

NOTE OF OPERATIONS PERFORMED AT THE MAYO HOSPITAL, LAHORE, DURING THE SUMMER SESSION, 1884.

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The following is a brief account of three months' hospital practice at the Mayo Hospital, Lahore. Many of the cases present special points of interest, which are indicated in the remarks:—

Operation.	Number of Cases.	RESULT.				Remarks.
		Cured.	Relieved.	Not relieved.	Died.	
Amputation of Thigh	3	2	..	..	1	Vide notes.
" " Leg	2	2	..	..	..	1 for injury, 1 for caries.
" " Arm	1	1	..	..	..	For injury.
" " Fore-arm	1	1	..	..	..	For injury.
" " Fingers	2	2	..	..	..	For whitlow.
Excision of Knee-joint	1	..	..	1	..	Secondary amputation of thigh.
" " Ankle	1	1	..	..	..	Vide notes.
Removal of Necrosed Bone	1	2	..	..	..	ditto
Abdominal Section	..	..	..	..	1	ditto
Perineal Section	4	2	..	2	..	ditto
Lithotomy	7	6	1	..	..	ditto
Lithoplaxy	4	4	..	..	..	ditto
Radical cure of Hernia	1	1	..	..	..	ditto
Castration	1	1	..	..	..	ditto
For Naso-Pharyngeal Polypus	1	1	..	..	..	ditto
Excision of Breast	1	1	..	..	..	ditto
" " Epithelioma	2	2	..	..	..	ditto
Removal of Cystic Tumours	4	4	..	..	..	ditto
Large Abscesses and Sinuses	7	7	..	..	..	ditto
Removal of Warts	1	1	..	..	..	ditto
" " Glands	1	1	..	..	..	ditto
Circumcision	2	2	..	..	..	ditto
Radical cure for Piles.	1	1	..	..	..	ditto
<i>Operations on the Eye and its appendages.</i>						
Cataract	24	21	2	1	..	Vide notes.
Strabismus	1	1	..	..	..	1 for artificial pupil, 1 for glaucoma.
Tidectomy	2	2	..	..	..	ditto
Radical cure for Trichiasis	5	5	..	..	..	ditto
Total	83	74	3	4	2	

Amputation of the Thigh.—All three cases were far advanced disease of the knee joint.

1. One after a previous excision of the joint, which had proved unsuccessful, being followed by profuse suppuration, which threatened to exhaust the patient, and in this case the improvement in his general condition was most marked.
2. The second case was that of a boy with very extensive strumous disorganisation of the right knee-joint, involving the lower end of the femur to a degree which excluded any idea of excision of the joint. The child was much emaciated, and had a large bed-sore over the right trochanter major. The limb was amputated at the junction of the lower and middle thirds by a modified circular operations

and the subsequent union was by first intention, the stump being quite firm and sound on the 4th day. The boy picked up flesh and strength in a wonderful manner and was discharged to the out-patient department on the 10th day after the operation.

3. The case terminating fatally was an extraordinary one of a boy ætat 16, for whom amputation was performed as a last resort. He was brought into hospital with a history of an injury to the left knee-joint about six weeks previously, followed by subsequent inflammation resulting in the following state of the parts: The limb below the knee was enormously swollen and cedematous, owing to nervous obstruction, and quite pendulous, being attached only by the skin and soft tissues; the knee-joint was completely disorganised and the soft structures in front had given way, allowing the lower end of the femur to project for four inches. The bone was quite bare and rough, and the exposed portion had necrosed. The bag was in a very low state, but it was decided to remove the limb as holding out the only chance of saving his life. This was done with the loss of very little blood, but he never recovered from the shock of the operation and died eight hours afterwards.

Excision of the knee-joint.—Performed for melon-seed synovial degeneration of the joint in a young man. The entire surface of the lining membrane was covered with excrescences and suppuration ensuing after the operation; secondary amputation had to be performed with the result above narrated.

Excision of the ankle.—Performed for advanced disease of the ankle-joint, and os calcis in a young and otherwise healthy man. The whole of the latter bone had to be removed, but care was taken to do this sub-periosteally, and after two months in splints, the whole of the cavity had been filled in by firm fibrous tissue, and there was every hope of a strong and useful limb resulting. The man was allowed to go to his home and supplied with crutches, but has not since reported progress.

Abdominal Section.—Performed in a weak and emaciated woman, ætat 40 years, for a large colloid cyst of the peritoneum of about 13 months growth, which was increasing very rapidly in size and causing incessant pain. Measurement at umbilicus

was 38 inches, and the woman was very anxious for operation. This proved a somewhat troublesome and protracted business, owing to the numerous adhesions which were found to exist, particularly those connecting the cyst capsule with the sigmoid flexure and broad ligament. The contents of the cyst was for the most part of a semi-solid, gelatinous consistency, stained almost uniformly of a dark brown color from old extravasations. The operation lasted an hour and a half, and was followed by a considerable amount of shock. The woman rallied, however, and appeared to be doing well, but died suddenly 18 hours afterwards. No *post-mortem* allowed.

