

chest was clear, there were no signs of heart or arterial disease. There was no headache, and no tenderness on percussion over the spine.

The loss of power in his legs increased, so that he could not move his legs, even across the bed. If one fell over the side he could not, unaided, recover it. Although he could rotate the foot and ankle, he could not stand upright, even with help.

This "apparent paralysis" was complete loss of muscular power. The wrists now became affected; he lost the power of grasp if directed to take hold of anything; the motion was confused, awkward, fumbling. The wrists dropped exactly as they do in lead poisoning. There was, however, no loss of muscular rotundity; his general health remained fair; he ate, drank, and smoked as usual, and enjoyed life fairly enough; his spirits were unaffected, and his appetite good. He was, and had been for years, exceedingly stout, and had lived an indolent life, eating and drinking largely.

For some time before this he had lost all sexual appetite. There was no history of syphilitic disease. His father had died of heart disease, and one of his sisters was affected with some spinal complaint, which disabled her for walking, but did not affect her general health; its nature could not be ascertained, nor whether it could lead to the conclusion that the brother's disease was hereditary.

The loss of co-ordinating power was never so well marked, as was the loss of actual muscular power. For instance, no amount of his own attention enabled him to walk, or to plant his foot firmly, or to grasp with his hand, even in the early stage of the disease. He became perfectly helpless, had to be fed, and almost every act performed for him by attendants. He began now to suffer from darting, transitory pains in the feet, legs, and through the body.

Electro-muscular sensibility was almost wholly lost. There was distinct cutaneous anaesthesia of the soles of the feet, and less marked of the legs. No amount of tickling produced reflex movement, and he could not distinguish between pinching and pressure; or between pressure by a pointed instrument and that by the hand; they all were alike to him.

These symptoms remained pretty steady until the end of September, when there was some slight improvement; the wrist drop was not so marked, and he could move his legs in bed somewhat better.

About the 15th October his appetite began to fail, the bowels were sluggish and difficult to move, and there was an unusual degree of lassitude. On the 22nd October he appeared much as usual, but was dull and dispirited, and complained of want of appetite, and lassitude; his tongue was furred; there was no fever, no heat of skin, and no pain; but his pulse had, for the first time, changed; it had fallen 10 beats in the minute. that is, it was 122; and small. On the following morning he complained of severe colicky pains in the belly, which he attributed to some lime-juice, of which he had partaken early in the morning. He had passed a restless night, and had taken two or three glasses of gin; his pulse was still 122, but weaker, the tongue very foul, the bowels were constipated, his countenance wore an anxious expression, his face was flushed, and eyes suffused, the breathing was accelerated, and his manner restless. I prescribed castor oil one ounce with ten drops of laudanum, to be followed by an enema of turpentine and castor oil, with a little brandy and hot water to drink, and fomentations to the belly. No improvement followed; the bowels were not moved; sinapisms to the stomach and over the bowels were applied, and the enema with turpentine repeated, but without producing any effect. His face became more congested, the breathing more hurried and abdominal, the pulse smaller, he was extremely restless, and was distressed and confused in his manner, but could answer questions. The head and body were cool, the face and forehead were of a dark red color, the breathing became worse, until he died at 7 p.m., quite quickly, immediately after swallowing some soup. There were convulsions, and no coma, his face was livid, and his lips blue; after death the pupils dilated.

Treatment.—The treatment for the nervous disorder consisted of tonics, as quinine, iron, strychnine, nitrate of silver. The latter had a fair trial, and during its use he made a slight improvement, locally he had liniments, friction, the electro-magnetic current, but without any result.

His memory was very defective, but his medical history, so far as it could be elicited from him, along with all the facts, as to his age, habits, and present symptoms, pointed to the conclusion that this disease had attacked him several years before,

and had been advancing slowly, and with unequal strides, but surely, to that end at which it invariably arrives.

His death appeared to be immediately due to effusion within the brain, the character of the pulse rather contraindicated this, but the laboured respiration, lividity of face and mode of death lead to this view.

DISPENSARY MIDWIFERY PRACTICE.

CÆSARIAN SECTION.

