

set apart for the treatment of eye diseases, together with the number and variety of diseases therein treated, are always matters of not a little importance. Indeed, records of these must be replete with interest to the profession at large, for they contain the only data from which to come to conclusions regarding the eye diseases most prevalent in the locality in which the hospital is situated; whether they are epidemic or otherwise: their probable causation; the seasons at which certain affections are most common, and lastly, they may lead health officers to adopt measures with a view to the prevention of those ocular lesions which are due to neglect or ignorance of the laws of hygiene. Indeed, bad ventilation, smoky dwellings and carelessness in ablution are among the most fruitful sources of eye disease, and especially of those affections which originate in the conjunctiva. Accordingly, we will proceed to give a condensed statement of the hospital work for the month of November, commencing with the operations.

Operation.	Method.	Number.
For Entropium ...	Canthoplasty ... 1 Von Graefe's ... 2	Three.
„ Trichiasis ...	Haynes Walton ... 4 Dissection of cilia ... 4	Eight.
„ Pterygium ...	Excision ... 1 Ligature ... 3	Four.
„ Fistula lachrymalis ...	Bowman's ... 1	Five.
„ Artificial pupil ...	Excision ... 1 Iridectisis ... 2	Three.
„ Solution of the lens ...	...	One.
„ Extraction of ditto ...	Scoop ... 1 Suction ... 1 Von Graefe's ... 9	Eleven.
„ Removal of foreign bodies ...	...	Five.
„ Puncture of the globe ...	...	Two.
„ Staphyloma ...	Critchett's ... 1 Borelli's ... 2	Three.
„ Syndectomy ...	...	One.
Total number of operations during the month of Nov. ...	...	Forty-six.

The cases treated “in-door” during the month of November were as follows:—Disease of the cornea, 25; of the lens and capsule, 20; of the iris (mostly of syphilitic origin) 11; of the conjunctiva, 8; of the choroid and retina, 6; general affections of the eye, 6; disease of the lachrymal apparatus, 1; and of the eyelids, 1; total 78.

The out-door patients numbered 679 for the same period, disease of the conjunctiva, of the cornea, of the choroid and retina, of the eyelids (chiefly ophthalmia tarsi), of the iris, and of the lens and capsule, in the order mentioned, being most common.

Affections of the conjunctiva thus appear to be most prevalent. The preponderance of lesions of the cornea amongst the in-door patients, is accounted for by the fact that the severity of corneal affections compels many high caste people to throw caste prejudices temporarily into abeyance, in order that the best possible measures may be carried out for the recovery of their sight. They come into hospital in defiance of all religious conventionalities; whereas conjunctival lesions are seldom severe enough to force them to commit such a sin against religious constitutionalism, and it is chiefly owing to this that conjunctival affections head the list of diseases treated in the out-door department of the Cowasjee Jehangheer Hospital.

Deaths in Punjab.—The death-rate for June was,—per 1,000—cholera 0·00, small-pox 0·19, fevers 0·87, bowel complaints 0·10, injuries 0·03, all other causes 0·41; total 1·60. There were 29 deaths from suicide (12 males and 17 females); 22 from wounds (16 males and 6 females); 420 from accident (273 males and 147 females); 133 from snake-bite and wild animals (75 males and 58 females.) Population 17,481,189.

Deaths in the North-Western Provinces.—The death-rate for June was,—per 1,000—cholera 0·01, small-pox 0·26, fevers 0·75, bowel complaints 0·14, injuries 0·04, all other causes 0·10; total 1·33. There were 132 deaths from suicide (55 males and 77 females); 103 from wounds (57 males and 46 females); 722 from accident (405 males and 317 females); 518 from snake-bite and wild animals (235 males and 282 females.) Population 29,575,003.

HOSPITAL OF 96TH REGIMENT.

A CASE OF SCARLATINA MALIGNA.

Reported by Surgeon H. MITCHELL, H. M.'s 96th Regiment.

No. 725, Private L—, aged 20 years, 5 years' service, two of which were passed in India. Temperament sanguineous; habits moderate. This man presented himself at hospital on the morning of the 28th of February, 1868, and stated that he had been suffering for a few days from lassitude, slight headache, thirst and disinclination to food, &c. Admitted under the care of Dr. O'Brien, with all the symptoms of continued fever, but of an aggravated type, attended with great suffusion of the eyes and frontal headache. Ordered diaphoretic mixture every three hours, and perfect quietude.

Vespere.—Complains of severe pains over the promontory of the sacrum, increased on the slightest motion, and on inspiration; there is also a scarlet colored eruption over the neck and back. (Case isolated.)

Treatment.—Bowels being sluggish, to have a purgative: diaphoretic continued, and dry cupping to the loins.

29th.—Passed a restless and wakeful night. The scarlet eruption has extended over the whole of the body; it is diffused and disappears on pressure.

