawā mazkūrai bālā hai.

M.—Pāñch grain se pāndrah grain tak, do yā tīn martabah ek din men.

Sodæ Sesquicarbonas, यांने Sesquicarbonate Soda का.

F.—Tāsīr iskī misl tāsīr dawā mazkūrai bālā hai, yih bīch taiyār karne safūf bulbule uṭhānewālī adwiya ke kām men ātī hai, ba-istamāl Tartaric Acid.

M.—Das grain se tīs grain tak.

Sodæ Sulphas, यांने Sulphate Soda का.

F.—Mushil.

M.—Chār drachm se do ounce tak.

Sodæ Potassio Tartras, यांने Potassio Tartrate Soda का.

F.—Mushil.

M.—Do drachm se ek ounce tak.

Liquor Sodæ Chlorinatae, यांने Solution Chlorinated Soda का, yā “Labarraque’s Disinfecting Fluid.”

F.—Yih bīch dhūnī dene kamron makānāt, aur dāfai karne afūnat maddah haiwāne ke. Bīch sufed karne kapron ke bhī istamāl hotī hai.

Sodæ Murias, यांने Muriate Soda का, yā mashhūr namak.

F.—Ek chāmmach mas kā jo pānī men galāwe, to fauran iskī tāsīr se qai hotī hai.

Zinci Sulphas, or Sulphate of Zinc.

U.—Internally it is Tonic and Astringent, given in Dysentery, does one to four grains, three times a day, made into Pills. As an Emetic, dose from ten to thirty grains. Externally it is used in lotions, and ointment as an Astringent.

Zinci Oxydum, or Oxide of Zinc.

U.—Tonic made into Pills.

D.—One to six grains, twice a day.

Mistura Araciæ, or Mixture of Gum Arabic.

U.—Mucilagenous, may be taken in any quantity.

Mistura Ammoniaci, 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, यांने Sulphate Zinc का.

F.—Baistamál andaráni muqawwí aur qábiz hai, *Dysentery*, यांने pechish मेण bamiqdár ek grain से चár grain तक, तीन martabah ek दिन मेण, goliyon मेण istamál hotí hai. Jab ki das grain से tís grain तक dijáti hai, to muqai hai. Báhari istamál iská Lotions aur marham मेण hotá hai jaisá ki Astringent.

Zinci Oxydum, यांने Oxide Zinc का.

F.—Muqawwí, iski goliyon bantí hai.

M.—Ek grain से चár grain तक, दो martabah ek दिन मेण.

Mistura Acaciæ, यांने Mixture Samugh Urubí का.

Fáidah.—Mucilagenous, यांने luábdár diyá játa hai baqadar hájat.

Mistura Ammoniaci, यांने Mixture Ammoniacum का.

F.—Expectorant, यांने dáfai balgham diyá játa hai khánsí purá-rní मेण, jismeñ miláyá játa hai Tincture Squills का.

M.—Chár drachm से ek ounce तक, तीन yá चár martabah ek दिन मेण.

Mistura Amygdalæ, यांने Mixture bádám का.

F.—Demulcent, यांने tar karnewáli, aur Diluent, यांने raqíq dí játi hai baqadár hájat.

Mistura Assafetidæ, यांने Mixture híng का.

F.—Antispasmodic, यांने dáfai tashannuj, baárzah Hysterics के diyá játa hai, aur bích bímári aínth maror larcon kí मेण, jab ki dánt unke nikalte hai. Yih bích pichkári kíron के bhí dijáti hai.

M.—Chár drachm से ek ounce तक.

Mistura Camphoræ, यांने Mixture káfúr का.

F.—Stimulant, यांने mufarrir bahálat behoshí, tap, haizá, gasht, aur bahut bímáriyon kamzori के istamál hotá hai.

M.—Ek ounce से दो ounce तक, harek दो yá तीन ghanṭe के baḍ.

Mistura Cascariæ Composita, यांने murakkab mixture Cascarilla का.

F.—Stimulant, यांने mufarrir aur Expectorant, यांने dáfai balgham.

M.—Ek ounce से deṛh ounce तक, दो martabah ek दिन मेण.

Cressote 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.—Antacid 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 Amenorrhoea.

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, sozish medeh ke dí játí hai, jab ki Inflammation midá meñ na howe, aur khusúsan yih qai ká áná bahut pine sharáb ke se hotá hai. Báhar istamál iská misl Lotion Indolent Ulcers, aur Scald Heads ke hotá hai.

M.—Chár drachm se ek ounce tak, harek do yá tín ghanṭe ke bad.

Mistura Cretæ, yane Mixture khariyá ká.

F.—Antacid aur halká mufarrir. Baárzah Diarrhoea, yane ishál afím, kath, yá koí qábiz dawá ko miláke díjátí hai.

M.—Ek ounce se do ounce tak, har ek tín yá chár ghanṭe ke bad.

Mistura Ferri Composita, yane murakkab Mixture lohe ká.

F.—Astringent, yane qábiz, Stimulant, yane mufarrir, aur Tonic, yane muqawwí, baárzah Hysteria, Chlorosis, aur Amennorrhœa meñ díjátí hai.

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

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 Guiaci, yane Mixture Guiacum ká.

F.—Stimulant, yane mufarrir, aur Diaphoretic, yane muarriq.

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

Mistura Moschi, yane mixture musk ká.

F.—Stimulant, yane mufarrir, aur Antispasmodic, yane dáfaí tashannuj, bahálat behoshí Typhus Fever aur Delirium Tremens ke dí játí hai.

M.—Ek ounce se do ounce tak, do yá tín 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.—Mucilaginous, 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 Pulegii, 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 Mucilaginous fluid.

Mistura Scammonie, yane Mixture Saqmúniyá ká.

F.—Drastio Purgatiya, yane mushil tez.

M.—Ek ounce se tén ounce tak.

Mistura Spiritus Vini Gallici, yane Mixture Spirit Fransísí sharáb ká.

F.—Stimulant, yane mufarrir aur muqawwí, ákhir hálat tap ke dí játi hai.

M.—Chár drachm se derh ounce tak, kabhí kabhí.

Mistura Tragacanthæ, yane Mixture Tragacanth ká.

F.—Mucilagenous, yane luábdár diyá játa hai, baqadar hájât. Yih beshtar bích taiyár karne louzyát ke istamál hotá hai.

Oleum Anisi, yane roghani bádyán.

Oleum Anthemidis, yane roghan i bábúna.

Oleum Carui, yane roghan i zíra.

Oleum Juniperi, yane roghan i Juniper.

Oleum Lavandulæ, yane roghan i Lavender.

Oleum Menthe Piperitæ, yane roghan i Peppermint.

Oleum Menthe Pulegii, yane roghan i Pennyroyal.

Oleum Menthe Viridis, yane roghan i Spearmint.

Oleum Origani, yane roghan i Marjoram.

Oleum Pimentæ, yane roghan i Pimenta.

Oleum Rosmarini, yane roghan i Rosemary.

Oleum Sambuci, yane roghan i gul i Elder.

Oleum Succini, yane roghan i kahrúba.

Fáidah.—Muharriq aur Carminative, yane dáfaí hái.

Miqdár.—Do yá tén qatre, Spirit of Wine meq milákar istamál karte haiq.

Roghan i Bergamot.

F.—Aksar bataur khushbú ke kám átá hai.

Roghan i Copaiba.

F.—Mudir hai, aksar baársrah suzák ke dete haiq.

M.—Das minim se pandrah minim tak, do yá tén martabah ek din meq, kisi Mucilagenous, yane luábdár saiyál ke sáth istamál karte haiq.

Gurjun Oil.

U.—An excellent substitute for the Balsa m 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.

Use.—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 baárzahi suzák, yih roghan umdah áwaz tajwíz huá hai.

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

Oleum Terebinthinæ, yane roghan i Turpentine, yane khalis 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 márnevála keqchwon ká hai baárzahi 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 baárzahi 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 dáfai maror, aur muharriq, aur musakin hai.

M.—Pánch se das grain tak, do yá tín 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 dáfai maror, 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 kahte hai.

F.—Alterative, yane sudhárnewáli chahár se chhah grain tak, aur mushil hai das se bís grain tak.

Pilule 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.

Pilule Hydrargyri Iodidi, or Pills of Iodide of Mercury.

U.—Alterative, given in Scrophula.

D.—Three to ten grains.

Pilule Ipecacuanhæ Composita, or Compound Pills of Ipecacuanha.

U.—Sudorific and Narcotic.

D.—Five grains, three times a day, or ten grains, at bedtime.

Pilule Kaladannæ, or Kaladanna Pills.

U.—An excellent Cathartic.

D.—Ten to twenty grains.

Pilule 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.

Pilule Rhei Composita, or Compound Pills of Rhubarb.

U.—Laxative.

D.—Ten to thirty grains.

Pilule Sagapeni Composita, or Compound Pills of Sagapenum.

U.—Antibilious and Laxative, given in Colic, caused by Sedentary occupations.

D.—Five to ten grains.

Pilule Saponis Composita, or Compound Pills of Soap.

U.—Narcotic.

D.—Three to ten grains.

Pilule Scilla Composita, or Compound Pills of Squill.

U.—Expectorant and Diuretic.

D.—Ten to twenty grains.

Pilulæ Hydrargyri Chloridi Composita, yāne murakkab goliyān Chloride páre kí, jisko Plummer's Pill kahte haiñ.

F.—Alterative, yāne sudhárnewáli hai baamráz jildí aur átshak darjai doyam ke dete haiñ.

M.—Pāñch se das grain tak.

Pilulæ Hydrargyri Iodidi, yāne golí Iodide páre kí.

F.—Alterative, yāne sudhárnewáli hai, baárzahi Scrophula, yāne kanthmálá ke dete haiñ.

M.—Tín se das grain tak.

Pilulæ Ipecacuanhæ Composita, yāne murakkab golí Ipecacuanha kí.

F.—Muharriq aur sun karnewáli hai.

M.—Pāñch grain, ek din men tín martabah, yá das grain sote waqt.

Pilulæ Kaladannæ, yāne golí Kaladanna kí.

F.—Umdah mushil hai.

M.—Das se bís grain tak.

Pilulæ Opii cum Acetate Plumbi, yāne golí afyún aur Acetate shíshah kí.

F.—Musakkin aur qábiz hai, baárzahi Incipient Cholera, yāne ibtidá haize ke, aur Acute, yāne shadíd, aur Chronic, yāne derpá árzái Dysentery, yāne pechish ke dete haiñ.

M.—Pāñch grain se das grain tak.

Pilulæ Rhei Composita, yāne murakkab golí rewand chíní kí.

F.—Mulayyan hai.

M.—Das se tís grain tak.

Pilulæ Sagapeni Composita, yāne murakkab golí Sagapenum kí.

F.—Antibilious, yāne dáfai pit aur mulayyan aur dastáwar hai, baárzahi qúling ke, jo basabab aise peshe yá kám ke láhaq ho jismen baiñhná partá ho, iskí golí istámál karte haiñ.

M.—Pāñch se das grain tak.

Pilulæ Saponis Composita, yāne murakkab golí sáibun kí.

F.—Muskir hai.

M.—Tín se das grain tak.

Pilulæ Scillæ Composita, yāne murakkab golí Squill kí.

F.—Expectorant, yāne dáfai balgham aur mudir hai.

M.—Das se bís grain tak.

Pilula 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 Aloes 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 Crete Compositus, or Compound Powder of Chalk.

U.—Astringent and Antacid.

D.—Five to thirty grains

Pulvis Crete Compositus cum Opio, or Compound Powder of Chalk with Opium.

U.—Astringent, Antacid, and Anodyne

D.—Five to thirty grains.

Pulvis Ipecacuanhe 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 Jalape 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.

Kuchula, or Mulung Powder.

U.—A powerful convulsive Tonic, producing the same effects Strichnine and Brucine preparations.

D.—One grain, gradually increased

Pilula Styracis Composita, यांने मुराकक गोलिं स्टोरॅ, यांने सालजित कीं.

F.—Balsamic, यांने ifáqa दिहण्दह, अरु दáfai बल्ल्गहम हल, बदर-जल क्खलँ अरु बलँरुजल कलनह बीमलरी प्पेप्रे के देते हलँ.

M.—Tín se das grain tak.

Pulvis Aloes Compositus, यांने मुराकक सलँुँ सलर कल.

Fóidáh.—Mushil aur muharrik hai.

Miqdár.—Das se bís grain tak.

Pulvis Cinnamomi Compositus, यांने मुराकक सलँुँ दरुकीँ कल.

F.—Muharrik aur khusbúdar hotá hai, aksar khusbúdar pání men istamál iská karte hain.

M.—Páñch se das grain tak.

Pulvis Crete Compositus, यांने मुराकक सलँुँ क्खलरलँ कल.

F.—Qábiz aur Antacid, यांने दáfai तलसर तेरुब हल.

M.—Páñch se bís grain tak.

Pulvis Crete Compositus cum Opio, यांने मुराकक सलँुँ क्खलरलँ अरु अलँुँ कल.

F.—Qábiz, aur Antacid, यांने मुबतल तलसर तेरुब, अरु मुसकलन हल.

M.—Páñch se tís grain tak.

Pulvis Ipecacuanha Compositus, यांने मुराकक सलँुँ Ipecacuanha कल, कलको Dover's Powder कलते हलँ.

F.—Muharrik aur musakkín hai, balrzah Dysentery, यांने पे-कलश अरु गलँललँ के देते हलँ.

M.—Páñch se bís grain tak.

Pulvis Jalape Compositus, यांने मुराकक सलँुँ Jalap कल.

F.—Mushil hai.

M.—Bís se chálís grain tak.

Pulvis Kino Compositus, यांने मुराकक सलँुँ Kíno कल.

F.—Khusbúdar, aur qábiz, aur árám दिहण्दह हल.

M.—Páñch se bís grain tak.

Kuchila, यांने सलँुँ Mulung कल.

F.—Qawwí aur aínthnewalá sálúf hai, uskí tásir misl tásir dawái Strychnine aur Brucine के हल.

M.—Ek grain se darja badarja barháte hain.

Karanja Powder.

U.—Tonic and Pebrifuge.

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 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 tîn martabah.

Murakkab safúf Mudár ká.

F.—Yih dawá bajái Ipecacuanha ke umdah awaz tajwíz huá hai, magar banisbat miqdár Ipecacuanha ke dugní díjái hai.

Pulvis Rhei Compositus, yane murakkab safúf rewand chíni ká, jisko Gregory ká Powder kahte hai.

F.—Antacid, yane dáfai tásir tezáb aur mulayyan hai, aksar larḱon ko dete hai.

M.—Páñch grain se ek drachm tak.

Pulvis Saheba, yane safúf tukhm kíron ká.

F.—Vermifuge, yane dáfai kirm hai, larḱon ko dete hai.

M.—Tín se das grain tak.

Pulvis Scammonii Compositus, yane murakkab safúf Saqmúnia ká.

F.—Mushil hai.

M.—Páñch se bís grain tak.

Pulvis Tragacanthæ Compositus, yane murakkab safúf Tragacanth, yane kaíre ká.

F.—Mulayyan hai, baamráz sardí aur Diarrhœa, yane ishál raqíq, aur Dysentery, yane pechish ke dete hai.

M.—Das grain se ek drachm tak.

Syrupus Althæa, yane shírah Marshmallow ká.

Fáidah.—Tar karnewálá, aur Mucilagenous, yane luábdár hai.

Miqdár.—Ek se chár drachm tak.

Syrupus Aurantii, yane shírah post rangtare ká.

F.—Khushbúdar aur mufíd medeh hai.

M.—Ek se chár drachm tak.

Syrupus Crini, yane shírah kánúr ká.

F.—Nafrat paidá kunandah aur quiáwar hai, larḱon 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, yane 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, यांशे शीराह Limon का.

F.—Tursh áur záiqadár hotá hai, Effervescing tabridat में milákar dete hai.

M.—Ek se chár drachm tak.

Syrupus Mori, यांशे शीराह shahtút.

F.—Yih shírah surkh rang hotá hai, aksar adwiyát ke rang dene में kám átá hai.

Syrupus Papaveris, यांशे शीराह post का.

F.—Musakkin aur muskir hai, aksar larñon ko dete hai.

M.—Ek se chár drachm tak.

Syrupus Rhamni, यांशे शीराह Buckthorn.

F.—Mushil hai, bahut kam istamál iská karte hai.

M.—Chár drachm se ek ounce tak.

Syrupus Rhæados, यांशे शीराह post surkh का.

F.—Aksar wáste rang dene adwiyát ke kám átá hai.

Syrupus Rosæ, यांशे शीराह guláb का.

F.—Badarjái khafíf dastáwar hai, aksar bachchon ko dete hai.

M.—Do drachm se ek ounce tak.

Syrupus Sarsæ, यांशे शीराह ushbá का.

F.—Alterative, यांशे sudhárnewálá aur mudir hai, aksar joshándah aur khisándah ushbá में dálá játá hai.

M.—Chár drachm se ek ounce tak.

Syrupus Scillæ, यांशे शीराह Squill.

F.—Nafrat paidá kunandah hai, larñon ko baárzahi kúkar khánsí ke dete hai.

M.—Ek drachm kabhí kabhí.

Syrupus Sennæ, यांशे शीराह Senna का.

F.—Mushil hai, larñon ko dete hai.

M.—Do se chár drachm tak.

Syrupus Tolutani, यांशे शीराह Tolu का.

F.—Wáste záiqadár karne adwiyát ke kám átá hai.

M.—Ek se chár drachm tak.

Syrupus Ununtamool, यांशे शीराह Hemidesmus का, aur शीराह chob chíní का.

F.—Tásír inkí misl tásír shírah ushbá ke hai.

Syrupus Zingiberis, यांशे शीराह adrak का.

F.—Muharrik aur khushbudár hotá hai.

M.—Do drachm se ek ounce tak.

Spiritus Ammoniacæ, or Spirit of Ammonia.

Use.—A powerful external Stimulant.

Spiritus Ammoniacæ 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 Ammoniacæ Fœtidus, 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 Armoraciacæ 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 flatulence, spasms, &c.

D.—Two to four drachms.

Spiritus Ammoniac, यांने Spirit noushádár ká.

Fáidáh.—Báhar jism par lagáne ke bahut qawí muharrik dawá hai.

Spiritus Ammoniac Aromaticus, यांने khushbúdáar Spirit naushádár ká.

F.—Qawí muharrik dawá hai, baárzahi qúling bádí aur naqáhat ke pání men dete haiñ.

Miqdar.—Nisf drachm se ek drachm tak.

Spiritus Ammoniac Fœtidus, यांने Fœtid Spirit noushádár ká.

F.—Muharrik aur Antispasmodic, यांने dáfaí tashannuj hai, aksar pání men milákar larñon ko dete haiñ.

M.—Nisf drachm se ek drachm tak.

Spiritus Anisi, यांने Spirit saunf ká.

F.—Muharrik aur Carminative, यांने dáfaí báí hai, baárzahi qúling bádí ke pání men milákar dete haiñ.

M.—Do se chár drachm tak.

Spiritus Armoracia Compositus, यांने murakkab Spirit Sohunjana kí jar ká.

F.—Muharrik hai, pání men milákar dete haiñ.

M.—Do se chár drachm tak.

Spiritus Carui, यांने Spirit Zire ká.

F.—Carminative, यांने dáfaí báí aur muharrik hai.

M.—Do se chár drachm tak.

Spiritus Cinnamomi, यांने Spirit dárchíní ká.

F.—Mufíd medeh aur muharrik hai.

M.—Do se chár drachm tak.

Spiritus Juniperi Compositus, यांने murakkab Spirit Juniper, यांने saro-kohí ká.

F.—Muharrik aur mudir hai, pání men yá dígar múdir dawá ke sáth istamál karte haiñ.

M.—Do se chár drachm tak.

Spiritus Lavendula, यांने Spirit Lavender ká.

F.—Murakkab marham kafír aur murakkab Tincture Lavender ke banáne men kám átá hai.

Spiritus Mentha Piperita, यांने Spirit Peppermint ká.

F.—Muharrik aur Carminative, यांने dáfaí báí hai, wáste maraz bádí aur chabak waghairah ke pání men dete haiñ.

M.—Do se chár drachm tak.

Spiritus Menthæ Pulegii, or Spirit of Pennyroyal.

U. and *D.*—The same as above.

Spiritus Menthæ 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 Solunjuna.

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 Ammonia 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 Assafœtidiæ, or Tincture of Assafœtida.

U.—Stimulant and Antispasmodic.

D.—One to two drachms.

Tinctura Aurantiæ, 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, yaṅe Spirit Pennyroyal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Menthe Viridis, yaṅe Spirit Spearmint ká.

F. aur *M.*—iská misl miqdar Peppermint ke hai.

Spiritus Myristiceæ, yaṅe Spirit jaiphal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Pimentæ, yaṅe Spirit Pimenta ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Rosmarini, yaṅe Spirit Rosemary ká.

F.—Marham sábuṅ aur murakkab Tincture Lavender ke banáne meṅ kám átá hai.

Murakkab Spirit Sohunjuna.

F.—Muharrik hai, páuí meṅ dete haiṅ.

M.—Do se chár drachm tak.

Tinctura Aloes, yaṅe Tincture sibr ká.

Fúidah.—Mushil aur mufíd medeh hai.

Miqdár.—Chár drachm se ek ounce tak.

Tinctura Aloes Composita, yaṅe murakkab Tincture sibr ká.

F.—Mushil aur mufíd medeh hai.

M.—Ek sedo drachm tak.

Tinctura Ammoniac Composita, yaṅe murakkab Tincture naushá-dar ká.

F.—Yih dawá bahut qawí muharriq, aur Antispasmodic, yaṅe dáfaí maṛoṛ hai, aksar sáṅp ke káṭe hue ko dete haiṅ.

M.—Das se paṅdrah qatre tak páuí meṅ istamál karte haiṅ, aur kai martabah piláte haiṅ.

Tinctura Assafoetida, yaṅe Tincture híng ká.

F.—Muharriq aur Antispasmodic, yaṅe dáfaí tashannuj hai.

M.—Ek se do drachm tak.

Tinctura Aurantii, yaṅe Tincture rangtarah ká.

F.—Mufíd medeh Infusion, yaṅe khisáṅdah talḅ aur Decoction, yaṅe josháṅdah ke sáth dete haiṅ.

M.—Do se chár drachm tak.

Tincture Barberrry.

F.—Dáfaí buḅhár, aur muqawwí, aur mulayyan hai.

M.—Do se chár drachm tak, do yá t́n martabah ek dín meṅ.

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 murakkab Tincture lobán jisko "Friar's Balsam" kahte haiñ.

F.—Muharrík aur muarrík hai, Chronic Catarrh यांने zukám puráne aur zíquunnafs meñ 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, puraní khánsí aur zukám meñ dete haiñ.

M.—Das se pándrah qatre tak, ek din meñ tñ 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 khásíat uskí muharrík hai, baárzahi kohna gathýá ke aur larñon ke phoře phunsí ke mustamíl hai.

Tinctura Camphoræ Composita, यांने murakkab Tincture káfúr, ji-ko Paregoric Elixir bhí kahte haiñ.

F.—Musakkin aur muarríq hai.

M.—Ek se tñ drachm tak.

Tinctura Cantharides, यांने Tincture Spain kí makkhí ká.

F.—Mudir aur muharrík hai, andar jism ke baárzahi jiriyán aur "Fluor Albus," aur salsal bál ke dete istamál karte haiñ; aur úpar jism ke tásír uskí Rubefacient, यांने lál karnewáli hai, marham káfúr meñ milákar lagáte haiñ.

M.—Das minim se ek drachm tak.

Tinctura Capsici, यांने Tincture lál mirch ká.

F.—Muharrík hai, baárzahi Typhus bukhár meñ jab nabz bahut sust aur zaíf hotí hai, aur dhíle hone Uvula ke dete haiñ.

M.—Das minim se ek drachm tak.

Tinctura Cardamomi, यांने Tincture iláichí ká.

F.—Muharrík aur Carminative, यांने dáfai báí hai, kisé talkh khísándah meñ 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 Cascariæ, 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, yaṅe murakkab Tincture iláichí ká.

F. aur *M.*—Misl dawái mazkurai bálá hai.

Tinctura Cascariillæ, yaṅe Tincture Cascarilla ká.

F.—Muqawwí aur mufíd medeh hai.

M.—Bis minim se do drachm tak.

Tinctura Catechu, yaṅe Tincturei katthá.

F.—Qábiz hai, baarzahi Diarrhœa, yaṅe daston ke dete haiṅ.

M.—Ek se chár drachm tak.

Murakkab Tincture Chiretta ká.

F.—Talkh, farhat baḅsh muqawwí dawá hai.

M.—Ek se do drachm tak.

Tinctura Cinchonæ, yaṅe Tincturei Cinchona.

F.—Muqawwí, aur mufíd meleh aur dáfai buḅhár hai, aksar khísáṅdah yá josháṅdah Bark ke sáth istamál karte haiṅ.

M.—Ek se chár drachm tak.

Tinctura Cinchonæ Composita, yaṅe murakkab Tincture Cinchona ká.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Cinnamomi, yaṅe Tincturei dárchíni.

F.—Mufíd medeh aur qábiz hai.

M.—Ek se do drachm tak.

Tinctura Cinnamomi Composita, yaṅe murakkab Tincturei dárchíni.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Colchici, yaṅe Tincture Colchicum ká.

F.—Mudir hai, baarzahi niqras aur gaṅhyá ke dete haiṅ.

M.—Bis se tis minim tak, do yá tíu martabah ek din meṅ.

Tinctura Colchici Composita, yaṅe murakkab Tincture Colchicum yá záfrán Meadow ká.

F. aur *M.*—Misl dawái mazkúrai bálá ke hai.

Tinctura Conii, yaṅe Tincture Hemlock ká.

F.—Musakkir aur Antispasmodic, yaṅe dáfai tashannuj hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Cubebæ, yaṅe Tincture Cubebs ká.

F.—Muharik aur mudir hai, baarzahi suzak ke dete haiṅ.

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 Gogul.

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-doloreux.

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 Henbane.

U.—Narcotic.

D.—Half a drachm to two drachms.

Tinctura Digitalis, yané Tincture Foxglove ká.

F.—Mudir aur musakkin hai, sozish phephre men aur Aneurism aur Incipient Consumption, yané ibtidai bímáril sil men aur sozish istisqá men dete haiñ.

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

Tinctura Gallæ, yané 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, yané murakkab Tincture Guiacum 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, dúdlh yá chíni aur pání ke sáth istamál karte haiñ.

M.—Bís qatre se tís qatre tak.

Tinctura Hellebore, yané Tincture kuḱkí ká.

F.—Emmenagogue, yané haizáwar hai.

M.—Tís qatre se ek drachm tak.

Tincture Hemp ká.

F.—Muskir, aur muharrík, aur dáfai maḟḟ hai, baárzahi haizá aur hizyán aur behoshí aur Lock-jaw, aur dígar awáriz maḟḟ ke diyá játá hai, aur baárzahi Neuralgia aur Tic-doloreux ke bhí istamál uská karte haiñ.

M.—Bís qatre se ek drachm tak, chíni aur pání men píte haiñ.

Tincture Hermodactyl, yané Soorinjantalk ká Tincture.

F.—Baárzahi niqras aur gathyá ke dete haiñ, bajái Colchicum yih dawá bahut bihtar áwaz tajwíz huí hai.

M.—Bís qatre se tís qatre tak.

Tinctura Hyoscyami, yané Tincture Henbane ká.

F.—Sun karnewáli 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, yaṅe murakkab Tincture Iodine ká.

F.—Durust kunandai jism hai, baárzahi kanṭhmálá aur darjai doyam átshek ke dete haiṅ.

M.—Páñch se tís minim tak, ek din meṅ do yá tín martabah.

Tinctura Jalapæ, yaṅe 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, yaṅe Tincture Kino ká.

F.—Qábiz hai.

M.—Ek se do drachm tak.

Compound Tincture Kreat ká.

F.—Muqawwí, aur muharrik, aur mulayyan hai; badarjai kḥafíf baárzahi Dyspepsia, yaṅe badhazmí aur járí hone peṭ ke dete haiṅ.

Tinctura Lavendulæ Composita, yaṅe 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, yaṅe Tincture i Hops.

F.—Taskín denewáli aur talḳh muqawwí dawá hai.

M.—Nisf drachm se do drachm tak

Tinctura Mishme Tecta.

F.—Talḳh muqawwí dawá hai.

M.—Ek se do drachm tak.

Tincture Mugrela ká.

F.—Muharrik aur muarriq hai, auraton ko wáste ziyádah karne dudh ke dete haiṅ.

M.—Nisf drachm se do drachm tak.

Tinctura Myrobolan, yaṅe Tincture har ká.

F.—Bahut qawí qábiz hai.

M.—Bís qatre se ek drachm tak.

Tinctura Myrrhæ, 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 Serpentary.

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, yañe Tincture i murr.

F.—Andar jism ke muqawwí aur Deobstruent, yañe mufattah hai, aur báhar jism par bashumúl pání ke ghalíz zaḡhmon ke dhone meñ blí kám átá hai, wáste Spongy gums yañe phúle hue aur narm masure ke bataur Lotion mustamal hotá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Opii, yañe Tincture afyún ká.

F.—Uñdah muharrik aur muskir dawá hai.

M.—Das se chális qatre tak.

Tinctura Rhei Composita, yañe murakkab Tincture i rewand chíñfá.

F.—Mushil aur mufíd medeh hai.

M.—Do drachm se ek ounce tak.

Tinctura Scillæ, yañe Tincture i Squill.

F.—Dáfai balgham aur mudir hai.

M.—Das se tís qatre tak, do yá tín martabah ek din meñ.

Tinctura Sennæ Composita, yañe murakkab Tincturei Sennæ.

F.—Mufíd medeh aur mushil hai.

M.—Do drachm se ek ounce tak.

Tinctura Serpentariæ, yañe 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, yañe Tincture Bellilotan ká.

F.—Antispasmodic, yañe dáfai tashannuj hai, aksar ḡhisáñdah Bellilotan meñ dete haiñ.

M.—Ek se chár drachm tak.

Tinctura Valerianæ Composita, yañe murakkab Tincture Bellilotan ká.

F.—Tásir iskí misl tásir dawái muzkúrai bálá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Zingiberis, yañe Tincture sonḡh ká.

F.—Muharrik aur dáfai báí hai, baúrzhahi niḡras, jab ki yih árzaí medeh par ḡhálíb hotá hai aur baúrzhahi dard kúling báí ke dete haiñ.

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, yañe sharáb sibr kí.

Fáidáh.—Mulayyan hai bamiqdár do ounce, ke aur mufid medeh ek se do drachm tak.

Vinum Colchici, yañe sharáb Colchicum kí.

F.—Muskir aur mudir hai, baárzah niqras aur gaṭhiyá ke dete haiñ.

Miqdár.—Tis qatre se ek drachm tak.

Vinum Ipecacuanhæ, yañe sharáb Ipecacuanha kí.

F.—Muharriq aur muqai hai, aksar laṭkon ko dete haiñ ; nisf drachm har das das pandrah pandrah minute ke bad jab tak ki táásir uskí howe.

Vinum Opii, yañe sharáb afyún kí.

F.—Muskir hai.

M.—Das qatre se ek drachm tak.

Vinum Veratri, yañe sharáb kuṭkí sufed kí.

F.—Muqai aur mushil hai, baárzah niqras aur gaṭhiyá ke dete haiñ.

M.—Páñch se das minim tak.

Unguentum Antimonii Potassio Tartratis, yañe marham Potassio Tartrate Antimony ká, jisko ki Tartrate Emetic Ointment, kahte haiñ.

Fáidáh.—Dáfai sozish hai, jo azá arse se phúl gae hon unpar lagáte haiñ, kṣhasús bad gaṭhiyá, aur aksar azái andarúni par istamál karte haiñ, is marham meñ se qadre marham us muqám par jahán taklif ho post par malá jáwe, do yá tñ martabah ek diu meñ.

Unguentum Cantharides, yañe marham makkhí Spain ká.

F.—Tásir iskí misl Ceratum Cantharides ke hai, agar is meñ Telní makkhí dáfí jáwe, to marham makkhí Spain kí nisbat yih marham muzaáf istamál kiyá jáwe.

Unguentum Cetacei, yañe marham machh kí charbí ká.

F.—Marham paṭṭí karne meñ yih marham ṭhandak kartá hai.

Marham Chakoon ká.

F.—Muharriq hai, yih marham dád par lagáne ko mufid hai.

Marham Chaulmoogra ká.

F.—Muharriq hai, aksar amráz jildí meñ kám átá hai, kṣhasús ganj aur Tinea, yañe maraz bad khore meñ lagáte haiñ.

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, dád par lagáte haiñ.

Unguentum Creasote, yañe marham Creasote ká.

F.—Muharrik hai, baárzah kháff dád ke aur digar awáriz jildí ke kám átá hai.

Marham Daod-murden ká.

F.—Muharrik hai, baamráz dád 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 májúpbal ká.

F.—Qábiz hai, baárzah Hemorrhoids, yañe bawásir ke lagáte haiñ.

Marham Gandah Biroze ká.

F.—Khárij 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, unhnñ amráz meñ kám átá hai.

Unguentum Hydrargyri Iodidi, yañe marham Iodide páre ká.

F.—Muharriq hai, aur badan ko sudhártá hai, kanthmálá ke zaḡhm par is dawá se marham paṭṭí 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 múnh lánce ke baárzah 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 tñ marta-bah bakhúbí 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 Oxyde 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 Tettors and Scaldhead.

Unguentum Picis Nigræ, or Ointment of Black Pitch.

U.—Digestive and Stimulant.

Unguentum Plumbi Comp'situm, 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 ...

Unguentum Hydrargyri Nitratæ, yañe marham Nitrate páre ká, ki jisko marham Citron bhí kabte haiñ.

F.—Muharriq hai aur aláish sáf kartá hai, aksar amráz jldí meñ aur puráne amráz palkoñ meñ kám átá hai.

Unguentum Hydrargyri Nitrico Oxydi, yañe marham Nitric Oxyde páre ká.

F.—Tásír iskí misl tásír marham mazkúrai bálá hai.

Marakkab marham Myrobolan ká.

F.—Khárásh par lagáte haiñ.

Unguentum Picis Liquidæ, yañe marham píçí rál ká.

F.—Muharriq hai, baárzan tóoters, yañe dáð aur ganj ke lagáte haiñ.

Unguentum Picis Nigræ, yañe marham Pitch siyáh ká.

F.—Muhallil aur muharrik hai.

Unguentum Plumbi Compositum, yañe marakkab marham shíshe ká.

F.—Khárij kunandai aláish hai, puráne gháto par lagáte haiñ.

Unguentum Plumbi Iodidi, yañe marham Iodide shíshe ká.

F.—Mus íffí aláish hai, aur sudhárnewálá; bálát jism ká puráne aur guñhlidír sújan par azá ke lagáte haiñ, aur kanthmálá ke gháo par lagáyá játá hai.

Marham Sal Ammoniac aur sohága ká.

F.—Dád par lagáte haiñ.

Unguentum Sambuci, yañe marham Elder ká.

F.—Khushbád ír sí lah marham hai isse marham paññí karte haiñ.

Unguentum Sulphuris, yañe marham gandak ká.

F.—Muharrik hai, aksar khárish par lagáte haiñ.

Unguentum Sulphuris Compositum, yañe marakkab marham gandak ká.

F.—Tásír iskí misl tásír marham mazkúrai bálá hai, magar nisbat uskí ziyádah qawí hai.

Unguentum Veratri, yañe marham sufed kuñkí ká.

F.—Muharrik hai, khárish par lagáte haiñ.

Marham Zungar ká.

F.—Umdah marham muharrik hai, aur yih marham gosht ko puráne phoçe ke áhístah áhístah galátá hai.

Marham Zungar aur Pitch, yañe Rál ká.

F.—Yih plaster ke áble par lagáne ko achchhá hai.

Unguentum Zinci, yañe marham jast ká.

F.—Muharrik hai, puráne 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 Sublimato.

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.

Unyuentum Hydrargyri Fortius, or Stronger Mercurial Ointment.

FAHRIST.

Muskir is bāt ke, ki kis qadar Afyún aur baz murakkabāt Surmá aur Sunkhiyá aur Páre ke murakkab adwiyat men dābe játe haiñ.

Confectio Opii, yañe Confection afyún ká.

Ek grain afyún ká chhattís grain Confection men partá hai.

Hydrargyrum cum Creta, yañe párá mai khariyá taḥmínan tñ grain men ek grain párá ámez hotá hai.

Linimentum Hydrargyri, yañe marham páre ká, iske chhah drachm men ek drachm párá ámez hotá hai.

Liquor Arsenicalis, yañe Solution sankhliyá ká.

Is dawá ke do drachm saiyál men ek grain sablimed sufed sankhliyá ámez hotá hai.

Liquor Hydrargyri Oxymuriatis, yañe Solution Corrosive Sublimate ká.

Iske do saiyál ounce men ek grain Oxymuriate páre ká ámez hotá hai.

Pilulæ Hydrargyri, yañe golí páre kí jisko Blue Pill bhí kahte haiñ.

Is dawá ke tñ grain men ek grain párá ámez hotá hai.

Pilulæ Hydrargyri Submuriatis Compositæ, yañe murakkab goliyán Submuriate páre kí, jinko Plummer's Pill bhí kahte haiñ.

Is dawá ke chár grain men ek grain Submuriate páre ká ámez hotá hai.

Pilulæ Saponis cum Opio, yañe sábuu kí goliyán afyún ámez.

Is dawá ke pñch grain men ek grain afyún ámez hotá hai.

Pulvis Cornu usti cum Opio, yañe safúf Calcined Hartshorn aur afyún ká.

Is dawá ke das grain men ek grain afyún ámez hotí hai.

Pulvis Crete Compositus cum Opio, yañe murakkab safúf khariyá aur afyún ká.

Is dawá ke bís grain men ek grain afyún ámez hotí hai.

Pulvis Ipecacuanhæ Compositus, yañe murakkab safúf Ipecacuanha ká.

Is dawá ke das grain men ek grain afyún ámez kí jáwe.

Pulvis Kino Compositus, yañe murakkab safúf Kino ká.

Is dawá ke ek scruple men ek grain afyún ámez hotí hai.

Vinum Antimonii Tartarizati, yañe Tartarized sharáb Antimony kí.

Chár drachm saiyál men ek grain Tartar Emetic ámez kiyá jáwe.

Unguentum Hydrargyri Fortius, yañe tez marham páre ká.

Is marham ke do drachm men ek drachm párá ámez kívá í

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, Jspan 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, Criui, Kanoor.
Infusum Lini Compositum, . .	Infusion of Pedalium or Gokeroo.
Infusum Serpentariæ,	Infusion of Ayapana.
Pilulæ Gambogiæ Composita, . .	Pilula Kalladanuæ.
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 mamúli dawáon ke bataur awaz kám meṅ áli haiṅ.

Cataplasma Conii,	Poultice Dhatúre ká.
Cataplasma Lini,	Nutceya yá Poultice Barg Ním.
Cataplasma Sinapis,	Get Kuchoo yá Lál 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 k̄hisándah Sohunjuná ká.
Infusum Gentianæ,	K̄hisándah Bel, Chiretta, Gu- lancha, Kreat, Kurroo, Pata, Ununtamool.
Infusum Ipecacuanhæ,	K̄hisándah Banopsha, Crini, Kanoor.
Infusum Lini Compositum, ..	K̄hisándah Pedalium yá Gokeroo.
Infusum Serpentariæ,	K̄hisándah Ayapana.
Pilulæ Gambogiæ Composita, ..	Pilula Kaladannæ.
Pulvis Ipecacuanhæ,	Murakkab safúf i Madár.
Pulvis Quinine Sulphas,	Safúf Karanjwa.
Syrupus Sarsaparillæ,	Syrup Ununtamool, aur Syrup Chobchíni 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 Nitrat- tis.	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 talh.
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 men 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 ILA'J-UL-AMRA'Z.



AM'ENORRHŒA; YA'NE BEQ'ÁIDAH 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 chehrali, aur bojhalpan, aur dard kamar, aur dhamak sir men, aur ubhár chhátiyon men sáti khíyálát bátil ke uskí alámaten hotí haiñ.

Maqljah.—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 dete rahen, aur kam ghizá par raken, aur usse bahut sakht riyázat karáwen.

Agar yih árzah basabab qillat khún ke láhaq howe, aur mizáj men nátwání aur zauf páyá jáwe, jaisí ki aksar auqát bare bare shahron men musháhidah kiyá játá hai, to alámaten uskí yih hotí haiñ, ki nabz kamzor aur ishtihá betartib aur kharáb, aur chehrali zard, aur niháyat ghat jáná táqat ká, aur dharakná dil ká, aur khafíf hysteria.

Maqljah.—Is súrat men lázim hai ki 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 raken.

Sawálat.

Alámaten beq'áidah hone haiz kí jo basabab qawí mizájí ke láhaq huá hai bayán karo, aur kyá iláj karná cháhiye ?

Kyá alámaten hotí haiñ beq'áidah hone haiz kí jo kí zauf mizájí ke sabab láhaq hotá hai, aur uskí iláj kis taur par karná cháhiye ?

AMBUSTIO; YA'NE JALJÁNÁ ÁG AUR PÁNÍ SE.

1.—Agar ádmí bashiddat jal jáwe, to táqat niháyat záyal hojái 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 árzi paidá ho játé hai. Hálat shiddat marz meṇ, antaryoṇ meṇ sozish hotí hai, aur zaḡhm par játe haiṇ, aur baḡ marzoṇ ko marz hydrocephalus, yaṇe istasqá dimághí láhaq hotá hai. Aur aksaroṇ ko tap-i-diq hamráh ziyádatí ishál ke paidá hotí hai.

Maáljah.—Ibtidá meṇ tamám jale hue muqámoṇ par rúí rakhní cháhiye, aur unpar halkí paṭṭiyáṇ bándheṇ, táki bilkul hawá ká daḡhal na rahe, aur paṭṭiyáṇ qáim rakhní cháhiyeṇ tá waḡtíki píḡ ná pare, jis súrát meṇ badan kam jalá ho, to yih paṭṭiyáṇ das yá chaudah din tak baṇdhí raheṇ, kyunḡki is arse meṇ tamám sozish rafaḡ hojáwegí, aur muqám soḡhtah achchhá ho jáwegá. Darsúrát ho jáne ábloṇ ke, rúí qáim rahe arsaḡ mazkúr tak, aur maáljah ká bhí waisáhlí tariq ho. Baḡ auqát ḡhafíf zaḡhm ho játe haiṇ, 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 chbah din meṇ aur garmí ke mausam meṇ sháyad isse bhí kam arsaḡ meṇ zarúr hogá us waḡt istamál poultice ká chand roz tak, aur baḡ uske sáf karná zaḡhm ká garm pání se cháhiye, aur chúnki sataḡ jism ká áp eḡ zaḡhm hai, to lagána zinc yá copper in solution ká zarúr hai.

Agar angúr narm par jáweṇ, aur sataḡ jism se úpar ubhar áwe, to dabána uská sulphate of copper aur nitrate of silver, aur paṭṭiy-oṇ ḡhushk párchahi lint se cháhiye. Jis waḡt ki pakáo shurú ho, to bahál rakhná táqat ká bazariāḡ bahut muqawwí ḡhizá ke lázim hai. Chhichroṇ ko kát ḡálná cháhiye, aur is báḡ meṇ bahut ahtiyát karní cháhiye, bazariāḡ munásib paṭṭiy-oṇ ke, ki azái ek dústre se milkar ek jism na ho jáweṇ, maslan unḡlí unḡlí se, aur pahunchá bázu se, aur ṡhoṡí, gardan yá chhátí se. Jis súraṡ meṇ koí azái jalkar bilkul soḡhtah ho jáwe, to káṡná uská aksar ḡhwá naḡhwá zarúr hogá, barwaḡt táqat pakarṇe bímár ke.

Sawálat.

Dar súrát jalne ke ḡhwá ág ḡhwá pání se ásár kyá hote haiṇ ?

In súratoṇ meṇ kyá iláj iḡhtiyár karná cháhiye ?

Tum ko ḡháskar kis amar kí ziyádah ahtiyát karní cháhiye jab ki bímárlí achchhe hone par átí hai ?

Jab koí azái bilkul soḡhtah ho jáwe, to ham ko náchárlí uske bab meṇ kyá karná pareḡá ?

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.

APOPLEXY; YANE SAKTAH.

Saktah ko aksar itbá ne do qismon men taqsím kiyá hai, sangui-neous, yane damwí, aur serous, yane bádí pesh.

Alámaten.—Agar ádmí baiṭhá ho yá chaltá ho, yekáyek gir partá hai, aur baz auqát usí jagah mar játá hai. Agar usí waqt maríz talaf nahín hotá, to nabz men zauf aur imtalá páyá játá hai, aur chehrah men nílápan aur surkhí aur tahbuj ho játá hai. Honṭ kháskar níle hote haiṅ, aur múṅh se kaf áte haiṅ, aur sáns múṅh aur nathnon donon taraf se átá hai. Putlí áṅkh kí aksar farákh, aur áṅkhen band ho játí haiṅ, aur unse roshní nahín dikhláí detí. Ádmí achche ho gae haiṅ bad rahne ke is hál men tén din tak.

Az láhaq hone saktah ke chand alámaten numáyán hotí haiṅ. Wuh shaḅhs jise yih marz honewálá hotá hai, ádmiyon men baiṭhe baiṭhe so játá hai, aur kharráte zor se lene lagtá hai, aur aksar sir men dard aur dhamak hotí hai, aur aisá maḷúm hotá hai ki sir taná huá, aur bojhil hai, aur áṅkh se dhundlá dikháí dene lagtá hai, aur ek shai do nazar áttí haiṅ, aur daurán sir hotá hai. Baze ádmiyon ko chamak roshní kí mániud sitáron kí áṅkh ke ágc maḷúm detí hai, aur únchá sunná, aur kánon men sansaní aur kábús hotá hai, aur naksír phúṭtí hai, aur baze ádmiyon ko gúnah aínṭhan patṭhon men maḷúm hotí hai, aur kabhí kabhí zubán men luknat hotí hai, aur háfzah kharráb ho játá hai, aur dil par kam o besh udási chhá játí hai, aur baz auqát fálj ho játá hai.

Us qism ke log is bímárí men ziyádahtar mubtilá hote haiṅ, jinká sir bará, aur gardan kotáh, aur sína gol aur qad miyánah hotá hai, aur jo riyázat aur fikar aur soch kam karte haiṅ, aur jo bahut sote haiṅ, jiske sabab se ratúbat paidá ho játí hai, aur wuh shaḅhs jo ki bahut tohfah aur ifrát se kháuá kháte haiṅ, aur tashwísh khátir bhí is marz ke paidá karne men mumid hai, aur baz auqát basabab ghaiz aur ghusse ke yih marz láhaq huá hai, aur ján talaf ho gaí hai, basabab insidád pesháb ke bhí jo khulal gurdah se wáqa ho, yih marz paidá huá hai, baz waqt pesháb aur pákhánah khud baḅhud nikaltá hai, aur ziyádatí pasínah kí bhí ho saktí hai, aur yih ásár bahut námubárah haiṅ. Aur warm aur pak júná dimágh ká bhí yih árzah paidá kartá hai. Agar koí hadḷí 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 men tanaffus mauqúf ho játá hai, aur harkat nabz kaláí ke pás nahín rahtí, aur chehrah sut játá hai, aur satah jism zard aur thandhá par játá hai, aur saktah men biláks tamám in báton ke wáqa hotá hai; aur saktah aur khwáb men yih farq hai ki sote ádmí ko ham kisé taklíf se jagá sakte haiñ, go ki níñd kitní hí ghálib ho, aur saktahwále kí nisbat yih nahín ho saktá, aur agar ho saktá hai to bahut khaffif darjah men.