By P. CULLEN, M. D., *Civil Surgeon, Hoshungabad.*

3rd April, 1864.—Mussumat Rookmia, about 20 years of age, a strong looking woman, first child. Labour pains were said to have commenced between 3 and 4 o'clock, and the waters broke at about 7 p.m. I was sent for at 9 p.m., when the pains appeared to be ceasing. I found the patient flurried and anxious; the pains had apparently stopped, skin hot, pulse very rapid and small. On vaginal examination, I found the left arm of the child and the funis down in the vagina, and no pulsation could be detected in the cord: tried to return the arm but could not. A more careful examination of parts showed antero-posterior contraction (distortion) of the pelvis, the finger could reach only the axilla of the child, which was lying with head in right iliac region, and with back to the back of the mother.

As all pains had ceased, and it was night, I ordered her some camphor water, with half a drachm of laudanum, and determined to wait till the morning. I did this not merely to allow time for the woman to become composed, but having no midwifery instruments, I waited to see if nature would not bring about a more favorable presentation.

She slept from 10 p.m. to 4-30 a.m. I saw her at 6 a.m., of the 4th April, there being no return of labor pains. I gave her chloroform, and tried to introduce my hand to turn, but my hand would not pass, and I could not reach the feet, and the uterus so firmly held the child that it could not be pushed round. This was explained to the woman's friends, and Cæsarian Section mentioned as the only method available of delivering her. This being agreed to, the operation was at once performed, by an incision through the linea alba, the peritoneum was carefully pushed on one side, and another incision, 4 inches long, made through the anterior wall of the uterus, when it was found that the placenta had to be cut through. This was done, and a full-grown, large, male child extracted (which, of course, had been dead from the previous afternoon), together with the placenta. The hæmorrhage from the uterine parieties was very copious, and was soaked up as rapidly as possible with sponges, but still no contractions of the uterus occurred; and fearing the patient would sink under such bleeding, I washed the sponges out in cold water, and then in about five minutes from the time of extracting the child, the uterus began to contract very slowly. I waited still a few minutes, and then applied four sutures to the uterine parietes, to try and exclude the blood entering the abdominal cavity, and so directed it downwards, then carefully replaced the peritoneum, and closed the outer wound by eight sutures, strapping, and water-dressing. I ordered mist. camph. ʒj spt. ether. sulph. ʒss, tinct. opii. ʒss ft. haust. S. S., with calomel gr. ij opium gr. ¼ in a pill every 3 hours, and a grain of morphia at night, with sago for diet. At 12 midday, when she had taken only the first draught, and one pill, she became very restless, and could not bear her abdomen touched. The native doctor was sent for, and he applied twelve leeches, and fomented her, and by 4 p.m. she was much easier; there had been a little bleeding from the external wound. She took her morphia at night.

5th April.—Slept at intervals throughout the night, but there is a good deal of tenderness of the abdomen, and no appearance of the lochia. Ordered the vagina to be syringed gently with tepid water, and to take diaphoretic mixture every third hour, with sago ʒij, and a dessert spoonful of brandy as often as she can be got to take it, and fomentations to be applied every three or four hours.

6th April.—She suffered a good deal of pain the whole of yesterday, and was restless during the fore part of the night, but slept a little towards morning. She ate a little yesterday, but this morning cannot be got to take anything. To continue the fomentations and sago as often as she can be prevailed to take it. She was very restless all day, and died at 8 p.m.

A *post-mortem* was allowed, and made at 6-45 a.m. of the 7th April. There was a bloody discharge from the outer wound, but the sutures were all right; on dividing them, found that no attempt whatever at adhesion had taken place. There was

a good deal of peritonitis. The sutures in the uterine wall had burst open when contraction had occurred, and the overlying portion of the peritoneum had become grasped in the wound. This part was thickened and quite black; the edges of the wound in the uterus were everted, the interior of the uterus black and sloughy, especially where the placenta had been attached, and the uterus itself was about the size of a large cocoon, substance quite friable, and breaking easily under the finger, whilst the abdomen contained about half a pint of bloody offensive smelling fluid. The promontory of the sacrum was much pushed forwards, and only three fingers could pass between it and the pubis in the antero-posterior diameter.

REMARKS.—Having no instruments to eviscerate with, I felt bound to give the woman the chance of the Cæsarian operation, and believe she would have recovered but for the accident of the peritoneum becoming grasped in the wound of the contracting uterus.

PARTUS WITH COUP-DE-SOLIEL.

