a great quantity of fluid dark blood continues to pour from the wounded veins in the neck. Membranes and brain not hyperæmic. Brain firm. Not much fluid in the ventricles. A pea-sized clear cyst in the left choroid plexus.

Heart.—The pericardium is only moistened by clear serum. The heart is empty,—the walls of the cavities being only moistened by dark fluid blood. The valves are all normal.

Lungs.—The lungs are free, normal, not hyperæmic, but becoming bright red after a short exposure to the air.

Spleen.—Spleen not enlarged, nor hyperæmic,—the follicles very visible.

Kidneys.—Kidneys darkly hyperæmic.

Liver.—Liver very friable, rather enlarged; but fattiness concealed by moderate uniform hyperæmia.

Stomach and Intestines.—Stomach contains a little food. Mucous membrane not hyperæmic,—a few not dark feathers and stars. Contents of intestines normal: no hyperæmia.

Larynx, &c.—Tonsils normal. No hyperæmia of the larynx or trachea,—no froth in them. The thyroid is laterally compressed.

Vertebræ.—To the left (the loop-side of the rope) on the vertebral column behind the œsophagus a two inch long one inch broad clotted extravasation.

Remarks.—The man was unable to stand, and in a fainting or semi-fainting condition when he was swung off. After he fell, there were some contractions of the limbs, and the urine was evacuated.

A MIRROR OF HOSPITAL PRACTICE.

CASES FROM THE KHUNDWA DISPENSARY CASE BOOK.

Communicated by Surgeon-Major P. Cullen, M. D.,
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No. 1.—Disease of the Hip-Joint.

A Mahratta boy, 9 years of age. *History.*—Has been in bad health for a long time, and has been treated by native remedies. Two or three months ago he began to complain of pain in his right thigh, which finally settled in the hip-joint, and is described as being very severe; there is no account of any injury being received.

On admission he is found to be in a very anæmic, emaciated condition, complaining of great pain in right hip, the thigh is semi-flexed with knee drawn across to the other side; the leg is also bent on the thigh, and any attempt at extension causes excruciating pain; when extended under chloroform the limb is nearly one inch longer than the other, but no curvature of the spine is detectable: there is distinct fluctuation in the joint. On the second morning after admission 12 ounces of pus were removed by the aspirator, but the cavity was not emptied; he was put on milk diet, with cod-liver oil twice a day. Four days later the joint was again distended, when 14 ounces of pus were removed by the aspirator, and the cavity syringed, through the canula, with carbolic solution (1 pt. to 40 of water), pressure was made all round so as to bring the solution in contact with all parts of the cavity; this fluid was removed by aspiration and a fresh quantity used, which came away pretty clear; when moving the limb the head of the femur was felt to grate against the acetabulum, showing it was denuded of its cartilage.

This puncture did not heal up as the first had done, but a sanious watery discharge occurred for 3 or 4 days, but was not offensive. When this stopped the puncture healed, but during its continuance the joint was kept covered with a large poultice. He now rapidly improved in health, and at the end of a month was able to walk with some stiffness, and after another fifteen days was running and playing about, having become stout and plump; there was no pain whatever in the joint, and he seemed to have free action in it.

This case showed in a remarkable manner the antiseptic properties of carbolic acid, as after the one thorough syringing of the cavity no further secretion of pus occurred and no ill effects followed its use. I have for a long time been accustomed to aspirate large abscesses, syringing their cavities with carbolic solution, and beyond the first smarting pain, have never had any bad results; and now seldom use a knife.

No. 2.—Two cases of compound fracture of skull.

Nepal, a dhoby, aged 39 years, a weak sickly man, joining in a drunken debauch was struck on the head with a stone, and was brought to hospital some 8 or 9 hours afterwards. There was a semi-circular scalp wound on top of forehead a little to right of centre, and the right eye much swollen. On passing the probe along the wound slight depression of the outer table of bone could be detected, but there were no symptoms of compression. He was ordered a purgative, carbolic dressing, and to be kept quiet. On the second day there was nausea, attempts at vomiting, dilatation of right pupil, and some deafness on that side. The bowels had acted freely after the purgative, and the scalp wound had healed. He was ordered calomel gr. iij., Pulv. opii. gr. ¼ every 3 hours. The following morning there was some heat of scalp and he was more deaf, with a tendency to delirium at times. Six leeches were applied to each temple, and a large poultice to shaven scalp.

