

THE STANDARD.

A Scottish Life Office of 65 years' standing, and one of the wealthiest and most progressive of the Provident Institutions of the United Kingdom.

THOMAS LANG,

General Secretary for India and the East,

CALCUTTA.

Original Communications.

PRECIS OF OPERATIONS PERFORMED IN THE WARDS OF THE FIRST SURGEON, MEDICAL COLLEGE HOSPITAL, DURING THE YEAR 1890.

BY BRIGADE-SURGEON K. McLEOD, A.M., M.D., F.R.C.S.E.,
Professor of Surgery, Calcutta Medical College.

(Continued from p. 195.)

VI. A.—REMOVAL OF MALIGNANT TUMOURS.

1a. *Epithelioma of cheek.*—Hindu male, *æt.* 32. Sixteen months ago noticed a small hard growth in front of left ear, which has increased to the size of a hen's egg. It is hard and painful to touch, movable but not freely, and there is an opening below the lobule of the ear through which on pressing the lump some glairy fluid exudes. The tumour was exposed by a **└**-shaped incision, the horizontal line being parallel to the lower border of the jaw and the vertical running up in front of the ear. The flaps were dissected off, and the tumour removed from its deep connections. It was firmly adherent to the angle of the jaw which was detached with a chisel. The wound healed mostly by granulation in 58 days. He came to show himself five months after discharge. No recurrence had taken place.

1b. *Epithelioma of the tongue.*—European male, *æt.* 51, admitted on the 7th December. The disease appeared in January. It involves the base of the tongue right side. Anterior pillar of that side thickened. Submaxillary and submastoid lymphatic glands enlarged. The tongue was removed by Kocher's method on the 10th of December. Tracheotomy was performed, a tube inserted, and chloroform administered through it. Oblique incisions were made from the mastoid process, and symphysis in the course of the sterno mastoid muscle and anterior belly of the digastric down to the level of the hyoid bone and connected by a horizontal cut at that level. The quadrangular flap so fashioned was dissected up and the enlarged glands lying on the carotid sheath exposed. These were carefully dissected off the sheath and removed. The superior thyroid, lingual and facial arteries were seen as they branched from the external carotid and ligatured with catgut. The glands, salivary and lymphatic, in the submaxillary triangle were next removed, and the floor of the mouth opened.

The tongue was drawn out through the opening, two strong silk ligatures were passed through its tip and the organ bisected with scissors from tip to base. The right half of the tongue was now removed together with the anterior pillar of the fauces and tonsil of that side. It was now found that the thickening had crossed the middle line, and a chain ecraseur was passed round the left half of the tongue at its root and the part thus removed. Rather free bleeding took place from the left lingual, which was stopped by re-application of the ecraseur and catgut ligature. Some glands which had escaped notice were now removed, the vertical portions of the wound stitched and the horizontal left open. The exposed parts were dressed with iodoform lint. Patient made a slow but satisfactory recovery. He was fed for weeks with a funnel and tube. The tracheal tube was removed on the 13th day and the tracheal wound closed on the 21st day. The wound of the mouth and neck healed slowly by granulation. On the 4th of February a suspicious nodule was removed from the right anterior pillar. On the 11th of March a cancerous nodule was taken away from beneath the sternomastoid. It was adherent to the internal jugular vein, about two inches of which had to be excised after preliminary deligation. The wound now closed with exception of a narrow fistulous channel. He could feed himself with a spoon in a recumbent position. He was able to talk fluently and intelligibly, and his general health was restored. He left for Darjeeling in April. A suspicious hardness had again formed under the sterno-mastoid. He has not been heard of since.

* * This was a very formidable operation; but by no other method could the obviously diseased tissues have been removed. The disease had unfortunately been allowed to extend so widely and deeply that it is feared that even the extensive and repeated operations which were resorted to have only served to relieve his pain and suffering and prolong his life for a few months.

1c. *Epithelioma of the penis—amputation.*—

i. Hindu male, *æt.* 45. Duration four months; glands and prepuce destroyed. Corpus cavernosum infiltrated up to suspensory ligament. Penis transfixed transversely at root by a steel pin and a drainage tube wound round it above the pin. Skin divided circularly. Corpus spongiosum left longer than cavernosa and carefully stitched to inferior angle of wound; vessels secured and sides of cavernosa stitched to septum with two catgut sutures. Wound healed in 17 days.

ii. Hindu male, *æt.* 45. Disease of 15 years' duration; penis affected to the level of the scrotum. Glands of left groin also cancerous. Similar operation. Glands removed at the same time. Discharged in 53 days with wound fully healed and no recurrence.

iii. Hindu male, *æt.* 40. Two years' duration. Two-thirds of pendent portion of penis affected. Similar operation. Wound healed in 18 days.

