

**Sir Joseph Fayrer's "notes of interesting cases in the Medical College & Hospital (at Calcutta)", Volume numbered '10'**

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1866-1868

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198<sup>F</sup>

CASE BOOK

R. M. COLLEGE

198<sup>F</sup>

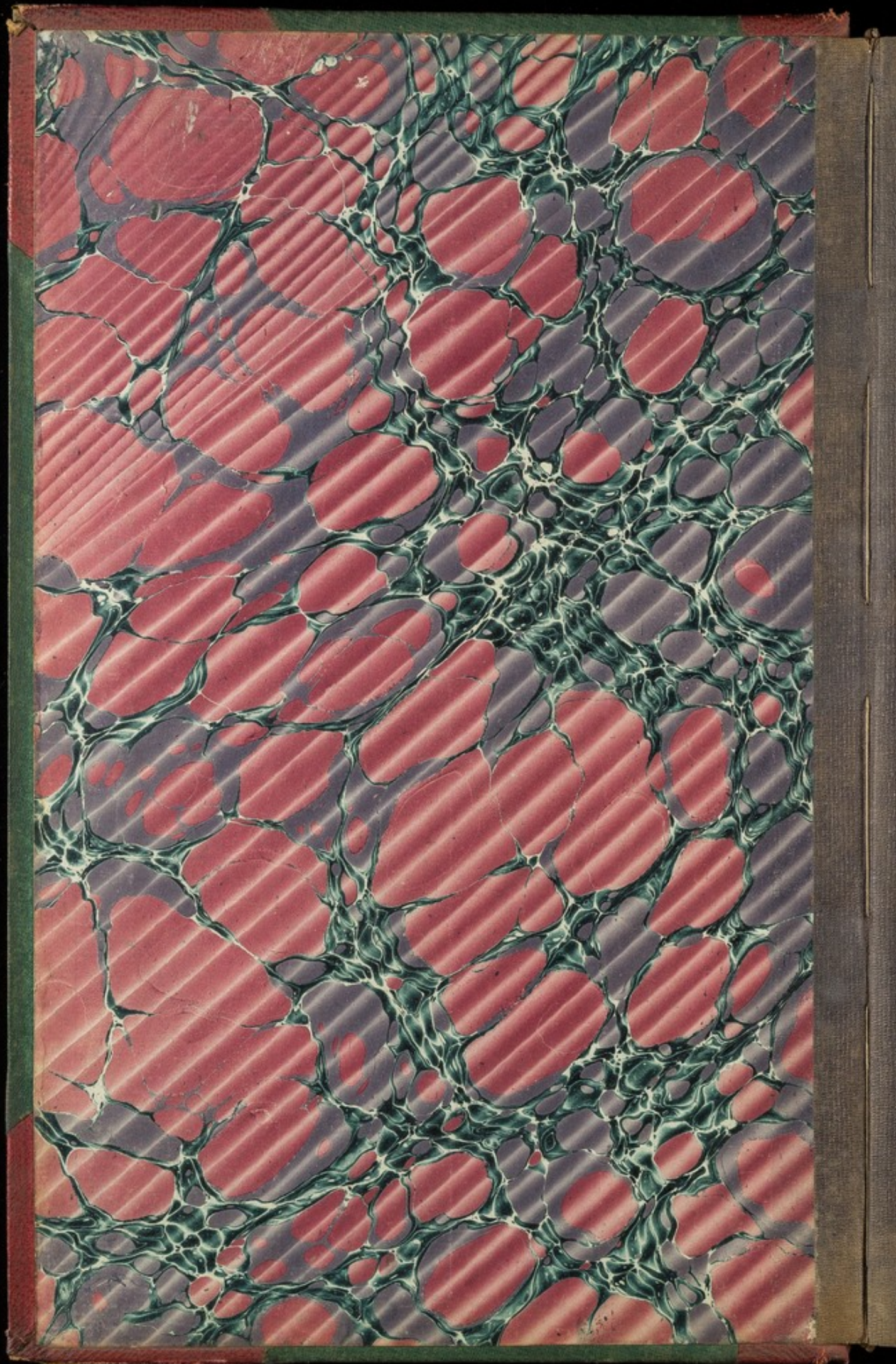
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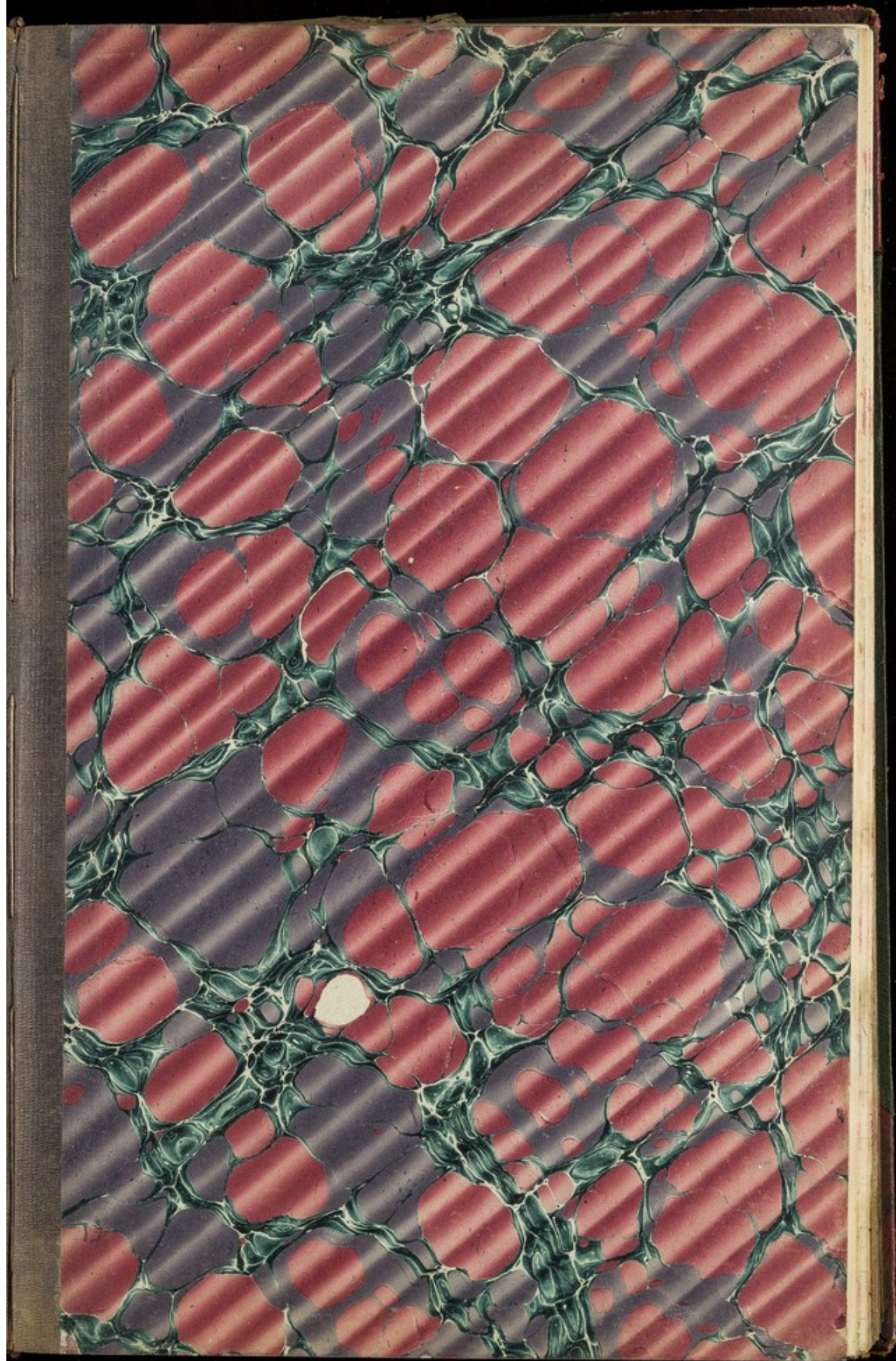
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Case Book  
No. 10  
1866-7-8











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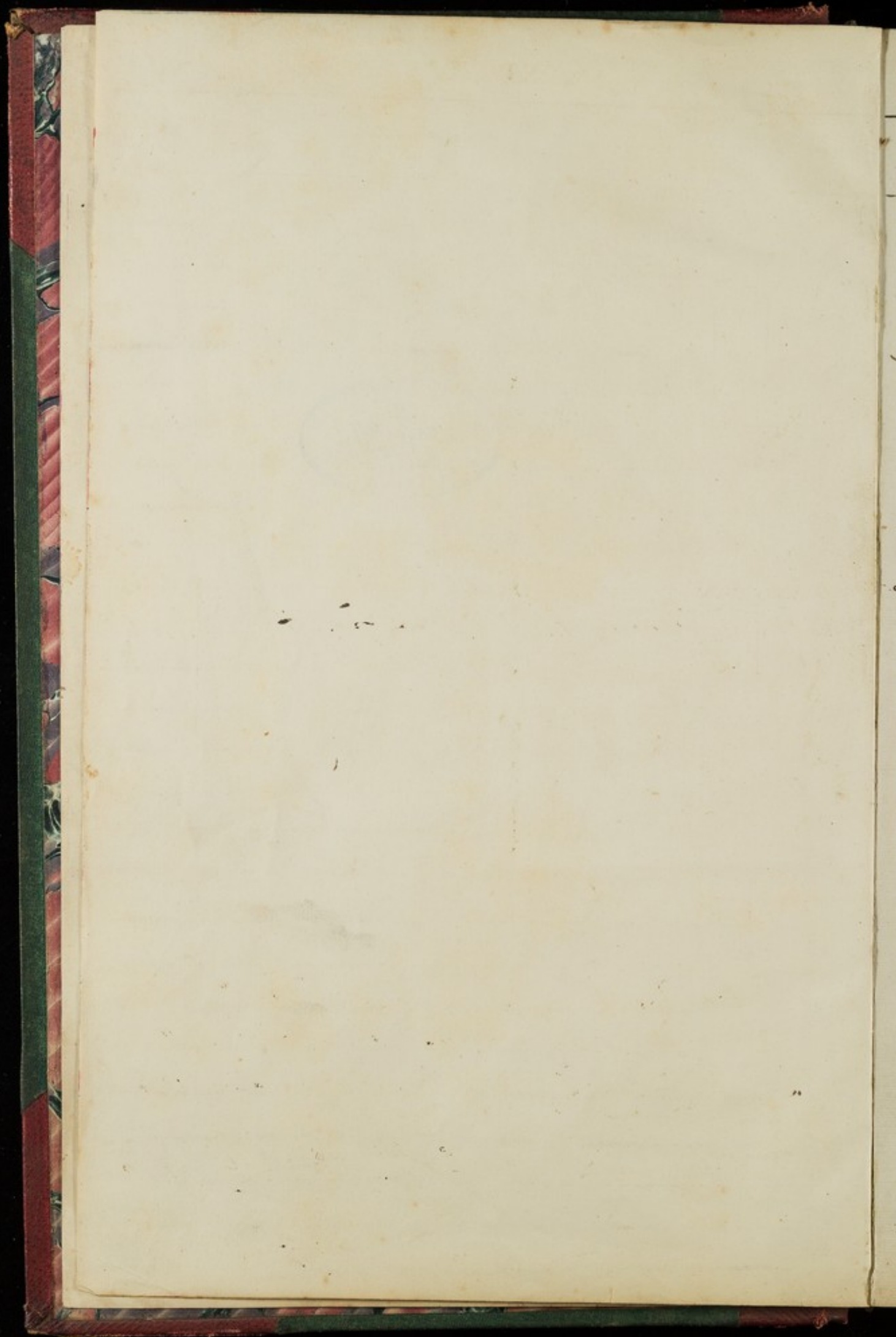
Dr. J. H. ...

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## INDEX.

# INDEX.

Month.	No.	Cases.	Pages.

# INDEX.

Month.	No.	Cases.	Pages.



22<sup>nd</sup> April 1866.

## Memo:-

Fyzullah Rohaman, aged 20 years, a Mahomedan student, was admitted on the 20<sup>th</sup> April 1866 into the 1<sup>st</sup> Surgeon's ward Medical College Hospital with a gun-shot wound of the right arm. The bullet entered the lower third of the right arm at its posterior aspect making a small circular opening: it broke the humerus into several pieces; four <sup>pieces</sup> which were loose, were taken out and when adjusted, were found to compose a portion of the shaft of that bone. The bullet lodged immediately under the skin at the anterior aspect of the arm exactly opposite the place where it entered and was extracted by an incision in that spot.



# INDEX.

Month.	No.	Cases.	Pages.

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[illegible]

# INDEX.

Month.	No.	Cases.	Pages.



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Memorandum.

Ogrocanto, a hindu male aged 48, a resident of Furridpoor and following the occupation of a sircar, was admitted on the 25<sup>th</sup> January 1866 into St. Jaffer's ward for Gangrene of the left foot. He admitted having had syphilis about 13 years ago. No secondary symptoms followed.

About 7 months before admission he had a pain on the dorsum of the left foot. A small ulcer broke out between the 3<sup>rd</sup> & 4<sup>th</sup> toes, which continued extending upwards. For this he was salivated. The ulcer still continued and after a month the 3<sup>rd</sup> & 4<sup>th</sup> toes died and sloughed off.

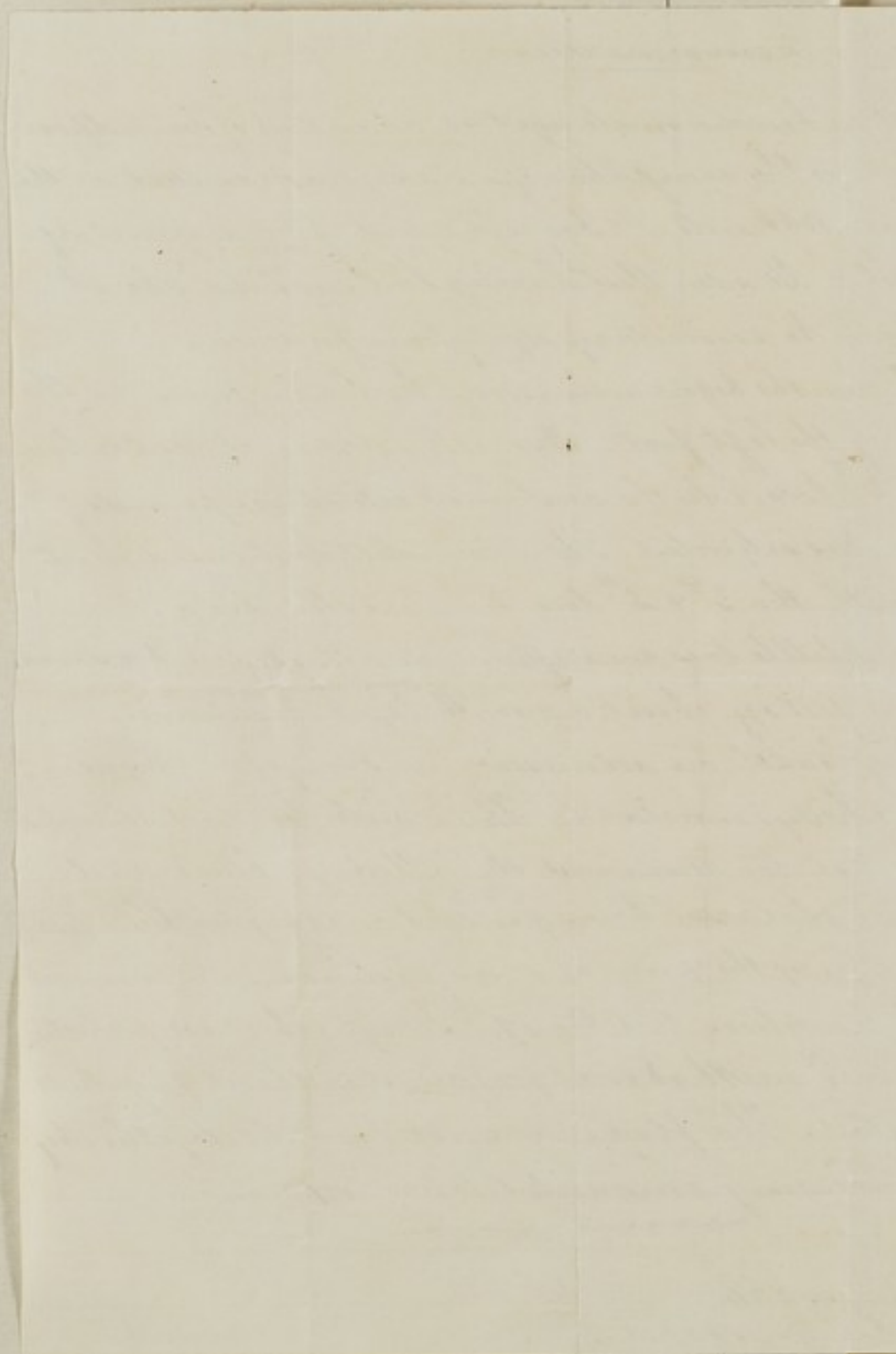
The 2<sup>nd</sup> and little toes were afterwards attacked in the same way, and fell off about a month before admission. His state of health on admission was very low. Eyes anemic & body emaciated. The 4 outer toes had sloughed off. The great toe remained shrivelled up, black and cold. The metatarsal bones projected out beyond the ulcer. The pulsation of the peroneal was distinct. He remained in a low condition till the 19<sup>th</sup> Febry: when amputation by Chopart's method was performed. About 9 ligatures were applied. The flaps were not brought together by sutures. Bleeding amounted to about 1 ounce.

22<sup>nd</sup> Febry. 1866.

Medical College Hospital.

# INDEX.

Month.	No.	Cases.	Pages.





# CASE BOOK.

Month.	Date.	Particulars of Case.
		Gangrene. Amp: of part of foot.
July	19 <sup>th</sup>	The accompanying notes of a case of Spontaneous Gangrene by the doctor are interesting. The amputation was performed to relieve the intense pain he was suffering. & when he with the removal the danger from about the threaten of the flexor tendons was greatly diminished.
	24	He has not been doing well. The flaps have slowly sloughed & no trace of demarcation is found. He is low - I will tie to the fork
	28	I hear all the way of the fork <sup>up to</sup> above the buckle is sloughing. His constitutional symptoms remain much the same. Pus & no winding diet.
		He gradually got on & the gangrene slowly extended up the leg. He died & was sent from the hospital on the 4 <sup>th</sup> -
		Send the report & send to the Museum -



Month.	Date.	Particulars of Case.
		<p>P. Minton of Supreme Case</p> <p>The bank was rejected with  death. and the Foreign  trade &amp; home to the P. Minton  space - where it should be  a short &amp; full report  was begun then sent to  be a card -</p>



Month.

Date.

Particulars of Case.

Amputation of forearm &amp; fingers

July 25 A stout & muscular man named  
 F. Schmidt, aged 34 - a German  
 from Heligoland, was admitted  
 with his arm having been brought  
 by a special train from Canning  
 (Ambleby) He is a contractor  
 at Canning and has been <sup>keeping an hotel there</sup> ~~working~~ <sup>for</sup> ~~some~~ <sup>years</sup>  
 Last night about 10 p.m. he  
 was asked by a friend who was  
 going out shooting to help him  
 to bring down the owner of a  
 gun which had become fixed  
 saying that he could not get  
 it out - The owner of the  
 gun took hold of the stock  
 Schmidt seized the owner and  
 pulled it. The gun was loaded  
 in two shots, with two  
 bullets in each barrel -  
 shot. The Ambleby



Month.	Date.	Particulars of Case.
Feb	25	<p>Gunshot wound. Wrist: Wrist &amp; finger          passed through the right arm shattering          the right hand to pieces - and carrying          off the 1<sup>st</sup> &amp; 2<sup>d</sup> phalanges of the four          fingers of the left hand - He had lost          much blood as he had received          little assistance, a handkerchief          was having been tied round the wrist          which had partially arrested the          hemorrhage - I saw him about          5 (I was not with a patient case)          and he was then very low &amp; bleated          from loss of blood - I amputated          the right arm at junction of mid          lower thirds, by double flaps, and          the four fingers - being placed to cut          through the proximal phalanges          with the bone nippers -          and him to mate - Beef &amp;          9 PM He is sleeping hard. pulse fair -          r. lower - he has been restless &amp;          thirsty - but has taken some          food. Had an opiate</p>



Month.	Date.	Particulars of Case.
		From the wound stump: of arm & fingers
July	26	He had a restless night. Pulse rapid - he had some sleep however, and is better this morning. Has had a dose of Calomel. - Stomach & bowels look well.
	27	Moved into a tent with the other sick. In the afternoon - he has little pulse 110 to 120. Tongue clean. Stomach look well. Right arm somewhat swollen. He takes Sabin's - & has had a Slightly purulent -
Aug 1		He is very well. Pulse under 100 - arm less swollen. Slightly hot but some matter around some portions. He is some 6 days but feels the heat of the fever much.
	5	He is doing pretty well. The discharge from the right arm is free. & I have sufficient to stop it with the other side of the bone. The stomach looks well.



Month.	Date.	Particulars of Case.
		Gunnshot wound wrist & antebra
March	5	As far as the soft parts are concerned. The progress of the soft parts are doing well. His pulse is about 100 - He has little or no power. Temp 101 - 98.
"	6	A large white & rough cornea out of the upper wound - Discharge free. He is doing well.
"	8	He seems to be doing well. No power. Pulse 80 - Discharge from upper wound in night more free. None from the lower wound. Fingers look well - Bone & flesh & tendons look good.
"	9	Constitutionally he is doing well but the arm is painful and lean but therefore he is plenty in sleep of cordister on last date sleeps well.

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Month.	Date.	Particulars of Case.
		<i>Strangulated Hernia</i>
Feb.	26 <sup>th</sup>	<p>The tumor was about the size of a child's head (perhaps rather smaller, very tense skin &amp; cold, very tympanitic - I put her under chl: and made a puncture with taxis but could not succeed -</p> <p>I then opened and found the structure as the external ring which being divided with some pressure &amp; manipulation the hernia gradually returned with a peculiar gurgling sound -</p> <p>At 11 P.M. when home called and I went at 5<sup>th</sup> May 26<sup>th</sup> P.M. - The Sac was measurably thickened - I cut her skin out into of a round shape but carefully advanced no finger into the abdomen about 2 inches of hernia - The hernia was found blackened &amp; sphacled but separated &amp; on 27<sup>th</sup></p>



Month.	Date.	Particulars of Case.
		<i>Strangulated Hernia.</i>
July	26	<p>From the report &amp; description of Scutcheon &amp; Intestine he wrote</p> <p>I did not then the sac. becoming in those large hernia &amp; as more the clasp is made increased &amp; the difficulty of getting the large mass of gut is almost insurmountable -</p> <p>Had the sac been opened &amp; it had been ascertained that so much of the gut were gangrenous it could not have been left out &amp; recovery would have been impossible -</p> <p>And it will be dead and must be amputated - leaving it within the abdomen since it is a chance of recovery &amp; saving the life was not to outstep in it would have been to time &amp; - from this with a mass of strangulated gut protruding. It is another proof of the necessity of operating early &amp; it shows that strangulation may take place rapidly even in large hernia</p>



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CASE BOOK.

10

Month.	Date.	Particulars of Case.
		<i>Melanosis</i>
July	24	Accompanying Intely Institution Super me there of very interesting cases Melanosis - involving the whole surface of the body and on the face & chest with many intermed a fine and elevation of the apex of Melanosis as proof —
March	15	The chloride of Zinc paste has been applied to some lightest pigment in making proper. The taste also brownish solution 5 drops three days.
	16	The paste has been reapplied and it seems to control the growth.



Month.	Date.	Particulars of Case.
		<i>Melanosis.</i>

Memo.

*Bhish Pakkitty* - a hindoo lad, aged 16,  
a Farmer. Residence *Kagorcha* -  
Admitted on the 28<sup>th</sup> February, 1868.

About 2 years ago he had a small  
swelling on the middle of the nose - it  
enlarged, & continued to extend, till  
at present the nose has been completely  
destroyed - Has got melanic deposits  
on the skin, which he says are congenital,  
but they have increased for the last  
8 years.

For the last 6 months, has got a large ulcer  
on the front of the chest, which commenced  
as a small pimple & suppurated. The  
ulcer thus formed has been steadily  
increasing.

No History of Syphilis, or Gonorrhoea -  
His father *Chemari* having had Syphilis.  
No other member of the family had any  
like complaint.

Present Symptom - The patient is a  
sickly looking lad. Digestive system in  
good order. Bowels regular. Eyes naturally  
dim. The pupils small. The iris of the

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104

CASE BOOK.

10

Month.	Date.	Particulars of Case.
		Melanosis
July	24	Accompanying Intake Institution Super me there of my interesting cases Melanosis - involving the whole surface of the body and on the face & chest with many intermural a few of elevation of the apex of Melanosis depressed —
March	15	The chloride of Zinc paste has been applied to me thrust my present is making progress. The taste is bitter in solution 5 drops three days.
	16	The paste has been reapplied to it seems to control the growth.



Memo.

Bhuit Palkatty - a hindoo lad, aged 16,  
a Farmer. Residence Kagoorcha -  
Admitted on the 28<sup>th</sup> February, 1866.

About 2 years ago he had a small  
swelling on the middle of the nose - it  
increased, & continued to extend, till  
at present the nose has been completely  
destroyed - Has got wart like deposits  
on the skin, which he says are congenital,  
but they have increased for the last  
8 years.

For the last 6 months, has got a large ulcer  
on the front of the chest, which commenced  
as a small pimple & suppurated - The  
ulcer thus formed has been steadily  
increasing.

No History of Syphilis, or Gonorrhoea -  
His father claims having had Syphilis.  
No other member of the family had any  
like complaint.

Present Symptoms - The patient is a  
sickly looking lad. Digestive system in  
good order. Bowels regular. Eyes naturally  
clear. The pupils small. The iris of the



dark bluish color. Cornua opening at the lower part. Has got an ulcer on the nose, the lower part of which is completely destroyed. The nostrils laid open. The ulceration extending higher up on the left side than on the right. The ulcers are covered over with hard scabs.

The slabs are dry & fissured in several places. There are 2 nodular swellings on the cheek - one on the right side of the nose. The swellings are covered over with hard scabs which can be peeled off easily, exposing ulcerated surfaces beneath.

Has got another ulcer on the front of the chest, at the lower part of sternum. More on the right side. It is circular, about 4 inches in diameter. Surface rough & on a higher level than the surrounding parts. Margins everted.

The surface of the ulcer black & covered with pus. Small black spots over the whole body.

Under the microscope it presented the following appearance -





Month.	Date.	Particulars of Case.
		Melanosis.
March	19	No apparent change - except that the true part has found a only crack in the tree. No sign of health is made. He same - He takes Sperm Derman now & the one -
	28	No apparent change The Derman solution has been released to the crops three days -
April	3	No apparent improvement
	28	The nose has nearly cicatrized but there is no apparent change elsewhere -
May	14	He makes no progress



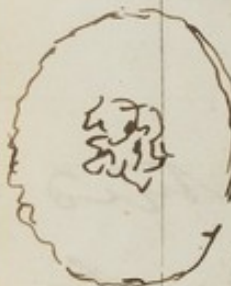
Month.

Date.

Particulars of Case.

## Lateral Lithotomy

March 6 A man named Busseeroodien  
aged 32 years, was admitted on the  
2<sup>d</sup> March with symptoms of stone  
in the bladder from which he had  
suffered one year - He is a <sup>Bengali</sup> ~~Indian~~ of  
Gobindangia. He is a stout healthy  
looking person, and apparently  
has suffered comparatively little  
in constitution from the calculus.



This morning I operated by the  
Lateral section. The incision being  
very deep. The prostatic urethra was  
narrowed - very friable with  
pink apparently ~~red~~ <sup>reddish</sup> the  
stone. It joined the  
bladder neck by the hard stone  
wicking <sup>prostate</sup>. I tried  
the lithotrite first but that time  
was too large. There was very  
little hemorrhage.



Month.

Date.

Particulars of Case.

## Lateral Strabismus.

- March 7 He is very well. has no pain. no pain - vision strong fully both by motion & the vision
- 8 He is doing well. no pain, vision passing both ways & slight tendency to squint.
- before 7mer. In the pain. vision passing well
- 9 I think. but has no pain. The vision strong fully both ways - He is really very well
- 10 Doing well. vision still passing both ways
- 12 Doing well. hand clear left eye
- 14 Doing well. hand healthy
- 18 Doing well. vision both eyes by the hand.



Month.	Date.	Particulars of Case.
		Lateral Lithotomy
March	19	He does well. The wound is contracting & the urine coming by the natural passage under perineal bag.
"	22	Gradually closing.
"	28	Is feverish occasionally, but in the whole is very well. The wound is slowly contracting & most urine now passes by the urethra.
"	31	Steadily improving.
April	2	Wound gradually contracting.
	9	Improving formally. The urine slowly.
	13	Discharged cured.



Month.

Date.

Particulars of Case.

## Amputation of the Thigh.

March 8 Helen Dorem age 17. Wounds  
 of the femur & os pubis. Admitted  
 on the 6<sup>th</sup> - She has been suffering  
 for the last 6 or 7 years from chronic  
 disease of the right knee. She is  
 of a strumous diathesis and is  
 weak & delicate. The ulceration  
 began first in the patella & has  
 been gradually extending until  
 the joint is completely destroyed  
 & the leg shortened & wasted  
 is distorted back about 4  
 inches in the thigh - The right  
 knee is also contracted &  
 fixed - The ankle is not  
 the end of the femur  
 was in position & in  
 I hear strumous condition  
 of the bone. The ankle is  
 actual mending healed



Month.

Date.

Particulars of Case.

Computation of the Thrush

March 8. There are some deep ulcers  
 ulcers on the inner part of the  
 right thigh & the bone has  
 begun to exude. The  
 cancellated structure, I  
 should think, is filled with  
 tubercular matter -

The lesion the mounds (circumference  
 of the

ulcers on  
 the body

In the last few weeks he  
 has been very unwell

He has had Diarrhoea & has  
 been wasting rapidly. Intestines  
 contracted. In P. has  
 good food

but appeared to me that the  
 only chance of saving life was



Month.

Date.