Maqálah.—Agar saktah basabab dabháuc kisé haddí ke wáqa howe, to us haddí ko únchá karná aur apní jagah par láná lázim hai, aur agar kisé aisé chíz se wáqa ho jo ki medeh men hai, to istamál adwiyah qaiáwar aur stomach pump ká karná cháhíye. Aur agar aur sabaon mazkúrah bálá se wáqa howe, to awwal maríz ke sir aur kandhon ko únchá karná cháhíye, aur jo chíz gale men 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 páñw aur tångon men lagáwen, aur maríz ko bahut kam ghizá den. Istamál calomel ká járí rahe jab tak ki múnh na ájáwe, iske bad lagáne blister ká píchhe kánon ke yá tamám sir par ikhtiyár hai. Jis súrat men ki marz saktah basabab insdád pesbáb ke jo khalal gurdah se paidá huá ho láhaq howe, to ek yá do grain písi huí telíní makkhí kí subah o shám golí banákar dí jáwen, kyunki yaqín partá hai ki yih dawá masánah ko harkat degí. Agar kisé shaḡhs ko saktah basabab ratúbat ke howe, to uská chehrah zard aur naqíh hotá hai, aur uská báis yih hai ki dimágh khálí hotá hai.

Is súrat kí bímárí men is bát ká jáunná mushkil hai, ki kis qadar sozish aur warm dimágh men 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 men maríz ko ghizá kam aur ammonia dewen.

Sawálat.

Kai qism men saktah ko aksar itbá ne taqsím 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 mamúli alámaten kyá hotí hain ?

Mamúli alámaten qab laz láhaq hone saktah ke kyá hotí hain ?

Kis qism ke logon ko yih árzah ziyádahtar láhaq hotá hai ?

Kaunsi alámaten marz saktah men námubárah hotí hain ?

Saktah aur ghashí aur khwáb men kyunkar tamíz kar sakte hain ?

Kyá iláj karná cháhiye ?

Agar insdád pesháb khalal gurdah se paidá ho, aur uske sabab se saktah ho jáwe, to kyá iláj karná cháhiye ?

Agar kisi ko saktah ratúbat se howe, to uski kyá shakl hotí hai ?

Saktah jo ratúbat se howe uská kyá iláj karná cháhiye ?

APHTHÆ OR THIRUSH, YANE CHHÁLE MUNH KE.

Alámaten.—Is marz men múnh aur honthon aur kallon aur zubán aur hajábulhanak men chhále par játe hain, balki jild men tálú ke, aur lautín aur halq men ho játe hain.

Yih marz aksar bachchon ko láhaq hotá hai, lekin bárhá jawánon ko bhí ákhír kolnah bímáriyon ke aur ákhír bímári-i-sil men hotá hai, múnh aksar jaltá rahtá hai, aur bachchá chīrchīrá aur bechain rahtá hai, aur shakl zaḥm kí mánind sufed dágh ke hotí hai, khwá dágh munfarid 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 honṭ ke aur masúron men yá zubán par paidá hote hain, aur dar súrat mujtima hone ke kalle unse bilkul dhak játe hain, yá yih áblah halq kí taraf phailte hain. Aksar tīn chár din ke ársah men bad paidá hone ke chhále khushk hokar chhilk hojáte hain, agar yih chhilk peṭ men utar jáwe, to medh aur antariyon men báis kharásh aur ázár ke hote hain, aur yih khīyál kiyá gayá hai ki yih bímári khud in muqámon men in chhilkon ke sabab phailí hai.

Jab tak ki yih dágh mudawwir aur sufed rahte hain, aur jald taraqqí karte hue nahín maḥúm dete, aur bachche kí táqat bhí nahín ghaṭṭí, to aisí súrat men jagah andeshah kí nahín hai, lekin jis hál men unki hyat men tabaddul páyá játá hai, is tarah par ki sihat men khalal andáz ho, yá yih kí chhále halq kí taraf phail jáwe, 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

Ma'álah.—Jab ki chhále sirf munh hí men hon, to wuh dawá lagáne se jaldí rafa ho sakte hain, magar kھیál taraf hál sihat aur antariyon ke cháhiye, jab ishál wáqa ho to niháyat liház antariyon ká cháhiye, aur jab ki táqat mariz kí ghaṭne lage, to uská sanbhálná zarúr hai, khasúsan jis súrat men chhále aisá zor pakar jáwen ki sihat men khalal áe, durust karná ghizá ká, aur badalná anná ká, aur kھیál rakhná taraf safái ke, aurnaháná garm pání se, aur tabaddul hawá par zarúr hai, jab ki bímári muddat kí ho jáwe, yá chhále achchhe hokar aud kar áwen.

Lagáná ghule hue suhágah ká ibtidá men, aur phiṭkiri ká badhu mamúli iláj hai. Jab ki chhále kam hon, yá bahut dard dete hon, to chherná nitrate of silver ká unko achchhá karne par le áwegá, aur dard men takhfíf kar degá. Agar bímári muddat kí ho gaí ho, to linctus níle thothe ká niháyat fáidah bakhshegá.

Jawán ádmিয়ոn ko ghargharah banáyá huá chlorides soda, yane sajjí ká, yá lime, yane chúnah ká, jismen chhah yá áṭh miqdár dawá se pání ziyádah howe, aksar hyyat munh kí fauran badal detá hai.

Sawálat.

Bímári apthæ, yane múnh ke chhálon ká hál bayán karo ?

Mamúli álamaten chhálon kí kyá hain ?

Kinko yih bímári aksar láhaq hotí hai ?

Kitne ársah men chhále hokar khushkí par áte hain ?

Jab ki bachchá chhilkon ko nigal játá hai to kyá asar paidá hotá hai ?

Kyá aslí iláj karná cháhiye is bímári men ?

Kyá múnh men lagáná cháhiye ?

Kyá iláj karná cháhiye jab ki jawán is marz men mubtilá hon ?

ASTHMA, YANE DAMÁ.

Álamaten.—Is bímári men un puṭthon men jo ki níche hanjra ke hain, aur jinke sabab se dam áta hai tashannuj hotá hai, qabl az wáqa hone daure is marz ke sustí aur nafkh aur dard sir hotá hai, aur níche kí taraf chháti ke bojh aur rukáwaṭ aksar auqát barwaqt sone ke malúm detí hai, bímár yakáyak sote sote jág uṭhá

sleep; 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 baiṭhtá 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, ánkheṅ baṛí aur ubhrí húi hotí haiṅ, aur nabz meṅ ghabráhaṭ aur báriki aur zauf aur nádurustí hotí hai, aur baze waqt Intermittent, yaṅe nabz chaltí hai, aur baze waqt nahín chaltí, aur bolná aur kháṅsná aur khaṅkár ke thúkná bahut dushwár hotá hai, agar yih marz ratúbat se wáqa howe to kaf baifrát shurú daurah se nikaltá hai, is bímári ke daurah meṅ bukhár nahín hotá.

Maájljah.—Is marz kí naubat meṅ agar maríz jawán aur qawí aur bahut damwí mizáj howe, aur daurah bashiddat howe, to khún lene se bahut ifáqah hotá hai, adwiyát khuábáwar aur dáfa tashan-nuj bahut mufíd hotí haiṅ, khasúsan jabki yih marz puṭṭhon ke khalal se wáqa howe, píná dhatúrah ká tanhá yá basharáqat tam-bákú ke, yá sirf tambákú huqqah meṅ aksar bahut fáidah baqsh huá hai, aur kaf nikalne se bhí bahut fáidah hotá hai, tez baná huá qahwah darmiyán daurah is marz ke fáidahmand hai. Baḍ mauqúf hone daurah ke rafa karná tamám alámaton badhazmí ká bazariyah shamúl adwiyah muhallil aur dáfa riyáh ke cháhiye, tar karná chhátí ká bazariyah sponge ke áb i sard aur sirke se din meṅ do dáfa badarjah kamál mufíd huá hai. Farq darmi-yán asthmá, (yaṅe damá), aur hydrothorax, yaṅe us marz ke jiske sabab chhatí meṅ pání bhar játá hai is taur par kiyá játá hai, pahlí súrat meṅ agar tamám chhátí ko thapkeṅ to ek sáf aur zor kí áwáz niklegí, aur dúsrí súrat meṅ jabki chhátí meṅ pání bhará huá hai, thapakne se yih bát nahín pái jáne kí.

Sawálat.

Kui qism ká damá hotá hai, aur uská judá judá nám kyá hai ?

Kyá alámaten damá kí hotí haiṅ ?

Tum damá aur hydrothorax meṅ kyúnkar farq kar sakte ho ?

Kyá khas bát hotí hai us damá meṅ jo basabab ratúbat ke wáqa hotá hai ?

Darmiyán daurah damah ke kyá maájljah karná cháhiye ?

Jabki daurah khatam howe to uske baḍ 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; YĀNE WARM ARU'Q KHISHNAH.

Yih marz do tarah ká hotá hai, yá to acute, yāne shadíd, aur chronic, yāne kohnah.

Alámateṅ. Marz shadíd kí.—Yih árzah aksar auqát baḍ zukám ke láhaq hotá hai, aur ibtidá meṅ baḍ martabah lauzateṅ aur halaq meṅ warm ákar hinjrah meṅ phail játá hai, aur yaláñ se taraf qasbatahulriyáh aur aruq khishnah ke rujú kartá hai, baḍ auqát warm khishnah hí meṅ shurú hotá hai, khasúsan un logoṅ ke jinke phepraḥ meṅ khalal hotá hai. Ibtidá meṅ halqúm meṅ náhamwárí aur durustí maḷúm detí hai, jiske rafa karne ke wáste ádmí aksar khaṅkártá hai, aur yih náhamwárí báteṅ karne se bahut ziyádah hotí hai. Aksar marizoṅ ko kam o besh giraftgí áwáz aur tangí chhátí meṅ hotí hai, jiske sabab dard sá maḷúm detá hai. Is mauqa par ásár bukhár numáyān hote haiṅ, maslan sustí aur phureriyān, 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 maḷúm dete haiṅ. Tangí chhátí kí kam yá rafa hojáltí hai, nabz meṅ pahlí sí tezí nahín rahtí, aur badan par pasíná baḅhú-dí, aur pesháb khulkar átá hai, aur pesháb meṅ bahut dard baith játá hai. Jis súrath meṅ yih marz khafíf hotá hai, to chauthe roz se áth-wen roz tak ghaṭ játá hai, aur dar súrath shadíd hone is árzah ke ásár marz bahut ziyádah hote haiṅ; maríz ko dard sir kí shlikáyat hotí hai, khasúsan áñkhoṅ ke úpar, aur dil matlátá hai, aur ishtahá játí rahtí hai, aur zubán ghalíz rahtí hai, aur pesháb thoṛá thoṛá aur surkh átá hai. Dam chaṛhtá hai, khasúsan rát ko, tangí aur dard chhátí ká khánsí ke sáth ziyádah hotá hai; aur yih dard aksar tale chhátí kí haḍḍí ke hotá hai, aur us dard kí nisbat jo ghishái-ul-riyah meṅ hotá hai kamtar hotá hai; nabz meṅ salábat aur sarat pái játí hai, aur ibtidá meṅ balgham kam aur baḍah ifrát se nikaltá hai, aur chapchapá aur kafdár hotá hai, aur baḍ auqát surkhí kḅún usmeṅ numáyān hotí hai, aur uske ikhráj se khánsí aur dam chaṛhne meṅ kuchh farq nahín partá. Baḍ marizoṅ ko bahut jald naqáhat ho játí hai, aur nabz niháyat zaíf aur beqáidah paṛ játí hai, aur chah-rah par zardí aur niháyat áshuftgí záhir hotí hai, aur ṭhaṅdá pasíná chahrah par aksarátá rahtá hai, aur chúnki maríz wáste rafa karne balgham ke jo kí phepraḥ meṅ jama hotá játá hai koshish se khánsatá

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 rhoneus" 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 dyspnœa 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
of the cough and other symptoms.

hai us men uskí táqat zálil ho játí hai, aur khánsná wáste dúr karne balgham ke darjah badarjah kam muassar hotá játá hai, aur rukná dam ká aur bolná ghúngaro ká ziyádah hotá játá hai, aur is hál men basabab daurah siyáh khún ke rang nílgún ho játá hai, aur bahakná aur ghutná gale ká paidá hotá hai, aur maríz aise hál tashaddud men aksar do din ke ársah men tamám ho játá hai.

Itsál barúdat satah jism par khasúsan us súrát men ki barúdat ke sáth ratúbat bhí ho, maslan pahanná nam kapron ká aur khulá rahná sámne sard aur nam aur badalnewálí hawá ke, khasúsan us hálát men ki mashaqqat aur riyázat ke sabab badan men garmí á gáí ho, aur aise makán jis men bahut bhír ho, aur aisí aisí aur chízen báis paidá karne is bímári kí hotí hai.

Aisí hawáon aur bukhárat se bhí jinse dháns ughtí hai pardah arúq khishnah men waram ájátá hai, magar jald rafa ho játá hai. Basabab baze báhar nikalnewále marzon ke gáhe gáhe yih marz niháyat saht tarah ká paidá hotá hai, aisá bhí huá hai ki báas láhaq hone got yane niqras ke aise shahton ko jin men medeh waram arúq khishnah pahle se manjúd thá yih marz áriz ho gayá hai.

Tamíz darmiyán is marz aur pneumonia, yane waram pheprah ke hyyat balgham se kí játí hai, kyúnki agarchah shiddat men is marz ke bhí balgham gárha aur chaspán hotá hai, magar us balgham se jo ki marz pneumonia men nikaltá hai kam ghalíz hotá hai, aur usmen zangári rang jo ki waram pheprah ká asal nishán hai nahín páyá játá, shanákt is marz kí yih bhí hai ki agar chhátí ko thapken to ek áwáz sáf paidá hotí hai.

Agar yih marz shadíd honewálá hotá hai to alámaten bhí uskí ziyádah hotí hai; jabki yih marz khafíf hotá hai, aur uske sáth dam ká charhná aur bukhár shiddat se nahín hotá to chhate roz se tén yá chár haftah ke ársah men játá rahtá hai, aur muqarrarí ásar uske zálil hone ke yih hai ki balgham shafáf aur raqíq nahín rahtá, aur batadríj kam hotá játá hai. Yih tabdíl subah ke waqt mushábidah kiyá játá hai, kyúnki ásar bukhár jo shám ko ziyádah hote hai, balgham men phir riqqat aur shafáfí paidá karte hai. Aur karne is marz kí shanákt yih hai ki balgham phir shafáf hotá hai, aur uske sáth hameshah khánsí aur alámaten is marz kí ziyádah ho játí hai.

In severe cases where the dyspnoea 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 klinchkar átá hai, khasúsau jabki ibtidá men bukhár bashiddat ho chuká ho, aur jis súrat 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.

Ma'álah.—*Shadíd marz warm khishnah ká.*—Dar súrat khafíf hone is marz ke maríz ko pánch grain calomel yané kushtah párah máih pánch grain James' powder yá ipecacuanha powder sote waqt dewen, aur subah ko tez julláb senna aur salt yané namak ká piláwen. Wáste láne paínah ke panw garm pání men rakhe jáen, aur badhú maríz ko garm bichhaunon men litá 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 báqí nahín rahatá, aur maríz ko faqt itná zarúr hotá hai ki báhar na nikle aur gosht na kháwe aur sharáb na píwe, táki marz dúsre din áud na kar áwe. Jis súrat men pasíná nahín átá to aksar hotá hai ki marz ziyálah ho jítá hai; aise mauqa par nuskhái zail balgham ko baásání khárij karegá, aur khánsí men ifúqah ho jáwegá; das qatrah tincture squills ke aur tis qatrah ipecacuanha wine aur áth qatrah liquor potassæ ke tén yá chár dáfa 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 tis qatrah tincture henbane ke kisí latíf ashurbah ke sáth dewen. Agar is par bhí marz men farq na pare, to ek hissah marham tartar emetic, aur do hissah marham sádhah ke shámil karke chhátí par malen, isse phunsiyán ifrát se nikal áwengí, aur balgham bahut phat kar baásání niklegá. Barwaqt khatam hone is marz ke, jabki ásár bukhár ke záil ho jáwengí, kháua gosht ká aur istámál sharáb ká kuchh khálal nahín karneká, balki fúidah bakhshegá.

Tashaddud marz men iláj isse bhí ziyádah saht karná cháhíye, yané solah ounce se bís ounce tak bazariyah fasd háth ke khún liyá jáwe; aur agar nabz men zauf na síjáwe, to chand ghanon ke bad fasd do bárah karní zarúr hai, aur agar nabz men zauf aur maríz umr rasídah ho to chhátí se bilíwaz fasd ke bazariyah

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 hai, kyúñki unká asar jald hotá hai, aur iḡhtiyár men bhí hai. Jis súrāt men warm ziyádatí par howe, to safúf-i-zail dená cháhíye, 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 chaṛhne aur khánsí men takhíf 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 thoṛe se cháwal ke páñi men den, aur agar nabz betartíb howe to digitalis ko kam yá mauqúf kar den. Agar chaṛhná dam ká jári rahe, to tartar emetic solution ziyádah kiyá jáwe, magar itná ki medeh jhel le, aur qai na áwe. Aksar dená calomel ká milákar opium ke síth baḡ auqát bahut mufid huá hai, ḡhasúsan jab ki is marz ke sáth ḡhalal jigar bhí huá hai. Is hálat men malná marham tartar emetic ká bahut mufid hotá hai. Hálat zaḡf men maríz ko adwiyah muharrík jo dáḡ balgham hon dení zarúr hai, in adwiyah men se dená carbonate of ammonia ke sáth infusion of lobelia inflata ke bahtar jánte hai, bashartiki yih áḡhír kí dawá dastiyáb ho sake, aur wazan in adwiyah ká yih hai.

Infusion lobelia, ek ounce.

Carbonate of ammonia, das grain, chauthe yá páñchwen ghanṭah dete rahen.

Jo ki ab tak kuchh ḡhabar nahín hai ki kaunsi bát se asar bad daurah siyáh khún ká jo is marz ke sabab jism men hotá hai nahín honcká.

Isliye pur zarúr hai ki ḡhizá sádí howe, aur gosht aur huḡḡah waghairá aur sharábon se parhez rahe. Ghizá quwwat baḡhsh aur patle dúdh men milákar dení bahut bahtar hai, lekin chúnki marz áp tanazzul par hai, gosht thoṛá thoṛá dewen, aur táqat maríz kí bazariāḡ bitter infusion of gentian yá chiretta yá cinchona bark ke bahál rakhní cháhíye. Yekáyek badalne áb o hawá se aur pahanne námunásib kapṛon 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 hooping 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, YANE KOHNAH WARAM ARUQ KHISHNAH.

Yih marz niháyat aksar umar rasída logon ko wáqa hotá hai aur hálat shiddat men dam charhtá 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 par játá hai. Khánsí baze waqt niháyat shiddat se hotí hai khasúsan rát ko, aur balgham ifrát se nikaltá hai, aur agar yih báten bader jári rakhne hain to hamesha jism ko naqíh aur táqat ko ghatá dete hain. Aksar balgham sufed sabzí liye hue aur lasdár hotá hai, aur baze waqt usmen píb aur surkhí 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 naqíh ho játá hai, aur dast áne lagte hain, aur tamám ásár sil ke numáyán hote hain, aur maríz halák ho jatá hai.

Yih marz niháyat bad us súrat men hotá hai ki bad mukarrir aur shadíd hanlon waram aruq khishnah ke wáqa howe, larakpan men yih marz aksar auqát bad hooping cough yane kúkar khánsí yá measles, yane husbeh, aur small-pox yane sítlá, yá aur iqsám ke dáno ke jo jild par ho játe hain láhaq hotá hai. Baze peshewar bhí misl dhumion aur sangtaráshon aur chamrá sáf karnewálon ke aksar is marz men mubtilá hote hain, basabab iske ki hawáe gard ghubbár-i-álúdah sáns ke sáth unki chhátí men játí hai.

Maúljah.—Siwa in do súraton ke, ki yá to us mawád men jo phepre men jamá hai ziyádatí ho jáwe yá waram taraqqí pakre, lená khún ká is marz men jáiz nahín. Agar counter-irritation kí hájat ho to istamal uská bazariq marham tartar emetic ke mahínon karná cháhiye, kyunki yih bahut fáidáh bakhshegá aur uski madad ke liye adwiyah dáfa balgham doní cháhiyen, adwiyah zail din men chár yá pánch dáfa hamrah chával 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, bis qatrah.

Tincture of squill, das qatrah.

Tincture of digitalis, pánch qatrah.

Tincture of opium, pánch 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 dyspnœa 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, ¼ of each half a drachm.
 Extract of colocynth,
 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 gastric 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 baliház digitalis ke yih khyál rakhná cháhiye ki daure khún men usne kyá asar paida kiyá aur medeh aur antariyon men kuchh khalal to nahin huá, aur yihí khyál darbáb dawá-i-colchicum ke bhí rahe.

Jis súrát men dam bashiddat charhta ho to carbonate of ammonia pánch grain se das grain tak jis qadar asar kare sáth camphor mixture ke bad har ghante ke den. Jis hál men khánsí kí shiddat howe to dená extract of conium bamiqdár pánch grain ke din men tén chár dafa bahut fáidáh bakhshtá hai, is dawá ko ziyáda kar sakte hain 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 fáidáh hotá hai.

Antariyon kí hálát par tawajjah cháhiye, aur agar aisí adwiyah ke jo gúnah dastáwar hain zarúrat ho to goliyon mufassil-i-zail ká istamál karen.

Powder of aloe,

Extract of colocynth, yane roobe hinzul, } hark ním drachm.

Gum assafœtida, chálís grain.

Powdered ipecacuanha, bís grain.

Tamám in adwiyah ko khúb maqlút karke chaubís goliyan baná len, jin men se do yá tén 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 cháhiye, agar bímári taraf pardah medeh aur antariyon ke phail gaí howe to bazariyah lagáne jonkon aur blister ke epigastrium, yanesadar men aur bazariyah castor oil, yane arandí ká tel aur garam páuí se naháne aur niháyat saht parhez ke uská rafa karná pur zarúr hai, aur wuh maharrik adwiyah jo waram aruq khishinah ke wáste ibtidá men tajwíz kí thin unko ek qalam mauqúf karná cháhiye aur jab ki amráz-i-medeh rafa ho jáwen to pahlí adwiyah ká phir istamál karen. Ghizá 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 assafoetida, 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,

sámhne rahne se hawá-i-martúb ke niháyat parhez cháhiye. Ta-baddul hawá se yih marz aksar játá rahá hai jab ki dawáen kuchh muassir nahín huín.

Sawálat.

Alámaten acute bronchitis kí kyá hai?

Byán karo nám chand sababon ká jinse yih bímári paidá hotí hai?

Acute bronchitis se pncumonia 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 hai ?

Chronic bímári ká iláj tum kyunkar kar sakte ho ?

CHLOROSIS; YANE INSDÁD HAIZ.

Is marz ki do qisemen hotí hai, ek to acute yane shadíd, aur dusrá kohnah.

Alámaten.—Shadíd insdád haiz ke. Aksar babais ittasal barúdat ke bukhár ájátá hai jiske sabab se haiz nahín hotá. Is marz men sir aur kamar aur chedon aur tarám azá men dard rahtá hai.

Maqálah.—Khún lewen aur mushil rhu barb yane rewand chíaf ká piláwen, aur iske bad saline draught yane namkín ashrúbah pánch-wen yá chhate ghante dete rahen aur usmen káfi miqdár antimony ki miláwen táki dil málish karta rabe, aur pánch yá chhah qatrah laudanum ke bhí is dawá men har martabah shámil kiye já sakte hai. Agar raham men bashiddat dard howe aur uske sath jí matláta ho, aur marz histeria bhí howe to ek drachm laudanum aur ádhá drachm camphor yane kafúr aur do drachm tincture of assafætida yane híng aur do ounce raqíq cháwal ke paní kí pichkári dewen. Maíza ko cháhiye ki garam pání men baíthe aur apne perhoo ko khúbsikne de, aur bad khúb khushk karne ke usko kapre se garam rakhe, isse ghálib hai ki insdád haiz jald játa rahegá aur agar isse fáidah na ho to marz qism kohnah se hojátá hai.

Insdád haiz kohnah ke bhí do qism hai ek to yih ki ziyádtí khún se howe aur dusrí kamzorí sí.

Ásar insdád kohnah ke jo ziyádtí khún se wáqáh howe. Tamám jism aisá malúm detá hai ki khún se bhará huá hai, aur nabz men

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 maḷúm detí hai aur jild jism ki kḥushk aur garam hotí hai. Piyás ká ghalba aur uske sáth sir aur kamar aur cheddon meṇ dard hotá hai aur marízá bajáe chalne phirne ke ziyádatar ág ke pas baiṭhá rahná cháhtí hai, aur baz waqt daurán sir meṇ mubtila hotí hai.

Maḍljah.—Fasd háth kí leweṇ aur julláb deweṇ aur maríza ko cháhiye kí riázut bahut kare aur kam sowe, aur usko har jullab ke dústre din ushrúbeh namkín piláweṇ, 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 haiṇ. Jild jism ki tireh aur chehrah zard hotá hai. Pesháb meṇ zardí aur shaffáfi pái játí hai aur ákhir ko rang chehre ká sabzí mártá hai jald baḍ iske dam súrát se áne jáne lagtá hai aur khánsí gunah kḥarash ke sath hotí hai, aur pahlú meṇ dard hotá hai, magar waisá dard nahín hotá jaisá ki marz phephṛe meṇ hotá hai kyonki na to yih dard dawámí hotá hai na kḥeṇchkar sáns lene se ziyáda hotá hai. Rát ke waqt ek nisháú qaríb ṭaḳhne ke numáyán hotá hai. Subeh ke waqt chehre par púrí aur tahabboj maḷúm detá hai, papoton par ánkhoṇ ke bhainbhraháṭ hote haiṇ, is tarah par ki chehra burhá maḷúm detá hai magar din meṇ yih báten aksar bilkul játí rahtí haiṇ. Is mauqah par medeh betartíb ho játá hai, ishtahá játí rahtí hai, aur marízá ká dil taraf kháno námunasib ke chaltá hai, maslan cinders, candles yaṇe charbí kí battí aur pipe-clay, wagherah, aur bahut nufkḥ hotá hai, baze waqt antariyoṇ meṇ qabz hotá hai, aur baze waqt kushádgi. Nabz sarí aur patlí aur saḳht hotí hai aur kabhí kabhí hálat hysteria waqah hotí hai.

Maḍljah.—Awal julláb rhu barb yaṇe rewand chiní se safáí medeh kí karne cháhiye, aur baḍ uske istámál talḳhadwiyah ká misl halke kḥesándah beḳh columba yá goliyoṇ zail ke karná cháhiye. Pisí húi myrrh, pisí húi rhu barb yaṇe rewand chiní, harek ádhá ádhá drachm, extract of aloes das grain, extract of chamomile yá gentian ek drachm. Yih adwiyah kḥúb maḳhlút kí jáweṇ sáth thore se syrup ke aur páñch páñch grain kí goliyoṇ banáí jáweṇ aur in meṇ se is qadar dení cháhiyengí ki do yá tén dast roz ájáweṇ tá-waqtíki antariyoṇ meṇ 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 guaiacum 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 muftíd hotá hai ; isi wajah se panch grain ipecacuanha powder ádhe ghante ke bad, dete rahen táwaqtíki uská asar záhir howe. Thore se arse ke bad, jab ki medeh men quwwat ájáwe, dená steel yane 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 panch panch grain kí golián baná lewen, in men se tén yá chár ek din men do martabah thore se khisándah chiratta yá gentian ke sáth nigul sakte hain. Thore se arse ke bad, jab ki 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 muftíd nahin hai, is dawá ko bamiqdár ek cháh ke chamche ke har roz do yá tén martabah kisí bitter infusion yane talkh khisándah men dewen. Das qatrah liquor ammonia ke ek ounce pání men milákar anaqul-raham men auraton mankúhe ke din men do yá tin dafa pichkárí dewen.

Jab ki marízá ke badan men táqat áne lage, to samandar men nehláne ká bhí imtahán karen, agar mumkin ho, aur fawárah se bhí ghusl karen magar soch samajh ke. Nisbat auraton bákrah ke unke wálden se tákíd nikah kar dene kí karen.

Sawálat,

Kai qism ká obstructed menstruation yane 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 hain chronic form yane kohneh insdád haiz kí, aur kyunkar yíh marz paidá hotá hai ?

Agar yih marz ziyádatí khún se paida ho to uskí kyá álamaten hotí hain ?

Kyá iláj karná cháhiye jab ki kohne insdád haiz basabab kamzorí 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 WABÁF.

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 tashanuuj hokar taraf perú aur putthon chhátí ke phailtá hai, chehrah naqíh ho játá hai, aur ánkhon kí putlion aur sufedí ke úpar ek motí jhillí ho játí hai, aur ragen ánkhon 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 sakht hotá hai to aksar maríz tín ghan-
te ke arsaah men tamám ho játá hai. Yih marz beshak mutáddí nahín hai. Alámaten jin se malúm hotá hai ki anjám is marz ká bakhair howegé, wuh yih hain, ki maríz bekhbar so játá hai, aur nabz kaláí ke pás chalne lagtí hai, aur pesháb paidá hokar khul ke átá hai, aur qai aur dast mauqúf ho játe hain, aur aur alámaten játí rahtí hain, aur jism par namí ájátí hai.

Maqljah.—Kitne hí tauroñ par iláj is marz ke hue hain, aur wuh is qadar kam o besh kárgar aur ghair muassar hñe hain, ki un men se kisi kshás iláj ko tarjih dená dushwár hai, tariq zail par saikron marizon ká iláj kiyá gayá hai, aur un men se mutáddad ádmí achche ho gne hain.

Fauran bad haizah ke bis grain calomel barks 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 podinah ke sáth ek ounce pání ke sáth halaq men utár den. Do ounce cháwal ká pání aur ek drachm laudanum ká huqnah karen, aur tabamaqdúr is dawá ko miqad se nikalne na dewen, tín yá chár ghante ke bad calomel aur afyún phir dewen, bashartiki tashannuj aur qai mauqúf na huf hon, agar maríz ksháhish pání kí betábí se kartá ho to bamiq-dár ek chhote wine glass ke ním garm pichh piláte rahen, sard pání dená nahín cháhiye. Bich iláj aise ahal-i-Firang ke jo ki qawf, aur shahzor howen khún bhí barwaqt haizah hone ke lená cháhiye poultice ráí ká har súrát men shikam aur sáqún par lagáwen, aur garm pání pánw ke talwon 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 fœces 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 antariyon ko kabhí kabhí dene calomel aur jalap se tartíb dewen, aur agar maríz bechain rahtá ho to ek dose, yane maütád laudanum kí wáste láne nínd ke piláwen.

Lázim hai ki is marz men calomel bárík dewen, aur golion men na dewen, aur opium ko hameshah ghu lá huá kyun̄ki us men asar jald hotá hai, aur dúsrí súrat men ghanṭon men, aur yih amar is marz men áham hai.

Sawálat.

Kyá alámaten haizah wabáí kí hotí hain ?

Kyá alámaten hotí hain jinse maḡlúm detá hai ki anjám is marz ká baḡhair hogá ?

Ibtidá men kyá iláj karná cháhiye ?

Jab ki anjám is marz ká baḡhair howe, to baḡhú kyá iláj kiyá jáwe ?

Is marz men kis wajah se calomel bárík aur afyún ghulí hui dení cháhiye ?

COLICA ; YANE QULINJ.

Alámaten.—Jis hálat men 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 maṛoṛhá hotá hai, aur dard kamar men aur niháyat qabz rahtá hai, magar buḡhár nahín hotá. Ittisál barúdat se jism par yih árzah ho játá hai, us súrat men ki basabab kháne kachche phalon yá tuam ghair hazam ke jo medeh ke muwáfiq na hon badan men garmí á gaí howe, basabab rukáo kisi qism ke, masal saḡht ho jáne paikhánah ke, yá fitaq kisi anṭrí ke bhí yih marz paidá hotá hai, basabab gunah jazb hone sharb ke jism men yih marz ho jáwegá, jaisá ki har rozah baliház musawwaron aur rapgsázon ke dekhne men átá hai, is súrat men musháhidah kiyá játá hai ki baz waqt kaláí maríz kí shal ho játí hai, aur puṭṭhe, pahunche aur háthon ke maflúj ho játe hain, is tarah par ki bekár aur ákhir ko ḡhushk ho játe hain.

Maḡljah.—Fasd háth kí ḡhátir ḡhwá karen, agar quwwat nabs ijázat dewe, aur baḡ uske garm pání men biṭháwen. Agar maríz jawán howe, to bís grain calomel usí waqt dewen, aur baḡ izán 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 time, 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 plaster 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

ghante ke arsaḥ meṇ castor oil pilāweṇ, aur do tīn ghante ke baḍ yih tel pilāte rāheṇ, tāwaqtīki antariyān kḥūb sāf ho jāweṇ, antari-
on ko garm pānī se seṅkeṇ, aur chālīs qatraḥ laudanum ke āth
ounce pīch meṇ milākar luqnaḥ karen, basabab zor se ḍālne pānī
ke shikam par jabki marz aur tarāḥ se nahīn ārām ho gayā hai.

Agar basabab shurb ke yih marz āriz huā howe to mariz apne
peshah ko chand arsaḥ tak choḍ dewe, aur apne kām karneke kapṛon
ko na pahne, baḍ rafā hone qulinj ke sadmah electricity pahunche,
aur hāth par har roz dete rāheṇ, aur mariz ko chāhiye ki kḥud
agar mumkin howe har roz koī tez marham apne hāth se maltā
rahe, aur hāth ko splint meṇ rakhe, basabab lagāte rāheṇ blister
ke kalāī meṇ bāhūt fāidah huā hai, khāne kī adwiyah meṇ strych-
nine, yaṇe kuchlah kā sat, aur stramonium, yaṇe dhatīrah yā
nux-vomica mufīd ho saktā hai.

Sawālat.

Kyā ālāmatēṇ qulinj sādah kī hotī haiṇ ?

Kyā baḍī ālāmatēṇ is marz kī haiṇ ?

Kyā ilāj qulinj sādah kā hai ?

Agar shurb ke bāīs se yih marz lāhaq howe, to kyā wāqah hotā
hai ?

Kyā ilāj karnā chāhiye jab ki babāīs jazb hone shurb ke badan
meṇ yih marz paidā huā ho ?

CONVULSIO; YAṆE TASHANNUJ.

Ālāmatēṇ.—Yih marz amūman bachpan meṇ babāīs nikalne dān-
ton ke, yā khāne saqīlghair hazam ghizā ke jisse antariyān betartīb
ho jātī haiṇ, yā basabab hone kīṛon ke amā meṇ paidā hotā hai.

Maqālah.—Bachcha ko baqadar maqdūr jald garm pānī meṇ
biṭhāweṇ, aur do yā tīn grain calomel ek lakḥt deweṇ, aur iski
ek ghante ke baḍ turpentine aur castor oil pilāweṇ, barwaqt ni-
kālne bachche ke garm pānī se rāī kā phāhā kamar kī haḍḍī par
lagāweṇ, aur pānw ke talwoṇ par das minute yā pāu ghante tak
rahne deṇ, agar tashannuj āud kar āwe, to chand jonkeṇ muwāfiq
umr bachcha ke kanpaṭion par lagāweṇ. Agar basabab nikalne
dānton ke yih marz huā howe, to masūre baḥhūbī chīr deṇ. Dar-
sūrat-i-ki tashannuj jāri rāhe, to calomel do ghante ke baḍ dete rāheṇ,
aur castor oil aur turpentine chār chār ghante ke baḍ is tarāḥ par,
ki antariyān baḥhūbī mutharrik rāheṇ, blister deḥh inch kā chaurā

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 linsced 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 haḍḍí par lagá den. Jab ki yih marz honewálá hotá hai, to barí shanáḳht yih hai ki angúṭhe háthoṅ ke hatheliṅ kí taraf phir játe haiṅ.

Is hálat meṅ antariyoṅ ko baḳhúbí mutharrik rakhen, aur is wajah se ek yá do grain calomel sote waqt deweṅ, aur ek maṭtád senna yá castor oil kí yá scammony subah ko deweṅ, yih adwiyah do tín dafa dústre tísre din dete raheṅ.

Sawálat.

Kon se bare báis láhaq hone tashannuj ke hote haiṅ ?

Ibtidá meṅ kyá iláj karná cháhiye ?

Agar tashannuj aud kar áwe to kyá kareṅ ?

Darsúrat-i-ki basabab nikalne dánton ke yih marz luá howe to kyá karná cháhiye ?

CYSTITIS; YAṆE SOZISH MASÁNAH.

Alámaten.—Is marz meṅ dard sozish aur lapak ke sáth ás pás masánah ke hotá hai, aur dabáne se ízá hotí hai, aur har dam hájat pesháb kí maḳúm detí hai, barwaqt áne pesháb ke gardan masánah meṅ niháyat dard hotá hai, is tarah par ki maríz ko ḡháliban ḡhuṭ-ṅoṅ ke bal hokar pesháb átá hai. Pesháb bahut thoṛá thoṛá aur aksar átá hai, aur bárhá bahut surḳh aur ḳhún álúdah hotá hai, aur pechish bhí hotí hai.

Yih árzah basabab sufrá yá istamál turpentine yá cantharides, yá basabab aísí aísí aur chízoṅ ke jo ki un azá meṅ jinke báis pesháb átá hai sozish paidá kartí haiṅ láhaq ho játá hai.

Maqálah.—Aísí tadbíreṅ bilátámul aur tawaqquf kí jáweṅ, jo harárat ḡharízí ko kam kartí haiṅ, yaṅc tanqiyah ḳhún ká bazariyah fasd aur lagáne jonḳoṅ yá síngioṅ ke kamar par amal meṅ láweṅ aur ek púrí maṭtád calomel aur antimony kí deweṅ, aur uske chand ḡhante ke baḍ koí tez mushil piláweṅ, halkí martúb chízeṅ misl alsí kí cháh yá cháwal ká pání yá áb-i-jau do tín din ek káfi ḡhizá tasawwar kí jáwe, lekin jis súrat meṅ támám alámaten warm kí mauqúf ho jáweṅ, to raftah raftah muḡawwí ḡhizá kí ijázat de sakte haiṅ.

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 ?

Sawálát.

Sozish masánah ke kyá ásár hote hain ?

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 hain, 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 nahin pái játi. Yih marz warm se nahin paidá hotá, balki irritation se, is marz men har waqt choukunnápan aur bedári rahtí hai, yih bímári aksar jawánon ko áud hotí hai, jo ki sharábon ká istamál bakasrat karte hain, lekin hameshah nahin 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.

Madljah.—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 maütál opium ko bhí ghatáte jáwen. Ghizá muqawwí dení cháhiye, aur kabhí kabhí thoří sharábon ke dene se balut fáidah hogá. Agar yih malúm ho ki sir men khún jama ho gayá hai guddí men síngiyán yá kanpañyon 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 áí ho ki kuchh chíz medch men na thahartí ho, to ek yá do yá tín qatrah khális creosote ke agar misrí kí dhalí par dalkar khiláe gae hain, to fauran fáidah huá hai, jab ki aksar aur ilájon se kuchh asar nahin huá. Jab ki maríz is árzah men mubtilá howe, cháhiye ki wuh ek muhib díwánah tasawwar kiyá jáwe, aur is liye jab tak wuh bilkul achchhá na ho jáwe, ek lahzah bhar bhí use tanhá na chhoren.

Sawálát.

Kyá hain 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 hain ?

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 bímári men bázú kí fásd karen yá nahín ?

Agar mariz ko qai bashiddat ho, to kyá dawá dení uske liye munásib tajwíz kí gai hai ?

DIARRHŒA; YAÑE ISHÁL.

Is marz men yih hotá hai ki patle aur ziyádahtar kasrat se pá-khána ke mile hue bár bár dast áte hain, aur barwaqt ijábat ke thorá dard bhí hotá hai.

Maqálah.—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 men biþháwen, aur adwiyah aruqáwar misl Dover's powder ke dewen, háth páñw aur satah jism ko garm rakhen. Agar basabab burí aur saql ghizá ke yih marz paidá huá howe, to halkí adwiyah mulayyan dewen táki medeh fásid ko nikál de. Agar málsh dil aur qai aur daston sufráwí se záhir howe, ki sufrá náqis paidá hotá hai, to dená calomel aur opium ká, aur badhú piláná namkín jullábon ká pání se kþúb raqíq karke munásib hai. Agar qabziyat báis is marz ká howe, to dená halkí mulayyan adwiyah ká aur karuá halkí dawáon ke huqnah ká, aur biþháná garam pání men muffid hai. Agar bukhár aur medeh men dard maujúd ho, aur nabz men salábat pái jáwe, to tanqiyah kþún khwá ám kþwá kþás karná cháhiye, kyunki faidahmand hogá. Jis súrat men táqat-i-mariz ijázat kþúu lene kína dewe, to counter-irritation aur adwiyah kþwábúwar istamál men áwen, aur uske sáth liház ghizá ká badarjah niháyat zarúr hai.

Darsúrat-i-ki bukhár aur alámaten warm kí maujúd na howen, to adwiyah qábiz misl chalk mixture aur laudanum ke dewen, aur agar isse bhí kuchh fáidah na howe to catechu, kino, yá sulphate of copper dewen. Ek aur qism ká bhí ishál hotá hai, jis men sufeid patle chúnec ke muwáfúq kafdár ifrát se dast áte hain, bú khaþfi hotí hai, aur dard nahín hotá, aur yih marz derpá hotá hai, chunánchi barson jári rahtá hai. Yih árzah aksar mardon ko láhaq hotá hai, aur auraton ko nahín, aur kþusúsan unko jo arsa daráz tak garm mulkon men iqámat rakhte hain, aur kþhalal jigar men mubtilá rahte hain.

Maqálah.—Yih marz rafa ho saktá hai baghair khiláne páre ke, agar mutwátir sabr se sulphate of copper aur opium ká istamál

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 tuwajjah rakhen, aur phalon aur tarká-
rion se aur sharáb hái tez, aur garm se bilkul parhez karen, aur
párche flannel shikam par lapeten.

Saválát.

Ijrái shikam se kyá murád hai ?

Baz báis ijrái shikam ke mái unke iláj ke bayán karo ?

Us kḥás qism ke ijrái shikam ko bayán karo jo un logon ko hotá
hai ki marz jigar men mubtilá hon, aur ársah daráz tak garm mul-
kon men rahe hon ?

Aisí súraton men kyá iláj karná cháhiye ?

DYSENTERIA ; YANE ISHÁL KHUNÍ.

Yih bímári do qism kí hotí hai, shadíd yá kohnah.

Alámaten marz shadíd kí yih hain.—Yih bímári 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 hain, aur raqíq o kasíf hote hain, lekin un men koí kḥás
bú nahín hotí, baze waqt yih dast kḥún álúdah hote hain, aur
baze waqt thorá sá kḥún álúdah ijábat hotá hai, baghair álúdgí
baráz ke. Bímári mazkúr ke is darjah men nabz bahut kam mut-
ḥaddil hotí hai, aur garmí post kí aisí ziyádah nahín ho játi ki
mahsús ho, aur zubán kí súrát men bahut kam tabdílí hotí hai.
Táqat hameshah bahut ghaṭti játi hai, aur dil baiḥtá játa hai.
Bhúkh men beparwái aur piyás shadíd ho játi hai. Bad in alá-
maton ke ek ṭhahrá huá dard zer medeh shurú ho játa hai, kḥwá
wuh ziyádah shadíd ho yá kam, aur baze waqt wuh sáre rodeh
colon men páyá játa hai, aur dabáne se púri aur tanáo aur taklíf
maḥlúm hotí hai, aur satah shikam ke úpar háth lagáne se aksar
ek beqáedah darjah garmí ká pardon men maḥlúm hotá hai. Is hálat
men dast aksar ziyádah ho játe hain, lekin bahut bare nahín hote,
ún men ziyádalṭar kḥún aur ánw hotí hai, yá wuh ek kḥás áb-i-
surkḥ se mushtamil hote hain, mísl us pánce 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-saḥl
ke ziyádah ho játi hai, aur hameshah wáste ṭhande púni ke is qadar
kḥáwhish rahtí hai ki zabt nahín ho saktí. Is hálat men zubán
aksar suted aur kḥárdár ho játi hai, lekin baze waqt surkḥ 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 tábandah súrát záhir kartí hai, aur us men báhar níkalne ke waqt ek harkat larzah kí sí maḷúm hotí hai, post yá to bahut garm rahtá hai yá bashiddat pasíná átá hai, nabz báze waqt pur aur jahandah hotí hai, aur ek kḥás jumbish ungliyon ke niche maḷúm hotí hai. Yih hálát nabz kí hameshah kḥauf-i-halákat dikh-látf hai, aur záhir kartí hai ki yih bímárf jald ákḥir darjah ko pahunch jáwegí, aur bímár ko niháyat taraddud aur sustí aur kḥauf-i-marg paidá hotá hai. Dast jo ki aksar beḥhabrí aur beikhtiyárf men níkal játe hain, un men aisí baddú átf hai ki ádmí uská mut-hammil nahín ho saktá, aksar daston men jhillí andar kí gal kar níkal átf hai, aur rim bhí átf hai, aur kánch bhí níkal átf hai, aur aksar kaf inch andar kí jhillí rodon kí gal ke gir partí hai.

Sabab is hál ke: niháyat ghalbah is bímárf ká ákḥir mausam-i-garmá men, aur barsát men hotá hai, jab ki inqaláb mausam aksar auqát badarjah gháyut aur daffatan hotá hai aur ghizáe námuúfiq aur bakasrat istamál sharábon ká, aur píná burí angúrf sharáb ká, aksar yih bímárf látá hai. Hawái bad se bhí yih bímárf paidá hotí hai, aur sipáhiyon kí giroh kí giroh par yih bímárf aksar hamla háwúr hotí hai, bad iske ek rát wuh log zamín tarpar fro-kush hon.

Maáljah ishál shadíd ká.—Bímárf mazkúr kí us súrát men jab ki kḥún ziyádah ho tanqiyah fasd kḥás o ám donon fauran munásib hain, aur soláh yá bís ounce kḥún bázú men se lená cháhiye, aur bad azán bís yá tís jonken tamám colon yá rodah kalán par lagáni cháhiyen aur bad is ke garm poultice aur senk ká istamál ho, aur agar dard bhí ho to búrah jonken rírh aur síwan par bhí lagáni cháhiyen, aur muqarrar lagána jonken ká shiddat aur kamí bímárf aur darje ifáqat par joki pahlí dafah ke lagáne ne baḥshhá hai mauqúf o munhassir hai. Agar pechish aur dast aur kḥasúsan thahrá huá dard shikam men járf rahe dústre din yá ek din bad tísrf, chauthí dafa phir jonken lagáwen, aur tadád unki bamújib zarúrat alámaton marz ki, aur táqat mariz kí ho, lekin yih bát bataur qáidáh ám hai, ki agar tanqiyah kḥún kḥás aur ám awal martabah kḥátir kḥwa kí gaí hon to bahut kam zarúrat muqarrar kḥún lené kí hogí. Agar ánten munqabiz hon, aur zabán par ziyádah mail ho aur dast mutaffin hon to ek moutád castor oil ki kisí mucilage men, hamráh thorf 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 disorganization of the intestines takes place. The stools are then mucous and

bon kí goliyán marqumat-uz-zail do do, tín tín ghanṭe bad dí jáweñ jab tak ki dast surat daston sihat kí pakreñ. Calomel 1 grain, dover's powder 5 grain, shíra yá murabbá baqadar banáue do goliyon kí.