Mussummat Godavery, aged 18 years, pregnant with her first child, and had gone her full time: on the 23rd October, 1867, she became troubled with a severe stunning headache. Her friends not being able to discover what was the matter with her, thought her possessed with a *deo* (devil), and, under this impression, conveyed her in a *dhooly* to the door of the temple, where she had been accustomed to go, and there left her for two days and nights, during which period she neither ate nor drank, nor would answer any question put to her. On the 3rd day the heat appears to have overpowered her; she became insensible, breathing stertorous, eyes prominent, pupils dilated, pulse quick, but not strong, and skin very hot. In this state she was found by the native doctor, who, having heard of the case, went and forcibly brought her away from the temple to the dispensary. A dozen leeches were applied to her temples, and cold affusion to head, but on attempting to give a dose of medicine, it was found she had bitten nearly half her tongue off, and the remaining portion was in an offensive sloughing state. The abdomen had subsided so much that at first I disbelieved she had completed her full term. There being no symptoms of labour present, no examination was made.

The next morning (she was brought to dispensary on the 27th October) she was still insensible, but it was evident labour had commenced, and on examining her it was found the waters had broken, and the os was well dilated; in her unconscious state the escape of the waters had not been noticed by her attendant. In about two hours, a dead full-grown child was expelled by the natural efforts. The patient was made to swallow some milk, and some diaphoretic mixture.

On the morning of the 29th, she was partially conscious, but not so as to recognize where she was, or who were about her. It now became apparent she was suffering from severe pain in her right arm and thigh, as the least touch made her shrink away; her mouth was in a most offensive state, but the lochial discharge had come on in proper quantity.

On the 30th, she had slight fever, the pain in the arm and thigh continuing, opium liniment was applied. After this the flow of milk came on, the pain slowly abated, and her intelligence gradually returned, so that by the 3rd November she was well, with the exception of her mouth, which, however, was so much better as allow her to make known her wants, and she was permitted to go home, and by the middle of the month was going about, but her speech remained thick and imperfect.

REMARKS.—The only thing remarkable about this case was the superstition of her relatives. The patient's mother, husband, and several other relations, all fully believing that the woman was possessed, not by one, but by three devils. Her husband and other male relatives are soucars, educated, intelligent men, but it was only by my persuading them that I could drive the devils out of the woman that they allowed her to remain under treatment, and even after she recovered, they for some time would not allow her to return to her own house, but kept her apart, lest the devils should again return into her.

CÆSARIAN SECTION.

Mussummat Mootee, aged 18 years, Hindoo, her first child. I was called at 11 a.m. of the 19th September, 1868, to see this woman. On reaching the house I found three dhais in attendance, and was told she had been three and two days in pain. None of the dhais could tell me what presentation it was; but showed me the left arm of the child, which they had torn off from the shoulder, and I saw that the funis had also

been torn, and was projecting from the vagina, and as all pain had ceased since the previous evening, I directed the woman to be taken to the hospital, which she reached at 2-30 p.m. I now examined her, and found the labia majora were somewhat hypertrophied, and the vagina in a dreadfully torn, ragged state, including the urethral passage, so that the meatus urinarius could not be found, and the whole of the parts hot and inflamed; and it was after great difficulty and patience that I reached the os, or rather body of the child, which was lying with its head to right, and with its back to front of mother. The finger abutted on its spine, but the uterus was so firmly contracted over it that it could not be moved. The patient was very low and semi-conscious, with the pulse 125 per minute; she had had no food for three days, and the surface of the body was quite cold and clammy. She was evidently sinking, and if not delivered sharp would die. Some sago and brandy were given, when the pulse fell to 120, and external manipulations had no effect in altering the presentation. Chloroform was given, but no relaxation of the uterus occurred, and as the hand could not be introduced to turn, an attempt was made to eviscerate, but after bringing away the thoracic contents, no contractions could be induced to evacuate the child, and the gorget I had was too small to divide the spine, hence nothing had been gained by this proceeding. At 4 p.m. I decided to perform the Cæsarian Section, which I did through the *linia alba*; neither peritoneum nor intestine came in the way, and the operation was very quickly performed, the uterine sinuses bled freely, and a small quantity of blood fell into the abdominal cavity. The child was large, as also the placenta. After extraction, a little tepid water was passed through to wash out the vagina, and the uterine wound closed by two sutures, and the abdominal one by five. No contraction of the uterus took place at all; in fact, the viscus appeared dead already. The patient was with difficulty roused from the effects of the chloroform. Half an hour afterwards she drank some sago and brandy, and by 6 p.m. she seemed better, but rather sleepy, which was attributed to the brandy; but in half an hour more she became very restless, and tossed about, although quite conscious. From this time she gradually sank, and died at 7-15 p.m.