He continued in much the same state for four days, when slight convulsions came on; he was now salivated, but the deafness had steadily increased, and now it was necessary to shout to make him hear, but he still replied rationally. As he had not slept, he was ordered a blister to nape of neck, and to take Tinct. opii ℥ x. Potassæ chlorat. gr. v., Pot. Nitrat. gr. iij., Aq. ℥i every 3 hours. This quieted him, but he did not sleep.

From this time he gradually sank, and died on the 17th day from admission.

Autopsy 6 hours after death.—On removing the scalp there was an oval slight depression in the outer table of frontal bone, one inch by three quarters wide; the bone was covered with periosteum and natural in appearance. On removing calvarium the inner table was found starred for some distance, but no pieces detached, nor was the dura mater pierced, the fracture extended through roof of orbit across ethmoid on right side to the sella turcica. The vessels of the brain were distended with blood; there was pus on the surface of both hemispheres and between the convolutions of front and middle lobes on right side, and on removing the brain, some ounces were found at the base. The vessels of the choroid plexus were also gorged, but there was no abscess in the brain substance.

Case II.—Nazim, a Mahomedan, aged 30 years. Some 15 or 20 days previous to admission (his friends seemed to have a very vague idea of time) he was firing off a gun at a marriage festival, when it burst and a piece struck him on the left side and top of forehead; he did not feel any bad effects for some days, but has gradually become speechless, and has not spoken now for ten days.

On admission a triangular wound one inch in extent was found on top of the forehead a little to left side, there was decided depression of the bone; the patient seemed sensible, but could not speak, and was paralysed; he could not move a finger or toe, but could swallow freely and move his eyelids. An enema was given and poultice applied to the wound. The enema acted, and then Calomel grs. ij, P. Doveri grs. v. were given every 3 hours; he however sank gradually and died on the 2nd day after admission.

Autopsy 3 hours after death.—On removing calvarium the inner table was found starred for one inch in diameter, two pieces of bone had pierced the membranes, and were found sticking in the left anterior lobe; a large quantity of pus escaped, and the greater part of the left anterior lobe was broken up and involved in a huge abscess, matter extended into the lateral ventricles, and about 3 ounces were found in the base.

Remarks.—The question arises, should the first case have been trephined. It was under observation from the commencement, and the ingravescing symptoms of nausea, dilatation of pupil, and onset of delirium seemed to demand it, but although there was no discharge from the ear, yet the deafness to me was a sure indication that the fracture was much more extensive than appeared externally, and an operation would fail to relieve these symptoms; and this was fully borne out by the post-mortem examination. The second case was not seen until all hopes of recovery were gone, but here the P. M. demonstrated that an operation might have been attended with favourable results.

No. 3.—Lithotomy in a female child.

Myah, a Hindoo girl aged 4 years. The parents state the child has suffered from symptoms of stone for the past six months. On admission she seemed in great pain, and the vulvæ were extensively excoriated from her rubbing herself with her heel. With a pocket case director the stone could be distinctly felt, but having no forceps small enough I had to get a pair made, one-half the size of the smallest in an ordinary lithotomy case, this took 3 days, during which time the patient had a dose of oil and soothing enemata, with opium lotion to vulva. On the fourth morning, having administered chloroform, I proceeded to dilate the urethra by passing first the director, then the female catheter, one blade of forceps, and lastly very gently the closed forceps I had had made; there was no difficulty in seizing the stone, but from the spread of the forceps I was surprised to see its size. I let it go, and further dilated the urethra with my finger, then seizing it I saw it could not be extracted without dividing the anterior part of urethra, this I did for half an inch on the left side, in a slightly upward direction, but was still baulked; I then divided the right side in a similar manner, and had very nearly got the stone out when my forceps slipped, and I had to push it back into the bladder before I could again get a proper hold. This time by careful manipulation I got it out. There was no bleeding. The sides of the calculus were chipped by the forceps, but it measured 1½ inches in length, ¾th in width, and 3 inches in circumference, and weighed 225 grains. Not a single bad symptom ensued. On the 4th day after the operation she was able to retain her urine slightly, and on the 8th day was discharged with complete power over her bladder.