Perineal Section.—Of the four cases operated on, two were for enlarged prostate in old men giving rise to retention of urine. In one of these, the benefit derived was very marked, but in the other, although no ill effects resulted from the operation, the retention recurred as soon as the opening in the perineum closed. The third case was for extravasation of urine and did well; but in the fourth, which was done as a preliminary step to a plastic operation on the urethra of a boy for traumatic fistula, the operation was not a success, as the fistula opened up again on the closure of the perineal ground.

Lithoplaxy.—Performed four times for patients in whom the stones weighed 210, 370, 710, and 806 grains, and who were discharged from hospital perfectly well at periods varying from six to fifteen days after the operation. In one case a second operation had to be performed for a small fragment which had been left behind.

Radical cure of Hernia.—McLeod's operation performed in a young man at 28 with a large right inguinal hernia. The sac was not divided, but ligatured in two places and tied into the pillars of the external abdominal ring, which was then closed over it. The man recovered without a bad symptom, and was kept in hospital for three weeks to test the permanency of the closure. At the end of this time he had not the slightest tendency to protrusion of the gut on standing up and coughing, and was discharged to his work.

Castration.—For a rapidly growing malignant Sarcocoe—Sarcomatous—of the right testicle in a young man with a history of seven months' growth. The tumour was globular in shape with a circumference measurement of 22 inches, and after removal weighed 4 lbs. 3oz. The skin had broken over its anterior

surface and gave exits to a fungating mass of growth. The cord and deep iliac glands were not affected, and the general condition of the patient was good. The wound healed almost entirely by first intention, and the man was discharged on the 11th day. The mass of the tumour was found to consist of round celled embryonic tissue, enclosing a large number of cysts ranging in size from a walnut to a bean, and containing clear amber-colored fluid, in which spermatozoa were not present. The epididymis was not distinguishable from the body of the testicle.

For Naso-Pharyngeal Polypus.—Badawate, a Mahomedan male, ætat 40, considerably emaciated, and with marked dyspnœa and dysphagia due to the presence of a large naso-pharyngeal polypus which completely blocked up the right nostril and the whole of the naso-pharyngeal space, pushing down the soft palate so as seriously to interfere with deglutition, presented himself on April 26th for treatment. The right superior maxilla was slightly and uniformly pushed forwards, and a soft tumour the size of a filbert presented itself at the inner angle of the right eye. The symptoms dated from about 3 years ago, and urgent symptoms have been present during the past three months. Speech was so much interfered with that the man could with difficulty make himself understood.

It was decided to remove the growth by displacement of the superior maxilla, and as a preliminary step to open the trachœa for the easier administration of chloroform. The further steps of the operation were then carried out in the usual manner, and the superior maxilla displaced outwards. The naso-pharyngeal space being fully exposed, the growth was found to have 3 or 4 points of attachment to the roof of the cavity; these were torn across, and the largest piece, the size of a moderate sized orange, removed through the mouth. The smaller pieces were removed from in front, and the stumps touched freely with the actual cautery. The jaw was then replaced and sutured in its place by drilling the malar process.

The man recovered without a bad symptom, and was able to act upon the 6th day and ran away from hospital on the night of the 11th. He was seen at work in the neighbourhood about a week afterwards.

The points of interest about this case are, (1) the large size of the polypus, which was found on microscopical examination to be of the round and spindle sarcoma type; (2) the enormous advantage

obtained by the preliminary opening of the trachea, which not only facilitated the giving of the chloroform but obviated any subsequent interference with the steps of the main operation; and (3) the rapid and complete recovery of the patient.

Operations on the Eye:—Cataract.—Twenty-four cases were operated on, and as they were not picked ones, the results were unusually satisfactory. In the twenty-one cases under the heading of cured, vision was good and fingers could be correctly and readily counted. Of the remaining three, two obtained partial vision and could distinguish large objects, and in one—a case of soft cataract, in which the needle operation was performed—no vision resulted, ophthalmoscopic examination revealing double optic atrophy.

A MIRROR OF HOSPITAL PRACTICE.

MEDICAL COLLEGE HOSPITAL.

GANGRENE OF FOREARM CAUSED BY UNDUE TIGHTENING OF SPLINTS APPLIED TO A SIMPLE FRACTURE OF HUMERUS IN THE MIDDLE.

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THIS was a case of much interest, exemplifying the risks that may follow the tight application of splints and bandages in cases of simple fracture.

The patient, a Hindu, aged 35, fell from a cocoanut tree on 20th December and received a simple fracture of his left humerus about the middle of the bone. A few days after the accident the arm was bound up by some friends who pretended to a knowledge of surgery. The splints employed consisted of a number of fine bamboo twigs, which completely encircled the limb from the shoulder to the elbow. They were kept in position by a tightly applied bandage. No allowance appears to have been made for the swelling that might result from inflammation, so after 3 or 4 days the forearm became strangulated and finally gangrenous.

