cally, and put a tight bandage round his head. I then administered to him a stimulant and ordered a tonic mixture with a little brandy. On the next day the case was a little hopeful; the patient was very weak and unable to speak, but slightly sensible and could take a little milk; day by day the patient gradually rallied. On the fifth day of the patient's admission I opened the wound for the first time, and to my utter astonishment I found it to have united to half of its length.

The patient was sensible, could speak and could take milk and sago. I again dressed the wound antiseptically, and opened it on the 8th day, but finding no improvement in the wound, I ordered it to be dreseed on alternate days. From this time the wound began to heal day by day; now and then the patient complained of severe pain in the head and eye, which was subdued by potas bromide and chloral hydrate and atropine drops. It was not before the patient was fully a month in this Hospital that he was able to take his ordinary food. The wound completely healed, and the patient was discharged completely cured on the 4th August 1891.

The peculiarity of the case was this:—From the nature of the wound it appeared that the important structure of the cranial cavity could not possibly have escaped from injury, and there seemed little chance of the patient's life; or his escaping some mental disorder, yet he made a good recovery without having any deficiency of mental power, and any disfigurement except the loss of one eye, which was irreparably wounded.

*Case No.* 2.—On the 13th October last I was called to a *delivery case.* The patient was the wife of a poor man Audhina, an inhabitant of Perari, a village close to my dispensary. The history of the case was this:—The woman had been in labour 30 hours, water having escaped for 24 hours. The child presented by the arm, but could not be delivered; the woman was in a very low state, and was given up by her friends. At this critical time I was called. I saw the patient and found that the cord was also prolapsed with the arm. I felt the pulse of the woman and found it weak and irregular. I then examined the prolapsed cord and found it quite cold and flaccid, and pulsation could not be felt in it; the protruded arm of the child was also cold and flaccid; I came to the conclusion that the child was dead. I made up my mind to perform turning, prefering it to decapitation as a safer method. I supinated the prolapsed hand of the child to ascertain child's position. From its correspondence with my right hand and from the direction of the thumb I came to the conclusion that the child was in the doso posterior position with its head in the right illiac fossa, and the prolapsed hand was the right hand. I pushed up the prolapsed arm and cord, but could not keep them in position. I then placed the woman on her left side, and oiled my right hand and passed it towards the child's feet; then with more or less difficulty I was able to catch the left foot of the child, which with more or less difficulty I was able to bring down close to the vulva. Then to prevent it from slipping off, I tied it by a tape and gave it to my assistant to keep up the traction force, while I was engaged pushing up the prolapsed parts with my left hand, and drawing down the foot by my right. In this way after working for an hour I was able to bring down the foot and succeeded in delivering the child easily. The placenta was then removed and a pelvic bandage was applied. Tinct. ergot and tinct. opii was administered; the patient made a good recovery. From my experience at Cooch Behar and in different places in delivery cases, I do not prefer decapitation to turning after the death of the child, as advised by many accoucheurs. My impression is that if there be no abnormality on the part of the mother child-turning is the safer method of operation than decapitation and extraction of the head afterwards by forcep. Turning always succeeds in such cases if patiently and judiciously tried even several hours after the death of the child.

## CASE OF GUNSHOT WOUND OF THE ABDOMEN.

(*Under the care of* Dr. K. McLeod.)

The following case reported by Assistant-Surgeon Kally Prosunno Kumar will be read with interest in connection with the remarkable case recorded by Surgeon-Major J. O'Brien, M.D., in the last number. The œsophagus or stomach was manifestly wounded in this case, but the bullet, as in Dr. O'Brien's case, evidently lodged in some locality where it produced no further mischief.

H. B. F., East India male, *æt.* 20 years, was admitted into the 1st Surgeon's ward, Medical College Hospital, at about 10 P.M., on 5th September 1891 with a wound, caused by the entrance of a bullet discharged from a revolver, on the left side of the chest. The wound was situated between the sixth and seventh ribs about three inches below the left nipple and about two inches on the outer side of the pit of the stomach. The wound had a depressed character, the edges being inverted, and was about one-fourth inch in diameter. A circular mark of contusion, about the size of a rupee, was noticed around the wound, below which there was emphysematous crackling. There was an opening in the coat, then worn by the patient, corresponding to the wound on the chest but of a bigger size; this part of the coat seemed to have been burnt. The patient's story was that while he was sleeping that evening on the maidan close to the St. Paul's cathedral, he was shot in the chest by another man.