This is, I believe, as large a stone as any on record removed from a female child of this tender age. Prior to introducing the forceps I could form no correct idea of the size of the stone, as the small vagina prevented the introduction of the finger, or even of a sound. Having seized and ascertained the size, I had to decide whether I would cut laterally or vertically upwards, or vertically downwards; the upward direction did not promise much room, laterally on such a small patient there was danger to the pudic artery, and there was decided objection, even in such a young child, to dividing the roof of the vagina, besides which this operation is usually followed by incontinence for a long time, hence I chose Fergusson's method, but had to incise both sides.

Nearly two years ago a Mahomedan woman, about 40 or 45 years of age, applied for treatment for incontinence of urine. She was a pilgrim on her way to Mecca; she gave a history of suffering from symptoms of stone for some years past. On examination I found a huge calculus, like a duck's egg, lying in the upper part of the roof of the vagina, there was a vesico-vaginal fistula through which the urine constantly dribbled away, but she would not allow me to remove the stone, she was sure her pilgrimage would effect a cure, and if I could only prevent her urine from constantly flowing away and wetting her clothes, she would be content.

No. 4.—Midwifery Cases.

I. A strong Mahomedan woman, about 22 years of age: her second child. On admission she was stated to have been in labour for about 25 hours. She had completed her full time, and had had a native midwife from the commencement of her pains, who however could not effect delivery: was much exhausted; there were constant attempts to vomit; the body was bathed in a cold clammy perspiration; pulse small and wiry, and the abdomen excessively tender, so that she could not bear to be touched. On examining I found both hands and funis hanging externally, cold, pulseless, and black, showing that the child was dead. The right shoulder and left elbow of the infant were dislocated; in fact, the arms were nearly pulled off. After giving chloroform I removed the right arm from the shoulder and the left from the elbow, to give myself room, and then attempted to turn, but the uterus had pushed the child with its chest across the brim, head to left side and bent back, so that the top of the sternum was the presenting part, and so fast was it jammed in this position that the hand could not be introduced. The child being dead, I determined to decapitate and extract, but I had nothing in my dispensary midwifery case with which I could do this; after a little thought I hit on the cirnular operation knife, the blade of which I covered with rolls of bandage up to one inch of its point, I then passed the blunt hook over the neck to steady it, and passed the knife up flat on my hand and under the neck, until I got the point against the hook on the opposite side, and then cut upwards by the side of the hook, using it as a guide, until I had divided the neck; and I had barely withdrawn the knife and hook when the body was expelled by a natural pain. I waited a little while, but finding the head retained, I introduced my hand, and after some difficulty got a finger into the mouth, then passed one blade of forceps below the head to steady it, after which the upper blade was easily passed and the head extracted and the placenta also removed at once; I now adopted what may be considered a very heroic treatment, seeing the excessive peritonitis that already existed, and the hot, dry, inflamed vagina, I anticipated a very troublesome after-treatment, but knowing the sedative action of carbolic acid, I, with a two ounce syringe, used a carbolic solution of 1 pint in 40 of water, and thoroughly syringed out the whole uterine cavity, and as soon as she recovered from the effects of the chloroform, gave her Tr. Opii ℥ss. in camphor water ℥i. In the evening, 12 hours after the operation, she had very little pain, and said she was feeling all right.

She passed a good night, and her bowels were moved naturally the next morning; there was very little discharge, but I directed the vagina to be again well syringed with the carbolic solution, this stopped the discharge. The following day she had a good appetite, and wished to go home, but I kept her until the sixth day, when she was discharged quite strong, not one unfavourable symptom had arisen in what at first seemed a most melancholy case.