Siraf ipecacuanha ká ek umdá iláj hai aur barí, barí maṭádeñ ískí de sakte haiñ baghair iske ki qai ho iske liye habi marqumat-uz-zail bahut muḥíd haiñ aur buhat pasíná láti haiñ : powder ipeca-cuanha do se tín graín tak, extract of gentian páñch grain, is kí do goliyán banáweñ aur har ek golí chár páñch ghanṭe ke bad kám meñ láweñ jab tak ki alámaton ishál shadíd meñ ifáqá ho. Dard ko ek huqnah se do ounce chával ká pání jis meñ tín yá chár grain opium ghulí huí ho ifáqat ho saktí hai. Bad in ilájon ke shikam par blister lágáe jáweñ. Jab ki niháyat naqáhat ho adwiyah bitter marqu-mat-uz-zail ke deqe se bahut fáidá hogah. Infusion of columba root ek ounce, compound tincture of cardamoms ek drachm, din bhar meñ tín dafa diyá jawe. Inqebáz chikne jullábon se rafa ho saktá hai aur mucilaginous huqnon se. Agar miqad par waram ho jáwe yá chhil jáwe to ab-i-goulard se dhoí jáwe aur hiddad o tezí mawád is hál se usí bazariah marham sádeh yá cold cream kí mahfúz rakh saktí haiñ. Is bímári ke ayám meñ ghizá raqíq o muqawwí dení cháliye, misl arrowroot, aur dúdh, aur solution of gum Arabic, aur chával, yá jou angrezí ká pání. Bimar ko lázim hai kí apne tañ sardí se bacháwe aur apne shikam par do tín tah flannel kí lapetí rakhe.

CHRONIC DYSENTERY; YÁNE ISHÁL KHÚNÍ.

Alámaten.—Wuh tap jo ki hálat-i-ishal shadíd meñ rahtí thí kam hojáti hai, aur ek chand rozah táqat aur ishtáhá maḥúm detí hai magar yih ifáqá fareb dahindah hotá hai : maríz ko niháyat dard shadíd rodon meñ maḥúm hotá hai, aur aksar dast áise áte haiñ ke zauf házmah se us meñ súrat ghizá kí kam mutbaddil hotí hai, aur un meñ kuchh qadre qalíl khún kí bhí ámezish hotí hai. Yih alámaten kuchh kuchh áre bad kam o zayádah hotí haiñ, khwá wuh be ahtiyáti ghizá se hon yá be ahtiyáti poshak se, khwá baghair kisí sabab muiyan tá áñke ánton meñ be tarkíb wáqá 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 mutáfan baráz ghizá ká milá huá nikaltá hai. Tadád daston kí mukhtalíf hotí hai, ek-din ke arsaḥ men tín chár daston se, sát áḥ daston tak ijábat hotí hai, aur is hálát men shikam pur aursakht maḥlúm hotá hai lekin dabáne se bahut dard nahín maḥlúm 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 mutawaqqif 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 tángen phúl játí hain, aur baz auqát istasqá hojátá hai, aur baze waqt maríz ko yarqán hojátá hai, aur basabab irritation aur záil hone táqat ke marjátá hai. Is marz ke muḥtáláon ke jism se ek khás bú áttí hai jo kí agar ek dafa daryáft kí jáwe to farámosh nahín hosaktí, wuh bú bahut nágawár aur tursh hotí hai.

Maq̄lah.—Agar zara sá bhí waram ho, to wuh báahtiyát kam kiyá jáwe, tanqiyah khún khás yá sm se, magar yih bát malhúz rahe kí basabab maq̄lah ayám bímárrí shadíd ke maríz men táqat báqí rahí hai yá nahín. Rodah bhí báahtiyát o hoshyárrí 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 nabátáttí 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 batadrij ziyádah kí jáwe, tín yá chár grain tak, khwá mai opium khwá bagḥair opium ke, aur is kí golí banákar tín dafa ek din men díjáwe, magar khálí medeh men nahín, aur agar isse kuchh jí matláwe to is ke sáth qalíl maṭáden prussic acid kí shámil karen. Gúnah tahrík dená aur shikam par chiknái malní aur uspar flannel lapetní baze mauqa par mufid pái gai hai. Jis súrát men qayás cháhtá ho kí kánch men zaḥm 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 páñch 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 ?

DYSMENORRHEEA ; 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 páni men kharáb aur derpá násúron ko mufid hotá hai, balki baz hálatoñ men isse mutlaq sihat hásil hogá 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 mufid páyá gayá hai, jab ki tamám aur iláj kárgar nahín hue haiñ.

Sawálat.

Kitní qismoñ men árzah ishál ámúman munqisam hai, unke nám bayán karo?

Álámatoñ shadíd súrat is bímári kí bayán karo?

Ásal báis jin se yih bímári paidá hotí hai bayán karo chand nám unke?

Kyá iláj ikhtiyár karná cháhiye is bímári ki hálát-i-ámás men?

Jab kí tamám ámal iláj waram ke mauqíf ho chuke haiñ kyá iláj ikhtiyár karná cháhiye?

Binke batao álámatoñ shadíd súrat is bímári kí?

Kyá iláj tum ikhtiyár kar sakte ho ibtidá-i-bímári 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 muhtilá hai?

DYSMENORRHOEA; YÁNE BÍMÁRÍ HAIZ DARD ANGAIZ.

Jis waqt tak ki áurat ko haiz hotá rahtá hai, un auqát umr tak kisí waqt men unhen yih bímári paidá ho saktí hai. Yih marz láhaq ho saktá hai ahad balúghat se, aur rafa ho saktá hai barwaqt katkhudái ke; yá pahlá hamlah bímári ká á saktá hai fauran dan níkáh ke aur tá hámilah hone marízah ke rah saktá hai, aur baz hálatoñ men bímári mazkúr nahín áyud hotí hai, jab tak ki áurat ke bachcha paidá nahín hotá.

Álámatoñ.—Áyám haiz men aksar dard shadíd hotá hai, aur jiun jiun khún i haiz jári hotá hai dard kam hotá játá hai. Yih dard aksar mushábah us dard ke hotá hai jo ki pahle darjah dard zeh

oxyms 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, assafœtida 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, yanc puá shikam men jhukáo malúm detá hai balki bachchadán niche ko utar bhí átá hai, baz auqát ek khas medeh chlichhron ká sá riham men se nikaltá hai, aur wuh mshtamil hotá hai ek jannewáli ratúbat se.

Maqljah.—Qahal is ke ki hamlah bímári mazqúr kí umed ho, fauran ek halke julláb castor'oil ke yá ek maütád Gregory's powder yá huqnah áb-i-garm se rodah khol diye jáwen. Mar'zah apne páñw ko garm pání men rakhe, yá tábakamar garm pání men baithé, is waqt men agar nabz men imtlá aur surat ho, aur chch-rah surkh aur ziyádatí khún kí ho, to kamar par pachhne lagáne yá sharmgáh aur chadon par jonken lagáni munásib hongí, aur adwiyah marqúmat-uz-zail ek ek yá do do ghançe ke bad bamújib asar dawá ke dení cháhiyen.

Tincture of opium, bís qatrah,

Sweet spirits of nitre, chálís qatrah,

Camphor mixture, ek ounce.

Ríh par pháýá belladonna ke lagáe jáwen. Pichkáriyán garm cháwal ke pání kí mai do grain belladonna yá opium ke aksar auqát anaq-ul-riham men dáli jáwen, yá ek huqnah usí qism ká kám men láýá já saktá hai, aur baze waqton men shayáf do grain opium ke bhí mufid hote haiñ.

Kamar aur muqám múczohár aur secwan cháhiye ki aksar garm joshándah se post ke dodon se senken. Bad iske wáste izálah tashannuj ke æther, híg aur ammonia kuchh kuchh fáslah waqt se dí jáwe. Garm gin sharáb aur áb i garm aksar dard ko rófa kar saktá hai, lekin in adwiyát ke dene men darsúrat-i-ki garmí jild aur tapmahsúh ho, to bahut ahtiyát mallúz 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 tñ 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-rahm 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 men ʔmr ke ʔrzah haiz dard angez paidá hotá hai ?

Kyá hañ mashhúr ʔlámaten is bímárí kí ?

Kyá ʔláj ikhtiyár karná cháhiye shurú bímárí men ?

Mábin ayám haiz ke kyá ʔláj honá munásib hai ?

ENTERITIS: YĀNE SOZISH UMĀ.

ʔlámaten.—Buḡhár aur jama huá dard khasúsan gird náf ke rahtá hai. Nabz men aksar tízí aur baḡ waqt salábat pái játí hai, jild badan kí jaltí rahtí hai aur piyás ká ḡhalbá hotá hai. Zubán kí nok aur donon ján bain aksar surkh rahtí hañ, aur baḡ súraton men tamám zuban ká yihí hál hotá hai. Aksar úpar ke hisseh men umá ke warm hotá hai to us súrat men dil málsh karta hai, aur jis súrat men asfal ke hisseh men waram hotá hai to maqám daqáq men aur us jagah jahán tak colon phailtí hai dard rahtá hai, aur is ke sáth shikam bhí jári hotá hai. Thore se ʔrsah ke baḡ shikam phúl játá hai. Baḡ auqát dard umá bhí hotá hai, magar us súrat men jab kí colon men ḡhalal howe.

Maáljah—Lená khún ká khátir ḡhwá bazariáh fasd aur lagáne jonkon ke shikam par aur bhí senkná aur dená halkí mulayyan adwiyah ká ʔláj hai, jis súrat men shikam phúlá huá howe to huqnah turpentine ká karen. Hálat shiddat men lagáná blister ká mufid howegá, lekin aksar istamál garm spirits turpentine yá ráí kí poultice ká bahtar hai, magar usko bhí qabal uz paidá hone áblah ke dúr kar den.

Sawálat.

Kyá ʔlámaten warm umá kí hotí hañ ?

Kis sabab se is marz men dil málsh kartá hai ?

Agar dard muqám daqáq men aur us jagah jahán tak colon játí howe, to konse hisseh umá men warm hotá hai ?

Kyá ʔláj karná cháhiye ?

EPILEPSIA; YĀNE MIRGÍ.

ʔlámaten.—Is bímárí men hosh hawás aur tamíz-o-shaúr men nuqsán á játá hai aur puḡḡhe jin ke sabab ádmí harkat kartá hai tashannuj ke sáth sukar játe hañ, aur baḡ iske ʔzá bashiddat ḡham ḡhákar behoshí aur ḡhaflat tárí hotí hai. Awwal ʔsár is ʔrzah ke dard sir aur daurán sir aur ḡhírgí basárat aur rahná sansanáhat ká kánon men hotá hañ. Maríz ko ek ḡhás 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 chartí hai. Ghashí dafátan tárí hotí hai aur maríz zamín par gir partá hai, jism maríz ká tashannuj ke sáth harkat kartá hai, ánkhen pathrá játí haiñ, aur putliyán chhotí ho játí haiñ, maríz dánt chabátá hai, zubán nikal áti hai, aur dam mushkil se áta hai aur nabz aksar báriki 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 malúm hotá hai ki k̄hwáb ghaflat 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 yib. bímári bachehon aur larcon ko áyad hotí hai, aur aisá zahir ho ki basabab dant nikalne ke hai, to chír dená masúron ká, aur dená adwiyah muqai ká, aur bad izán dená ek juláb tez ká, aur kabhí istamál men láná adwiyah malayyan aur jazib ká, aur k̄hiyál rakhná ghiza aur parhez ká, zarúryát se hai, aur jalán yih bímári wáqa huí hai basabab kíron ke to chár drachm turpentine dewen aur bad iske ek maútád castor oil kí. Jab ki yih bímári auraton ko áyad ho, aur aisá zahir ho ki wuh k̄halal raham se huí hai, jiskí alámat beqáida ke ijrái k̄hún haiz hai, to istamál adwiyah dastá war garam paní se nahána yá garm paní men baiṭhná aur huqneh tez dawá ke munasib haiñ, jab ki yih zahir ho ki bímári mazkúr mutalliq hai ziyádatí k̄hún se, aur thahar janc se k̄hún ke sir men, aur maríz jawán aur farbah hai, to tanqiyah k̄hás yá am 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 bímári ke dená cháhiye. Nitrate of silver aur sulphate of copper, arsenic, oxyde aur sulphate of zinc bhí kabhí kabhí, dená bahut mufid páe gae haiñ. Electricity aur galvanism bhí aksar auqát bahut mufid páe gae haiñ. Báis jo ki bímári sarah ko paidá kartí haiñ wuh sadmát aur zaq̄hm aur tuṭ jáná ustaṭhairán ká, aur aur qism ke sabab jo kí báhar se sir par pahunchche mai jama ho jáne pání ke dimagh men, aur warm aur injamád k̄hún hote haiñ. Saṭht amráz putṭhon ke yá dar jáná, dafátan, yá ghalbá gham-o-ghussah ka, yá bará josh-i-dil ká, yá honá kenчу-

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-

oṅ ká medeh aur rodoṅ men yá níkalne dānton ká, yá ruk jáná kisí mamúlí shai ká jo k̄hārij hotí rahtí hai, báis is marz ká hotá hai. Bāz auqát yih marz maurísí hotá hai, aur bāz waqt k̄halal sensorium se hotá hai jo k̄halal k̄hwá ziyádatí k̄hún yá kamzori se howe.

Sawálát.

Kyá hain alámateṅ arzah sarah kí?

Kyá hain bāzí pahlí alámateṅ qaríb ánewále ghash kí?

Kyá munásib iláj hain wáste mukhtalif qism sarah kí?

ERYSIPELAS.

Yih marz tín aqsám men munqisam ho saktá hai, yaṅe sádah aur balghamí aur oedematous.

Alámateṅ qism sádah kí.—Sozish jild par wáqā hotí hai, jiske sabab wuh garm aur chikue aur chamakte amás ke sáth hotí hai, aur bāz auqát darmiyán tale ke jild kí jhillí ratúbat ho játí hai. Dard tez aur sozish ke sáth hotá hai. Tísre yá chauthe din satah par jism ke jahán sozish hotí hai áblah níkal áte hain. Jis waqt yih árzah mailán intiqál ek muqám se t̄raf dúsre muqám ke záhir kare to us hálit ko metastasis jáunná cháhiye, aur k̄habargírí andarúní azá kí pur zarúr hai.

Maóljah qism sádah kí.—Adwiyah mulayyan aur dáfa harárat káfi hain, adwiyah arqáwar aur mudir bhí mufíd hotí hain. Agar háth pánw men yih árzah howe to unko harkat na deṅ, aur phailáe huc sídhá rakhen. Bāzí súraton men hájat jonkon aur senk kí bhí ho saktí hai. Agar yih murz ek jagah se dúsri jagah daṛne lage, to bárk bashamúl adwiyah arqáwar aur dastáwar ke de sakte hain. Darsúrat-i-ki yih marz basabab band ho jáne pasíne ke láhaq howe, to adwiyah arqáwar misal ammonia aur antimony aur káfúr ke deweṅ. Agar sir is árzah se mahfúz howe, to basabab dene adwiyah qaiáwar ke baḍ zarúrí tanqiyah ke jigar aur jild apne kámon par ámáadah ho jáenge. Rát ke waqt calomel aur James' powder aur uske subah ko compound infusion of gentian aur senua ke sáth neutral salt ke deweṅ.

Alámateṅ qism balgham kí.—Sozish jild par aur uske tale kí jhillí aur rag-o-reslah men hotá hai, aur aksar us men píb par játí 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 páñw men ziyádal tar 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 ki áblah nikal áte haiñ. Baze waqt jab ki jild ki jhillí judí ho játí hai, to rangat jild kí zardí liye hue hotí hai, aur waram aur bukhár darjah badarjah ghaṭ játá hai aur bad us ke marz zálí hojátá hai, magar niháyat aksar yih hotá hai, ki anjám men píb paṭ játí hai, aur bárhá muqám marz sarh bhí játá hai.

Maqálah qisam balghamí ká.—Lázim hai ki iláj chustí ke sáth karen. Lená khún ká bakasrat niháyat pur zarúr hai khasús jab ki chehre yá khoprí par yih arzah howe. Lená khún ká muqám marz se aur rakhná sard chízon men tar kíye hue kapro ká khoprí par bhí mufid hotá hai. Bad in murátib ke yih cháhiye ki tez julláb aur adwiyah antimonials aur refrigerant yane dáfa harárat dewen, aur niháyat saḡht parhez karwáwen. Yih saḡht iláj jis ká abhlí zikar huá hai siraf un logon ke wáste jáyaz hai jo ki jawán aur táqatwar hon, aur bímárí kí bhí ibtidá howe. Jis súrat men maríz umr rasídah yá natáqat ho yá marz aḡhír darjah men pahunch gayá ho to bahál rakhuá táqat jism ká bazariyah quinine, ammonia, wine, aur cordials yane mufarrehát waghairah ke zarúr hogá, jab ki pakáo wáqa howe aur zaḡhm men chhichhre howen aur píb ristí ho, to paidá karná zaḡhm ká wáste ikhráj ke zarúr hogá. Bad paidá karne zaḡhm ke, zaḡhm ko senkte raheñ táwaqte ke khún band na howe aur bad band hone khúu ke roṭí ká poltice banákar bándheñ. Dabáná zaḡhm ko bazariyah pattíyon ke sihat baḡhsh ne men mufid hogá. Agar darmiyan is marz ke alámaten gastric yane khalish medeh ki numáyán howen aur nabz men imtalá ho, aur alámaten bukhár shadíd kí pái jáwen to lená khún ká aur lagáná joḡon ká epigastrium yane fam medeh men munásib hogá.

Alámaten qisam oedematous kí.—Yih arzah aksar unko láhaq hotá hai jo kí zaíf-ul-mizáj hote haiñ 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 ki pahlí donon qismon men bayán huá hai, muqám marz men ek ratúbat hotí hai aur dabáne se garhá partá hai aur baz auqát píb ke sáth gosht ká sádhowan milá huá hotá hai. Agar rang jild ká surkh se nílá, aur dard mauqúf ho júwe to isse záhir hotá hai ki 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. Yikmarz us súrát meñ niháyat khatarnák hotá hai kí chehrah aur khopri par paidá ho, kyúnki dimágh yá uske pardon meñ sozish á jáne ká khauf hai. Is tarah kí is marz meñ do yá tñ din tak tez bukhár kí hurárat rahtí hai aur bad iske kisi muqám par chehrah kí surkhi numáyán hotí hai, aur wahán se tamám chehrah aur máthe aur khopri par balki isse bhí ziyádah phail játi hai, aur chehrah khasús áñkh ke papote súj játe haiñ, aur hiziyan bhí hotá hai jo pahle bader nahín rahtá magar ákhir ko har-waqt, aur uske bad ghanúdgí aur behoshi wáqa hotí hai, aur qaríb chauthe din ke áblah yá judá honá jild ká wáqa hotá hai. Dar-súrát niháyat bad qism ke hone is marz ke alámaten khalal dimágh kí ziyádah hotí haiñ, yane hiziyan meñ díwángi aur ghazab náqi pái játi hai, yá maríz bilkul behosh ho játa hai, aur qaríb das yá bárah din ke mar játa hai.

Madljah.—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 yáne káfúr aur wine ká munásib hai. Is mauqa par bhí dabána hazariyah pattiyon ke mufíd 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 kbwá khushk, khwá tez ghulá huá niháyat mufíd páyá jáwegá agar bakhúbi gird sozish ke malá jáwe kyunki yih sozish ko taraqqí nahín karne detá magar iská bahut khiyál rahe kí koí jagah gird meñ chhut ná jáwe nahín to sozish zarási bhí jagah pákar phail jáwegí.

Sawálat.

Mukhtalif qismen marz erysipelas kí biyán karo?
 Kyá alámaten aur iláj qism sádeh kí hote haiñ?
 Kyá alámaten aur iláj balghamí qism kí hotí haiñ?

Kyá alámaten aur iláj qism cedematous kí hotí haiñ?

FEBRIS CONTINUA, YÁNE TAP-I-DÁIMÍ.

Alámaten.—Is árzah ke darjah awwal meñ sustí hotí hai, aur soch o fikar aur mahnat aur kám ko dil nahín cháhtá, aur dard khafif pusht aur azá meñ rahtá hai, aur baz waqt filjumláh 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, dyspnoea, 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-

sír sáth daurán aur zauf ke hotá hai, kabhí kabhí badan thandá hotá hai, aur bad iske garmí ke khaff shuálah uñhte haiñ, nabz aksar zaif aur báriq aur mutwaqqif hotí hai. Darjah doim men satah jism ká thandá hotá hai, aur dard larzah ke sáth pusht aur kamar aur azá men hotá hai, aur is hálat men bhí nabz zaif aur mutwaqqif hotí hai, aur dam beqáidah aur diqqat se átá hai, aur baze waqt basabab áh i sard aur khamyázah 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 thandá 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 sañht hálaton men aksar beqáidgí taqsím khún kí hotí hai, jis súrát men kí khún sir men se beqáidah taqsím hotá hai, to uskí alámaten yih haiñ ki máthe aur kanpañon men dard shadíd hotá hai, aur baze waqt hizyán khashamnák tári hotá hai, aur aláwah iu alámaton ke bekhwábí bhí mutlaq yá jazwí hotí hai, áñkhen khún se surkh ho játi haiñ, aur mutahmil roshní kí nahín hotín. Putliyán áñkhon kí yá to barh játi haiñ, yá ghat játi haiñ, jild niháyat garm hotí hai, aur qawá-i-hawás záhirí men nuqsán ho játá hai, yá khiláf qáidah ziyádatí. Agar pheprah muqám is beqáidah taqsím ká ho, to alámaten uskí nilápan chehrah aur honñon ká hotí haiñ, basabab jama ho jáne khún ke hinjrah men áwáz baiñh játi hai, aur agar yih khún taraf farynx yane muriye ke rujú kare, to nigalne men filjumlah dard paidá hotá hai, aur sínah men bearámí malúm hotí hai, dam charhtá hai, aur gúnah khánsí hotí hai, agar antariyon ke luábdár pardah muqám is beqáidah jama ho jáne khún ke hon, to yá to qabz rahegá yá rodeh dhíle par jáwenge, aur is pichhlí hálat men dast mushtamil honge siyáh rang ke, ifasid sufrah aur áñw se shikam sañht aur taná huá rahegá, aur baze waqt dabáne se dard malúm hogá, khasúsan ziyádahtar dáhine nale men. Yih ijtañ khún ká pheí saktá taraf jejunum yane sáyam aur medeh aur kabañ aur tihál tak. Is darjah par nabz aksar auqát mumatlí aur saríh hotí hai, aur jild garm aur khushk aur surkh rahtí hai, aur baze waqt us par dáne ho játe haiñ khasúsan qarib gardan aur sínah aur bandog ke, zubán surkh aur tábandah hotí hai aur darmiyán-i-khát 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 gūn aur khushk bhī hō jātā hai, aur wuh pangat jald phāṭī kī nok aur kināron tak, is hālat men peshāb nihāyat rangīn aur sāl hotā hai, aur is sūrat men amūman shām ke waqt taraqqī marz, aur subah ke waqt takhffif o ifāqat hotī hai.

Maāljah.—Agar ibtidā-i-bīmāri men sir yā sīnah yā shikam men nihāyat khūn jamā ho aur mariz kā jism bhī qābil is ke ho to fasl kījāwē aur bāreh ounce se bīs ounce tak khūn liyā jāwē lekin agar marz dūsrē darjeh par pahunchā ho aur nabz agarchi sarīh ho lekin saḳht aur bahut mumtāleh na howe aur mariz zāif-ul-badan ho to fasl lenī munāsib nahīn hai. Agar aisi hālat men sir muqām jamā hone khūn kā ho to tanqiyah khās khūn kā karnā chāhiye sāth lagāne jonkon ke peshānī aur kanpaṭiyon par. Bāl sir ke mund-wāne chāhiyen aur sard paṭṭiyān sir par lagāwen. Yihī tadbīr maāljah kī aur yihī qāideh malhūz rahen jab ki thorasic viscera yane sadar ke muqāmon men jab ki jamā hone khūn ke ho : jab ki dam diqqat se ātā ho aur pūre dam lene men pahlū men dard malūm hotā ho, to beshak khātir khwā fasl lenī chāhiye bashartki kisi aur wajah se nāmunasib na ho. Jonken bhī sīnah yā pahlū par lagānī chāhiyen jab tak ki alāmaten marz kī kam hojāwen aur baze waqt lagānā jonkon kā gale par bhī zarūr hogā jab ki hinjre aur qasbat-ūr-riyah men khalal ho. Awwal darjah bīmāri men pānch grain calomel aur pānch grain James' powder aur das grain colocynth sone ke waqt dewen aur bad uske subah ko tez maṭṭād salt aur senna ke. Istamāl adwiyah mushil kā. Agar kuchh aur tadbīr munāsib na jānī gāi ho jāri rahe waste awwal tūn yā chār din ke aur bad asān yih adwiyah bīch rasme hālton ke ek din bīch dekar kām men lāwen. Wāste kam karne balā-i-garmī ke jism aksar ābi sard yā sirke aur pānī se nam kiyā jāwē, magar yih bāt sirf us waqt munāsib hai jab ki jild aksar garam aur khushk ho. Andrūnī sard karnewālī yane réfrigerant adwiyāt yih hai. Neutral salt bīch mukhtasir maṭṭādōn ke misal nitre, yane shorā aur cream of tartar aur acetate aur citrate of ammonia. Mushhūr namkīn nuskhā āsānī se tayār hō saktā hai aur wuh yih hai.

Epsom salt, ek ounce.

Tartar emetic, do grain.

Sweet spirits of nitre, chār drachm.

Pānī, bāreh 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 winé glass maríz har chhah ghante bad pí saktá hai. Wáste har waqt ke pine 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. Bakhábi hawá dení niháyat zarúr hai aur táwaqté 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 hain malum huá kartá hai to wuh babáís naqáhat yá kamzorí ke hotá hai to un ká iláj siraf ghizá-i-muqawwí hai.

Sawálat.

Kitne darje tap-i-dáimí ke hote hain?

Bayán karo wuh tín darje jo ki amúman wáqa hote hain?

Kyá iláj ikhtiyar karoge bích tín mukhtalif darjon ke?

Kyá nam karná jism ká thande 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 hain aur is ká iláj kyunkar kar sakte ho?

FEBRIS INTERMITTENS; TAP-I-NAUBAT.

Qismen; yá alámaten tap hác naubat kí yih hain, 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 hain, lekin yih bhí hotí hain aur har chand niháyat kam, lekin tap sah rozah, aur tap hasht rozah aisí bhí dekhne men áti hain kidin men do martabah áwen, yih ákhír qism ke bukhár ghair taiyun kahláte hain, kyonki apne mamúli tariq se báhar ho játe hain.

Alámaten.—Bári kí tap kí naubat kí shurú hotí hai, malúm honá sustí aur khafif dard rag-o-puṭṭhe aur khasúsau dard pusht aur kamar, aur sard hojáne jism se aisá malúm hotá hai ki goyá thandá pání pusht se niche ko daurtá hai, aur bad iske aisá malúm hotá hai ki koí janwar badan par rengtá hai aur rongte badan ke khare hojáte hain. Bad kuchh der rahne is helat ke badan men ek saf larzah hotá hai, chehrah aur tamám ass sukar játe hain, aur tamám post khipch játa hai. Sir men dard hotá hai, dil mutwahish aur pareshan aur hawá tamám kharab hotá hai, ishtahá saqit :

piration hurried and laborious, yawning, tongue white, mouth 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, assafoetida 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

sarh hoti hai, tanaffus tes aur bojhal hota hai, jamahiyat aati hai, dahan luabdār, aur zuban sufed, aur peshab saf o shafaf, aur rodah afsudah ho jate hai. Mutwasat waqt rahne larzah ka do ghanṭe hai. Darjah garmi ka shuru hota hai saath napsedar shuqloṅ garmi ke jo ki kam ho jate hai aur phir zahir hote hai jab tak ki akhir ka darjah garmi ka qayam pakar jata hai, aur jis qadar garmi aati jati hai rang jild ka surkh hota jata hai, aur base waqt us men amas sa bhi hota hai. Mariz bahut beqarar rahta hai. Bad susti aur dard-i-sir khafif darjah awwal ke dard-i-sir shafid shuru hota hai, aur ghaflat pahli si nahin hoti, aur pahle ki nisbat dam zara asani se aane lagta hai, lekin jald aur muztarib. Nabz qawwi aur saht aur sareh, aur zuban khardar hoti hai, aur us par gandum gun mail jam jata hai, aur bich men khushk hoti hai, tishnagi ghaliḅ, aur aksar istafragh hota hai, peshab nihayat rangin lekin saf hota hai, aur rodah is hal men bhi afsudah rahte hai, bad rahne is halat ke kuch arsa tak pasina awwal peshani par numayat hota hai, aur bad azan tamam badan par khul kar ata hai, aur us waqt tamam alamatun taklif dihandah halat sabiq ki rafa ho jati hai, aur sans aur daurah khun waghairah halat asli par a jata hai, is mauqa par gurdon men peshab paida hone lagta hai, aur us men nisbat mamul ke ziyadah shoriyat hoti hai, is qadar ki agar usko thanda karen to us men bahut sa dard baith jata hai, zuban saf si ho jati hai, aur agar yih arzah jadid ho to surat chehrah ki bahiyat asli ajati hai, aur agar bimari muddat ki ho, to halat waqa men ko alamat bilkul sihat ke hasil hone ki nahin pai jati.

Maaljah.—Agar yih marz thore dinon ka ho aur am sihat men mariz ki kisi tarah ka bahut nuqsan na ho to bad kholne antariyon ke bazariyah panḅ grain calomel aur tis grain jalap ya kladanah ke dena quinine bilā tawaqquf shuru karen aur isko do ya tin ghanṭe ke bad bar waqt na hone bukhar ke dete rahen. Main takid se salah deta hunde ne hab hai dafa bukhar marqumat-uz-zail ke jo ki saikron Hindustani marizon ko di gai hai katkaranja yane karanja tin grain, siyah mirch ek grain, hing ek grain, ek ya do in goliyon men ki din bhar men tin waqt di jawen. Baz tabib dena katkaranja ka bamiqdar aath ya das grain quinine ke hamrah, ek puri maṭad laudanum ke qabal az shuru hone daureh bukhar ke bahtar jante hai aur quinine is dawā se pahle nahin 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 gáí hain. Narcotine yane adwiyah muskarát bhí is marz ke liye niháyat pasand kí gáí hain. Mádaní adwiyah muqawwí bhí misl sulphate of copper, loha aur zinc, ke pasundideh hain, liquor arsenicalis yá Fowler's solution aksar marizon par mufid pará hai, jahán ki aur iláj qásir rahe hain. Agar marz derinah ho gayá ho aur us ne aksar azáe raisá kí táqaton ko ghaṭá 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 baiṭhá ho, daráñhálíki 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 bímári 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 cháhiyen, kuchh chíz bihtar nahín hai banisbat ásh i jau yá cháwal ke pání ke. Darjah garmí men kuchh kapre bistar ke haṭá diye jáwen, aur ashurbah bárid dí jáwen misl sharbat limon yá us sharbat ke jo bantá hai. Maríz ká tamám jism bazariah 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 bakhúbí khushk karen. Antimonial wine yá antimonial powder do do yá tín tín ghanṭe bad de sakte hain jab tak ki garmí rahe. Jab ki marz basaḳhtí dobáre aud kare to khún lená zarúr hai. Bich darjah pasínah ke adwiyát kí kuchh zarúrat nahín, lekin niháyat ahtiyát malhúz rahe ki maríz dafatan ṭhandá na ho jáwe.

Sawálat.

Bayán karo mukhtalif aqsám aur alámaten tap-i-naubat kí ?

Bayán karo alámaten un tín darjon kí batartíb jis tarah kí 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 dyspnoea, 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 mudlat ki ho aur quwwat azáí ráisah záiil ho gaí 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, intermittent 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 k̄hafíf dard sir. Bad in alámaton ke fauran hizyán aur málísh-i-dil aur istafarágh sufrah ámez aksar hotá hai, aur malúm honá dard ká epigastrium yane báláí medeh aur hypochondria yane zer kokh. Alámaten balghamí ijtamá-i-khún kí phepre men misal charhne dam ke, aur malúm honá tangí ká sínah men, aur filjumlah khánsí aur nílún honá chehrah ke rang ká, nabz aur harárat jild kí bahut badaltí rahtí hai, nabz baze waqt tez aur mumtalí, aur baze waqt hálát hizyán men bhí hyyat aslí se kuchh hí ziyádash hotí hai. Zubán kabhí hálát-i-aslí par nahín hotí, pahle wuh sufed hotí hai, bad izán wast men k̄hushk ho játí hai, aur ákhirkár uske tamám satah k̄hushk 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 intermittent yane tap-i-naubat aur remittent fever ki 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 mukhtalíf rang nílún yá zard rang tap-i-remittent se. Tap-i-remittent men jild badan kí máyal bazardí hojátí hai, aur málísh-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 náfarmání hotá hai, aur saḡht hiziyán jo ki aksar tap-i-remittent men hotá hai tap-i-diq men bahut kam hotá hai.

Mafljah.—Awwal darjah men is bímárí ke jab nabz mumtalí aur qawí hotí hai, aur jild garam jaltí huí aur ákhen muntashir, 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 fasd kuchh asar nabs ki tezi par na kare to áth yá das ghante bad mukarrar fasd ifjáwe. Agar tum ne mariz ko bad láhaq hone bímári ke tîn yá chár din tak nahín dekhá hai to barí ihtiyát malhúz rakhní cháhiye baliháaz fasd ke. Tanqiya khas pachhno yá jonkon se hameshah munásib hogá, aur jab ki alámaten jama hone khún yá sozish kí namúdar hon to us azu ke qarib 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 barin khún lená aksar auqát muzhir hai. Is súrát men páuch 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, tíu tîn ghante bad yih dáwá mukarrar aur mutawátir dewen. Tís yá chálís grain dene se aksar muqá ajjátá hai, aur jab ki yih wáqa hotá hai to tamám alámaten bad rafa hojái hai, ek saline effervescing yane ek namkín urnewáli maútád sáth 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 mufid hai, aur agar sir men garmí aur dard malúm hotá ho to sard chizon ká sir par lagána bhí bahut tiskín detá hai ek phukná bhará huá kúte hue barf ká niháyat munásib tarkíb hai. Darmiyán darjah harárat ke cháhiye ki ghizi niháyat darjah kí sard karne wáli raqíq chizon ke ho misl áb-i-barf aur áb-i-tamarind yane imlí aur sharbat límon wághairon ke. Asnáí naqáhat men aur bad sihat yábi ke rodeh aur ghizá kí taraf niháyat tawajjah malhúz rahe; tabdíl-i-hawá aur halkí adwiyah muqawwí aur subuk táqat bakshsh ghizáen niháyat fáidahmand hoti hai.

Sawálat.

Alámaten tap-i-remittent ki kyá hai?

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 lená 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 fœtid 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 nahin dekhá 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, yane typhus khaffí aur typhus shadíd.

Alámaten.—Mariz par awwal sustí aur udásí aur nátawání aur nuqs-i-quwáe rag-o-puñhe, aur dard, aur mándgí tamám azáí ke, aur dard sir, aur dard kamar, aur dard dast-o-pá, aur larzah táñí hotá hai, áñkhen bhari huí, aur bhári, aur zardí máyal, aur aksar sozish álúd ho játi haiñ, aur shiryán sudagh dbaraktí haiñ, zubán sáth ek bhúre se rang ke luáb ke dhak játi hai, jo luáb ki jald khushk ho játi hai záiqah munh ká bigar játi hai, dam aksar diqqat se átá hai aur uske sáth mariz áh sard bhartá hai, aur sáns búdar aur garam hotá hai, ánten munqabiz, pesháb bahálat-i-aslí yá zard, nabz saríh aur báriki aur saht 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 bar rahtá hai aur badan men harárat aur bojh sá mañum hotá hai, aur pit ámez qai áti haiñ. Jon jon bímári barhtí hai, súrat nabz kí ziyádah hotí játi hai. Is hálat men mariz ko barí nátawání ho játi hai, aur barí garmí aur khushkí 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 dánt, aur munh, aur honñon par, bhúre yá siyáhi máyal khár ho játe haiñ, aur mariz alfáz jo ki mushkil se samajh men áwen boltá hai, aur islíye barhbarhátá hai, aur aksar usko niháyat hizyán hotá hai, aur jab ki tap ziyádahtar saht ho játi hai alámaten sarh jáne kí záhir hotí haiñ, dam niháyat mutaaffin ho játi hai, pesháb men ek siyáh aur badbúdar durd baihtá hai, aur dast siyáh aur badbú ke hote haiñ, aur khud bakhud nikal játe haiñ, aur masúron, aur nathnon aur munh aur ajzái jism se khún jári hotá hai. Nile dhabbe jism par záhir ho játe haiñ, nabz mutuwaqqif aur niháyat zaif ho játi hai, háth páwn sard ho játe haiñ, hichkiyán shurú ho játi haiñ, aur mariz mar játi hai.

Maáljah.—Ibtidái bímári maskúr men bashartiki maris ~~taawáná~~ aur jawán ho, khún ká lená bású se jab tak us par sauf o ghashí áyad ho bahut mufid 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 torpidude. 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 meṅ is tap ke dúsrí qisṁ ke yih iláj munásib nahín hai. Bad iske adwiyah muḡawwí aur adwiyah ḡhwábáwar aur mufarraḡ-ul-ḡalab aur pásinah lánewálí dí jáweṅ, aur áb i sard kí ek dhár bulandí se sir aur jism par dálne aur tarḡe ne akṡar is bímárí ko áḡház meṅ rok diyá hai, lekin yih iláj kám meṅ láná nahín cháhiye bad awwal tín din ke, kyunḡi yih iláj niháyat saíf aur ḡhálí kar denewálá hai. Rodeḡ castor oil yane arandí ke tel aur Gregory's powder se sáf kí jáweṅ, táki koí mawád tursh-otalaḡh un meṅ na rah jáwe, sataḡ jism ká aksar bazariáḡ sponge nam kiyá jáwe áb i sard aur sirkah se. Agar kisi muḡám par sozish sí malúm howe, to wuh ḡhaḡá dí jáwe sáth munásib istamál jonḡon aur blistaron aur spirituous lotions ke, aur bad iske sulphate of quinine bamújib táḡat maríz ke dí jáwe. Hamúziyát tamám qisṁ kí aur ashurbah tursh tap typhus meṅ niháyat mufíd hote haiṅ, kyunḡi weḡ harárat ko kam karte haiṅ, aur izaráb o be-áramí ko fáidah bakhshete haiṅ, táḡat ko thámte haiṅ, aur bo-áidḡi aur sarjáne ko rokḡe haiṅ. Sharáb soch o samajḡ kar dení cháhiye, aur miḡdár iskí batadríḡ ziyádah kí jáwe, aur dar súrat adam ahtiyát o nátaḡatí aur garmí ziyádah kareḡí. Hálat rodeḡ par baří tawajjah masrúf rakhní cháhiye, jab kí weḡ bakhúbí ḡhálí ho gae haiṅ. Yaḡhní aur jellies kí bárí bárí se ijázat dí jáwe, maríz ká bistar sabak honá cháhiye, balki bistar aur uske badan ke kapre aksar badalne cháhiyeṅ, uske dast aur ḡai waghairah fauran haḡá dene cháhiyeṅ, aur in sab se ziyádah yih bát malhúz rahe kí uske bistargáh meṅ bahut hawáátí rahe, aur agar bímárí bahut hon to chlorine gas jaláne aur uske dhuyeṅ kí ḡhushbú pahunḡháne meṅ tagḡáful na karenḡ. Chúnki yih bímárí niháyat mutadí hai, to maríz ko uske ḡhándán yá aur rafḡá meṅ se hatúlwasa jald alag kar dená cháhiye, aur uske bímárdáron se bhí hatúlimkán ámad-o-raft kam kar dení cháhiye.

Sawáláí.

Kitne aḡsám tap typhus ke haiṅ, aur wuh kyá kahláe játe haiṅ ?
 Kyá haiṅ wuh álamateṅ jo kí is bímárí ke shurú meṅ hotí haiṅ ?
 Jún júṅ bímárí baḡhtí játí hai kyá ziyádahtar álamateṅ paidá hotí haiṅ ?

Shurú marz meṅ kyá iláj karná cháhiye ?

Hamuziyát is bímárí meṅ kyá tásir rakhte haiṅ ?

Kyá is bímárí ko mutadí ḡhiyál karte haiṅ ?

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 enemata. 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.

Alamaten.—Fum-i-medehi men dard hotá hai, aur dabáne se ziyádah ho játá hai, hattá ki zará se chhúne aur bár párcheh bistar, yá kiaí púthe kí harkat se bahut taklíf hotí hai; tishnagí kamál, aur khwáhish ashrubah sard kí ho játí hai, aur maríz jo kuchh pítá hai fauran qai kar detá hai, hameshah ghisyán aur tabiáat máyal baistafaragh rahtí hai. Malúm honá sozish ká jo ki aksar phailí hai ósophagus yane hulqúm se pharynx yane mure tak, aur hichkiyán átí haiñ aur bála-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 gaí hai to zubán surkh aur tábindeh aur shaffáf dekhí gaí hai, aur tanaffús pareshán aur dushwúr hotá hai, nabz tez aur bárík aur saht, rodeh munqabiz rahte haiñ, aur táqat zýal hojátí hai, chehreh par maríz ke bahut tashwísh pái játí hai; aur wuh bahut beqarár aur sháqí rahtá hai. Agar sozish shadíd medeh ká fauraz 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 píne baraf ke páni 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 azím aur barí koft, aur thakáwañ men bhí is bímári ko paidá kiyá hai, aur aisá bhí huá hai ki basabab medeh men jáne tursh chízon ke misl corrosive sublimate, telní makkhí yá bare mau-tádon tezábou 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 bashart imkán nikálen, yá stomach pump kám men láwen, aur agar yih aalah maujúd ná ho, to adwiyah qaiáwar den. Agar bímári mazkúr paidá huí hai sif sardí se, to awwal tanqíyah ám fásd se karná cháhiye, bamujib táqat maríz aur hálat-i-nabz ke; bad iske joken fam-i-medeh par lagáwen, magar tadéd unki bamujib umr aur táqat maríz ke ho. Rodeh khole-jáwen sáth pichkári ke. Ashrubeh sard yá khális áb-i-barf yá sharbat limon dewey, magar is báb men maríz kí khwahish púchhí jáwe. Dene se halkí se halkí muharrik dáwá ke ahtarás rahe. Jab ki maríz ko

is 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 enemas.

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 ?

GONORRHŒA.

Gonorrhœa 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

iffáqat hásil ho ghizá niháyat ahtiyát se hasb qáide dení cháhíye aur cháhíye ki ghizá-i-mushtamil ho, aksar raqíq o muqawwí ashíyá se sáth halke shurbáon ke.

Alámaten sozish-i-kohneh medeh kí.—Yih alámaten hain waisí hí jaisí ki qism shadíd men hotí hain, lekin waisí saḡht nahín hotín.

Maáljah.—Cháhíye ki is men aksar liház ghizá aur parhez ká niháyat malhúz rahe, aur kisí qism kí muharrik chízen na den aur chand jonken kabhí kabhí fam-i-medeh par aur baze waqt blister, 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 bímári ke hote hain?

Kyá maáljah ikhtiyár karná cháhíye sozish shadíd medeh men?

Kyá hain alámaten sozish koneh medeh kí?

Kyá maáljah karná cháhíye sozish koneh medeh men?

GONORRHOEA; YANE SOZÁK.

Is marz men us jhillí men jo ki mujrái boul men hai, sozish ho játi hai, sáth ikhráj-i-rímdár mawád fásíd ke jo kí khástan is bímári 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 súrat men ki yih marz pahle pahal wáqa hotá hai, to wuh ziyádah saḡht hotá hai, baze waqt wuh shurú hotá hai chand ghante bad jimá ke, aur maríz ko malúm detí hai ek khas 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 hálat men hájat rafa karne boul kí dambadam hotí hai, aur uske karne men dard niháyat shadíd hotá hai, aur perinaeum yane síwan men aur gird miqad ke ek khárish napasandídah malúm hotí hai. Bad pesháb karne ke dard shadíd tamám ráh pesháb men niche se muqám dahan masánah tak chabak mártí hai, aur chaddon aur baizon aur síwan men chhúne se taklíf hotí hai. Is hálat men uzv tanásul bahut súj játa hai, khasúsan muqám qulfah aur ghadúd. Rát ke waqt uzv tanásul men istádgí rahtí hai, aur khamí ho játi hai, aur us men dard shadíd hotá hai, aur is hálat ko chordee kahte hain.

subdue 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 conjee water, should be drunk 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 auqát bistar se n̄htá hai, k̄hwá wáste kam karne is hálat ke, yá pesháb karne ke. Ab ikhráj-i-mawád bakasrat hotá hai, aur wuh gárhá aur sabzí máil hotá hai. Yih pahlá darjah is bímári ká hai, aur cháhiye ki iská bandobast chustí se kiyá jáwe. Agar maʿljah amal men nahín áyá hai, to alámaten marqúmah bálá amúman jári rahtí hai wáste das yá bárah din ke. K̄hwáshish pesháb karne kí aur sozish kam honí shurú hotí hai, aur sújan uzv tanásul kí aur dard aur istádgi kam ho játi hai, mawád kí rangat kuchh sufed ho játi hai, aur wuh ziyádah gárhá ho játi hai, aur ziyádah ifrát se nikaltá hai. Yih hálat chand roz tak rahtí hai, aur tab alámaten men farq par játi hai, táwaqtiki sozish aur istádgi mauqúf ho játi hai, aur mawád men shafáfi á játi hai, aur mariz pesháb ko is arsa tak rok nahín saktá jaisá ki sihat men rok saktá thá, aur usko jiryán maní kahte hai.

Maʿljah.—Darjah awwal men cháhiye ki jonken muqám frænum se miqad tak síwan men lagáí jáwen, badhú senkná aur kúle tak garm pání men baiṭhná aur kisí 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 uzv tanásul bándhá jáwe síwan par sáth ek tukre párchah malmal ke wáste rokne istádgi aur dard ke. Aur ek dawái k̄hwábáwar misl hyoscyamus aur nisf grain extract of belladonna ke andar miqad ke rakkhí jáwe, baze munásib jánte hai tén grain káfúr aur chális qatrah laudanum, aur ek ounce pání bataur tabrid ke sote waqt piyá jáwe, ek bandish áwezán din rát rakkhí jáwe. Darjah doyam men yane jab ki sozish shurú bakamí hotí hai ek drachm cubebs pisí-huí maḥlút sáth ek scruple balsam copaiba ke cháhiye ki bilkul maḥlút kí jáwe bích ek ounce luábdár samagh Arbí ke dí jáwe, awwal do dafah aur bad aizán tén aur char aur páñch dafah ek din men bashartiki medch use qabúl kare, yih aksar rokegá bímári mazkúr ko chand roz men, lekin cháhiye ki yih dawá jári rahe chand roz ziyádah, magar maṭáden iski kam kar dí jáwen. Tez dawáen har ek qism kí cháhiye ki na dí jáwen, lekin agar mariz nahín rah saktá hai baghair kisí is qism kí chíz ke, achchhí-sharáh sherry yá kamzor jin aur pání aur chízon se ziyádah kam k̄halish 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.

Maḵṣús sozák kyá hotá hai ?