Particulars of Case.

## Amputation of the Thigh

Aug 8 Amputation I had her removed to  
 the Hospital to a new white metal  
 spring bed and after  
 consultation with Dr. Francis  
 Parkes - Dr. Munn  
 Immediate amputation  
 was recommended. Accordingly  
 on the 7<sup>th</sup> March at 9 am.  
 assisted by Dr. Gutteridge  
 I amputated the thigh at  
 junction of mid-thigh and  
 by double flaps. 2 ligaments  
 were applied. The bone  
 was small and its surface  
 looked much as the Thigh  
 fatty & degenerate  
 Dr. Smith & Dr. Chapman  
 who she had attended  
 & she went through the operation  
 very faint. I used her pulse



Month.

Date.

Particulars of Case.

## Amputation of the Thigh

- March 8. Pulse rose and was better  
 After it all day -  
 Then very thin side her  
 Pulse inside 120 - slight pain  
 Bowels very open & in evening  
 Saline opening draughts -  
 Looked here. Pulse rapid 180 - sedative has  
 ceased. Senna operated well  
 Has taken some <sup>thin</sup> food -  
 Stump oozed this morning  
 looks well. no bleeding.
- Apr 9 Pulse quick but soft. no fever  
 slight pain but no change coming  
 by the ligatures - opening draught  
 and morning diet.
- 10 3 ligatures came away. a thin  
 purulent discharge passed out  
 from the Commisures of the stump  
 no fever. but the pulse keeps  
 quick 130 - 140 in evening -  
 Stump 100 - the patient has



No 6

## CASE BOOK.

19

Month.

Date.

Particulars of Case.

Amputation of the Thigh

Nov 10. The stump looks well. The tumor  
3 in. x 2 in. x 1 in. - Suffering from  
pus - and -

12 Pulse better & faster - all the  
by a day except the tumor  
which have come away -  
I should have mentioned that  
the tumor was also red -  
The tumor has been - some of  
the tumor well - I should have  
mentioned that a little blood  
discharge - the tumor the  
injection of iodine

13 Doing well. Tumor has come  
away today - Stump nearly healed  
The discharge at the corner of the  
stump the tumor has been found  
pulse - pulse - 100 - 100 - 100 -  
99 - but not better - in the  
whole the - very much



Month.

Date.

Articles of Case.

## Amputation of the Thigh

March 14 Doing well. Stump healing very  
little discharge - no fever -  
There is some tenderness over the  
end of the bone. but no inflammation  
- discharge of pus about 20 p.

The patient sleeps well.  
Pulse about 100 - Skin  
moist - Temp: 98 to 100°

" R. Examined all the wounds. The  
stump has healed nearly  
altogether by adhesion. Very  
little discharge. Applied the  
Thick plaster. She is well  
today - pulse from 98  
to 120 - skin cool & moist  
Inguinal aden - a constant  
tendency to discharge &  
checked by compression

Page 25

to this day well - wound nearly  
healed. The patient - I believe her food  
well



# No 2 page 6 CASE BOOK.

Month.

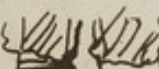
Date.

Particulars of Case.

Amputation of Arm - Good but wound

March 10 In power - Pulse 80. Superficial  
 Borels regular - Discharge free -  
 Still some suppuration about the end  
 of the radius - but as the  
 constitution of symptoms are good  
 I am not satisfied -

The Arm is very well

11. Made some more accu-  
 rate notes from - on which day  
 my paper I found the end  
 of the radius to a slight extent  
 abscessed -  - 2

12 He had upon face and  
 action yesterday it is said  
 but his pulse is still under  
 100 this morning. After  
 some further pain. I saw his  
 foot well - Myself fully  
 much better -

13 It is reported that he had



Month.	Date.	Particulars of Case.
		Amputation of forearm above
March	13	Two severe and protracted ulcers distending the middle & extending upwards. Today he looks depressed and sad. Pulse not very quick. but evidently present amputation not rapid of progress.
	1 P.M.	I amputated by double flaps above the elbow joint. I found the ends of the bone denuded & the muscles dead & full of purulent calcium matter.
"	14	Better in more respects. In fact. I think better well than he was before. The wound is better than the I expect of the wound of the bone of the arm.
"	15	Looks better. Has had no more ulcers. I think better well. He has been



Month.

Date.

Particulars of Case.

Case of the stream &amp; am

It is perhaps need proved  
 14 in near  
 interminable and supported with  
 18 1/2  
 found great all that was  
 the dear Taylor  
 state of nervous system  
 incontinence the  
 Strumpet for 3 years secondary  
 operations for Osteomyelitis, the  
 found, on making a section  
 of the Radius & ulna that of  
 the medullary cavity of the  
 both bones were deeply  
 exposed to the heads of the bones  
 of medullary structure, that

come by me  
 allow - but  
 ulcerated  
 muscular  
 good pain.

of the left femur  
 3 & 4 hyaline  
 16 in all, the  
 very to Dr. Lee  
 up allow 3 & 4  
 The rich red  
 healthy - the

is. & some  
 y. Discharge

18 He has no signs of pharyngitis  
 well. nearly all the ligaments have  
 separated

19 He is doing well. No fever  
 and two ligaments now attached



having been destroyed by  
~~the~~ suppurative inflammation  
and that the hard bone  
structure was in a state  
of <sup>suppurative</sup> necrosis.

The cancellated  
structure of the heads of  
the bones was in a state  
of acute suppurative  
inflammation, and the  
softened cancelli were  
filled with yellow coloured  
pus; but the articular



Me  
cartilage had not yet  
become involved in acute  
inflammatory or degenerative  
disease.

Sections of the  
humerus showed all the  
parts of that bone were in  
a healthy condition.

I propose preserving  
only sections of the bones.

Yours truly  
J. S. Swann.







Month.

Date.

Particulars of Case.

Amputation of fore-arm &amp; arm

15 removed into a room by him-  
self - the looks better - but  
the way has pulse which was  
too - motion is moderate  
cool. Taken her food freely.

16 In room yesterday. The pulse  
Pulse about 100 - 3 or 4 ligatures  
counting, about 16 in all, the  
looks better - Sunday to Dr. Lee  
he is looking better. Up. Sallow &  
in better spirits - The neck all  
from the stump is healthy - the  
within these -

17 Doing well. no fever. He now  
begins to come away. Discharge  
healthy.

18 no fever. no signs. A phlegm  
well. nearly all the ligatures have  
separated.

19 He is doing well. no fever  
and no signs now.



Month.

Date.

Particulars of Case.

## Amputation of arm

March 22 He is doing well - all the scabs  
and all the sores have come  
away the arm looks healthy  
there is no sign of much healing  
the bone

25 - He is doing well. The wound is heavily  
suppurating.

28 He is doing well, is in excellent  
spirits the arm stump is healing  
fast - the fingers of the left  
hand are nearly healed.  
He is feeling strong & happy

29 He is now doing very well  
just so

31 He is doing well in all respects.

April 1 He is doing so well. I think  
all the matter of discharging of  
pus over the wound is  
now put on the bone, & then  
the abscesses are red -  
Faint - I think the abscesses are  
not. I think the bone is well

P.H.



Month.	Date.	Particulars of Case.
		Amputation of the thigh
March	17 <sup>th</sup>	Doing very well. wound healing in power - pulse weak but rather tending to improve
	18	Doing well. Discharge decreasing
	19	She continues to do well - and is beginning to show signs of returning strength -
	22	She is doing well - wound all but healed and general health is improving -
	25	She is well today. pulse faint and circumscribed. Slight tense & prominent. Slight inflammation. No signs of 3 days the pulse has improved & the temperature is: yesterday it was 128 - $\approx$ 104° - I directed her to move up to the school her home chance
	28	Since her return home has had the pulse. No heat in afternoon



Month.

Date.

Particulars of Case.

Amputation of Thigh -

March 28. She takes her food slowly, it has in Simbaea - There are one or two points of the stump not quite cicatrized & it is tender - I still feel some throbbing at the bone, but I hope the tenderness will pass away.

" 30. She is doing well, no more stump still not quite cicatrized & tender over the bone - Takes her food well, continues at home.

April 1. She seems well in health but there are one or two dark colored patches of melanitis in the cicatrized area at the margin - can make some pain which is the discharge of pus. The stump is still in the same position & tender over the bone - I hear there is still some mischief there

P. 39







Month.

Date.

Particulars of Case.

Amputation of Thigh -

March 28. She takes her food slowly, it has in Simbaea - There are one or two points of the stump not quite cicatrized & it is tender - I still feel some throbbing the bone, but I hope the tenderness will pass away.

" 30. She is doing well, no more stump still not quite cicatrized & tender over the bone - She has food well, continues at home.

April 1. She seems well in health but there are one or two dark colored patches of melanitis in the cicatrized area at the margin - some pain from which is then discharge of pus. The stump is rather edematous & tender over the bone - I hear there is still some mischief there

P. 39



Memo of Aneta Nath Chatterjee a patient in the First Surgeon's Ward admitted on the morning of the 28<sup>th</sup> of March 1866 about a year and a half ago, the patient had a pimple above and in front of the anus which suppurated & formed a small ulcer of the size of a rupee. To cure this he says some mercurials were administered. The ulcer healed and the patient enjoyed pretty good health for a period of 5 or 6 months. After the lapse of this time another ulcer broke out at the root of the penis which extended & involved the whole of the scrotum. Mercurials were again resorted to & this time produced slight salivation. The ulcer has now nearly healed leaving an extensive cicatrix in front of the scrotum, much resembling that left in scrotal tumour operations. A small part of the ulcer still remains on the lower part of the scrotum.

The patient does not speak of having ever suffered from syphilis. He says that he had never placed himself in circumstances calculated to produce that disease. The sore above alluded to he is inclined to attribute to the free & uncalculated use of mercury on the first instance, that is when the ulcer in front of the first appeared.

The patient says that he had discharge from the urethra 5 months ago. It continues still but is not so severe as before; and he had all along been suffering from it without intermission. The discharge was thick and white and almost invariably preceded each stream of water passed. A month after this discharge was noticed the size of the stream began to be sensibly diminished and since the last one month has been reduced to drops.



and the patient had been all along feeling intense pain in passing water. He was never catheterized before he came to the Hospital; but the morning he was admitted (21st March 1866) cyste no 3 was passed with great difficulty.

The stricture is about 14 inches from the (anterior) orifice of urethra. It is very thick & tight. Passing it there is another stricture along the bulbous portion extending as far as the membranous portion. The day he was admitted the catheter was tried once more but without success. At 6 PM (the same day) Cyme's Perineal Section was performed. No blood vessel was cut in the operation.

After the operation the urine continued to flow freely through the tube for the 2 days following. On the evening of the 23rd (the 2nd day after the operation) the tube came out in the patient's efforts to move about.

On the evening of the 24th March the urine was seen to come out freely & exclusively through the urethra & there was free supuration going on round the wound. On the morning of the 25th March No 5 catheter was passed & kept in for some time. Number 6 has been tried with success.

The general health of the patient has been considerably reduced since the last 6 months. For the first 2 days after the operation the pulse had been a little weaker and more frequent & the bowels rather loose - to the present day (30th March). In other respects however the patient is doing nicely. The wound is healing rapidly & the flow through it has been reduced to an inconsiderable quantity. About 8 or 9 months ago the patient had suffered for a month from an attack of rheumatism involving nearly all the joints. For this Mercurochrome were used to salvation (this being the third time he used that medicine).

March 30th 1866

Robt. Coomer Baneyce - Doctor.

Dr. M. C. Baneyce

History of the case  
Structure of the urethra



Perineal Section

See also Chatterbox

Age 25

Month.	Date.	Particulars of Case.
March	22	<p>A miserable emaciated creature  was menaced attacked admitted in  morning of 21<sup>st</sup> the L.S. passed a No 1  Bougie with great difficulty. The urine  was returned of had been in the  collecting for some time - The bladder  was distended up to the umbilicus  she was in great misery -  I performed the perineal section - The  distention ceased with the making  of the urine - Under the  with difficulty I passed a No 2  Catheter into the bladder finding  false passages. The first at first  passing down by the side of the  rectum - The entire incision  was contracted from the urethra to  the transverse ligament - The  weak part of it apparently being  near the bulb - Feeling sure that  it would be impossible to dilate  this - &amp; that retention would occur  I divided the stricture calling</p>



Month.

Date.

Particulars of Case.

## Perineal Section

drawn into the catheter & pulled  
up a pretty strong & some  
length - then introduced a  
curved tube into the bladder  
through the wound and through  
it flowed a quantity of urine  
freely & clear - my intention  
is to dilate the urethra gradu-  
ally & keep it open - a small

March 22 He slept well & in much relief  
from the pain - urine flowing  
freely through the tube -

25 - very well. I passed No 8 into the  
bladder. the paper inside of his  
wound is the catheter

28 - making rapid progress. Passed  
No 7 - 18 - wound healing  
much more to the right -  
I feel God's power in it - I am  
I remain



Month.

Date.

Particulars of Case.

## Perineal Section.

March 29 He is doing well. wound healing  
with a gradually being restored to  
the natural calibre.

31 He is doing very well. wound contracting.  
with a discharging No 6-7 - passing easy  
morning.

April 3 He is doing well. wound healing  
with a gradually contracting

" 12 The Discharge has been bad  
but is now diminishing. He  
takes some water & milk.  
wound healing. Passes urine  
in a good stream.

- 15 Wound doing well. urine passes  
in a good stream. But he is in a  
very weak state from the Discharge  
which occurs. He is not eating and  
drinks little & some water &  
at night.

17 Discharge better. wound looking well

P. 52



Month.

Date.

Particulars of Case.

## Scrubus Mamma Removed

March 28 This morning I removed a  
 large hard scrubus tumor  
 with the entire left breast of  
 a woman named Pearle  
 aged 50<sup>5</sup> years - The tumor  
 as large as a large orange lay  
 in the upper part of the breast  
 and did not involve the nipple  
 It was slightly ulcerated & the  
 surrounding glands were slightly  
~~hardened~~ enlarged  
 She has had a few scars  
 and has been in the hospital  
 since but she has  
 been so weak & depressed  
 that I did not like to operate  
 sooner - Her recovery  
 is the usual today is  
 the tumor is increasing  
 becoming very painful



Month.

Date.

Particulars of Case.

Scrimmer's Mummy of Dead Unworked

March 28 and alevator -  
I removed the entire heart  
so much in the manner that  
in order to take away all imple-  
mented tissue that there was  
some difficulty in bringing  
the edge of the wound together  
I used good sized vessels  
held & the wound was sealed -  
I had to dissect away much  
of the adipose & fatty tissue  
in order to remove the tumor  
looking matter in the center of  
it - The tumor at the  
intended was perfectly  
unmovable in the thorax  
middle the incision I made  
cells many in a state of the  
regeneration like this - There  
were small  
the  
character of the growth



Month.	Date.	Particulars of Case.
		Removal of Scirrhus Breast
March 28		<p>De Graaf's report of it -</p> <p>It was a good example of hard Cancer of the breast - On section it cut like Gristle, so hard was its substance. The section presented a grayish appearance intersected by fibrous streaks - The remains of the tubes of the Mammary gland and the areolar connective tissue, with a considerable number of seed like spots of a yellow character -</p> <p>On examining the piece which could be obtained, it was found to feel of a granular or bony character rather hard and particulate, also many oval nucleated cells, &amp; larger cells with more nuclei than one (8) of prismatic cells and cells like this (8) and a few of this outline (8) and which might be regarded as free nuclei so. There is yellow spots. Fat granules and Globules abundant and in</p>



Month.

Date.

Particulars of Case

Removal of Scirrhous Breast

the ordinary cells of the above were very similar from fatty degeneration and many cells of this appearance were seen. The outlying thin growth was a good example of nodules of Scirrhous cells with fatty degeneration.

Edw. J. Stewart

March 29 She is doing well. no pain. Has had no hemorrhage.

April 31 She is doing well. no pain. The slightly painful in early - but of depressing health - but by a time come away

April 1 Had pain Saturday - but was not then very severe. By afternoon pain came away - She looks totally healthy. but the pain in the right side of the abdomen bilious & flat.

3 Doing well. now healthy. one ligature remaining



Month.

Date.

Particulars of Case.

## Removal of Scurvy Breast

Apr 6 Doing very well. All the ligaments  
 & arteries have come away. Arm &  
 healthy & contracting rapidly

" 9 She is getting better daily & the  
 wound is rapidly contracting.

" 12 Wound nearly healed.

" 16 Wound nearly healed - She is  
 doing well.

" 24 A spot unhealed. She is doing  
 well.

May 8 Wound perfectly cicatrized  
 She is to be discharged today  
 in capital health & is much  
 pleased.



Month.	Date.	Particulars of Case.
March	25 <sup>th</sup>	Fracture of ribs. Emphysema
		At 50 He had fallen by accident ce.

The Indian Medical Hall.  
No 269, Chitpore Road.

Memo.

May

Bistnas Chunder Gossamer aged 40 years is admitted on the 27<sup>th</sup> of June 1886 into the 1<sup>st</sup> Surgeon's Ward Medical College Hospital for urethral stricture. It is caused from an attack of gonorrhoea from which he is suffering ~~has been~~ continually more or less for the last 4 years. About a year and half ago he had an abscess in the perineum which suppurated and was cured after a month. About ~~the~~ 8 months elapsed his prostate enlarged & suppurated and 4 or 5 abscesses <sup>right side of the</sup> again formed in the peri-neum; - all of them burst & through all of them urine dribbled more or less.

At 14, he  
under went  
operation  
il.  
ile  
disie  
by the  
but  
Emphysema  
).  
y me  
with  
unseen  
t 14  
the


Dyspnoea much that he heaved  
since prof. - He was not known  
while lying down. He remained in the  
sitting posture



Memo:

Bistwas Chunder Gossamee aged  
40 years is admitted on the  
27<sup>th</sup> of June 1866 into the 1<sup>st</sup>  
Surgeon's Ward Medical College  
Hospital for urethral stricture  
It is caused from an attack  
of gonorrhoea from which he  
is suffering ~~more or less~~ continually  
more or less for the last  
4 years. About a year and  
half ago he had an abscess  
in the perineum which  
suppurated and was cured  
after a month. About ~~the~~ 8  
months elapsed his proctum  
enlarged & suppurated  
and 4 or 5 abscesses ~~were~~  
again formed in <sup>right side of the</sup> the peri-  
-neum; - all of them burst  
& through all of them urine  
dribbled more or less.



The Indian Medical Hall.

No. 269, Chitpore Road.

Calcutta, 16<sup>th</sup> May 1867.

My dear Sir

The patient was so  
much relieved after the puncture  
that he could get up from his  
bed and walk about the room.  
He left Calcutta for his native  
village two days after we saw him.  
Yesterday I have been informed  
that he is doing well there.

Yr obed pupil  
D. W. D. D. W.



Shair Toyzo, a Finnswoman, aged  
50 years - Occupation, Coachman -

Admitted on the 25<sup>th</sup> March, 1886, at 8½ P.m.

A few hours before, he fell down from  
a tree, from a height of about 20 feet -  
He fell on his left side, striking the Left  
Chest against the ground.

The ribs of the Left side are fractured,  
commencing from the apex of the Axilla  
& extending downwards & forwards to the  
margin of the Costal Cartilage. 5 ribs  
from the 4<sup>th</sup> to the 8<sup>th</sup> fractured -

The upper ribs are rather depressed -

There is Emphysema of the skin of Left  
side of the Chest, of the abdomen, Left  
arm & Left side of neck. Much  
difficulty of breathing - Some Tympanitic  
sound on percussion over the Left side  
of the Chest - No expectoration of blood -

Pulse weak - no external wound.

He was ordered ℞ opii 3℥ 8℥.

& Rum mixture ʒi every 3 hours.

The next morning, he had a very feeble  
Pulse; much difficulty of breathing -  
Emphysema was much the same.



He was bled to the extent of about 8 ounces  
from the right arm, to relieve the congestion  
of the Lungs & Dyspnea -

Stimulant mist 3j

Brandy 2m. - every hour.

In the evening his pulse was still feeble. -  
Difficulty of breathing was not less. Rattling  
noise with the respiration - Had not  
passed water since admission. - No stool  
also. - Bladder was disordered. - Abdomen  
Tympanitic

Urine was drawn off by Catheterism -

A cathartic. Purgative was given -

The Stimulant mist to be continued every hour  
Brandy 1m -

On the morning of the 24<sup>th</sup> the Dyspnea  
was a little less. - Pulse was too feeble to  
be counted. - Respiration 42 - Temp. 99 -  
Had 1 stool during the night. - Emphysema  
not extending. - Rattling noise with  
the respiration less. - Large crepitation  
over both the Lungs. - Respiration feeble  
& tubular at the lower part of the Left  
Lung. Tongue moist & white & cold. -

Stimulant mist to be continued every hour.  
Brandy 3 measures.



At evening his Pulse was 128. Resp. 36-  
Temp. 101°. Pulse was strong & distinct,  
Pained worse - took his food well.  
Tongue clean & moist -

Stimulant mixt every 2 hours.

Morphia  $\frac{1}{4}$  h.s.

28<sup>th</sup> Pulse 128. Resp 36. Temp. 101°.   
Some expectoration of thick mucus  
not tinged with blood - slept badly  
during the night. Cannot lie down -

Stimulant mixt every 2 hours.

R. Tr. Scilla mx

In Camph. Co. 3j

Spt. Ether. Nitr. 3j

Aq. Camph. 3j t.d.

Brandy 3 m -

5 Pm. Pulse 108. Resp 27. Temp. 102°.

Free expectoration of mucus - took his  
food well. No stool for the last  
2 days. Dyspnea much less - much  
mucus concluded in both chests.

Pulse strong - Emphysema not extending.

Mixt. to be continued -

Antiseptic mixture that.



On the morning of the 29<sup>th</sup> His pulse was  
100. Resp. 30. Temp 102° - There was a  
good deal of tumultuous expectoration -  
Feels drowsy occasionally.

Medicines to be continued

At evening his Pulse was 106 - Resp 29. Temp 101.  
Tongue moist - Expectoration free & profuse  
of the same character, slightly tinged with  
blood - Dyspnea much less - Rattling now  
with the respiration not so loud - Pulse still

Med to be cont: Every 3 hours.

30<sup>th</sup> Pulse 104 - Resp. 28 - Expectoration  
not tinged with blood this morning -  
Empyema less at lower part of lung  
Still some crepitation at upper part  
Feels easier - Pulse much stronger than before

Cont Stimulant must -

Puff ten 3/4

Pruney 3p 2.2. hours -

6 Pm Pulse 92. Resp. 28. Temp. 101.  
Expectoration much the same, not  
tinged with blood. No more rattling  
now with the respiration - Pulse  
steadily getting stronger -

Cont medicines.

E. Grattan  
Dresser.



Month	Date	Particulars of Case.
		Removal of Scrophulous Breast
April	6	Doing very well. are the lymphatic system healthy
"	9	She is getting worse
"	12	Worse
"	16	Worse
"	24	a spot well
May	8	Worse she is in collapse please
<p>On the morning of the 29<sup>th</sup> her pulse was 100. Resp. 30. Temp 102°. There was a good deal of purulent expectoration - Feels dizzy occasionally.</p> <p>Medicine to be continued</p> <p>At evening her Pulse was 106 - Resp. 29. Temp 104. Tongue moist - Expectoration free &amp; profuse of the same character, slightly tinged with blood - Expectoration much less - Rattling noise with the respiration not so loud - Pulse still much to be continued every 3 hours.</p> <p>30<sup>th</sup> Pulse 104 - Resp. 28 - Expectoration not tinged with blood this morning - Emphysema less at lower part of breast. Still some crepitation at upper part. Feels easier - Pulse much stronger than day before.</p> <p>Cont Stimulant Mixture - " Pepp tea 3x " Mandy 3p 2.2 hours -</p> <p>6 Pm Pulse 92. Resp. 28. Temp. 101. Expectoration much the same, not tinged with blood. No more rattling noise with the respiration. Pulse steadily getting stronger -</p> <p>Cont medicine.</p> <p>E. Green</p>		



Month.

Date.

Particulars of Case.

Fracture of Ribs. Emphysema

March 25<sup>th</sup> An elderly man named Sheldrick <sup>at 50</sup>  
 admitted in the 25<sup>th</sup> March. He had fallen  
 from a tree, or a 14 feet high, spruce  
 Limb of it on the left side.

When I saw him at 8 a.m. he was  
 in great distress. Dyspnoea very  
 pulse full & face dusky. Respiration  
 proved difficult & very painful.

Pulse small & feeble.

I had taken in the mid side  
 tubular breathing. The upper side  
 indicated that he was cutting the  
 upper part of the lung but not  
 below. Percussion clear. Emphysema  
 all over that side of the lung.

The course of the dyspnoea was very  
 great. The mid lung & mid  
 tubular breathing. I bled him from  
 the arm to the extent of 10 to 14  
 ounces. This relieved the  
 dyspnoea somewhat. He breathed  
 more free. He was not known  
 while lying down. He remained in the  
 sitting position.



Month.

Date.

Particulars of Case.

Racture of Ribs Emphysema

March 26 A kind of small cough - a kind of  
cough ten - in small quantities  
frequently - but a long day and

27 The chest - he is better than  
my beating heart pulse is  
more free - says he feels better

28 Better. still requires the  
says he is well - the cough  
diminished - he says he feels better  
continue to stand and breathe  
The H.S. asked a little to cough in  
the chest cough - It would have  
been noticed that he has a little  
cough - that there has been no  
hemoptysis.

29 Much better. some  
cough - but he is not worse  
he keeps in the sitting posture  
Pulse 118 to 120 - not so free



Month.	Date.	Particulars of Case.
		Fracture of Ribs Empyema.
March	31	He is doing well. P. 98 - fuller - breath easier - skin cooler - Pus more incoherent & expectoration respirator improving - But there is still much large & small abscesses in the left lung - Irregular heaving in the right - & emphysema expectoration all over left side of thorax Some food & medicine
April	1	Doing well. He has walked a little. Pulse 80 - Pus inco- herent expectoration heavy pus more. Continue Respiration and Stomach.
"	3	Doing very well. Expectoration diminishing. He seems strength returning. Respiration improving
	5	Recovering rapidly
	6	Doing through the day. Improving food in both sides. Discharge less



Month.	Date.	Particulars of Case.
		Mr. Myerson. Fract. Rib
April	7	Somewhat better. walks alone
"	9	Nearly well.
"	14	He is now quite well and is discharged at his own request
"	19	Left the Hospital today quite recovered



Month.

Date.

Particulars of Case.

Constitution of Thresh

- April 1. She has no pain. In Dismal been  
stated her food well. In Shape  
the m. v. is quite local  
stomach may be a slight  
impairment of the and the  
one a Peritonitis - attack of  
may subside
4. Reported out a collection of matter  
from about the base - her pain  
in Dismal. Water pale in  
side of. Last with matter in  
stomach.
6. Better. Up from on the  
stomach - discharge up. No  
pain. In Dismal been food well  
bowels regular
9. Doing very well. Sitting up. Eating  
well. No pain. No discharge -  
rest to some from the stomach.  
Alleviated & other look some healthy



Month.	Date.	Particulars of Case.
		Amputation of the Thigh
April	14	She is doing very well. The stump is nearly healed.
"	18	Doing well. The constitutional symptoms are good. The stump is nearly healed.
		read the Jun. Mon. Inst. for the
"	24	She has quite recovered. She is up into a chair and can walk with the crutches.



Month.	Date.	Particulars of Case.
		Computation of the Case
April	1.	She has had no signs of the disease since pain yesterday.
"	2	The stump is painful & the hand is the part. The ulcerated hole in the hand is in the palm of the hand. I put a probe in the hole. I put a probe in the hole. I put a probe in the hole.
"	3	Not better. no fever. Stump much swollen. put him under chloroform. made an incision down to the bone - found a small abscess - some small fragments of splinter, removed them - no fever. The pulse of the end of the bone is very faint. His pulse is slower on the day & he is said to have had a specimen of a very low pulse. Reported that he had a very



Month.

Date.

Particulars of Case

Sign.

## Computation of the case

April 21<sup>st</sup> over to day under water  
3<sup>0</sup> 1/4 of an hour

" 4<sup>th</sup> He is looking salubrious till this morning. Pulse gentle 118 to 120. Temperature high - He has had a restless night - & fell chilly. He had no distinct vision. The stomach is empty. Abdomen & heart well supplied & clear when two days.

I consulted Dr. Fennell & Dr. Portridge & we determined on immediately as the shock, just on the very chance of saving life. He consented after some argument Dr. Fennell kind of explaining to him the danger of the position. Without any time he was



Month.

Date.

Particulars of Case.

Amputation of the Arm.

April 4 Put under chloroform & I amputated  
 at the Shoulder joint by making  
 Eastern flaps. 32 ligatures  
 were required, so numerous  
 was the bleeding from the  
 wound. The wound in one or two places  
 looked unhealthy & infected.  
 The stump of the arm  
 was examined. One of the  
 sections of the bone being  
 made. leaving it in connection  
 with the soft parts. as it  
 was exposed by the lengthening  
 incision - The bone was  
 filled with pure cream  
 colored matter. The  
 bone to the head. The  
 remaining stump was  
 covered by the bone in 2 weeks



Month.	Date.	Particulars of Case.
		Onset of case
April	5	The peritonitis alone than the and containing deposit of pus. The house formerly the implicated. The not apparently one of the most marked examples of Oculo-myelitis I have seen
"	5	He is faint. pulse 120 <sup>Temp 104</sup> low arterial very weak. No more urine. Dispersed stump - inspect with some blood serum - find the quantity of urine
"	6	He is better. Slept well after midnight. looks better - pulse more robust about 120 - no pain - a quantity of blood serum inspected



Month.

Date.

Particulars of Case.

Computation of time -

The ~~last~~ stump The margin of the  
stump have already partly melted  
by first intention -

has some rife - no fever  
since yesterday morning -

Pulse 120. Temp 103.

April

7

Very well. Discharge  
from the stump of thin pitted pus.  
A ligature came away - Temp: 103  
Pulse 120 -

8. Very well. Discharge less.  
Puruse & thicker. 6 more ligatures  
came away. He is looking better.  
Taken his food. Some sleep

9. 10 more ligatures came away.  
Stump looks well. Discharge less.  
wrote it inside, as usual with  
the Cordis - Pulse 120 Temp 103  
L-104 - But no rife -  
Took his food better



Month.