REMARKS.—The question in this case may be asked, should the operation have been performed at all, but having failed to deliver her by such instruments as I had, I gave her the chance of the operation as the only hope left.

SPONTANEOUS EVOLUTION.

Mussummat Chundum, aged 30 years, is the mother of five living children, all born at full time, and has gone with this sixth child her full term; was seized with labor pains at 10 p.m. yesterday (15th August, 1869), and at 10 o'clock this morning the waters broke, and an arm protruded. About an hour afterwards all pains stopped. I was sent for at 9 p.m., and found the patient weak, cold, and clammy, pulse 96, and quite thready. The right arm of the child was protruding, and quite cold and black, the finger was passed up to its axilla and neck, but no pulsation could be felt, as the child was dead, there was no hurry about delivering, and it was decided to wait until morning. She was ordered 2 ozs. of port wine and some sago, and this to be repeated at midnight. She slept a couple of hours after the first dose, when the second was given, and at 1 a.m. of the 17th pains recommenced and gradually increased in strength, and the head, which had been in the left iliac fossa, appeared to become doubled on the chest, and the child was expelled by the natural efforts, the back of the neck and shoulder being the presenting part. There was no injury done to the neck of the child, but the head was slightly flattened laterally. The woman was a good deal exhausted after the delivery, but made a good recovery, and on the 8th day was up and about.

PROLONGED GESTATION.

Mrs. G—, aged 22 years, of slight make, but wiry. Her fourth labour. The first was tedious, the second and third natural; menstruated last on the 26th October, 1867, which lasted six days; is positive as to date, because she wrote it down; was delivered naturally after a six hours' labour on the 28th August, 1868, being 306 days. This is possible, perhaps, but is it probable. More likely she missed a period, or she conceived immediately before her time of the 14th November, instead of a week after that of October.

ARM PRESENTATION.—VERSION.

October 27th, 1870.—Mussummat Garsoo, aged 35 years, is the mother of three or four children, all living, and has gone her full time with this pregnancy. Was seized with labour pains on the 25th instant, which were strong up to the time of the waters breaking, but stopped shortly afterwards; has not had any pain for over twelve hours. Present state, right arm of child and funis protruding from vagina, both quite cold and black. No pulsation can be felt. Woman very low, surface of body cold, pulse small and thready, is troubled with hiccup, and vomits everything given to her, even water, and there is great abdominal tenderness. She was taken to the hospital and some port wine given, but she rejected most of it. She was placed under the influence of chloroform, and the child turned and brought away with very little trouble, the after-birth coming away at the same time; but it was some time before the uterus commenced to contract, and then but very feebly, but there was very little hemorrhage, fortunately. Turpentine stupes were sedulously used, and port wine and arrowroot given, but she never rallied, but continued in a semi-comatose state, until the 29th, when she died.

CHUKDIGHEE DISPENSARY.

A CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY HYDRATE OF CHLORAL.

By KRISHNALAL DUTT, *Sub-Assistant Surgeon, Chukdighee.*

8th January 1872.—Brojo, Hindu male, a student, aged 19, met with a railway accident twenty days before coming to the hospital. His right foot was run over by the wheels. Tetanic symptoms commenced about six days before admission.

The fits are mild in character, and not very long in duration. The tendency of the body during a fit is *opisthotonic*.

Ordered:—Ext. cannabis indicæ gr. j. every hour up to the fourth dose. The wounds to be dressed with carbolic acid and oil dressing. *Diet.*—Milk *ad libitum*.

10 p.m.—Feels rather drowsy; omit pills.

19th January, 8 a.m.—The same as before; had no sleep last night. Resume pills gr. iss. each every 2 hours.

R	Oil: Ricini	...	ʒiij
	Oil: Terebinth	...	ʒss
	Warm water	...	ʒvi

To be given as an enema.

3 p.m.—Enema not acted; fits the same as before. Continue pills. 8 p.m.—No improvement.

10th January, 7 a.m.—No improvement; fits rather stronger; says the frequency of the fits diminishes when he lies on his face.

Continue pills up to the fourth dose. Repeat enema. Diet, milk and broth.

3 p.m.—No stools after enema.

Omit pills.	R	Hydrate of chloral	...	gr. x
		Aque menth: pip	...	ʒj
			Statim.	

7 p.m.—Feels drowsy. 9 p.m.—Is sleeping.

11th January, 7 a.m.—Fits not so frequent. Repeat chloral draught.

