

attacked in the mofussil. It is difficult to resist the idea that the water of the Lakhutia Khal was in some way connected with the spread of the disease, the first case taking place in a boat on the khal, and nearly three-fourths of the whole using khal water. But the khal has free communication with the river, even at the lowest tide, and its water is simply river water with its impurities perhaps a little less diluted; and it is the river water again which passing up the Bhata Khal, supplies water to part of the southern half of the town. But comparatively few users of river water were attacked, and only one of those living near and using the water of the Bhata Khal. With the exception of the two attacked in hospital, none of those who used the water of Scott's tank were attacked; and none of those using the water of other tanks not connected with the khals, although the water of such tanks is probably in many cases the worst used in the town. So it is on the whole impossible to say that any particular water-supply spread the disease.

A Mirror of Hospital Practice.

CASE OF TETANUS FOLLOWING DOG-BITE.

TREATMENT—RECOVERY.

BY SURGEON G. H. FINK, I.M.S.

PAUMESWARI, a Hindoo female child, *æt.* 9, was admitted into the Mozuffanaggur Hospital on the 15th August 1888, for traumatic tetanus following dog-bite after the 7th day of bite.

The following were the symptoms present: Fever, quick, and hard pulse, cold sweating especially about head and neck, inability to respire freely, tonic rigidity of the whole body, jaws fixed, spasms at intervals, of the opisthotonos type, risus sardonicus, painful expression of countenance when spasms appeared, bowels confined, phonation present, mind intact, all the senses intact, hyperaesthesia present. No fear of water.

Three deep wounds about an inch apart from one another were present, in the upper third of outer surface of the right thigh, sloughing and very dirty in appearance.

Treatment.—Patient was placed under chloroform and the area of the three wounds in the thigh were freely excised until healthy tissue was reached. Solid caustic (Ag. No₃) was applied freely, and the wound dressed with carbolic oil and lint.

An hour after the operation a quarter of a grain of morphia was administered. Diet, milk and eggs *ad libitum* at frequent intervals—poured through a small chink between the teeth on left side.

The following day, 16th August 1888, an enema of castor-oil was administered, and gr. v of chloral hydrate ordered to be given every fourth hour in a little water.

From day to day this treatment was carried out, the bowels regulated and the wound dressed with carbolic oil. The temperature which was high gradually reduced, and the pulse became better. The spasms also gradually reduced until the 26th August 1888, the child began to open her mouth a little, and could move her head a very little from side to side. Every day an improvement now set in, and the spasms entirely disappeared, although rigidity of muscles was present. Her nourishment was improved to strong soup, eggs and milk, and the following pill was administered thrice a day:—

Iodoform gr. ii.

Ext. gentian q. s.

t. d. s.

The pill was swallowed with a little difficulty, and in about a week longer, the little patient was able to rise from bed, looked more cheerful, and talked a little. Chloral Hydrate gr. v was only restricted to the morning and evening, the child was wonderfully tolerant of the iodoform and seemed to improve most rapidly under its influence, being discharged from Hospital six weeks after date of admission, quite well able to move about freely, talk and laugh, and she put on flesh to a great degree. The three wounds rapidly healed and filled in with the help of zinc ointment, leaving three circular scars about $\frac{3}{4}$ inch in diameter each.

MOZUFFANAGGUR,

1889.

CASE OF LARYNGISMUS STRIDULUS.

REPORTED BY R. NUGENT, L.R.C.P. & S., EDIN. & GLASGOW,

Assistant to the 1st Resident-Surgeon, Presidency General Hospital.

LARYNGISMUS STRIDULUS being rather an uncommon affection in the adult, the following case, treated in Dr. J. Ffrench Mullen's ward, at the Presidency General Hospital, may prove interesting:—

Harry Westerman, seaman, was admitted into the General Hospital on the 15th November 1888. His condition, on admission, was as follows:—Both tonsils are large and inflamed: cannot swallow solid food; temperature 98°F.; says that he suffered from inflammation of the larynx six years ago, for which the operation of tracheotomy was performed. Ordered to have tonsils touched with nitrate of silver solution, also steam inhalation (with Tinct. Benzoin Co. ʒi to o.i added), and internally, Acid Hydroch. dil. m.x, Tinct. Ferri Perchd. m.x, Aqua ʒi *t. d.*