Date.

Particulars of Case.

## Amputation of arm

April 9<sup>th</sup> 12

He is doing very well. No fever - All the lymphatic glands come away, and all the sinuses - The stump looks healthy - The weather is very hot. There is no trouble -

14 He is doing well. There is still a peculiar air change from Salt Water, which I suspect comes from the Stomach cavity. I am sure there is no chance of anything coming in the stump. The symptoms generally are good & do not indicate any sign of bone involvement.

15 He left the Hospital yesterday. The stump nearly healed. He is in a cheerful state of mind.

April 23 He wrote a note to say he was getting on well in all respects.



Month.

Date.

Particulars of Case.

## Terminal Hernia -

April 8 This morning Dr Bird wrote to me per  
Honsah to go and see a Casey Stabler  
-lated hernia. At 8 Am. I saw the  
Case in the Honsah Hospital -  
A man of Portuguese descent of  
Dr Bird's, named  
was admitted at 5 P.M. in great  
suffering. Last night when in-  
-coming after a cat. he fell and  
broke the lower part of his femur &  
he felt great pain and a swelling  
is said to have appeared. which  
became more painful. This  
was rapidly followed by great  
abdominal pain especially  
near the umbilicus, and  
vomiting - Dr Bird measured  
a hernia about 6 inches  
out of the swelling seemed to  
be inside, but not protruded -  
He put him on the chloroform  
table again but without effect.



Month.

Date.

Particulars of Case.

Terminal perna strangulated

April 8. - The man remained in great suffering. Could not bear to have the tumour touched & I waited several times - His pulse became much feeble. General abdominal tenderness set in. I found him in a state of great depression. pulse small and rapid. 120 - Abdomen tender & the pain not only very severe in the groin, but spread to the umbilicus --

It was feared at one that there was no surgical lesion. The swelling lay in the line of P. ligament but below it. It was irregular & not fluctuating. but containing some pus - but not so. I could not make out any distinct head of tumour - nor any indication of blood containing bulging



Month.

Date.

Particulars of Case.

Journal of a

April 8 But the swelling was a little painful  
 That was under the skin: & had been  
 the swelling diminished somewhat,  
 but not entirely. There was still a  
 suppurative spot: I had been advised from  
 Chl: when he said he was no better.  
 We then thought it would be better  
 to make an incision & see how  
 matters stood.  
 Accordingly I made a <sup>sharper</sup>  
 incision from the finger to the  
 cub: by the thumb. There was  
 some white & hard matter  
 which when pressed out as  
 a milky looking fluid about  
 the size of a pea - on reaching the  
 cut: finger & when the  
 finger into the finger ring in  
 small portions a swelling  
 was apparent. - and I found  
 by cutting the



Month.

Date.

Particulars of Case.

## Femoral Hernia

April 8. a black pointed Bostoner with  
 purple thin pointed under the  
 Party. — When he was seen  
 his sleep he said he felt much  
 when his expression was more  
 than 12 times in the office —  
 that he had up the wound & placed  
 a compress on it —  
 This is an interesting case —  
 as the wound & gold pressure  
 history of hernia is especially  
 to be noticed and it should  
 have occurred in morning.  
 The appearance is nothing but  
 Bond is the difficulty to replace  
 I tried not find by hand —  
 water of water. But the  
 enlarged glands fully killed  
 that might be out of the



Month.

Date.

Particulars of Case.

## Femoral Hernia —

- April 8 Saw Mr. & Mrs. Johnson who have  
 moved to take place Mr. & Mrs. Johnson  
 living just to the westward of small  
 bridge in lot time & place of Mr. & Mrs. Johnson
- 14 A letter from Dr. Bird states that the  
 is very well. no pain, no pain.  
 In fact that he is quite well  
 all around. The wound is healing
- " 22 Report from Dr. Bird that the  
 wound is quite healed —
- " 26 Saw Dr. Bird he informed me that  
 the patient had recovered —



Month.

Date.

Particulars of Case.

## Perineal Section.

May 3<sup>d</sup> - He remains in a weak <sup>unimpaired</sup> condition the diarrhoea has ceased the. The Discharge has ceased. The perineal wound has quite healed the paper a good stream - No 6 is paper ready -

5 - A collection of pus has again formed in the perineum by the side of the wound -

10 - He is in a remarkably low state with Diarrhoea & pain all over abdomen - attend Opium 1/4 gr. At home. He looks very better not too long.

14 - Remains very low. Discharge better.

June 5 - Discharged No 7 Catheter paper but he remains so weak change is recommended



Month.	Date.	Particulars of Case.
April		<p>Lesson of Elbow joint -</p> <p>Jessie C. Mary <sup>highen</sup> <sup>one 3<sup>rd</sup> of 1864</sup>  in Hospital for <sup>months</sup> <sup>side</sup>  last note book. The left Elbow  has become more and more distended  and I had often been wanting to be  informed as to her general health  so would enable her to bear an  operation. The joint had become  partially ankylosed. Since  I saw her on 1<sup>st</sup> - returning up the  arm - There were small nodules  over covered with purple granulation  in the arm - and the arm was  wasted - The joint being severely  inflamed -</p> <p>on the 4<sup>th</sup> of April I removed the  joint by the usual H shaped  incision. The bone was exposed  and disorganized I removed the  diseased portion with the bone saw  and ligatures were applied  The dressing and dressing was</p>



Month.	Date.	Particulars of Case.
		Wound of Abdominal
		was rather profuse -
Apr	13	She is doing well and partly the incision has united & the legation has come away. Saw the intestines - some that had many sinuses & the others were much attenuated - has stopped - She is somewhat pained with the incision. In the middle - but on the whole she is doing well
"	14	No fever - The wound is doing well - except that the part above described as stopping no fever -
"	15	All the ligatures & sutures came away - a small piece the end of humerus broken off cut away with the bone no fever - no Discharge Repeat Cordium which was



Month.	Date.	Particulars of Case.
		Excision of the Elbow joint
April	16	discontinued after the operation - The wound looks healthy great part of the incision has healed.
-	19	Doing pretty well. Part of the integuments have sloughed. The ends of the bones are there exposed. but they are covered with Scarculation & all so far seem to be doing well. The constitutional symptoms are good.
-	22	Apparently very well. but the prognosis is slow & the inner angle of the wound is so much from the papine motion is not practicable. Constitutionally, there is doing well.
-	24	Doing well. Papine motion
-	28	Doing well. Wound is healing except at one corner.
-	30	It is slowly improving. Wound leaving papine motion papine daily.



Month.	Date.	Particulars of Case.
		<u>Excision of the Elbow Joint</u>
May	3	Under chloroform I examined the abscess which has opened from the joint of the Shoulder joint - I find that it opened into the joint that the Head of the humerus of the bone has separated from the shaft & that in a few small fragments of bone had separated from the shaft - It is weak & unstable. The tissues are so soft & dependent that the wound going into the abscess <sup>some way</sup> the <sup>bone</sup> <sup>is</sup> <sup>very</sup> <sup>poor</sup> that I find not one the least piece -
"	5	The discharge from the Shoulder is very profuse, bloody pus - I propose to clear the head of the bone (after Chl: Anæsthesia) irrigated

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Month.

Date.

Particulars of Case.

Fracture of the Rib. Clavicle. Emphysema

April 19 A man named Butradon <sup>about 30</sup> years  
 Indian was admitted on the 17<sup>th</sup> having fallen  
 down a staircase of some height and  
 seriously injured his chest.  
 His breathing was painful & hurried  
 and difficult. The left side was  
 emphysematous from the neck  
 to the false ribs and as far as the  
 spine on that side. The clavicle  
 was found to be broken at the  
 acromial end between the coroid  
 and trapezoid ligament. little  
 displacement resulting. but  
 crepitus well marked on  
 pressing into the intersegment of  
 the thorax just below the clavicle  
 The second rib was found to be  
 broken and there no doubt the  
 injury to the lung had occurred.  
 The lung was partially collapsed  
 and there was an amphoric murmur  
 indicating the presence of the  
 air in that side of the thorax



Month.

Date.

Particulars of Case.

Fracture of the ribs. Clavicle &amp; Emphysema -

April 19<sup>th</sup> The respiration is feeble on that side of the Chest, the air partially entering the lung. The breathing is tubular at the base and posterior part of the lung - The respiration is tolerably natural on the other side - Being low and his pulse depressed. Stimulants were ordered and when I had him a few hours later ~~and~~ I ordered him to be watched carefully and if the dyspnoea increased that he should be taken for his arm. - Bandage the Chest & Clavicle.

19 & Mrs. He is doing well. The pulse is improved skin is warm. ~~Same~~ Give him a little Di. Camph: Co: & Antim: Iant: if the Cough should be troublesome

21 He is doing well. Emphysema less. Breathing better.

22 Breathing depressed. ordered Blood 1/2

33 3 hours



Month.	Date.	Particulars of Case.
<i>Strangulated Hernia</i>		
April	20 <sup>th</sup>	<p>Haziz Mahomedan, aged 35 years was admitted on the 20<sup>th</sup> April - with symptoms of a strangulated inguinal hernia of the right side. He has had hernia for 7 years. It has been wont to protrude and was always easily returned. He appears not to have worn a truss on one occasion it appears to have been incarcerated - on the 19<sup>th</sup> inst it protruded when he was walking and he was unable to reduce it as before. The pain increased, he vomited several times. The symptoms of strangulation rapidly set in. The hernia did not descend into the scrotum but remained, the size of an orange, on the <del>same</del> inguinal region. Gradually increasing in size. He was brought to the hospital on the morning of the 20<sup>th</sup> about 10 o'clock. After the hernia protruded mechanical measures were resorted to.</p>



Month.	Date.	Particulars of Case.
		<i>Strangulated Hernia</i>
April	21 <sup>st</sup>	<p>was tried. but without success - Injection Iodo - Chloroform all failed. As there was no prospect of recovery it - Operation was performed at 9 AM. The stricture was at the external ring and the intercolic fascia stretched over it - bound it firm - The vas deferens lay across the neck of the sac. The stricture was divided on a direction insinuated under the edge of the ring with a scalpel. When the stricture was divided the hernia was easily reduced. The wound stretched - a pad and bandage applied.</p>
	21	<p>He is doing well. No pain. Bowels have acted freely several times. No pain. No sickness - The wound is tender - it is gradually healing. The temperature is 100 - pulse 82. He is doing well in all respects.</p>
	22	<p>Pulse 82 - Temp 102 - No pain except slight over the wound</p>








Month.

Date.

Particulars of Case.

## Sunshot wound of the arm.

April 20 A young man named Fug:oll. Rahaman  
 aged 20. was standing with a companion  
 before the bridge in Chulme Road  
 when his comrade heard the noise  
 of a blow (patt) and saw him fall to  
 the ground. On raising him a wound  
 was found at the posterior part of the  
 arm. at the junction of the lower and  
 mid-third. The arm was broken.  
 On examination at the Hospital it was  
 found that a musket ball had  
 penetrated the arm. shattered  
 the bone, and lay flattened under  
 the skin under the skin of the  
 anterior surface of the arm.  

 I removed the ball through an  
 incision on the anterior surface of the  
 arm - and saw a large fragment  
 of bone - Dressed the wound with  
 cold water & placed the arm in a  
 splint - the wound with cold  
 water



Month.

Date.

Particulars of Case.

Gunshot wound of the arm.

April 22 He is doing pretty well. Temp: 102-  
 8 pm pulse 88 - no fever at present  
 has freshly formed yesterday. Bowels  
 open - has 5 others. - inspection of the  
 wound and ~~and~~ a splint -  
 The H.S. is directed to watch  
 him closely in the event of signs  
 occurring that he is becoming  
 The arm is a little swollen.

" 23 He is doing well. no fever. arm  
 8 pm a little swollen. Pulse 84 - Temp now  
 100 - Last evening it was 103 -

8 pm 24 Doing well. no fever. pulse 88.  
 Temp 100 to 103 in the evening - very  
 little discharge yet -

Same 25 He is doing well. no fever this morning  
 He is reported to have been hot last  
 night - pulse then 100 - pulse now  
 100 - It is now 84 - Temp 102

28 Discharge free. (thin blood).  
 no fever. pulse 84 to 70 - Temp  
 102



Month.	Date.	Particulars of Case.
		Gunsht wound of the arm
April	29	He is doing well. Ther: in day 102° Pulse 94 - Discharge per healthy not stained with blood. The wound look healthy - He is looking a little pulled down. But is well -
	30	Does not look quite so well. Was rather peculiar yesterday, no shining. Temp: was 102° pulse 100 - He looks weak - knew the wound was in a dangerous state - The small piece came away - kept on shaking out for 24 hrs -
May	1	Not so well. Therm: 104° Temp day - pulse was 100 - He looks worn. Discharge profuse, thick stained with blood. Made the lower the entrance, spray large to have per sent to the discharge
	2	Much the same continued with D.P. a to whether the wound should be there he decided to wait



Month.	Date.	Particulars of Case
Page	58	Fracture of Ribs & Emphysema, continued,
April	23	He is better. his pulse is stronger. his power is sufficiently of breathing
	24	Better. he is gradually improving. is able to speak & pulse better
	28	Does well. respiration more natural pulse better. no fever. no more soreness. & Compli: C: of his lungs -
	29	He is doing well in all respects
May	12	He is nearly well & wants to go
	2	<del>He is nearly well &amp; wants to go</del> <del>but he is to be kept in the hospital</del> <del>because he is to be kept in the hospital</del> <del>because he is to be kept in the hospital</del>
	5	He is quite convalescent
	11	Discharged cured -



Memo: -

Democantha Ghore aged 28 years, a  
native Carpenter, was admitted on the  
4<sup>th</sup> July 1866 into the 1<sup>st</sup> Surgeon's Ward  
Medical College Hospital with a  
Lacerated wound of the right hand  
Commencing from the dorsal aspect  
beyond the wrist joint across the  
palm at its upper part. This was  
a machinery accident caused  
by a spokes mill. On examina-  
tion it was found that the deep  
palmar arch was not injured  
but the 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> metacarpal  
bones were broken - & the broken  
pieces had a tendency to protrude  
through the skin. On the 10<sup>th</sup> July  
some symptoms of Tetanus were  
observed and ~~the~~ amputation  
of the forearm at its middle third  
was performed at 2 p.m. The  
tetanic symptoms became much  
more developed and the patient  
died at 11 P.M. of the 11<sup>th</sup> of July  
1866. -

13<sup>th</sup> July 1866.  
Med. Coll. Hosp.

James A. Fisher Esq  
Surgeon.



Month.

Date.

Particulars of Case.

Gunshot wound

May 8<sup>th</sup> Discharge very profuse. Pulse 120 - Temp 101 - to 104 in evening. Patient very - wound looks healthy as possible. The boy is in good spirits - no need to interfere yet.

9<sup>th</sup> He is not so well this morning. Pulse 128. Skin hot - He had a marked sign yesterday from 5 PM - it lasted about the quarter of 10 PM. Sweating - Discharge profuse - wound looks perfectly healthy - arm left swollen - The bone is the same of all the way - Considered S.P. under the arm - wound the same - Discharge profuse - the gunshot part is healed & well the patient - he decided that he had the arm of the shoulder joint which he had at once



Month.

Date.

Particulars of Case.

Fracture and depression of skull

April 22<sup>d</sup> Wh of Pm. I went to the hospital to see  
 a case of injury to the head -  
 Baboo - I found a homely acting hill-man  
 Rame - of the Sweeper caste about  
 28 or 30 years of age lying in a state  
 of profound insensibility and stupor.  
 With rigidity of neck the right  
 & compressed movements of the thorax.  
 a crucial incision had been made  
 over the left parietal bone just  
 above the Temporal bone on front  
 of the ear. and in opening the  
 skull I found a large portion  
 of it extending over an area of about  
 2 inches in each way beaten in &  
 depressed & fractured. The fracture  
 was too rough to admit of the  
 approximation of the edges of the skull.  
 and as the symptoms were  
 very severe. & the pulse becoming  
 very weak I proceeded to trepanne  
 I had to extend the incision to the  
 occipital incision to enable me to remove



Month.	Date.	Particulars of Case.
April 23		<p>Fracture and depression of the Skull</p> <p>the depressed bone in a place where the trephine could be applied.</p> <p>I removed a portion of a circle &amp; then with the double raised &amp; removed the large pieces of bone which were completely detached - one or two vessels were tied in the scalp wound - and there was profuse hemorrhage from within the skull from a laceration of the dura mater. The smaller vessels were separated to a considerable extent - from the skull &amp; there were some large clots which were removed.</p> <p>The dura mater was not injured where it was exposed. The weather it was so hot my other part is mentioned. The hemorrhage was arrested after a time by the application of ice &amp; by letting the cold water in flow on it.</p> <p>Soon after the depressed bone was raised. The patient passed away.</p> <p>Before Is some concern. try to open her mouth when told - but could not move</p>



Month.	Date.	Particulars of Case.
		Fracture & depression of the skull
April	24	He is not better. There is no return except when he is touched or moved, when it comes on. Pulse rapid - Bowels have not acted, tho he had 2 drs of castor oil yesterday & the Enema. - Wm Colclough & - 4 Wp: Enema. He has had 3 meals 11 Beeta & Brandy - He is almost moribund. The right side moves more than the left & in some parts - But he is not paralyzed on either side. Drains off the feet when pressed & causes symptoms of pain. but he does not appear much distressed. The Brown indenter in the wound. There is no pressure externally, but I fear the Brown indenter is injured under the skin. -
"	25	He died at midnight. convulsions momentary of the body, rapid pulse (180) - profuse perspiration



Month.	Date.	Particulars of Case.
		Post Mortem of Diphtheria case
April	25 <sup>th</sup>	<p>Skull found the fracture through the base. Mid Meningeal artery in a cup - A large flat clot below dura mater. Thrombosis - Anterior to the I removed the clot. Artery kept. Membranes intact - Grey &amp; white substance hemorrhagic <del>was</del> liquefied &amp; softened under the seat of injury. Excavation <math>3\frac{1}{4}</math> of an inch deep -</p> <p>Intense congestion of cerebral vessels. but no other injury detected. No effusion of blood deeper in the brain; no effusion of inflammatory lymph into or on the Membranes - I did not see the P.M. - It was found by the H.S. - But I saw the brain in Membrane but did not see the P.M. - and the Microscopical</p>



Month.	Date.	Particulars of Case.
		Fracture of Ribs and Impulse
April 27		A third case within a very short period of this accident - An elderly man
Apr 28		named 7 Reddell English Sault
		was admitted on the 27 <sup>th</sup> when <sup>20 feet</sup> <del>baller</del> and wound his left side
Two small		The shoulder is painful at point
wounds		The wound was a fracture of
are on the		the acromial end of the clavicle.
right humeral		but in further examination of
bone. The		found out in the de - Some
other on the		was found some depression
occiput of		of the upper extremities of the
Pons all		throat and with great pain
over the		apparently of having some
		was impregnated of that side
		(the most extensive) of the
		thorax. The lungs were
		essentially collapsed -
		I could not ascertain whether the
		probably fractured and when
		were broken



Month.	Date.	Particulars of Case.
		Fracture of the 4th rib & pleura
April		Advised about 2000. Found the throat - a little swelling & Dr. Campbell - Co. of the cough is troublesome. He is the best dressed, well pleased & carefully watched left any sudden difficulty of breathing from angustia of the chest being should come on.
"	29	He is very well. promi- nent. Breathing easier. Super- ficial pulse fine.
"	30	He is much better. Respiration loud on right side. Scarcely any audible on left - but emphysema of the lung in lower lobe of right lung.
May	1	He is much better in all respects.
	3	Doing very well



Month.	Date.	Particulars of Case.
		Fracture of the ribs, emphysema
May	5 <sup>th</sup>	He is doing very well. Emphysema better. Pain less.
"	10	Kept well.
"	14	Very hot breath
"	17	Discharged Cured.



Month.

Date.

Particulars of Case.

Wound in the neck

April 26<sup>th</sup> At 9 P.M. I went to the Hospital to see what was reported the case of wound of the Chest & Intestine - I found a stout & muscular man - of dark complexion - he was a Chilean, named Don Juan Asintu aged 30 to 35 - and had been stabbed by a man named Harris in a row in the street - He was in a state of half intoxication - and had lost much blood. The other had retreated and the HS. Dupon were standing by before a proposed attempt was made from a side wound on the left side of a short thick muscular neck - the use of weapons had not sufficed or had been positively refused.



Month.

Date.

Particulars of Case.

Memo of Dupre

Francis D Silva aged 35 years was admitted into the Medical College Hospital on the night of the 26th April at 9 pm. for a stabbed wound on the left side of his neck. He had had a quarrel with another who had stabbed him on the left side of his neck about an inch above the clavicle. The cut was transverse about an inch long - and although it made a small perforation into the trachea there was not <sup>any</sup> spitting of blood. It bled however very profusely and the external wound & it was stated that the patient had lost about a pound of blood before his admission. On removing the cloth which had formed in the wound & had partially checked the bleeding the inferior thyroid artery was found to have been injured just on the inside of the carotid sheath after its passage by the posterior aspect. The carotid however was not injured - about the bleeding was tried to be stopped by pressure & but every thing failing the injured vessel was tied about half an hour after by Dr Fayrer. A graduated compress was then applied over the wound.

attempt to stop  
mid. Clavicle  
carefully. mid  
incision along  
of the sternum  
found that it  
was trunk of the  
of branch had  
tied it then  
peru they said  
the whole not.  
at the time  
the the vessel  
tied compress  
on the neck  
by the nurse

and in injury the heart  
of the large vessels then punctured  
down to the trachea & slightly  
wounded it. In midline  
the wound the air entered  
described with an indelible ink



## Menes &amp; Dupre

Francis D Silva aged 35 years was admitted into the Medical College Hospital on the night of the 26th April at 9 pm. for a stabbed wound on the left side of his neck. He had had a quarrel with another who had stabbed him on the left side of his neck about an inch above the clavicle. The cut was transverse about an inch long - and although it made a small perforation into the trachea there was not <sup>much</sup> spitting of blood. It bled however very ~~profusely~~ <sup>by the</sup> external wound & it was stated that the patient had lost about a pound of blood before his admission. On removing the clots which had formed in the wound & had partially checked the bleeding the inferior thyroid artery was found to have been injured just on the inside of the carotid sheath after its passage by its posterior aspect. The Carotid however was not injured - ~~about~~ the bleeding was tried to be stopped by pressure & but every thing failing the injured vessel was tied about half an hour after by Dr Faggen. A graduated Compress was then applied over the wound.



There has been no bleeding Succi - The patient however has been suffering from symptoms of inflammation of the left <sup>lung</sup> which Dr. Partridge ascribes to be most probably due to the pressure used over the left Pneumogastric nerve -

Today the (18<sup>th</sup> May) He seems to have improved a little - the left side is much less dull - the Respiration + cough easier - Skin cool + perspiring -



No 17

## CASE BOOK.

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Month.	Date.	Particulars of Case.
		Worms
April	26 <sup>th</sup>	At 9 P. See what of worms I found man- was a a snake had been named Butcher half in but man had been Dupon prepared found from a State wound on the left side of a short thick man's neck - the one of worms had not yet or had been previously removed



Month.

Date.

Particulars of Case.

Wound of the neck

by the Baboon when attempting to stop  
 the hemorrhage -  
 On examining the wound, clearing out  
 the clot & sponging carefully, and  
 having made an incision along  
 the inner margin of the sternum  
 mastoid. I ascertained that it  
 was within the main trunk of the  
 artery, but a deep branch had  
 given & I expected it then  
 from the inferior thyroid  
 but found it impossible not  
 to state in doing that the wound  
 was enlarged, to the the vessel  
 but a pad of cotton compressed  
 & bound down over the wound  
 it - The primary the rupture  
 and the injury the vessels  
 of the large vessels then pointed  
 down to the trachea & slightly  
 wounded it - In making out  
 the wound the air entered  
 & resorted with considerable help



Month.

Date.

Particulars of Case.

Wound of the neck.

April. Has bleeding now completely arrested and he was put to bed (or Porter's case)

30. Has had no return of hemorrhage but looks rather depressed pulse 90. On 100 - In the time 102, 104

May 2<sup>nd</sup>. He has cough - a few weeks the left lung is much affected. The Pneumonia must have happened some weeks before or during - The vomiting at the time the Pneumonia began - and respiration all gone but -

May 3 Much as yesterday. Pulse 120 - Left Lung still - Cough - blood to be seen



No 17

CASE BOOK.

77

Month.	Date.	Particulars of Case.
		Wound of the Neck
May	5-	Seems rather better, looks yellow pulse 120 - Cough - Ankle & etc, the leg marked, on a purple throat - wound clean
	6	Seems rather better, pulse not so rapid. Chest clean & free from effusion -

Seems better

apparently, but they  
don't know he has a rupture

to be watched, but the  
blue - There is a  
very interesting one but one with a large  
in no sense unsatisfactory as the common form above  
the point at the end of the neck  
and around the great vessels were  
meets -

My dear. Farver

I send you our  
letter for signature with all  
your suggestions incorporated.

The post written  
was a very interesting one but one with a large  
in no sense unsatisfactory as the common form above  
the point at the end of the neck  
and around the great vessels were

22 He died - I did not see the  
PM. But I apprehend D & P were not of it.



My dear Fayrer

I send you our  
letter for signature with all  
your suggestions incorporated.

The first number  
was a very interesting one but  
in no sense unsatisfactory as  
the points at the foot of the rocks  
and around the great vessels were



pleas, the visible portion of the pleural cavity was  
obliterated and the upper part of the sac-pouch  
communicating with the bronchus. The pericardium was  
inflamed its walls adherent and broke it and the  
great vessels at the base of the heart imbedded as it  
were in the mediastinal sheath, the part being so dis-  
severed as to render dissection impossible - the lungs



in such a state as to render  
a decent dissection impossible

The Inferior Hyoid was  
evidently the vessel wounded I  
found ~~it~~ it after passing behind  
the Carotid sheath exactly in the  
position you said you described  
the hemorrhage as proceeding - the  
whole of the Anterior mediastinum  
was full of pus, the deep external  
also into the lower part of the left



The left side was gangrenous nearly unrecognizable, the  
right lung & pleura healthy. There were too well  
marked pyemic foci in the liver. The other  
viscera apparently healthy, I could find no trace  
of a wound of the Trachea, Could it have been the apex  
of the lung which was wounded? I was out of the  
time of the earthquake but the wife felt it <sup>your own</sup>  
J.M.P.



Month.	Date.	Particulars of Case.
		Wound of the Neck
May	5	Seems rather better, looks yellow pulse 120 - Cough - Anxious & fit, the left marked, on upper left throat - wound clean
	6	Seems rather better, pulse not so rapid. Chest clean & free but he is very weak -
	7	Much the same looks weaker -
	8	A little better apparently, but very
	10	Seems low I hear he has symptoms of syncope
	11	He looks weak & excited, looks a bit more blue - There is a great effusion in the chest from the wound which comes from above of the side of the vessels & from below well up as it were - from the throat
	17	He seems very weak -
	22	He died - I did not see the PM. But I supposed D = P = what it is.



Month.	Date.	Particulars of Case.
April		<p>Injury to the head</p> <p>A native of about 25 to 30 years of age supposed to be from the Madras Presidency was admitted on the April 1st and had a blow on the head - There was a swelling over the right superciliary ridge which fluctuated and abundantly bled blood - He could speak no language and understood the second language with the most exactness - He appeared to be in the comatose state - There were no symptoms of the compression or concussion - He was insensible to pain and the wound did not bleed - He had been in hospital for a few days when symptoms of pneumonia in the right lung made their appearance the <sup>left</sup> became very ill - The right lung remained unaffected - Thinking that</p>



Month.

Date.

Particulars of Case.

Injury to the head

April

Memo

Parbuthy Churn Mookerjee a Hindu aged 40 years was admitted into the Medical College Hospital November 27<sup>th</sup> 1886.

States that about eight months ago he first observed a lymph exudation to issue from the surface of the scrotum. The exudation at first was small in quantity but it has increased since then. When first collected in a certain quantity it coagulates. Says that when the exudation first appeared he enjoyed good health, but for the last four months has been suffering off and on from intermitting fever.

The patient is now rather anemic - spleen much enlarged. Descending about four inches below the margin of the ribs. Scrotum thickened and of a reddish color and if seen from a little distance appears as if excoriated. A lymph exudation is continually oozing from the surface of the scrotum. It is said to increase at night when it is attended with a little smarting. Suffered from the last attack of fever about a month ago - has had no fever since then.

The patient was put under a course of treatment by the surface of the scrotum being also sprinkled with oxide of zinc powder - and now (December 12<sup>th</sup> 1886) the exudation has stopped altogether. The redness of the scrotum has disappeared and the thickening is going down fast. Spleen also much reduced in size. The patient however is

was filled to promote a tree in the pulmonary arteries

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Memo

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States that about eight months ago he first observed a lympho exudation to issue from the surface of the scrotum. The exudation at first was small in quantity but it has increased since then. When it is collected in a certain quantity it coagulates. Says that when the exudation first appeared he enjoyed good health, but for the last four months has been suffering off and on from intermittently fever.

The patient is now rather anemic - spleen much enlarged descending about four inches below the margin of the ribs. Scrotum thickened and of a reddish color and if seen from a little distance appears as if excoriated. A lympho exudation is continually oozing from the surface of the scrotum. It is said to increase at night when it is attended with a little smarting. Suffered from the last attack of fever about a month ago - has had no fever since then.

The patient was put under a course of tonic treatment the surface of the scrotum being also sprinkled with oxide of zinc powder - and now (December 12<sup>th</sup> 1886) the exudation has stopped altogether the redness of the scrotum has disappeared and the thickening is going down fast. Spleen also much reduced in size. Hepatic humor stops



[illegible]



Month.

Date.

Particulars of Case.

Injury to the head

April

This was the 1<sup>st</sup> of June & Monday  
that perhaps the tree had been  
contused and inflammation around  
I could hear on the swelling it  
continued nothing but blood clots  
these were turned out and a poultice  
applied. The inflammation  
increased and he died on the

April. The heart had been  
longer injured from some time before  
death. —

P.M. - April 29<sup>th</sup> & Mrs.