The pain in the lower part of the back is excruciating; it is especially severe over the upper portion of the sacrum, but is not increased on pressure; pulse quick and full; pungent heat of skin and suffusion of eyes continue, but in a greater degree; slight frontal headache; tongue dry, brown and glazed; no difficulty of deglutition or breathing; and no enlargement of tonsils or cervical glands exist at present; gums and lips covered with sordes, and he suffers from urgent thirst; bowels freely acted upon by the medicine. Continue diaphoretic; to have chlorate of potash in barley water frequently.

Kidneys up to this stage have been acting freely.

11 o'clock a.m.—Pain over the sacrum very severe, extreme restlessness. Pulse quick and moderately full; skin hot and thirst still urgent; the eruption intermixed with some petichial spots over chest; conjunctivæ deeply suffused; tonsils enlarged, and apparently gorged with blood, breathing not affected. Fomentations to seat of pain, gargle of chlorate of potash, and continue the diaphoretic.

3 p.m.—Very restless, to have a draught of Batley's sedative.

5 p.m.—Slept a short time after the draught. The pain in the back has suddenly subsided, and he states that he feels so much better; body has assumed a dusky pinkish hue, intermixed with numerous petechiæ; great effusion of blood into the conjunctivæ, which apparently increases; surface of body warm; tongue still presents the same appearance; sordes thickly encrusted over teeth and lips; pulse feeble and quick, having been moderately full at 12 o'clock noon.

This sudden fall of temperature and pulse, together with the effusion of blood beneath the cuticle, makes the case assume a very serious aspect. Ordered carbonate of ammonia in 5 grain doses frequently repeated, with a liberal allowance of wine and beef-tea.

9-30 p.m.—Has suddenly expired: while talking to the orderly in attendance upon him (quite rational), when he became suddenly convulsed and died in a short time.

Owing to the advanced state of decomposition the body was in next morning, it was deemed advisable to have it encased and interred without a *post-mortem*.

Remarks.—This case is only interesting in a medical point of view, from the doubtful existence of the disease in India. However, the discussion in the June number of the *Indian Medical Gazette* has induced me to lay this resumé of it before the profession, as it may assist in carrying conviction to the minds of those who appear to have the belief that scarlatina is altogether unknown in India.

In the above case, the affection of the throat was very slightly marked, but in some cases this occurrence is not essential to the malignity of the disease.

It is to be hoped that the interesting discussion which is at present going on regarding this disease will induce medical officers to put forward any authentic accounts of the occurrence (in India) of scarlatina they may have.

The following few notes of a case of simple scarlatina have been kindly placed at my disposal by Assistant Surgeon O. Sullivan, 96th Regiment, which occurred in his practice when Station Staff Surgeon at Dum-Dum in 1870.

Mr. K.—. After a few days of indisposition, an eruption of scarlatina made its appearance. The eruption throughout was

sight, but the festooned outlines were very manifest; no complications, and sore throat very slight.

The case terminated favorably in the usual manner.

Dinapore.

HOSPITAL OF 37TH N. I.

CASE OF PERFORATION OF STOMACH FROM CHRONIC ULCERATION.

By J. C. G. CARMICHAEL, M.B.,

Assistant Surgeon, 37th Regiment N. I., Dinapore.

SEPOY MADHO, aged 39 years, service 12½ years, was admitted into hospital late on the evening of the 4th instant, complaining of slight pain in the abdominal region.

Previous history.—In September 1867 was in hospital 7 days with intermittent fever, and in October of the same year, again suffered from intermittent fever for 8 days. Never had any other disease.

Present condition.—Bowels not moved for 3 or 4 days; pulse 83; respiration rather hurried; tongue furred; abdomen slightly tympanitic; feeling of uneasiness in the abdominal region not increased by pressure. One ounce of castor-oil with 20 minims of tincture of opium was administered, as the case was supposed to be colic, arising from constipation of the bowels: in the evening of the 5th, the castor-oil was repeated, the bowels not having been moved, but the uneasiness was greatly relieved. He remained in comparative comfort until the morning of the 6th, when he suddenly became worse, and expired about 2 a. m.

Three hours afterwards I performed a *post-mortem* examination. On opening the abdominal cavity, it was found to contain about 4 pints of a dark-coloured fluid; the intestines were intensely inflamed, and covered with lymph. On the posterior wall of the stomach close to the pyloric orifice, nearer the greater than the lesser curvature, a perforation was perceived. The perforation was circular and regular as if punched out, and about ½ inch in diameter. There were apparently no efforts of nature to effect a cure by means of adhesions to surrounding tissues. What exudations took place, were in the coats of the stomach, at the site of the ulcer, which was thickened rather more than ½ inch. *

Remarks.—This case is peculiarly instructive from the obscurity, or rather absence, of the symptoms, which are usually found to accompany this disease. His previous history gave no clue whatever to the diagnosis of the disease from which he died. There can be little doubt, I think, but that the ulceration had been going on for some time, probably for months; still he never complained of dyspepsia, never had hæmatemesis, was not subject to vomiting, and was neither anæmic nor badly nourished. Another remarkable feature of the case was the sluggishness of the abdominal pain, and its *not* being increased by pressure, as also the quietness of the pulse, and absence generally of inflammatory symptoms—all of which might reasonably be expected to have been prominent symptoms in a case of general peritonitis caused by perforating ulcer of the stomach.