On admission the patient vomited about one pint of blood. The wound was dressed antiseptically, and ergot and sulphuric acid were given

internally every three hours, and perfect rest was ordered.

At midnight, on the day of admission, the temperature rose to 102° F., but it gradually went down, and on the third day it came down to normal. After that, excepting one day, the patient was entirely free from pyrexia.

For the first week nothing was given by mouth in the shape of nourishment except small bits of ice to quench the thirst. Nutrient enemata consisting of milk and soup were given per rectum in small quantities and at short but regular intervals. On the eighth day liquid food was tried by the mouth for the first time after his admission, and the patient having retained it well, this was continued for ten days: on the 19th day solid food was given.

Except once as already noted, the patient had no more vomiting during the whole period that he was in the hospital. The ergot mixture was continued for two days only. After that no medicine was given internally except occasionally a few doses of cough mixture. When the liquid food was first given, and subsequently the solid food, he retained them very well; nothing came out through the wound.

On the third day after admission the patient had one copious motion. The stool was quite healthy; there was no blood nor any foreign body in it.

For the next two days the bowels moved twice daily and the stools were, as before, quite healthy and free from blood and any foreign body. After that his bowels kept very regular, and excepting three or four stools, every one of them was carefully examined, and no foreign body could be found in any one of them.

The wound healed by granulation. The discharge from it remained all along aseptic. The patient was discharged cured on the 9th of October 1891.

Time in hospital—one month and four days.

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## SPONTANEOUS FRACTURE OF FEMUR FOLLOWING GUNSHOT WOUND OF THIGH. AMPUTATION: RECOVERY.

By Surg.-Maj. E. S. BRANDER, M.B., F.R.C.S.E.,
*Civil Surgeon, Etawah.*

N. S., *æt.* 30, a mounted constable in the Etawah District Police, was admitted into the Sudder Dispensary on 16th February 1890, for compound comminuted fracture of the left femur.

The history of the case was, that while riding, his revolver accidentally went off, producing these injuries. On admission* there was found one entrance bullet wound situated about middle of outer aspect of left thigh. The accident had occurred on the previous day, and the man had had to be brought a distance of some 20 miles on a doolie.

On the 17th February the wound was enlarged and explored under chloroform by Surgeon-Major Ruttledge, the then Civil Surgeon of this station, and several splinters of bone were removed. It was then considered to be a case suitable for amputation at the thigh, but the patient refused to undergo that operation. No portion of projectile was encountered at this time, and after the exploratory operation, the limb was placed in splints and the wound dressed in the usual manner. On 25th February an abscess formed near the wound, on the back of thigh, which burst in two days, but there was no discharge of particles of bone or projectile with the pus from this source, and the aperture healed up again.

By April, a continuous discharge of pus from the original wound had set in, and, along with this, came away several portions of a lead bullet.

The case was first seen by me on the 26th May 1890, after my arrival in this station. The patient was then in fair general health, and a sinus at the site of the original wound had established itself leading down to the bone, and from which there was a more or less constant discharge of thin ichorous pus. The patient remained much the same during the next two months, and refused to undergo any sort of operation. He at length, however, agreed to have an exploratory operation, and on 24th July, this was performed by me under chloroform, when a large piece of dead bone was removed. The shape of this fragment pointed to the fracture having been both longitudinal and transverse in character. The wound contracted to its original dimensions and a sinus re-established itself as before, which shewed no sign of healing further.

During August he complained of pains in the renal region and passed urates in excess. This condition was remedied by Lithiæ Carb., Liq. Potassæ, Buchu, etc., internally with local application of turpentine stupes. During this time the limb was kept in a plaster of Paris bandage in which an aperture had been left over the sinus to enable it to be dressed. By September patient's general health had so far improved, that he was able to move about with crutches, and, in this condition he remained for some months, getting neither better nor worse, the limb remaining, however, quite useless for the purposes of progression. Seeing at length the futility of continuing opposition, the patient agreed to a further operation, stipulating that the limb should be retained, if possible, and to this, of course, I agreed.

On the 11th February 1891 he was put under chloroform, and I then commenced with an exploratory operation to ascertain the real condition of the femur as to the possibility of retain-

* For the details concerning the admission and early treatment of this case I am indebted to Mr. N. R. Bannerji, my assistant surgeon, as I was not then in this station.