Thomas - Right lung congested  
hypostatically, but otherwise healthy  
Left lung in great part in a state  
of chronic hepatization. In upper part  
Pleuritis also inflamed & covered  
with typhoid. Heart healthy.  
but it contained some black  
clots - The right ventricle especially  
was filled & it proved a tree  
in the pulmonary arteries



Month.

Date.

Particulars of Case.

Injury to head -

April 29 On removing scalp, nothing was  
 found ~~near~~ where the blow had fallen  
 but some blood stains - where  
 the cloth had been turned out  
 the pericranium was not  
 injured. nor was there any  
 sign of suppuration.  
 On cutting through the bone  
 I found it was found they  
 found the clump in the right  
 skull - and the dura mater  
 was so closely adherent that  
 it was detached with great  
 difficulty - and then  
 when the chief adherent  
 over the crown of the skull  
 it was about 2 1/2 of the  
 left hemisphere that was  
 so involved. The dura  
 mater over the lower part  
 of the anterior lobe of the



No 18

CASE BOOK.

81

Month.	Date.	Particulars of Case.
		Injury to the head

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death

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the Primmer  
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formation  
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Admission  
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the  
the  
cable

healthy - I apprehend a more  
pure & sweet water & the  
there is no history of the same person



memo.

Paul Thirtsen, a Dane, aged 29 years, was admitted in the 1<sup>st</sup> Surgeon's Ward on the 1<sup>st</sup> April/67, with the compound fracture produced by a fall ~~from~~<sup>on</sup> board the ship. The tibia was broken about lower third & the fibula higher up. There was one small wound seated over the tibia, & communicating with it, but the bone <sup>did not</sup> protrude <sup>through it</sup>. The soft parts were much ecchymosed. Progressed favourably for some days, but afterwards much suppuration was set up. Large pieces of tibia necrosed, & constitutional symptoms <sup>& threatening Pyemia</sup> urgently required the amputation of the limb before the vital powers were reduced.

The leg was amputated at its upper third on the 22<sup>d</sup> April. Died of Pyemia on the 26<sup>th</sup>.



30<sup>th</sup> April 1886

My dear Fagor.

I have examined  
the fibrous growth of the  
dura mater - it is purely  
fibrous in character, &  
the hypertrophy of the  
neighbouring bone a  
consequence of the  
augmented action  
in the subjacent -



nutrient membrane.

The most interesting point to be ascertained is the cause. Is it of syphilitic origin? He one can say is - if such a growth had been over the face of tibia or radius or ulna or the shaft of the



long bone, or over the  
front of the Sternum,  
Experience - in the  
absence of a history of  
Syphilis - would have  
warranted the inference  
that the growth must  
have been of syphilitic  
origin.

To my view usually  
to your own - it is one



of the most remarkable  
morbid growth I have  
seen. Had the man been  
long enough ossific  
degeneration would be  
the radical cure & the  
instead of a fibrous  
outgrowth of dura mater  
we would have had  
ossification of the  
same. (over the)  
Inephro



No 18

## CASE BOOK.

80

Month.

Date.

Particulars of Case.

Symp. to head -

Month.

April

52  
fallen  
line

Apr

nutrient of the most remarkable  
 morbid growth. It  
 seems. Had the man  
 point to long enough ossific  
 the cause degeneration would  
 Syphilis the radical cure of the  
 one can instead of a fibrous  
 a growth outgrowth of dura m  
 over the we would have had  
 or radii ossification of the  
 or the same. (Cresting)  
 Josephawa

It marked the lower  
 part of the anterior lobe of the



Month.

Date.

Particulars of Case.

## Injury to the head

April 29

Sybaris was being 3/4 an inch in thickness & when cut into presented a white fibrous appearance. The brain was small but apparently healthy, but by section the skull to account for death. In fact in the process of death was caused by a blow by a bullet in the forehead. Both whether the bullet was one to any pyramidal sign I am not certain - what may have determined the position of the bullet. The heart is not disarranged - Consolidation of the lung is not enough to cause death, when the other is healthy - & when the other is healthy - & when the other is healthy (very weak) healthy - I apprehend a more profound wound in the skull. There is no history of the injury.

be able  
to do  
man to  
specific  
near  
& the  
lungs  
are in  
the  
lungs  
lungs



Month.	Date.	Particulars of Case.
		Gunshturned Muspi: Sh-joint-
May	4	I operated at 4 am. D. I. in the 10. S. artery - intermuscular flaps. 18 ligatures were tied. He lost 12 ounces of blood and during the operation - We making a section of the left paw. We found that a good deal of suppuration was existing. The bone was deeply affected from the top of the paw to the base of the tarsus. The progress of suppuration that the middle was in a state of suppuration.
"	5	Very well all yesterday, he is however painful this morning. A bloody serum discharge from the stump. pulse 120 - skin hot - Saliva - wash at the stump with the Curdy D. I. went over the following report of the wound -



Month.	Date.	Particulars of Case.
		Gunshot wound. Amp: Shoulder joint.
May	5	"There was pus just at the point of ulceration. He is up the section showed intense congestion, but no pus at all, I removed the part this morning. I think the appearance of the part as the seat of injury. must have caused amputation immediately necessary." S. J. Brown
	6	He is fresh & well still. but no signs - Discharge of blood from the stump - Around two or three inches, moist with pus.
	7	Fresh & low but no signs. Discharge still from healthy pulse steady at 120 - Temp 103° - 104°
	9	He is the same but the morning at 7:30 he had a violent prostrated sign.
	10	Is not so well, has had two signs - took a prostrated sign



17

CASE BOOK.

84

Month.	Date.	Particulars of Case.
		Gunshot wound back of shoulder joint
May	10 <sup>th</sup>	At present he is rather better. Same 104 - Temp: 98° -
9 am		11. He looks poorly - pulse 120. Temp: high - 104° - Don't do as well within the last hour or so - He has had more rigors - He takes Dinner - p.v. & to bed - Please 5 M: daily - plenty of nutrients He looks better within better - but very sluggish - not much to his share He has no cough - no pain on touch - a fever - no delirium - a muscular weakness
		14 He has had rather chills 11.2 before the last 3 days. He looks weak & melted. His pulse - all the high skin have come away but two today Pulse 120 - Temp 102 - Don't change posture

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Month.	Date.	Particulars of Case.
		Excision of the Elbow joint
May	6.	Discharge profuse. no fever - no diarrhoea but she is exceedingly weak.
"	7	Much better yesterday -
"	8	Very weak - Placed her on the table to operate but found her too weak -
"	9.	A little better, but very weak
"	10	Some what better
"	14	A little stronger. But discharge very profuse
"	16	Not so well (very weak). Discharge very profuse -
"	20	Very weak. Discharge very profuse
"	27	During the last 4 days the discharge has been less profuse - but she is still very weak & emaciated. She takes her food pretty well the nurse says.
June	7	Discharge much diminished. but she is very weak



Month.	Date.	Particulars of Case.
		Gunshot wound, amputation of foot
May	17	<p>He has not been doing well during the last few days - no rigor, but chills, and a high temperature 104 to 105 - Pulse very rapid 140. - over 180 - Looks thin, wasted and haggard. There is a peculiarly acrid purulent smell from the body. The wound looks better - the discharge is less profuse. The right breast is well appearing - protruding. There is bronchial respiration - In front there is percussion &amp; no pleural dulness in chest. On the left side the percussion note is natural but the respiration is harsh &amp; bronchial - There is no dullness heard partly the right lung is consolidated posteriorly. There are but scanty <del>of</del> <sup>of</sup> sputa being a purulent lymphatic the pleura</p>

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Month.	Date.	Particulars of Case.
May 6.		<p>Fracture and depression of skull</p> <p>This morning the W. F. M. Hall asked me to see a man (a German <sup>Levy</sup>) who had been admitted at 11.30 P.M. of the 6th with a small wound on the head. I found a stout healthy looking European <del>Scotch</del> with a lacerated wound of the scalp on the left side of the head just a little in front of the ear. The frontal &amp; parietal. was level with the temporal side. The wound was about 1 1/2 inch long &amp; somewhat ragged as tho it had been inflicted with some blunt instrument. On putting my finger into it I found that the skull was fractured and depressed. The fracture being a comminuted one. A piece of the</p>



Month.

Date.

Particulars of Case.

Fracture and dislocation of Skull  
 May 8. had about 3 lbs of an ~~wild~~ <sup>rich</sup> ~~spare~~ <sup>spare</sup> - the black felt - the leather lining & between them a lot of red & white lining had been cut out as with a punch and was impacted, all way down the broken fragments - the hair - the brain substance was also oozing out, the mind and a quantity - half a teaspoon had been poured in a piece of cloth & a Duper & was then to me. In examining the wound I found that a piece of the Skull about an inch square with numerous small fragments of the bone had been driven in to the brain. I caused



1819

CASE BOOK.

84

Month.

Date.

Particulars of Case.

May

Fracture and dislocation of the skull  
 then with great care with the  
 forceps, and found that they were  
 driven right into the brain substance.  
 - Stone. The paper intended to plug  
 the hole. There was a piece  
 of natural horn - a branch  
 of the 1<sup>st</sup> horn of a stag was  
 taken across. The stone in the  
 bone a small piece being visible  
 in the larger piece of bone  
 removed. - The man was  
 perfectly insensible, no pulse.  
 In death, no signs of any wound  
 of the brain - I could not think  
 how he talked a patient  
 that was not, to me, intelligible  
 but it appears that he pointed  
 out the man who struck him -  
 he struggled violently when the  
 piece of bone was removed - other  
 see to the head -



Brain substance was generally softer than normal - Much was found as the  
 layer of external blood in the inner surface of the anterior lobes  
 and a small part of the middle lobe. lying between them and  
 No part of the brain was detected in any other part of the skull.

19

Date.

Particulars of Case.

He is quite unconscious. Holds  
 his head - but not his  
 tongue - but since yesterday  
 morning he is rather quiet & is  
 dead. The nurse (a Dutch  
 girl) spoke to him in Dutch in  
 Dutch. but not much -  
 He is in a bad state. has  
 been admitted in his day.  
 Pulse over 100 - Pupils  
 dilated - The brain substance  
 through the wound.  
 He seems conscious but  
 does not speak - Pulse 120  
 - and he appears  
 state of paralysis  
 He is in the same condition  
 - is weaker. Does not  
 speak - is paralyzed on the



Month.	Date.	Particulars of Case.
		Fracture and depression skull.
May 9		right side. Swollen the hand with the left hand, looks pretty much the same as in water in side - Has fallen in a little food - Pulse 120 - Temp 102° at 8 AM -
	10	He seems weaker - pulse raised - He does not speak - Has had some in some movements -
	11	Dr. F. M. Hyde informs me that he died last night -
		Pl. " On removing the scalp, a circular opening about the size of an eight Anna piece was found - on the anterior part of the left parietal bone, and looked as if that part of the skull had been depressed - The dura mater corresponded with that hole in the skull was deficient - the margins were elevated and the rest somewhat congested - On separating the membrane from the <del>base</del> brain - there was found a thick layer of pus covering the surface of the cerebrum above an inch and a half round the seat of injury - The brain substance was destroyed to the depth of about two inches - There were no spicula of bone found - the destructive process did not extend to the base of the brain - The corpus striatum in the middle of the left ventricle contained a brown mass and a half of blood - The remaining portions of the







Month.	Date.	Particulars of Case.
		Pell in a case of hyper, (Radical Hernia)
May	7 <sup>th</sup>	<p>Poor little Sean Kriax a French Sailor discharged 29<sup>th</sup> of Jan'y last cured of an Inguinal hernia, was admitted with 274. April very badly injured he had got very drunk, perhaps drunk fallen from a house - Fractured his shin bone at the left angle. He had bruised his face &amp; body and dislocated his right hip - He shakily and might have killed himself - He was in a half sense of existence state as he thought from the shock &amp; the intoxication - The limb was reduced from the scute notch to the head of the bone - but he was so restless that he would not let the chain there and the other bandage - In a few days Frac. Hernia. Suppuration. The limb &amp; suppurate of both of the course on - A sharp pain in the <sup>right</sup> side and he died on the 9<sup>th</sup> May at 11 AM. Incision had been</p>



Month.	Date.	Particulars of Case.
May 7		Decker's arm (old hand saw being)

made but with no good result - he and  
 the surgeon.

The lower part was broken at the angle  
 there was an apoplectic stroke in the  
 afternoon of the left hemisphere  
 the arm - part of the - the arm  
 was crushed. The hip joint  
 was dislocated, and the shoulder  
 ligament torn from the arm  
 and the arm was the result -

I carefully examined the injured  
 region where the hernia had been  
 and the result was most satisfactory.  
 The cure was perfect.

On the interment - post-mortem the  
 internal view there was a small  
 slightly depressed shape of the  
 bone - the bone. This indicated  
 the point at which the ligament had  
 been and been torn - There  
 was a corresponding cicatrix in  
 the skin - in the center of the foot



Month.

Date.

Particulars of Case.

## Bell's Case (Radical Hernia)

When the needle had ~~been~~ entered at the apex of the incision - At the time that there was no trace of any involvement left - On reflecting the antepreperitoneum there was slight adhesion and thickening of the peritoneal tissue where the needle had passed - On reflecting the two layers of fascia they were found to be intact & strong, a slight thickening in the line of passage of the needle - The uterine oblique aponeurosis was then exposed - A tolerably well marked uterine ring, though white & end thickened in a well developed Cremaster & intercolumnar fascia. The layers perhaps not so well marked as in many cases, but still nothing suspicious - The testicle behind the cord quite natural on shifting from the inguinal canal from the point of the tap, the oblique tendon was found



Month.

Date.

Particulars of Case.

to be adherent to the Internal Oblique  
at a point some 1/2 way to the back of the  
oreole - The lower margin of the External  
Oblique and Transversalis were well  
developed and were adherent then  
usual to Poupart's ligament -  
On turning down the flap of the  
abdominal wall and looking up  
the interior of the peritoneum  
the depression was well marked  
at the bottom of it the peritoneum  
was closely attached and from  
dissection entirely closed the space  
there was an impression for  
insertion of the peritoneum  
though what had been the aperture  
and surrounded among the same  
blended with the rest -

The Transversalis fascia was  
also stronger here than usual  
& was closely adherent to the peritoneum




Month.

Date.

Particulars of Case.

Pet (Radical) Hemorrh.

May 7 In fact the internal ring was  
most completely & thoroughly  
closed - nothing could possibly  
have passed through - a perfect  
way though for it was completely  
occluded <sup>Perforation</sup> <sup>membrane</sup> <sup>thru</sup> the  
perineum was  indeed must  
thoroughly cured —

The Brain also had been  
injured and there was a  
clot in the long matter of  
the upper & posterior part of the  
right hemisphere —



Month.	Date.	Particulars of Case.
		Excision of Shoulder <span style="float: right;">Elbow 1</span>
June	12	<p>She has gradually been getting weaker and on the 10<sup>th</sup> she sank - June 12<sup>th</sup> the discharge had ceased for the 3<sup>rd</sup> time leading to the shoulder joint, and it had lapsed under the pectoral - <u>Dr Bell</u> thought that the head of the humerus had become detached from the shaft -</p> <p>More was broken off from the pectorals - great excoriation - there were no pyemic patches in the lungs but the portion of the lung was much atected -</p> <p>The humerus with the raised end &amp; elbow joint is preserved in the Museum -</p> <p>A short inscription mentioning the cancella of the humerus was followed with pens</p>



Month.

Date.

Particulars of Case

Transplanted herma - Radical cure

May 11<sup>th</sup> He is doing very well: no fever, not much pain. It is tender all round the plug —

14 The plug was removed & today suppuration being free Transplantation is well in the cure of the disease. In all respects doing well

15 Doing very well, no fever.

17 In all respects doing well

24 He is quite well. The herma is perfectly gone —

May 30 not seen before his trip —

28 Discharged perfectly cured



No. 24

Month. 2/1

18/10/18

May

7. *Acme* - *Sap*

22

Wm. B. E. E.

The Re

women

1845

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Bene

had

Mr. B.

June

1

Carpal  
 Particulars of Case.  
 Division of Radial ends of Radius & Ulna -  
 Mohun Chunder a Country Lad aged 10  
 healthy & well nourished, was admitted  
 into St. James Ward on 14<sup>th</sup> May 1888. with  
 Compound dislocation of the wrist  
 Six days before admission he fell and got  
 his right arm a height of 30 feet - on his  
 hand - right

The Radius and ulna were put in a  
wound in the inner aspect of the fore arm - to the  
extent of half an inch. the hand being located  
superficially - The putrefying bones were denuded  
of periosteum and there was a fetid discharge  
from the wound - The ends of the radius &  
ulna were sawn off up to where the periosteum  
remained - the bones were then placed  
He had fever for 4 days before admission  
with slight rigors.

He has progressed & steady. He had me alter  
a ladder of the 3rd power the more a little ex-  
tension about Osteomyelitis - an abscess  
found on the radial side. It was opened  
and since then he has been perfectly well  
has kept in a splint - The wound has  
now nearly healed, and he has considerable  
motion in the wrist joint.

June 15 - He is near well



Month.	Date.	Particulars of Case.
		Injury to Muscles of Arm & Shoulder
May	2	Mr. <sup>Police</sup> Ruddy a tall powerful young officer, about 26 years of age, came to me a week ago to consult me about an injury to the right arm on 24 <sup>th</sup> March <sup>1886</sup> <del>the</del> when passing some of the gullies, he was struck violently on the right arm by a large stone rolled down on him from a height. This struck him down he rolled down the declivity for some distance & when he recovered himself he found that his right arm was much injured bruised and swollen. The swelling subsided in 10 days. I gave him Rickets. and applied a blister on the outer side of the arm - a magnet Salomon's current the last through the arm three days 27 He is much better

The limb was  
cold & swollen  
and the muscles  
wasted. The  
muscles about  
the shoulder  
did not seem to  
have been so  
much used  
as to allow the  
arm to drag the  
head of the bone  
partly out of the  
socket by its  
own weight.

I gave him  
Rickets. and  
applied a blister  
on the outer side  
of the arm -  
a magnet  
Salomon's  
current the  
last through the  
arm three days

under treatment the swelling  
disappeared but he had perfect paralysis  
in the arm & shoulder. - Perfect  
wasting of muscle - a  
Mr. R. Little says regarding  
the swelling - "The arm and  
shoulder were stiff as wood  
He is much better"



Month.	Date.	Particulars of Case.
		Injury to Musculo-Cutaneous nerve
May	27	The arm is not so flabby as it was - he can use the hand & make some movements with the free arm more free than he did, but the limb is still very lame - Continue the treatment
June	3	Some improvement. more sensation in free arm and fingers. Power slightly increased. Blister well open - keeps 20 - Cont. Blisters - Liniment.
June	24	He has gone into the hospital. reports himself better but not well
Aug	2	Head. from Dr. Webster states he is apparently not better. appears to have dislocated the shoulder by being in bed.



Month.	Date.	Particulars of Case.
		Shark bite
May	21	<p>A Bayalle woman about 45 years  age - when bathing at a place near  the Point - was seized and dragged  under by what is supposed to have  been a shark. By some an alligator.  Some the animal in the muddy  water. Some boatmen rushed to  her aid - dragged her in but  the monster had carried away  the greater part of the right thigh.  The uterine portion of the  latter was a short distance from  her - The bone was exposed  The hole in front was <del>very</del> <sup>very</sup> <del>large</del>  behind more irregular than  before being in the D. -</p> <div data-bbox="558 1568 925 2128"> </div> <p>The  blood  the  happened  the</p> <p>lost much  as the true  accident  about 2 PM  reached the</p>



Month.

Date.

Particulars of Case

Death from Throat lte

Hospital wh 4 - and died at about  
 8 - She was when I saw her at  
 5-30 - nearly collapsed - feeble  
 pulse - restless, tossing about. <sup>was</sup>  
 The injured neck - showing in the  
 movements - of extension - There  
 was no bleeding - The surface of  
 the wound was indeed perfectly  
 dry - Stimulants - hot bottles  
 &c were applied, but to the purpose  
 of action was not sufficient  
 to enable her to bear manipulation  
 of the neck - Her countenance  
 was much the same that of a person who  
 has had the handle turned away  
 by a windmill.



Month.

Date.

Particulars of Case.

## Obstructed Intestine

May 24 This morning I helped Dr. Phillips open the abdomen of a young female bearing age about 20, who was under the care of Dr. Williams with advanced symptoms of obstructed bowels. Symptoms were small pulse - Constipation - Stercoraceous vomiting of thin feculence - He had been ill some days - we decided that the obstruction must be above the Cecum - As I could find it with the finger with the bowel by inspection but could not attempt feculence. The case being very urgent the operation was performed on the right side. In the presence of the State acting



Month.

Date.

Particulars of Case.

## Obstructed Intestines

May 24 - The Surgeon was peaching  
 all day. Everything came  
 out better than in the morning.  
 Wound - The abdominal  
 wound was shut in the morning  
 and the patient - The  
 thing is inflammation  
 lymph & serum escaped  
 The small intestine was  
 seen among the twisted  
 cord. Here & there but the  
 for the the disease being  
 here for some -

The obstruction could be  
 seen at the time of the  
 wound and healed -  
~~Wound~~ and was then  
 made in the intestine



Month.

Date.

Particulars of Case.

## Obstructed bowels

May 24 Some part of the small intestine  
 escaped. The bowels were  
 and the Thompson's  
 for they were so in a few minutes  
 The wind was then detected  
 and the first bowels stretched  
 to the wind.

He died about 2 hours after  
 operation - No intussusception  
 was found - The intestine had  
 been twisted on itself near the  
 cecum & in the splenic  
 of it could be seen. - The first

more than here was informed that  
 when he was an Oriental public  
 teacher - & was suffering from  
 indigestion & working soon after a meal the  
 first bowels twisted in the gut had occurred  
 These men were used to suffer



Month.	Date.	Particulars of Case.
		Strangulated Inguinal hernia
June	18 <sup>th</sup>	<p>Last night: at midnight I was sent for to the Hospital to see a case of Strangulated Inguinal Hernia -</p> <p>I found a healthy looking Bengallee named Bashooly Charles Mookerjee aged years with large Scrotal hernia of the right side &amp; all the symptoms of strangulation present. The hernia is of 1/2 in standing and has been wont to descend &amp; to be reduced by himself. The men a time he has been compelled to seek Surgical aid &amp; I came down in the morning and the symptoms of obstruction appear to have set in very suddenly. He had some pain in the abdomen, scrotum, and constipation. Pulse became depressed &amp; feeble - Cold &amp; insensible to being put under chloroform and tried the latter without success - ice to the tumour &amp; the patient was not - When I went there I found him with a very tense tumour as large as a Colo. nut. The neck very rigid &amp; painful - Great depression a feeble pulse, restlessness, acid mucus. I tried under chl to reduce</p>



Month.	Date.	Particulars of Case.
		<u>Strangulated Inguinal Hernia</u>
June	18	The hernia had could not succeed. I therefore operated - The structure was as the external ring which I divided and then easily reduced the protrusion without opening the sac - I stitched the wound applied a pad & then a bandage. And put him to bed on Mr. Fox - The operation was done at midnight by the light of a few wax candles -
	18	Then morning I found him looking very well. He has slept well & is free from pain - The bladder was emptied by catheter as he could not void it voluntarily -
	19	Doing very well. no pain. no fever. He is in good spirits. Says he feels well
	20	Doing well. and healing - Urine came away. Bowels were moved by a simple tepid water enema in the 2 <sup>d</sup> day -
	21	Doing well - Slight suppuration at one or two points. He is doing well in all respects



Month.	Date.	Particulars of Case.
		Strangulated Inguinal hernia.
June	23	<sup>Sutures</sup> Traction, taken out - wound looks well. In all respects he is doing well.
"	27	Wound nearly healed - He is doing admirably.
"	30	Wound all but healed - I propose performing the radical cure -
July	2 <sup>d</sup>	Introduced the plug and ligatures for the radical cure -
"	3	Doing well. No fever. Not much pain.
"	4	Do do
"	5	Took out the plug. The suppuration about the ligature - No fever.
"	7	Doing well.
"	15	Wound nearly healed. The hernia does not protrude.
"	19	He is quite well. The hernia is apparently cured. It does not come down on sitting, coughing, walking or straining - The wound is not quite healed, but improving.

Cured & discharged



Month.	Date.	Particulars of Case.
June	18	<p>Removal of a diseased tumour from neck</p> <p>This morning assisted by Dr. Putnam &amp; Robt. removed a tumour from the neck of an Indian male, a gentleman &amp; about 23 years of age - The tumour was of the 5<sup>th</sup> class <del>smaller</del> growth, about the size of a walnut &amp; situated at the posterior border of the sternum mastoid in the inferior posterior triangle of the neck. It was not painful always - but occasionally so - and that it had been rapidly -</p> <p>Incised. Incised by making an incision about 3 inches in length dividing fascia platysma &amp; then partly tearing &amp; partly dissecting it out - an arterial branch lay across it - and we cut a popular branch just parallel to the anterior edge of it - The artery &amp; blood - In 4 ligatures were required - Some Salusubina were applied and a bandage. There were some smaller growths attached. The larger one which I also removed they were, no doubt, glandular in their structure. The tumour itself was oval the shape that a bulbous vessel would assume if compressed.</p>



Month.	Date.	Particulars of Case.
<p> <i>Then pain in the shoulder has been almost entirely removed by the            directed movement - Some greenish brown matter is the product of the            wound.</i> </p>		
		Removal of an adenoma from the neck
	18th	<p> <i>It was of a greyish color and about            the consistency of a kidney - under the            microscope it presented all the characters            of a glandular growth.</i> </p>
		<p> <i>It is not above 3-4 lines from the            of having a fibrous capsule growth - but the            dense &amp; character are more in favor of the            glandular origin. The patient is in            a healthy the right &amp; delicate looking            young man.</i> </p>
	19	<p> <i>Doing well - the wound is uniting.</i> </p>
	20	<p> <i>One ligature came away. In all            respects he is doing well. - the wound            healing by 1st intention.</i> </p>
	21	<p> <i>Took out the 2 ligatures. There            were three in all - &amp; snipped off a loose            filament which was protruding - The            wound looks well - &amp; is uniting by adhesion.</i> </p>
	23	<p> <i>Took out the 3rd suture - The wound            is healthy.</i> </p>
	25	<p> <i>A little suppuration under the            skin - pushed out.</i> </p>
<p> <i>By 27</i> </p>	27	<p> <i>Wound better - wound nearly healed            He is well. but a pain in the            shoulder - wound healed.</i> </p>



Month.	Date.	Particulars of Case.
<i>Structure treated by Holt's dilator</i>		
June	27 <sup>th</sup>	<p>Bistwas Chumau Gossamee aged 40 years admitted 27 June with urethral stricture the result of an attack of gonorrhoea contracted 4 years ago. - About a year and a half ago he had an abscess in the perineum - about 8 months elapsed when the scrotum suppurated and 4 or 5 abscesses formed in the perineum on the right side - These healed in 5 weeks though with the urine dribbled. In the course of 3 or 4 months all of these sinuses healed but one. - Though the urine is still discharged - The scrotum is thickened &amp; indurated - is also in the process &amp; there is a constant running about the perineum. - He is in fact the subject of incurable Syphilitic Stricture exceedingly difficult to pass even the smallest but not being necessary a very tight stricture is present in the bulb - but on account of the</p>



Memo

Modhusundam Muttia a Hindoo  
aged 35 years, admitted in the  
1st Surgeon's Ward on the 11<sup>th</sup> March  
1867 with Reducible inguinal  
Hernia of the right Side of 5 or  
6 months standing. Cannot  
say how it first descended  
& the descent has been gradual  
but only noticed a swelling  
on the groin. Operated on the  
16<sup>th</sup> March for the radical cure  
with plugs - The plugs removed  
on the 18<sup>th</sup> - Is now doing well.



Month.	Date.	Particulars of Case.
		Stricture of the urethra. Hollo Dilator
June	27.	<p> <sup>the</sup>   of a very rigid &amp; unyielding condition of the part - with some difficulty I passed the director and over it the largest sized dilator with some little difficulty from the rigidity. - Immediately after I passed No 10 - u.c. catheter - There is some difficulty in passing the catheter as the tissue are so hard &amp; cartilaginous where the stricture was - There was only a little hemorrhage after the operation - no little pain and no constitutional disturbance </p>
"	30	<p> A full sized Inst. passed easily - no pain no fever. - some paper easily - much less than the former of urine </p>
July	1	<p> He is doing very well. no pain no fever. no urine passed by the Perineal fistula </p>
"	2	<p> Doing well </p>
"	5	<p> Doing well. - Some discharge </p>



Month.	Date.	Particulars of Case.
		<i>Stricture urethrae - Hæmorrhoids dilata</i>
July	7	Drywell -
"	12	Drywell. But the summer sheds little indication of being let -
"	26	Little or no urine passed by the summer. The paper as good there as of nothing and in dry well. The elephantiasis is much as usual.
Aug	13	He is well as far as the stricture & summers are concerned, but I suppose amongst the elephantiasis is -
"	16	Removed the Scrotum, the integument of the penis, and the hardened nodular cicatrices in the preterine part of the perineum. The tumour when removed weighed 1 lb - it was very vascular and several large vessels had to be tied. - The left testicle was atrophied. The right was natural. The operation was tedious owing to hæmorrhage. - It occupied all the 20th minute

2.118



Acute  
Jogannath sey a Hindu male, aged  
34 years was admitted into the  
1<sup>st</sup> Surgeon's ward on the 17<sup>th</sup> Sept 1886  
at 6 1/2 P.M. with strangulated  
Inguinal Hernia - The Hernial  
tumor was examined & was found  
to be tolerably hot, very tense &  
painful - The neck of the sac was  
somewhat swollen & tender -

At 8 P.M., the day he was admitted, that  
is to say 1 1/2 hours after his admission  
he was operated for the reduction of  
Hernia - An incision <sup>about 4 inches long</sup> was made  
along the neck of the sac - The whole  
of the tumor went in easily partly  
consisting of the omentum -  
Some of the small veins were found  
to have been divided in the operation,



but no artery was seen than been  
cut across. The stricture was  
found lying at the external  
abdominal ring -

Edmund Lee

20 Sept 1866. J. Hospital

1866  
The patient was brought on the 17th Sept 1866  
with a large swelling of the scrotum & perineum  
The swelling was extensive & was found  
to be a large, soft, very tender &  
painful - the neck of the sac was  
somewhat swollen & tender -

At 8 1/2 PM the day he was admitted, that  
is about 1 1/2 hours after his admission  
he was operated for the reduction of  
the swelling - an incision was made  
along the neck of the sac - the whole  
of the tumour went in easily & easily  
consisting of the ovary -  
The small vessel was found  
to have been divided in the operation



Month.