II. Mrs. L., European, aged 28 years; her third pregnancy. The youngest child is now about 3½ years old; no intermediate miscarriage. During her third month she applied for treatment for severe pains in both hips, sacral and gluteal regions, which extended down the back and front of her thighs to the calves of her legs. When first seen she could get about from chair to chair, then the pain became so severe that she could not sit; during 4th month it lost its acuteness and became dull and heavy, and slowly a numbness came on, and she lost the power over both her lower extremities, and by the fifth month was unable to bend her thighs or raise herself in bed; but sensation still remained acute in every part of the limbs, and she could move her toes. She became emaciated to a mere skeleton, and was afflicted with bed-sores. She had been treated with sedatives and tonics, but the only thing that gave her relief during the acute stage of the pain was the hypodermic injection of morphia. From her confinement to the horizontal position the womb rose freely into the abdomen, and during the sixth month she recovered some power over her legs; could bend them sufficiently to turn over in bed, and by a rope, suspended over her, could raise herself into a sitting posture; the bed-sores now healed and her general health improved, and by the end of the seventh month she was able to move from the bed on to a chair, when suddenly one morning, without apparent cause, labour pains came on and she was prematurely confined. She made a good recovery, and daily got stronger in her legs, but I kept her in bed for fifteen days, after the end of which time she was able to get up and walk about, which she had not done since the end of her third month.

III. Mrs. N., European, about 26 years of age; her fifth pregnancy; she came under observation about a month ago, then in her seventh month; she complained of palpitation and giddiness, with muscæ volitantes, and said that if she did not immediately sit down a perfect blindness came over her. She has numbness in the right arm and leg, and the giddiness and dimness of vision are gradually increasing, so that now she cannot see to read, and standing for even a

few minutes makes her head go round,—laxatives and tonics have given her but temporary relief.

She states she did not suffer in this way during any of her former pregnancies, her confinements have all been natural and at full time, but all her children have died shortly after birth, and her mother had a paralytic stroke, but her sisters are all healthy, and have healthy families.

No. 5.—Is Quinine an Abortifacient?

I have had some little experience among the European and Eurasian women at this large Railway station for the past six years, and am inclined to believe that a great deal too much stress has been laid on this action of the drug, by which the doctor's hands are tied, and he is prevented using that which alone is able to give speedy relief to his patient. We all know that when severe fever attacks a pregnant woman she is liable to abort or miscarry, irrespective of any treatment she may get, and frequently has done so when quinine was out of the question; and in those cases where it has been administered, I fancy it has been extremely difficult to apportion the share in the result between the disease (fever) and the quinine given for its cure. In my hands, I am happy to say, when carefully used, it has always proved beneficial. My plan is, where there is constipation to give ʒ ss. to ʒ i of Sulphate of magnesia with an excess of Sulphuric acid with each dose, otherwise to combine the quinine with an opiate, either Dover's powder or the Tr. opii. I am of opinion the opiate soothes the nervous irritability, checks the constant attempts at vomiting, and by its diaphoretic action greatly aids the action of the quinine. I could quote numerous cases, but one will suffice to show my method.

Mrs. D., European, aged 30 years, has had 3 or 4 children, the youngest 3 years old; has had two abortions since. Has suffered from fever off and on for nearly 2 years, and been treated variously and tried change of air to several places, but derived only temporary relief. When she came under treatment she was 3 months pregnant and in a very weak state, the attacks came on daily with strong ague, which lasted 4 to 5 hours, and she was much troubled with nausea, which I attributed in part to her pregnancy. I first tried diaphoretics, then Sulph. of Beberia, Salicin, iron and other tonics, but without checking the fever, while the pains in the back and limbs were very severe and wearying, &c. I told the husband that I must give her quinine, but that possibly it would bring on a miscarriage, but this was sure to take place if the fever was not checked; he agreed that it should be tried, and I began with 2 grain doses with ℥v. of Tinct. opii three times a day, the third day I gave 3 grs. with ℥x. of the tincture, and then grs. v. four times a day, and by the end of the week the fever was checked; I then decreased the quinine to 2 grains twice a day with ℥v. of the tincture for another week; there was no return of the fever, but her convalescence was very slow but steady throughout, and now she is fairly strong and hearty, and expecting her confinement, having reached her full time.

No. 6.—Idiosyncrasies and Fancies Regarding Quinine.