8 P.M. Had spasmodic closure of glottis, which was relieved by the steam inhalation; ordered Bromide of Potassium draught, and Stromonium cigarettes. 16th, same treatment; tonsils still inflamed; no recurrence of spasm. 17th, one spasm to-day, lasting for a few seconds. 18th and 19th, has had three spasms since 17th, relieved by inhalation. 20th, inflammation of tonsils subsiding: Ordered, Bromide of Potassium gr. xxx, three times a day. 28th, has had no spasm of glottis since 19th; had a spasm of short duration early this morning. 30th, had several spasms to-day. Patient weak and depressed. Tr. Cannab. Ind. m.x, added to Bromid. Mixture. 4th December, had two spasms to-day of short duration. Lining of left nostril observed to be thickened and somewhat inflamed. Cocaine solution (grs. iv to ʒii) applied. 13th, has been getting spasms every day since the 9th severe, and lasting for 30 seconds or more. Patient cannot lie down, and is very much exhausted.

15th.—Throat examined with laryngoscope; no abnormal appearances. Had several spasms during the night. Chloral Hydrate gr. xx substituted for Cannabis Indica; Ext. Belladonnæ applied to throat, externally, over which a poultice was laid on.

24th.—Spasms nearly every day since 15th, left nasal canal more congested; touched with solution of nitrate of silver. Complains of severe occipital pain; and nurses say that he is not quite rational at times. Chloral omitted.

31st.—No improvement. Left tonsil plugged with lint soaked in sulphate of copper-solution (5 gr.—ʒi).

12th January 1889.—Has been free from spasms since the left nostril was plugged in the manner mentioned, and is now quite well in every respect. *Discharged.*

Remarks.—This case was a puzzling one, and the spasms of the glottis were from time to time referred to different causes. The patient had some enlarged glands in the neck which, at one period, were thought to be the cause of the spasms, by irritation of some of the nerves supplying the larynx; at another period, the altered manner of the patient, together with the occipital pain he complained of, led to the supposition that the cause was really centric, while, although the fact was borne in mind that a polypus in the nose sometimes produces spasm of the glottis by reflex action, it did not seem at all probable that a mere spongy condition of the living membrane could have that effect. The result of the plugging, however, showed that the spasm was reflex in its origin, and that the condition of the left nasal canal was the sole and sufficient cause.

It seems doubtful whether the copper-solution had much to do with the result, which was probably due to the effectual plugging of the

nostril, by which the passage of air over the highly sensitive mucus membrane was stopped.

COMPOUND FRACTURE OF THE SKULL.

REPORTED BY G. E. KING,
Station Apothecary, Bolaram.

MULLIAH, aged about 5 years, was struck on the head, it is stated, with a *lattee* on the 11th January 1889, at about 2 P.M. He was brought to hospital the next day about the same hour. There were two slight wounds on the scalp, situated about the anterior superior angle of the right parietal bone and about two inches apart, and through one of these wounds some brain matter was found protruding. On probing, a distinct perforation of the skull was found. At this time the boy was in a comatose condition. Pupils widely dilated, respiration slow and shallow, pulse 60. As the symptoms of compression were very evident, it was determined by Dr. McVittie to enlarge the superficial wound. This was done under chloroform by an angular incision through the Seat of injury. On reflecting the integument, a piece of bone, about an inch long and less than half that in breadth, was found lodged in the brain and removed with a pair of dressing forceps. Another piece of depressed bone was elevated into its place through the opening already in the skull. There was some hæmorrhage which welled up freely in a pulsatile manner from the lacerated vessels of the brain, but it stopped after the application of a piece of lint soaked in tinct. ferri perch. The next day the lint was removed and the flap brought over and allowed to remain in position without being sutured. Ordinary dressings steeped in boracic acid lotion were applied, and a cold lotion to the head. The dressings were removed and re-applied once a day.

It is to be remarked that shortly after recovering from the effects of the chloroform administered before the operation, the boy gradually became sensible and recognised his mother. He, however, would not speak but remained in a morose state for several days. He was kept on rigid milk diet and an occasional dose of calomel was administered to regulate the bowels.

The boy was discharged from hospital on the 6th February 1889, on the non-appearance of anything that would warrant his detention.

Remarks.—This case is a very encouraging one. The injury was of a severe nature, especially when the depth to which the detached fragment was depressed is considered. There were no convulsions, vomiting, coma, or partial paralysis indeed, except the bruises, there was no indication of anything serious having taken place.