Date.

Particulars of Case.

Removal of a tumour from the arm

July 1 a Bengali woman aged 40 years  
 name Chandra Bibi residing  
 admitted this morning with a tumour  
 growing from the distal of a large nerve on the point  
 of the left shoulder. The skin over  
 was thin & vascular and hard to  
 the tumour - which was  
 from the. It felt soft & elastic like  
 a cyst.  
 removed it - (Chief) took away the  
 affected integument - also - It proved  
 to be a cyst containing dark coffee  
 colored fluid of the consistency of  
 glue - & on the lining of the cyst  
 was a quantity of nodular white  
 - matted substance - The cyst was  
 very firm -

After applying the Ligature. Sutures  
 I made a lateral incision on either  
 side of the wound to take of the  
 tumour which was dead.

2 doing well. no bleeding. no  
 fever



Month.	Date.	Particulars of Case.
		Removal of a tumour from the arm
July	4	Doing well, all the ligatures come away
	5	Doing well. The tumor is 2: 1/2 in. 1/2 in. 1/2 in.
	7	Doing well. General health good
	12	Doing well. But slowly. The action is weak.
	15	Doing better. Bony tissue - & Dr. Parker's
	19	Healing slowly. -
	26	It is now doing well and is contracting rapidly - surface of wound covered with healthy granulation
Aug	6	She is discharged the wound all but healed -



Month.	Date.	Particulars of Case.
		Structure of the Scutal Joints
Aug	27	He is doing remarkably well. The wound is cicatrizing, and the matter appears to have regained its natural state for he passes his urine in full stream without any need to disengage the penis. In fact there is no doubt the sinus is well closed -
Sept	27	He is nearly well. The wound is nearly cicatrized and the matter is scanty.



Month.

Date.

Particulars of Case.

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Graphophone in the ear

July 3<sup>rd</sup> Mr. J. — called on me this morning afternoon and asked me to take an insect out of his left ear. which he had a short time before when the matter it was he was doing — the left & shrinking hearing. which he said was coming from the inside of the ear when the pupae — I opened in a common pinning paper and withdrew a large Graphophone in the ear which had been in head but. It was some 10 days the legs were not moving the operation — He was in immediate relief — The hearing had been in. due to the tympanum. I put a drop of Glycerine in the ear in the morning — and had heard that he had been in trouble



Month.	Date.	Particulars of Case.
		<del>Plaster of Paris</del> Contracted Syphilis
July	1	<p>A Burialli named Potat Laka, aged 25 years admitted in this hospital with the arms reduced almost to a point. due to the cicatrization which has followed the application of some irritating substance to Syphilis on the arms. There had been perfectly destroyed and cicatrization following had contracted the arms to a point. The end of a shorter could not pass. and the margins were very irregular. This condition is very hard to handle. I have seen many such cases. Action of the bones impossible without the aid of apparatus.</p> <p>I divided the arm at the dense tissue on either side slightly making it with a cutting on a shorter &amp; then dilating with dry paper. I made a band of oiled band &amp; he has been much relieved much much.</p>
July	5	<p>been much relieved much much.</p>



Memo:

Robert Laha a Hindu labourer  
aged 25 years, was admitted on  
the 1<sup>st</sup> of July 1866 for closure  
of anus into the 1<sup>st</sup> Surgeons ward  
Medical College Hospital. Says  
that about 10 months ago he  
had primary syphilitic sore  
on the glans - 2 months after this  
7 small excrescences were felt  
around the anus; which  
all of which ulcerated profusely  
by the application of a quack  
ointment. The ulcer in the  
process of healing, closed the  
anal aperture a good deal -  
The anal aperture is now very  
slender - Scarcely admitting the  
tip of the index finger -  
Yesterday morning the margin  
of the 4<sup>th</sup> sphincter of rectum  
has divided both anteriorly  
& posteriorly - and the anus  
thus widened -

Medical College Hospital  
3<sup>rd</sup> July 1866. —

121  
1866  
rather  
instrument.  
to be perfect:  
the whole  
but is  
open the  
tracting but  
to allow  
much with  
opening with  
treatment has not -

18 The wound had nearly cicatrized the  
surface continued. but the paper has  
been easily removed  
He was discharged yesterday  
the wound is healed



Memo:

Potter Laha a Hindoo labourer  
aged 25 years, was admitted on  
the 1<sup>st</sup> of July 1866 for Closure  
of anus into the 1<sup>st</sup> Surgeons ward  
Medical College Hospital. Says  
that about 10 months ago he  
had primary Syphilitic sore  
on the glans - 2 months after this  
7 small excrescences were felt—  
around the anus; ~~which~~  
all of which ulcerated profusely  
by the application of a quack  
ointment. The ulcers in the  
process of healing, closed the  
Anal aperture a good deal—  
The Anal aperture is now very  
slender - Scarcely admitting the  
tip of the index finger—  
Yesterday morning the Surgeon  
of the 4<sup>th</sup> Division of Section  
has divided both anteriorly  
& posteriorly - and the anus  
thus widened—

Medical College Hospital  
3<sup>rd</sup> July 1866. —



th.

Date.

Particulars of Case

Contracted Isthmus

7. He is very well - breathes air freely & reports for himself better health & rather better than he was a few months since.

He is not of the splinter type - perfect - he feels in all respects in the whole

12. He is well - not affected

16. He has contracted much - but is still quite sufficient for his work & is not suffering -

Aug 6 The ring is still contracting but is sufficiently large to allow him to walk his horse with ease.

13. He passes his stool easily. Opening still contracting - complete cicatrization has not taken place.

18. The wound had nearly cicatrized - the ring contracted - but he passes his stool easily.

He was discharged yesterday



Month.

Date.

Particulars of Case.

Apoplexy - Apoplexia -

July 5. On the evening of July. Mr. Maud  
an Armenian gentleman aged  
about 40. very pale and flabby  
the wife came home from the  
store he had transacted business all  
day. & on going up stairs remarked to  
his wife that he thought he was  
going to have a fit - he lay down  
in bed & became insensible - I saw  
him shortly after he had fallen  
on the floor - The symptoms were  
Impaired Consciousness - Dilated pupils  
no reaction - for a short time  
from pulse - in an hour the  
head - & the trunk - continued  
Cerebral were found to be present.  
He never rallied in the least.  
P.M. The following morning.  
Lesion of Brain in a complete  
state of Apoplexia. A clot as large  
as the fist had been seen in the  
Cerebral Cerebrum separated



Month.

Date.

Apoplexy -

July

5-

The cerebellum from the cranium  
The dissection was extensive.  
The pons was stuffed with black  
cloth -

Heart - Left ventricle three times  
as large as right. Ductus arteriosus  
open. Both shrivelled & dried -  
inconsistently - Heart fully  
loaded with fat -

Lungs healthy -

Trachea - small. Shrivelled & fully  
the cuticle & membrane pinkish  
not well defined -

Growth of fat deposited around  
the entire of organs as well as  
in the stomach -

Arteries & veins -

Right heart healthy



Month.	Date.	Particulars of Case.
		<u>Dislocation of a scapula and of clavicle</u>
July	10	James Brimmer aged 19, Irishman, an English sailor, admitted on the 20 June 1866. with a dislocation of the acromion of end of the left clavicle. The end of the bone was tilted up and lay on the acromion. It was caused by a fall from height of about 13 feet in shipboard he fell on the left shoulder. The dislocation was reduced by manipulation & drawing the shoulder backwards & upwards. It was confirmed in the place by a piece of Stockholm and the shoulder was then put over the dislocation.
July	17 <sup>th</sup>	He is quite well and has been so for some time. The bone is in the place she says he feels quite strong & free from pain.
	19	Discharged cured



Month.	Date.	Particulars of Case.
July	11	<p>Lacerated wound of hand. Gouge. Amp: <del>Detached</del> Gentle</p> <p>Derionath of Rose aged 28 years, a carpenter, admitted on the 4<sup>th</sup> July 1866 - with a very severely lacerated wound of the right hand commencing on the dorsal aspect, extending towards the wrist - across the back of the hand, the palm at its anterior part. - The injury caused by machinery (Saw the mill) the 2<sup>d</sup> 3<sup>d</sup> 4<sup>th</sup> metacarpal bones were broken and the broken ends had a tendency to protrude - an attempt was made to preserve partly the hand. but was left to nature to show the way as it was impossible to tell in a case of such severe laceration how far the vitality of the parts might be compromised. He was very well and the prognosis less much more limited than might have been expected. It seemed probable that at least the thumb &amp; two fingers would have survived. The digital nerves separating the digital laminae had made their appearance, when on the 10<sup>th</sup> July - 6 days after the accident symptoms of tetanus set in at 2 am of 11<sup>th</sup> - Amputation of the forearm at the lower third by Dupuytren's method was performed at 2 P.M. - Ice to the Arm.</p>



Month.	Date.	Particulars of Case.
		arm Amph: Detarmin. death
July	11	<p>Opium Sm. King. Hump &amp; Chump were held ad. minutes, but without effect The symptoms rapidly increased, attended by the chest neck &amp; limbs and he died from exhaustion on the 11 July at 11 P.M. -</p>



Month.	Date.	Particulars of Case.
		Comp: Fract: of leg. Amputation —
July	12	Edoo, Mohammedan, aged 34 - admitted in the 6 July 1866 — He had a compound fracture of the Tibia & Fibula at the junction of the lower & mid - thirds. Consecrated the falling of a tree, about 7 days before admission — A portion of the Tibia had protruded & had been replaced. Constitutional symptoms came on — Signs, not well marked, but pulse a pulse ranging from 96 to 128 Temp: continued between 100° - 104°. The bowels became distended & suppuration set in at the thigh & it was ascertained that the soft parts had sustained a good deal of contusion by the injury. Amputation was performed by my method on the 12 <sup>th</sup> July an inch below the tubercle of the Tibia.
	17	He has been doing poorly since the operation with much fever & no signs but a large portion of the posterior flap is gangrenous, where it had been bruised on the accident — The ligatures 20 or 25 numbers have come away. He has



Month.

Date.

Particulars of Case.

Comp. Fracture - Amputation of leg -

July 17<sup>th</sup> Wound with a strong laceration and the  
bone is comminuted and from a clean  
fracture to comminuted bone -

19<sup>th</sup> He has had fever and rigors.  
8<sup>th</sup> pulse has been up to 120-130 -  
but this morning found it 108.  
Drops of sweat - He is now in  
hot retching and appears to  
sweat mainly the interstices  
of the lower extremities.

20<sup>th</sup> Stump Clearing. Both the looks  
worn and ill. Had some sleep  
tonight. Temp was 103 - P: 112.  
Painful day.

22<sup>nd</sup> He died last night.

P.M. Temp with the usual  
feverish patches. Congestion of the  
wound. Leathery granules and  
much purulent exudate in the  
cavity. Some healthy-looking  
do. Spleen rather large  
section of bone shows there to be  
fractured with pus.



Autopsy 30<sup>th</sup> July, 1866.  
Anthrax-leg

My dear Fayser,

My dear Mr. May, I had a section made of the upper third of the tibia and fibula - the parts of the stamp furnished to the Museum - about a week ago, & found that the cancelli of both exhibited all the destructive appearances characterizing low inflammation of the cancellous soft parts - (osteomyelitis). There was an adherent clot in the posterior tibial vein, beginning

river Kelua

years, admitted

*Saotahermia*

herma'si mal

time is reduced

to be noticed.

biominal reform

2 pages in place.

his own estate

Sept. 1841

1. *Adiantum* - *Adiantum*

he was ~~the~~ w

anced it makes

It was never

Präsident

1846

1800

Dr. J. M. Smith

Lucy Huntington

21. 15

erkl: 18/11/11

30 Apr. 1892

Ph. 1000

Propose Improvements

1711

early called Mrs  
Sam. Bishop

...the night of the 1st

admitted July 17<sup>th</sup>  
 Operated July 22<sup>nd</sup>  
 Discharge taken on 24<sup>th</sup>  
 Discharge on Aug 13<sup>th</sup>  
 Discharge on Aug 13<sup>th</sup>

22 - The usual plug operation was  
performed - under chl: at 8 1/2 AM  
on the 24<sup>th</sup> at 8-30 AM. The  
plug was removed in case of suppuration  
having come on.  
& The wound has nearly healed. There  
is no impulse. It seems perfectly cured.



Autopsy 30<sup>th</sup> July, 1866.  
amp. leg.

My dear Fayser,

I had a section made  
of the upper third of the tibia and  
fibula - the parts of the stamp  
furnished to the Museum -  
about a week ago, & found  
that the cancelli of both  
exhibited all the destructive  
appearances characterising  
low inflammation of the  
cancellous soft parts -  
(osteomyelitis)! There was  
an adherent clot in the  
posterior tibial vein, beginning



30th July 1866  
My dear Fanny,  
I had a section  
of the upper third of the  
of the lower - the point of the  
formed to the basement  
about a week ago & found  
that the concrete is  
distributed all the  
appearance shows  
two right angles  
concealed soft  
other  
one of them that in  
particular their  
appearance



about an inch from the end  
of the vessel, which was,  
though contracted, open  
and somewhat pulsations,  
apparently indicating no  
disposition to closure either  
by adhesion or the organization  
of a fibrinous coagulum.

I am afraid this vessel  
must have admitted poison,  
matter dried into the general  
circulation. Believe me,

Yours sincerely  
J. Swast.



and the first time we  
saw him, he was

very, but not so

much as before

as he was in the

first time I saw him

in the first time

in the first time

in the first time

in the first time

in the first time

in the first time

in the first time

in the first time



Date.

Particulars of Case.

Radical cure of Inguinal Hernia

C. Raballo, aged 23 years, admitted 17 July with Inguinal Scrotal hernia of the left side - The hernia is small and when in the Scrotum is reduced with difficulty about 2 1/2 years ago he noticed a swelling in the left inguinal region after pumping over a man in play. It came up and after some days it descended into the Scrotum - It came down when he walked or coughed and when reduced it makes a hissing noise. It was never strangulated - The patient enters the external ring with difficulty.

July 22 - The usual plug operation was performed - under chl: at 8 1/2 AM on the 24th at 8-30 AM the plug was removed & pulse & respiration having come on.

8 The wounds have nearly healed there is no impulse - no sound heard

This is my first case of radical cure of Inguinal Hernia

Discharge of pus from the wound after the operation July 29

Admitted July 17th  
Operated July 22nd  
Plug taken out 24th  
Discharge of pus 25th  
In Hospital 28 days



Month.	Date.	Particulars of Case.
		Death from sword wound—
July	29	<p>Murad Sing, Rajpoot, Bysawarra - aged 24 to 25 years - a Brahmin - a powerful active looking man this not very tall sample of his race was admitted on the 29<sup>th</sup> July at 11 AM.</p> <p>It is stated that on returning to his residence in Calcutta at 80 PM of the 28<sup>th</sup> June that he resumed some work at the 11 PM. He had been making up his mind to some letter &amp; had some dispute with his companions - He attempted to commit suicide by falling on a sword which is described to have been very slightly curved and about 2 fingers broad. It was when brought to the hospital it turned out that the sword <sup>had</sup> penetrated the abdomen about an inch above the umbilicus, and to have emerged on the left side of the chest about 1 1/2 inch below the clavicle and on a level with a line drawn from the outer third of the bone - He was seen by struggling on the ground and the natives saw him draw out the sword -</p> <p>The wound in the abdomen is about an inch long and the man was seen</p>

These notes of the history - proper treatment and autopsy were furnished to me by Baboo Prafulla Moh Tagore, the Deputy Magistrate -



Month.

Date.

Particulars of Case.

Death from a Sword wound—

It enters obliquely making a valvular opening upwards. Through the opening cut of intestine protruded - The intestine was not collapsed and evidently not injured. There was very little hemorrhage externally -

The wound in the chest is about the same size as that in the abdomen. The cellular tissue about the wound is slightly inflamed. Somewhat - The finger passed into the pleural cavity, when the movement of the lung could be distinctly felt. -

No expectoration of blood. No cough. No difficulty of breathing. No bubbling of air through the wound. Percussion note on the anterior part of the left chest slightly tympanitic - Axillary, somewhat dull - Respiratory murmur very weak on the left side almost inaudible - Minute crepitation audible with the inspiration on the anterior part & close to the wound. Respiration on right side normal - The temperature of the body was not very high - The maximum temperature was  $102^{\circ}$  on the 30<sup>th</sup> But the difference between the pulse & respiration was from 152 to 80 - Showing the great dyspnea which came on. There was not much transudation of the chest but

difference  
in pulse



Month.

Date.

Particulars of Case.

## Death from a sword wound

July 29

But the skin from the abdomen was separated from the wound beneath a slough of air - There was a good deal of vomiting of black coffee & mud looking substance

On the morning of the 29<sup>th</sup> Pulse was 94 - Resp: 54 - No cough, no bleeding - Respiration from the left side dull, weak - no crepitation heard was. That which was heard at first may probably have been due to Emphysema. Heart & much normal - In the evening pulse 100. Temp: 98°. Resp: 54. Not much pain in the abdomen. In vomiting. No stool - Paps wine pulp -

A grain of Opium every 4 hours - Stimulant & emetic -

On the morning of the 30<sup>th</sup> the pulse was 120 - Resp: 60 - Temp: 98 - Not much pain in the abdomen - vomits whenever he swallows anything - Scabitus on the left or injured side - Feels much pain in breathing - Percussion note of the anterior part of the right chest nearly natural - Dyspnoeic on the left - Slightly dull on the left side - Respiration normal - harsh in the right chest - Inaudible at anterior base of left



Month.

Date.

Particulars of Case.

Death from a sword wound

Ref:

side - Metallic clasp on head with the  
respiratory act. Laterally - Anterior  
on the left side respiratory normal?

In the morning pulse 152. Resp: 18  
Temp: 102 - Skin of abdomen smoky  
vomiting - vomiting still continues

July 31

On the morning of the 31 July - Pulse  
very weak cannot be counted in 100  
Respiration 80. Temp: 100 - Vomits

Constantly a black coffee ground  
substance - Some bulging of the chest  
on the left side, especially around the

wound where the skin is inflamed  
Feels up difficulty in breathing when sitting  
The measurement of the chest -

above the nipple 18 inches  
The left 17 inches. Percussion note of  
the chest of the right side rather dull

on the left in the sitting posture dull  
at the lower part - slightly clearer  
the upper - in the lying posture clear

anteriorly and dull posteriorly  
Respiration in the right side normal  
in the left and also at the back

is normal in front - Heart acting  
normal - none on the right side



Renfall aged 25 years.  
Arms infection admitted on the  
20<sup>th</sup> July with compound dislocation  
of left wrist joint produced by  
a fall from a tamarind tree from  
a height of 35 feet. The end of  
ulna & radius protruded but was  
not denuded of periosteum -  
On the 28<sup>th</sup> the end of ulna that was  
<sup>recovered</sup> stripped removed with bone in the  
first deal of suppurative substance.  
Symptoms of tetanus manifested  
on the 3<sup>rd</sup> & on the 4<sup>th</sup> March the  
radius being found denuded also  
& the soft parts extensively infiltrated  
amputation was performed



Judader 40 years -  
a mason - admitted on the  
11<sup>th</sup> March 1867. with a tumor  
on the upper lip of 1 year's duration.  
It commenced spontaneously  
as a small bump which sup-  
purated <sup>was</sup> squeezed out. Since  
then it has been slowly increasing.  
It was <sup>on admission</sup> about the size of a  
nut & very hard to the feel.  
A portion of the lip with the  
tumor removed as in hospital  
operation - The wound united  
by the first intention -  
Discharged on the 18<sup>th</sup> March 1867



Michael Gould. aged  
42 years. English Seaman  
admitted 6<sup>th</sup> March for  
reducible inguinal Hernia,  
on the right side. Noticed  
it 4 months before admission  
when after a fall - The  
hernia was a small one  
& the very large enough to  
contain 1 finger -

Operated on the 13<sup>th</sup> March  
with plugs of wood



Month.

Date.

Particulars of Case.

Death from a Sand wound.

Inf 31<sup>st</sup> 31<sup>st</sup> - died of the sternum - where the impulse  
 was also felt. Much dyspnoea - emphyse  
 ma & slightly extending to the chest.  
 Countenance anxious - The patient  
 became gradually worse and sank at  
 2 1/2 P.M. 31<sup>st</sup> —————

P.M. Examined 24 hours after death by J. H.  
 Smyth. The lower of the two external openings  
 which was situated about 1/2 inch above the umbilicus  
 extended beneath the skin and in front of the  
 muscular structures for about 2 inches - through  
 which protruded a portion of omentum - The sand  
 found then penetrating the muscular structures  
 passed straight upwards and entered in the  
 front of the chest about one 1/2 inch below the  
 clavicle after perforating the diaphragm - pushing  
 the stomach through this aperture into the cavity  
 of the thorax - sitting it open by which entrance  
 were let out and found floating in the left thoracic  
 cavity - like drops of oil. This fluid was about a  
 pint in quantity and similar to that vomited  
 during life - The left lung was much collapsed  
 & was penetrated in the lower lobe in two places.  
 The subclavian artery was not injured - There  
 was blood in the thoracic cavity - There was also  
 some hæmorrhage in the abdominal cavity - The  
 intestines were not wounded - The pericardium  
 contained about 2 oz of serous fluid. The heart was fully  
 not injured - vessels of blood congested (Bishop & Mortimer)



Month.	Date.	Particulars of Case.
July		Fibrous Cystic Tumour of Breast
		<p> Mrs W — aged 38 — married has  no children — menstruates regularly  healthily, tho' rather pale if inclined  to indigestion — (sca) Has had a  tumour in the right mammae  for about a year. It is hard &amp;  painful, when very distinctly to  be isolated from the surrounding  structures. It is the size of a  small orange lies under &amp;  rather above the nipple and  when pressed a dark blue  tumour discharge comes from the  nipple. It is more painful  at the menstrual periods. And  lately it has been cracking  in day and causing her con-  siderable uneasiness and suffering  no glandular enlargement  in the axilla. She is of a  tender &amp; nervous disposition </p>



Month.	Date.	Particulars of Case.
		<i>Fibrocystic Tumour of Breast</i>
Aug	5	Barry M. I did not see her until the following Sunday when the wound was very healthy & closing rapidly her general health & spirits much improved -
Aug	12	Since the last report she has continued to do well & the wound is now nearly healed. The Tumour was examined carefully under the microscope for traces of Malignancy only he found - but it consisted of several fibrocytic cells matted together & the surrounding tissues rapidly forming & not improbable the development of cancer might have modest appearance - a well marked bluish tinge



Month.

Date.

Particulars of Case.

## Tubercular Swelling of Breast

May 12 A most formidable and dangerous  
of malignant disease of the  
breast

" 18 Reported by Dr. Macnamara  
that the wound is nearly healed  
and that in all respects she  
is doing well

" 22 The wound has nearly closed the  
entire part is still open. The discharge  
is now permanent fluid. But the  
is very mild & the wound is  
closing - The 2nd & 3rd - at month  
and for out for a time -

Sept 8 It is reported to have healed all  
the sore sores -

Dec 20 I met her at a drawing room at  
Fort House looking very well



Month.	Date.	Particulars of Case.
		<i>Hæmatocoele</i>
Aug 11		<p>aged 25 years</p> <p>A man named Tadoor Sop-mochi, was admitted on the 1<sup>st</sup> Aug. with a large tumour of the right side of the scrotum, too heavy to be moved - not a hernia, nor Elephantiasis. It was tapped by the B.S. and about 2 pints of blood serum withdrawn. It filled again &amp; caused him much pain. The tumour is fully as large as an infant's head. The skin is dragged over the penis - The history is afforded in the dropped statement -</p> <p>In Aug. under chl: I operated - made a large incision fully a foot in length, in the axis of the tumour. Cut down through by peritoneal tissues into the Tunica vaginalis, which was exposed. Then cut through found the size of an inch thick &amp; dense leathery sac. Within a dark colored viscid &amp; filled with small pondy fluid</p>



Month.	Date.	Particulars of Case.
		<i>Hæmatocele</i>
Aug	11	mid dark Rumellord - I suspected may the tubercula vaginalis a large dense latching - I had the lowest difficulty in finding & opening the duct - I cut small vessels cut away a large portion of the wound in the scrotum and brought the lower together placing the duct inside, of the divided scrotum The tubercula vaginalis alone weighed $1\frac{1}{2}$ lbs. —
"	12	Is pericard - The wound within the intestine is obstructed with blood serum - I removed a stone to let it out.
"	13	Part much swollen. Is in feverish Saline. Lotion.
"	15	Healed. Part still much swollen Some of the legs have come away, The others have opened - I fear the duct is stopping - wound well with Candy - Light diet -



Month.	Date.	Particulars of Case.
		<i>Hæmatocèle -</i>
Aug	16	The testicle has shrunk. part united by H.S. - The patient is doing well. wound & tumour looks healthy - Dr. charge attending Lip pain -
"	17	He is faint. The testicle has shrunk but not all the matter has come away. Lip swollen & tender.
"	18	The shrinking part has almost separated and he is now doing very well. wound healthy & swelling subsiding
"	19	Doing well in all respects.
"	22	Doing very well.
"	25	Wound rapidly closing. is doing very well.
"	29	Doing well.
Sept	5	Nearly well. He was discharged a few days after September.



25 years, admitted  
Ranobhai & Bey, at July, 1866 for a tumour

the patient - named Vinraj a north-western  
about 29 years of age

states that he never suffered from syphilis but had rheumatism about 3 years ago - nearly all the joints of the body were affected so that he was almost completely crippled - He was treated by a native Hakum under whose treatment he became much better - so that he left off his treatment after 6 months duration. Shortly after this he began to feel slight pains in the elbows & wrists of both hands. This was followed by prickling sensation in the forearms only on its anterior aspect 4 or 5 months later the flexors of his fingers began to contract & the sensibility of the forearm & the hands began to diminish - gradually these have attained to their present condition -

P. S -

The right hand - Flexors of all the fingers except the thumb contracted but not very tightly so that the fingers can be easily straightened with a slight force - There is loss of sensibility in the hand both on the anterior & posterior aspect up to the wrist joint - The thumb & the portion of the hand adjoining is sensitive - The temperature of the affected part is below the natural temperature - & there is one large blot on the outer aspect of the index finger - (Scabs he has been getting them now & then - They heal up of themselves)

Immediate after her parts seemed to have taken  
Exhibited - head shone  
Appetite - & speaks of no

round ball gangoshy  
Drops



The patient - <sup>is</sup> named Timraj a north western  
+ ~~is~~ about 29 years of age ~~comes~~

states that he never suffered from  
syphilis but had rheumatism about  
3 years ago - nearly all the joints of the  
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completely crippled - He was treated by a  
native Hakeem under whose treatment  
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except the thumb contracted but not  
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straightened with a slight force - There  
is loss of sensibility in the hand both  
on the anterior & posterior aspect up to  
the wrist joint - The thumb & the portion  
of the hand adjoining is sensitive - The  
temperature of the affected part is below  
the natural temperature - & there ~~was~~<sup>is</sup>  
one large bleb on the outer aspect of the  
index finger - (Says he has been getting  
them now & then - They heal up of themselves)



In the left hand only the ring & little finger  
are flexed - & the numbness is confined  
to them & to a portion of the meta carpus  
adjoining - it is on both the anterior  
& posterior aspect - Temperature of  
the part lower - no flisters on them

Complains of pain behind the  
internal condyle of the elbow -



Rampobandh Bery, at 30 years, residing at  
Sikdarporah lane (Calcutta) a Hindu, was admitted  
into the Fort Surgeon's ward on the 9<sup>th</sup> Sept/84 - 11.50 am.  
with a severe injury of the head, sustained by being  
knocked down by a horse in full speed - Patient's friends  
state, that about 10 A.M. of the 9<sup>th</sup> Sept/84, a horse being  
let loose from a carriage, ran with full speed  
towards him and came in close contact with him or perhaps  
struck against him (cannot say exactly which happened)  
& the patient through fell down & the front of  
his head & a severe injury of the head. There is  
a lacerated wound on the left forehead, about an inch  
long & deep - goes down to the bone, which is denuded  
of its periosteum. The frontal bone corresponding to the  
external wound is fractured & a distinct fissure  
is felt by the finger & seen through the wound. There  
was bleeding from both the ears - nostrils & from the  
mouth. Bleeding from the nostrils rather profuse.  
There is swelling <sup>cannot</sup> & <sup>is</sup> chlorosis of both eyes - Eye lids  
closed & very painful. Not able to answer when  
questioned - lying on his back straight breathing  
quietly - is in a <sup>semi</sup> state of insensibility. But moves  
his hands & arms when pinched. Vomited about 8 oz  
of blood just now - pulse feeble - low - thready - pupils  
natural - has abrasions here & there on the body -  
Immediately after his admission - Caloric pneumonia  
developed - head shone & cold constantly  
applied & pounds of vomitments such as milk.



Susp. baptem & 42 hrs. prior open & a minute Anus of  
of Anus 6/6 for 12 - Chloro ether 3 1/2 Baptem 3 1/2 2 hrs

The patient did not rally at all  
after a Drip; but gradually got worse - became  
insensible & Comatose. Pulse rather became full & 60  
in a minute - Murmur heard several times - Temp. 101  
higher than 101. There was rigidity of the extremities present  
lost the power of swallowing any fluids - & died  
on the 10/9/67 at 11.30 a.m. Latter part of the  
treatment consisted in exhibiting Colicidia succa &  
E. 6 hrs. Cold to the head - & baptem injection through  
the rectum.



Post-Mortem on the Body  
of  
Ram Lobind Day. a  
Patient in Dr. Fayer's  
Ward.