Dinapore, 15th August, 1871.

SERAMPORE DISPENSARY.

POISONING BY OPIUM—DEATH.

By JAMES A. GREENE, M.D.

SUICIDAL poisoning by opium is becoming frequent in this district, as is likewise the habitual use of this drug; three cases of poisoning have occurred since January last, and all amongst females. I send the particulars of one case which has happened since I took charge.

Kaminee, a Hindoo widow, aged 22 years, resident of Ooterpara, was brought to the Charitable Hospital at 4-30 a. m. on the 5th July last, suffering from the effects of an overdose of opium, which she had taken 18 hours previously, in order to destroy herself. Her father accompanied her and gave the following particulars:—that his daughter took four pice worth of opium dissolved in mustard oil, at 10 a. m. on the 4th July; soon after taking it, she became insensible, and some time after vomited once. Opium is sold here at 5 annas per tolah—a tolah being equal to 3 drachms; she must, therefore, have taken

about 30 or 36 grains. He got a local homœopathic practitioner to attend her, who gave her only about a tea-spoonful of a mixture every 2 hours, made up of a few drops of a brown liquid, in a large quantity of water; finding signs of approaching death, he advised her being brought to the Charitable Hospital. On admission, I found her quite insensible; she could not be roused at all; breathing in jerks 12 times in a minute; gurgling noise in throat; pulse 116, small and soft; pupils moderately dilated; insensible to light; conjunctivæ injected. Body felt warmer than natural. I tried to make her swallow one grain of extract of belladonna, dissolved in 2 drachms of water, but this almost choked her, though she ultimately swallowed it with a gulp. I then commenced giving her the following every hour:—

Extract. belladonnæ ...	...	1 grain,
Liquor ammoniæ ...	...	½ drachm,
Milk ...	...	2 ounces,

by enema.

Injected over one deltoid 10 minims of atropine solution (grain 1 to the ounce) with the hypodermic syringe; over the other deltoid I injected 10 minims of liquor ammoniæ with 10 of water; immediately after the latter was injected her pulse rose to 124.

7 a. m.—Respiration 10, pulse 100, full and soft.

9 a. m.—Respiration 12, pulse 136, soft. Injected 12 minims of atropine solution. No effect, still lying insensible.

5 30-p. m.—Respiration 8, pulse 140, soft. Pupils dilated, insensible to light. Enema continued steadily.

8 p. m.—Respiration 8, pulse 120; skin feels cooler; mucous rattle in throat. She gradually sank and died at 5 a. m., 6th July, just 24½ hours after admission, and 43 hours after having taken the opium. The stomach was sent to the Chemical Examiner, but no opium was found in it: being dissolved in oil, it must have been rapidly absorbed.

Post-mortem examination seven hours after death.

Body of a stout young woman in good condition, face livid, finger and toe nails livid; hypostatic congestion of back parts of body; vessels of scalp loaded with blood; membranes of brain congested; sinuses gorged with blood; vessels of brain substance loaded with blood; red points numerous; lateral ventricles empty; both lungs very much congested, left almost black in colour; heart of normal size and structure; right auricle and ventricle distended with clotted blood; left ventricle empty; abdominal viscera healthy, more or less congested; womb of natural size, empty.

CASE OF RUPTURE OF THE URETHRA; EXTRAVASATION OF URINE; EXTENSIVE SLOUGHING; RECOVERY.

On the 12th May, 1871, a young Hindoo, aged 22 years, was brought to the Charitable Hospital for the above accident. Four days previously whilst going down a common wooden ghât on the river side at his village about 4 miles from this station, he fell on one of the upright bamboo supports, hurting his perineum; some blood immediately escaped from the urethra; no urine had since been passed. On admission, I found the penis and scrotum enormously distended with urine; likewise the perineum, buttocks and upper part of left thigh; the latter parts were hard and brawny to the feel; the skin of the perineum at the seat of injury was broken, and urine oozed from it in drops; the bladder was enormously distended with urine; the countenance was anxious and pinched; pulse very small and weak; body warmer than natural; bowels moved once the day after accident, not since; tongue foul. A No. 8 catheter was introduced to the neck of the bladder, beyond which it could not be pushed, and more than a pint of bloody urine drawn off. The catheter was fastened in its place; before the catheter could be introduced, the enormously distended prepuce had to be slit open; free incisions were also made in the scrotum, middle line of perineum and buttocks; urine escaped freely from all these incisions. Carbolic oil was freely applied, and one grain of opium given every 4 hours.

On the 13th, report states that the swelling of penis, scrotum and perineum has subsided a good deal; urine has passed in quantity through the urethra and the different incisions, the patient having removed the catheter; countenance anxious; pulse very weak; urine has an ammoniacal smell and alkaline re-action. A mixture containing the diluted nitro-hydrochloric

* The specimen has been sent to the Medical College Museum, Calcutta.