I have met several people, men and women, but chiefly the latter, who have told me they could not take quinine in any shape, that it always disagreed with them, and I have heard this from patients suffering from a persistent fever, who were ready to try any remedy that promised relief, and there undoubtedly are some peculiar constitutions on whom quinine seems to have an irritant effect, who reject it at once if given in mixture, or if in thickly coated pills, so that it shall pass through the stomach before being dissolved; it produces diarrhœa. In such cases by giving it in small doses combined with an opiate, I have generally succeeded in getting it retained. I think its action in such is somewhat like that of small doses of tartar emetic, and if guarded in a similar way and persisted with, a tolerance is established. But in the majority of these patients the objection is simply fanciful, having perhaps been administered where there was irritability of the stomach and been rejected, the person has formed an opinion that quinine was inimical to his or her constitution, and for the future objects to it. The following is an illustrative case. I was called to see an European lady, and prescribed quinine in a bitter tonic; the first dose she took she tasted it, and I was sent for in a hurry and found her retching and vomiting, and quite faint from her efforts; she accused me of giving her quinine, which I admitted, when I had a long story that she could not take quinine in any shape; that it always disagreed with her, and doctors had told her she must never take the drug. Some time after this she was attacked with intermittent fever, in treating which, knowing her indiosyncrasy, I avoided quinine, but the fever persisted; one morning I prescribed 5 grains of salicin, which when she tasted she mistook for quinine, and the vomiting, &c., were all reproduced; I was sent for and again accused of giving quinine, but this time could deny I had done so, but could not convince my patient until I showed her the label on the bottle, and made up and gave her a powder, which was retained, and all subsequent doses, but the salicin did not check the fever; however it showed me the objection to quinine was merely fanciful, and I mentioned to the husband that I must give her quinine, to which he consented, but at my request kept it secret from his wife. It was given first in 3, and then in 5 grain doses in powder, and at once rejected; it checked the fever in about a week, and was then reduced to 2 grains twice a day. Some time after her cure her husband informed her that she had taken quinine unknowingly, but she would not believe it until she had questioned me, when, although I pleaded the urgency of her case and the benefit she had derived, she never forgave me for depriving her of her pet fancy.

A CASE OF CROUP: TRACHEOTOMY: DEATH.

Reported by G. C. Roy, M. D., F. R. C. S.

In one of the houses in the town reeking with damp, and in one of those days in August when there was a continuous downpour of rain, a child of 2½ years was taken ill with slight sore-throat and noisy breathing. The latter symptom being, as I was told, an aggravation of its natural condition, and being unattended with any distress in breathing, was lightly thought of, and the child himself amused his parents with the remark that there was music in his throat. The symptoms changed for the worse the next day, and the anxious appearance, the brassy cough and the louder stridor with the respiration left no doubt as to the onset of the serious malady. When I was called in, I gave at once an emetic of Ipecac. and a mixture of Vin ipecac. and Pot. Bicarb., to alternate every 2 hours with a powder of Calomel gr. ½, ipecac. gr. ¼ and Sodæ bicarb. gr. ij. Emesis was produced and the child was so well at night that the noise in the breath had all but disappeared. But it returned the next day, and to me it seemed, in my next visit, that the child was no better. The throat was examined but nothing abnormal was found beyond a slight enlargement of the tonsils. As there was a slight fever the day before, quinine, ipecac. and soda were prescribed, strong Tr. iodine application over the larynx and hot water vapour inhalation. In the evening it was reported that there was no return of fever and the breathing was somewhat easier. The next morning there was again a decided change for the worse. The respiration was louder, the nails and lips livid, voice completely suppressed, and along with each inspiration the chest sank, producing a deep hollow in the sternal region. The child was very restless, and lay on his chest. It was evident that this state of things could not last very long, and the failing strength of the pulse indicated an impending crisis. I prescribed a mixture of ammonia and senega and left the patient with the proposal of tracheotomy as the last resource if the parents would give their consent to the operation. The symptoms did not mend till 12 A. M.; on the contrary the child was more restless, and in fits of suffocation threw himself about and attempted to bite the attendants. Consent for the operation having been obtained, it was at once performed. I cannot easily forget the difficulty I experienced in opening the windpipe and introducing the tube. For whilst every moment threatened immediate stoppage of breath and vitality, I had to work within a very narrow compass after the search of a tube a little bigger than a goose quill, deeply seated, covered by the Thymus gland and traversed at its lower part by a plexus of superficial veins which still more hampered the operation. The attempt to transfix the tube and draw it upwards caused its flattening and complete closure of the passage. However the trachea was ultimately opened *in situ* and the tube, which was the only