Bayán karo alámaten jo ki záhir hotí haiñ darjah awwal bímárí mazkúr men ?

Kyá haiñ alámaten darjah doyam kí ?

Kyá iláj ikhtiyár karná cháhiye darjah awwal men ?

Kyá iláj darjah doyam men karen ?

HÆMOPTYSIS; YANE THÚKNÁ KHÚN KÁ.

Yih bímárí wáqq ho saktí hai tín tarah par; awwal, bronchitis, yane us parde se jo ki arúq ḵhishnah par hotá hai; doyam, pulmonary apoplexy, yane bhar jáne se ḵhún ke phepre men, aur tísrí, phaṭ jáne se kisí rag ke mutaliqah phepreñ ke.

Alámaten.—Qism awwal kí yih bímárí 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 khánsí hotí hai aur dam kam o besh mushkil se átá hai, aur nabz aksar tez aur jibandah hotí hai, aur balgham mushtábah hotá hai, surḵh kakronde yá patwá jelly se, ikhráj ḵhún baz waqt bahut kasrat se hotá hai, lekin aksar miqdár men baatidál aur kaf ámez hotá hai.

Maájljah 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 makkáu men rahe, aur rode aksar khole jáwen sáth namkín jullábon ke. Agar ḵhún ká áná is par bhí járí rahe aur nabz qawí ho, to jí matláne wáli mautáden tartar emetic kí dí jáwen, bad 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 bad iske shualah garmí ke uṭhte haiñ, aur surḵhí ruḵhsáron kí, aur dard sir aur nabz tez aur saḵht hotí hai, dharakná aur istaráb-i-dil, aur ikhráj ḵhún phepreñ se, aur iske sáth áná dam ká diqqat se, aur malúm honá ghuṭná dam ká chhátí men, aur baze auqát dard rahtá hai. Is hálat men nabz sarí aur mumtalí aur tapár 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 ?

HÆMORRHOIDS; 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 cháhiye ki munhasir ho úpar hálat phepreh aur umr aur mizáj maríz, aur miqdár khún talf-i-shudah ke lená khún ká baifrát balki yahán tak ki ghash á jáwe, aur na karná kisi qism ke harj ká, aur rahná bilkul khámosh cháhiye, aur jahán tak áml meñ á sake ahtiyáját maríz rawá kar di jáweñ, ímái aur ishára se, aur hawái sard, aur jí matláncwáli maütáden antimony ke, aur ashurbah tezábí aur sugar of lead bích maütáden do yá tñ grain ke tñ yá chár ghante bad di jáweñ.

Alámaten aur maáljah qism soyam ká likhá jáwegá barwaqt zikr árzah phthisis, yane bímári sil ke.

Sawálat.

Bayán karo mukhtalíf aqsám jin meñ yih bímári wáqa ho sakti hai ?

Kyá haiñ alámaten qism awwal kí ?

Kyá maáljah kiyá jáwe wáste qism awwal ke ?

Kyá haiñ alámaten aur iláj qism doyam ke ?

HÆMORRHOIDS ; YANE BAWÁSÍR.

Alámaten.—Malúm honá jalan aur dard ká miqdád aur kamar meñ, aur dard sir, aur daurán sir aurnafkh aur harárat tap kí sí aur bechain rahná rát ko, aur qalíl aur niháyat tez rang áná pesbáb 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 haiñ.

Maáljah.—Agar nabz mumtalah aur qawí ho to bazú se fasd len, aur do grain calomel sáth áñ grain James' powder ke sone ke waqt, aur dúsre din subah ko koí halkí namkín adwiyah mulayyañ den aur is iláj ko jári rakhen do yá tñ rát tak. Jab ki bawásír qabz se paidá ho to electuary of sulphur, yane gandak ká aur cream of tartar, aur confectiion yane halwá saná ká dewen. Aur tumhen cháhiye lagáñi jonken aur sard lotions miqdád ko, aur rakhná maríz ko sídhá, aur agar miqdád meñ se khún bhí átá ho to lagáná ek astringent yane qábiz marham písi húi gall-nut yane majú aur opium ká, aur agar uske sáth sozish bhí ho to shámil karná usmeñ thorá extract of Goulard mufíd hogá. Bímár ko cháhiye ki hameshah parhez kare kháne se aisí ghizá ke jo ki qábil hazm hone kí na ho, aur baz rahe buri aur garam sharábon se.

Sawálat.

Kyá haiñ 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; YANE WARM-I-JIGAR .

Yih warm do qism ká hotá hai; acute, yane shadíd, aur chronic, yane kohneh.

Ásár shadíd warm-i-jigar ke.—Dáhiní kokh meñ dard rahtá hai, aur sháne aur pusht kí taraf yakáyak phailtá hai, aur dabáne se ziyádah hotá hai; aur dáhine kándhe meñ bhí dard hotá hai; nabe aksar sor se aur jald chaltí hai; piyás ká ghalba hotá hai; zubán meñ káptó 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 betartib 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 báñ karwañ leñ 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 meñ kalejá pak jáwe, yá dard-i-khafíf jári rahe, to usko amrázi aqsám i-chronic se shumár karte hain. Ásár rafa hone is marz ke awwal yih hain, ghañ jáná bukhár aur ásár bímári shikam aur dard ká, aur bad iske rafa honá warm ká; yih warm agarchi aksar akhír alámat is bímári kí hai, magar jald játá rahtá hai, phailáo pahlú ká nahín malúm detá, aur dáhiní kokh, aur un muqámon meñ jo medeh se úpar hain, tanáo aur warm jo marz kí shiddat meñ paidá 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, nabe kamzor aur tez raftár hojátí hai, chehrah zard par játá hai, aur badan se khaññí bo áne lagtí hai. Agar warm háth lagáne se malúm hotá hai, to uske ásár batafsíl-i-zail páe játe hain. Awwal, kalejá aksar barñ játá hai, aur agarchi bazáhir harkat kartá huá nahín malúm detá, magar waram narm aur muláyam malúm hotá hai. Doyam, paslí ke kináre ke níche warm záhir hotá hai. Sayum, us muqám meñ jo medeh ke úpar hai warm ájátá hai. Chahárum, tale kí donoñ chhotí pasliyán barñ játí hain, aur khulú darmiyán pasliyon ke ziyádah wasí hojátá hai, aur jism par rát ko thandá pasíná átá hai, aur post badan ká chipchipá malúm detá hai, aur aksar ghash kí taraf tabíat rujú kartí hai; aur jabki bímár ko muñh áne kí dawá dene se munh nahín átá, to isse yaqín-i-qawí hojátá hai ki 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 linseed 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

Mañlah.—Ibtidáe bímárfi men, aur jab ki ásar pakáo ke malúm na hote hon, mañlah is taur par shurú karná cháhíye; háth kí aisi fasd lení cháhíye jo ziyádah khún de; aur agar bímár qawí ho, aur sozish ká bukhár bashiddat ho, to munásib yih hai, ki is qadar ziyádah khún nikálen, ki surat-i-nabz men farq parjáwe. Agar chár páñch ghanṭe ke bad dard aur shiddat phir aud kar áwe, to fasd dobárah karní cháhíye. Calomel, yané kushta-i-párah, bamiqdár das grain ke istamál kiyá jáwe, táki antariyán khul jáwen, aur iske bad namkín tez mushil az qism-i-namak epsom, yá rochelle salts diyá jáwe, aur uskí madad ke liye khisándah-i-namak aur saná ká huqnah kiyá jáwe; jis waqtdast á chuken, to tis jonken us muqám par pahlú men jahán ki niháyat taklíf ho lagáí jáwen, aur bad chhut jáne jonkon ke ijrác khún ko jald band karná cháhíye, kyunki is súrát men nikálná khún ká bímár ko zarah bhí fáidah nahín baqhshtá, balki zauf ziyádah kartá hai. Jabki khún bilkul band hojáwe to us jagah par jahán bímárfi ho, agar garam poultice alsí ke, áte yá rotí aur dúd ká lagáyá jáwe to bahut mufíd hogá; magar yih poultice halká banána cháhíye, is-liye ki basabab uske wazan ke baz súraton men taklíf hotí hai. Agar ishál bhí is bímárfi ke sáth láhaq ho, to bárah jonken miqad par bhí lagáni cháhíyen, kyunki usse bahut ifáqah mutsawwar hogá; ásar jinse záhir hotá hai ki tanqiyon marqúma-i-bálá ne bímárfi-i-jigar ko fáidah baqhshtá hai wuh yih haiñ. Kam hojáná jaláne-wálí garmí ká aur shiddat ká us muqám men jo medeh ke úpar hai, aur kokh men, aur ghaṭ jáná dard aur amáo ká, aur in sab se bad warm ká jiskí kamí chhátí aur peṭ ke niche kí taraf dabáne aur thapakne se daryáft ho saktí hai. Is hálat men plaster lagána cháhíye, magar darsúrat ghálib hone tap-i-sozish ke istamal plaster ká munásib nahín, aur jis waqt bímár ko plaster se taklíf ho to uská dúr karná lázim hai.

Jis súrát men bímárfi aise shaqhsen ko láhaq ho jo ki nátáqat aur zaif hon, khasúsan aise shaqhs ko jo ki ek arse se sharáb hác garam pítá rahá ho, to uske tajwíz fasd men bahut ihtiyát wájib hai; aise marizon ke wáste lagána jonkon ká muqám-i-marz par aur paidá karná counter-irritation, yané ek aur taklíf ká ziyádah mufíd mutsawwar hai. Wáste láne munh ko istamál páre ká cháhíye. Das grain calomel bashamúl ek yá do grain afyún ke do dafa din men diyá jáwe, yá bamiqdár ek scruple ke sote waqt; agar tén chár din ke arse men munh na áwe, to'yil' iláj mauqúf kiyá jáwe. 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 gelatitious 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

jāko James' powder bhā kahte haiṅ, calomel meṅ shāmil kiyā jāwe, isliye ki yih donoṅ jald muṅh ke lāne meṅ bahut muāssar samjhe jāte haiṅ. Qawī marham pāre kā bamiqdār ek drachm ke tīn mar-tabah har roz tīn din tak baḡhal aur bāsú aur rán meṅ khaḡb malā jāwe. Darsúrat acute, yāne shadíd hone bímári ke, marḡis ko jahān tak ho sake kam khurák deñí chāhiye. Effervescing draughts, yāne babule lānewāle pānī kī ijāzat dī jāwe; yih pānī bahut muāssar hogá, jabkī post aur gurde par uskī tāsír hogí. Halke mushíl qamāq ke maī mulayyan pichkāriyon ke istamál meṅ āweṅ, aur bímár ko solu-tion of cream of tartar yá imlí kī chá piláí jāwe, aur agar ziyādah iztiráb maḡlúm ho to anodyne, yāne taskín baḡhsh pānī yá bārak grain Dover's powder sote waqt istamál meṅ áwe. Aur jo bá wāf in tadbíroṅ ke warm jári rahe aur bukhār bári ká yá diq kī qism se ho jāwe, to is súrāt meṅ khauf ho jāne phoṛe ká mutsawwar hai; aise mauqe par wājib hai kī táqat bímár kī bazariāh-i-ghizāe muláyam aur patlí ke qāyam rakkheṅ aur istamál sharāb ká beatidál basha-múl muqawwiāt-i-nabátátí ke munásib hai, aur kaleje par lagáná poultice ká mauqíf na kiyā jāwe, aur aisi tajwíz amal meṅ áwe ki mawád us phoṛe ká hattulimkán jism ke satah kī taraf rujú kare; aur jis súrāt meṅ mawád jigar meṅ ziyádtí pakṛe aur muta-harrik hone lage, to uske ikhrāj meṅ jahān tak hosake niháyat jaldí karní chāhiye. Jis hál meṅ phoṛá báhir numáyān ho yá taraf pheṛe yá antariyon ke rujú kare to kḡhiyál saṅbhálne táqat-i-mariz ká bazariāh-i-subuk aur muqawwí ghizá ke aur sharāb aur muqawwí adwiyát ke mutábíq súrāt hál bímár ke zarúr chāhiye. Mineral acid, yāne tezáb hamráh mukhtalíf muqawwí kḡhisāndoṅ jantýāne yá chiretta yá calumbo yá cinchona ke diyā jāwe. Antariyon kī hálāt par ziyādah tawajjuh chāhiye, thoṛá thoṛá aur darjah badarjah dábnē uzv maskúr ke se bazariāh band karne muṅh uske ke bad ikhrāj máddah ke jald honá sihat ká mutsawwar hai.

HEPATITIS CHRONICA ; YĀNE KOHNAH WARAM-I-JIGAR.

Āsar-i-maraz.—Honá dard ká kaleje meṅ kam o besh, aur ziyādah honá uská ghabráne tabiāat 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, thoṛá thoṛá aur tez rang áná pesháb ká, aur gáhe gáhe láhaq honá yarqáu 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 inadvisable 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 hain, jab ki yih marz bahut dinon ká ho játá hai.

Maáljah.—Ibtidá men tísre chauthe din bárah jonken kaleje par lagáte rahen jab tak ki dard aur anáo 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 muhhtalíf muqámon jigar ke bár bát lagáyá jáwe, yá bazariáh marham tartar emetic ke phuñsiyán arsa-i-daráz tak qáyam rakkhí jáwen. Agar in tadbíron se kuchh fáidah na ho aur koí alámat síhat kí bhí zahir 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 tín martabah kaleje ke muqám par malá jáwe, jab tak ki ásár us dawá ke jism par záhir na hon. Jabki baliház hálat maríz ke dená páre ká munásib-i-waqt na malúm ho, to tezáb shore aur namak ká istamál kiyá jáwe.

Uske istamál kí munásib taráib istarah par tajwíz huí hai. Ath ounce sáf pání men chár ounce shore, aur chár ounce namak ke tezáb ke milác jáwen, aur is men se do ounce se páñch tak tin gallon aise pání men jismen nawwe darje kí garmí ho shámil kiye jáwen, aur is pání ko únche tang bartan men dál kar sone se pahle har rát usmen ádhe ghançe tak páñw rakkhen. Agar páñw men us páshoya se káñte se na parne lagen to dúsrá páshoya zarah pahle se tez banána cháhiye, aur aisehí páshoya se dhoná jism ká bhí rát ko mufíd hotá hai. Jab ki marz rafa hojáwe to us waqt muqawwiyát-i-nabátátí wáste hálat-i-aslí par láné qúwat-i-házma ke istamál kí jáwen. Bímár ko cháhiye ki garm kapre pahná kare aur aisi bad parbezí se har dam ihtiyát aur ihtiráz kartá rahe jisse khauf and karne arzah-i-kaleje ká mutsawwar ho. Jabki bímári kisí iláj se asar pizír na ho, to rawána honá taraf daryác shor ya mulk-i-Farang ke bahut mufíd hogá.

Sawálat.

Warm-i-jigar kai qism ká hotá hai?

Mamúli úsar acute, yane shadíd warm-i-jigar ke kyá hain?

Shadíd warm-i-jigar ke khatm hone kí alámaten kyá hain?

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 wāqā hone pakáo ke kyá hain?

Jab ki is marz men jigar pak jáwe to munh maríz ká dawá se baásání á saktá hai yá nahín?

Ibtidáe marz men agar alámaten pakáo kí pái na jáwen, to maáljah kis tarah kiyá jawe?

Jab ki jonken lagái jáwen to ijrái khún bazariah-i-senkne ke kis wáste ziyádah nahín kiyá játá?

Jab ki árzah ishál ká bhí warm-i-jigar ke sáth howe to lágáná jonkon 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 men lágáná plaster ká mamnú 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 men dená páre 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 wāqā ho to kyá maáljah uská kiyá jáwe?

Mamúli alámaten kohnah warm-i-jigar kí kyá hain?

Ibtidáe marz men kyá iláj kiyá jáwe?

Is qism ke marz men istamál 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 ; YANE HABAS-UD-DAM.

Alámaten.—Is árzah men amúman bāze waqt achánchak rone, hansne, aur chíkhne se, ek golá sá halaq men jo ki niche já sake na báhar á sake chhátí men malúm huá kartá hai, babáis jiske maríz apne háth kí mutthí ko bāndh ke chhátí ko thapká kartá hai. Hich-kiyán aur peṭ men qaráqur hotá hai, pesháb sáf aur raqíq bakasrat hotá hai, balki bemalúm nikal játá hai. Máorái in alámaton ke aql záil dil bethikáne ho játá hai, aur háth pánw ke putthe qsbá yáftah nahín rahte balki un ko kám men 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. Auraten báligh is marz men akzar mubtilá hotí haiñ banisbat mardon ke.

Mađlah.—Naubat marz men lázim hai ki kisí tarah ká khalal háthon yá dānton se maríz na karne páwe, aur koí sağht chíz par uskí dastras na hone den mubádá ki wuh apne sir yá sínah men már le. Agar rujú k_hún ká taraf sir ke alámaton se sabút ho to ek rúmál sard pání men bhíga huá sir par aurgaram pání ká pairon par rakkben. Aur kapre jo ki gird gale aur chhátí maríz ke tang hon un ko dhíla kar dená zarúr hai. Babájs daryáft hone sabab coma ke tanqiyah k_hún bazariyah fasd ke bánh se aur jonkon ke kanpañon se karen. Jab ki maríz men tawánái 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, pání men milákar pí saktá hai, dewen. Chchrah aur sínah par sard pání chhirakte rahen.

Sawálat.

Bayán karo alámaten naubat hysteria ki ?

Bayán karo munásib iláj hysteria ke ?

ICTERUS; YANE YARQÁN.

Yih marz is tarah par wáqa hotá hai ki jis ráh se ki safrá antariyon men játá hai us men rukáo ho játá hai, k_hwá basabab gall-stones, yá farákhí-í-pardah multahmah yá paidá hone tashannuj ahtiráq men, yá hálal kamzori gall ducts se.

Alámaten.—Ánkh kí sufedí aur nákhúnon kí jaron men aur pesháb aur pákhánah aur jild badan par zardí hotí hai. Málísh dil aur qai aur tishnagí bhí hotí hai, aur antariyon men inqabáz rahtá hai, aur badan men barí sustí. Jab ki yarqán basabab gall-stones ke wáqa hotá hai, to us súrat men yakáyak tez dard yá to k_hud kaurí men hotá hai yá kamar yá dáhiní kokh men hokar kaurí men 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 ghutnon tak har martabah jári rahtá hai. Marz yarqán men 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 uṭhtá hai. Maríz apne jism ko áge kí taraf apne ghuṭnon par jhukátá hai, darsúratí-ki kisí aur bal pench o táb nahín kartá. Jis hálat men ki nabz men sakhtí aur sarat pái jáwe to niháyat liház rakhná cháhiye ki warm men sozish paidá na ho jáwe. Jis súrát men ki yarqán kí zardí máil basabzí ho to shafá sház o nádír hásil hogí.

Maájljah.—Dar súrátiki dard tez howe, to barí maṭtád '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 hain. Taghyyur jo ki safrá men hotá hai uskí durustgí bazariáh alkalis yané khár yá tezáb shorah yá extract taraxacum ke karen. Jis súrát men ki álámaten sozish kí maujúd hon, to tanqiyah khún muqám marz se karen, aur aisí tadbír amal men láwen jo ki harárat gharízí ko kam kartí hain.

Sawálat.

Kyá khása marz yarqán ká hotá hai, aur kis báis se yih marz paidá hotá hai ?

Kyá mamúlí álámaten yarqán kí hotí hai ?

Kyá mamúlí ásár páo játe hain jab ki yarqán basabab maujúd hone gall-stones ke wáqa hotá hai ?

Kyá iláj karná cháhiye 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 tabiát yá to basabab kasrat khún ke yá ratúbat ke hotí hai.

Álámaten.—Jo shaḵhs ki is marz men mubtilá hotá hai wuh yaká-yak behis o hawás gir partá hai, aur agar fauran uskí madad aur khabargíri na kí jáwe to bahut kam shafá pátá hai, balki thore se ársah men mar játá hai. Agar marz damwí ká tadáruk barwaqt kiyá jáwe to mumkin hai ki maríz jánbar ho jáwe, magar marz bádí hameshah muhallik hai.

Maájljah.—Agar maríz bafaur mubtilá hone ke is ársah men páyá jáwe to temporal artery yané shiryán sadagh se khún bakhúbí

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.

lewen, aur guddí men bhari hui sūngiyān lagāwen, aur bad uske jalq̄ baqadar imkān ek maṭṭād calomel aur jalap ki dewen. Agar khūn khātir khwā temporal artery yāne shiryān-ul-sadagh se na āwe to tanqiyah ām ki taraf se bekhābar rahnā na chāhiye. Dabāo, jo ki dimāgh par hotā hai us men agar in wasīlon se kuchh takh-fīf ho jāwe to calomel bataur mushil aur sialogue ke denā chāhiye, is nazar par ki jism men az sar-i-nau aṭṭdāl ā jāwe. Lagānā sard chizon kā sir par khāskar bahut muassir hotā hai. Bāl sir ke mundwā dālen, aur solution nitrate of ammonia yā nitrate of potash ko kisī bārīk rúmāl men jazb karke sir par dālen. Yih shāz o nādīr zahūr men ātā hai ki bad ek martabah mubtilā hone ke is marz men qawāi jismī aur zamīrī marīz ke bilkul hālat aslī par āwen. Yih bhī yahān bayān karnā chāhiye ki aise natīje is marz ke bahut kam hote hain, balki baz auqāt zarā bhī tamīz nahīn kī jāti darsūratiki hālat-i-marz men bīmār kā munh lāyā gayā ho.

Sawālāt.

Kyā khāsah marz ictus solis ka hotā hai ?

Kyā ālāmaten is marz ke sāth hotī hain ?

Kyā ilāj karnā chāhiye ?

Jo log is marz men mubtilā howen un ke munh lānc se kyā asar hotā hai ?

LARYNGITIS ; YĀNE SOZISH HINJRAH.

Ālāmaten.—Is marz men galā baiṭh jātā hai, aur kalām āhīstah kiyā jā saktā hai, aur āwāz bilkul dabī hui sī hotī hai, dam lene men giraftgī aur shor aur durustī hotī hai, aur sāns kbīnch kar ātī hai, aur hamrālī in bāton ke bataur naubat tasbannuj ke dam ruk kar ātā hai, is hālat men bhī zarūr hai ki marīz sīdhā rahe, nahīn to dam ghūṭ jāwegā. Chehrah zard aur pazmurdah hotā hai, honṭh zard aur nīlgūn rahte hain, aur halaq kabhī kabhī phūk jātā hai. Baz auqāt tonsils yāne haqūm aur zubān bhī phūl jāti hai, kabhī kabhī aisā bhī hotā hai ki khānsī baiṭhī hui āwāz ke sāth uṭhtī hai, aur uske sāth balgham chipaktā huā nikaltā hai. Nabz men sarāṭ hotī hai, aur pasīnah bemālūm ātā hai, aur put-liyān ānkhon kī phail jāti hain. Tīsre yā chaṭthe din aksar auqāt marīz tashannuj hokar yakāyak mar jātā hai. Yih marz ziyādah-tar jawānon ko lālaq hotā hai, misl ārzah 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 ?

LEUCORRHOEA; 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 predisposing 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 caccharides in the rectum.

hotá hai, aur báis is marz ká aksar rahná sardí men yá namí men hotá hai.

Maáljah.—Fasd háth kí baghair tákhír karen, aur is qadar khún lewen ki maríz ko naubat ghash kí pahunche, bad uske gale ko jonkon se bhar den, aur iske bad ek bará poultice lagawen, yá gale ko senk den. Jahán tak jald mumkin ho munh láná cháhiye, aur is nazar par pánch yá das grain calomel dúsre úsre ghanche dete rahen táwaqtiki munh á jáwe, aur tez mercurial ointment yane tez marham párah chadon aur baghlon men aur zer zánú men din men tin yá chár martabah malen, kyunki jis waqt maríz ko thúkne kí táqat ho játi hai us waqt khauf ján ká nahín rahtá. Darsúratiki yih khatrá ho ki dam jald ruk jáwegá to intizár munh áne ká na karen balki halaq ko bilá támul kholen, is amal ko bronchotomy kahte hai. Is ke zariyah se fauran ifáqah ho jáwegá, aur qábú istamál párah ká bhí milegá, kyunki na to faqt parah hí na yih amal sirf maríz ko bachá saktá hai, yih donon báten hálat shiddat men amal men láí jáwen, báqí maáljah bad iske wuhí hai jo ki sozish azái tanaffus men kiye játe hai.

Sawálat.

Kyá alámaten laryngitis yane sozish hinjrah kí hotí hai ?

Kyá maáljah karná cháhiye ?

Agar dam ghut jáne ká khatrah ho pahle isse ki munh áwe to is hálat men kyá karná cháhiye ?

LEUCORRHOEA; YANE HAIZ.

Alámaten.—Jin amrázon men auraten mubtilá hotí hai un men se yih marz niháyat am aur niháyat ghair iláj pazír hotá hai, baz auqát is ko whites kahte hai, aur baz auqát weakness yane kamzori. Ikhráj aksar úpar kí taraf se unuq-ul-riham ke hotá hai, magar baz auqát is báis se hotá hai ki khud riham men bahut sozish ho játi hai. Yih yád raho ki jab ki marz leucorrhœa yane haiz men ikhráj khún ziyádati se ho, aur yih marz us zamáne men wáqá ho jab ki haiz mauqúf ho játa hai to aksar yih alámat structural yane mánind fitiq ke hotí hai, aur isí jihat se pur zarúr hai ki is marz ki tashkhísh men khauz karen. Jin báison se medeh láhaq hone is marz ká paidá hotá hai wuh mutáddid hai. Yih marz basabab scrophula yane kanthmálá yá bárbár ke janne yá abortion yane isqát lamal 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 :

haiz yá babájs par jáne kíron ke niche ke hissah men antariyon ke, miel kíron escharides ke jo ki miqad men par játe hain paidá ho saktá hai.

Maáljah.—Tawaji taraf hálat daurah khún kí karen, aur riyáyat sab tarah kí sihat ke rakkhen. Agar nabz men sarat aur zubán par mail aur tishnagí howe, aur iske dimágh men khún thahar jáwe, to lená háth kí fasd ká aur dená tez mushil ká, aur rakhná marízah ko ghizai qism baqulát par sháyad is marz ko dafa kar saktá hai, baghair iske ki maáljah khas muqám i marz par aml men áwe. Lagáná jonkon ká chaddon men aur singion ká kamar men jab kí marz acute yane shadíd hotá hai niháyat fáidah rakhtá hai. Antariyan khulí rakhní 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 kí solution nitrate of silver ká bamiqdár tén grain ek ounce tapkái hue pání men milákar shurú karen, isse darjah badarjah táqat barhtí hai. Pichkárí terhí haddí kí hameshah kám men lání cháhiye, aur marízah ko cháhiye kí bad nikalne is pichkárí ke chand lahzah tak khamídah rahe. Nitrate of silver se na to ízá na sozish hotí hai.

Sawálat.

Alámaten leucorrhœa kí bayán karo ?

Chand bájs paidá hone is marz ke bayán karo ?

Kyá iláj baliház am sihat ke karná cháhiye ?

Kaunsí dawá wáste unuq-ul-riham ke munásib hai ?

LUMBAGO ; YANE DARD-I-KAMAR.

Is bímári 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 muntalí rahtí hai, aur zubán sufed aur pesháb tez rang ká. Pasínah bashiddat átá hai, aur ajzáe muqám marz ke phúle hue hote hain, aur garmí se barh játe hain.

Maáljah.—Agar maríz damwí 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 Ammoniacæ 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 chhal ghanṭe ke baḍ karen, magar pahle antariyon ko purí maṭád jalap se sáf kar len.

Kháne se gosht ke aur píne se sharáb ke darmiyán shiddat marz ke batákíd parhez batláná cháhiye, sirf áb-i-jau yá senkí hue nán páo aur pání ke maḥ thore se sago ke ijázat dení cháhiye.

Agar dard shiddat se howe to din men do martabah garm pání men biḥlá sakte haiñ. Jab ki sozish kam ho jáwe to counter-irritation bazariāḥ marham tartar emetic yá ráí ke poultice ke muḥíd hogá. Táqat maríz kí bazariāḥ quinine yá kisí talḥ dawá ke bahál rakh sakte haiñ.

Sawálat.

Kyá álamaten marz lumbago kí hotí haiñ ?

Kyá iláj karná cháhiye ?

MENORRHAGIA : YANE BAKASRAT ANA KHÚN HAIZ KÁ.

Yih bímári do qism kí hotí hai, ek to actīve yane mutaharrik, aur dusrí passive yane ṭhahrí huí. Pahlí qism paidá hotí hai basabab niháyat harkat urúq-i-ríhm ke, aur dusrí basabab na hone quwwat ke urúk mazkúrali ke siron men jinse ḡhún átá hai.

Alámaten qism árāḥ active yane awwal kí.—Baz auqát do yá tīn din pahle ayám haiz ke. Ek ḡhás purí sí qarīb muḡám warq ke maḡlúm hotí hai aur bachhedán dharaktá hai, aur garmí aur bojh maḡlúm hotá hai, aur berúní azá-i-furj kí phúl-játe haiñ, aur chhátion men garmí aur ubhár aur dard ho játá hai. Daurah ḡhún men sarṭ hotí hai, aur dahan garam, aur zabán ḡhushk aur tishnigí paidá hotí hai, aur aksar auqát taklíf dard sir aur daurán sir kí hotí hai. Baḍ rahne in álamaten ke, ek ḡhás arse tak ijrái ḡhún haiz shurú hotá hai, magar sáth shiddat ke aur aksar ḡhális ḡhún áta hai. Baḍ iske taraqqí is marz kí muḡhtalif tarah par hotí hai, baz auqát pahle chand ghanṭon ke marizah ko ifáqat maḡlúm hotí hai, aur wuh apne taīn subakter aur sard pátí hai, aur báqí auqát ziyádahtar qarár o úrám aur hálát aslí men guzartí hai, lekin hálát ziyádatí marz men baháo haiz ká barábar yá ziyádah miqdár men barḥtá játá hai, aur kaí din taḡ

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 filjumlah harkat aur mahnat se phir jári ho játá hai, aur ákhir ayám haiz tak marízah zaíf aur sust ho játí hai, aur nabz zaíf aur chehrah zard ho játá hai. Tawaqtiki aud karne máhwári ayám haiz ke marízah ghálban pahlí hálat i sihat par á játí hai, lekin wuhí sil-sila az sarenau shurú hotá hai balki sháyad ziyádah saḡhtí se, aur yih marz sház o nádir hí bader rahtá hai, baghair is ke ki tadád dinon 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 nazdík á játá hai, bad iske yih marz qism doyam se ho játá hai, kḡwá baliház muqám marz, kḡwá baliház aur alámaton 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.

Maqiljah qism awwal ká.—Jo marízah ki hanoz tawáná aur damwí mizáj ho aur yih bímári chand roz kí ho yá úrzi, aur ittifaqí báison se láhaq huí ho to uske bázú kí fasd lení cháliye, magar táqat marízah aur saḡhtí alámat se kḡhiyál miqdár kḡún ká malhúz rahe. Bad iske sard chízen perhú, aur muqám warq, aur kamar, aur pusht par lagání cháliyen. Tába kamar sard pání men baithná aur tarerá áb-i-sard ká yá sirka aur pání jism par dálná aur pichkárí se furj men thandá pání dálná aur lagáná barf ká báhar aur andar rihm ke mufid hai. Dená qawíqábiz pichkáriyon ká furj men mushtamil solution yane gholí huí alum, yá sulphate of zinc, infosion of gall, yane kḡhisándah májú men yá joshándah oak bark men aksar mufid hotá hai. Jahán ki aur tadbiren beqáidah wáqa huí hain iláj marqúmat-uz-zail agarchi súrat-i-kḡharábí-i-azím hai lekin kabhí kabhí zacúratan mauqe se amal men á saktá hai. Ek gond kí salái hoshiyári se rihm ke andar rakkhí jáwe aur bawasílah ek pichkárí ke tís yá chálís qatreh ek halkí solution yane gholí huí phitkarí yá sugar of lead ke pánch grain ek ounce pání men bahtiyát tamám andar dálí jáwen, aur salái hattáí jáwe, bafaur is ke ki wuh pusht men dard paidá kare. Chahiye ke hamesha huttul wasah bahut jald bráz saḡht jo ki miqad men jama ho gayá hai níkalá jáwe áb-i-sard ke huknah se, aur is asnáí men marízah 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, singing 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 tîn yá chár ghanṭe baḍ bamújib zarurat alámaton marz ke píwe. Baṛe maṭádon shore ke, kḥár yá roḡhan turpentine ke dene se baḷ auqát bahut fáidah hásil huá hai. Pání álum bajái páni píne ke liye diyá já saktá hai, yá ek bahut kamzor solution of sulphuric acid ká; páñch qatre acid mazkúr ke nisf botal páni meṅ misrí milákar qábil píne ke kar diye jáweṅ. In tamám hálaton meṅ awwal baḡhúbí imtihán karná cháhiye, aur dokhná 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 baḡhúbí chupcháp rakhe aur sídhí leṭí rahá kare.

Alámateṅ 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 kanpaṭiyon meṅ bharak aur dhamak hotí hai, aur kánon meṅ sansanáhaṭ aur daurán sir hotá hai, aur yih tamám báteṅ basabab nátawání ke hotí haiṅ. Jab ki yih marz muzminah ho gayá ho aur dafátan uskí shiddat nahín huí hai to rang chehrah ká zard aur murdah ká sá, aur chehrah sutá huá aur lághar yá ámásídah aur phulá huá ho játá hai, nabz tund aur zaif, aur ṭángenṅ aur páñw misl mustasqí ke, aur tanaffus kotáh aur mushkil ho játá hai.

Báis paidá hone marz qism doyam ke.—Yih bímári tamám un báton se paidá hotí hai, jo ki jisme quwwaton ko kam aur harkat dil o shiryán ko kamzor kartí haiṅ. Kḥás báis ho sakteṅ haiṅ sadmát yá girpaṛná, yá koí aur kḥás sabab aksar aur nayá honá isqát-i-hamal ká aur áná ratúbat ká, yá harárat masáne, yá ishál'aur maṛorá, yá bawásír, yá kíre, yá kḥushk baráz miqad meṅ, yá ádatí, yá ittafáqí inqabáz aur azwí, yá kisí tarah ká árzah jigar ká.

Maúljah qism doyam ká.—Agar marízah meṅ ziyádatí kḥún maḷum 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 baiṭhná aur bhí ṭhandí qábiz pichkáriyán bahut mufid hongí. Maríz ko tákíd istaráhat se rahne ki kí jáwe. Ghízá raqíq o muqawwí honí cháhiye, aur tamám sharábeṅ tark kará dí jáweṅ. Ziyádatar nátawán jism wálon 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 ipecacuanha, 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 men tñ dafa golí baná kar dí játí hai. Steel wine bhí púrí maütádon men aksar mariz ko fáidamand wáqa huí hai, kyunki muqawwí hai. Us qism kí bímári men jo ki betarkíbí jigar se yá ruke hue daurah khún ke se darmiyán uruq perú ke paidá hotí hai, mariz ko halki maütáden plummer's pill kí den, kyunki yih tartíb dahindah hai, aur iski madat ke liye púrí maütád joshánda yá extract of taraxacum ke dewen. Cháhiye kí rodah tartíb diye jáwen ek golí se joki banáí jáwe ipecacuanha aur sabún aur rewand chíní se, aur bashart zarúrat madad kí jáwe sáth ek huqnah sábulon aur pání ke, aur kabhí kabhí miqad par chand jonken lagáne se aksar barí taskín malúm hogí.

Sawálat.

Kitne iqsám árzah kasrat ámad khún haiz ke hain?

Kyá hain mamúli álamaten qism awwal yane mutharrik kí?

Bayán karo baze báis jo ki 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 mamúli álamaten qism passive yane thahre hue árzah mazkúr ke?

Kyá hain sabab jo ki báis hadus qism doyam árzah mazkúr ke hote hain?

Kyá iláj ikhtiyár karná chahiye qism doyam men árzah mazkúr ke?

NEPHRITIS ; YANE SOZISH-I-GURDAH.

Álamaten.—Kam o besh bukhár aur uske sáth dard kamar rahtá hai, aur yih dard ziyádatar ekhí jánib men hotá hai, aur wahán se phail kar taraf masánah ke utar átá hai, aur tale kí taraf zánú ke játá hai. Málsh-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 men warm aur dard bhí hotá hai, aur pesháb thorá aur surkh rang átá hai. Is marz men aur dard kamar men tamíz álamaten zail se ho saktí hai, dard kamar men amúman dard donon jánib men kamar ke malúm detá hai, aur sozish gurdah men faqt ekhí taraf. Dard kamar men, dard úpar kí taraf zánú ke sciatic nerve kí taraf hotá huá utartá hai, aur harkat karne se siyáda 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, tranquilize him with anodynes, and perhaps give the uva ursi.

Questions.

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

ਖ਼ਿਲਾਫ਼ iske gurdah kī sozish meṅ dard aṁūman sirf taraf masānah aur fotoṅ aur niche kī taraf zānū ke phailtā hai, yih marz basabab khāne sardī ke yā kīsī āseb se misl ghūṅse yā maroṅ yā girne ke paidā ho saktā hai, yā basabab istamāl turpentine yā cantharides yaṅe mulk Spain kī makkhī ke, yā babājs hone pathrī ke gurdah meṅ lāhaq ho saktā hai.

Maq̄lah.—Tanqiyah khūn kā bazariāh fasd aur lagāne sīngion yā jonkon ke muqām marz par karen, aur mushil calomel kā deweṅ, aur ghusl garm pānī se aur senk dambadam jāri rahe, aur agar pahle tanqiyah khūn se ifāqah na howe, to nazar bar tāqat mariz aur zarurat marz ke tanqiyah bārbār karte rahen, agar gurdah pak jāwe to tāqat mariz kī bahāl rakkhen, aur bazariāh adwiyah khwāb-āwar ke usko taskīn deweṅ, shāyad dawāi uva ursi kā istamāl kar sakte haiṅ ?

Sawālāt.

Kaunsi mamūlī alāmaten sozish gurdah kī hotī haiṅ ?

Kyunkar sozish gurdah dard kamar se tamiz kiyā jātā hai ?

Chand bājs bayān karo jinke sabab sozish gurdah paidā hotī hai ?

Kyā ilāj karnā chāhiye ?

OPHTHALMIA ; YAṅE DUKHNĀ ĀNKHON KĀ.

Alāmaten.—Pahle khārish hotī hai, aur badhū dard is tarah par ki goyā ānkhon meṅ ret yā khāk bhārī huī hai. Ānkhon meṅ surkhī aur garmī aur phulāo aur lapak hotī hai, aur harkat roshnī se ziyādātī hotī hai, aur bahnā āṅsuon kā ziyādah hotā jātā hai. Baz auqāt ānkh meṅ ghair mamūlī khushkī pāi jātī hai shadīd sūraton meṅ bukhār bhī rahtā hai, aur nabz pur aur qawī aur sakht hotī hai, aur agar bad iske rigors yaṅe phureriyān ātī haiṅ. Jab ki hālat-i-sbiddat meṅ ānkh ko dekhte haiṅ to ragen satah ki upar aur judā aur khat-i-ustuwār meṅ maḷūm detī hai, aur jab ke chhoṭī ragon ko mulāhizah karte haiṅ to conjunctiva surkh hotā hai, jis sūrat meṅ yih marz kohnah ho jātā hai to ragen apnī rāh meṅ pechīdah ho jātī haiṅ aur arghawānī.

Maq̄lah.—Agar nabz meṅ salābat howe, aur khālish ziyādah to fasd hāth kī karen, aur khūn khātirkhwā leṅ, aur bad iske jonken lagāweṅ, aur senken, aur tez jullāb aur mālish paidā karnewālī maṭād tartar emetic kī deweṅ, aur blister lagāweṅ. Jab ki yih marz kohnah ho jāwe to antariyon ke hāl par tawajjah rakkhen,

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 qábiz o mutharrik 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 píchhe lagáwen. Jab ki is marz men rímdár mádah bhí khárij hotá ho, to qabl az chírne papoṭon ke unko garm pání se khúb dhoná cháhiye, bad ikhtitám is marz ke aksar auqát papoṭe naram aur phúle hue aur sponge kí mánind hote hain; wáste un ke durust karne ke mamúli adwiyah qábiz 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 thoṛe 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 baqhúbí khul jáwen. Ánkhoṅ ko bahut sáf rakkhen, aur papoṭon ko chimaṭne na den, bazariyah dálne garm dúdh aur pání ke áhista áhista ek din men tén yá char 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, ánkhoṅ ko baghaur ek din men ek yá do martabah dekhte rahen, aur kabhí kabhí adwiyah opium ámez dewen, jab ki sozish bilkul rafa ho jáwe aur pardah urúq balghamí aur dānedār sá howe, to pichkárí qábiz balki maharrik dewen. 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 baqhsh ikhtiyár karná cháhiye.

Sawálat.

Kyá mamúli álamaten marz ophthalmia kí hotí hain ?

Hálat shiddat men yá jab ki yih marz kohnah par játá hai to ánkhoṅ 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 of all inflammatory symptoms; the neighbouring organs resume

Jab ki marz kam hone lage to kis qism ke adwiyah deni chahiye?

PERITONITIS.

Yih bímárí do qism kí ho saktí hai, shadíd yá kohnah.

Alámateñ qism shadíd kí.—Yih bímárí aksar shúrú hotí hai sáth ek larzeh ke jo ki bahut yá thoṛí der rahtá hai, aur maḷúm honá kasalmandí aur sustí-i-azá ká iske sáth hotá hai, ek betahqíq waqt meñ 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 saḡht aur pochídah hotí hai, aur garmí aur taklíf dihandah dard is qadar peṛú meñ hotá hai, ki bojh bistar ke kapron ká bhí use ziyádah kar detá hai. Maríz hameshah chit pará rahtá hai, aur bidún ziyádati taklíf ke karwat nahín le saktá hai, aur apne ghuṭnon ko filjumlah únchá rakhtá hai. Uská tanaffus sarí aur kotáh aur ruká huá hotá hai, aur liyá játá hai sáth putṭhon mutállig peṛú ke. Bazí hálaton meñ peṛú tan aur phúl játá hai, us meñ hichkiyán aur ghasyán aur qai áná bhí hotá hai. Ánteñ amúman niháyat shiddat se munqabiz ho játí haiñ, go kabhí kabhí dhílí par jáweñ. Jab ki yih bímárí baḡhtí hai nabz sarí aur patlí hotí hai, aur ek sau bís se ek sau tís tak ek minute meñ harkat kartí hai, aur mahsús hotí hai, misl ek chhoṭe chábuk kí dor yá tár barbat ke, zubán safedí máil kánṭon se chhip játí hai, pesháb kam átá hai, aur niháyat rañgín hotá hai, tishnagi bashiddat hotí hai, lekin maríz babáís kḡhiyál 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 meñ yih daryáft huá hai ki darsúrat iláj na hone ke maríz kí hálat solah yá chaubís ghante meñ tabáh ho játí hai. Qurb maut ká mauqúf-i-dard aur tezí aur búríkí aur zauf nabz se maḷúm ho játá hai, nabz is mauqa par misl ek laharnewále mad ke mahsús hotí hai, háth púnw aur tamám jism sard rahtá hai, aur peṛú ziyádatar amásídah aur saḡht ho játá hai, magar bazí hálaton meñ muláyam aur dhílá bhí hotá hai, chehrah utar játá hai, aur kḡhasúsan áñkhon ke gird halqeh par játe haiñ, baḡd 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 meñ 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 remains. Either before, or during the application of the

hone ratúbat yá sar jáne ke yih marz qism kohnah se ho játá hai. Hálat tahlíl wáqa ho saktí hai pánchwen din se bíswen roz tak, aur uskí shanákhht yih hai ki dard aur bukhár aur aur alámaten warm kí záil ho játí hai, aur qaríb ke azá men quwwat aur harkat apne apne kám karne kí dobárah á játí hai, aur maríz karwat le saktá hai, aur agar uske shikam ko dabáwen to sahar saktá hai, (magar yih yád rahe ki shikam ko har hal men 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 paríná bahut átá hai, aur nínd áram 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 men magar sház o nádír khún hotá hai, yih mawád ho saktá hai tanhá yá baítifáq aur shamúl ek dúsre ke yá sáth qábil injamád *ratúbat* ke. Alámaten jin se záhir hotá hai ki *ratúbat* ziyádah ho gai hai weh yih hai, ki dard shikam kam ho játá hai, aur muqám marz men bojh aur dabáo malúm hotá hai, beqáidah khun kí aur muláimat nabz kí, aur zardí chehrah kí, aur sard honá háth panw ká, aur kablí kabhí beqarárí bhí malúm hotí hai. *Sarjúná*: Alámaten is tarah par khatam hone is marz ke yih hai ki yakáyak dard shikam mauqúf ho játá hai, aur nabz bárík aur mutwaqqif ho játí hai, aur táqat niháyat záil ho játí hai, aur maríz jald mar játá hai, magar yih anjám bímárí mazkúr ká bahut kam hotá hai.

Maqílah qism shadíd sozish pardah shikam ká.—Maríz kí fasd bázú men gahrá nashtar dekar khole, aur khún ko nikalne den, yá to jab tak ki dard mauqúf ho jáwe yá nabz zaif par jáwe aur ghash á jáwe. Aur bímár ko hálat-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 alámaton aur baliház táqat maríz ke lagáwen. Tawáná jawán ke liye pachás yá sáth jonkon kí mamúlí tadéd hai, aur jonken khasús us muqám par ziyádah lagáwen jahán ki dard aur amáo ziyádah ho, aur jab ki wuh chhuť jáwen to garam pání men kaprá tar karke muqám mazkúrah par rakkhen, aur bár bár kuohh arsal tak rakhte rahen, is nazar par ki khún nikaltá rahe, aur muqám marz ko taskín bakhshe. Jonken mukarrar o sikarrar lagái já saktí hai jab tak ki dard men ziyádatí rahe. Khwá peshtar, yá darmiyán lagáne jonkon ke pánch ac das grain tak calomel mai ek yá do grain opium ke dená ch-

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 tympanitic 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 ghatá kar tín tín yá chár chár ghanṭe baḍ dene ká ikhtiyár hai. Baḍ do yá tín maṭádon ke cháhiye ki ánten kholí jáwen sáth ek huqnah ke, aur agar medeh irritable na ho to ek ounce castor oil kisi kḥushbúdar pání men miláwen, lekin kisi qism kí sharáb yá qahwá men na ho. Agar istafragh ká ghalbá ho to rochelle salt hamráh carbonate soda ke bích us hálat ke ki josh kartá ho aṛq lemon ke sáth bích mutwatir maṭádon ke dewen, is tarah par ki wuh talín kare. Baḍ kḥálí karne rodon ke calomel aur opium ká phir istamál kiyá jáwe jab tak ki munḥ á jáwe, kyunḳi isse tamám alánat kam ho jatí hai. Garam pání se kabhí kabhí nahlá sakte hai, aur istamál mukarrar garam senkon ká medeh par wáste ifáqat dard aur taklíf ke bahut múfid hogá. Baḍ kam hone sozish ke flannel ke turpentine men gotah de kar lagáne se shikam par ziyádatar fáidáh hogá nisbat blisteron ke. Jis hálat men ki shikam basabab nuqsán quwwat ke aḫrá huá howe to muḳhtasir miqdáren sharáb angúr aur brandy ke thore thore fásle se dí já saktí hai. Malná shikam ká aur pich-káriyán áb-i-gosht baqar yane gosht gáw yá bark yá sulphate of quinine aur turpentine yá tincture assafoetida ke sáth maṭadil miqdár laudanum kí dí já saktí hai pai dar pai do do yá tín tín ghanṭe baḍ. Jab ki sozish shadíd ho, cháhiye ki ghizá mushtamil ho sirf muḳhtasir miqdáron cháwal kí pích yá ásh-i-jau se, lekin asnáí ifáqat men maríz bahut ahtiyát se thorá thorá gosht kháwe, aur sharáb-i-angúr píwe, magar qadar-i-qalíl, aur rakkhe apne rodon ko murattib sáth vinum alocs ke, aur apne pánw ko kḥushk aur garam aur pahne flannel badan se chimṭí huí.