1d. *Epithelioma of the scrotum.*—Hindu male, *æt.* 53. Originated in a warty growth four years ago, which was repeatedly ligatured with horse-hair and treated with ointments. The mass was removed by an elliptical incision placed well beyond its margin. The resulting wound healed in 26 days.

1e. *Epithelioma of hip.*—Hindu female, *æt.* 50. She noticed a growth in front of the left trochanter and below the crest of the ilium six months ago, which broke down and formed an ulcer with very hard base. The subjacent bone is eroded. The growth was removed by an elliptical incision and the subjacent bone freely chiselled out. The resulting wound was large and deep, and took 65 days to heal. There was no sign of recurrence when she left hospital.

2a. *Scirrhus of the lower jaw.*—Mahomedan male, *æt.* 55. Seven years ago he noticed a lump at the left angle of his lower jaw which has gradually attained a large size and grown into the mouth; skin healthy. The lower jaw was divided to the left of the symphysis. An incision made downwards and outwards from the angle of the mouth, the tumour carefully dissected out and the jaw removed by disarticulation. The case progressed favourably and complete repair procured in 60 days.

2b. *Scirrhus of the neck.*—Hindu male, *æt.* 50, hard growth beneath left sterno-mastoid of two and a half months' duration and implicating the skin, freely movable over the spine and not attached to the larynx or pharynx. It was exposed by an elliptical incision which included the diseased skin. The deep dissection was very difficult and tedious. The internal jugular vein was found to run through the growth and had to be removed with it after ligature above and below; the carotid artery and vagus were exposed but not involved. The wound was carefully closed and healed by first intention. There was no sign of recurrence when the man left the hospital 37 days after the operation.

3a. *Sarcoma of the antrum.*—Hindu male, *æt.* 50. Noticed a swelling of the right cheek four months ago, which gradually increased and burst through the skin about a month ago, causing a circular aperture through which a quantity of gelatinous mucus continually escapes. Cavity of antrum enlarged and walls thinned. A free crucial incision was made, the antrum was found to be filled with cerebriform material which was removed. The thickened lining membrane was peeled off and the bony walls well scraped. The cavity was stuffed with iodoform lint. It was gradually filled by granulation material, the wound closed, and there was no sign of recurrence when he left the hospital 44 days after operation.

3b. *Sarcoma of the lower jaw.*—Hindu male, *æt.* 16. This growth commenced two and a half months ago in the alveolar process of the right lower jaw near the anterior molar and has rapidly assumed a large size. It bulges into the mouth and fauces, implicates the skin of the cheek and can be felt as high as the zygoma. Patient anæmic and delicate. A straight cut about two inches long was made from the right angle of the mouth outwards, and from its end two cuts were carried up and down, and from their extremities two others meeting in front of the ear. The quadrangular space thus mapped out included the diseased skin. The jaw was now divided on the right of the symphysis, the tumour isolated and disarticulation effected. Bleeding points were secured promptly by clamp forceps and afterwards tied in detail. The loss of blood was moderate, and the patient bore the formidable operation well. The horizontal cut was carefully stitched and united by first intention; the four sides of the wound were brought together except at the centre where a quadrangular hole was left for drainage. This gaped a good deal and then contracted, but an aperture remained which required a plastic operation. The operation was performed on the 24th of November and the plastic operation on the 28th of January 1891. Patient had slight shock and was fed through the nostril for two days. The process of healing by granulation was slow but unimpeded.

4. *Naso-pharyngeal polypus.*—i. Mahomedan male, *æt.* 14. Has suffered from epistaxis for five years. The growth in the pharynx was noticed two years ago. Both nostrils blocked and both respiration and deglutition are accomplished with great difficulty. The growth is found to fill the left nasal fossa and hangs into the pharynx. The left nostril was slit up, a silk thread passed into the mouth with a Bellocq's canula and the chain of an ecraseur pulled into the pharynx. It was slipped round the fundus of the growth with the fingers and about half of the mass was removed. The other half was taken away by a second application of the ecraseur and the attachment of the tumour was pulled away by necrosis forceps. The cavity was lightly stuffed with strips of iodoform lint, and the wound of the nostril carefully stitched. He left hospital in six days in a satisfactory condition.

ii. Hindu male, *æt.* 50. About a year ago he noticed a growth in the right nostril. It was removed about six months ago by Dr. Adie, who slit up the nostril for the purpose. Recurrence has taken place, and the nostril is filled with a soft solid, while the bridge of the nose is raised into a swelling about the size of a walnut. The nostril was again slit and the tumour encircled by an incision. The septum of the nose, nasal bones and nasal process of the right superior

maxillary to which the growth was attached were taken away and the mass extirpated with the aid of a gouge. The nostril was stitched, but the circular aperture in the bridge left open. The wound of the nostril healed by first intention and the circular wound contracted, but recurrence took place in about a month, and patient declined further operation. The growth was a round celled sarcoma.