Had a compound commi-  
-nuted fracture of the  
frontal bone extending  
down <sup>through</sup> the anterior fossa  
of the skull to the nasal  
cavity. A piece of the  
the inner table of the  
fractured frontal bone.

was depressed. There was  
no laceration of the brain  
substance but extravasation  
of a large quantity of



Blood between the skull  
and dura mater

Then came rupture of the  
spleen (which was of  
normal size) with  
extravasation of a large  
quantity of blood into  
the abdominal cavity

10<sup>th</sup> Sept: 1867. 2.30 pm







Memo

Patient Jadoo Nath Shatrui, aged 25 years, admitted in the 1<sup>st</sup> Surgeons Ward on the 20<sup>th</sup> July 1866 for a tumour on the upper Maxillary bone of the left side - About 6 months ago he experienced a pain in the gums, followed soon afterwards by a swelling close to the molar teeth - The swelling gradually enlarged & at present extends from the posterior part of the left upper Maxillary forwards & inwards across the median line towards the right side & upwards as far as the malar bone - It is hard & has in some parts ~~an~~ an elastic feel - The teeth of the left side are displaced & irregular & some of them have fallen off; those of the right side are only pushed in front but not irregular. There is some bulging of the left cheek - no protrusion of the eye. On the lower & back part of the tumour there are some openings which discharge a purulent fluid - Can open his mouth to the extent of half an inch - Had no syphilitic attack -

On the morning of the 13<sup>th</sup> August 1866, excision of the upper Maxillary bone with the malar, performed - The incision extends from the angle of the mouth to the malar foramina & from ~~the~~ about the middle of the upper lip along the side of the nose to the inner angle of the eye - The orbital plate partly removed - At 6 P.M. was slightly feverish - no bleeding - not restless - On the 14<sup>th</sup> August - temperature was 102°, pulse 108 slept pretty well in the night - took his food well - slight swelling of the lids - Direct union of the incised parts seemed to have taken place -

15<sup>th</sup> August 1866

Arundell Hall Gangooly  
Surgeon



No. 00

Month.

Any

Sept



Date.

Particulars of Case.

Excision of the upper jaw

13 A Hindoo named Sudo Nath Shastri, aged 25 years was admitted into the 20th Regt. with a tumour of the left superior maxilla. of 6 mos. growth. He is rather thin, has had occasional attacks of slight fever, but otherwise he is in fair health and has no local complications.

The Tumour is of a pink and almost fleshy appearance. It occupies the whole of the left upper maxilla and extends overlapping the palate on the opposite side. The teeth are separated but they remain impacted in the growth. The anterior appears to be full the cheeks protruded especially over the alveolar portion where



Month.	Date.	Particulars of Case.
		<p>Examination of upper jaw</p> <p>Aug: 13 When the growth is large - and it is very painful especially toward the angle of the lower jaw in which direction it extends over - tapping the teeth - when pressed profuse Saliva flows from the mouth as tho it were tapping the tumor is very vascular and soft - and is increasing rapidly</p> <p>I removed the tumor - Dr. Patrick Dr. Hunt, Dr. Smith - Dr. Clark Baber Spaul &amp; Roy assisting - I divided the upper lip into the left nostril next I divided the soft parts by the side of the nose going round the ala up to the inner canthus of the eye - next I divided from the left corner of the mouth up to the malar bone tying vessels of importance as I went on</p>



Month.	Date.	Particulars of Case.
		Excision of upper jaw
May	13	<p>The parts were very vascular &amp; several vessels had to be tied - I then extracted my incisor teeth and with the bone forceps cut through into the mouth from the nostril.</p> <p>I next divided the alveolar process into the orbit - The eye being protected by a spatula - Then cutting gently through the maxillary bone with a Saw (Hoy's) I completed the division with bone forceps and lastly scraping the upper part of the maxilla when I was of more firm bone like consistency I wrenched it out &amp; separated easily.</p> <p>and some small portions that were left behind and some portions by the alveoli were cut away with scissors. Several vessels beyond ligature the bleeding was soon arrested.</p>

The teeth were all removed with the maxilla as far as the 1st Bicuspids on the opposite side



Month.	Date.	Particulars of Case.
		Excision of upper jaw
Aug	13	The wound was then stitched with horse hair sutures and the cavity being stuffed with cotton he was fastened with a bandage on his face. He did not lose very much blood and bore the operation well.
Sept	7	He is doing well. No bleeding has taken place and taken some food. Is slightly febrile.
"	15	Look out the cotton. He is doing well. The face rather red and swollen. The wound is healing - dry & little pain. Slight fever. P-126. The morning face left swollen. Takes his fluid food & has no pain. He is well. He is slightly febrile.



Month.	Date.	Particulars of Case.
		Examination of upper jaw
Aug	16	<p>Face a good deal swollen. It appears to be due to the irritation caused by some of the cotton introduced into the cavity, which has remained &amp; has become soiled with decomposing discharges - injected the mouth with Gudey's solution of all the cotton of H.B. removed for this purpose. The lighter ones came away - the darker ones, apparently, not - the food well. Has very little.</p> <p>The accompanying sketches of the microscopical appearance of the tumour are sent down to you - but I doubt their correctness. My impression is that the tumour is of the myeloid character. I suspect I had not an opportunity of examining myself.</p>





No 39

## CASE BOOK.

146

Month.	Date.	Particulars of Case.
		Excision of upper lip
Aug	13	The wound was then stitched with horse hair sutures and the cavity being stuffed with cotton he was fastened with a bandage on his face. He did not lose any much blood and bore the operation well.
Sept	7	He is doing well. He bleeds has slept and taken some food. Is slightly feverish.
"	15	Took out the cotton. He is doing well. The face rather red and swollen. The wound healing - dry to the point. Slight fever. P-120. The morning face less swollen. Takes his fluid food with avidity - has an appearance much better he is doing very well. He is slightly feverish.



Month.	Date.	Particulars of Case.
		Examination of upper jaw
Aug	16	<p>Face a good deal swollen. It appears to me to be the irritation caused by some of the cotton introduced into the cavity, which has remained &amp; has become soiled &amp; has become a source of discharge - injected the mouth with Gudey &amp; took away all the cotton &amp; h. B. Since use cotton for this purpose first is better. The ligatures also all come away - the wound has, apparently, healed - He takes food well. Has very little fever - The accompanying sketch of the microscopical appearance of the tumour are sent down to you - but I doubt the correctness - My impression is that the tumour is of the myeloid character &amp; is probably had out an abscess of some kind &amp; is now</p>



Month.	Date.	Particulars of Case.
		Excision of the upper jaw.
Aug	17	Took out all the sutures. Face still much swollen - no fever pulse under 100 - Temp - 100 - Taken his food well -
"	18	The swelling has subsided the eye is open - He is doing very well in all respects - no fever - pulse under 90 -
"	19	He is doing well in all respects
"	22	The wounds have quite healed and are chiefly dried in with some scarification mark left except near the angle of the mouth & the nose - He is rapidly regaining strength and in all respects doing well - Wash out the mouth with Condy's solution. A.M. The cavity looks perfectly healthy & is forming very rapidly - all swelling of the face and edema of the eyelids is gone
"	24	Was rather hoarse yesterday - Better today

P. 181



No 40

## CASE BOOK.

Med Insur 149  
Surg. Sec.  
Sept. 15/86

Month.	Date.	Particulars of Case.
		Amputation of Shoulder joint. In the arm
Aug	10 <sup>th</sup>	This morning I amputated by antero posterior flaps. The left arm of a

Memo

Takori Doh - a Hindu, aged 30 years, was admitted into the 1st person's ward on the 18<sup>th</sup> of June 1886. When he was 2 or 3 years of age he had burned his left arm which produced a large ulcer. This ulcer after some time had healed up leaving a large cicatrix - the contraction of which made the elbow joint stiff and angular. Had enjoyed a good health all along until 5 or 6 months previous to his admission - the cicatrix gave way & caused an ulceration which gradually extended from a few inches below the shoulder joint to about the lower third of the forearm. On his admission the ulcer appeared red - having its margins everted and was covered over with exuberant granulations. These granulations were red - ragged & were seen to secrete in lumps. Under the microscope they showed all the characteristics of a true cancerous tissue. This ultimate structure being found to consist of a cell with a nucleus. He suffered from an attack of intermittent fever for some days after his admission. But finally as the ulcer began to extend in all directions attended with an intolerable amount of pain & there being no hope of his cure an amputation of the shoulder joint was performed on the 10<sup>th</sup> day of August 1886. There was not much loss of blood at the time of the amputation. About 18 ligatures were applied. The amputation was the modified flap operation. There was no bleeding after the amputation. Dragg will come. The patient says he had no hereditary tendency for the disease.

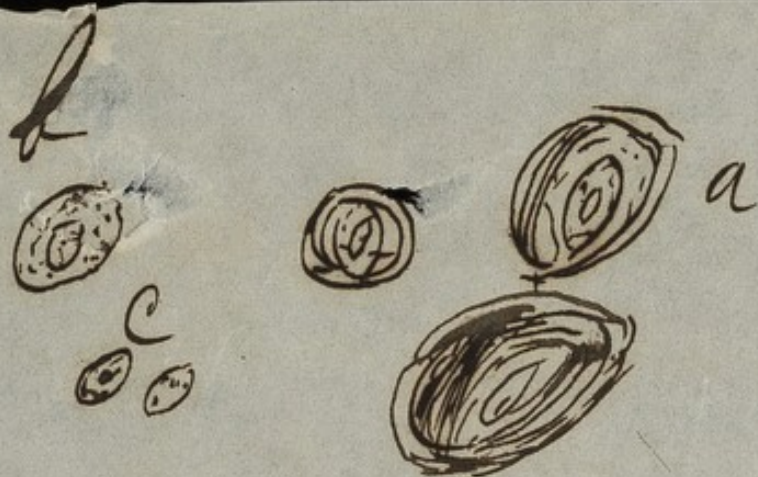
... as we are full of  
of the glands in the axilla &  
also here - and the the  
low bones & cartilage. It was



# Memo

Takoo Doff - a Hindu, aged 30 years, was admitted into the 1<sup>st</sup> Surgeon's ward on the 18<sup>th</sup> of June 1866. When he was 2 or 3 years of age he had burned his left arm which produced a large ulcer. This ulcer after some time had healed up leaving a large cicatrix - the contraction of which made the elbow joint stiff and angular. Had enjoyed a good health all along until 5 or 6 months previous to his admission - the cicatrix gave way & caused an ulceration which gradually extended from a few inches below the shoulder joint to about the lower third of the forearm. On his admission the ulcer appeared red - having its margins everted and was covered over with exuberant granulations. - These granulations were red - ragged & were seen to occur in lumps. Under the microscope they showed all the characteristics of a true cancerous tissue - their ultimate structure being found to consist of a cell with a nucleus. . . . He suffered from an attack of Malarial fever for some days after his admission. But finally as the ulcer began to extend in all directions attended with an intolerable amount of pain & there being no hope of his cure an amputation of the shoulder joint was performed on the 18<sup>th</sup> day of August 1866. There was not much loss of blood at the time of the amputation. About 18 ligatures were applied. The amputation was the modified flap operation. There was no bleeding after the amputation. Dr. W. will note. The patient says he had no hereditary tendency for the disease.





a. Laminated capsules  
b. Nucleated cells  
c. nuclei





unexcited capsule  
 unexcited cells  
 unexcited



Month.

Date.

Particulars of Case.

Excision of the upper jaw.

Aug 17 Took out all the sutures. Face  
still much swollen - no pain,  
pulse under 100 - Temp - 100 -  
Dinner his food well

18 The swelling has  
the eye is open - He  
walks in all respects  
better - pulse and

19 He is doing well

22 The wounds have  
dried and shrank by the  
suction of the mark left  
the night of the opera-  
tion - He is up  
strength and in a  
very well - was  
with the lady's sister

The County Clerk has

is formulating a reform -

all swelling of the face and swelling  
of the eyelids is gone

24 Was rather hoarse yesterday -  
better today



sharp  
also

9/18/



No 40

## CASE BOOK.

Med. Insur. 149  
June 1st 1866  
Sept. 1st 1866

Month,

Date.

Particulars of Case.

Amputation of Shoulder joint. Spitheloma

Aug 10<sup>th</sup> This morning I amputated by antero-posterior flaps. The left arm of a man who has been suffering from an Spitheloma of the integument of the arm - a tumor of the cicatrix of a tumor once inflicted when he was a child of 2 or 3 years old. This occurrence of Spitheloma in a cicatrix is very interesting pathologically and tends to show that these nodules of growth are somewhat prone to occur in tissue already degenerate. - The growth according to Dr. Ewart & Dr. Woodhead is histologically in a peculiarly old marked Spitheloma. It has all the character well developed of Spitheloma cells and laminated capsules. There appeared to be no filling of the space in the axilla - also here - and the thickness was some 2 or 3 inches. I was



no histological  
changes  
observed



Month.	Date.	Particulars of Case.
		Amputations joint Prothetism
		was rather due to the constant pain and protracted discharge from which he had suffered - He bore the amputation well May 15 and has been very well since he has been somewhat slow but there have been no pyrexia or discharge as yet. The ligatures have separated all but 6. The discharge is healthy and he is in good pain. Takes his food well.
"	16	He is doing well. No fever pulse improving. Takes his food well. Some ligatures come away around looking to look healthy the granulate discharge slight.
"	17	Doing well. all the ligatures but two have come away. No fever
"	18	Doing well. only one ligature left Discharge granulation healthy.
"	19	The last ligature came away. He is doing well on all respects.



No 40

## CASE BOOK.

Month.	Date.	Particulars of Case.
		Conspiration should be found =
May	22	He is doing well in all respects wound rapidly healing.
"	23	Some mucus in the stools & a little in the urine. L. from head looks weak & low. but the stump looks well. A little coughing. Pulse 100. C. 100. Stomach
"	24	Rather better of the Diarrhoea. Stump looks well.
"	25	Much better. Diarrhoea has passed. Stump cicatrizing.
"	26	Doing well.
"	29	Doing well. On preparing me the consultation. The discharge is now
"	31	Doing well. Still more discharge from stump & cavity.
- Sep	5	Nearly well.
"	19	Light discharge still passing. Sore.
"	26	The stump has healed. No more the

The disease is retreating. The antrum of the nose is a little enlarged. The disease is retreating. The antrum of the nose is a little enlarged.



Month.	Date.	Particulars of Case.
		Radical cure of Inguinal hernia.
Aug.	8	A stout healthy muscular little Englishmanish tall, rather short in stature - was admitted on the 8 <sup>th</sup> Aug with an inguinal hernia of the left side of 3 years standing with the marked existence of a prominent scrotum and Iliac region of the same side. He was operated on by me 6 years ago in this hospital by Lister's method and went home perfectly cured. He tells us that - he soon left off wearing a truss that - he broke he went to Australia and lived an active and hard life in the bush.
1859.	6 months	The hernia is now scrotal. The ring is tolerably well defined and admits the finger readily - The old American wound pipe off successful. but he was thrown one day, when riding, against the pommel of the saddle & the rupture being again in the 8 <sup>th</sup> August I returned the plug and removed on the 17 <sup>th</sup> the 4 <sup>th</sup> day - free suppuration having been established.
Aug	18	Bowel confined. In a house of healthy men. In prison. In the



Month.	Date.	Particulars of Case.
		<u>Radical cure of Inguinal hernia</u>
Aug	18	looks rather shaken
"	19	Doing well. Discharge of urine no pain.
"	22	Wound closing rapidly. He is well as usual health.
"	24	Has been somewhat from the weather but in all respects with the wound he is doing well —
"	25	He is doing well. Made him stand up. The hernia does not protrude, he feels well & comfortable
"	29	Wound healed. Well again.
"	31	Since the cure. No protrusion on standing or walking. He is a good hand on the engine.
Sep	4	Wound healed. Wears the truss.
"	6	Discharged cured & sent to the P. & S. General's Office to be inspected He was put to all sorts of tests & to climb - running, climbing up a pole within a week.



Month. Date. Particulars of Case.

Actual lithotomy -

Chronic Sal. Day Son of Baber Buxa  
Aug 20 ~~Sept~~ <sup>July</sup> 29 Serampore. (aged 17.)  
has had symptoms of vesical Calculus  
for more than a year - On sounding  
him the calculus was apparent.  
Being in good health - the operation  
was at his Father's request. performed  
this morning in a third stone  
house at Hatt Bolla. - Dr  
J. Bosc - Baber Son's Common  
Subadary & Baber Khan both  
sent witnesses - The operation  
was the lateral. The stone was  
extracted without difficulty & found  
the air not compressed here and  
there were calculi covered with triple phosphate  
in length - The hemorrhage was profuse but  
soon ceased - I visited him  
again at 5:30 P.M. and found  
that there had been profuse hemorrhage  
The hemorrhage seemed to come  
from some deep vessel about the



Month.	Date.	Particulars of Case.
		<i>Lateral lithotomy</i>
Aug	20	<p>neck of the bladder, and inserted in  spite of all efforts to avoid it, by proper  padding - Neck bladder 3 times was  emptied of clots - &amp; the opening was in  - Caput - With the patient at about  8.30 P.M. of the 21 - Wm suddenly  pulseless &amp; collapsed - I made hurried  attempt to place the vessel but  failed. I then unplugged the ureter  with the gutta serena tube &amp; carefully  stopped with the patient's own plug  with the tube - This appeared to arrest  the bleeding - He had no hypogastric  pain except when the bladder was  full of blood - &amp; used opiate &amp;  milk &amp; beer with good result.  He died with the tube.</p>
9th	Aug	<p>He is better pulse in the throat  very rapid - no more bleeding, has  stained white paper - He has no  pain - no fever. Has taken much  water - continues all &amp; watch closely  during the night</p>



Month.

Date.

Particulars of Case.

## Latent to the Army

Aug 22 This morning he is somewhat better  
 & feels stronger. has no pain. The  
 vomit ~~has~~ flowing freely through  
 the tube. Chills still traced  
 pulse rapid & feeble. no power

23

6 AM Slept during the night at intervals  
 no power. Stoma has been slightly  
 warm - pulse 112. Mucous  
 flowing freely through the tube.  
 but still enormously stained  
 with blood. In hypogastrium  
 pain. Complaint of uneasiness  
 with gastric upset. Bowels have  
 not acted - I am not able to elicit  
 their action for fear of the  
 apprehension the tube & causing  
 hemorrhage

9 PM. Slightly better. pulse 112 - little  
 no pain nor power. uneasy



Month.	Date.	Particulars of Case.
		Lateral to the many —
Aug	23	within stomach, as he says from constipation was flowing clearer through the tube — no bleeding
Aug	24	He is druggish. wound nearly clear. pulse 112 — skin cool & moist. Bowel still empty. There is no supra pubic pain, but he complains of general uneasiness in the stomach — I have now found pulsely — I take a <sup>little</sup> quantity dose of Castor oil to soften the intestines — Suppositories introduced and the stuffed tube.
Aug	25	He had a good night — no hemorrhage. wound clear. flowing pretty through the tube. pulse 112 to 116 — I feel better in all respects.
Aug	26	Dr. A. not see him. He is a report from Pontreux Surgeon General — & he is a better Dr. A. that he is doing well — The bowels have acted well & that the pulse is in a better state.



Month.	Date.	Particulars of Case.
Aug		<p><i>Hypertrophy of the Impure.</i></p> <p>A Bengallee named Begor Chund. aged about 20<sup>or 25</sup> was admitted on the 20<sup>th</sup> August 1866 - with hypertrophy of the Impure. It was not protruded beyond the lips, but the mouth is not fully closed most his speech and mastication are much affected. The lower front teeth as in the incisors are thickly coated with denture and they &amp; the alveolar process are protruded forward. The Impure itself is much enlarged and the shape it has assumed is more that of a cylinder than a compressed cylindrical body. It is about 2 inches longer than it should be and it is smooth and red towards the base (which is rounded off with a globular form - on the surface the papilla towards the</p>



Month.

Date.

Particulars of Case.

Hypertrophy of the Tongue

Ans

Posterior Dumb is a subacute disease.

Regny Chand aged 25 years - residing at Moodpora about 12 miles from Kishnagar - (a Hindu Brahmin) was admitted into the 1st Surgeon's ward on the 20<sup>th</sup> August 1886 - with the tongue hypertrophied - He states that about 10 years ago - he had fever, and a day after the attack of fever, he observed some swelling of the tongue - which increased so much that it protruded out of his mouth - after the abatement of the fever which lasted for a month - he applied to the Kishnagar Dispensary - for his tongue - there after treatment for a month the tongue assumed its former size - He remained well for one month - & then it again began to increase - and from that time up to this it has generally been in this swollen state - occasionally subsiding a little & then again - enlarging & becoming inflamed - Says that he never had Syphilis & never was solicited - the lower jaw is pushed downwards - from the upper - for about an inch and half - the teeth of the lower jaw are widely separated from each other - there are some hyper-trophic papillae on the dorsum of the tongue - & 2 patches of leucis about the size of

intimated  
on the end  
of the body  
in snuffed  
under the  
the appearance  
was pointed  
that I could  
at from the  
is not much  
preference  
was in the  
the complaints  
of the tongue  
the tongue  
2 - but as  
time are  
granulation

He takes  
Potash iodide & V. T. die - and has  
a solution of Cuprous Sulphate applied



Rejy Chaud aged 25 years - residing  
at Moodpora about 12 miles from  
Kishnagar - (a Hindu Brahmin) was  
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Kishnagar dispensary - for his tongue -  
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increase - and from that time up  
to this it has generally been in this  
swollen state - occasional subsiding  
a little & then again - enlarging &  
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never had Syphilis & never was  
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downwards - from the upper - for about  
an inch and half - the teeth of the  
lower jaw are widely separated from each  
other - - There are some hypertrophied  
papillae on the dorsum of the tongue -  
& 2 patches of leucis about the size of



a four armed piece on both sides  
of the tower in front—



No 43

## CASE BOOK.

158

Month.	Date.	Particulars of Case.
		Hypertrophy of the Impus.
Aug	20 <sup>th</sup> August 1860	<p>A Bengallee named Beros Chund.  aged about 20.  Impus - It was  the lips. Not  fully closed no  mastication  The lower part  transpired the  interior and  processes are from  the Impus  and perhaps  is more than  a compressed  It is a thick  it should be  and red tone  which is in  Stomach form - in the Impus  the papilla towards the</p>

a four anna piece in both sides  
of the tongue in front -



Month.

Date.

Particulars of Case.

## Hypertrophy of the Tongue



Aug

Order

posterior part not enlarged but  
 rather raised and indurated  
 these are towards the centre and  
 are very suggestive of psoriasis  
 & epitheloma. a portion snipped  
 off and examined under the  
 microscope showing the appearance  
 of psoriasis & a brown pointed  
 & a thin flattened epithelial scale  
 the border of epithelium from the  
 of the part - There is not much  
 pain except on sharp pressure  
 and it is the inconvenience in this  
 tongue the pain of which he complains  
 the anterior two thirds of the tongue  
 are smooth and red like a tongue  
 stripped of its papillae - but as  
 the ~~edges~~ margins there are  
 some varicose looking granulations  
 of a bluish tinge.

- 25 - I examined the tongue - the taste  
 POT: - I ordered L.V. Tincture - and have  
 a solution of Cuprum Sulph. applied



Month.	Date.	Particulars of Case.
		Hypertrophy of Impure
Aug	26	It is perhaps a little smaller. Bandage it again. Continue the Potai-Orde.
"	28	Impure considerably diminished upon bandage. and apply a bandage with the view of coming in contact with the distended lower part - the both upper and lower portion must be overlapped. owing to the pressure of the truss the joint has been distorted thus -
		 <p>my make some the joint laterally is distorted thus</p>
		
	29	Impure continuing diminishing under the bandage. Joint also being improved
	31	Impure slightly smaller than last report.
Sep	4	Impure gradually diminishing



Month.

Date.

Particulars of Case.

Recto Sexual Protrusion?

August 25. This morning I went to the Baboos  
 shore with Mr. Woodruff. Mr. S. L. Kiddle  
 to see a curious & interesting case. He  
 a young Bengallee about 24 to 25  
 years of age - method of treatment  
 as the following things. was not  
 from an inspection of the bladder -  
 found that the bladder was dis-  
 tended up to the umbilicus. Passed  
 No 10. and urine mixed with  
 fecal matter passed through -  
 frequently closing the lips of the  
 duct. On warming the rectum  
 I found a structure about 36  
 4 inches up the gut through which  
 I could pass nothing. He asked  
 says he passes fecal matter that  
 way. There was the impression  
 the mischief in the bladder  
 he traces to an attack of gonorrhea  
 a year or ago. The trouble  
 in the bowel to an attack of



Month.	Date.	Particulars of Case.
		<p data-bbox="475 302 1225 371">Recto Vesical Fistula —</p> <p data-bbox="229 398 1500 1041">           Aug 25. Dupontay — His account is vague but in some respects is doubtless right. I recommended food and careful dilatation of the fistula. The bladder tube washed out carefully and emptied daily. Had good diet with 2 Ferric pills — twice —         </p>



Month.

Date.

Particulars of Case.

Natural Lithotomy

Aug 26<sup>th</sup> He is doing well. was slightly feverish  
6-30 AM last night. Mr. Baber S.C.S. has  
prescribed some gramine for him.  
Took out the tube. There was no  
suppuration around it - It was  
not attended with any hemorrhage  
P 112 - Appetite fair. Urine

clean.

5-PM Had a report saying that he is  
doing well. Bowels have acted freely,  
no bloating, no fever. Appetite  
fair -

27 Slept well. Bowels opened freely, no  
pain in all respects doing well -  
was a healthy - urine no longer  
cloudy constantly, but at intervals

28 Did not see him today. but a very  
favorable report sent by R. Smith M.D.  
Bowels open - Urine clean. Urine  
healthy. no pain. Good appetite.  
I take him for well



Month.	Date.	Particulars of Case.
		Lateral Sittotony
Aug	29.	He is doing very well. Appetite for slups well. Bowels regular - wound perfectly healthy - urine paper perfect Chills, no pain - Had a feeling extending and again today, that he would like to make water through the urethra
Sept	1	Baboo S. C. Subbasing tells me that the urine is passing in two days but through the urethra - But he has been passing. I must see him tomorrow
	2	Spent hour very well. wound healthy urine paper perfect with ways - no pain - a good deal thinner in the urine. He has slight pain in day, this day but has none now - Since I saw him urine is very hot & the weather is very hot & wet
P. 171	7	He has a favorable report - and the urine is passing through the urethra



Month.

Date.

Particulars of Case.

## Amputation at the knee joint

Aug 26<sup>th</sup> A Bengallee woman named Mynola  
 aged <sup>35</sup> was admitted on the 13<sup>th</sup> Aug.  
 with a wound near the inner condyle  
 on the anterior surface of the left  
 knee: it had been occasioned by a  
 blow from a carriage wheel over  
 against her and knocked her  
 down. In the fall she injured  
 the knee, cutting & bruising the  
 integument. In several days the  
 wound remained unhealed. There  
 was some inflammation and  
 effusion into the knee, but by  
 rest on a bed & the application of  
 a wet dressing & water it  
 subsided & I hoped the little  
 stump at the bottom of the  
 wound would separate.

" 27 No more signs. There is a profuse  
 purulent discharge through the  
 wound and which issues  
 in the anterior flap and is



Month.	Date.	Particulars of Case.
		Amputation at Once joint
Aug	27	<p>about the size of a Shilling -  Slight Fever - Pulse 120. - Saliva  and good nutrition, etc. -  The flap is rather tense and the  Circulation - I should have remarked  that - The flap after each fully 3  inches below the tuberosity of the  fibula extended to make an extent  that - I was obliged to leave at my  rectangular flap behind to make  them meet without much tension  This again to be borne in mind  as I do not find it correspond  with the account of the operation  of Mr. Cullen - I should be in  future case cut more lower if I had  more left to cut from.</p> <p>I then the flap down with the skin  wire having first separated it from  the artery - The parts were washed  and several small vessels exposed  by stone.</p>



Month.	Date.	Particulars of Case
		<i>Amputation at knee joint</i>
Aug	28	No fever - P. 112. pulse - skin entirely has an anemic look. Part of the anterior flap is 8 inches fully two inches of it. The suture all removed and a poultice applied - Stimulant - She had much vomiting last night - and no rest to the purpose.
-	29	She had a nap and passed a last night about 11 P. M. - Temp 104° This morn. P. 96 - Temp. 98° - She was checked. The Sutures - Bordeaux acted - I then Stimulated + much better - But some Lance - did not put it.
u	31	She is not very well; Has had 7-30 am some pain all the day and the in the morning she seems better Pulse 100. But she seems depressed now - Her Cauterizers are fully applied but I think still late - Stimulant - Darnell



Month.	Date.	Particulars of Case.
		Amputation at the knee joint
Sept	1.	<p>She is very low &amp; thin. pulse not over 100 - but very feeble. Immediately Surgeon not intended, but the soft parts are much wasted. The bone looks dull, not dead, but as the cartilages would be -</p> <p>Discharge unhealthy. Surface of bottom flesh ash colored. Her skin is rather cold than hot. - I have seen no signs of pyæmia. but suspect pyæmia. I fear she is too far gone -</p>
	2	<p>She died last night.</p> <p>P.M.</p>



Schwartz report.

A longitudinal section of the femur brought  
to view a very unexpected morbid  
condition of the bone. The lower  
11-11 exception of being

It appeared to resemble a  
the medullary  
soft parts of  
upper third  
and head of the  
giving off an  
a state of  
increasing rapidly  
the vitality  
medullary cavity  
were filled with  
the thick  
pinniform matter.

pinniform matter.