Maáljáh qism kohnah sozish pardah shikam ká.—Jab ki yih bímári bahut barḥ jatí to aksar auqát iláj pazír nahí ho saktí; is marz ko ibtidáhi men rokná cháhiye. Jab ki shikam men dard aur amáo ho, aur jism maríz ká bahut nátawán nahí huá hai, to bazariáh fásd ke kḥún chhah yá áth ounce tak le sakte hai, aur táwaqtíki alámaten rafá na hon, to fásd har haftah men do martabaḥ kar sakte hai. Dard shikam ko basabab aksar lagáne jonkon ke ifáqá ho saktá hai. Rodeh tarúb diye jáwen sáth halkí adwiyah mulayyan aur huqnah ke. Garam pání se naháná yá senk shikam par aksar kám men á saktí hai, aur párchah flannel bhigoyá huá turpentine men kabhí kabhí wáste ifáqat amáo ke lagáyá já saktá hai. Jab ki dard aur sul kam ho jáwe, aur raqíq rezish júri 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-uz-zail rát ko aur subah ko áhistah áhistah shikam par malná aksar hálaton men niháyat mufíd huá hai.

Hydriodate of potass, chár scruple.

Simple ointment, chár ounce.

Strong mercurial ointment, chár ounce.

Jab, ki bahná mawád ká jári rahe, to adwiyah muqawwí bashamúl adwiyah mudir ke munásib haiñ. Ferrum tartarizatum in solution bashamúl compound spirit of juniper yá achchhí sharáb gin ke bahut achchhá iláj hai, kyunki wuh asar kartá hai gurdon par aur bihtar kartá hai maríz kí ám sihat ko. Is hálat men ghizá zará ziyádah qawí ho aur thorá thorá dúdh dená niháyat munásib hai.

Sawálat.

Kis qadar iqsám is bímári ki hotí haiñ ?

Kyá haiñ aksar álamaten jo ki qism shadíd ke sáth hotí haiñ ?

Kyá haiñ asár muhlik bímári mazkúr ke ?

Kis tarah qism shadíd is árzah kí ákhir ho saktí hai ?

Kyá maaljáñ ámal men láná cháhiye bích qism shadíd árzah peritonitis ke ?

Kyá ilaj karná cháhiye darjah kohnah men is marz ke ?

PERTUSSIS; YÁNE KÚKAR KHÁNSÍ.

Yih bímári un marzon men se hai jo ki beqáidah siraf ek dafa ek shakhs ko hotí hai, aur aksar auqát bachpan men.

Álamaten.—Kúkar khánsí shúrú hotí hai misl mamúlí árzah zukám aur nazlah ke, aur uskí tap se, aur piyás hotí hai, aur náak se pání játá hai aur ánkhoñ men dabáne se dard malúm hotá hai, aur aksar khushk khánsí átí hai, yih álamaten aksar jári rahtí haiñ chár din se das din tak, aur is asnáe men khánsí apní súrat badal dáltí hai, aur khás durust súrat kúkar khánsí kí pakartí hai. Wuh waqah hotí hai naubaton aur báriyon men bích mufásilon ke ádhe ghante se tin yá chár ghante tak, aur us ke sáth daráz aur guldár tanaffus sáth khánsí aur khurrah ke hotá hai. Darmiyán naubaton ke maríz ke hál se aksar asár jald ghuñ jáne dam ke umáyán hote haiñ chehrah aur gardan surkh aur phúlí huí hójátí hai aur aksar nílgun, aur ragen sir kí phúl játí haiñ, aur máthe men dard hotá hai, ánkhoñ se pání nikaltá hai, aur aisí malúm detí haiñ ki goyá báhar niklí átí haiñ, nabz tesrú

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 residue 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 játí hai, aur maríz beqarár rahtá hai. Yih hálat chand lahma tak járí rahtí hai jab kí ek bahut balgham munh se nikal játá hai to khánsí mauqúf ho játí hai aur maríz ko batadríj sham o áram hásil hotá hai. Is marz kí saht hálaton men khún bhí darmiyán naubaton ke átá hai, nák yá ánkhon yá phephre yá medeh se, aur kabhí kabhí beikhtiyári men baz auqát masánah aur antariyon se bhí ikhráj hotá hai. Bad shurú hone darjah doyam ke alámaten zukám o nazlah ke darsúrat sihat pazír hone marz ke kam ho játí hai, aur tap bhí aksar auqát bahut khafif hotí hai aur qaríb chauthe hafte ke sahtí khánsí ke bhí kam ho játí hai aur kam taklíf detí hai aur der kar uhtí hai hautaki ákhirkar do tin mahíne men ágház bímári se árzah mazkúr bilkul mauqúf ho játá hai.

Maqálah.—Bará matlab yih hai ke dafáah sozish yá ijtamá khún ká azai raísá men misl phephrah aur dimágh yá medeh ke malhúz rahe. Awwal koí antimonial emetic dewen, bad us ke agar larká ek yá do baras ká ho to ek maütád jo kí mushtamil ho ek qatrah laudanum aur páñch qatrah ipeccuanha wine, aur do grain soda se chár drachm pání men piláwen. Bataur mushil calomel aur rewand chúní dí jáwen. Hálat phephrah per baahiyát tamám liház rahe, mubádá bronchitis yane sozish i uruk khishnah, yá pneumonia yane sozish i phephrah paidá ho jáwe aur agar koí zahúr sozish ká malúm ho to us ká iláj khún lene aur julláb dene aur qaiáwur maütádon tártar emetic se amal men áwe, basharteki larká zara bara ho. Maríz ko sardí ná pahunchne den, tabdíli hawá kí aksar kisi jagah ko, kúkar khánsí ko dúr kar detí hai. Jabki kúkar khánsí ke sáth sozish uruq khishnah, yá sozish phephrah bhí ho to niháyat ihtiyát pur zarúr hai, khún lená munásib mutsawwar huá hai, aur ziyádah aur hameshah julláb ká dená bhí mamnú hai. Jabki irritability yane harárat-i-medeh ke ipeccuanha aur tártar emetic ko qabál ná kare to cháhiye kí ziyádah lene fasd aur lagáne blister aur garam pání men baitháne aur khafif maütádon shore ke dene se iláj karen. Istamál blister ká darsúrat hone rutúbat ke uruq khishnah aur air cells men bahut musfid hotá hai magar bad iswaqt ke cháhiye kí ziyádah-tar khún lene men ihtiyát malhúz rakkhen. Wáste fáidah ikhráj balgham ke antimonials yane adwiyah murakkab surmah kí, aur bhí ipeccuanha aur calomel de sakte hai basharteki maríz kí 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.

siyádah ho, lekin bahut chhote bachchon ko kabhí kabhí mauqa par istamál emetic, ipecacuanha wine aur shírah squills ká múfid hogá sáth chhotí maütádon hydrargyrum cum creta aur ipecacuanha powder ke jo kí kabhí kabhí dí jáwe. Tawajah tamám rakhái cháhiye hál par masúron aur rodon ke, aur yih bhí kھیál rahe kí khún kí muqám marz men thahr na jáwe khasúsan sir men. Jab kí tashannuj waqa ho to tabdíl áb o hawá kí bachche ke wáste niháyat múfid pái gai hai.

Sawálát.

Kai dafa kúkar khánsí bamújib qáidah ke wáqah hotí hai ek shakhs ko?

Bayán karo alámaten kúkar khánsí kí?

Kyá iláj karná cháhiye?

Jab kí kúkar khánsí ke sáth sozish uruq khishnah yá sozish phephrah bhí ho to kyá karen?

PHTHISIS PULMONALIS; YANE BÍMÁRÍ-I-SIL.

Alámaten.—Árzah sil aksar shurú hotá hai sáth ek khafíf khushk khánsí ke jo kí sháyad mahínon yá barson rahtí hai. Base waqt yih khánsí ibtidá hí se shiddat kí hotí hai aur uske sáth ikhráj balgham hotá hai yá muhtalíf auqát men maríz khún 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 míl 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 wáqa hote hain, pahlá qaríb dopahar din charhe ke aur dúsrá qaríb páñch yá chbah ghante baje shám ke, aur uske sáth malúm honá sardí ká qaríb ek ghante ká malúm hotá hai, bad azán jild badan kí garam aur nabz tezrau ho játí hai, maríz piyás aur beqarárí aur bearámí kí shikáyat kartá hai, bad páñch chbah ghante ke pasíne chhuqtá hai. Is hálát men uske jism ká gosht bahut jald kam hotá játá hai, aur siyádatar nátawán ho játá hai is mauqa par ishál, 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.

Maáljah.—Yih bímárí jabki ek scrophulous maríz men bilkul jagah pakar játi hai to láiláj hotí hai, agarchi bazariyah kam karne ásúr 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 ghízá 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 men rahe jahán ki mausam ek hálat par rahtá ho kyunki burá aur badalne wáá mausam use nuqsán degá aur hálat rodon par tawajjah rakkhe aur kabhí unhen munqabiz ná hone dewe. Kabhí kabhí mauqa se tanqiah ám aur khás bhí filjumlah khún 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 men beáramí malúm hotí ho to chand jonken lagáni cháhiyen, aur uske bad marham tartar emetic ká istámál kiyá jáwe.

Sawálat.

Kyá hai khásiyat us bímárí kí jo ki sil kahláti hai?

Jabki yih bímárí scrophula men wáqa howe to qábil iláj hai yá nahín?

Kyá maáljah iḡhtiyár karná cháhiye?

PLEURITIS; YÁNE ZÁT-UL-JAMB.

Alámaten.—Is bímárí men tap hotí hai, aur síne men 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 chhorne men maríz us pahlú se pará rahtá hai jis taraf dard hotá hai yá chit, aur pahlú jis men dard hotá hai aksar daráz ho játá hai. Is marz men aur us dard ríhí men joki chhátí ke patḡhon men hotá hai is taur par shanákhḡt ho saktí hai ki pichhlí bímárí men zará háth lagáná bhí báis dard aursúl ká hotá hai jo ki zát-ul-jamb men nahín hotá aur shadíd dard ríhí men is qadar ziyádatí se pasíná átá hai ki zát-ul-jamb men nahín átá lekin dard ríhí men wuh ám taḡallul jism ká nahín hotá joki zát-ul-jamb men hotá hai. Árzah zát-ul-jamb men sirf níche sínah ke dard malúm hotá hai aur áge yá pusht men nahín hotá, balki pahlú men 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.—Tanq̄yah am̄ 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 lāwen, marham tártar emetic ko muqám-i-dard par malen aur rodon ko sáth adwiyah muláyan ke tartíb den, aur adwiyah mudir ká bhí istamál karen, aur maríz ko muddat tak bahut thori ghizá par rakkhen. Agar effusion muddat se ho to adwiyah mudir ho saktí haiñ shamil kí gaísáth adwiyah talḡh ke, aur mixture yane majmuʻ marqúmat-uz-zail bahut mufíd 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 tín dafa ek din men. Maríz ko cháhiye ki apne tañ baah̄tiyát tamám sardí se bacháwe aur har qism ki saḡht riyázat se ahtaráz kare.

●
Sawálat.

Kyá alámaten zát-ul-jamb kí hotí hai?

Kyunkar zát-ul-jamb shanáḡht kiyá játa hai dard ríhí ke sínah ke patḡhon se?

Kyá iláj zát-ul-jamb men karná cháhiye?

PNEUMONIA ; YANE SOZISH PHEPRAH.

Alámaten.—Is marz men tap aur diqqat tanaffus aur khánsí aur malúm honá bojh ká aur dard ká sínah men, k̄hasúsan jhukne men, yá pare rahne men pahlú se dard hotá hai, aur uske sáth niháyat tashwísh-i-k̄hátir aur piyás hotí hai.

Is bímári ke ágház men nabz mumtalí aur qawwí aur saḡht aur sari hotí hai, lekin darsúrat ziyádah barh jáne marz ke wuh aksar zaif aur muláyyam aur beqáidah hotí hai. Ibtidá men khánsí aksar k̄hushk aur baghair balgham ke hotí hai, lekin baʻzí hálaton men ibtidáhi se tar yane ratúbatdár hotí hai, aur balgham jo nikaltá hai wuh muḡhtalíf hotá hai rang aur ghilázat men, aur aksar auqát us men k̄hún ke dhabbe hote haiñ. Agar bar waqt naubat ke tadárúk nahín kyá jáwe to sozish sáth aisí saḡhtí ke barhe ki jisse k̄hauf galá band ho jáne ká ho, ragen gardan ki amáside' aur sújí huf ho játín haiñ, chehrah arghwání aur surk̄h ho

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 antiphlogistic 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, khún utar áttá hai, aur maríz ká galá ghuṭ játá hai. Baze waqt báwajúd iske tawajjah tamáṣṣu mabzúl huí hai bímárí mazkúr par, lekin is par bhí pheprah pak játá hai, aur pakáo daryáft ho saktá hai in báton se kí maríz ko aksar khafif phureriyán áttí hain aur dard kabhí kam ho játá hai, aur muqám mazkúr men púrí malúm detí hai, aur maríz us pahlú se jis men khalish hotá hai, baghair malúm karne ziyádah bechainí ke leṭ saktá hai. Aksar auqát maríz is marz men galá band ho kar martá hai, aur yih bát amúman tísre din se sáttwen din tak wáḡa hotí hai, yá ikhtatám is bímárí ká yuṅ hotá hai ki kalejah pak játá hai yá saṭ játá hai jisse maríz jánbar nahín ho saktá.

Maḡlah.—Ibtidá men bazaríah fásd bazú ke khún ziyádatí se bamiqdár chaubís yá chhattís ounce ke lewen, aur yih miqdár khún kí chaubís ghanṭe ke arse men do yá tén dafa nikálen, magar saḡhtí marz aur jusha, aur umr maríz ká kھیál rahe. Aksar yih bhí munásib hai kí jonken aur pachhne lagáe jéwen muqám marz par, chand ghanṭe baḡ pahle fásd ke, khasúsan agar koí alámat árzah zát-ul-jamb kí záhir ho. Baḡ is ke tártar emetic aise ek miqdár se diyá jáwe jisse kí ghisyon bashiddat malúm ho aur qai na áwe, aur calomel bhí bashumúl antimony yane surmah ke diyá já saktá hai. Parhez o ghizá aisí cháhiye kí harárat gharízí ko ghaṭá de, aur jab kí sozish shadíd kam ho gai hai bare blister yá tártar emetic marham ke lagáne se bahut baṭá fáidah ho saktá hai. Wáste dabáne khánsí ke muláyyam karnewálí adwiyát dí já saktí hain. Balgham ke nikálne men madad karegá aur ghisyan karnewálí tabríden squills kí maríz ko taskín dengí, us luḡbdár mawád se jo kí hinjrah men jama ho gayá hai. Jab kí marz ghaṭ jáwe aur balgham kí kasrat ho to adwiyah aur ghizái muqawwí wáste sambháline táqat ke zarúr hain, aur agar pheprah pak gayá hai to bhí yihí tadbír munásib hogí. Agar azái ráisah men kuchh tabdflián waḡa huí hain misl khalal-i-jigar yá zaḡhm paṭ jáne ke phepron men to barí ihtiyát zarúr hai kí maríz ko árzah-i-sil ná ho jáwe.

Sawábat.

Kyá alámaten árzah sozish pheprah kí hotí hain ?

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 pakarnewáli áwáz ke sáth hotí hai, misl us áwáz ke jo ki úrzah croup men nikaltí hai, aur aksar chhínkon ká áná, aur surkh aur tar rahná únkhon ká, aur sújá huá aur tap ká sá chehrah honá, aur kabhí garmí, aur kabhí sarlí maľúm honí, aur tczí nabz, aur shiddat tishnagí, aur kam paidá honá pesháb ká, aur garam aur khusk rahná jild ká, alámaten uskí haiñ. Is bímá-ri men kabhí kabhí qai aur dast blí áte haiñ, lekin baze waqt qabz rahtá hai. Baze auqát sařht hálaton bímáí mazkúr men hizyán aur blí sozish phepron ká hotá hai. Aksar shám ke waqt taraqqí tamám alámaton bukhár kí hotí hai. Yih tamám alámaten tñ yá chár din tak rahtí haiñ, yá ářh din tak bhí; is ke bađ dána gol surkh 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 chehře ke dánon men takhfíf hone lagtí hai, aur aksar bñkul daswen diñ 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 munh aur gale men qaríb chauthę yá páñchwen din ke. Darsúrat islah pazír hone marz ke shiddat tap kí bafaur zahúr danon ke kam ho játí hai.

Maqílah.—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 ash-rúbab, misl linseed tea, yane áb-i-tukhm katán, aur ash-i-jau, yá cháwal kí pích, waghairah dewen. Chehrah aur bázú aur háth aur sínah áhistah áhistah bazariáh sponge ke garam sirká aur garam pání se tar kiye jáwen. Khafíf pasína lánewáli aur halkí mulayyan adwiyah fásidah-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 rubcola?

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

केण कान्पायोन या पिकहे कानोन के लगाने, aur लरके कोकुलह तक गारम पानी मेण पान्च या दस minute तक रक्केण; agar sinah मेण क्खलल paida ho to bazu se khun lewen, basharteki quwwat लरके क्क uski muthammil ho, aur agar taqat kam ho to chand jonken sinah ya pusht-i-pa par lagawen, aur ikhtiyar karen ilaj mamuli jo ki waste rafa karne is qism ki sozish ke mufid hai. Agar barwaqt ghatne bimari ke dast bashiddat ane lagen to dafiya uska hazariya aisi adwiyah ke jo ki alterative yane tartib kunandah jism aur mulayyan hain, karen, basharteki dast mutafin hon, aur darsurateki dast raqiq ate hon aur shikam khali ho to adwiyah astringent yane qabiz den. Agar mariz ko zauf ho to sharab-i-angur aur adwiyah stimulant yane mutharrik ki zarurat hogi, lekin unke istamal men nihayat hoshiyari amal men awe.

Sawalat.

Kya hain alamatun arzah rubcola ki?

Kya maaljah ikhtiyar karna chahiye?

Agar sir ya sinah men khalal ho to kya karen?

RHEUMATISMUS; YANE WAJA MUFASIL.

Yih bimari ho sakti hai shadi ya kohnah.

Alamaten shadi waja mufasil ki.—Is bimari men malum hona khunki ka tamam jism men, aur dard, aur bukhar, aur tezi aur hararat jild ki, aur tundi, aur imtala, aur sakhti, aur jahindgi nabz ki hoti hai, aur tap ke saath dard ziyadah ho jata hai, aur is qism ka hota hai jaise ko muqam dard ko chubata hai, aur muqamat dard surkh aur amasida ho jate hain, aur hath lagane se un men dard hota hai, aur harkat karne se dard ziyadah hota hai, zaban sufed aur peshab nihayat rangin, aur us men surkh int ki khak si jamti hai, post jism bade auqat ek chipchipe pasine men tar ho jata hai; yih bimari aman paida hoti hai sardi aur ratubat men rahne se.

Maaljah waja mufasil shadi ka.—Agar mariz damwi mizaj aur taqatdar ho aur bimari ibtidahi men dekhni jave to chahiye ki thorasa khun bazu se lewen magar miqdar khun ki muqarrari ho, us asar ki jo wuh paida kare; agar fad namunasib ho to tanqiyah khas pachnon ya jonkon se amal men sakti hai. Bad uske tartar emetic bich chhoti aur aksar mutadon ke waste qayam rakhne malish-i-dil ke den. Bad azan wine colchicum saath tincture henbane ke de sakte hain, lekin jis waqt usse dast awen to mauqif karden.

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 bed-time 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 lancinating.

Adwiyah mulayyan dení cháhíyē is tarah par ki rodeh baatidál khule rahē. Is qadar calomel aur opium ká dená jisse muḡh á jáwe bahut muḡd huá hai jab ki marz kíśí aur tarah nahín játá hai. Baḡ mauqúf-i-sozish ke ek púrí maḡtád opium kí sote waqt dení cháhíye táki níḡd á jáwe. Chúnki is marz meḡ pleura yaḡe ghashaurriyá, aur pericardium yaḡe hijáb-ul-qalb meḡ bhí aksar khalal ho játá hai, to un ke hál ká baihtiyát tamám nigrán rahná cháhíye.

Alámateḡ waḡa muḡásil kohnah ki.—Is kí alámateḡ bhí misl alámateḡ waḡa muḡásil shadíd kí haiḡ, magar shiddat meḡ kamí hotí hai. Yih bímáří sírf joḡoḡhí par nahín hotí, balki pusht ke puḡḡhoḡ par bhí daḡhal kartí hai, aur is súrat meḡ usko lumbago yaḡe dard kamar kahte haiḡ; jab ki daḡhal is marz ká sciatic rag par, yá un puḡḡhoḡ par jo ki dhaḡ se paḡw kí taraf utarte haiḡ hotá hai, to wuh sciatiká kahláyá játá hai.

Maḡljah waḡa muḡásil kohnah ká.—Darsúrat hone buḡhár ke tártar emetic dewēḡ jaise ki darjah shadíd meḡ dete haiḡ, aur bhí colchicum aur garam paḡní meḡ baiḡháná aur bhapárá dená maḡ istamál rubefacient, yaḡe jild surkh karnewálí marham yá blister yá couuter-irritation bazariyah marham tártar emetic ke bahut muḡd hogá. Jab ki azái mamúlí se ziyádah sard haiḡ to pachhnoḡ se bahut fáidah hogá. Súi chuboní cháhíye ajzái lahmí meḡ. Aksar auqát do se chha tez nok kí suíyoḡ tak ek dafa chuboi játí haiḡ, aur muḡám-i-marz meḡ ádhí inch se derh inch tak utáří játí haiḡ, aur do ghante tak nahín níkalí játín. Ammoniated tincture of guiaecum niháyat umdah stimulant yaḡe mutharrik kháne kí dawá hai, jo ki shurú kí jáwe sáth nisf dráchm maḡtádoḡ ke, aur batadríj ziyádah kí jáwe jab tak ki maríz ke badan meḡ garmí á jáwe. Jab ki yih árzah súrat naubat kí pakḡe to quinine yá solution arsenic yaḡe sankhyá dewēḡ, magar bahut tawajjah masrúf ho pichhlí dawá ke amal par; aur rodon kí tartíb karte rahē.

Tamíz darmiyán waḡa muḡásil aur niqras ke istarah par hotí hai ki waḡa muḡásil áyad ho saktá hai harek waqt, aur árzah niqras amúman sote meḡ. Árzah waḡa muḡásil paidá hotá hai baze záhir sabab se, misl sardí aur ratúbat ke, aur árzah niqras is sabab se nahín hotá. Waḡa muḡásil aksar asar kartá hai ziyádah bare bandon par, aur dard istarah ká hotá hai ki goyá koí muḡám ko chubótá hai barḡhilál iske árzah niqras meḡ 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

tez aur sul márnawálá hotá hai.

Sawálat.

Árzah waja mufásil men kitne aqsám hote haiñ?

Kyá haiñ alámaten qism shadíd kí?

Kyá haiñ amúman sabab árzah waja mufásil ke?

Kyá iláj ikhtiyár karná cháhiye darje shadíd men bímári mazkúr ke?

Kyá haiñ alámaten qism kohnah kí?

Kyá iláj karná cháhiye qism kohnah bímári mazkúr men?

Kyunkar tamíz ho saktí hai árzah 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, yane sustí aur laizah aur bad iske garmí, aur piyás, aur tundí nabz aur kabhí málsh-i-dil, aur dard sir, aur sháyad hizyán bhí hotá hai. Qaríb do yá char 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 zard, aur shám ke waqt niháyat tábindah hotí hai. Yih dáne andar munh aur halq ke bhí númayán ho játe haiñ, jinke sabab rang tábindah aur surkh ho játa 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 blúsí jhar játi hai. Is árzah men aur árzah 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.

Maáljah 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 harek chíz se jo ki jism meñ harárat paidá kare parhes karáweñ. Ek k̄hafíf dawá qai kí wáste rokne tap, aur sáf karne luábdár balgham halkonke dí jáwe, aur bað iske julláb diyá jáwe. Jism dhoná chábiye sáth sard yá ním garam pání aur sirke ke. Agar kisi k̄hás uzv par azáí marz meñ se warm ho jáwe to tanqiyah k̄hás aur ám k̄hún ká karná zarúr hai is qadr ki wuh warm rafa ho jáwe, lekin ziyádah nahín. Agar maríz is qadr umr ká ho ki ghargharah kar sake to roz marrah kí hálaton meñ jau ká pání, yá cháwal kí pích, tursh kí gai sáth sirke kí niháyat bihtar hai. Bhapára lená ubalte hue pání aur sirke ká barí taskín degá. Jab ki post utartá játá hai, to ním garam pání meñ baitháná mufíd páyá' jáwegá, aur us waqt meñ niháyat ihtiyát malhúz rakhní chábiye ki maríz ko sardí saráyat na kare aur rodah dhíle rakkhe jáweñ aur kabhí kabhí maütádon compound jálap ke dene se gurdon ko harkat deweñ. Jab ki maríz ko ifáqat hai to adwiyah muqawwí misl kání tezábón yá quinine ke dení chábiyeñ sáth muláiyam quwwat denewáli k̄hurák aur tabaddul áb o hawá ke.

Alámaten malignant scarlet fever kí.—Is kí alámaten bhí misl alámaton marqúmáh bálá yane alámaton qism k̄hafíf o sádah árzah mazkúr ke hain, lekin yih jald súrat baqáídah pakartí hai. Nabz bahut tez aur beqáídah ho játí hai, aur harárat satah jism kí náhamwár aur ek k̄hafíf hizyán sáth barí bechainí ke shurú ho játá hai. Is marz meñ giriftgí áwáz aur nigalne meñ dard hotá hai, ghudúd gardan ke phúl játe hain: jiun jiun yih bímári barhtí játí hai tamám alámaten bhí ziyádah hotí játí hain, aur maríz par ghaflat aur behawási tári ho játí hai. Chhichre gale meñ phail játe hain, aur siyáh rang ho kar sarh játe hain. Yih marz nathnon tak phail játá hai aur mawád talq̄h o shor jári hotá hai jo ki honthon aur gálon ko chhíl dáltá hai. Anjámkár dam lená mushkil ho játá hai, zabán siyáh aur k̄hushk ho játí hai, aur mukhtalíf ráhon se k̄hún 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.

Maðljah malignant scarlet fever ká.—Sab se pahle muqai tártarized antimony jawán marízon ko aur ipecacuanha bachchon ko den, aur bað iske k̄hafíf adwiyah mulayyan dí jáweñ. Agar dam lene meñ diqqat malúm ho to ohand jonken gale par lagáí jáweñ, yá kánon

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 mufíd hogá. Hálát darjah tugh yání marz men, maríz áb-i-garam men biþháyá jáwe jis men bahut namak dálá ho, aur bad iske post-i-badan bakhúbi ponchhá jáwe garam aur khushk flannel se, khasúsan jab ki beqáidah taqúm harárat kí maujúd ho aur bashamúl iske botalen garam pání kí, aur garam ínten þhande háth pánw men lagái jáwen. Jabki darjah tahrík ká guzar gayá hai, ghízá misl shorba ke dení zarúr 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 qatra halq se utar jáwe to uská kuchh muzáiqá nahín, jabki káfi subuk ghízá milne lage to har ek shai garam yá mutharrik se parhez karen aur rodeh khule rakkhe jáwen halke jullábon se. Agar árzah istasqá ho jáwe, to uske liye jonken aur julláb zarúr hai kyunki is mauqa par yih árzah aksar sozish se hotá hai.

Sawálat.

Kis qism ke bukhár ko scarlatiná kahte hain, aur is bímári kí kitne aqsám hain?

Bayán karo álamaten qism sádah kí?

Kis tarah tum tamíz kar sakte ho darmiyán árzah surkhhásd aur árzah measles yá roseolá ke?

Kyá iláj ikhtiyár karen qism sádah bímári mazkúr men?

Kyá hain álamaten qism malignant árzah mazkúr kí?

Kyá iláj qism malignant men karen?

SPLENITIS; YÁNE SOZISH-I-TEHÁL.

Sozish-i-tehál ho saktí hai shadíd yá kohnah.

Álamaten qism shadíd kí.—Bad malúm hone sardí aur juzwí-sakhtí ke báen pahlú men bojh aur imtalá aur dard malúm hotá hai, aur wuh báen sháne tak phailtá hai, aur dabáne aur khánsí se ziyá-dah hotá hai, aur tishnagí aur gúnah málish-i-dil aur khushk khánsí sáth aksar álamaton tap ke hotí hai. Istafrágh 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 com-

ghashon ká honá, yá bar waqt dam lene ke dard ká honá kabhí kabhí dekhá gayá hai. Bád ká khún ke nák se, yá medeh se, yá bád baithne bahut durd ke pesháb meñ yá bád mauqúf-i-dard sir ke tabaddul alámát wáqa hotá hai. Jab ki bawásirí, yá máhwáirí ijrái khún haiz ziyádah ho játá hai, saḡht súraton meñ jin meñ tillí gal játí hai mutwátir qai átí hai, aur qai ke sáth khún munjamid medeh aur ánton se átá hai. Yih bímáirí aksar paidá hotí hai tijáirí se, yá bád iske ki maríz malaria yane pání kí abkharahdár hawá meñ rahtá hai. Agar bád ek khás waqt ke sozish kam nahín hotí to bímáirí 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. Maḡdil namkín julláb bhí kabhí kabhí dene cháhiyen táki khafif harkat rodon par rahe. Muqám-i-dard par jonken bakasrat lagái jáwen, aur bád iske istamál blister aur counter-irritation ká kiyá jáwe. Agar jism maríz ne malaria se bahut nuqsán uḡháyá hai to cháhiye kí quinine maḡdil maḡtádon meñ bahut muddat tak den, aur agar mumkin ho to maríz ko wáste badalne áb-o-hawá ke saláh den.

Alámaten qism kohnah sozish tehál kí.—Is qism meñ ek bojh aur dabáo báin kokh meñ maḡlúm hotá hai aur uske sáth us muqám meñ purí aur sújan hotí hai, aur bechainí ke sáth míḡhá dard hotá hai khásús karwaḡ lene meñ, badhazmí aur badkhwábí wáqa hotí hai, aur bure khwáb dikhlái dete haiñ, baze waqt súns diqqat se áta hai, aur khushk khánsí uske sáth hotí hai, aurghizá baḡhúbí táqat badan meñ nahín hone detí aur chehrah zard ho játá hai, aur tillí baze waqt niháyat barh játí hai, aur tamám peḡ ko rok letí hai aur kináre tillí ke háth ko ubhre luc maḡlúm dete haiñ. Yih qism bímáirí kí aksar iláqa rakhtí hai ek cachectic yá scorbutic hálat se. Azá meñ daurtá huá dard hotá rahtá hai, aur baze waqt bázuon aur zanuon waghairah ke post ke níche rím ho játí hai. In pichhlí auqát bímáirí meñ nátawání aur lágharí bashiddat ho játí hai aur tap-i-diq kam yá ziyádah maḡ azíyat dahindah ishál ke paidá hotí hai yih bímáirí amuman mahínon tak jáirí rahtí hai aur aksar bahut barson tak magar kabhí kabhí darmiyán meñ ifáqat bhí hásil hotí hai.

Maqljah sozish tehál qism kohnah ká.—Iláj musḡtamil hai ziyádatar bashamúl adwiyah mulayyan aur muqawwí aur taskín denewálf ke,

The following mixture is usually given with great benefit.

Powdered jalap,
Powdered rhubarb,
Powdered columba root, } of each one drachm.
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 effervescing 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

Nuskhe-i-murakkib marqumat-uz-zail ke dene se aksar bahut fāidah huá hai.

Powdered jalap,

Powdered rhubarb,

Powdered columba root, } Harek ek ek drachm.

Powdered ginger,

Powdered cream of tartar, }

Sulphate of iron, das grain.

Tincture of senna, chār drachm.

Tincture of henbane, ek drachm.

Spearmint water, das ounce.

Deṛh ounce is nuskhe mixture ká har roz chha baje subah ke istamál men̄ áwe, aur phir gyárah baje subah ke diyá jáwe. Tīn se chha daston tak chāhiye ki har roz lāe jáwe, isse maríz ko táqat hotí hai, aur bímári batadrīj rafa ho játí hai, magar tīn mahíne se chha mahíne ke arse tak amúman bilkul bímári rafa hotí hai, aur is asnāe men̄ tabdíl ūb-o-hawá kí bhí niháyat zarúr hai. Agar aisá malúm ho ki tehál ko zauf o niháfat se ázár pahunchá hai to iodine khiláweṅ bhí, aur lagáweṅ bhí. Un hálaton men̄ jahán ki tehál muláyam ho gaí hai kabhí kabhí ek blister rakhná chāhiye precordia par, aur effervescing maṭtád mushtamil chand qatrahāe laudanum se kabhí kabhí dí jáwe. Tamám adwiyah sákhte símáb na dení chāhiye. Un hálaton men̄ jinkesáth hálal jism kí cachectic yá scorbutic hotí hai to baḡhúbí dená nabatátí tezábon ká munásib mutsawwar huá hai, misl tázab araq limun aur citric acid yá achchhe sirke ke.

Sawálát.

Kyá hain̄ alámaten̄ qism shadíd árzah sozish-i-tehál kí?

Bad kin wárdáton ke waqa hone ke yih kḡhas bímári aksar dekhí gaí hai?

Kyá hain̄ am̄ alámaten̄ tehál ke muláyam ho jáne kí?

Kyá hain̄ farzí bájs 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 irush-tamil hai?

Jab ki tehál ázár pátí hai zauf-o-naqáhat se, to kyá kḡhas dawá tumhen dení chahíve?

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.

Alámaten.—Agar donon lauztain men sozish howe to barwaqt kholne mariz ke munh ke ek ek barí golí surkh rang kí donon taraf halq ke dikhlái detí hai. Dard shiddat se phailkar kán men hotá hai, khasús us súrát men ki kisí chíz ke nigalne ká qasd kiyá jáwe. Baz auqát sirf ekhí lauztain men se sozish hotí hai, aur baz marta-bah ek se taraf dúsre kí intaqál kartí hai. Sozish men harárat aur amás aur salábat pái játí hai; bukhár rahtá hai, aur nabz tez aur jald chaltí huí, aur chehrah surkh, aur tishnagí shadíd, aur zubán bahut ghalíz hotí hai. Sozish yá to khul játí hai, yá pak játí hai; shanákhht par jáne píb kí lauztain men istarah se ho saktí hai ki dard shadíd darjah badarjah khafíf hotá játá hai, aur dam lená aur nigalná ziyádatar dushwár hotá hai, aur áwáz ek khás qism kí ho játí hai aur jiun jiun dumbul qad pakartá játá hai usí qadar mariz bolne se ári hotá játá hai, yih marz aksar basabab rahne ke sardí yá namí men hotá hai, khasús us súrát men ki pahle mariz ko párá milá ho.

Maq̄lah.—Hálat-i-shiddat men tanqiyah ám khún ká munásib hai, lekin darsúrat khafíf hone marz ke gale par jonken lagáwen, kyunki aise mauqa par fasd se bihtar hotí hai. Bad iske muqám mazkúr ko garam pání se senken, aur garam pání ká poultice unpar lagáwen táki khún jári rahe. Bad jonkon ke, agar gúnah sozish báqí rahe, to blister lagáwen, lekin iski zarúrat nahín hai, qabal iske ki asar jonkon ká daryáft ho jáwe, yá us súrát men ki mariz ko táb jonkon kí howe. Basabab chírá dene ke lauztain men niháyat fáidah huá hai, kyunki mawád nikal játá hai. Bad chír ke dast sáth maú-tád calomel ke istarah par ki usko khushk zubán par rakkhen, aur bádhu castor oil piláwen, karáwen. Píná garam pání ká mariz ko bahut munásib hogá, kyunki muqám marz ko dhíla karegá, aur isí tarah se ghargharah banáye hue sirká aur shahad aur cháwal aur jau ke pání ká. Agar mariz zaif ho, to ghízá-i-muqawwí, misl shorbá yá jelly waghairáh ke dewen, aur baz waqt qadre wine bhí piláwen. Agar sozish taraqqí par howe to us ká iláj mánind aur sozishon ke kiyá jáwe; aur agar thahrí huí ho to yih cháhiye ki muqám marz par adwiyah qábiz aur mutharrik miel ghargharáh murattabah jushá-dah seneká root, lál 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 fœtid, 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

Sawálát.

Kyá alámaten sozish-i-laustain kí hotí haiñ ?

Kin báison se yih marz paidá hotá hai ?

Kyá iláj karná cháhiye ?

CYNANCHE TRACHEALIS; YAÑE 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.

Alámaten.—Yih marz amúman sote meñ shurú hotá hai, sáth ek, aur tez aur khunakdár khánsí ke; bachchá us waqt jág uñttá 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 nikalí hai, aur chehrah phúlá huá aur surk̄h hotá hai, aur áñkhen gulábí, nabz tez aur sañht hotí hai, aur agar bachcha bará hotá hai to galá ghuñne ki shikáyat kartá hai, aur pání 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 hañane rukáo ke jo ki mánah tanaffus hai, aur agar marz pahle hí darjah meñ dafa nahín kyá játá, to ámad-o-raft dam kí ziyádatar dushwár aur tahlíl karnewáí ho játí hai. Bad is ke zauf aur ghuñná gale ká shurú hotá hai, chehrah zard, aur honñh níle, aur áñkhen pazmurdah hotí haiñ. Tabái rang qaus qúzah ká phíkú ho játá hai, aur putliyán phail játí haiñ, zubán par mail hotá hai, aur kináre us ke arghawání. Tishnagí bashiddat aur jild jism kí kam garam hotí hai, aur chipaktí hai. Háth páñw sard rahte haiñ, aur dast siyáh rang ke aur mutáfin áte haiñ. Aur ghaflat yá tashannuj shurú ho játá hai, aur bachcha tísre din se páñchweñ din tak mar játá hai.

Maáljah.—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 fáslah se dete rahen, táwaqteki málish-i-dil paidá howe, aur málish-i-dil ko das yá bárah ghanñe tak qáyam rakhná cháhiye, aur isí arse meñ gale par párchah flannel ke garam namak se bharí huí thailí lagáwen, kyunki isse pasíná ifrát se átá hai, aur aksar marz ko dafa kar detá hai. Agar bukhár aur diqqat tanaffus maujúd ho to fauran

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

khún bázú yá háth se lewen, aur agar is tarah se khún káfi ná áwe to jugular vein yane rag habulwaríd kholen, aur agar bachcha do baras se kam umr ho to do se páñch ounce tak, aur agar áth baras se kam ho to tén se áth ounce tak khún lewen, kyunki yih munásib miqdár hai. Páñw bachche ke garm páni men jis men garmí aþhánwen darjah se sau darjah tak howe, rakkhen, aur do yá tén grain calomel tísre ghañte dete rahen, do tén maütádon men cháhiye ki is dawá se dast áwen aur agar na áwen to bamiqdár ek yá do cháh ke chamche ke arandí ká tel piláwen. Aur agar reaction wáqa howe, to dobárah khún lená pur zarúr hai. Basabab in tadbíron ke diqqat-i-tanaffus men farq par játá hai, aur khánsí dhílí aur bukhár kam ho játá hai. Agar marz dusre darjah par pahunch jáwe qabalaz shurú hone iláj ke to adwiyah muqáí mutwátir den, aur jab ki qai áná shurú ho jáwe, to do yá tén ghañte bad dete rahen, táwaqtke ki táqat rahe. Blister chhátí par lagáwen, magar gale par nahín. Calomel bashamul adwiyah anti-mony ke bamiqdár do yá tén grain ke do yá tén ghañte bad dete rahen. Agar bachcha sard ho aur hál ghair hotá játá ho, to wine yá jalnewálí brandy yá ammonia dení cháhiye, magar in ilájon kí taraf us waqt rujú karen ki aur iláj mawassir na hue hon. Jab ki bachcha sihat hásil karne lage, to us kí ghizá men bahut ihtiyát cháhiye, aur usko namí aur purwá hawá se bañhúbí mahfúz rakkhen.

Sawúlát.

Kis umr men yih marz amúman láhaq hotá hai ?

Kyá alámaten marz crup kí hotí haiñ ?

Jab ki awal yih marz láhaq howe to kyá iláj karen ?

Agar bachcha ko bar waqt shurú hone dúsre darjah ke dekhén, to tab kyá iláj karen ?

VARIOLA; YANE SÍTLÁ.

Yih bímári munqasim hai do qism men, yane mutfáwat, aur mujtama.

Alámaten.—Qism mutfáwat kí yih haiñ. Áblah ek dúsre ke muttásil nahín hote, aur tadád men bhí kam hote haiñ. Is qism kí bímári men barwaqt nikalne dánon ke bukhár kam ho játá hai.

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-

aur jab ki dāne bilkul nikal āte hain to bukhār barāenām rahtā hai. Qarīb chaudah din bad asar marz ke yih bīmārī aksar apnē taīn zāhir kartī hai, aur āghāz taphī se shanākht is marz kī hotī hai, kyunki wuh aksar yakāyak aur sakht shiddat se hote hain, jis ke bad ziyādātī harārat kī aur dard sir, aur dard pusht, aur mālīsh-i-dil, aur dard fam medeh, aur nātawānī, aur daurān, aur khwāhish wāste gahrī nīnd ke hotī hai. Bachchon men pahīlī ālāmat is marz kī yih hotī hai ki unko tashannuj hotā hai; chauthē din yā shāyad artālīs ghante bad bhī shurū tap se dusrā darjah shurū hotā hai; Dāne basūrat chhotī, surkh, ubhrī hūi phunsiyon ke awwal chehrah aur gardan par aur bad azān bāqī jism par nikalte hain, aur chauhīs ghante se do yā tīn din ke arse tak bilkul bāhir nikal āte hain. Yih bukhār sirf jild badan par hī nahīn nikaltā hai balki jhillī tak; munh aur halq ke phailtā hai, aur bāze ānkhe ke tunica conjunctiva tak. Dāne jald ziyādah bare aur ziyādah ūnche ho jāte hain, aur unke barhne ke sāth dard jabron kā hotā hai, aur tamām badan kā post surkh ho jātā hai. Bad do yā tīn din ke unke pahle zahūr se wuh ābladār ho jāte hain, aur har ek āblah men ghās ke rang kā raqīq muwād hotā hai, aur bīch men se past ho jāte hain. 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 hain, hāth aur ungliyān bhī phūl jātī hain. Fāslahdār garhe āblon ke batadrīj āpas men mil jāte hain aur bad zāyal hone bīch kī pastī ke wuh basūrat phunsiyon ke dikhlāi dete hain, jin men ek ghalīz zardī maial medeh bhar jātā hai. Yih hālat jis ko pukhtagī kahte hain qarīb āthwen din ke āghāz tap se kamāl ko pahunchtī hai, aur tab āblah qarīb miqdār maṭar ke ho jāte hain. Gyārahwen din sūjan aur warm jism aur chehrah kī jild kā ghattā hai, aur āblah in muqāmon ke khushk ho jāte hain, aur chhilke hokar jhar jāte hain. Chaudhwen yā pandhrawn din bad jhar jāne chhilkon ke zakhm baz hālaton men bāqī rah jāte hain, aur yih bāt khās isī marz men hotī hai, yih phunsiyān hāth par nisbat aur muqāmon kī phunsiyon ke ek yā do din bad tak rahtī hain, aur aksar ṭūṭ jāne se taklīf dahindah zakhm bāqī rahtī hain.

Maqīlah musfūwat qism chechak kā.—Bafaur is ke ki bīmārī mazkūr zahūr kare, chāhiye ki marīz ek aise makān men rakkhā jāwe b ki barā aur hawādār aur tārik ho, garam raqīq chīzen maial chāh

ley 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 diarrhœa, the bowels should be gently moved by enemata 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 foetid scabs are formed; towards

yá chával ke pání yá ásh-i-jau, ki jis qadar cháheñ de sakte haiñ, aur uskí ghizá mushtamil ho niháyat subuk aur niháyat qábil hazm hone kí qism se, jo ki báham pahunch sake misl oatmeal, aur jaw ká shurbá yá bhune hue sebon ke. Bad chauthe din ke adwiyah khwábáwar wáste kam karne sozish ke sote waqt dení cháhiyeñ. Agar dast na áte hon, to ánten bamuláimiyat harkat dí jáweñ sáth pichkáriyon muláyam adwiyah ke, misl rewand chíní aur magnesia aur manna yañe shirkhisht ke. Agar un logon ko jin ke jism men khún ziyádah hai tap kí shiddat howe to tanqiyah am yá kháskhún ká munásib hai wáste taskín sir yá sínah ke. Agar mausam sard yá martúb ho aur dánháe chechak bakasrat nikle hon to cháhiye 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 beqarári ho to kabhí adwiyah khwábáwar de sakte haiñ. Adwiyah mutharrik kí aksar zarúrat nahín hotí, aur agar dewen to bahut soch samajh kar. Hálat rodon kí bahut hoshiyári se malbúz rahe aur kabhí kabhí ek khaffí mushil diyá jáwe.

Alámaten qism chechak mujtama kí.—Is qism men bímári mazkúr ke áblah beshumár hote haiñ, aur ápas men mil játe haiñ, tap shadíd aur ek typhoid qism kí hotí hai, nabz bahut qawwí nahín hotí, maríz bahut nátawán ho játá hai. Alámaten darjah awwal kí waisí hí hotí haiñ jaise ki qism mutfáwat men hotí haiñ, balki ziyádatar saht o shadíd ho játí haiñ, aur shiddat tap kí bhí ziyádah hotí hai, aur uske sáth niháyat tabrík 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 haiñ 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 chún nahín hotí, lekin ek do din men áblah is qadar nahín ubharte aur is qadar bharte jaise ki hameshah aur batadríj dáne chehrah ke ek dára se mil játe haiñ aur ek hamwár ke se ban játe haiñ, aur us men ek raqíq kuchh lahúsá bajáe rím ke hotá hai. Chehrah niháyat súj játá hai, aur jab ki hajúm wáqa hotá hai wuh apní surkh rangat ko kha detá hai, aur sufed aur rímadár ho játá hai. Qarib áthweñ din 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 hain, aur bísweñ din bare bare chhilke gir parte hain, aur jild badan meñ se zaḥm záhir hote hain aur hameshah ko ghát rah játe hain. Qaríb dasweñ yá gyárahweñ din ke, ek dúsrí qism kí tap shurú hotí hai, aur us ke sáth muḁhtalif taklíf dahindah alámaten hotí hain, jild badan kí ḁhushk aur garam ho játi hai, nabz tund, zubán sufed, aur tishnagí hotí hai, is meñ aksar hálat-i-hizyán yá behoshí, yá yih kí ek ḁhás dard rag o puṡṡhe ká mushábah marz delirium tremens ke hotá hai. Chhátí meñ basabab is marz ke ḁhalal ho saktá hai, ḁhasúsan ghashaurriyá meñ jis meñ yakáyak muhlik sozish á játi hai. Phunsiyán aur dumbul bhí muḁhtalif ajzái jism par ho játe hain, aur bhí bazí ráhon se ḁhún jári hotá hai. ḁhusyatain aksar sar játe hain, aur aksar maríz halák ho játa hai; is marz meñ aksar dukhná áñkhon ká wáḁa hotá hai jinke sabab se qarínah meñ chhichre ho játe hain.