He was admitted into the Medical College Hospital on the afternoon of 4th January, that is, 15 days after the receipt of the injury. I saw him at 6 P.M., and found that the whole forearm and the arm to the extent of about 2 inches above the elbow were in a state of advanced gangrene and stinking strongly. There was a well defined line of demarcation at the junction of the sound and gangrenous parts. The skin of the rest of the arm as far as the shoulder was blistered, the cuticle almost entirely denuded, and the surface of the cutis scored longitudinally from the pressure of the twigs which had regularly cut into it. The patient was at the same time in a low and prostrate state from septicæmia, face haggard, tongue dry and covered with a brown fur, lips dry and cracked, pulse small about 120, and temp. 101°. Immediate amputation was essential, and at first sight, considering the damaged condition of the whole of the skin of the arm, it seemed that the limb should be removed at the shoulder joint. Closer examination, however, showed that there were healthy strips of skin left between the blistered scores caused by the pressure of the twigs, so I resolved to leave the upper fragment of the humerus if it were found healthy and to amputate at the site of fracture. An incision was accordingly made through all the soft tissues about 2 inches below the fracture. The bones and soft tissues were found to be in a healthy state. A flap of skin was accordingly made by the modified circular method and the muscles cut 1 inch above the site of fracture. The splinted end of the bone was then sawn off, the flaps brought into position and a drainage tube introduced. The subsequent progress of the case has been most satisfactory: the only dif-

ference between it and an ordinary amputation being that daily dressings were necessary owing to the profuse discharge from the blistered surface of the flaps and of the skin above them. It is now 27 days since the operation, the flaps have united entirely without inflammation and healthy skin has formed over the whole stump. The septic fever disappeared after the first few days and the patient is now strong and well.

The removal of the arm at the seat of fracture was in this case, I think, much better operation than amputation at the shoulder joint. Owing to the prostrate state of the patient to amputate so close to the trunk would certainly have been attended with danger to life, besides the stump which he now possesses is certainly more useful and sightly than the gap that would have been left if the limb had been removed at the joint. The removal of the limb at the seat of fracture was, as the event proved, a much better plan of treatment than removal at the shoulder joint would have been. Owing to the prostrate state of the patient to amputate so close to the trunk would certainly have been attended with serious danger to life: besides the stump which he now possesses is far more sightly and it might be said more useful than the gap which would be left after the complete removal of the limb.

JHANG DISPENSARY.

CASE OF STRANGULATED HERNIA TREATED SUCCESSFULLY BY TAXIS.

UNDER CARE OF ASSISTANT SURGEON KHAZAN CHAND.

Gur Bakhsh Singh, a Hindu Male, aged 23 years, resident of Lan, a village in the Jhang Tehsil, came to Hospital on 12th July 1884, suffering from symptoms of strangulated Regnural Hernia.

Previous History.—He says that as he was accompanying a wedding party on a camel, he fell and got the rupture. He consulted a barber, who tried to reduce the gut but without any effect. He then went to Kot Ise Shah, and was received into the Hospital as an in-door patient, where he remained for five consecutive days. The Hospital Assistant in charge tried taxis, warm bath and taxis, and gave enemas, but having failed to reduce the Hernia, advised his friends to take him to the Jhang Hospital.

From the day of accident (2nd July 1884 to the day of his admission to this Hospital—12th July 1884) the symptoms such as total stoppage of the bowel action, severe pain at the seat of rupture, vomiting anything taken into the stomach, sleeplessness, anxiety, restlessness, inability to take food and to drink, dry and furred tongue, pinched features, tenderness and swelling of the abdomen, and at last stercoraceous vomiting, these severe symptoms continued to increase in intensity.

State on Admission to Hospital—12th July.—The patient restless: his tongue dry and furred, pulse feeble, small and compressible; cold perspiration all over the body; vomiting fecæ; fits of pain in the Hernial Tumour.

Treatment.—The patient was made to sit in hot water for 15 minutes and Taxis tried, but without success. Twenty drops of Tincture Opium were given by the mouth but were ejected. Then 20 drops of Liquor Morphia and 2 of Atropine were injected hypodermically, and $\frac{1}{4}$ grain of Morphia with a little quantity of sugar was rubbed on the tongue. The patient was then put on a table, the feet of which were raised for an angle of 30° and hot fomentations applied to the Hernial Tumour. In this state, Taxis having failed, Chloroform was administered and Taxis retried for about an hour, when at last the Gut went back. After reduction, pad and spica bandage were applied and nothing but milk and water given for food.

13th July.—The patient better; has had eight motions; his appetite has improved but gurgling still going on.

Treatment.—The bowels were washed out with soap and water enema; and 20 drops of Dilute Sulph Aromatic in an ounce of water were given.

14th July.—His bowels moved thrice; stools semi-fluid; appetite improved; on the whole much better. Given:—

Acid Sulph. Aromat, Dil	...	20 drops,
Tinct opii.	...	15 "
Peppermint water	...	1 oz.