(To be continued.)

WINTER PRACTICE IN KASHMIR.

By A. MITRA,

Chief Medical Officer, Kashmir.

WITH other countries when the last severe winter (which is said to have been one of the severest within living memory) added to human misery and suffering, Kashmir has its own tale to tell. From December to February, it was one continuous period of severe frost, heavy snowfall, and overcast sky. The people of Kashmir are poor, the houses are badly built, and men, women, and children are scantily clothed. The roads are bad, and scavenging of the city is almost *nil*. It is no wonder then that severity of weather should tell seriously on the health of the people. But it is surprising that mortality was not higher than usual. The chief factor which stood in their stead is the absolute abstinence of the Kashmiris from the use of alcoholic liquors.

The following is a brief resumé of the additional work that fell on our hospital staff:—

1. *Pneumonia*.—During the winter months cases of pneumonia were more numerous than usual. The average of winter 1889-90 was nine cases per month, the average of 1890-91 was 15 in a month. Out of 53 cases treated 7 terminated in death. In fatal cases asthenic condition supervened very rapidly.

2. *Pleurisy*.—Out of 21 cases treated 3 died. In two empyema was the immediate cause of death. In the Kashmir Jail out of an average of 150 inmates, two prisoners died both from pleurisy.

3. Acute joint diseases were the next class of cases that were more prevalent than usual.

4. Infant mortality was higher; capillary bronchitis and pneumonia were the principal complaints among children.

5. Four deaths in the hospital were due to dysentery, which resulted directly from exposure to cold.

6. Next came a large number of cases of chilblain and frost-bite. As cases of frost-bite are not commonly seen in Indian practice, I give here a brief outline of this affection. Cold like heat produces certain effects on healthy tissues. The effects are so much analogous to those produced by heat that Cullisen has divid-

ed the lesions produced by cold into three degrees—(1) of erythema, (2) vesication and superficial ulceration, (3) gangrene. These local effects are more commonly seen and are more serious in their consequences in very young and aged persons, and in those with feeble constitution or enfeebled by fatigue and privation. Those parts of the body where the circulation is feeble, are more easily affected than others. The feet, the fingers, the tip of the nose and chin are the parts which are usually affected. Cold contracts the small arteries causing arrest of circulation. Thus the part, being deprived of its natural source of heat, is frozen by the further action of cold on it. With the restoration of circulation inflammatory phenomena manifest themselves. In ordinary cases this inflammation subsides under proper treatment, but when the action of cold has been continued, or when the constitutional condition is not favourable, gangrene sets in. The resulting gangrene is usually moist. During the winter months 23 cases of frost-bite were treated at the Kashmir State Hospital, of which 6 resulted in natural cure, in 9 the parts detached themselves by natural process, and in 7 amputations were performed; one patient died before amputation. Among 17 cases of gangrene, 15 were of the moist variety, in 2 the parts were mummified.

In 4 patients double amputation had to be performed.

Three Both legs.

One One leg and one Syme's.

All were cured. Two patients were sepoys, who, during a march from Gilgit, were exposed to severe frost and snow; the other two were Pathans employed in the construction of the Gilgit road.

Remarks on treatment.—When seen in an early stage and when the frost-bite is of that grade in which the skin has not yet become black and gangrenous, prolonged friction with snow or sponges dipped in iced water is the most reliable measure, then gradually warmth is to be applied. Application of antiseptic dressings in the majority of cases will bring about a natural process of separation of destroyed parts. Then the line of demarcation is to be carefully watched for, and amputation performed no sooner it appears distinctly. In one case only had I to perform primary amputation.

OPERATIONS FOR HERNIA.

By BRIGADE SURGEON D. O'C. RAYE, M.D.,

Professor of Anatomy, Calcutta Medical College, and Second Surgeon, College Hospital.

THE following remarks refer to all the cases of hernia which were operated on by me in the Medical College Hospital, Calcutta, from April