Maáljah qism mujtama chechak ká.—Ágház marz meñ barí ihtiyát is bát kí rakhní zarúr hai ki tap is qadar shiddat na pakre ki jisse mujib ḁhauf o ḁhatr ho. Jab kí dúsrí tap shurú ho, to cháhiye kí ashrúbah raqíq aur kabhí kabhí adwiyah muláyyan aur agar sozish aur beqarári ho to adwiyah ḁhwábáwar dewen. Is pichhle waqt meñ ḁhún ká lená niháyat ḁhatrnák hai. Darsúrat bad qism ke hone tap sání ke aksar barí nátawání aur sardí háth páñw kí aur alámaten tap typhoid kí hotí hain. Aur aksar basabab nikalne mawád ke phunsiyon se hál tap mazkúr ká sá guzartá hai jis súrat meñ kí phunsiyán beshumár hon aur chhichre par jáwen, aur zaḁhm azáe jism ke daben. Aisi súraton meñ sharáb angúr aur adwiyah muqawwí aur mutharrik wáste madad táqat maríz ke den kyunki sirif yihí tadbír bahál rakhne táqat maríz ke hai. Is nazr par kí bachcha phunsiyon ko chehrah kí na nochen, un ke háth bándh diye jáwen. Lagáná kisi dawá ká phunsiyon par, darsúrateki saḁht ho jáwen zarúrat nahín rakhtá lekin gúnah miṡhá tel mal den, yá un par koí ḁhushk powder chhirak dewen, jis súrat meñ kí un meñ raqíq medeh ḁhún álúd nikaltá ho. Jab kí maríz ko ifaqát hásil hai, to tabdíl áb o hawá bahut mufíd hogá.

Sawálat.

Kitne aqsám chechak ke hain, aur unko kyá kyá kahte hain ?

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 alámaten qism mutfáwat chechak kí?

Kyá maáljah awwal ikhtiyár karná cháhiye qism mutfáwat ársah chechak men?

Bayán karo alámaten qism mujtamá chechak kí aur mane ua lafz ke?

Kaun se azá men kháskar is qism kí bímári men sozish á játi hai?

Kyá iláj awwal ikhtiyár karná cháhiye qism mujtamá bímári mazkúr men?

Kyá wáqa hotá hai amúman qarib daswen yá gyárahwen din ke is bímári qism mujtamá men?

Burí hálaton men tap-i-sáni kí hálat maríz kí aksar kyá hotí hai, aur us súrat men kyá karná cháhiye?

VARICELLA; YÁNE CHICKEN YÁ SWINE POX.

Alámaten.—Dánon 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 mahfúz rahtá hai, aur nikalte haiñ dafatan basúrat chhote chhote áblon ke qarib dalí huí mañar ke, aur in men ek shafáf straw yáne ghás ke rang ke, yá zard ratúbat bhari hotí hai. Yih áblah ho sakte haiñ baizáwi, yá nokdár, yá mudawwar, yá hajúm men bhí ho sakte haiñ, aur is tarah inki chár iqsám hotí haiñ. Mutwátir guchehhe áblon ke báhar nikál áte haiñ jo kí khásah hai is bímári ká, aur kisí qism ke bukhár men jis men dáne nikalte haiñ yih bát vahín hotí. Is marz men thoñ sí surkhí jild ke gird áblon kí hotí hai, aur uske sáth khárish bhí hotí hai. Qarib chauthe yá pánchwen din ke weh khushk hone shurú hote haiñ, aur mutbaddil ho játe haiñ bích bhúre gonddár chhilkon ke, yih tút kar jhar játe haiñ ek haftah yá das din ke ársa men, lekin baze waqt jald badan men garhe chhor játe haiñ.

Maáljah.—Sirf yih bát zarúr hai kí do yá tín din tak bacheha ko uske bistar men rakkhen, aur use ghost yá ashrúba garam na den. Barwaqt ikhtitám marz mazkúr ke ek khafif sá julláb diyá já saktá hai, aur maríz láyá jáwe batadríj uske mamúlf aur hameshah kí ghizá par.

Sawálat.

Kyá haiñ alámaten 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 fœtid, 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.

Us meñ kitnī qīsmen dāne kī hotī haiñ aur kistarah weh nishān kī gai haiñ?

Is bīmārī meñ wuh kaunśī k̄hasūsiyat hai jo ki nahīñ wāqa hotī hai kisī aur nikaḥne wāle dānon meñ?

Kyā ilāj ikhtiyār karna chāhiye is bīmārī meñ?

VERMES ; YAṆE KIRM-I-SHIKAM.

Alāmaten.—Jab ki bachcha zard dikhlāī de, aur roz ba roz nātawān hotā jāe, to yih gumān ho saktā hai ki uske peṭ meñ kīre haiñ; uskā peṭ phūl jātā hai, aur saḡht ho jātā hai, medeh meñ yā qarīb nāf ke sozindah yā pechishdār dard hotā hai. Ishtahā hameshah besabāt hotī hai, magar baḡe auqāt bahut tanaffus mutāffin hotā hai, aur rodeh basabab iske ki kabhī ishāl aur kabhī qabz rahtā hai betartīb ho jāte haiñ, aur daston meñ bahut āñw ātī hai, bachchá apnī nāk ko khujlātā hai, yā uske miqād meñ ek sozish hotī hai, aur agar wuh kāfī baḡā hotā hai to wuh shikāyat zauf kī us sozish se rakhtā hai jo ki babāis kīron ke paidā hotī hai. Bachchá ārām se nahīñ sotā, dam badam chaunḡ partā hai, aur dafātan sote sote jāḡ uṭhtā hai, aur apne dānt chabātā hai, aur āñkhen pathrā jātī haiñ aur putliyān baḡī ho jātī haiñ. Is marz meñ ghaflat aur baqarārī yā nihāyat zauf-i-hawās hotā hai aur baḡe auqāt dard sir yā tashannuj hotā hai, nabz tund ho jātī hai, aur dam jald jald ātā jātā hai, aur uske āne jāne meñ taklīf aur diqqat hotī hai, aur uske sāth ek ḡhushk tashannuj ke sāth khānsī hotī hai. Insān ke rodeh meñ tūn iqsām kīron kī hotī haiñ, jinkī tafsīl yih hai. “*Ascaris lambricoides*” yaṇe lambā mudawwar kirā jo ki chhoṭī ānton meñ rahtā hai, aur bāis hotā hai qulinj ke se dardon kā, qarīb nāf ke sāth hālat ghashī ke, aur is meñ bare bare dast āte haiñ, aur bhūkh ziyādah hotī hai. “*Ascarides*” yaṇe sūt ke se kīre: yih rahte haiñ baḡī ānton meñ, k̄hasūsan miqād meñ, aur aksar bakasrat dekhe jā sakte haiñ daston meñ, aur dikhlāī dete haiñ misl katre hue sūt ke tukron ke, weh aksar chalte haiñ miqād se aur dekhe jā sakte haiñ bistar ke kapron meñ yā unkā guchhā gird miqād ke dikhlāī detā hai, aur ḡhārish aur sozish kāñch meñ maḡlūm hotī hai, aur yih shām ke waqt aksar ziyādah ho jātī hai, aur hai ek ḡhās alāmat unki maujūdgī kī. “*Tonia*”—yih akhīr qism hai, aksar pāī gai jawān ādmiyon meñ, aur aksar dekhī gai hai das yā pandrah gaz lambān meñ.

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?

Maq̄lah.—Chúnki turpentine aksar amal kartá hai bar̄khiláf tamám qismon̄ kiṛon̄ ke, aur diyá já saktá hai bahut chhoṭe bachchon̄ ko bhí, to cháhiye ki istamál is dawá ke tel ká nisf drachm se ek drachm tak thore se dudh men̄ milákar do yá tīn ghanṭe bad̄ kháne ghizá ke karen̄, magar medeh̄ khálí na ho, aur phir do tin ghanṭe bad̄ is ke arandí ká tel dewen̄; cháhiye ki maríz bad̄ kháne is dawá ke kuchh harkat na karen̄, kyunki us medeh̄ men̄ jald sozish paidá ho saktí hai, aur qai á saktí hai. Wáste jawán ádmion̄ ke maṭtád ziyádah kí já saktí hai ek yá do ounce tak. Sútí kiṛe jald nikále já sakte hain̄ sáth pichkáriyon̄ turpentine aur chával ke pání yá áb-i-jau ke, lekin cháhiye ki yih dawá khái bhí jáwe. Ghizá honí cháhiye muqawwí bhí yá kabhí kabhí mutharrik, aur namak waqt ghizá ke bak̄húbí kháyá jáwe. Pichkáriyán̄ sulphate of iron do grain se pañch grain tak sáth chár ounce pání ke ek bachche ke liye bahut mufíd pái jáwengí.

Sawálát.

Kyá hain̄ mamúlí alámaten̄ ek lar̄ke kí peṭ men̄ kiṛe hone kí ?

Kitní qism ke kiṛe insán ke rodon̄ men̄ páe gae hain̄, aur wuh kyá kahláe játe hain̄ ?

Kyá iláj tum iḡhtiyár kar sakte ho wáste rafā karne in kiṛon̄ ke ?

Kis qism kí ghizá dení cháhiye un logon̄ ko jo ki is bímárí men̄ mubtilá hote hain̄ ?

PART IV.
ON
TOXICOLOGY.

BA' B CHAHA'RAM.



DAR BAYA'N ZAHAR.

PART IV.
ON
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. Diarrhœa and tenesmus ensue, the pulse becomes small, frequent and irregular, and the

BÁB CHAHÁRAM.

DAR BAYA'N ZAHAR.



Sawál.—Bayán karo zahar kyá hai ?

Jawáb.—Jo chíz kháne yá badan par lagáne se bímári yá maut paidá kare.

S.—Iqsám-i-zahar kyunkar hain ?

J.—Haiwánátí, nabátátí, dhátí aur aërial yane hawáf.

S.—Iqsám-i-zahar kai hain ?

J.—Chhah hain.

1st. *Corrosive*, misl corrosive sublimate, red oxide of mercury, sulphate of mercury, mercurial vapors, preparations of arsenic, támbá, tin, zinc, nitrate of silver, dhátí 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 urnewálí 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.

DHÁTÍ SAMÚMIYÁT; MURATTABÁT SAN̄KHIYAI KE.

Alámaten.—Záeqá bahut kam yá nahín hotá, amuman ek ghante ke arse men hiddat-o-dard medeh men malúm hotá hai, aur fauran bad iske dák lag játí hai aur halqúm men sozish aur khuskí, piyás kí shiddat hotí hai, qai yá to zard yá sabz yá khún álúd hotí hai. Is mauqa par dast aur nibáhi hotí hai, aur nabs 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 electrolyte 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 sáns diqqat se átá hai, pesháb bataklíf aur k̄hún álúd átá hai, aip̄than aur gunah tashannuj aksar qabalaz maut ke láhlaq hotá hai, baz auqát pāp̄ch yá chhah ghante bad kháne sankhiyá ke.

Maqljah.—Adwiyah qaiáwar sulphate of zinc se qai ko ziyádati den, aur agar yih maujúd na hon to kuchh dúdh tázah yá cháwal kí p̄ch yá alsí kí cháh is qadar ifrát se piláwen ki sankhiya men maḵhlút hokar is ko qai men nikál den. Agar alámaten sozish kí numáyán hoven to un ko bazariáh háth ke fasd, jonkon, aur senk-i-shikam, aur mulayyan pichkariyon aur aur tadábír munásib se rafa karen. Wáste rafa ishál aur k̄halal is áb ke lázim hai kí mamúli iláj amal men láwen. Agar maut láhaq na ho to ghizá muddat tak raqíq aur táqatbak̄hsh aur naram denc cháhiye.

Shanákh̄t.

Tariq shanákh̄t ke, jo niháyat aksar in dinon men amal men áte hain weh do hain, ek to Mársh sáhab ká, dúsrá Reinch sáhab ká, aur hál unká zail men likhá hai.

Mársh sáhab ká tariq shanákh̄t ká—Yih hai: nikálná maḍní ká bazariáh jaláne ke use spirit lamp se darmiyán ek síse kí nalí ke k̄husk kí huí shai ko jis men shubah zahar ká hai, táze jaláe hwe koelon men milá den, agar sankhya us men maḵhlút hoke bamiqdár sowen hisse ek grain ke ho to bhí farár hoke andar kí taraf nalí men aur báhir se bashakl tábindah maḍní chhilke ke, aur andar se misl billaur ke díkhái degí agar jo durbín se musháhidah karen. Agar is chhilke ko muqábil garmí ke karen to wuh sufed oxyde men mubaddil ho jáegá, aur basúrat chhoṭe chhoṭe hasht pahlú yá musallas tukron ke mubaddil hokar bazariáh microscope yane barháne wále síse se díkhái degá.

Tariq shanákh̄t Reinch sáhab ká.—Yih pahle se niháyat behtar tariq shanákh̄t ká hai, aur wuh yih hai, ki us shai ko ki jis men shubah zahar ká ho sáth electrotype támba aur tez muriatic acid, yane namak ke tezáb ke josh den. Sankhiya misl siyáh tah támbe ke úpar jam jáwegá, aur us maḍaní shai ko raqíq shai se judá kar ke aur thore khínche hue pání se dho kar aur k̄husk kar ke agar síse kí nalí men us ko garmí den to sankhiya maḍaní aur chhilke sankhiya ke tezáb se jam jáwenge.

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 hai jo ki acid yañe tezábõn ke kháne se paidá hotí haiñ, sáth is bát ke ki dard ke sáth dáq bashiddat lag játí hai, aur dast bakasrat jári ho játe haiñ, aur galá ghuṭ játá hai; aur tashannuj ho játá hai, aur alámaten behoshí kí numáyán hotí haiñ, aur táqat záyal ho játí hai, aur aksar maríz mar játá hai.

Maḍljah.—Cháhiye ki qai ko bazariyah gudgudáne gale ke par yá unglí se aur raqíq aur latif ashrubah misl cháwal ke pání, pich yá cháh alsí, bakasrat dewen, yá usko bazariyah dene aḥṣun 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 darakht oak, cinchona yá willow ke: májú phal yá tez baní huí cháh bhí dafa zahar hai, aur unko baḥhúbí piláwen wáste ziyádah karne qai ke, aur is nazar par ki zahar ko judá kare.

Shanáḥkt.

Tártarized ántimony baiṭh játí hai baḍ ghulne ke, aur rang us ká náranjí ho játá hai; sulphuretted hydrogen aur hydro-sulphurets se fauran bahálat maḍaní 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 neutral namak uspar kuchh asar nahín karte, lekin namak mai tezáb ke kartá hai; muriate of ántimony goki siyáh aur gadlá pání hai lekin agar us men pání ko shámil karen to fauran barang sufed ho jáegá. Oxyde ke galne se muriatic acid men, muriate ban játá hai. Sabtarah kí antimony fauran bahálat maḍaní ho kar bare bare chhilke ban játe haiñ chár-coal aur potásh ke sáth jaláne se.

MURATTABÁT BISMATHI.

Alámaten.—Iskí misl alámaten corrosive sammumiyát ke haiñ jin men niháyat garmí sínah aur diqqat sáns maḥlúm hotí hai.

Maḍljah.—Koi maḥsús zaharmohrá yañe dáfa-uz-zahar is ká hanoz tajwíz nahín huá, balki sirf dúdh aur mulayyan luábdár ashrubah bawáste karáne qai ke bakasrat piláte haiñ, aur baḥḥá 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

Shanákh.

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 pahuncháwen to wuh galkar fauran basúrat alkalies sufed kúshte ke, qábil-i-sokhtane baásane tamám ho jáwegá. Chromate of potash usko fauran basúrat zardí láwegá.

MURATTABÁT TÁMBÁ.

Kháná pakáyá huá beqalaí bartan támbe men, aur achár jo ki sabz ho játá hai rakhne se támbe men.

Alámaten.—Záiqá tursh aur kasílá, aur zubán par khuskí aur jalan, aur galá ghuttá huá malúm hotá hai, dakáren khattí átí hain, qai bakasrat hotí hai, aur harwaqt jí aisá málish kartá rahtá hai ki qai ho jáwegí, aur medeh men niháyat taqáqur maí dard ke rahtá hai, bárhá siyáh rang ke dast khún ámez nabáhi ke sáth áte hain, aur peñ phúlá rahtá hai, nabz tezrau aur sakht aur kam hotí hai, ghashí kasrat aur tishnagí aur udási malúm hotí hai, ðhande pasí-nah bhí áte hain, aur pesháb kam hotá hai, cephalalgia, ghumerí akráhañ aur tashannuj niháyat ho kar maríz mar játá hai.

Maáljah.—Bakasrat dúdh aur pání pilákar qai karáwen, sufaidí ande kí hamráh pání ke bakhúbí piláte rahen, táki alámaten sozish rafa ho jáwen, aur tez dard ásáb ko adwiyah maí khuábáwar aur dáfa tashannuj se taskín bakhshen, aur agar qahwah ko shírín karke piláwen, 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 piláwen.

Shanákh.

Zangár bazát khud sabz yá nílá chamakdár rang ká hotá hai, agar koele bakhúbí roshan karke usko garmí pahuncháwen to wuh baásání tamám pighal jáwegá; khár aur khári maññiyon ko agar sulphate se miláwen, to uská juz o kul iláhidah kar denge, aur potash jo ki subsulphate hai, fauran rangat sabzí máyal pakregá. Agar zangár 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 jātā hai, spirit, ámez arq guiacum ká jo ki fauran hyyat uskí tabaddul karke sabzī máyal nilá yá zardí liye hue kar detá hai, agar ammonia ko kisí zangár se murakkab karen to usse nilí yá sabzī máyal rangat hasb miqdár ke fauran paidá hogí; agar miqdár se ziyádah miláwen, to wuh galkar fauran ek gahrí rangat ká nilá shafáf solution ban jáwegá, bhurí rangat ferrocyanete of potash ke miláne se fauran bigar jātā 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 haiñ misl corrosive zahron ke.

Maáljah.—Ek bará chamcha namak-i-taám ká ádh ser pání men ghol kar aur ek sharáb píne ká glass bharke do yá tín lahzah men piláte rahen, wáste ilahdah karne zahar ke, bad azán ashrubah luábdár bakhúbí piláwen, aur julláb dewen.

Shanákh.

Nitrate of silver fauran sufed ho jātā 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 shaḡhs ise bakasrat khá jáwe, to shírín aur charcharí ashyái mádní ká sá záuqa ho jātā hai, sukar jáná halaq ká, dard medeh saḡhtí, qai dard ke sáth átí hai, magar aksaron men khún bhí átá hai, hichkiyán lag jātí haiñ, tashannuj hokar ádmí mar jātā 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, basharte ki alámát muqtazí fasd lene kí hon, wáste saf 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 tcú 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 linseed 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 hálát mádní par á sakte haiḡ, koelon men jaláne se acetate pání men gholá huá sulphuric acid ke zariáh se sufed ho kar jald baith 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 tukre zinc ko ghole hue sísa men laṭká den, to wuh sísa ko pání se phár kar judá kar detá hai, aur zinc men jama hokar bashakl ek mádní daraḡht yá shafáf o tábindah chíz ke ho játá hai.

MURATTABÁT PÁRA.

Alámáten.—Záiqá tursh ashyái mádní ká sá hotá hai, dafatan sukar jáná aur jalan halaq kí mai taraddud aur kharásh medeh aur antariyon ke dard hotá hai, málish i dil aur qai rang barangí ratúbát kí áti hain, baz auqát khún ámez. Dast bakasrat jári ho játe hain, aur baz waqt dysuria nabz tez báriq aur saḡht ghashí bahut zauf ámad o raft, dam men dushwári, tashannuj, sard pasína áná aur aur alámát bad záhir hotí hain, chaubís yá chattís ghanṭe bad kháne sublimate ke maríz mar játá hai.

Maúljah.—Sufedí andon ki pání men milákar qai karáne ke wáste do do tín tín lalíze bad dí jáwen táki saḡhtí zaharíláhidah 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 áte men hotá hai sublimate ko níkal detá hai, us ko agar pání men milákar dewen, magar sozish ká khyál bhí malhúz rahe, aur agar paidá huí ho to us ká iláj bataur mamúli kyá jáwe.

Shanákhht.

Murattabát páre ko ek síse kí nalí men maíkhár ke lál aur garam karne se iláhdah ho játe hain aur pára uṛ játá hai. Oxymuriate 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 thanṭe pání men miláne se flocculent yane rúí ká galá sa ho jáwegá. Agar chand qatraḡ ghole hue sublimate ke ek tukre sone par rakkhen to wuh símen majmuá ban játá hai. Jo ek lohe kí súí

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 में लगई जावे तो sauran galvanic ghalbá ho kar ekhí jagah में जमा हो जावेगा. Hydriodate of potash aur protochloride of tin से बहुत अच्छी शनाक़्त sublimate की है।

MURATTABÁT TIN.

Alámaten.—Záiqá tursh aur ashyaí mádní ká sá mai sukár jáne halaq ke. Qai ká áná mai dard ke tamám peṭ में, kasrat-i-ishál, nabz báriq, saḡht, aur tezrau, aur tashannuj, dast o pá o chehre ká; baḡe waqt fálij, aur aksar maut.

Maúljah.—Wáste nafḡh-i-medeh aur qai láne ke awwalan dúdh bakasrat piláyá jáwe aur baḡ azán báqíah zahar iláhdah kyá jáwe. Sozish rag o puṭṭhe kí alámaten befaur ihdás rafa kí jáwen bataur mamúli.

Shanákhṭ.

Namak sabz rang ká baiṭh játa hai jab ki us ko nafarmáne rang में dálen, bazát ḡhud tábindah zard rang ká ho játa hai, tez baní huí cháh yá sharáb ámez ḡhisándah mázú se sufedí ande ke yá gelatin ke ámezish se ek niháyat ruí ká sá galá durd baiṭh játa hai, garmí páne se kushtá uská uṛ játa hai. Nitric acid में gal játa hai. Pighláne se ḡhák में mil játa hai, aur mujassim khár se enamel ban játa hai, phúkná uská ásán hai.

MURATTABÁT ZINC.

Alámaten.—Záiqá ḡharáb, nalḡhara ruká huá sá, jí matlátá huá, qai áti huí, dard medeh में, dast baḡhá áte hue, diqqat sáns, tezí nabz, zardí chehre, malúm honá sardí ká dast o pánw में, lekin gáhe móríz mar bhí játa hai.

Maúljah.—Baṛí maṭáden sulphate of zinc se ki jo qai hote hain unko bakasrat garam páni 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 hain.

Shanákhṭ.

ḡhális sulphate baiṭh játa hai barang sufed caustic potash aur nausádar se, zardí máil sufed ho játa hai alkaline hydro-sulphurets se. Aur barang náranjí tabaddul hotá hai ámezish cromate síse se; usko kushtá banáyá cháhen to koele aur shore में

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.

jaláweñ, aur jis waqt ki qaríb surkḥ hone ke sufed, jo ki mukḥṣṣa kḥásiyat us kí hai.

MAḌANÍ TEZÁB SE.

Alámaten.—Kháne acid se záiqā sozindah, dard shadíd halaq meñ, bárhá honá khún álúda ratúbát qai, jo ki ur játf hai khariyá miṭṭí yá alkaline carbonates se, aur surkḥ kar detá hai litmas kághaz ko; dahan yá lab kḥaráshídah sukṛe hue, sufed yá zard ho játe hain. Hichkiyáñ lag játf hain, dast bakasrat kam o besh khún álúda járf ho játe hain. Peṭ lag játf hai, diqqat-i-tanaffus, nabz beqásidah, tishnagí mufrit ho játf hai, pání ke píne se dard bakasrat aur gáhe batakhfif hotá hai. Láhásil qasd wáste pesháb karne ke kartá hai, sard pasíne áte hain, hyyat badal játf hai, tashannuj hokar maríz mar játf hai, agar kisí ne prussic acid bakasrat kháyá hai jisse ki ádmí bahut jald mar játf hai ek qadare miqdár meñ, usse behoshí, jí matláná, ghumere maí túrgí-i-bínái ke wáqā hotí hai, aur baze waqt munḥ á játf hai, diqqat-i-tanaffus, putliyáñ farákh aur behoshí jo ki bafaur na rafa ki jáweñ to maríz jáñ bahaq ho játf hai. Jab ki nádánistgí se zaḥmon par yá kisí aur satah jism par lag játf hai to usse bhí wuhí tásr paidá ho játf hain. Tamám namak jin meñ ki is acid ke ámezish hai kam o besh zahríle hain, muqattar raughan-i-badám talakh bhí tásr misl prussic acid ke rakhtá hai aur qaríb qaríb, waisá hí qátíl 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 rahen. Adam dastyábf magnesia meñ sábún yá khariyá miṭṭí aur pání piláte rahen. Carbonated alkalies ba waste iláhdah karne gás medeh se mufid hain, aur jin namkon meñ in kí ámezish hai weh bhí fáidámand aise mahal meñ hote hain. Qai karání bazariāh gudgudáne halaq ke cháhiye. Baḍ infarāgh zahar adwiyát tar mizáj ká istamál karáke áhistah áhistah ghizái mamúlf par lawen. Sozish aur aur alámat mulhaqa ká mamúlf iláj karen, agar kisí ne vitriolic acid yañe gandak ká tezáb kháyá hai to sirif pání aur jalí huí magnesia na den balki carbonate magnesia ká pání meñ milákar baḥhúbí piláweñ. Agar hoshiyárfí bataur mazkúre balá amal meñ na áweñ to medeh meñ átish paidá hogí. Agar kisí ne oxalic acid kháyá hai to bajác magnesia ke khariyá miṭṭí aur pání piláweñ, chúná bahar-hál bihtar hai balki alkalies yá unke carbonates na dene cháhiyen,

Give lime in all its forms, but not alkalis 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 tarérá aur sáps ke sáth khínchná bukhárát ammonia yá chlorine ká baqhúbi istamál karáweñ. Ammonia yá aur sard qábiz mizáj kí adwiyah medeh men pahunchákar huttool wasá us hálat ko rafa kareñ.

• *Shanákht.*

Sulphuric acid wazní mashhúr hai, pání men miláyá huá garmí ko dúr kartá hai dálne se jis ke bháp nahín ughtí hai. Agar us men barytes miláweñ 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 kí jalte hue coals par dál den to fauran jal jáwegá, usse chamrá rangá játá hai zard.

Hydrochloric acid se tez bháp paidá hotí hai; agar nitrate of silver men use miláweñ ek niháyat sufed durd ban kar hydrochlorate of silver ban játá hai, ammonia men gal játá hai, magar nitric acid men nahín.

Oxalic acid baiñh játá hai, misl chúna aur uske namak jo pání men baiñh játe haiñ, 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 baiñh játá hai barytes aur chúne ke pání se, aur jo durd baiñh játá hai wuh nitric acid men gal játá hai. Bahut roshan kiye hue koele kí garmí use iláhdah carbonic acid gás paidá kartá hai, aur phosphorus ur játá hai.

Fluoric acid men se abkharah sufed ughte haiñ mániñd 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 baiñh 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 biñhá detá hai magar uske namak.

Prussic acid kí bú misl bú bádám talñh yá shaftákú ke patton kí sí hotí hai, wuh biñhá 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 eard nitric acid men nabín galtá, aur jab ki khushk ko garra karen, to us men se cyanogen gas niklá kartá hai, jiskí lau jalne men gulábi rang ki malúm huá kartí hai.

MURATTABÁT POTASH, SAJJÍ AUR NAUSÁDAR KÁ.

Alámaten.—Záiqá 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.

Maáljah.—Sirká aur aur nabatátí hamuziyát bakhúbí piláwen ilahdah karne ko zahar, tab raqíq kar ke bakhúbí adwiyah tar mizáj ke istamál karen aur sozishí alámaten ká iláj mamúli amal men láwen. Bádám yá raughan-i-zaitún bakhúbí khiláwen jin men se koí na koí baásání 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 nilá sabz ko, aur zard bhúre ko, jabki carbonic acid un men miláyá jáwe to baqiyah shafáf malúm hotá hai jise ki tez solutions khári miṭṭiyon barytes, strontian, aur chúna men ho saktí hai. Nitrate of silver biṭhá detá hai unhen basúrat siyáh rang oxyde ke, magar nitric acid men gal játá hai. Potash aur sajjí men tamíz ho aktí hai ek dúsre se urá dete hue unke solutions ko khushk hone men. Kyunki potash hawá men se pání ko khínch letá hai, sajjí sirif khushk rah játí hai. Nausádar apní terí-i-bú se malúm ho játá hai aur támbe ke namak ko nila kar detá hai.

MURATTABÁT CHÚNA AUR BARYTES.

Alámaten.—Qai bashiddat, tashannuj, maffúje-i-azá, dard-i-shi-kam, taklíf dahindah, hichkiyán, tabaddul chehrah hokar maut jaldí wáqa hotí hai jabki baryta yá koí aur chíz jis men ki uakí ámezish ho, kháyá hai. Qadregulá huá chúna tezí men kam hotá hai lekin usse bhí maut wáqa hotí hai.

Maáljah.—Agar chúna kháyá hai sirká aur aur nabátátí hamuzi-

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 alkalies, 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 hai, hamráh tar mizáj kí adwiyát ke. Agar kisi tarah ká barytá kháyá hai to ek halká solution epsom yá glauber's namak ká wáste qai karáne ke baḡhúbí piláweṅ, 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 hoṅ sáf pání bakasrat sulphuric acid se tursh karke baḡhúbí piláweṅ.

Shanáḡht.

Solution chúna ká tabaddul kar detá hai nabátát ko sabz aur baiṡh játá hai sufed. Carbonic aur oxalic acid kisi tarah tabdílí nahín qabúl kartá sulphuric acid se. Uske namak iláhdah ho játe haiṅ mujassim alkalies jo baiṡhá dete haiṅ chúne ko lekin ámmonia nahín. Sáf baryta bhí waisá hí tabaddul kar detá hai chúne ko us meṅ pání miláne se, aur wuhí tásír kartá hai nabátátí rangon par. Hamuziyát se wuh nahín ubaltá hai. Sulphuric acid aur tamám sulphates uske solution meṅ miláe jáweṅ to sufed durd biṡhlá dete haiṅ nigalne ke qábil pání aur nitric acid meṅ. Carbonate baryta ká pání meṅ nahín galtá, lekin nitric yá muriatic acid meṅ 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.

Alámaten.—Cardialgia, jí matláná, dard ke sáth qai áná, dast járí, tashannuj, ghashí, zauf nabz, háth aur pair sard, maj tez dard medeh aur antariyon meṅ, diqqat-i-tanaffus, ek tarah kí behoshí, aur maut wáqa hotí haiṅ.

Maáljah.—Is ká iláj misl maálje sanḡhyá ḡhurdah ke karná cháhiye.

Shanáḡht.

Agar shore ko jalte hue coals par rakkheṅ to us meṅ se chaṡaḡh kar ek ḡhúbsúrat shola niklá kartá hai. Agar pís kar use gandhak ke tezáb meṅ dáleṅ to usse shore ká sá dhuán uṡhtá hai in donon alámaton se is meṅ aur glauber's namak meṅ tamís hotí hai; garmí bahut pahunchne 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 harts-horn. 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 éna qai ká mai tashannuj ke aur amúman saḡhtí i ásáb ke bahut dard rodop men, awwal tabaddul hyyat hokar ádmí mar játá hai.

Maáljah.—Qai baásáni karáwen garam sharbat bakasrat pilákar, aur agar shubah zahar ná ho to sirf unglí dál kar darde ásáb ko ba-adwiyah ḡhwábáwar aur rafa dard se áram den, aur sozishí alámatop ko bataur mamúlí.

Shanáḡht.

Nausádar ká namak sauran garam coals par rakhne se ur játá hai, agar quick lime ke sáth malen to us men se bú hiran ke síng kí áti hai, usko agar pání men ghol kar nitrate of silver miláwen to wuh sufed durd ho kar baiḡh játá hai.

IODINE AUR HYDRIODATE POTASH KÁ.

Alámaten.—Bashiddat małúm honá jalan ká mai sukar jáne halaq ke, jí ká matléná, aur pit ámez qai ká áná, dil ká jalná, aur ḡhaffí munḡ ká áná, dard áḡkh ke papoḡon men, aur dhundhlá dikḡáí dená, dil ká dharákná, phureriyán ání, aur gáhe máhe fálíj.

Maáljah.—Luábdár ashrubah bakasrat pilái jáwen aur baḡe mulayyan pichkáryán dí jáwen. Sard luábdár nishástá wáste iláhdá karne iodine ke dewen, agar salts iodine ká ḡháyá hai ek qadre ḡhaffí solution chlorine ká istamál karen.

Shanáḡht.

Iodine ke sabzí siyáh máil chhilke se hote haiḡ, aur ek sau bís 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 nafarmáni ho játá hai. Usse jild bhúrí ho játí hai magar wuh rang sauran játá rahtá hai. Wuh nabatáti rangaton ko bigáḡ detá hai, misl dilute chlorine ke aur qaríb qaríb waisihí bú rakhtá hai. Hydriodate of potash bíḡhá detá hai raskafúr ko ek carmine yané mahawar surḡ rangat ká aur acetate of lead ko ek achche zard rang ká.

PHOSPHORUS.

Alámaten.—In kí bhí misl alámaten mujtameh hamúsiyát ke hotí haiḡ mai aise ek garam zaiqe ke ki goyá lahsan munḡ 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, elaterium, 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

chabáýá hai. Ek yá do grain iske mashhúr haiñ wáste már-dáíne ke.

Maqálah.—Maḡhsús zaharmohra is ká hanoz daryáft nahin hua, siraf magnesia miláýá huá pání men bakasrat pilá kar qai karáwen. Chúnki rogan aur charbídar chíson se phosphorus gal játa hai liházá un se parhez karáwen.

Shanáḡht.

Agar phosphorus yá muḡhrij mawád medeh ko lekar ek bhuhke men ki chonch uskí nál ki níche pání tak rahe hamráh ek ghole hue caustic potash ke josh karen to phosphorated hydrogen gás ban játa hai jis waqt ki wuh satah pání men pahunchtá hai ek sabz shole ke sáth urh játa hai.

IRRITATING SAMÚMIYÁT.

Misl hinzal, kuḡkí, sacmonia, záffrán, elaterium, sevine, janglí piyáj, usára rewand, aur euphorbium.

Alámaten.—Aksar tásirát is qism ke zahron kí yun hotí haiñ yane char chará tez mazá kam o besh talkhí máyal, garmí mutwá-tir, ḡhushkí-i-dahan o halq mai malúm hone subkiyat ke, qai bashiddat átí hai hattá ki medá ḡhálí hone ke baḡ bhí qai hí karne ká irádá járí rahtá hai. Dast áte rahtá haiñ mai dard medeh aur antariyon ke. Nabz tez aur baḡáidah 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 kisi aur adwiyah tez qaiáwar se qai karáwen, aur bad is amal ke ek tez julláb den; baḡ infarág-i-zahar hattul imkán ek tez ḡhisándah qahwá yá sirká ḡapkáe hue pání ke sáth dewen to faidah baksheḡá. Káfúr hamráh æther ke aksar dewen, aur agar behoshí tasauwar ho to senken, málishen aur blister lagáwen; agur sozish yá koí aur ḡhatarnák baís láhaḡ howe to un ká jkáj mamúlí 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

Yaddashi.

Ushjār ki jin ke phul pānch stamens, ek pistil, ek petal, ke se hote haiṅ, aur jin kā phal qism berry kā sá hai weh mashúr zahrílí haiṅ. Umbelliferous yañe chuttedar ushjār jo ki pání meṅ paidá hote haiṅ niháyat zahrílí haiṅ, aur maḳhsús jin kí ki rangat corolla, nafarmání aur zard hote haiṅ weh bhí waise hí shúmár kiye jáweṅ.

SAMÚMYÁT MANUSHSHAH.

Misl belladonna, dhatura, nux vomica, digitalis, henbane, kafúr, aifyun, cocculus indicus, aur tambákú.

Alámateṅ.—Inko kháne aur zaḳham par lagáne se maḷúm honá behoshí, sun-i-jism, bháripān sir ká, tawajjah basu í qai, subkiyat, ibtidá meṅ bháripān, anjám meṅ ek qism ke madhoshí, puttílí-i-chashm faráḳh. Ghazabnák yá tez hizyān, baḷe waqt dard tashan-nuj, muḳhtalíf atráf-i-badan meṅ, yá maflúje-i-azá maḷúm detí haiṅ, nabz mutabaddil, lekin ibtidá meṅ tez aur pur. Tanaffus-i-jald, baḷe udásí, aur mughmumí. Agar in alámateṅ ko fauran tiskín na deṅ to anjám bahalákat hogá, jab ki nax vomica yá uská tez strychnia be andáz kháyá hai to us se alámateṅ misl jábraḥ band ho jáne ke paidá hotí haiṅ jo ki jald taraqqí pakar játe haiṅ 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 haiṅ.

Maáljah.—Medá ḳhálí karne ke wáste chár yá pañch grain tartar emetic yá das se tís grain tak sulphate of zinc mukarrar o sikarrar pao pao ghanṭe ke bad deweṅ, hatta ki unká asar paidá ho. Is amal kí ianat ke wáste halq ko bazariāḥ par yá unglí ke gúd gúdaweṅ, baḷe aur tez pichkáriyān sábuñ ghule hue pání yá namak aur pích ke bawáste safai-i-uma o bamadad farigh karáne zahar se deweṅ, aur bad infarágh-i-amal qai ke, tez jalláb deṅ. Wab ki hattul-imkán zahar nikal gayá hai tab maríz ko cháh ká piyálá bhará huá ḳhisándah qahwa aur sirká ṭap kayá huá hamráh pání ke piláweṅ; agar ḳhumárfí joki baḷe waqt ziyádah rahtí hai aur behoshí maḳ sakta to unká iláj yuṅ aur guram ḳhusal se na kareṅ balki ḳhúñ

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 tóngon par bándheñ aur tawajjah har ek mumkinát taríq par malhúz rakkheñ agar garam jism kam ho jáwe to garam senk aur málísh tawátár amal meñ láweñ.

Nabatáfi tezáb qabalaz nikal jáne zahar ke kisi hálat meñ bhí na deñ kyonki yih bát zarúr hai ki agar qadre bhí páni kisi tarah ká díyá jáwegá to intashár aur juzbeyat ko ziyádah karegá.

ZAHRÍLÍ KHUMBHÍ YÁ ZAMÍN KÁ PHUL.

Alámaten.—Inkisháf-i-azm, hansí, ghírní, garmí, aur dard medeh aur amá meñ hotá hai mai qai aur daston ke, tishnagí, tashannuj, ghashí malúm huá karte haiñ, nabz mumtalí tez hizyán farákh honá puttliyon ká, behoshí, sard pasíne ká áná jin se maut wáqa hofi hai.

Maáljah.—Medeh aur rodon ko awwal bazariáh tartar emetic bádhú aksar miqdáron glauber's yá epsom salts aur baṛe qábiz o muttharrik pichkáriyon se sáf karenḅ bad nikal jáne zahar ke æther hamrah qalíl miqdáron brandy aur páni ke deweñ. Agar alámat sozish namudar hon to unká iláj bataur mamúli bajáe dene adwiyát muqawwí ke karenḅ.

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 thoṛí hí der meñ bad azán bási yá zahríli machhli kháne ke, giráne i medeh, khafíf ghírní, daurán-i-sir aur malúm honá garmí ká; sir aur ánkheñ meñ 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 páni bakasrat piláke aur halaq ko unglí se gudá kar qai karáweñ. Bad azán bakhubí qai ke ek tes julláb ba-wáste rafa kharáb medeh ke ki jo rodon meñ dañhil hogayá hai deweñ. Sirká aur páni bad maáljât maskúrain piláke amal meñ á chuká hai

Vinegar and water may be drunk 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 drunk 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.

piláweñ aur jism ko sirke aur pání se nam karen. Pání shakar se niháyat shirin kar ke us meñ æther miláke bañhúbí piláyá jáwe jaisá ki musleh aur ek halke solution alkali kí bhí ijázat hai wáste rokne tásírát zahar ke. Agar daston ke bad mařorá bhí ho to bare miqdaron meñ laudanum ká denázarúr hai. Agar sozish paidá ho jáwe to iláj us ká mamúlí karen.

NESH ZAHRÍLE KIRON KÁ.

Alámaten.—Amúman nesh in kiron ká siraf ek khafíf si sujan paidá kartá hai, magar bare auqát alámat ziyádatar shadíd hote hain. Basabab shiddat dard ke kusal mánde tabiyat aur tap paidá hotí hai jisse baz auqát maut wáqa hotí hai.

Maúljah.—Hiran ká síng aur tel muqám-i-nesh par lagáya jáwe, aur ek tukrá kapre ká us meñ yá namak aur pání meñ tar karke ta rafa hone dard ke us muqám par rakkhá jáwe, chand qatrah shákháhú ke qadre pání meñ dí jáweñ, aur ek yá do glass sharáb ke yá brandy aur pání ke piláe jáweñ; bará faidah malúm huá hai ipecacuanha pise hue aur pání se poultice banákar muqám-i-nesh par kuch der rakhne se. Agar sozish wáqa ho to dafiya us ká batur mamúlí amal meñ áwe.

CANTHARIDES AUR TELINÍ MAKKHÍ.

Alámaten.—Makrúh bú dam ke sáth talkhí záiqá, jalan-i-halaq, medeh aur rodon ke, dambadam áná qai ká, aksar mai khún ke sáth bare bare daston lahu ke, dard medeh pechish ke sáth, pur dard aur shadíd istádgí mai garmí-i-masána ke, habas-ul-bol, haulnák shannuj, aur á jáná maut ká.

Maúljah.—Mítthe tel shakkar aur pání, dúdh, alsí kí cháñ piláne se bakasrat qai karáweñ, mulayyan pichkariyan istamál meñ láweñ. Agar alámát sozish-i-medeh gurdah aur masánah kí pái jáweñ, to dafiya unká bajaldí tamám batur mamúlí karen, káfúr tel meñ hal karke peñ aur ránon par maleñ, aur garam pání meñ biñháweñ.

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 cautery, 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-

KÁTNÁ ZAHŘÍLE SÁNĀPON KÁ.

Alámaleñ.—Dard shadíd muqám zaḡhmoñ meñ hotá hai, aur wuh tamám uzv ya jism meñ jald phail játá hai. Sújan bakasrat ibtidá meñ saḡht aur zard, badízán surḡh aur nílá, aur saḡan záhiran ma-
lúm detí hai, ghisván, 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-o-
hawás meñ farq ú játá hai, sozish aur aksar baifrát áná rím ká, aur saḡan ho kar iske bad ádmí mar játá hai.

Maáljah.—Jis jagah sánp ne kátá ho uske úpar ek band baatidál khench kar bándhá jáwe, aur bad ízán wuh muqám chhurí se kát diyá jáwe, aur badhú zaḡhm ko baḡhúbí garam pání se dho kar us meñ se ḡhún járí rahne deñ; bad iske dáḡh caustic, makkhan antimony ká us par lagáyá jáwe, aur bad ízán lint roḡhan zaitún aur muqattar sharáb híran ke síng ke hamwazan meñ bhigokar us muqám par rakkheñ. Agar sozish bahut ho to bandish ko mauqúf karen, ashrubah garam aur muḡhtisir maṡtáden ammonia yá hiran ká síng wáste pasína láne ke deweñ, aur maríz ko bistar par achchhí tarah kaproñ se dhánkeñ, aur kabhí kabhí thoṡí garam sharáb deñ. Agar saḡan ká andesha ho to sharáb ko quinine meñ milákar bakasrat piláweñ. Saḡkhiyá balki niháyat munásib tajwíz kiyá gayá hai, lagáná bhari huí síngion ká bafaur kátne sánp ke yá chúsná zaḡhm ká bahut mufid hogá.

Tahqíqát.

Zahríle sánpoñ ke dánt misl nalí ke hote haiñ, magar sirf ek qatár úpar ke jabroñ meñ, jo ki ḡharíb qaum sánpoñ ke har do jánib hote haiñ.

MAÁLJAH ĐÚBE HUE ASHḡHÁSON KÁ.

Dam ká phúlná phenpre meñ shurú ho játá hai bad nikalne nash ke pání se báhar, aur tawátúr járí rahtá hai kisí tarah kí garmi pahunchne tak aur azáe us ke qábil jumbish rahtí haiñ. Larynx yane kág ko piche ko dabá kar donoñ nathnoñ ko bhínch kar apne sáns ko bazaur andar phenproñ ke ek rúmál ká koná uske munh par rakh ke pahuncháweñ. Jis qadar jald ho sake ek joṡá dhaunkniyoñ ká baham pahunchákar munh 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

dúsré men se phúnken, magar kág yá sáns ánewálí nalí ko pichhe ko hatákar. Phenpre ko tamám o kamál phulákar bawáste khálí karne phenpron ke chhátí ko dabáwen. Yih amal mukarrar o sikar-rar wáste andar jane aslí sáns ke karen. Guluband khol dálen, tar kapre kát dálen, khushk badan ko malen. Khushk chízen garam kí huí misl garm ret, yá ínṭen aur botlen joshindah pání waghairah ke se jis waqt ke násh ko ghar men le jáwen usí waqt badan par lagáwen. Usko kisi kewar yá lakrí ke takhte par sir únchá karke le jáwen. Agar glottis akráhat se band ho jáwe to tum ko lázim hai kí tracheal nalkhare se us ko phúnken. Aur jo oxygen gas mayassir áwe to khúb mufid hai. Mutharrik chízen bazariyah lachak-dár nalí ke medeh men pahuncháwen jab tak kí ádmi nigal sake, pichkariyan ráí kí hamrah-i-namak yá brandy aur pání ke dení cháhiyen. Fasd bahoshyári karen jis se kí itráf-i-dahní taraf dil ko áram pahunchhe. Electricity ká bhí imtá-hán bazariyah khafif sadmen pahuncháne se dil ko karen, jism ko árásteh karke yane ek kíwár par rakh ke botlen ká sahará dekar beruní badan ko khúb khushk kar den. Málisheṅ men shubah hai tásir karne ká, agarchi we tahrík detí haiṅ ragon ke khún ko dilke jo kí abhí ṭhahar gayá hai. Tracheotomy amal karen agar kisi aur taur se ná phulen. Tambákú bahar noṅ muzir hai.

MAÁLJAH UN SHAKHSON KÁ JIN KÁ KI DAM RUK GAYÁ HAI CARBONIC ACID GAS, HYDROGEN YÁ NITROGEN GAS, EXHALATIONS PAKHÁNE WAGHAIRAH SE.

Agar jism men kisi un chizon men kí garmí hai to hawá men rakkhen aur ṭhande pání ke tarere sir aur sínah par den. Phenpre phule hús hon, nathne jarí hon, aur agar ragen gardan kí pur máhúm hon to qadre khún un men se lewen. Agarchi garmí i jism bamujib itadal mizáj ke kam ho to bajai sardi ke garmí lagáwen. Málisheṅ bhí mufid hongí.

MAÁLJAH SISAṬTE BACHCHE PAIDÁ HONE KÁ.

Lázim hai kí phenpron ko mutwátir phuláwen bazariyah par yá chhoṭe zanáne cathiter se, bazariyah garam paṭuon yá garam pání men ghoṭe lagáne se garm rakkhen. Mutharrik chízen nák aur qar medeh par lagái jáwen, aur khafif málisheṅ bhí karen, yih iláj páñch yá

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 ghanṭe tak jári rakkheṅ.