Lower reported to have had two  
white patches - I did not see it -  
some other vicia healthy -



I directed it carefully. At  
the ~~first~~ upper end there was  
a small portion of that material  
clot; but it was of trivial  
importance. I did - I now  
you draw my attention to it -  
see ~~the~~ done. And it had  
been the first in spirit. I  
with the naked eye, began  
nothing I noticed further  
particulars. I examined the  
portion of disease for that



me on Saturday. I could not  
find any thing ~~in it~~ but  
fibre-cellular structure, no  
cells, no nuclei, no juice.  
Perhaps, it had been taken  
from the healthier part of  
the tumour. You mentioned  
in your note, that it was  
from the same patient as  
the slough came from,  
which was highly cancerous,  
in its cell formations.  
Don't forget the meeting



For several years, I have been  
in the habit of writing to you  
in the hope that you will be able to  
as a member of the  
Chair.  
I am, however, all  
at the last, I feel  
I have thickened it, in  
some of my  
now to the last, I feel  
a great deal of  
10 in September  
I am, however, all  
at the last, I feel  
a great deal of



Month.	Date.	Particulars of Case.
		Amputation at the knee joint
Sept	1.	<p>She is very low this morning. Pulse not over 100. but very feeble. In evening surprise not attended, but the soft parts are an oint. to 11</p> <p>some water</p> <p>On the can I dine for some</p> <p>Dr. change the for</p> <p>Dr. turn for a some</p> <p>r. water coe</p> <p>Dr. sugar</p> <p>asprepar</p> <p>to my</p> <p>I dine for some</p> <p>the for</p> <p>a some</p> <p>clo-</p> <p>imper</p> <p>and</p> <p>see</p> <p>beend</p> <p>willow</p> <p>not</p> <p>part</p> <p>and</p> <p>part</p>
	2	<p>She died</p> <p>P.M.</p> <p>see</p> <p>beend</p> <p>willow</p> <p>not</p> <p>part</p> <p>and</p> <p>part</p>



Schwartz report.

A longitudinal section of the femur brought to view a very unexpected morbid condition of the bone. The lower two-thirds, with the exception of being more fatty than is usually met with, were tolerably healthy. The medullary structures and all the soft parts of the cancelli of the upper third including the neck and head of the femur were black, giving off an offensive odor, in a state of Osteomyelitis advancing rapidly to the destruction of the vitality of the bone. The medullary cavity and the cancelli were filled with a grumous, rather thick puriform matter.

Lucas reported that he had his wife put there - I did not see it - Lucas & some others healthy -



No 45

Month.

Date.

Sept 1<sup>st</sup>

2

Sept 1<sup>st</sup>

Sept 1<sup>st</sup> 1845  
 I have been thinking of writing you for some time but have been so busy that I could not find time. I am now at home and have some time to spare. I am well and hope this finds you the same. I have been thinking of writing you for some time but have been so busy that I could not find time. I am now at home and have some time to spare. I am well and hope this finds you the same. I have been thinking of writing you for some time but have been so busy that I could not find time. I am now at home and have some time to spare. I am well and hope this finds you the same.



No. 40

## CASE BOOK.

1009

Month.


Date.

Particulars of Case.

Tubercular Infantum.

ay 31 At 10 P.M. articulo, Dr. C. Palmieri  
 Sec. the infant female child aged  
 5 days of 7 7 - 8 - The child  
 was perfectly healthy up to the time  
 well nourished & its mother  
 is also strong well. The mother  
 had had fallen the morning  
 the child seemed uneasy, the  
 the day & the sound called Dr. P.  
 at the time when it was removed  
 an complaint - The ~~at~~ place  
 where the child had slept  
 looked quite healthy - when we saw  
 it at day in the morning, looking  
 quite healthy, but when we  
 in the whole body was repeatedly  
 examined. The lungs were  
 the lungs & body rigid -  
 granular. The chest was  
 all tried, but it made a  
 1 hour of labor - the child  
 died.



Month.	Date.	Particulars of Case.
		<i>Styptotripping Impure</i>
Sept	10	The Impure is slowly diminishing in size as was retained easily within the mouth - The separation of the teeth in the coming of the incisors. My brother came to get them but the jaw with one near an inch apart
		
	15	Impure still diminishing but little of any change in the jaw.
	19	Same as before.
	23	Impure still rather larger than before. but very much reduced in the papillary & comes about the same - The jaw is as it was.
Oct	2	The Impure slowly diminishing but the jaw is still displaced.
Dec	15	I returned on the 24th Nov and had he had been in London by the same means 12th



Month.	Date.	Particulars of Case.
		Latent Fifth Army
Sept	15	Saw him today. His wound has been healed for 5 or 6 days. All the same paper by the urethra, by the same paper, a few days at times. Inward matter after it he has had fever in alternate days for the last few days and today he has a little so coming up. In the side of Scutum - and some 5 per. in. but in the water and - and
		Send him. He commenced his father to take some for chance of air.
"	22 <sup>d</sup>	He went home to Leamington this morning. Water cured.



Month.

Date.

Particulars of Case

## Strangulated Hernia

Sept. 18 Last night at 10 PM. I went to the Hospital to see a case of Strangulated Inguinal Hernia. The patient had been recently admitted. His name was Jagganath Seng. He is 34 years of age a slight but healthy looking man. He had been in the hospital for 4 days. It had been some days previously - well beyond strangulated. It came down on the evening of 3-30 PM and the symptoms of Strangulation rapidly set in. When admitted he was in great pain as the neck of the tumor which was nearly as large as a child's head. - His pulse was very tense - He had been vomiting - was constipated - very bad - cold - but pulse almost free -

There was no time for delay when I saw him - accordingly at 11 PM. I operated the tumor was very tense at the external ring



No. 27

CASE BOOK.

183

Month.	Date.	Particulars of Case.
		<i>Strangulated Hernia</i>
Apr	18	<p>and with much difficulty after the          sitting the stricture I reduced it -          and a full dose of Opium -          done but Pain &amp; Swelling X</p> <p>Sac not          opened</p> <p>8 AM - He is much better - has          slight pulse still low but in          morning - some pain - Bowels          have acted twice but not sleeping          and a warm water dressing          around loins as the is here and by          I must remain.</p>
"	19	<p>His bowels have again acted - He          has no pain - no pain but his          pulse is still depressed - in          all respects however he is much          better -</p>
23 Nov		<p>I returned from Apr and found          that he had been discharged and          at the 18th Nov cured.</p>



## CASE BOOK.



Month.

Date.

Particulars of Case.

Liver abscess

Sept 27 Mrs G - aged about 36 - has had symptoms of liver abscess for some time. I consulted Dr. C. Macanahan on one or two previous occasions. & recommended that she should be bled. But the next day she was so weak that it was impossible to move her. She was cold - pulse 130 - almost collapsed. The catarrh and in the 27th I punctured the abscess which pointed in the hypochondrium & was between the ribs; between the 9th & 10th ribs in a line with the intersection of the axilla.

2 1/2 pints of thick dark colored blood & pus were removed. Her pulse was 130 when the operation was performed. She was well and the day after the operation was rather better than when she came. She seemed much better.

28 7-30 A.M. { vomited in the night with weakness  
She sank steadily after and died at 10:30  
am

He returned to Calcutta and was perfectly well in May 1868



Month.

Date.

Particulars of Case.

*Radical cure of  
Shrapnelled leg*

Oct 22. He had perfectly recovered and was about to leave the hospital when he was attacked by dysentery which retarded him very much and in the night of the 23rd when resting from the effects of some Pulv: Peccari Comp: he felt the post mortem way and the intestine slightly protruded. It returned however & has not come down since. He is now continuing to improve & will be discharged the dysentery.

Dec 15. He has been ill for some weeks with dysentery & Diarrhea. The hemorrhage has come down again. I am today writing he keeps better than he did the day before.

28. He has gone away for change of air. Readmitted 10 Jan 1867.

vide page 208



Month.	Date.	Particulars of Case.
		Amputation of Shoulder Joint -
Sept	27	The axilla & stump have a full and true appearance that is my opinion I fear that the disease is returning with great rapidity and malaprop.
Oct	2	The stump is swollen and painful he has been feverish and the discharge from the sinus has increased. I fear the disease is returning -
	17	Discharged
Nov	23	I returned from Africa - found he had been discharged - The stump had healed but there was a very large sinus - I have been unable to trace him since -
		Discharged 17 <sup>th</sup> Oct
		Sharon Doss
1867	July 27	Admitted as patient in July with a large abscess in the axilla and the stump rounded full of what apparently is water of the disease. Opened the abscess -



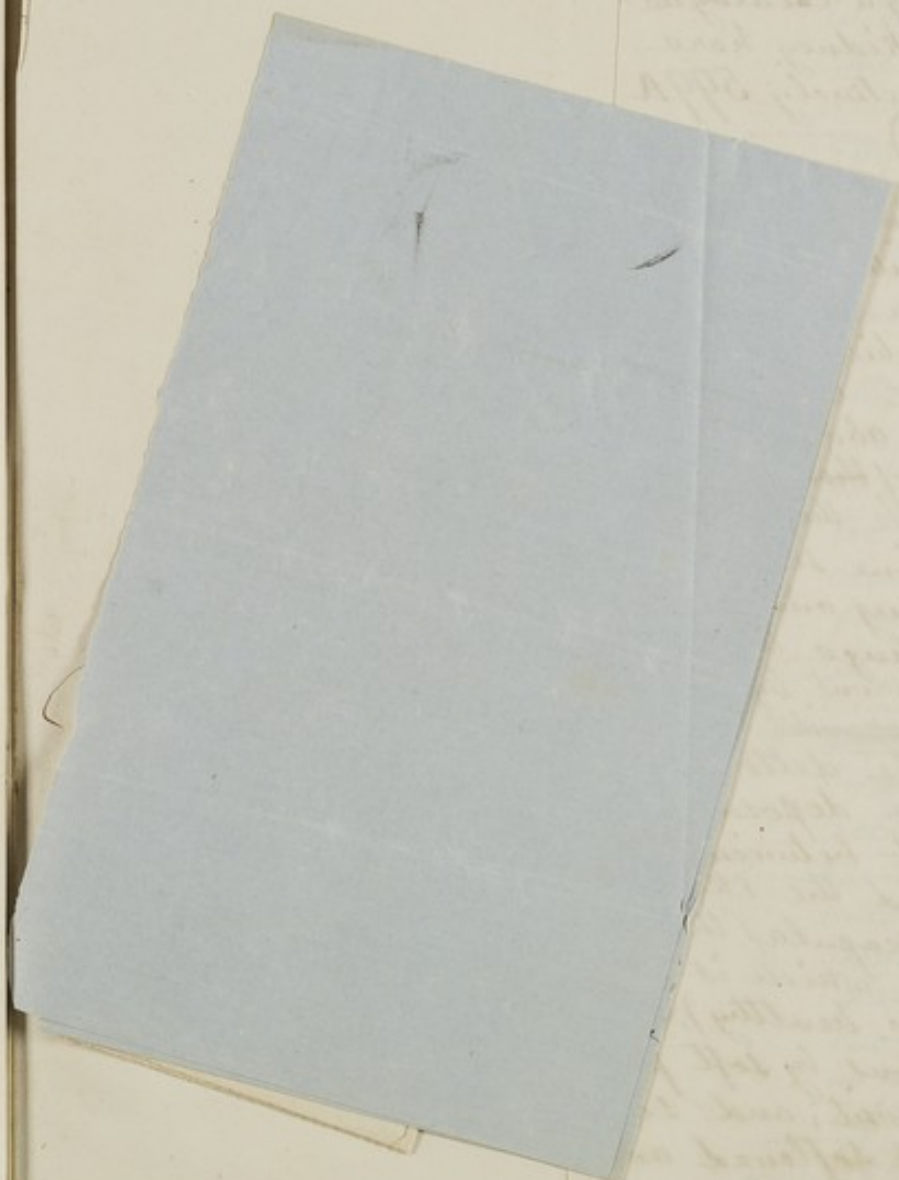
Month.	Date.	Particulars of Case.
		Croup: Shoulder Joint. - Spontaneous.
Feb Day	18	He is still in the Hospital. There is a purulent discharge from the tubercle and the tissues about the shoulder are extensively impregnated with what is probably the Spontaneous Growth. His general health is middling, he does not suffer much pain.
March	4 <sup>th</sup>	He died very rapidly from a sudden attack of hemorrhage which occurred spontaneously on the 4 <sup>th</sup> March in the day. Some appearances were observed - and he smelt after the way of a compound of sweet scented - about once they told me of blood - appeared much in the water by the Post mortem appearances.



No 49

CASE BOOK.

179



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## Memo

Agore Ghose a native male at 96  
admitted in 1<sup>st</sup> Surgeon's ward Med: College  
Hospital on the 11<sup>th</sup> of Sept / 04 - with fracture  
of both tibia & fibula of the left leg just  
above the malleoli & an abrasion of the  
inner side of the left foot both caused by  
a wheel of a carriage passing over it.

The fracture was put up in splint &  
bandaged. On the 20<sup>th</sup> Bandage being  
removed bones were found uniting & pain  
less. On the 25<sup>th</sup> bones were united but  
union was not firm as yet - general  
health good. 29<sup>th</sup> Complete union  
& could stand on his legs - on 5<sup>th</sup> Oct  
could walk pretty well & starch bandage  
was applied & on the 11<sup>th</sup> Oct discharged  
cured being able to walk about  
on his both feet.

12 Oct / 04.



Soorj Shun Shal aged 25 years  
Hindoo admitted on the 27<sup>th</sup> Feb<sup>y</sup>  
with chemosis of <sup>left</sup> eyelids & Protrusion  
lids which commenced with a  
severe pain in the eye 3 months  
before admission - The cornea conjunctiva  
became red lids swelled & sooner  
afterwards sloughed -

On 5<sup>th</sup> March the eyeball extracted  
There was a fibrous tumour  
about the size of an almond behind  
the globe of eye at its upper & outer  
part

Abbas aged 26 a headmender  
Cooly admitted on the 18<sup>th</sup> March  
with a lacerated wound on the heel  
produced by the hub of a heavy  
Cart wheel - The heel was raised  
from the under surface of os  
Calcis - Two days afterwards it  
sloughed & the whole foot became  
gangrenous - The gangrene spread  
rapidly - Much Constitutional di-  
sturbance was set up when  
on the 20<sup>th</sup> March Amputation of leg  
at its upper third was performed  
The anterior flap sloughed partly  
but the sloughing ceased & the  
flaps became covered with granulation



About three years ago Ram Charan Das, a servant aged 30 years and resident of Raydahy noticed a swelling on the left inguinal region during straining in defaecation. The swelling continued for a week when the same act made it descend in the scrotum. Since that time the hernial swelling has been in the habit of coming down and going up it-self without producing least inconvenience. It has never been incarcerated before. The hernia is a large, and ovoid in size. It is completely reducible and the <sup>ring</sup> easily adapts two fingers. The scrotum is slightly thickened at its lower part and covered with impetiginoid eruptions.



It is operated this morning for the  
radical cure with plugs of wood.

27<sup>th</sup> 2. 67.

Kāli-Prasanna Rāy  
clinical dresser.



No 40

## CASE BOOK.

178

Month.

Date.

Particulars of Case.

Comp: Shoulder Joint - Anthelem

Feb  
Day 1

March 4

Since that time the  
 hernial swelling has been in the  
 habit of coming down and going up  
 itself without producing least inter-  
 vention. It has never been incarcerated  
 before: the hernia is a large



Abstract of examination  
of the stump of Thakur Dass  
who died of hæmorrhage from  
malignant ulcer of left shoulder  
on 4<sup>th</sup> March 1867—

(The left arm, amputated on 10<sup>th</sup>  
August 1867, at the shoulder joint,  
is No 423 in the rough catalogue.  
The stump, lung & kidney here  
described are respectively 599A,  
599B, and 599C.)

599A. The scapula, clavicle  
and upper ribs with the soft  
parts covering them. There is  
a ragged opening, which was origin-  
ally probably a little larger than  
a shilling. Situated about an inch  
below the junction of the outer of  
the outer and middle thirds of the  
clavicle. Some firm slightly de-  
fibrinated clots hang out of it.  
It leads into a huge ragged  
cavity, bounded in front by a large  
mass of morbid deposit, externally  
by the remains of the deltoid, infil-  
trated with similar deposit and  
having a layer of it between its  
outer surface and the skin—  
posteriorly by the scapula (the  
glenoid cavity of which is rough-  
ened but otherwise healthy), and  
in all other directions by soft parts,  
infiltrated by deposit, and so  
broken down and softened as to  
be undistinguishable. The cavity  
reaches above almost to the cla-  
vicle—posteriorly an offshoot  
from it, large enough to admit  
the forefinger, turns round

large mass of morbid deposit,  
infiltrated into the substance of  
the pectoral muscles—the muscular  
tissue of which could not be recog-  
nised.



No 40

up low -  
nerve

178

Month.

Date.

Feb  
Jay

March



the lower edge of the scapula and runs for about an inch between its dorsum and the soft parts.

Another very large offshoot of it leads down behind the large mass of morbid deposit first mentioned ~~which~~ as forming the anterior wall of the cavity to the lower edge of the pectoralis major, where ~~it is~~ only covered by skin and fascia.

Along the cicatrix of the amputation, below and to the outside of the ragged opening which leads into the cavity is a large ulcer about  $1\frac{1}{2}$  inches in diameter and one or two smaller ones. None of these involve more than the skin and fascia but the tissues forming their floors (the pectoralis major) are infiltrated with the deposit.

Microscopic Characters of a portion of the deposit in the pectoral muscle.  
(The specimen had been for 48 hours in spirit before I looked at it - the portion used for microscopic examination was soaked in Glycerine for 24 hours before looking at it) - There were some traces of a fibrous stroma, and a great number of cells. Most of these were flattened, roughly polygonal or ovoid - and had granular contents (a) - but were mostly ~~gr~~ without nuclei - There were also some much larger cells - oval, pyriform or tailed, (b, c, d) containing with large nuclei containing one or more nucleoli - the nucleus being so large as to like a small ~~the~~ cell enclosed within the parent one. There were also some large "bird's nest" cells (e) filled either with large nuclei or small



Month.

Date.

Particulars of Case.

Introsusceptio.

Sept 29<sup>th</sup> On the morning of the 27<sup>th</sup> I was asked to see  
 the Anatome an Armenian lady between 30  
 & 40 years of age - Short & plump in constitution  
 she complained of pain in the abdomen  
 which was somewhat distended. The int  
 rosusceptio except in the left iliac  
 fossa - pulse over 120 - I prescribed her  
 considerable depression - The attitudes  
 of the spine were better - later the day  
 before - I attended her - I prescribed  
 and a Rhubarb oil for the evening  
 with her measure of oil & compressed  
 in the 28<sup>th</sup> she was no better. The  
 action of the bowels some relaxation  
 not much pain; greater depression.  
 pulse rapid & feeble - I prescribed  
 the Opium & a grain and a half every  
 4 hours - Temperature raised - a  
 Cauter of thought had also had  
 her once action - an also present  
 women accompanied her  
 The condition was not improved  
 in the morning - continued treatment



Month.	Date.	Particulars of Case.
		Intusussception
Sept	29.	This morning I found her in bed 8 AM in pain. Pulse rapid & feeble. In the day. Great depression. No food or drink since 11 AM - 12 noon. In the evening stomach. She was attended by a good nurse.
		At 10 PM I was sent for. She was almost collapsed. Could not get up. In the the evening - could not get up and at 11 PM - she died just before death she vomited dark blood in the morning after death a small amount of blood from the mouth - There was no P.M. The nurse could not get it - I suspect that she had been with a case of Intusussception & the large intestine either from obstruction - or from contusion. She was found when I found her. but nothing seemed to point to any previous dysentery. She attended the other cases -

She was never in a state of admittance of any  
 further Intusussception -



Month.	Date.	Particulars of Case.
		Section of W. W. W. Land.
Oct	22	He is still in Hospital. Very well. but there is a little more behind the eye a small piece of the cut edge of the malar bone has come away - I have a lot more to come -
Nov	23	I think I should he had been discharged some time - on the 30th Oct. -



# CASE BOOK.

182

Month.	Date.	Particulars of Case.
		<p> <i>[Faint, illegible handwriting in the main body of the table, likely bleed-through from the reverse side.]</i> </p>




Month.	Date.	Particulars of Case.
Dec 10 1858		<p>Removal of Tumor from Mammary Gland.</p> <p>Mrs P. age 40. 3 years ago I saw her with the right breast and small axillary gland for the first time. She has been in England for a year or more and has been in the Indian hospital.</p> <p>In Oct. <sup>last</sup> I saw her. She was suffering from dyspepsia - &amp; was generally in poor health on depressed spirits. There was at that time no appearance of any return of the disease. except that the spot on the center of the 4th &amp; 10th ribs near the mid of the cicatrix of the former wound was rather more prominent than it should have been.</p> <p>I did not see her again until the 25th Nov. when this spot had increased. There was a swelling in the axilla extending to the back and general weakness &amp; anorexia about it.</p>



Month.	Date.	Particulars of Case.
		<p>Removal of Mammary Tumour</p> <p>Dec 10. This had gradually &amp; insidiously increased and as it appeared only too probable that it was a recurrence of the disease I determined to remove it - She had lost into a better state of health - Her pulse: Her her spirits were much depressed. This morning assisted by Dr. Partridge &amp; Dr. Furcus I removed it by making an incision through the integument &amp; exposing the growth. When the size of half a walnut attached closely to the cutaneous &amp; intercostal muscles I proceeded to cut away &amp; scraped the cutaneous &amp; intercostal muscle as deep as was safe to go - tied up in two small vessels - exposed and the wound by Dr. P. dressed with a lot of firm solution of Chloride of Zinc &amp; brought the wound together with Silver sutures - She bore the well &amp; lost very little blood</p>



Month.	Date.	Particulars of Case.
Dec	10 <sup>th</sup>	<p><u>Abnormally Mammary Tumors</u></p> <p>The tumor was isolated to apex of breast and had no adhesion to the skin. It was the size of half a large walnut and when cut into had a white appearance, with a white juice. Microscopic examination presented the cell forming medullary Cancer in a marked degree.</p> <p>See  time can be in doubt. It is the common of Medullary Cancer &amp; that the prognosis is unfavorable as the virus can all be temporary. It is remarkable that this is not in the old cicatrix wound. Perfectly healthy &amp; that the axillary glands are unaffected. Her general health until the attack of Dyspepsia had been excellent.</p>







Month.	Date.	Particulars of Case.
		Removal of Anomalous tumour
Dec	14	She is doing very well. The wound has almost healed the lower part only is left open - Some the stoma was not applied - There is no pain. No swelling in the thigh - Taken her food well in chamber and in food & spirit. In a little to day -
	16	Continues to improve. Wound almost healed. She is to go out for a drive this evening. She called my attention to a hard lump & prominence over the ribs above the old cicatrix. It does not hurt at all & is nothing new. But of course I must be regarded with suspicion.
	16	Continues to do well. Accidents in the evening yesterday.

old cicatrix  
 Discharge Jan 1867  
 Discharge Dec 1866



Month.	Date.	Particulars of Case.
		Removal of Unnecessary Tumor
Decr	18.	A small portion of the center of the tumor is opening - & a slight sanguine discharge appears. The edge of the wound looks discolored - as this tumor was a shape of a human head etc. In the evening all seems the day well - a cold ointment - on the opposite side - a little - The tumor well - for a time clear
	20	It is doing very well - a little pain from the sanguine discharge collected - but the wound looks perfectly healthy
	21	Doing well - Is the top of the tumor about 1 1/2 inches from the margin of it there is a small hole - Part exposed - Part covered - The size of a grain of rice which is painful. Part exposed left the tumor - I must think of importance - but it must be watched
	23	Doing well - slight sanguine oozing from the wound.
	24	Doing well
	25	Opened out the center part of the tumor to the free exit of the discharge - applied a piece of old linen - & a poultice -

28th The wound has healed all but one spot in the center - The is wound so far closed that I have discontinued regular attendance







Memo No 1.

Mothera Chundr Paramaze a Hindu aged  
 20 years was admitted with a tumour in the  
 right orbital cavity which pushed the globe  
 forwards before it. Says that it has been  
 growing for the last two years and a half  
 the first perceived a swelling about the  
 internal and inferior angle of the orbit after  
 he had been recovering from an attack of  
 Conjunctivitis of this eye. The swelling  
 he says has gradually increased to its present  
 size in these 2 1/2 years. The tumour encloses  
 the ball for about 2/3 of its extent the inner  
 third being free. The conjunctiva is generally  
 congested and there is some lachrymation. Sees  
 objects with this eye as if through a mist.  
 Says that he had been suffering from  
 a cutting pain in this eye for the last two  
 months. General health all along has been  
 pretty fair with the exception of two or  
 three attacks of intermittent fever. Says  
 that his spleen was enlarged 4 or 8 months  
 ago - no enlargement could be perceived  
 now - On the 13th day a small ulcer  
 of the corner of this eye was perceived -  
 Tumour removed on the 15th day -  
 An incision about two inches in  
 length was made from the outer angle  
 of the eye outwards over the tumour. The  
 skin was then easily separated from it  
 and on passing the handle of the scalpel  
 round it, it was found to be very loosely  
 connected with the surrounding structures  
 and was therefore easily enucleated from  
 its bed. Orbital cavity found to have  
 been somewhat distended. The external  
 rectus muscle was divided on the  
 operation. Tumour weighed 1 1/2 ozs. Three  
 vessels tied and to prevent bleeding from  
 the deeper parts the cavity was plugged  
 with lark. Tumour occupied about  
 3/4 of the orbital cavity. Sept 1st 80.



Month.

Date.

Particulars of Case.

Month.

## Removal of Unusual Tumour

Dec 18. A small portion of the centre of the tumour is opening - & a slight serous discharge appears. The edge of the tumour was 4 x 1/2 in. In the centre a small opening is visible which is a small opening.

20 It is now when the tumour has the usual form.

21 Very well. About 1 1/2 in. is a small size of a small size which is prepared for preparation.

23 Very well. In the tumour.

24 Very well.

25 Opened into the tumour a small opening.

28th The wound has healed all but the small portion of the centre. The wound is now so far removed that I have discontinued regular attendance.

Dec

a

## Memo No 1.

Mohammed choudhoo Passamange a Hindu aged 30 years was admitted with a tumour in the right orbital cavity which pushed the globe forwards before it. Says that it has been growing for the last two years and a half. The first perceived a swelling about the internal and inferior angle of the orbit after he had been recovering from an attack of conjunctivitis of this eye. The swelling he says has gradually increased to its present size in three 2 1/2 years. The tumour encroaches the ball for about 2/3 of its extent the upper third being free. The conjunctiva is generally congested and there is some lachrymation. Says that he has been suffering from a cutting pain in this eye for the last two months. General health all along has been pretty fair with the exception of two or three attacks of intermission fever. Says that his spleen was enlarged for 8 months ago. He enlarges much but he perceived now - On the 13th day a small ulcer of the corner of the eye was perceived. Tumour removed on the 15th day. An incision about two inches in length was made from the outer angle of the eye outwards over the tumour. The skin was then easily separated from it and on passing the handle of the scalpel round it, it was found to be very loosely connected with the surrounding structures and was therefore easily enucleated. It had orbital cavity found to have been somewhat distended. The external rectus muscle was divided on the operation. Tumour weighed 1 1/2 lbs. Three vessels tied and to prevent bleeding from the deep parts the cavity was plugged with lint. Tumour occupied about 3/4 of the orbital cavity. Depth 8/10.



Month.

Date.

Particulars of Case.

Removal of Tumour from orbit

Dec 15 A Bengali lad aged 20 years - named  
 A. K. Chunder Pramanee was admitted into the  
 Hospital on the Dec with a morbid  
 growth in the right ~~eye~~ orbit.

He states that it is  $2\frac{1}{2}$  in diameter  
 and that it is rapidly increasing  
 causing great pain & rapidly des-  
 troying vision. He is a delicate  
 looking lad, but not unhealthy.  
 The right eye is protruded  $\frac{1}{2}$  inch  
 from the normal position  
 and the eyeball is almost  
 over a morbid growth which  
 is rising from the back of the  
 orbit on the outer side of the  
 eyeball. He can still see the  
 large bones with the other eye  
 but he is blind & dumb in the  
 commencement of ulceration takes  
 lower margin of the cornea.  
 It is not possible to define the  
 external margin of the orbit

side aged  
 on the  
 the eye has  
 been  
 a half  
 to the  
 side of the  
 eyeball  
 nothing  
 to the point  
 of growth  
 to the inner  
 is generally  
 a thin shell  
 of a month  
 from  
 the last  
 has been  
 of two or  
 three days  
 months  
 increased  
 almost  
 blind -

is in  
 angle  
 near the  
 from it  
 the scalp  
 very loose  
 but a hard  
 mass for  
 2 to 3 inches  
 around  
 the  
 30 - there  
 is a firm  
 plug  
 about  
 1/2 inch 20/20.



Dec 10

My dear Jaynes

The tumour is  
nodular, its outer  
portion containing  
more fibres of case  
than we usually see  
in such cases in  
fact more like  
a colloid growth —  
the cells are small  
and we see no great  
activity going on in  
the part. ~~Yours~~  
J. Macmillan



Month.	Date.	Particulars of Case.
Dec	13 <sup>th</sup>	<p>Removal of tumor from right          eye. The growth with the compression          stretched over it has all the          appearance of a deeply brown          melanotic tumor. The rest of          the eyeball is not affected &amp;          the optic nerve is much          stretched &amp; is probably not thin-          ner affected as yet as it is          present -</p> <p>I removed the tumor this          morning by making an incision          two inches long from the outer          angle of the eye towards the          temple - dissecting back the          lids I exposed the tumor          a soft brown translucent lobular          growth. Then I isolated          with the finger &amp; the handle          of the scalpel from the rest          of the body which it had the          attachment - &amp; with a little          force denied it away.</p>



Month.	Date.	Particulars of Case.
		Removal of tumour per Abt
Dec	15	It broke down partly on the upper - when removed it was about 1.5 in a small range and meant a half inch near my face - two in was applied to the an internal branch of the back of the the shifted of the The external vein the eye ball with the ligament wound - wound portion - in the by the tumour had been shifted with but to wound her lower -
	16	In her house - some from her vision in the eye took as the plug & bulb replaced

Dec 16

My dear Sir

The tumour is  
nodular, its outer  
portion containing  
many yellow & pale  
stains are usually seen  
in such cases in  
fact more like  
a colloid growth  
the cells are small  
and no signs of great  
activity going on in  
the fact.