11 a.m.—Is sleeping.

6 p.m.—Says he feels a little better; fits less frequent, but the rigidity of muscles much the same.

8 p.m.—Repeat chloral draught.

This treatment was continued up the 18th, when the fits had almost passed off. On the 6th of February he was pronounced cured.

MOZAFFERNUGGER DISPENSARY.

I.—TUMOUR FATTY (*LIPOMA*).

By Honorary Assistant Surgeon P. A. MINAS.

Hurdean, Hindu, Uggerwallah Baniah, aged 65, was admitted into the Charitable Dispensary at Mozaffernugger on the 26th October, 1871. Over the cervical region was a tumour of considerable magnitude; the circumference, measuring 16 inches, extending from the occipital protuberance to the first dorsal vertebra; it could be moved distinctly upon the subjacent

tissues. The upper surface was inflamed and painful, and the tissues softened near the surface, but the bulk of the growth was smooth, hard and elastic. The skin, except on the top, was not in any way attached to the mass. The slow growth, for it took many years in progress, is one of the surest tests against malignancy.

As the general health warranted, I decided upon immediate extirpation, to which the old patient gave a willing assent. After putting him under the influence of chloroform, I made two semilunar incisions, with a broad thick scalpel from an inch above the occipital protuberance to one inch beyond the spinous process of the first dorsal vertebra, leaving the adherent tissue untouched, then dissected out the mass with its enclosing sheath, the whole, after removal, weighing two pounds. Except one artery, the occipital, which was cut, and required ligature, no bleeding occurred. Three sutures were applied, adhesive dressing, wet compress and bandage.

The patient made a good recovery, and was discharged cured on the 24th November.

II.—FIBROUS TUMOUR OF HAND.

Ramzanee, aged about 40, wife of a jugler, but carried on the profession of a midwife, was admitted on the 13th August, 1871.

This case was admitted into the Sudder Government Charitable Dispensary with a tumour—enchondroma—on the right hand, of two years' duration. At first there was a deep-seated fixed pain in the first phalanx of the ring finger, then swelling appeared, and a tumour began to grow, the pain becoming severe, the skin was tense and inflamed, and at last gave way at its inner side; the pain now diminished, it remained in this state for some months. During the past three months the pain became lancinating, extending towards the exilla; she passed sleepless nights, comfort was felt when the hand was kept in an erect posture leaning against her head.

At present the tumour involves the first and second phalanges of the right finger, the third phalanx projects out of it; the little finger is pushed outwards and downward. Its surface is smooth, of an irregular ovoid form, three-fourths of which is covered with healthy integument, the rest presenting an ulcerated appearance, studded with flat and weak granulations, over-lapping the metacarpal end of the middle finger; the discharge is serous, emitting a fetid odour; the circumference measures 13½ inches. Over the top or dorsal aspect is situated small circular ulcer, of a purplish hue.

The patient is emaciated, and, on account of a dull ache, is unable to sleep at night. Suffers from fever, and at present the body is warm, tongue pale, and bowels confined. No organic complication.

Carbolic acid oil dressing and a dose of castor oil were ordered. From the 14th of August to the 8th September diaphoretics were employed to subdue the fever, tonics with quinine during intermissions, until the fever entirely subsided, and health so far restored as to warrant an extirpation of the tumour.

On the 9th September the tumour was removed by amputation of the ring finger.

Its weight was *libi. ʒiiss*. Ether spray was used as a local anæsthetic with success. The wound healed up by the first intention. The little finger only remained stiff. As the patient wished to return home, she was discharged cured on the 21st September.

REMARKS.—This patient was enabled on her return home to resume her occupation of midwife.

When in Civil Medical Charge of Hissar, during the year 1863, a *Brahminæ* female, aged about 45, came from the Bicaner territory, a distance of 40 miles, into the Government Charitable Dispensary, with a similar tumour, but declined to submit to an operation. The tumour was of an extraordinary size, the ring of little finger with the corresponding metacarpal bones of the left hand being affected, the ring finger emerging, bent, and resting on the ball of the thumb; the tip of the little finger, projecting out of the side of the tumour higher up: the index and middle fingers were flexed.

The tumour itself appeared as supported, or held over the palm of the hand, like a cup—a very rare specimen. Sir W. Fergusson, in his fourth edition, p. 320, in his *System of Practical Surgery*, mentions:—"I have never seen an instance on the living body where there has been merely a large shell of bone with a corresponding cavity within."