MAĀLJAH BIJLÍ ZADAH KÁ.

Phenpron ko phunṅná cháhiye aisá jaldí jaisá ki mumkin; mutharrik chízeṅ lagání cháhiyeṅ, maḅsús ḅhafíf electrical sadma guzárne cháhiyeṅ chhátí aur darbáb sulb ke, garmí jism kí bachání cháhiye bazariah beruní garmí ke, aur garam mufarraḅ-ul-qalb chízeṅ ba-wasíle stomach-pump ke medeh meṅ pahuncháweṅ.

MAĀLJAH SURDÍ ZADEH KÁ.

Ibtidá meṅ baraf yá baraf ke pání se málísh kareṅ; agar yih báham ná pahunche to sard pání meṅ biṭháweṅ. Asnáe is amal ke qadre, qadre garam pání bawáste ziyádah karne garmí ke áhiste áhiste miláte rabeṅ, phenpron ko phuláte rabeṅ. Garam sharáb yá koí aur garam raqíq chíz bhí dete rabeṅ bahut ḅhabardárí se ibtidá meṅ, aur saḅht ḅhizá acheche hone ke baḅ kitnehí ḅhanṭeṅ ke na deṅ.

MAĀLJAH PHÁNSÍ YÁFTAḅ KÁ.

Bandish ko fauran dúr karke wuhí amal kám meṅ láweṅ jaisá ki dúbe hue ádmí ká; maḅsús is hálat meṅ habl-ul-waríd kholkar chhah yá áṭḅ ounce ḅhún leweṅ, maut láhaq hotí hai ziyádahtar dam ḅhuṭne se, banisbat sakta kí liházá phenpron ke bilá támul hawá pahuncháweṅ.

MAĀLJAH MARÍZÁN MOASSARAH BEANDÁZ ALKOHOL, BRANDY, SHARÁBEṅ, AUR TAMÁM MUQATTRAT SHARÁBOṅ KE.

Alámaten.—Madhoshí hotí hai aur jab ki bakasrat piye hain bilkul behoshí ho játí hai maḅ sakteh yá fálij kisí ek itráf ke. Chehrah suj játa hai aur siyáhi chhá játí hai. Diqqat-i-tanaffus aur aksar stertorous yane kharkhara sáth ek maḅsús bhambhráḅḅ hoṅṅe ke. Sáns meṅ se sharáb ki si bu áti hai jise ki tamás ḅhudrau paidá hone sakteh kí hogí. Agar putlí-i-chashm faráḅḅ aur baith jáweṅ 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.

Maáljah.—Ek tez qai sulphate of zinc yá tartar emetic fauran medeh men pahunchákar karáwen, aur agar táqat nigalne kí na ho to bazariáh lachakdár cathíter yá nalí ke wahán tak pahuncháwen. Bawáste íánat qai ke garam pání jittá ki ho sake piláwen, aur bare tez namak aur pání ki pichkáriyán 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 maḡhsús us hálat men ki garmí-i-jism ziyádah hai nisbat asal ke. Agar dast o pá sard ho gae haiñ to senk aur málsh 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 hain ?

Jawáb.—*Jonkon* se, yá *singí* lagáne se, yá *nashtar* lagáne se.

S.—Sab *men* kaunsi tarkíb *mufid* hai ?

J.—*Singí* *mufid* hai, isliye ki jis qadar *khún* nikálná *matlúb* ho is 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 *ijráe* *khún* kistaur se *jári* rakkha jáwe.

J.—Awal jo *jamá* huá *khún* ho us ko *sponge* se *sáf* kare, *bádhú* *garam* *poultice* *rofi* aur *pání* ke *banákar* usí *muqám* par *bándh* *dewe*, aur jab tak *nikálná* *khún* ká *matlúb* ho us *waqt* *ád*h *ád*h *ghanṭe* *men* us *poultice* ko *badaltá* rahe.

S.—Agar *jonk* ki *ḍank* se *bahut* *arse* tak *khún* *jári* rahe, aur *mamúli* *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* *miyáni* *bárik* *súí* *ghusá* de, aur *dúsrí* *taraf* so *uská* *sirá* *nikále*, us *waqt* *mazbút* *resham*, yá *ḍore* *súí* ke *donon* *sire* ki *niche* se *bandhe* yá *lapete*, aksar is *tadbír* se *khún* *ruk* játá hai, *baḍ* *tín* *chár* *roz* ke *wuh* *ḍorá* *kát* *diyá* jáwe, aur *súí* *baihtiyát* *nikáli* jáwe.

S.—Agar is *tadbír* se bhí *khún* na *thambhe* to *kyá* *tajwíz* *amal* *men* áwe ?

J.—*Zakham* ki *niche* *ek* *bárik* *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 *rokne* *men* *kásir* *hotí* hai.

S.—Agar *singí* lagáne ki *mamúli* *álát* *maujúd* na *howen* to us kí *jagah* *kyá* *tadbír*, aur *kis* *chíz* se *kám* *liyá* jáwe ?

J.—*Ek* *chhotá* *sá* *ábkhora* yá *piyálah* *chá*h ká aur *ek* *tukrá* *jalte* *hue* *san* yá *kágaz* ká, aur *ek* *tez* *ustarah* yá *kalam* *tarásh*.

S.—In *chizon* 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 ábkhoraḥ yá piyálah cháḥ men rakhe, jis waqt wuh bartan garam ho jáwe aur us ke andar kí hawá latíf ho jáwe us waqt us bartan ko jism par ulaṭ de, jis waqt ki us ke andar kí khál surḥh yá argawání basabab congested blood yane munjamid hone ḡhún 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 piyálah yá ábkhoraḥ badastúr sábiq phir ḡhánp diyá jáwe, aur isí tarah mutwátir kartá rahe, jab ki ḡhún bamiqdár matlubah nikal jáwe.

S.—Kis muqám par ḡhún bazariāḥ nashtar nikálte haiṅ.

J.—Kohne ke ḡham par se, aur panjah ke panw ke upar se agar-chi yahán ká ḡhún bahut kam nikálá játá hai.

S.—Agar koí fasd lene men muhárat na rakhtá ho wuh shaḡḥs kohní par fasd lewe to kuch jáe andeshá to nahin hai?

J.—Albattah bahut andeshá hai ki shayad barwaqt lagáne nashtar ke rag par kahin shiryān par zaḡham na ho jáwe.

S.—Rageṅ kis tarah se wáḡa haiṅ?

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 ḡhinsar se kohní tak hai, aur ek tísrí rag tákhmínan usí qadar bare aur agle háth ke upar kohní ke niche hí namúdár hai, aur wahán se age uskí do sháḡḥ ho gain haiṅ, ek sháḡḥ to andar kí rag kí taraf aur dúsrí basimt báhir kí rag ke upar us muqám ke, ki jahán ká joṛ wáḡa hai.

S.—Kaunsi rag ká kholná wájib hai?

J.—Bích kí rag ke bahar kí sháḡḥ 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 shiryān bhí hai, honá shiryān ká bazariāḥ harkat us shiryān ke tamíz ho saktá hai, agar wahán shiryān maujúd ho aur koí dúsrí rag wahán záhir howe, us súrat men baahṭiyát tamám us rag men fasd li jáwe.

S.—Bích kí rag ke andar kí sháḡḥ men fasd kyun nahin kholte?

J.—Is liye ki báñh kí baṛí shiryān báñh men upar se niche tak aksar píchhe us rag ke wáḡa hotí hai.

S.—Jis muqám par ki báñh men ḡham waḡa hai, wahán kí fasd kyunkar kholí jāwe?

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 length-ways.

Q.—When you had taken sufficient blood from your patient, how would you stop the bleeding ?

J.—Ek ṭukrá chaurē niwáár yá fite ká lekar bāñh men aurek háth ke fásle par upar kí taraf niche ko do pher dekar bāndhá jáwe, aur us ke donon sire par ek girah bonoṭ yanē deṛh girah lagáí jáwe táki baásání dhilí ho sake.

S.—Is tarah bāñh ke bāndhne se kyá fáidah hai ?

J.—Táki ḡhún ulaṭ kar na jáwe, aur rag phul na jáwe, aur ḡhún achchhí tarah se nikle.

S.—Baḍ bāndhne is band ke phir kyá kíyá jáwe ?

J.—Agle háth ko pakarle aur báen háth kí hathelí aur ungalíyán niche kohní ke lagá de, aur angúṭhe se báhar kí taraf dabáwe, is taur se ki uská sirá us rag par wáqā 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 men darmiyán angúṭhe aur angusht shabbábe se nashtar ko pakre aur us kí donon dhakne ko donon taraf se khol de aur báqí tín ungalíyán dahne háth kí jamaṭ karke úpar yá nazdík báen háth ke angúṭhe ke lagáí jáwen, yá ki angusht shabbábe aur angúṭhe ke wáste ki us men nashtar hotá hai sahára 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 ḡhún jald nikalne lage.

S.—Jab ki ḡhún bamiqdár matlúbah nikal áwe us waqt kyá kíyá jáwe ?

J.—Us fite ko khol dále aur sponge se ḡhún jo lagá ho sáf kare aur ek gaddí men chár tah kapre kí kar ke ek paṭṭí se bashakl hindse angrezí áṭh ke us jagah par bāndhe, magar ihtiyat rakkhe ki bahut khinch kar na bandhe.

S.—Us paṭṭí ko zor se bāndhne men kyá haraj hai ?

J.—Táki ḡhún unhiṅ ragon men na utr jáwe jin ko shigáf nahin diyá gayá, wuh ragen phul jáwengí aur is sabab se ḡhún us rag ko jo band kí gai hai phir pháṛ degá.

S.—Agar kholná fásd ká pañw men markúz ho to kyá kíyá jáwe ?

J.—Rán ke niche ek paṭṭí khinch kar táng men bāndhí jáwe, aur jab ragen phul jáwen to us waqt sab se baṛí rag jo pañw ke upar ho us men nashtar lagáyá jáwe magar shigáf lambáí men diyá jáwe.

S.—Jab kí bímár ká ḡhún hasb miqdár zarúrí nikal jáwe us waqt ḡhún kistarah 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 patṭī ko khol dīyā jāwe, aur bīmār ko pānw phailāke liṭṭā dīyā jāwe, aur zaḥam ko bazariah ek gaddī lint kapre kī aur ek phāsh marham sticking plaster kī bāndh dīyā jāwe.

TARKĪB BĀNDHNE ROLLER YĀ PATṬĪ KĪ.

S.—Ṭāng par kis tarah roller bāndhen ?

J.—Ek roller ki jis kā ek sirah khulā ho dāhne hāth men pakre aur us ke gulāī ko angūṭhe aur unglīyon ke bīch thāmbhe aur uskā khulā huā sirā pānw ke úpar unguṭhe kī jaṛ men lagā de us waqt us ko bīn hāth ke unguṭhe se us maqām par sahāre, aur us roller ko talwe ke nīche aur pānw ke gird le jāwe aur usī tarah do tīn lapet usī jagah men dewe jab tak kī pānw wuh roller khub mazbūt pakar le baḍ uske us roller ko airī kī taraf se pānw par kāī lapet dekar bāndhe, is tarah kī har lapet men pahlā lapet ādhā dabṭā jāwe, aur jab kī roller pānw ke nīche se guzre us ko dāhnī taraf se bāīn taraf le jāwe, aur jab kī pānw ke úpar ko āwe us waqt bāīn se dāhnī taraf ko phir pahunchāwe, us roller ko pushtqadam par pahunchākar takhnen ke gird le jāwe aur pānw ke sāmne kī taraf se utāre, jahān se kī us ko pahle nikālā thā, baḍhū talwe ke nīche se nikāl kar phir ṭakne par lapete, baḍ us ke us roller ko ṭāng ke gird lapete is tarah kī har lapet men pahlā lapet ādhā dab jāwe, aur ek hāth se dūsre hāth men bārī bārī andar kī taraf se bāhar kī taraf yā bāhar kī taraf se andar kī taraf mutābiq mauḡā ṭāng ke, kī jis par roller bāndhā jāwe us ko chhoṛṭā rahe, aur isī tarah lapettā rahe, jab kī ṭāng kī pindlī tak pahunche, wahān se us patṭī ko ulaṭkar us ko barābar milākar bāndh dewe.

TARKĪB BĀNDHNE ROLLER KĪ JĀNG MEN.

Siraf pech dar pech ghuṭne ke úpar se us roller ko groin yāne jangāse tak bāndhtā chalā jāwe, aur jab wahān pahunche do tīn lapet pichhle ṭank dewe, aur ek do lapet kúleh par bāndhe, aur un ko roller ke sāth jāng men ṭānk dewe tāki wuh nīche ko ná phial jāwe.

TARKĪB ROLL BĀNDHNE KĪ UNGLĪ PAR YĀ ÚPAR KĪ BANH PAR.

Bandish is kī aksar hāth kī kalāī se shurū hokar úpar ko chale hai, magar jo unglīyān aur hāth phúl jāwen aur dard hone lage kī

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

bāse auqāt aisā ittafāq hotā hai us sūrat meṅ har ek unglī meṅ judī judī kamchaurī paṭṭī bāndhī jāwe aur bādhu hāth par kalāī tak roll bāndhā jāwe aur niche se bāṅh par hasb hidāet mazkūreh bālā roll bāndhā jāwe.

TARKĪB PEṬ YĀ CHHĀṬĪ PAR ROLL BĀNDHNE KĪ.

Is kām meṅ flannel kī paṭṭī do hāth chaurī aur ehṅah gas lambī aksar kām ātī hai, roller ko úpar aur niche pech dar pech bāndhte haiṅ. Jab tak kī sārā lipaṭ jāwe munāsib yih hai kī do yā tīn lapaṭ dekar us ko ṭānk dyā jāwe, warne wuh bandish jald ḡhīlī ho jātī hai.

S.—Kis sūrat kī paṭṭī wāste lagāne poulitice ke nāsūr yā saḡham jāng par bakār āmad hotī hai ?

J.—Paṭṭī bashakl angrezī harūf baṛī ṭī ke (T) hotī hai ?

S.—Yih paṭṭī kyunkar bāndhī jāwe ?

J.—Wah hissā paṭṭī kā kī jo bashakl úpar ke hissē us haraf ke hai, wah bataur paṭṭī lapaṭī chāhīye, us ko gird peṭ ke úpar kúlāh ke bāndhte haiṅ, chāhīye kī wuh paṭṭī linen kapre kī hāth bhar chaurī banāī jāwe, aur paṭṭī kī bajāe niche kī shāḡh us haraf ke hotī hai wuh linen kapre kī do hāth chaurī banāī jāwe aur ek sirā uskā bīch meṅ us paṭṭī ke sí diyā jāwe tākī wuh kamar ke úpar parā rahe, yih tukrā tūl meṅ is qadar muḡhtāfī ho kī āge aur úpar ṭāngou ke bīch meṅ se us paṭṭī ke sāmne tak pahunche, wahāṅ us kā dusrā sirā jo khulā ho lapaṭā jāwe, aur zarā us ko phār kar donoṅ sire kī ilāhdah ho jāweṅge ; āge konikālkar bāndh diye jāweṅ, yā paṭṭī meṅ wuh sirā bilā sarkāne ke sí diyā jāwe ; agar is bandish se poulitice jāng par qāem rakhī jāwe to pichhlā sirā us taraf ko sarkā diyā jāwe aur hasb zarúrat paṭṭī meṅ bāndh diyā jāwe.

TARKĪB KĀI SHĀḠHDĀR PAṬṬĪ BĀNDHNE KĪ.

S.—Tarkīb kái shāḡhdār paṭṭī kī aur fuwaed uske bayān karo.

J.—Yih paṭṭī linen kapre kī banī hai, aur wuh paṭṭī bahut lambī roller ke baarz tū inch chaurī hotī hai, aur uske bīch meṅ kāf ātī paṭṭiyāṅ usī qadr chaurī magar aisī lapaṭe kī un ke sire bad bandish hone āpas meṅ har ek aṅv ke lipaṭne ke qābil raheṅ lagāī jātī haiṅ, is tarah kī ādhī paṭṭī se úpar kī paṭṭī dab jāwe, aur is

tinned 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 ?

jáwep to us súrát meṇ us paṭṭí ko jagáse tak khíneh kar bāgdhí jáwe, aur kúle ke úpar do yá tīn lapeṭ diye jáwep.

S.—Jab ki barhí huí rag phaṭ jáwe us waqt kyá iláj kiyá jáwe ?

J.—Jis jagah se kḥún nikaltá ho waháṇ unglí lagákar kḥún ko rok diyá jáwe, aur maríz ko hamwár zamín par yá chárpsí par páṇw phailákar barábar liṭá diyá jáwe, us waqt ek chhoṭí gaddí lint kí lagákar roller se bāndh dí jáwe. Awwal páṇw par bāndhkar baah-tiyát tamám us gaddí par úpar zánú yá aur úpar hasb sarúrat aur mauḡa lapeṭí jáwe, aur maríz ko chand roz tak chárpsí par paṭá rakkheṇ, táki us ársa meṇ uská zakḥm indamál páwe, aur gaddí ko chand ghante tak tar poultice se bhíḡa huá rakhkar utár dále bad iske ek chhoṭá tukrá plaster ká rakh kar táṅg badaastúr sábiḡ phir roll se bāndh dí jáwe.

ZARB KE BAYÁN MEN.

Sawál.—Zarb se kyá murád hai ?

Jawáb.—Basabab gir paṛne kisí bahut bháří bojḡ ke azáí jism par, yá basabab gir paṛne dafátan kisí buland muḡám se. Aw-walan jis muḡám par zarb áti hai us muḡám par warm ho játá hai, bad uske siyáh ho játá hai isliye kí chhoṭí chhoṭí ragon meṇ se jo kí basabab sadme ke phaṭ játí haiṇ kḥún nikalkar andar khál ke daurtá hai, badhú ek yá do yá ziyádah dinon ke bartábaḡ tashaddud aur túlání zarb ke rang uská sabz siyáhhí máil ho játá hai, aur áe pás kí khál barang zard sabzí máil ho játí hai, baz auḡát jab kí kḥún niklá, aur na jazb huá, us súrát meṇ phorá ho játá hai, aur ákhir-ul-amar andar khál ke phúṭ játá hai, aur uská achchhá honá bahut diḡqat talab hai.

S.—Sab se bahtar zarb par lagáne kí dawá kyá hai ?

J.—Garam tar poultice yá tar flannel har roz bāndhí jáwe, agar zarb bahut shadíd howe, aur kisí joṛ ke pás wáḡa howe, aur wuh shaḡhs jawán howe, wáste kam karne dard ke bárah jonkeṇ lagáweṇ aur uske bad garam poultice yá flannel bāndhá jáwe, qábl az rafa hone dard ke jonk tīn yá chár martabah lagáí jáweṇ, agar wuh zarb kisí joṛ ke pás wáḡa howe, to arḡ ko chand roz tak bilá jumbiah rakhná zarur hai.

DARBÁB PHAṬ JÁNE YÁ KAṬ JÁNE ACHILLES TENDAN KÁ.

Sawál.—Achilles tendon puṭṭhe kis muḡám 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 hain erī ko un paṭṭhon men shāmil kartā hai jis se pinḍlī banī huī hai.

S.—Yih paṭṭhā kis tarah phaṭ jātā yā kaṭ jātā hai ?

J.—Jab kī chalte waqt yā zīne se utarte waqt ghabráhaṭ men pánw par jātā hai, aur baṛ waqt ittifāqan zor se náchne waqt tūt jātā hai.

S.—Ásār kaṭ jāne achilles tendon ke kyā hain ?

J.—Wuh shaḅhs kī jis ká yih paṭṭha kaṭ jāwe, wuh zamín par is tarah gir partā hai kī jaise kisī ke golī lage, aur usko aisā maḷúm hotā hai kī us muqám par bará sadma pahunchá, jab kī wuh uṭhtā hai to apnī tángen sídhe khare hone ke qábil nahín pátá, agarche wuh gáhe iráda kartā hai bojh dená us táng par to wuh kúḍ partā hai dúsrī táng se.

S.—Aisí súrāt men kyā iláj karná munásib hai ?

J.—Wuh shaḅhs chárpái par liṭáyá jāwe, aur apnī táng báhar nikále, aur ghuṭne ko báhut jhuká de, aur nok' se angúṭhe ko sídhá kare, aisá karne se wuh paṭṭhā albatta hatt-ul-imkán qaríb á jātā hai, is wazá se qáim rakhne kī tadbír yih hai kī ek tukrá patle takhte ká tīn angusht chaurá ghuṭne kī chapnī ke niche se pánw ke angúṭhe ke sire kī taraf táng ke sāmne bándh dewen, magar yih ihtiyát karen kī us takhte par aur úpar kī taraf jáng aur niche aurgird pánw ke lagáe jáwen táki nok angúṭhe kī is tarah qáim rahe, aur jis muqám se kī paṭṭhā kaṭ gayá ho, wahán kuchh bandish na kī jāwe, aur wuh muqám qabl az phailáne pánw ke hone chhed ke se kī jis men se unglī utar jāwe, jis waqt kī erī se táng par jáng kī taraf háth pherá jāwe baásání tamám maḷúm ho jātā hai.

S.—Kis arsa men maríz uṭhne ke qábil ho jātā hai ?

J.—Aksar chaudah roz men maríz ko cháhiye kī ádhá boot jútá áge se bandhá ho, us júte kī erī ko cork kī dáṭ se únchá rakkhen, angúṭhe pánw ke usí tarah khare rahen jaise chárpái par parne ke waqt khare rahte hain, das roz baḍ boot kī erī kī bulándí thorí sí kam kī jāwe, aur isí tarah har daswen roz kam karní cháhiye, jab tak kī erī áhistah áhistah zamín par ṭikne lage.

S.—Achilles tendon kaṭ jāwe to kyā iláj kiyá jāwe ?

J.—Sab taraf se khál jama kar ke do yá tīn tánke 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 donoñ kináre úpar ko istarah khaiñche jáweñ, ki andar kí taraf se us khál ke us patthe ká múñh mil jáwe, us waqt donoñ meñ úpar kí taraf ko suf aur dorá ek inch ke dúsre hissah ke bará-bar us kínáre se nikáleñ, aur níche se ek inch ke chaháram hissah ke fásle par usí taur se. Do yá ziyádah tánke lagáe jáweñ, aurl lambí kamchaurí patthí sticking plaster kí un tánkon ke bích meñ tãng ke úpar lagá dí jáwe, táki we tánke wahín qáim raheñ. Qarfb tísre ya chauthe roz ke we tánke nikále jáweñ, agar chhed suí ke babáís píb ke tar hon, yá surkh yá phúle hue hon. Bad nikále tánke ke pháyá marham wáste milá rakhne zañhmon ke istamál kiyá jáwe.

BAYÁN JARÍ HONE NAKSÍR KÁ.

Sawál.—Kyunkar tum band kar sakte ho khún nikalná nák se ?

Jawáb.—Tarkíb band karne khún kí yih hai, ki maríz ko sídhá biñhlákar us kí nák thrande pání se, yá sirke aur pání ke sáth tar karen, aur sungháweñ us ko nathnon kí ráh se, yá lagáweñ us par kútá huá baraf. Agar isse khún ná thambe, bis grain phitkarí do mez ke chamche bhar pání sard meñ milákar pichkárí se nák meñ dálí jáwe; yá ek battí lint kí us pání meñ bhigokar khún nikalne-wále nathne meñ lagáí jáwe, magar yih ihtiyát rahe ki ek mazbut dorá us meñ bándhá jáwe, táki wuh battí aisí dúr nák ke andar na chali jáwe ki us ká nikalná dushwár ho jáwe.

BAYÁN IJRAÍ KHÚN KÁ ZAKHM SE.

Sawál.—Nikalná khún ká zañhmon se kyunkar band kiyá jáwe ?

Jawáb.—Agar wuh zañhm kisí haddí par howe, maslan khoprí par, yá kisí muqám chihre par, to us muqám par unglí yá cork kí lakrí se dabáyá jáwe, yá ek sañht gaddí roller se khaiñchkar bándh dí jáwe. Agar yih tadbír kárgar na howe, har ek kinára zañhm ká uñhákar baahiyát tamám ghaur se dekhá jáwe, agar chhoṭá sá rásta khún ká nazar áwe, to yaqín kiyá jáwe ki koí chhoṭí shiryán meñ zañhm ho gayá hai. Us súrat meñ tinaculum ke nok hatt-ul-imkán us ke muttasil kí jáwe, aur jahán se khún nikaltá ho us ko baqadar zarúrat unchá uñhákar us ke gird mazbút dorá resham ká níche us tenaculum ke lagáwe; bádhdú ek sirá us resham ká dúsre meñ se lagákar donoñ siron ko khúb khaiñcheñ jab tak ki nikalná khún 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 ancl.

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 राग जिस में से क़ून निकलता हो उस को भी इसी तरह होक लगाकर बंधे. बाद उस के अगर क़ून थाम जावे तो ज़ख़्म को plaster लगावे ताकी वह अन्धमाल पावे.

S.—Agar क़ून असे ज़ख़्म से निकलता हो की वह मुत्तसिल बाग़ल के हो, उस सुरत में क्या किया जावे ?

J.—Angúthá háth ká gardan parse niche háns kí hadḍí ke bích men mazbút rakhkar dabáwen táki us se क़ून band ho jáwe, jab tak aur maʿljah munásib tajwíz kiyá jáwe. Is tarah dabáne se angúthá jald dukline lagegá, is liye munásib hai ki baṛí kunjí ke daste par tín yá chár tah linen kí lapet kar usí tarah use dabáwe, aur is tarah se jab tak cháhe dabáwe kuchh thakán maʿlúm na hogá.

S.—Agar क़ून असे ज़ख़्म से जारी हो जो तंग या जंग में, या जंग से उपर वा़ा हो, उस को क्युंकर band karen ?

J.—Maríz ko píth ke saháre se biṭháwe, aur ek gaddí jangáse par durustí se lagáí jáwe, jab tak kí दूसरी maʿljah munásib tajwíz ho.

S.—Jab kí क़ून kisí muqám se niche bích úpar le háth ke yá niche bích jang ke wáqá ho, to bilfáil us ko kis tarah band karen ?

J.—Ek rúmál se, ek yá do lapet us úzṽ par thoṛe ek fásle ज़ख़्म से जैसा की मुमकिन हो क़ूब ख़ाँचकर mazbút bāndh de. Baḍhú ek lakṛí is patṭí mudawwar ke niche se yane darmiyán patṭí aur post ke nikálkar us ko itná aĩṭhe kí क़ून band ho jáwe. Magar jab tak aĩṭhe kí jab tak क़ून band ho jáwe, mubáda ázáí muláim kí us ke niche wáqá ho un में zarar na pahunche.

MOCH KE BAYÁN MEN.

Sawál.—Moch kis ko kahte haiñ ?

Jawáb.—Jo lachak, yá aĩṭh, yá shigáf patṭhon में yá jaráo joṛon में haiñ jis se ustakḥwán aur ázáí bane hue haiñ us में wáqá ho us ko moch kahte haiñ.

S.—Kaun kaun se úzṽ में aksar moch á játí hai ?

J.—Kaláí háth aur ṭakhne páñw के में.

S.—Us के aĩṭhne में क्या tadbír kí jáwe ?

J.—Wuh úzṽ behis aur harkat rakkhá jáwe, aur maríz chárpaí par paṛá 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-

ghanton tak lagáí jáwe aur garam rotí aur pání ká poultice sote waqt bándhá jáwe. Aísá hí chand roz tak kartá rahe, aur us uẓv se mutlaq kám 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 mauqúf ho jáwe, to bahut ahtiyát karen ki jald chalne yá us uẓv ko harkat dene se sozish ziyádah na ho jáwe. Moch áne ke kitne hí arse bad aksar warm á játá hai, us waqt cháhiye ki bahtiyát tamám patṭí soap plaster kí lapet ke aur roller linen ká úpar bándhá jáwe.

BAYÁN TÚT JÁNE HADDÍ KÁ.

Jis shaḡhs ká háth niche yá úpar kohní se tút jáwe, agar wuh shaḡhs apne agle háth ko mustaqím úpar ke háth ke háth par chauṛí himáíl men rakkhe, ki us men sárá háth kohní se ungliyon tak á jáwe to bahut kam taklíf hogí, agar wuh shaḡhs 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 kambalon se ḡhánkkar ek achchhá dolá banáyá jáwe, aur maríz ke barábar rakkhá jáwe, aur jis qadar ádmí kí us ko zamín se ubhár saken usí qadar ádmí jama 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 dolá 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 ḡandḡe báham pahunchen aur niche har ek sire ke us ḡole men áre lagáe jáwen, to kaháron ko kam thakán maḡlúm hogá, aur níz bímár ko bhí kam taklíf hogí. Agar ḡolí báham na pahunche to yih tajwíz umda hai ki uskí jagah chár mazbút ḡandḡe bándhkar unke bích men ek kambal tán dewe ki wuh bashakal ḡháne chárpáí ke ho jáwe, aur us par maríz ko le jáwen. Aur us shaḡhs ko ḡolí yá kambal ke chaukḡte par sawár kar ke achchhá uẓv túṭe hue uẓv ke muttasil lákar donon ázá ko tín rúmálon se ḡhúb mazbút bándhá jáwe, is taur se túṭe hue uẓv ko bahut sahará ho játá hai, aur harkat qadre mauqúf ho játí hai, ek takiyá yá lambí gaddí ghás kí báhar kí taraf us uẓv 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

húti ho jáwe, jis waqt ki háth us doli par khisak ke chaukhte par rakkhá jáwe us waqt túti huí haddi ko mila huá hatt-ul-wasa bahálat aslí rakhte hain, aur hamesha bahut ihtiyát karní lázim hai, zera ki agar us men ihtiyát na kí jáwegí aur túta huá uzv khamídah pará rahegá to ghálib hai ki ek sirá yá dúsrá sirá haddi 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 ghutná jhukákar rakkhen, bahut áram małúm hogá, is taur se us ko sahará diyá jáwe jab tak ki maáljah munásib tajwíz ho.

BAYÁN TÚTNE PASLIYON KÁ.

Sawál.—Mamúli ásár shikastgi pasli ke kyá hain?

Jawáb.—Jis shaḡhs kí pasli túti huí hai jo ki baḡ girne yá pahunchne kisí sadme ke har ek sáns men us ko ek kasak yá chasak chhátí ke pahlú men jahán andar pahunchí hai małúm howe, aur us muqám par háth rakkhá jáwe, aur us shaḡhs ko kahá jáwe ki sáns andar ko zor se khainche to túte hue sire pasli ke idhar udhar harkat karte hue małúm honge.

S.—Agar ek yá ziyádah pasliyan chhátí kí ek taraf se tút jáwen to kyá iláj kiya jáwe?

J.—Flannel yá linen kapre ká roller chlah ghaz lambá aur chár inch chaurá khenchkar chhátí ke ás pás bándhá jáwe táki dam lete waqt pasliyon ko harkat na howe, aur sire us roller ke sí diye jáwen, aur jo sab lapet us roller ke táng diye jáwen jisse kí wuh bandish khúb hifázat se rahegi, agar yih bandish khúb bandhe 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 kí 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 antariyan khúb sáf kí jáwen, aur bis qatre antimonial wine ke aur páñch yá das qatre laudanum ke, ek glass páni men, chár martabah ek din men piláe jáwen, baḡ 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 maḷúm hone lagegá.

S.—Agar donoṅ taraf kí pasliyán tút jáweṅ to us súrát meṅ kyá kiyá jáwegá?

J.—Us súrát meṅ agar chhátí kí haḍdí tút 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 TÚT JÁNE HADDÍ HÁNS KÁ.

Sawál.—Ásár shikastgí haḍdí háns ke kyá hain ?

Jawáb.—Jis waqt ki tútí huí háns kí haḍdí ko sálim haḍdí ke muqábil dekhá jáwe, to uspar ek gúmrá sá maḷúm hotá hai, aur jab ki tute hue úzv par unglí rakkhí jáwe, barwaqt harkat dene háth ke us jagah ek harkat khiláf ádat hotí huí maḷúm hotí hai, barwaqt jumbish ke dard hotá hai, jabki kandhá píchhe ko jhukáyá jáwe, to us waqt badshaklí dahán kí uskí shakal se maḷúm hotí hai, aur jabki unko dhílá chhoṛ diyá jáwe, to us waqt phir badshaklí usse wáza hotí hai, to us súrát meṅ wáza ho kí haḍdí háns kí tút gaí.

S.—Us hálat meṅ kyá iláj kiyá jáwe ?

J.—Cháhiye ki baghal ke andar únche kí tarafek gaddí bamiqdár do muṭṭhí moṭí aur chahár muṭṭhí chaurí ho donoṅ taraf se bándhí jáwe, ek fíta donoṅ siron par bándhkar ek sirá píṭh par ko nikálkar aur dúsrá chhátí ke sámhne lákar us gaddí par bándhá 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, zánpas kohní aur aglá háth ek chhoṭí sí himáil meṅ rakkhe jáweṅ, ki jisse kandhá uṭhá rahe, aur gardan kí sálim haḍdí kí taraf kandhá bándhá jáwe, aur yih bandish ek mahíne tak bandhí rahe.

BAYÁN TÚT JÁNE HADDÍ HÁTH KÁ KOHNÍ SE ÚPAR.

Sawál.—Kohní ke úpar bánh tút jáne ke ásár kyá hain ?

Jawáb.—Túṭná 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 maáljah kiyá jáwe ?

J.—Gaddiyán aur splint sálím bánh par charháe jáwen, har qism ke chár chár honí cháhiyen, tín tín 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 jáwen, gaddiyán splint se zará chaurí aur do inch ziyádah lambí hon táki splint ke donon kináron se ulaṭ kar ke síye jáwen, táki splint phisal na jáwen, aur do lambe roller bhí darkár hote hain, jab ki warm hawádas kam ho jáwe, tūtá huá háth agle háth par kham dekar basúratzáwiyaqáima rakkhá jáwe, badhú háth aur bánh roller se lapete jáwen, istarah kí lapet uske lapet par áte jáwen, aur zará kohní ke úpar tak dúsrá roller bánh ke gird do tín lapet kohní ke úpar lapete jáwen, badhú awwal splint úpar ke bánh kí sámhne rakkhá jáwe, magar aisá niche nahín ki kohní ke kham tak pahunche, aur roller ke do tín lapet us par diye jáwen, bad uske píth ká splint kandhe se kohní tak rakkhá jáwe, aur do tín pech roller ke uspar bhí lagáe jáwen, badhú tísrá splint andar kí taraf rakkhá jáwe, uská úpar ká sirá andar baghal ke lagáyá jáwe, magar aisá ziyádah na lagáwen kí baghal usse ragaṛ kar zaḥm ho jáwe, aur chauthlá splint báhar kí taraf lagáyá jáwe, aur unke gird roller lapetá jáwe, aur lapettá rahe jab tak ki sárá bánh mai splint baghal se kohní ke kham tak lipaṭ jáwe, us waqt ek chhotá sá hamáil gardan men dálá jáwe, táki uspar háth aur kaláí sahárí jáwe, aisá karne se basabab bojh kohní ke niche ká sirá haddí 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 jáwen, ek mahíne yá sawá mahíne tak isí tarah bandhe rahen baayám maáljah maríz ko cháhiye kí chaltá phirtá rahe, is liye kí banisbat chárpaí par para rahne ke harkat karne se ustakhwán shikastah ziyádah thikáne se rahte hain.

S.—Agar lakrí ke splint báham na pahunche to us sūrat men biliwaz unke kyá iláj kiyá jáwe ?

J.—Sakht waslí yá gehún kí náli ká splint.

S.—Koi aur bhí tarkíb isse bihtar hai ?

J.—Hán aur bhí tadbír hai kí 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 gáre gond ke pání men yá nisháste men yá cháwal ke pání men bhigokar úpar ke háth ke gird baahtiyát tamám kohní se baghal tak lapetá jáwe, uzv shikastah us waqt bawazá aslí sábiq ke bahoshyári tamám jaisá ki mumkin ek takiya par rakkhá jáwe, do chár pahar men wuh gond yá cháwal ká pání khusk ho jáwegá, us waqt ek goyá ki saht bejumbish aur laṭak átá huá miyán háth ke gird ho jáwegá, aur bích uske chherne kí zarúrat kam hogí, jab tak ki ákhir mahíne tak bilkul na utár liyá jáwe.

BAYÁN TÚT JÁNE BANII KÁ KOHNÍ SE NÍCHE.

Sawál.—Shikastgi ustakhwán zer kohní kí alámaten kyá hain ?

Jawáb.—Agle háth men do haddí hotí hain, 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 दूसरी haddí sálim bataur splint us tútí huí haddí ko qaríb qaríb basúrat aslí qáim rakhtí hai, magar jab ki donon haddí tút jáwen us waqt yih súrát nahín hotí aur isí sabab se bawaqt tútne donon haddí ke maḷúm ho játá hai ki kyá nuqsán huá.

S.—Jab donon haddí tút jáwen to us waqt kyá iláj kiyá jáwe?

J.—Do gaddí lage huí splint darkár hote hain 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 jáwen, baḍhú bānh ko us kí pusht par thahrákar ek himáil par rakkhí jáwe, táki uspar kohní se ungliyon ke sire saháre jáwen, aur yih splint ek mahíne tak barábar bandhe rahen.

BAYÁN TÚT JÁNE UNGLIYON KÁ.

Sawál.—Túti huí ungliyon ká kyá iláj kiyá jáwe?

Jawáb.—Ek tukrá patlí lakrí yá saht waslí ká un ke barábar arz aur túl men lekar sámhne kí taraf hathelí kí taraf un ungliyon ke rakkhá jáwe aur unglí sídhí rakhkar ek inch chauṛe roller se ek sire se दूसरे sire tak bándhí jáwen, aur háth ek mahíne tak himáil men 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 immoveable 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 ko 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 malúm honá us ká úsán hai, isliye ki bamuqám zarb kham khiláif ádat par játa hai aur maríz uzv shikastgí se táng apní uṭhá nahín saktá, aur basabab ghusne ustaḡhwán shikasta ke dard gosht men malúm hotá hai, aur maríz ká yih jí cháhtá hai ki apne pánw ko harkat na dúñ.

S.—Is súrat men kyá iláj kiyá jáwe?

J.—Agar mumkin ho to iláj bazarial splint kiyá jáwe, aur jo splint dastyáb na hon to bilá splint bhí ho saktá hai. Illá yih ahtiyát rahe ki us súrat men maríz hattulwasá behis aur harkat rahe.

S.—Bilá zarial splint kis tarah iláj kiyá jáwe?

J.—Maríz ko mazbút gadelé par ki taḡhtá jo ki chárpái par jaṛá howe liṭáwen. Do moṭí gaddiyán aisí lambí chauṛí baná jáwen ki ek to sálím ghuṭne ke andar aur dúsrí usí uzv ke taḡhne ke andar ba-ḡhúbí á jáwe. Donon uzv pás pás rakkhe jáwen usí sídh men jaise ki jism hotá hai ki koí shaḡhs apní eṛí par sahárá dekar aur pánw kí ungliyon ko sídhá úpar kí taraf karke khará howe; aur aisá karne men yih liház rahe ki donon tángon kí jáng us gadele par sáf phailí rahen. 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 taḡhte par pakre rahe, aur áhiste áhiste aur mazbútf se us ko níche utáre, magar us uzv ko terhá na karen balki sídhá rakkhen, aur tísrá shaḡhs ghuṭne ki gaddí ko darmiyán donon ghuṭnon ke aur taḡhne kí gaddí ko darmiyán donon taḡhnon ke rakkhe. Ahiste áhiste khínche sálím ghuṭna túṭe hue uzv ke pás láyá jáwe, magar us se wuh úpar rahe is tarah kí andar kí taraf uzv kí jo nok wáqa hai us par sahárá páwe, us waqt donon mutsil lákar ek gaddí háth bhar chauṛí donon tángon ke gird sídhí donon taḡhnon ke lapetí jáwe, aur us par tín gaz lambá roller áhiste áhiste baahitiyát 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 darsúrat adm dastyábí roller yá tasme ke ek rúmál lapetkar bándh diyá jáwe, magar is qadar ahtiyát rahe ki saḡht jagah donon haddiyán táng kí howen girah na lagáwen, isliye agar us jagah girah lagegí to us ke dabáo se taklíf hogí. Isí tarah se donon ṭakhnnon ko bhí bándhe, magar yih ḡhiyál rahe ki achchhí táng ká ṭakhná túṭí huí táng ke ṭakhuc par bándhá jáwe. Ek chhoṭí gaddí darmiyán men andar kí taraf donon pánw ke rakkhí jáwe táki is men basabab donon ikatṭhe bandhe hone ke dabáo na kare, pas aur kuchh karná zarúr nahín.

S.—Túṭí huí jáng ká iláj bazariáh splint kyunkar kiyá jáwe?

J.—Kaí tarkíb se karte hain baliház ṭadád splint aur mauḡḡ uzv shikastah ke kaí tarkíb se iláj kiyá jáwe; baḡe auqát ek lambá sídhá splint, aur baḡ auqát chár chhoṭe splint aur baḡ súrat men dohre splint bashakal musallas ke kám áte hain.

S.—Lambe splint bándhne kí tarkíb bayán karo?

J.—Sádah splint baahhtiyát pánw kí ungliyon se kúle tak bándhá jáwe; kaisáhlí splint ho illá is tarah bándhná uská hamesha cháhiye. Táng aur pánw ko zará ṭakhne se upar roller se lapet kar, ek shaḡhs bandan ko mazbút pakre, aur dúsrá ṭakhne ko pakre aur táng baqadar zarúrat niche kí taraf khínche, aur baqadar iktafá usko chárpái se uṭháwe, aur yih amar is taur se kiyá jáwe ki niche ghuṭne ke háth lagákar aur usko zará únchá uṭháwe aur roller uske ás pás kaí martabe lapeṭe, yá jab tak sára uzv kúle tak lipaṭ jáwe; aur wuh roller sirf chhah gaz lambá howe aur dúsré roller men siyá jáwe, táki wáste kár bandish aur úrám maríz ke mufíd howe, isliye chaudah yá solah gaz lambá roller bahut bhári hotá hai. Jo ek splint ko to wuh ádh inch moṭá, chár angusht chaurá ho, aur is qadar lambá ki baghal se ek inch niche pánw ke talwe se pahunche. Usko sálim pánw par náp liyá jáwe aur ek gol suráḡh us men kiyá jáwe aur kináre uske kát diye jáwen ki eṭí us men utar jáwe táki usse kuchh dabáo na howe. Túṭe 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 baḡ uske baahhtiyát tamám wuh gaddí us splint ke sáth sí dí jáwe táki us men 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 shaḁhs jism ko sídhá thánbe, aur ek shaḁhs ṭaḁhna pakre, wuh ṭáng ko áhiste áhiste níche ko khínche jaise erí sahári játi hai, aur ungliyán úpar ko hotí hain aur khínchí jáwe jab tak ki talwá us ṭáng ká achche páñw ke talwe ke hamwár ho jáwe. Mazrúb taraf se bándh ko zará chhátí kí taraf sarkáwe aur ek gaddí baghal men rakkhe, aur us gaddí ke bích men 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 aur sámhne kí taraf ek sire par guzarkar úpar splint ke bándhe jáwen; aur ek dúsrí paṭṭí usí tarah gird kúlc 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 ṭaḁhne ko darmiyán suráḁh ke ki pahlá kiyá gayá hai ḁhúb áte hue kar ke us uzv aur splint ko milákar jáng par háth rakkhar ḁhúb mazbút pakre, ek háth ṭúṭe hue uzv ke úpar aur dúsrá níche howe, aur dúsrá ádmí ṭáng ko pakre aur us ṭáng aur splint ko níche ghuṭne ke thánbe, aur ek ádmí ṭaḁhne ko khínch kar us ṭaḁhne ko splint se miláwe, aur barábar khínchtá rahe. Aur jo shaḁhs ki paṭṭí ko bándhe usko cháhiye ki do tén pher us ke pusht qadam se gird páñw ke dewe aur baḁ sab lapet us kí baahiyát tamám lapetí jáwen. Yih karke ek roller gird splint aur ṭaḁhne ke do yá tén martabe lapete, baḁhú páñw ke talwe ke níche se splint ke kánṭe men se us ko guzáre aur úpar pusht qadam ke aur gird ṭaḁhne ke lejákar yih us pusht qadam par se páñw ke níche lejákar us splint ke kánṭe men se nikálkar pbir ṭaḁhne ke gird lejáwe is tarah ki us paṭṭí kí bandish bashakal hindse áth angrezí ke ṭáng se páñw tak ho jáwe aur sámhne ṭaḁhne ke taqáṭa kare. Is paṭṭí ke bándhne men bahut ahtiyát karní lázim hai, isliye ki isí par kul tadbír iláj kí mauqúf hai : cháhiye ki níche ká sirá túṭí huí haḁdí ká upar ke sire par na khínchá jáwe. Úpar ká sirá splint ká baghal par sahákar qáim kiyá jáwe aur aisí bát men ziyádá tawajjah kí jáwe ki páñw aur ṭaḁhne us ke níche ke sire par khínchkar miláyá jáwe aur is tarah se níche ká sirá ṭúṭe hue sirá ustakhwán shikasta 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 ṭáng aur jáng 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 pahunche, badhú tín chár splint aur kúle par lagáe jáweñ aur ákhir-ul-amar patí ko mazbút táñk deweñ. Uzw ko áhiste áhiste gadele par ungliyáñ páñw kí upar karke rakkhí jáweñ, aur páñw ko kisé taraf jumbish na hone páwe, táki mauqá túfi huí hadí ke men kuchh harj wáqa na howe badhú ek patí se ek do lapet dekar takhne par bándhe, uske sire bamuqám pusht pá taqáta karte hue ek do martabe gird páñw ke lipat jáweñ aur niche se pusht par lákar un men girah lagáí jáweñ aur badhú us ke donon sire ek ek taraf chárpái ke bándh diye jáweñ. Agar yih bandish khub bándhí jáwe to do hafte se pahle tak uski phir kholkar bándhne kí zarúrat na hogí. Baz auqát aisá ittifáq ho játa hai, ki bad jornc túte hue uzv ke awwal ke chand roz tak basabab sarak jáne niche túte hue sire ke upar ke sire par jáng men chabak rahtí hai, kyunki us ke tez kináre muláyam azáe men chubte haiñ. Jab ki is taur se chabak láhaq howe to us ko is tarah rafa kiyá jáwe ki páñw par jis qadar káfi ho bojh diyá jáwe, aur us kí tarkíb yih hai ki ek lapet yá do lapet patí kí takhne ke gird dekar aur us kí pusht qadam ke upar se páñw ke talwe par lákar ek pech yá ek bánt bawazan sát pound yane sáre tín ser us men chárpái ke páye se latkáyá jáwe aur us páye par ek tukrá takhte ká takhminan ek inch únchá pech ke zariyah se jar diyá jáwe goyá ki ek charkhi kí súrat banáwe ki jis par wuh patí phirtí rahe. Bojh latkáne kí zarúrat tín chár roz bad mauqúf ho játi hai jab ki pathe darmánde ho játe haiñ.

CHÁR SPLINT KE ISTAMÁL KÍ TARKÍB.

Sawál.—Túfi huí jáng kí bandish chár splint se kis súrat men kí jáwe.

Jawáb.—Agar kisé shaḡhs kí táng shor daryá ke safar men túf jáwe, yá wuh shaḡhs ek muqám se dústre muqám ko harkat kiya cháhe aur wuh láiq harkat pahunchne ke ho.

S.—Chár splint wahán par kyunkar lagate haiñ ?

J.—Báhar ká splint bará splint mutsawwar hotá hai, wuh splint túl men us qadar hotá hai ki cháhiye ki 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 run 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 taḡhne par bándhá jáwe, magar sáre uzv par bandish nahín kí jáwe jab tak ki báqí ke splint na lagáe jáwen. 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 men ek gol surákh kiyá jáwe táki taḡhná us men 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 bad us ke niche ká sirá taḡhne men aur pánw men aur báhar ke splint men bazariáh 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 ḡhálí kar liyá jáwe, táki jism ke post men na chubhe. Do tén lapet roller ke dekar us ko mazbút kar diyá jáwe, aur phir áḡhir 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 taḡhna ke ḡham ke pahunche. Jis muqám par ki yih splint ghutnc kí chapní par howe tén chár lapet us jagah ádh inch ke fásle se qaríb us kí moṭái tak pahuncháwen táki splint us jagah ḡham khá jáwe, warnc jo splint kí bandish se ghutnc kí chapní par dabáo paregá 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 men mahsúr ho jáwegá, aur bidún zabardastí aur chírne ke uská ilahdah karná dushwár ho jáwegá. Is amar men ziyádah ihtiyát karní cháhiye ki is maáljah kí támíl men maríz se hamesha daryáft kar liyá jáwe ki splint kisi ḡhás muqám par jism men chubhe yá us men kashish kare; is qism kí taklíf aksar taḡhne par huá kartí hai. Jab ki maríz is amar kí shikáyat kare, cháhiye ki bandish zará úpar yá niche ko kát dí jáwe, aur us kí lapet níkul kar kuchh lint kaprá yá aur qism kí gaddí úhiste úhiste us ke andar wáste taskín taklíf ke ghúsá dí jáwe, aur bad us ke roller phir bándh diyá jáwe, aur us ko jahán jahán se kátá gayá hai phir ikhatthá sí diyá jáwe. Yih bát zarúr hai ki in splint men se koí sá splint kam se kam chhah hafte tak bandhá rahe; agar is arse ke áḡhir men barwaqt kholne splint ke wuh shaḡhs chárpái se ilahdah apní táng ko zará bhí úthá na sake, aur ḡhasúsan jáng us muqám se jahán tút gaí thí ḡham khátí ma'lúm ho, to jáná cháhiye ki joṛ ḡhúb 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 jāwe, magar aksar aisī zarúrat nahīn huá kartī hai. Baz auqát agarche yih bāt bahut sház hai ki aisī karī bandish maríz se saharī nahīn jātī, us súrāt meṇ rakhná uzv shikastá ká ghuṭne ke joṛ ko kham dekar us ke sáth úpar dhalwán satah kí súrāt musallis par rakkhá jāwe.

S.—Wuh dhalwán satah bashakal musallis kyunkar bantá hai?

J.—Us meṇ do takhte ádh ádh inch mote aur do do foot chaure lage hain, ek to joṛī huí hadḍī se rán tak, aur dúsrá rán se ek inch niche tak erī ke. Bad us ke un ko sire kí taraf se aisá miláte hain ki ek záwiya ban jātá 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 jāwe, donoṇ taraf se túṭe hue uzv kí chand khúṅṭiyán banákar surákhon meṇ ghusá dí jāweṇ har ek túṭe hue uzv ke, táki us ko jumbish ná hone páwe. Bad us ke túṭī huí jáng sálim jáng ke pás láí jāwe aur ghuṭna aur ṭakṅhon ko rúmál se bāndhkar ghuṭnon ko áhiste áhiste jhuká dewe, aur erion ko zará uṭhá de, aur us sáre dhalwáns satah par baṛí gaddí chhah yá áṭh tah kambal kí lagákar baahiyát niche un ke sarkái jāwe, yih karke azá ko áhiste áhiste satah par rakkhá jāwe. Badhú sirif is taur bandish kí jāwe ki ghuṭna aur ṭakṅna ko ek sáth unke bích meṇ gaddí hasb hidáyet mazkúra bálá ghusákar báudh diyá jāwe, yá tīn chhote 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 jāwe. Tíu paṭṭiyán yá tasma gaddí lagí huí áhiste áhiste jáng ke andar jis muqám par wáste dafatan kaṭ jáne jism ke gaddí lagáte hain ghusáí jāweṇ, aur un ke sire túṭī huí jáng ke sámhne nikálkar ek ek sirá apne apne dúsré sire ke sáth splint par úpar kí taraf aur niche kí taraf aur bích meṇ jáng ke is qadar khainchkar bāndhe jāweṇ, jis qadar khincháo bilá wáqa hone taklíf ke gawára kiyá jāwe.

BAYÁN TÚṬ JÁNE HADḌÍ CHAPNÍ GHUṬNA KÁ.

Sawál.—Aksar yih zarab kyunkar á jātī hai?

Jawáb.—Baz auqát basabab ghuṭna ke bal girne se, magar aksar auqát bawáqt koshish karne sambhalne meṇ beqáidáh 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 pagdandī par se chapní tūt jātī hai; jab ki chapní tūt jāwe to wuh shaḡhs is tarah gir partá hai jaise kisī ke golī lagī ho, aur jab us ko uṡháyá jāwe to us ghuṡne se jis kí chapní tūt gāi ho khará nahīn ho saktá hai.

S.—Chapní tūtne ke ásar kyá haiñ ?

J.—Jabki baḡ isī tarah gir parne yá phisal parne ke wuh shaḡhs us ghuṡne par sahará dene qábil na howe, aur jáng aur táng na tūṡe aur harkat kúle aur ghuṡne aur ṡakhne kí men kuchh qabáhat wáqa na howe, to us súrāt men ghuṡne ko dekhá jāwe aur ṡatolá jāwe. Agar filfaur aisá kíyá jāwe aur jab tak ki waram ziyádah na howe to bajái chapní ke us jagah joṡ ke sámhne derh inch lambá ghár maḡlúm hogá us men unglí bilá dabao kisī nau ke utar jāwegí, uske úpar aur níche ek hadḡí maḡlúm hogí, us men se koí hadḡí aisí baṡí hogí jaise ki sálim páñw kí chapní hai, aur wuh ziyádah mutharrik maḡlúm hogí. Yih hí donoñ maḡhsús ṡukre haiñ jin ke bích men hadḡí aksar tūt jātī hai.

S.—Aisí súrāt men kyá maḡljah karná munásib hai ?

J.—Wuh shaḡhs píṡh ke bal se chárpái par liṡáyá jāwe aur us ká sir aur jism zará únchá rakkhá jāwe ki ádhá baiṡhá maḡlúm howe. Jáng aur táng ek hí khat-i-mustaqím men rakkhe jāwen, aur páñw aur táng is qadar únche úṡháe jāwen jis qadar úṡháne men taklíf maḡlúm na howe, is taur se ki sárá táng jism par bamuqám joṡ kúle ke ḡham kháwe. Is súrāt se jism ko bazariáh chhoṡe himáil ke rakkhá jāwe, upar ká sirá gird ḡardan ke, aur níche ká sirá gird páñw aur eṡí ke guzará jāwe, sirif isī taur se párah háe ustakhwán shikaste jamá ho jāte haiñ, jáng ke puṡṡhe úpar kí taraf khínchte haiñ, aur us ko níche kí taraf khínchne se báz rakhte haiñ, aur níche ká ṡukrá hadḡí ká pindlí kí hadḡí men aisá qáim hai ki bilá harkat dene us hadḡí ke us ko harkat nahīn hotí. Is wáste úpar ká sirá hadḡí ká badastúr pará rahe, lekin jbukáne se us uzv ko úpar peṡ ke níche ká sirá us ke pás láyá jāwe, aur us jagah himáil men rakh diyá jāwe. Jab ki waram jo ziyádah baze auqát ho jātá hai aur aksar arse ek hafte men raṡa ho jātá hai, to ám dastúr yih hai ki ek mudawwar tasma yá do tín pech roller ke jáng par us muqám se zará upar jahán úpar ká sirá hadḡí ká maḡlúm hotá hai bándhe jāwen, aur is qadar khínch diye jāwen kí phisal parne se mahfúz rahe, aur ek dúsrá mudawwar tasma yá roller usí tarah se táng par durustí 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 sire par lapetá jáwe, yá do rúmál in azá ke gird lapetē jáweñ to un se bhí kám chal jáwegá. Yih donon mudawwar bandishen bazariāh fite ke pás pás láí jáweñ, upar kí bandish se úpar ká sirá haddí ká zará níche ko jhuk jáwegá, aur har taraf ghuṭne ke bándh diye jáweñ. Yih waza aur bandishen qarib ek mahíne tak qáim rahen, aur baḍ ek máh khol diye jáweñ. Jab ki wuh shaḅhs awwal uṭhtá hai to apne ghuṭne ko baḅhúbí jhuká nahín saktá, wuh ghuṭná us ko bahut kamzor maḷum hotá hai, auṭ uskí táng us ká bojh sahárne kí qábil nahín hotí, aur baistihkám áge nahín rakkhí játí, aur baitmínán qadam áge nahín barháyá játá.

S.—Is beqaimí kí wajjah kyá hai?

J.—Basabab phail jáne us medeh ke ki jis se ustakhwán shikasta jur játí hai, aur agar yih phailáo ziyádah ho jisse aksar kaí inch tak ho játá hai, tab wuh shaḅhs bilkul langrá ho játá hai, khare hone kí qábil nahín rahtá, is wáste ki jin puṭṭhon se táng jáng ke sáth khinčí huí hai basabab phail jáne medeh ke dhíle ho játe haiñ, aur uṭhne men jhat úpar ká hissá chapní ká jis men kí weh puṭṭhe lage huc haiñ maḃmúlí jagah se ziyádah uṭh játá hai.

S.—Dhíla honá puṭṭhon ká kyunkar rafa kiyá jáwe?

J.—Us shaḅhs ko cháhiye ki buland takht par baithe, 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 páñw men bándh lewe aur badastúr sábiq phir harkat dená shurú kare; phir us wazan ko ek do martaba ziyádah kar lewe. Das pandrah din tak aisá karne se us ke puṭṭhe durúst ho jáwenge aur ghuṭne kí bandish un se ḅhúb ho jáwegí aur sídhe hokar qábil sahárne jism ke ho jáwenge, aur táng áge phailne lage aur wuh shaḅhs baitmínán chalne lagegá.

BAYÁN TÚTÍ HUÍ TĀNG KĀ.

Sawál.—Túṭí 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 ársah men táng báhar kí taraf se ek takiya par rakkhí jáwe, aur ek gaddí báhar páñw kí ungliñ ke ki jis se chhotí unglí zará uṭhí rahen níche báhar kí taraf páñw ke pás chhotí ungliñ ke lagá den, 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 immovable. 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 safái se dohrá kaprá lint ká lapetá jáwe, warna patí ko gáre solution gond men tar karke bándhí jáwe, jo ki bálon par chipat jáwegí, aur roller ke iláhdá karne men barí diqqat hogí. Aisá karke táng ko zará únchá uñháyá jáwe, aur do ádmí usko thánbe rahe, ek tau ádmí túte hue muqám se úpar pakre, aur दूसrá niche se, aur ek háth apná ás pás takhne ke rakkhe, aur use zará khenchta rahe, táki túte hue sire haddí ke lipat na jáwe. Badhú roller bándhá jáwe, awwal usko pánw ke ás pás bích men lapetkar pusht qadam aur erí tak táng men aur ghutna tak lapetá jáwe, magar yih ihtiyát rahe ki har lapet se pahlá lapet nisf dabtá rahe. Ghutna tak pahunchákar roller táng ke gird usí taur se niche kí taraf pánw ke bích tak lapetá jáwe, aur phir úpar ghutna tak lapetkar chhor diyá jáwe. Uzv ko báhar kí taraf sáf takiya par pahlí dafa ke muwáfíq rakkhe, aur pánw sámhne se aisí bulandí par sahára jáwe ki pánw ke angúthe kí nok aur ghutne kí chapní ek khat men hamwár ho jáwe; aur yih ihtiyát rahe ki táng hatt-ul-imkán 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 khushk ho jáwegá, aur ek mazbút táng khána sá ban jáwegá ki jis men táng ko jumbish na ho sakegí. Jab kí bandish sakht aur mazbút howe, aksar tisre roz us shaḡhs ko cháhiye ki uṡhe aur chale phire. Baz auqát zarúrat kholne roller kí aur uske phir bándhne kí ho játi hai, jab ki kabín bhinch jáwe yá haṡ jáwe azái muláyam se, yá lapet dhíla ho jáwe, magar aksar ek mahíne ke ákḡír tak uske chherne kí altiyáj nahín hogí; bad ek mahíne ke usko bilkul khol dálte hai. Agar istamál splint ká kiyá jáwe to do splint cháhiye ki tén yá chahár ungal chaure mutábíq túl táng ke hon, aur ghutne se pánw ke talwe tak pahunchen, har ek men ek ek gol surákh katá howe, ki jahán se splint takhne par saháre jáwe. Splint par moṡí gaddí lagákar aur táng hasb hidáyat mazkúrah bálá ghutne ko kham dekar rakkhí jáwe, aur usko zará únchá uñháyá jáwe, aur दूसrá splint andar kí taraf lagáyá jáwe, aur uske bad pánw se ghutne tak roll bándhkar donoṡ ko khench diyá jáwe. Táng ko báhar kí taraf aur sahára dekar ghutne ko jhuka huá rakkhe, aksar bahut bahtar aur árámбахsh waza tajwíz huí hai, baz auqát túte hue sire haddí ke apní apní jái munásib men nahín waal hote hai, 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 súrāt meṅ zarúr partá hai ki us uzv ko sídhá rak-
khá jáwe, aur erí par sahará diyá jáwe; agar phir bhí túṭe hue sire
haddí ke thikána na baithen, tau us hálāt meṅ zarúr hai ki hasb
hidáyāt mundarjah maáljah jáng shikasta pánw par chand roz tak
bojh bándhá jáwe, jab ki ek mílán puṭṭha darbáb khinchné niche
ke sire haddion ke mauqúf na ho jáwe.

BYÁN TÚṬ JÁNE UNGLÍ PÁNŪ KÁ.

Sawál.—Jab pánw kí unglí túṭ jáwe us súrāt meṅ kyá hál hotá
hai?

Jawáb.—Jab tak ki pánw ke muláyam azá meṅ zarab na
pahunché tab tak unglí nahín túṭtí, aur angúṭhe ke pahle joṛ aur
wuh joṛ ki us ke muttasil hotá hai us ke siwá patṭhá us zarab ká
badushwári maḷúm hotá hai.

S.—Aisí zarab ke pahunchne meṅ kyá iláj kiyá jáwe?

J.—Ek tukrá moṭí waslí ká unglí ke andar ke satah par lagáyá
jáwe, aur kamchaurí roller ke chand lapet dekar us meṅ bándh
diyá jáwe. Aur bímár ko behis aur harkat chárpái yá takṭhposh
par rakkhá jáwe.

BAYÁN TÚṬ JÁNE HARDO HADDÍ YÁNE MURAKKAB KÁ.

Sawál.—Shikastagí murakkab kis ko kahte haiṅ?

Jawáb.—Jab donon haddí túṭ jáweṅ aur naram azá meṅ us
jagah tak zaḥm ho jáwe.

S.—Is qism kí zarben kuchh khatarnák hotí haiṅ?

J.—Filwáqā jis qadar baṛá zaḥm ho jáwe aur azái naram phat
jáweṅ yá pis jáweṅ us qadar ziyádah khatar hotá hai, shikastagí
murakkab us súrāt meṅ ziyádah khatarnák hotí hai, jab koí mufásil
us meṅ á játá hai, wáqā honá shikastagí murakkab ká úpar ke uzv
meṅ nisbat niche ke uzv ke ziyádah khatarnák hai, jáng banisbat
táng ke, kohní se úpar ke háth meṅ nisbat kohní se niche ke háth
meṅ aisí zarab pahunchne se ziyádah khauf karná cháhiye.

S.—Aisí súrāt meṅ kyá iláj kiyá jáwe?

J.—Baṛí murád yih hai ki shikastagí murakkab ko jis qadar
jald mumkin ho zaḥm ko indamál karke ki jáng kí súrāt meṅ

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

ķhasúsan yih amar bahut muhál hai, har ek súrāt meṇ awwal yih tadbír kí jáwe ki bazariāh pháye sticking plaster ke zaķhmon ke kināre āhiste āhiste milāe jáweṇ, aur uzv shikasta par kaprá linen ká lapetá jáwe, sponge ko bhigokar us par mutwátir pání nichoṛte raheṇ, zerá ki basabab urne pání ke wuh kaprá ķhushk ho játá 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.—Iķhráj buķhár kis tarah járí rakkhá jáwe?

J.—Chárpái ke kapre us uzv se iláhda rakke jáweṇ, 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 ihtiyát rahe kí kināre us chádar ke kaí jagah se únche uṭhāe jáweṇ táki hawá hamesha us meṇ ko átí rahe, warna wuh uzv goyá hammám buķhár meṇ rahegá, aur banisbat áram hone ke zarar pahunchegá, istamál cradle ká sirif wáste jáng aur táng 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 shaķhs beqarár hone lagtá hai, us ko nínd nahín átí, agar átí hai to ķhafif, aur aisí ki us meṇ 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 chaṛh átá hai, aur jiun jiun shám hotí átí hai, us kí hálat bigarṭí játí hai, us ká dil bhatakne lagta hai, aur balki hálat hiziyán ho játí hai, zaķhm meṇ se awwal thoṛá thoṛá mailá ķhún qism mawád nikalne lagtá hai, aur batadríj ziyádah hotá játá hai, aur agar súrāt bihtarí kí maḷúm ho, to wuh mawád mubaddil hotá hai basúrat achche píb ke, aur badbú us meṇ 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 haiṇ, aur buķhár játá rahtá hai, aur ishtahá aur nínd bahálat aslí ho játf haiṇ.

S.—Darjah doyam ká hál bayán karo?

J.—Is hálat meṇ wuh tarkíb shurú hotí hai jis ko granulation yaní paidá honá naye gosht ká aur indamál honá suráķh zaķhm ká jo basabab zarab ke ho játá hai, pahle isse ki ṭúṭe hue sire haddion ke ápas meṇ wasl hone lageṇ, aur yih hai ek bahut achchhí hálat maālĵah karne meṇ, aur yih darjah bahut ķhatarnák 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 men jin kí ki umed zindagí munqata ho gai ho, basabab zaifi umr ke, yá dígar wajah ke kamzor aur kharáb ho gai ho, aur agar zarab niche ki uzv men pahunche to darsurat na kátne us uzv ke wuh shaḡhs aksar mar játá hai, aur aisí tadbír yaṇe kátne se kuchh iatbár sihat mutsawwar nahín. Agar tabíat is darje doyam men bigar jáwe to súrát buḡhár phir gálib hotí hai, harkat nabz tez aur zaif ho játí hai, chihrah tamtamáyá huá basiyáhí máil ho játá hai, garmí aur pasíne bári bári se láhaq ho játe hain, sára badan dublá hotá játá hai, ishtahá rafa ho játí hai, zubán khusuk aur bhúrí ho játí hai, beqarári aur us ke píchhe hiziyán láhaq hotá hai, aur badhú maríz mar játá hai.

S.—Jis waqt ki tabíat men khalal wáqa 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 hain, istamál poultice ká jári rahe, jab tak ki zaḡhm qaríb qaríb yá bilkul indamál páwe.

S.—Kyá kyá dawá har do darje marz men istamál kí jáweñ ?

J.—Awwal darje men jab ki hálat sozish bahut zor ke sáth láhaq hotí hai rokná us ká kabhí kabhí bazariāh istamál karne calomel aur tartar emetic ke munásib hai, magar is ke istamál men 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 bazariāh istamál sharáb aur dígar mufarraḡ adwiyát ke ho jáwegí, warna maríz dafatan ján bahaq ho jáwegá. Darjah doyam men soziāh ká martabah us qism ká hotá hai, jis se táqat záil ho játí hai, to us súrát men 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 wálf kḡhurák aksar kasrat ke sáth dí jáwe.

BAYÁN UKHAR JÁNE JORON KÁ.

Sawál.—Mufásil ká ukharná kis ko kahte hain?

Jawáb.—Jab ki kof uzv yá joḡ apne khána se yá joḡ se phisal jáwe, us ko ukharná mufásil ká kahte hain.

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 laxation 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 haiñ ?

J.—Dhíle mufásil ki jin men har jánib ko harkat ho saktí hai, wehí aksar ukhar játe haiñ, 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 ukhar te haiñ, aur us kám ke 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 niche kí taraf yá bích men se kisé taraf sarak játí hai.

S.—Aur mufásil kis tarah utar játe haiñ ?

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 haiñ ?

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 ukhar 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 haiñ.

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 lagáf 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 bad 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 namúd 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 ḡhatrá bhí ho játá hai ?

J.—Bárhá aise maámle men bahut bará ḡhatrá ho játá hai, jis qadar sahuilyat aur shitáíb se mumkin ho; us uzv ko charhá diyá jáwe zaḡhm ko maṡṡí yá dígar medch berúní se sáf kiyá jáwe, aur kináre zaḡhmon ke bazariah chipaknewálc marham se miláe jáwen; uzv ko splint aur paṡṡí hác munásib se bándhá jáwe, aur thandá lotion lagákar us ko thandá rakkhen; agar tabíat maríz qawí ki hai to ám aur ziyádah ikhráj ḡhún kí tadbír kí jáwe. Saline draughts yane namkín pání aur antimonial adwiyát darsúrat namúd hone úsár buḡhár ke istamál kí jáwen aur múshil bhí diyá jáwe, is wáste ki bímár ke ukhre hue joṛ par ziyádah harkat na pahunchne.

S.—Súrat bihtarí kí is hálat men kyá hotí hai ?

J.—Alámat buḡhár kam aur sozish ḡhún bhí kam hona.

S.—Alámat raddí is marz kí kyá hotí hai ?

J.—Jab ki joṛ par sozish shadíd ho jáwe, aur us ke bad pakáo ho jáwe, aur ḡhatra aur alámaten hectic buḡhár kí namúd howne.

BAYÁN JABRE KE UKHAR JÁNE KÁ.

Sawál.—Ukhre hue jabre ke úsár aur us ke ukharne kí maámúli wajahát kyá hai ?

Jawáb.—Jabrá aksar jambháí lene men utar játá hai, jab kí niche ká jabrá zor se aur shitáíb se niche utre us ke joṛ ke sire ḡhána men se nikal játe hai, aur jabrá qáim rah játá hai, aur munḡ khulá rah játá hai. Is báis se chihrah bahut lambá ho játá hai, guftgú badal játí hai, aur ḡháíl áwáz nikaltí hai, qúwwat nátiqá játí rahtí hai, aur jo wuh shaḡhs bolne ká irádah kare to ajíb 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 qábil misl ghul ke nikaltí hai, aur hatt-ul-wasa chihrah men ajab tarah kí salwat dáلكar anwá anwá kí tadhír se wuh shaḡhs dúsr ko apná manshá-i-mafhúm karne men saḡ kartá hai.

S.—Ukhrē hue jabre ke charháne ke liye kyá tadhír kí jáwe?

J.—Maríz ko farsh par biḡháyá jáwe, aur us ká jabrá charháne-wále ke ghutna par kí wuh píchhe khará howe rakkhá jáwe, do barábar ṡukre saḡht lakrī ke yá do kánṡon ke daste munḡ ke har ek kone men ghusáe jáwen, aur donon taraf pichhle dánṡon men ko jahán tak já sakeṡ jáne dekar ek ádmí ke háth men pakrá dewen. Maálij us waqt maríz ke úpar jhukkar aur apní ungliyán ápas men gánṡh lewe aisá ki donon háthon ká ek halqa baná le, aur us halqa ko zer zanaḡhdán rakkhar aise zor se úpar ko uṡháwe ki munḡ band ho jáwe. Aisá karte hue jabre kí haḡdí ke níche sire utáre jáwen, aur jab kí apne ḡhána ke kináre par pahunche, us waqt un ko un kí jagah par utár diyá jáwe, is taur se jabrá charḡ játá hai. Is amar men ziyádaḡ ahtiyát rahe kí ṡhorí ko hamwár kar ke únchá uṡhá de aur we lakrī ke ṡukre yá kánṡe ke daste apní apní jagah par qáim raheṡ, agar ṡhorí ke uṡháne men kaj rahegá yá koí sá ṡukrá sarak jáwegá sirif ek taraf se jabre ká joṡ milcgá, aur aksar dúsrá joṡ milátí dafaṡ wuh pahlá joṡ phir nikal jáwegá, aur jo aisálí kaí martabah karne ká ittafáq hogá to doctor aur maríz donon diḡ honge. Jab aisásadma awwal martabá pahunche to lázim hai kí jabre ko do tín roz tak ek paṡṡí ke do yá tín lapet sir ke úpar aur ṡhorí ke níche lagákar band rakkhá jáwe, aur us shaḡhs ko hidáyct kí jáwe kí ziyádaḡ munḡ kholkar hanṡne men yá jambháí lene men ahtiyát rakkhe, is liye kí jab ek martabah jabrá apní jagah se ṡal gayá yá jambháí lene men phir jaldí se ukhar jáwegá.

BAYÁN KHUL JÁNE BANḡ KE JOṡ KÁ BAGḡHAL MEN SE.

Sawál.—Ásúr daryáft ukharne joṡ banḡ ke bagḡhal men se kyá haiṡ?

Jawáb.—Us súrát men wuh shaḡhs apní kohní apne pahlú tak nahín lá saktá hai, yá kandhe ke hamwár nahín uṡhá saktá hai.

S.—Is joṡ ke charháne kí riwájí tarkíb kyá hai?

J.—Jis ká joṡ ukhar jáwe aur jo shaḡhs us ko charháwe we donon pahlú ba pahlú farsh par lete haiṡ, magar muḡhtalíf 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 pānw dusre ke kandhe ke pās yā us jagah par rahen jahān se joṛ ukhar gayā ho. Maālij apnā jūtā utārkar aur ek liptā huā rúmāl maríz ke baghal men dālkar dahnā pānw úpar chhātí aur bānh ke bích men rakkhe, aur jo dahnā kandhá utra ho to dahnā pānw, aur jo báyan kandhá utrá ho to báyan pānw, is kām ke liye rakkhe. Baḍ us ke maríz kí kaláí donon háthon se pakre, aur bānh ko sídhá kar ke níche kí taraf khainche. Us waqt maríz ko yih kah dewe ki zarā karwaṭ badle us waqt basabab mutharrik hone dígar patthon ke ukhre huc kandhe ke patthe jo barwaqt charháne us ke muzáhimat karte the, wuh muzáhimat wáste ek lahzah ke mauqúf ho jáwegí, chunānchi us lahze men wuh maālij us ke khainchne men zarā ziyádah zor kare, aur aksar is taur se wuh haddí jald kam yā ziyádah áwáz se apne kḥáne men á játí hai.

BAYÁN UKHAR JĀNE JĀNG KÚLAH KE JOR MEN SE.

Sawál.—Ukhré huc kúle ko kyunkar charháyá jáwe?

Jawáb.—Darsúrat na maujúd hone charkḥí munásib ke maríz aur maālij donon píth ke bal leṭ rahen, aur dígar shaḥs maríz ke kúlon ko sídhá pakren, aisá ki kúle kisí jánib ko jhukne na páwen. Maālij baḍ jútā utárne ke apní ṭang ko maríz kí ṭangon men rakkhe, aur jáng ke fork yāne dusháḳhe par apne pānw se dabáwe, magar us dabáo kí jagah ko rúmāl bāndhkar mahfúz kiyá jáwe; baḍ us ke maríz ke ghuṭna ko donon háth se pakre, aur maríz ko kahe ki zarā karwaṭ badle; jab wuh karwaṭ lene lage us waqt zarā zor se khainche, ghálib hai ki is taur se haddí ko wasl karne men kámyáb howe, wuh haddí chatáḳha ke sáth, kḥasús agar sirif chand roz se ukhrí ho, apní jagah par pahunchegí.

BAYÁN UKHAR JĀNE PĀNW KE ANGÚṬHA KA.

Sawál.—Pānw ke angúṭha ke charháne ke liye kyá tadbír kí áwe?

Jawáb.—Ek ṭukrá muláyam chamre ká angúṭha ke gird lapetá áwe, aur us par ek ṭukrá mazbút niwár ká bashakal clove hitch yanec der girah ke bāndhá jáwe, aur us girah ko pakarkar khainchá áwe aur kúlah ko pakarkar dusrí taraf khainchá jáwe, yā angúṭhá aur ungliyon ke bích men se khainchá jáwe. Baḍ charḥ jáne angúṭha ke gaddí lagáke bandish bāndh dí jáwe.

PART VI.

THREE HUNDRED QUESTIONS RELATING TO
HOSPITAL DUTY.

BA'B SHASHUM.

MUSHTAMIL U'PAR TI'N SAU SAWA'LA'T KE KI
JO SHAFĀ'KHA'NA KE KA'MON SE ILA'QA
RAKUTE HAIN.

PART VI.

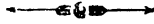
THREE HUNDRED QUESTIONS RELATING TO
HOSPITAL DUTY.



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 TYN SAU SAWA'LA'T KE KI JO SHAFÁKHA'NA KE KA'MON SE ILA'QA RAKHTE HAIN.



1. Tum ko kyá bímárf hai ?
2. Kitne dinon se bímár ho ?
3. Tumko pákhána muwáfiq mamūl 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 hain ?
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 naqábat 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 bárf huí hai ?
22. Yih khánsí tum ko kab se huí hai ?
23. Kyá tumháre badan men dard sáth akráhaṭ ke hotá hai ?
24. Tum ko dast aur dák kab se hai ?
25. Kuchh tumne kháyá piyá hai jisse tumhárá jí matlátá hai ?

26. Kyá tumne pasíne men thandá pání piyá hai ?
27. Tumhárf 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 hamáre háth 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 kánppte 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 pahle 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 lahú aksar átá hai ?
47. Dubar ke ás pás kuchh dard aur jalan hai ?
48. Dast ke sáth bawásír ká kḥún bhí átá hai ?
49. Páḳhána 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 kátá ?
53. Kyá us kutte ko us waqt már dälá thá ?
54. Tum ko kḥúb yaqín hai ki kuttá díwáná thá ?
55. Tumháre siwá kisé 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 phunsí hai ?
58. Kisé ko kabhí tumháre kunbe men se yih bímári láhaq huí thí ?
59. Awwal kyunkar yih bímári láhaq huí ?
60. Tumhári kyá umr hai ?
61. Tumhári shádí ho gáf hai ?
62. Tumháre bál bachche bhí hai, aur kitne hai ?
63. Kyá tum ko gathiyá kú 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 gonorrhœa?
99. Show me both of your hands and wrists.
100. How long has your spleen been swollen?

64. Kab se tumháre jorõn meñ sújan shurú huí ?
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 kahín choṭ to nahín lagi ?
69. Kyá in dinõn meñ tumháre moch áí yá tum gir pare ho ?
70. Kabhí tumhári pesháb meñ kankar bhí niklá hai ?
71. Tum ko dín meñ ziyádah dikhái detá hai yá rát ko ?
72. Áñkhone meñ tum ko ret sí bhari huí malúm detí hai ?
73. Roshní meñ dard ziyádah ho játá hai ?
74. Kyá tumhári áñkhone se bahut kam dikhái detá hai ?
75. Tum ko kab se fálij huá hai ?
76. Kyá tumháre záíqa, shámuh yá shunwá meñ farq á gayá hai ?
77. Kyá dard niche se báín katf meñ hoke úpar ko haslí aur kandhe ke chubak mártá hai ?
78. Siwá is balke, kyá tum aur taraf nahín leṭ sakte ho ?
79. Kyá tum kisi aur taraf nahín leṭ sakte ?
80. Agar tum áge kí taraf jhuk sakte ho to jhuko.
81. Kyá tum dáhini yá báín karwaṭ nahín leṭ sakte ?
82. Apní ṭángoñ ko peṭ se miláo.
83. Ab unko sídhá phailá do.
84. Kyá tumháre ṭakhnoñ meñ táqat nahín hai.
85. Apná dáhiná bázú phailáo aur ab báyan.
86. Ab donõn báheñ apne sir se únchí karke kharí karo.
87. Sáns úpar ko lo, ab kháñso.
88. Tamám apní ungliyáñ kholkar phailáo.
89. Tum ko kabhí phepre ká bhí marz láhaq huá hai ?
90. Kháñsne meñ khankár ke sáth kabhí píb bhí áti hai ?
91. Kaun bímári tumháre má báp ko marne ke waqt huí thí ?
92. Chhátí meñ kis muqám par dard hotá hai ?
93. Is karwaṭ leṭne se kyá dard hotá hai ?
94. Kyá tum ko siwá baiṭhne ke nínd nahín áti hai ?
95. Tum ko pesháb kiye hue kitná arsa huá ?
96. Tumháre pesháb ke raste meñ kuchh rukáo hai ?
97. Kyá tum ne pesháb ke raste meñ kuchh chíz charháí hai ?
98. Kyá yih rukáo bad susák ke wáqa huá ?
99. Ham ko apne donõn háth aur pahunché dikháo.
100. Kitní muddat se tumhári tillí barh gai 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 shakhs 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 malúm hotá hai?
107. Us ke kaleje par bárah jonken lagáo, aur jab talak khún band na ho garm páni se senkte raho.
108. Us ko gharárah karne kí tarkíb batá do, aur kah do kí ek ghante men chár dafa gharárah kare aur tukrá loí ká apné gale se lapet rakke.
109. Tum ko haiz qáidah se har mahína hotá hai?
110. Tumháre sir men kuchh dhamak malúm detí hai?
111. Is larke ke munh aur zubán par kitní muddat se dágh hain?
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 dánt nikalte hain?
118. Is larke ke kitne dánt hain?
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 hain?
121. Kyá us larke ke mumps hain?
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 biyáhlí ho?
126. Kyá yih larke kí faryád khárish yá ziyádah 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 laṛká apná sir donoṅ háthoṅ se bhínchkar dard ke máre chillátá bhí hai ?

130. Yih laṛká sust aur nínásá bhí hai ?

131. Kyá wuh derátá hai ?

132. Is laṛkí 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 laṛke ko kúkar khánsí kab se huí ?

136. Khánsí kyá áksar uṭhtí hai ?

137. Kyá tumháre ghar ke ás pás kúkar khánsí aksaron ko hai ?

138. Us laṛke ke kabhí khasrá bhí niklí hai ?

139. Us ko abhí khasrá hai ?

140. Kitne dinon se phunsí niklí hai ?

141. Kyá is laṛke ke kunbe men kanṭhmílá bahut hai ?

142. Kyá us laṛke ko shiddat kí bhúk hamesha lagtí hai ?

143. Kyá ghizá tum hamesha us ko dete ho ?

144. Kyá us laṛke ká dúdh chhurá liyá hai ?

145. Us laṛke ká dúdh abhí chhurá lená cháhiye.

146. Tum ko us laṛke ke wáste ek tandurust anná jald rakhní cháhiye ?

147. Tum ko cháhiye ki us laṛke kí dúdh piláí ko badlo, tum nahín dekhite ho ki us ke dúdh se bachche ká jí matlítá hai ?

148. Us laṛke ko gadhí ká dúdh piláo.

149. Us ká dúdh rafte rafte chhuráo aur din men kuchh ságú patlása pakákar khiláyá karo.

150. Yih phunsiyáṅ is laṛke ke sir par mutaaddí hain (yane pás baiṭhne se aur ko bhí ho játí hain) dekho yih laṛká aur bachchon ke pás hargiz na jáne páwe.

151. Agar ho sake to is laṛke kí tabdílí hawá kí karo, aur daryá men naqal karo.

152. Kabhí is laṛke ko marz croup áge bhí huá hai ?

153. Andeshá na karo is laṛke ko sirf nettle-rash hai, jald rafa ho jáegá.

154. Yih to motiyá yá swine pox hai.

155. Kyá laṛká apní náḱ ko ungli se nochtá hai aur dubar ke dard se diq hai ?

156. Tum ne kab se us ke dast men kírc 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 aisí na ho jo tahríka ho.

158. Is bát ká liház rakkho ki larhá apne kháne ko khúb chabákar kháwe.

159. Kyá maríz shafákhána se beijázat báhar chale játe hain?

160. Tamám naukar shafákháne men hamesha házir rahte hain?

161. Kyá koi ádmí nálshí hain?

162. Jab ki nátaqat bímáron se madad cháhte hain to we karte hain?

163. Kḥákrób jáizarúr ko har roz sáf kiyá karte hain?

164. Tum kis wáste is bát ko mana nahín karte ki ádmí cháron taraf shafákhána ke ghilázat phailáte hain?

165. Áj main apne ghasýaron ko bhejungá ki pachás gaz tak gird shafákhána ke ghás sáf kar den.

166. Agar ham phir kisí 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 kḥákrób apne kám men sustí na kare.

169. Ek ghante bad fajar kí top ke tamám 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. Kisí maríz ko shafákhána se ruḥsat karná na cháhiye jab talak ki wuh qábil bajá láne apní naukarí ke na ho.

175. Kisí maríz ko zamín par thukne na do aur ek ek kúndá har ek kí chárpaí ke pás rakkho.

176. Kisí 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 goli nigal na sake to us ko pískar do.

183. Yih donon 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 tin tin char char ghanṭe bad dete raho.

187. Áj rát ko plaster lagáo aur kal phalkon ke úpar sufed marham lagáo.

188. Us ke phalkon ke úpar subah aur shám marham sawine lagáo.

189. Plaster ko khúb ihtiyát se bándho táki kisi tarah apni jagah se phisal na jáwe.

190. Us zaḥm ko din men do dafa saf karke pháyá lagáo nahín to zaḥm sar jáwegá.

191. Agar us zaḥm men kire par jáwen to din men do yá tin dafa turpentine tel se dhoyá karo.

192. Yih bázu aur tang aur rán achchhi nahín ho sakte, hamen unko abhi kátná cháhiye.

193. Usko samjhá do ki sirif wasíla uski jan bachne ká yihí hai.

194. Tum ko kuchh ízá káṭne kí nahín maḥúm degi agar is kapre men se dam loge.

195. Ek drachm chloroform ká dáo.

196. Hathyár káṭne ke mere pás láo.

197. Khabardár raho ki tourniquet barwaqt us ke háth panw márne ke apni jagah se haṭ na jáwc.

198. Is uzv ko mazbút thánbo aur isi tarah rahue do.

199. Give me the saw and bone nippers.

200. Have you waxed the ligatures.

201. That silk is rotten, give me the other.

202. Now give me a bandage, but wet it well with water first.

203. Keep this dressing constantly wet with cold water.

204. One of you must sit beside him, and see there is no hæmorrhage.

205. You had better keep the tourniquet loosely round the limb in case it should bleed.

206. Send to me directly if bleeding comes on.

207. There is some artery bleeding, we must reopen the wound.

208. Do not be alarmed, that is only venous blood, which will soon stop.

209. You bore the operation very well, I am very much pleased with you.

210. Do not move your stump about, otherwise you will make it bleed.

211. As soon as your wound is healed, you shall go to your home.

212. Get him a pair of crutches made to-day.

213. Wrap some tow round them, they cut him under the arm when he uses them.

214. That man is very feeble, I will send him to his home for six or eight months.

215. His arm, leg, or ribs are broken.

16. Bleed him at once until he faints.

217. Roll that broad bandage carefully round his chest five or six times.

218. If his breathing becomes oppressive again, you must repeat the bleeding.

291. Your shoulder is dislocated, how did you do it?

220. Lay flat on the ground, and give me your hand.

221. It is now reduced, bind it up carefully.

222. If the point swells or there is much pain apply two or three dozen leeches.

223. Foment the limb constantly with warm water.

199. *ÁrÍ* aur bone nipper ham ko do.
200. Tum ne *ḍoron* ko mom lagá diyá hai?
201. Yih resham gal gayá hai, aur do.
202. Ab ham ko ek paṭṭí do, magar pahle pání men tar karo.
203. Is paṭṭí par hamesha ṭhandá pání ḍálte raho ki tar rahe.
204. Lázim hai ki ek ádmí tum men se us ke pás baiṭhá rahe, aur *ḵhiyál* rakkhe ki zaḵhm se *ḵhún* járí na ho jáe.
205. Is tourniquet ko *ḍhílá* karke badan par lagá rahne do.
206. Agar *ḵhún* járí ho jáe to ham ko fauran *ḵhabar* do.
207. Kisí shiryán men se *ḵhún* átá hai, ham ko zaḵhm phir *kholná* cháhiye.
208. *Ḍaro nahín*, *ḵhún* kisí rag se átá hai, jald band ho jáegá.
209. Tum ne badan káṭne ke dard ko bahut mazbúṭí se sahá, ham tum se bahut *ḵhush* hai.
210. Tum apne *ṭund* ko na hiláo, nahín to *ḵhún* járí ho jáegá.
211. Jis waqt tumhárá zaḵhm achchhá hogá us waqt apne ghar chale jáná.
212. *Áj* us ádmí ke wáste ek joṛá baisákhí ká banwá do.
213. *Thorá* san un baisákhion par lapeṭ do kyunki we bar-waqt kám men láne ke baghal ko chhíl ḍáltí hai.
214. Wuh ádmí bahut nátáqat hai, hum us ko chhah yá áṭh mahíne kí ghar jáne ke wáste ruḵhsat denge.
215. Us ká bázú yá *ṭáng* yá pasliyán *ṭút* gaí hai.
216. Us kí fasd jald kholo, aur jab tak ghash na áwe *ḵhún* band na karo.
217. Us kí chhátí ke gird us chaurí paṭṭí ko páñch yá chhah pher lapeṭo.
218. Agar sáñs lene se use phir dard maḷúm ho to tum ko phir fasd *kholná* cháhiye.
219. Tumhárá kandhá utar gayá hai yih kyunkar wáqa huá?
220. Zamín par chit leṭ jáo aur apná háth mujhe do.
221. Ab wuh charḥ gayá hai, us par paṭṭí hoshyárí se bándho.
222. Agar joṛ súj jáwe yá us men bahut dard ho to do yá tín darjan jonken lagána.
223. Is *uṅv* ko har dam garam pání se senkte raho.

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 chhútné 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 बहुत beqarár hai to us ko tis 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 kás 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, táki baqhúbí qai áwen.

233. Chúnki us ko nigalne kí táqat nahín hai to ham ko stomach pump kám men láná cháhiye.

234. Jo kuchh us ke peñ 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. Zaḡhm par caustic ko kḡúb malo aur baḡd us ke us par garm poultice lagáo.

239. Tum us ko idhar udhar shafákhána men ṡahláte 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 baḡd yih piláte raho táwáqtíki us kí behoshí zúil na ho.

243. Kabhí kabhí us ko ammonia sungháo.

244. Is ádmí ko uñne na do jab tak ki us ko pákḡháne kí hájat ho balki ek tasht us ke pás rakh do.

245. Agar tum is ádmí ko uñne yá chárpái se utarne doge to us ke mar jáne ká kḡauf 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 kanpattiyon men síngí lagáo.
250. Jab ki tum bímár ke síngí lagáo to ála ko bahut na dábo.
251. Us kí guddí men síngí lagání cháhiye.
252. Us kí hajámat banwákar sir par thandhá pání chhíraakte raho.
253. Náth kí súí aur resham tel láo.
254. Is náth kí súí ko ziyádah ársa tak lagá rahne do, aur zaḡhm ko har roz subah ko dhoyá karo.
255. Tum jánte ho kyá sabab issue lagáne ká hai ?
256. Cháhiye ki uske bázu yá rán men ek issue banáyá jáwe.
257. Ek sipáhi uske pás ḡhabargíri ke wáste rahe, kyunki wuh bahut kamzor hai.
258. Kitne sipáhi ab wáste ḡhabargíri bímáron ke hain ?
259. Ádhe un men se len men bhejo, kyunki ek ádmí bahut ásání se do kí ḡhabargíri kar saktá hai.
260. Us ádmí ko rakkho, kyunki wuh brahmin hai.
261. Wuh ádmí martá hai, us-se daryáft karo, agar kisí se milná chahtá ho.
262. Usse púchho ki uská kuchh asbáb hai, aur kyunkar uská bandobast kiyá jáwe.
263. Jo kuchh wuh kahe usko sámhne do gawáhon ke likh lo, aur uske dastḡhat yá nishání karwá lo.
264. Tumhári dánist men uske dost burá mánenge agar ham us murde ká peṡ chák karen ?
265. Ham bahut ḡhush hain ki hamne uská peṡ chák kiyá, kyunki hamen khul gayá ki hamne uske iláj men ḡhatá nahín kí jab ki wuh mar gayá.
266. Agar tum dekho yá suno ki kisí ḡharíb ke pathrí hai to hamko ḡhabar do.
267. Tumne kabhí pathrí nikalte huí dekhí hai ?
268. Garmí bahut partí hai, kátne men bímár ke wáste ḡhatrá hai.
269. Usko shafáḡhána men le lo jab ki wuh ján pakar jáwegá us waqt ham kátenge.

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 kūnch kā hukm hai, is martabah kis kī bārī hai?

271. Muwáfiq mamúl ke har qism kī dawáen taiyár kar rakkho, ham unko áp ánkar dekhenge.

272. Ḍolī aur us kā bichhoná k̄húb durust hai.

273. Tum ne ham ko kyuṅ na k̄habar dí kī ḍolī tūt̄ gaí hai?

274. Palṭan ko muhim par jáne kā hukm hai, thore se dinon men ham kūnch karenge.

275. Sab dawáon ko hoshyáří se bándho.

276. Har ek shíshí par san lapeto.

277. Tamám hathyáron ko ek hí sandúq men band karo, istarah par ki zarúrat ke waqt mil jáwen.

278. Tasmon aur qufon ko dekh lo ki tūte hue to nahín haiṅ.

279. Sirif wuh dawáen jo roz kám men áti haiṅ piṭáre men rakkho.

280. Sab naukaron ko jatá do ki kūnch ke wáste taiyár rahen.

281. Kisí ádmí ko ḍolī men na jáne do jis súrāt men chalne kī táqat rakhtá ho.

282. Hukm do ki fáltú ḍoliyán palṭan ke píchhe milí rahen.

283. Lázim hai ki ek Hindustání Doctor píchhe wáste k̄habardáří ḍoliyon ke rahe, aur k̄habardár rahe ki kaháron ko idhar udhar na chalne de.

284. Bímár ádmiyon ke áge jáwen, aur un ke hamráh dúsrá Hindustání Doctor rahe.

285. Yaqín partá hai ki palṭan laṭáí par charhe.

286. Ek ḍolī k̄hás wáste rakhne hathyáron aur paṭṭiyon aur splint aur brandy ke cháhiye.

287. Ek ko saqon men se hukm do ki isí ḍolī kolí ke sáth rahe aur ek lahma judá na ho.

288. Káí 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 ḍoliyon ko qatár bándhke khará karo aur un par pahredár khare karo.

291. Sab tourniquet ḍolí 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 sáth ek glass measure ke nazdík rahe.

295. Ham ko koí chíz mez kí súrat banání cháhiye tákí zaḡhmiyon ko us par liṭákar káṭ kúṭ amal meṅ áwe, unṭon ke sandúq yih kám de sakte haiṅ.

296. Doliyon ko bahifázat ek pahre ke bhejo ki zaḡhmiyon ko uṭhá láwen.

297. Ab to ham sab ne zaḡhmiyon kí dawá dárú aur marham paṭṭí se kháne kí fursat páí.

298. Bihtar yih hai ki ek tum meṅ se wáste ḡhabargíri zaḡhmiyon ke jágtá rahe aur dúsrá sowe.

299. Baḍ thoṛí níṅd ke maiṅ ánkar tumhári badlí karúṅgá.

300. Tamám zaḡhmí ḡhairáfiat se haiṅ.