I remain

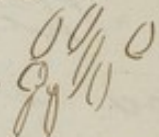


Month.	Date.	Particulars of Case.
		<p>Removal of Swimmer from No 1</p> <p>Dec 15<sup>th</sup> The Swimmer with the compression  stretched over it - has all the  appearance of a deeply swollen  the swelling is  the optic nerve  stretched it is  - worse affected  present -  I removed the  morning by making  two incisions by  completing the circle  temples - Dr. Scott  had I exposed  a soft swollen  Swimmer. This  with the force of the handle  of the Scalpel from the root  whereby which it had the  attachment - &amp; with a little  force cleared it away.</p>



Month.	Date.	Particulars of Case.
Dec	15	<p>Removal of tumour from orbit</p> <p>It broke down partly on the left eye - when removed it was about as big as a small orange and weighed one ounce and a half more. The blood was very free - two or three ligatures were applied to the wound - and an arterial branch which bled freely at the back of the orbit had the stump of the vessel tied with - The ciliary vessels were divided - the eye ball then loose &amp; with the ligatures of the nerve &amp; muscle - wound in the same position - in the place occupied by the tumour had been stuffed with lint &amp; turned her head down -</p>
	18	<p>In hemorrhage - some from the nose in three or four days the plugs &amp; lint replaced</p>



Month.	Date.	Particulars of Case.
Dec	16.	<p>Admission of summer pneumonia</p> <p>The eyeballs as much as possible  The cornea looks dry &amp; the conjunctiva  chemosed. I hear the heart is  low to h. - The boy is pretty  well. - The drops of the eye  Admission of but was very  sore. The structure of the  lumen is entirely of the  fibre nuclear kind - perhaps  developed nucleofibrate  system  - I am sure it is  gone recurrent but it is  entirely intercellular.  I made the first incision  in the membrane of the  eye - but it was unsuccessful  Chloroform was then administered.</p>
	17	<p>He is very low - pulse very rapid  faint - Under the drops, work  A complete. He takes stimulants -  Quinine &amp; the morphine</p>

Dr. Broune



Month.	Date.	Particulars of Case.
		Removal of orbital tumour
Dec	8	He is rather better - pulse rising. Pain less - no bleeding - No discharge - The cornea of eye has healed - on the first return - Continue all in future
		20 He is better. Ligaments have come away making discharging. Top discharge - No returning of mischief in wound Pulse up 130 & 140 now Impetigo of forehead - He looks in good health - Sleep fairly -
	21	He has been asleep all night Open in wound - pulse up 130 to 140 at the time he has no pain - There is a thin sanguinolent discharge from the orbit - through the wound. The eye ball has subsided out of the orbit & the Iris & Pupils have appeared much smaller & a little hard - Squeeze the corner - I hear the possibility of mischief later than a return to the eye. The orbital plate







No 33 52

Smith died: Inner & Gazette

CASE BOOK.

23 Jan / 67 195

Month.	Date.	Signature
Dec.	15	Mc acen

Partnership

as  
and  
D  
in the  
bottom  
upward  
a temperature  
be found  
nothing -  
made healthy  
nature of the  
city is perfect  
given the looks

and hope as  
- shifted of preface  
the future -

on the ground



No 52

Death Dec: Inner & Sagittal

CASE BOOK.

23 Aug 67 195

Month.

Date.

Particulars of Case.

Ligation of the Brachial Artery

Dec. 15

The accompanying Memoire the history of the case up to the time of the operation on the 15<sup>th</sup>. The man was much exhausted. The wound deep & unhealing. The tissues soft & suppurated completely. Lighter Heaviness in the point of injury from repeated hemorrhage when I tried the brachial artery just above the bend of the elbow.

18

Up to the time there has been no recurrence of hemorrhage. The wound is looking better & the general condition is much improved. There is no more hemorrhage in the temperature of the arm. & the whole of the arm is much better. The body is from being healthy.

20

He is doing very well. Wound healthy and granulating. Temperature of the left forearm has not falling in perfect. The man is now of good health. He looks much better.

21

A sharp attack of hemorrhage again today from the wound. I tried to pressure in brachial above the ligation - & on the wound

Memoire No 2.

Joseph Shae a Hindu aged 20 was admitted into the hospital on the 3<sup>rd</sup> Dec with profuse bleeding from two wounds. Said balance has received on his trying to arrest a stick. The larger one extends obliquely across the back of the forearm & the smaller a little above the middle of the forearm at the radial side and extending across the back of the posterior aspect to about 3 inches from the olecranon process of the ulna. It is deep down to the subcutaneous membrane. All the extensor muscles being divided. The small artery was about three inches in length and about an inch deep. It extends from about the olecranon process along the junction of the anterior and posterior aspects of the forearm. Nine ligatures were applied to stop bleeding. Blood & little on the night of the 6<sup>th</sup>. Hemorrhage was stopped by pressure. Since then the wounds were granulating fairly but owing to some incautious movements on the part of the patient bleeding from several vessels commenced afresh at about 8 am on the 15<sup>th</sup>. Ligatures could not be applied as soon as the soft tissue of the upper arm pressure of the brachial artery was therefore tried just above the bend of the elbow no bleeding since then.

He has been in bed.

He has been in bed.



Memorandum

8<sup>th</sup> September 1867

Muhammad Asseodalla at 22 yrs a  
Mohammedan - a medical student, residing  
at the Inst. Coll. Compound, was admitted  
into the Fish Surgeon's Ward on the 1<sup>st</sup> Sept<sup>r</sup>  
1867, with symptoms of reducible inguinal  
hernia of the right side of 5 months standing.

The patient states that the  
~~swelling~~ disease commenced as a  
small swelling at the lower & center  
part of the abdomen a little internal  
to the anterior sup. spine of the Ilium -  
This swelling gradually increased  
in size & coming down reached to the  
scrotum - All this time, he had not  
the slightest notion that he was ill except  
as the swelling was hard & somewhat  
painful. There <sup>was no</sup> diarrhoea or Constipation -  
at the time - He was all along in this  
condition, till about 2 or 3 months ago when  
he manipulated the swelling a  
little, which then went back into  
the abdomen with a slight gurgling -  
Since then, the bowels



(over)

Operation for the radical cure  
performed on the 3<sup>rd</sup> Sept/67 at 8.0 a.m.  
Since the operation, the patient is doing  
well. There was no marked fever - Pulse  
& temperature never rose higher than 98-  
beats & 101°. Break up skin - Large moist  
suppuration on the wound. On morning  
of the evening of the 4<sup>th</sup> Sept & the plug  
removed on the morning of the 5<sup>th</sup>.  
There was very little pain on the admission.  
Rounded about the wound at first,  
but some more suppuration of pus.  
Vibrio Shellenberg's appearance, darkish brown,  
skin pink, but no suppuration now - Water over  
the wound.

Wm D. Smith M.D.  
J. P. H. J. J.



Heard Hernandez  
Mohamed Asceodalla



Month.	Date.	Particulars of Case.
		<u>Ligature of Radial artery</u>
Dec	22	No more bleeding - Necrosis looks well -
"	23	No more bleeding. Temperature of limb better - wound looks healthy
"	24	No more bleeding. He is doing well
	25	Doing well - no bleeding. The ligature came away from the artery -
	26	Doing well -
	28	A collection of pus has formed above the wound it looks very much as though it communicated with the elbow joint - the discharge looks like pus with serum -
	30	No return of mischief when the joint - He is somewhat feverish & uneasy. Discharge thin
Jan 1867	1	Doing well - less discharge - no pain & wound healing
	4	Doing well. Pus still coming slowly



## Memo

Haminee a Hindu girl aged 5 years was admitted into the Medical College Hospital Nov 26<sup>th</sup> 1886 with an extensive cicatrix the result of a burn suffered from two years ago. The cicatrix which occupies the anterior and upper part of the chest of the right side is connected with the whole of the right arm and about two inches of the forearm below the elbow. The axillary cavity is consequently deepened. The cicatrix is said to have been gradually contracting and limiting the motion of the arm. The forearm is also a little flexed upon the arm. General health of the patient on admission, good.

On the 12<sup>th</sup> of December 1886. The cicatrix of the tissue connecting the arm to the side was divided throughout its whole extent so that the arm was liberated from its attachments to the chest. A part of it was then dissected out from both the arm and the side of the chest, and the edges of the wound were then brought together by horse hair sutures. The tissue was very dense and strong and contained very little blood - only one vessel tied.

Repub of hands & dops

Dec 19<sup>th</sup> 1886.



No 53

CASE BOOK.

198

Month.	Date.	Particulars of Case.
		Ligstone y Bacterial Intery
Dec	22	No more bleeding - The room looks well -
"	23	No more
"	24	No more
	25	Very well
	26	Ligstone co
	27	hot today
	28	Very well
	29	A little
	30	No more
		The it - c
		ellow
		line from
		to the blue
	31	No more
		fruit - H
		very.
Jan	1	Very well
1867		point a m
	4	Very well. Phlegm had been very strong



Month.

Date.

Particulars of Case.

Cicatrix of Arm.

Dec 12<sup>th</sup>

The notes of this case are as follows -  
The cicatrix was divided - the rigid edges  
united & the surface brought together  
in the usual manner. The arm

was then  
in the  
the same  
some way  
could  
well



is separated  
from the  
in the same  
but - after this  
the is very dry

20

The surface is healthy  
the patient has healed - the great object is to  
keep the raw surface of the wound dry  
of the arm & the side of the arm is separated  
this is effected by simple dressing -  
The child has been in some days after  
the operation - but she has been well

21

The surface has all separated the  
surfaces are healthy & the child is doing  
well

24

very well

Jan

1

It is gradually healing



Month.	Date.	Particulars of Case.
		<i>Cicatrix of Burn</i>
July	10	The wound is slowly healing and the inflammation is great
"	13	The wound is extending rapidly
"	21	wound nearly healed There much improved
July	4	wound has all but healed The man very free of the wound which is much more detached than it was —
"	18	He is well. — The wound must not be operated.
Aug	20	Asperin to take her away —



Month.	Date.	Particulars of Case.
		Penetrating wound of the abdomen

Dec 19. This case is very much interest. The patient is a Chinaman working Chinaman - who is an Opium Smoker - 21 (was when he was

History

A Chinaman aged 30 years was admitted into the Medical College Hospital Dec 14<sup>th</sup> 1888. with two stab wounds in the abdomen. He said to have been received in a quarrel with another of his countrymen - The wounds are situated in the epigastric region. The larger one about an inch in length is situated three inches above the umbilicus. It is oblique in its direction - being directed from above downwards and to the left. It is very deep - The tip of the index finger on being pushed through it goes directly into the abdominal cavity. The cartilage of the 10<sup>th</sup> rib on the (left) side is also cut - slight bleeding from it. No protrusion of the viscera through the wound - The other wound is situated about 1 1/2 inches above the umbilicus. It is merely a superficial flesh wound 1/4 inch long.

The man is full 84 - in admission. From the time of his admission the patient was thoroughly kept under the influence of opium - and up to this time no abdominal disturbance has manifested itself. The gutt is thoroughly - wound granulating

Dec 19<sup>th</sup> 1888.

Kepler & Hummer Dops

the medical  
an undoubted  
then seemed  
she has been  
it - proved a  
tumor -  
it is the  
been the  
the wound  
manipulate the  
it is a paper  
the surface  
will the  
in marked  
symptoms  
the wound

very well - on the 14<sup>th</sup> day



Memo

A Chinaman aged 30 years was admitted into the Medical College Hospital Dec 14<sup>th</sup> 1886. with two stab wounds in the abdomen said to have been received in a quarrel with another of his countrymen - The wounds are situated in the epigastric region. The larger one about an inch in length is situated three inches above the umbilicus. It is oblique in its direction being directed from above downwards and to the left. It is very deep - The tip of the index finger on being pushed through it goes directly into the abdominal cavity. The cartilage of the 10<sup>th</sup> rib on the (left) side is also cut - slight bleeding from it. No protrusion of the viscera through the wound - The other wound is situated about 1 1/2 inches above the umbilicus. It is merely a superficial flesh wound 1/4 inch long.

Pulse moderately full 84 - on admission countenance anxious -

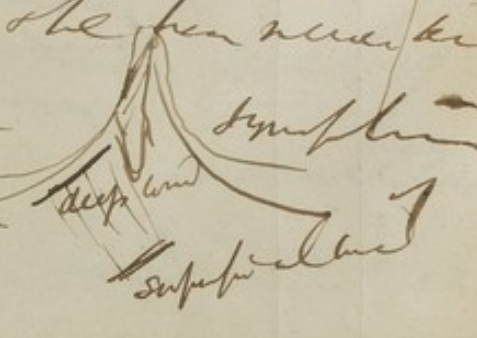
From the time of his admission the patient was thoroughly kept under the influence of opium - and up to this time no abdominal disturbance has manifested itself.

Pulse quiet & strengthened - wound granulating

Dec 19<sup>th</sup> 86.

W. K. P. & H. D. S.



Month.	Date.	Particulars of Case.
		Penetrating wound of the abdomen
Dec	19	<p>This case is very much interest. The patient is a thin worn looking Chinaman - who is an Opium Smoker &amp; 11 years when he was in an Opium Smoking Shop that he met with the wound so far as we can understand his story - The wound had been cleaned &amp; closed before I saw him. He has been very so well that I have not noticed it around the depth of the wound - He also said he has been in the wound I think must have been the transverse cartilage in the wound lay rather below the margin of the transverse cartilage - &amp; I think it passes between the cartilage &amp; the transverse cartilage</p> <p>20 He is very perfectly well the wound is healing &amp; he has recovered his usual life</p> <p>He has had a few symptoms</p> <p>When up to the</p> 
	21	Doing well - Smoker his own



Month.	Date.	Particulars of Case.
		<i>Penetrating wound of abdomen</i>
Dec	22	He is very well - wound healing without symptoms. Bowels have acted well -
	23	very well - wound healing I find that the bowels act once a day or two days - Little more in dinner -
	24	very well
	25	wound almost healed
	26	wound suppurating a little but he is very well - no abdominal tenderness -
1857	30	very well
Jan	4	The wound has healed - He was subsequently discharged cured -



Phillip Lewis an East Indian  
aged 50 years was admitted on the  
26<sup>th</sup> November 1866 in the Medical  
College Hospital, with swelling &  
pain on the right knee joint said  
to have been spontaneous. Was  
treated in the ward at first for  
synovitis but the pain & swelling  
remained persistent, when an  
opening was made on the swelling  
on the side of the joint & about a pint  
of pus escaped - The suppuration was  
within the joint & the discharge was  
very fetid - The patient was much  
exhausted when amputation <sup>through</sup> <sub>on the 22<sup>nd</sup> Nov</sub>  
the kneepoint was performed - The  
patient died on the 23<sup>rd</sup> November -

The cartilages of the end of femur  
& tibia were eroded <sup>their</sup> cartilage  
& the Synovial membranes around  
the joint were pinkish & covered  
with granulations



A small, circular, light-colored stamp or mark, possibly a library or archival stamp, located in the bottom right corner of the page.

Handwritten text on a narrow strip of paper, likely a bookmark or endpaper, featuring cursive script. The visible text includes the words "The" and "for".



Month.

Date.

Particulars of Case.

*True joint -*  
Anp: *True* ~~Crucian~~ method

On the 22<sup>d</sup> Dec. 1868. I amputated  
by *Crucian* method; the wpt by  
an elderly Swasean named Philip Lewis  
He had extensive inflammation of  
the true joint & disease of the  
Synovial Membrane & cartilages  
The flaps came well together  
He never completely walked  
and died on the 23<sup>d</sup> after the  
operation was performed.  
He was a man of strong body  
constitution & had no other  
much to thank  
The lungs were not diseased  
The right heart was full of  
pus clots - The immediate cause  
of death from embolism. The  
left side was also plugged.



Month.	Date.	Particulars of Case.
		Radical cure of inguinal hernia
Feb	6 <sup>th</sup>	The accompanying notes record an interesting case. The only one in which I have seen the discharge of peritoneal fluid attended to - The wound must have been injured & communication kept to the peritoneum. The fluid drained away as described - He had no peritonitis the I think say I saw him again about two or three days - All has gone on well, but a simple band is sufficient and the wound is now nearly healed - He will leave the Hospital shortly - In the interim the inflammation came down - It appears that the cure is done.
	8	He left the Hospital apparently cured, as his ship was going to sea - He promised to write.
May	5	I have had two letters from him - one from Sable and another from Bombay. He kept quite well and all well again.



No 56

Memo.

Radical cured Inguinal Hernia

Edwin William Holter, aged 35 years,  
mate of a ship.

was admitted into the Medical College  
Hospital on the 11<sup>th</sup> January 1867, suffering  
from reducible Inguinal hernia for the  
last 10 years - Operation for the radical  
cure of hernia was performed on the  
11<sup>th</sup> January and the plug was taken  
out on the 14<sup>th</sup> - The invagination of the  
scrotum came down, and about 4 oz  
of opalescent fluid, probably peritoneal,  
flowed out of the scrotal opening and  
continued to drain for the two following  
days. There was tolerably good inflam-  
- mation around the plug, without any  
symptoms of peritonitis, and the canal  
became more and more thickened -

The patient is getting on well, but  
with occasional tendency to diarrhoea



The intestine does not come down any  
the patient feeling some obstruction  
to its descent - the wounds are  
closed up -

6<sup>th</sup> February 1867

Hurrieh Chunder  
Dey



1867

Month.

Date.

Particulars of Case.

Removal of Annular Tumour


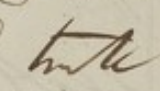
July 7

she has been in improvement  
 and has been out frequently for a drive.  
 The wound has healed all but a  
 small portion of the centre which  
 has a fungus growing from it. In  
 three months after I will have  
 taken place - She has been well  
 since in the neighbourhood of  
 the wound finally removing the  
 rest of the Annular discharge.  
 But just behind the wound there is  
 a small nodule about the  
 size of a pea head which is very  
 sensitive to touch. She  
 has been watching for some time  
 and intends at some time  
 to have more removed & perhaps  
 than increased slightly. She  
 is by no means so well as she  
 was when she was removed so  
 I intend to remove it soon

as soon as any  
 obstruction  
 is removed are a

sh chunder  
 Draper



Month.	Date.	Particulars of Case.
		<u>Arrival of Mammaries</u>
July	8 <sup>th</sup>	<p>This morning with a tedious &amp; tedious I removed a small vesicle which lay below &amp; quite unconnected with the upper wound - The incision about the neck being of the same character as that last removed -</p> <p>The wound  remains unopened, but  took the chloroform well - The integument all round the cicatrix is puff &amp; swollen &amp; the spot was heated &amp; has a purged look I much fear the disease is working secretly in the neighbourhood - The annulations persist - The constant draining discharge - The purged look of the skin all make me believe it.</p>







Month.	Date.	Particulars of Case.
		Removal of Mammary Tumors
July	24	In better health, but there is smelling from the last 2 or 3 days about the cicatrix. a source of itching in papilla of dark colored granules at the orifice of a sinus in the arm of my hand in the left axilla to the smaller - punctured the smelling blood serum as came out - D. P. says he learned some of the discharge from the papilla and it contained oval for small cells larger than blood corpuscles.
"	26	With the assistance of Drs C. Palmer & Broughman. I removed a large portion of skin that seemed adherent to the tumor below. including great part of the last cicatrix. The healing was here. & I find the same concern matter in part of the litter and adherent to the breast I wound as much as possible about the same area only



Month.	Date.	Particulars of Case.
		<u>Signature of Braconid atony -</u>
Jan'y	10	The wound are all healing well. Pulsation is felt distinctly thro subly in the radial artery. Pulse motion further distal.
"	13	He is doing well and is gradually regain motion in the elbow joint.
Med: Dr. J. J. S. S. S.	21	Both wounds cicatrized and he is gradually regaining the motion in the joint.
Jan'y	24	Wounds have healed -
25 1867.	26	Discharged cured



Month.	Date.	Particulars of Case.	P. 176
		Radical curey Inguinal hernia	
July	10	Lansbury aged 32 readmitted 10 days - in fair health.	
"	14	Operation performed again this morning - in the usual way, with chloroform - the wound clean and well exposed	
"	18	Phleg removed - inflammation per	
"	24	Wound well - wound healing. Inflammation came down on the 15 <sup>th</sup> - but the canal is hard to close as the full of inflammation for much - in place -	
"	26	Wound well - wound nearly healed	
"	31	walking about with a truss	
Aug	4	He is apparently quite cured and discharged - He is walking about with a truss, remains down in the middle	
"	12	He is still in the hospital under observation and appears quite cured -	



N<sup>o</sup> 41/P. 146) CASE BOOK.

289

Month.	Date.	Particulars of Case.
		Radical cure of Inguinal hernia
Feb	18	He was discharged on the 14 <sup>th</sup> He had been well three days - He appears to be fully cured and has promised to write to the surgeon in the month - He is by no means satisfied - The case was a very rapid one Ply introduced Jan 14 <sup>th</sup> 8 am " removed Jan 18 - 8 am Inoperative case Jan 19 <sup>th</sup> " removed Jan 21 <sup>st</sup> Cured - Intest Feb 4 <sup>th</sup>



Month.

Date.

Particulars of Case.

Removal of Mammary Gland

Some of the Surgeons did change for the papilla in connection  
of the operation. I removed, found 3 or 4 cells.


28. To bring the mammary the and  
together I made a lateral incision  
but I ended with due & altogether  
approach the same. The incision  
are I fear altogether ineffectual  
with the neighbourhood & I doubt  
whether any further operation offers  
than with I fear any change of  
incision. The gland in the axilla  
is not larger & it there is nothing  
in the rest of the breast to show any  
return of the disease there.

The bone the operation (first operation)  
well in the  
Obl: and  
and into  
the neck  
blood.



An operation readily controlled the  
bleeding - I can operate with  
ease after seeing the del: am up some



Month.	Date.	Particulars of Case.
Annals of Channing's Surgery		
July	27	No bleeding. She had a good night. The same dressing from her paper away - Dress with water dressing
"	31	She has been very well, on the 29 - I removed the stitches and the wound from the patient - In the day no pain - In the evening when as 1st - The microscopical appearance of the last portion removed one here depicted 
July	4	The wound is in progress of healing by granulation. No signs as yet of any return. Final healing is in progress
"	6	It is healing rapidly by granulation. Some hardness over the site under the upper margin of the wound. but I do not think it is anything more
"	10	Contracting rapidly, applied Iodo-Obtuse paste to bottom of wound to induce contraction and granulation. No pain.



Month.	Date.	Particulars of Case.
		Removal of Hamman's Tumor
July	11	No pain from the Caustic, bottom I was surprised by it - applied it again. I found on opposite side a small red tumor
	12	Considerable disorganization of the bottom at the bottom of the wound. but no pain - I scraped away some of the decomposed tissue - kept it moist with cold water - In general health she is very well, is able to go out for a walk and takes her food well
	17	The wound is healing but the bottom of it is still very low and color from the Oblique line.
	18	In May she called my attention to a swelling on the left breast it is on the inner side of the nipple and about the size of a small egg but very hard, but tender & suspicious under the circumstances - I therefore



Month.

Date.

Particulars of Case.

## Removal of Mammary Tumour

Feb

17  
18

The left axilla is also swollen and  
of a very hard - The nipple looks  
white & scummed & slightly tender  
the areola - A red color  
of the areola in the breast -

20 The swelling in the left breast has not  
increased. The gland in the left axilla  
is stationary - Her general health  
is good. She eats & sleeps well.  
At last times she coughs & aspirating  
again her spirit is -

The wound is gradually contracting  
some fluid & granulation ~~is~~  
springing from the bottom - It is  
now an excavation about as large  
as a dollar. The edges within  
inclined to the centre. & the bottom  
is black & colored from the time -

It is mixed with cold water  
she is taking Syrup of Phosphate of

Iron - Air  
in morning  
in afternoon

The various medicines  
Bouillon - Poter - Serratus  
Anise - a W Medicated and



Kalla (hand Dop) aged 40 years. Milman  
admitted 8<sup>th</sup> July/67 with Scrotal incarcerated  
hernia. Came in, for, what he thought the  
hydrocele of 1 year's growth. There was no  
history of hernia except that 5 days ~~ago~~  
before admission the tumour suddenly grew  
large. Never had any sensation of anything  
descending from the abdomen. On admission  
there was no symptom of strangulation but  
the hernia was irreducible. As the symptoms  
commenced the urgent he was operated  
on the 10<sup>th</sup> July at 10 PM. The stricture was  
at Ent. Abdominal ring & the hernia was  
easily reduced.



Month.	Date.	Particulars of Case.
		Operation on Strangulated Hernia
July	10	A Hindu named Kalla Chand Dab aged 40 years was admitted with 8 <sup>th</sup> Inf. side note attached. Symptoms of strangulation came on the 10 <sup>th</sup> at 10 P.M. I found him opined the hernia protruding. All attempts at reduction being found I operated - found the structure of the abdominal ring divided it in a direction & reduced the tumor with ease -
"	11	Doing well - all vomiting, hiccup and pain have ceased.
"	12	Doing well. wound healing. no unfavorable symptoms.
"	18	Doing well - wound healing. he has had slight dyspnoea & suppuration but the small papered wound -
"	23	wound healing rapidly.
Aug	3	wound nearly healed.
"	6	Discharge cured.



Month.	Date.	Particulars of Case.
July	18	<p>Operation for strangulated hernia</p> <p>This morning when I was waiting in the operating theatre to do an amputation of the thigh. A case of strangulated hernia was brought in a patient named Lobundling and about 40 looking much excited - pulse hard &amp; perceptible &amp; had vomited small times. The hernia which was on the right side and about the size of an orange had been down for I think 24 hours - but with no relief. There was a large tumour of the intestine &amp; a large artery &amp; a large vein &amp; a large duct. I put her on the table and operated. The structure was the uterine artery &amp; vein. I divided it in a direction &amp; found that the hernia was not going to the sac. Which looked healthy. It was a little red &amp; was raised after the operation.</p>



Month.	Date.	Particulars of Case.
		Transplanted right inguinal hernia
Feb	18	I did not see the sac for the sac- tured really, but it appeared true at the time that the operation was performed. I was rather surprised when at 3 P.M. that he had died 3 hours after the operation & that the wound had taken any body. It is possible that someone may have been taking place. but he had no opportunity of leaving. In the P.M. was attended. It is impossible that he was a full hour he died of the shock.
"	23	wound healed rapidly.
"	24	wound nearly healed.



Month.	Date.	Particulars of Case.
		Radical cure of Inguinal hernia.
July	17 <sup>th</sup>	Mr Cable aged 43. Slight muscular healthy man. has had Inguinal hernia of right side for years. It commences in the upper part of the scrotum. but is usually retained by truss. The ring is not large and admits the forefinger. This morning assisted by Dr. Waller, I introduced the plug & ligatures. he bled without chloroform. The plug was then introduced and was strong of the size of the forefinger. It is very well. - He has some opinion to keep him quiet, no pain no fever. Some tympanites. has passed some this morning. Some has passed before the operation. A slight thickened the white plug.
	19	Doing well. no fever. no much pain.
	20	Doing well. no pain. no suppuration.



Month.	Date.	Particulars of Case.
		Radical cure of inguinal hernia
Feb	21	Took out the plug at 5 P.M. There was some suppuration, but not a great deal. He is doing well in all respects.
"	22	No pain, no little discharge, the suppuration almost gone.
"	23	Scarcely any discharge except a few drops of pus-like colored from the puncture. No pain, no fever. Bowels have not acted since the operation. He is doing well in every way.
"	24	Let him sit up today and stand - made him cough - no pain - the wound is healing & he seems to be well. Bowels acted profusely today.
March 3		Said him to say he is perfectly cured (apparently) gained a weight, & looks - I am surprised in that he has - the wound has been quite healed & he up and about for the last 3 days. - Operated Feb 17 <sup>th</sup> 8 am Total 15 days Feb 21 - took out plug Feb 28 - wound healed March 3



Month.	Date.	Particulars of Case.
		<i>Amputation of the left thigh</i>
July	18	<p> <i>Helena Duncan</i> admitted in the  with the left knee and thigh and leg  in much the same condition as that of the  right leg last March when she was  amputated - The stump of the  right leg in the state of granulation  ulceration -  The left knee put in a brace  discharged and the ulceration on  the left thigh ceasing being  her with the purpose and content  of the case. I returned to the  institution with Dr. Purdy to  amputate the thigh - When the  seat of ulceration was reaching  at 8.30 am assisted by Dr.  John A. B. and J. C. Roy and  by the modified circular saw  practise. The limb was well  small ligatures were applied  The stump brought together with  catgut sutures - </p>




Month.	Date.	Particulars of Case.
		Amputation. Left thigh
July	19	She is doing pretty well. Some swelling of the stump no fever - but the wound has been very irritable for the past few days
"	20	Better. Still some swelling, no fever - nausea has ceased. Stump so far looks healthy.
"	21	Doing well. Several ligatures have come away - no fever. Discharge purulent - thin. Taken her food well
"	23	All the ligatures but two have come away. There is a tolerably free thin purulent discharge - She has no fever. Taken her food well and is apparently doing well I observe that the Catgut sutures are disintegrating, not softened but causing any irritation
"	24	Doing well.



Month.	Date.	Particulars of Case.
		Amputation of left thigh
Feb	25	all the leg gone. except the skin one bone come away. Discharge left the is dry well
"	26	Doing very well. Discharge left. and me the skin by a time left. Her gown of Crimson is put on
"	27	Doing very well. Firmly by a time still anxious
March	3	She has not been doing so well for the last 4 days in the 1 <sup>st</sup> she had a ripi & was painful. Pulse 110 irregular - The top part of the stump look very healthy but they are white though we smell spring in the line of union. I can see a portion of bone exposed - I hope it is only because that the crust of the antiseptic will pass over - She is rather better today & we have moved her bed to the end of the ward of the hospital 4 She is not doing well. Pulse 110 faint yesterday - I am not sure but she is not a patient fully made



Month.	Date.	Particulars of Case.
		Removal of many tumours <span style="float: right;">212</span>
July	22	<p>Some small nodules have made their appearance on the inner margin of the cicatrizing wound near the edge but under the skin. A little erysipelas - The left breast &amp; arm also is becoming affected. There is a tumour in the breast, as before described, and the nipple has an edematous &amp; retracted look. The gland with the left axilla &amp; armpit somewhat harder. Some tumours smaller.</p>
	23	<p>Removed The tumour including</p>  <p>Removed on 23rd Feb</p> <p>old and cicatrizing</p> <p>23rd Feb</p> <p>a quantity of grey matter</p> <p>Removed.</p> <p>All the remaining parts and made an incision into the upper &amp; outer part where it was hard. Removed a quantity of grey matter. Dr. Partridge</p>



Month.	Date.	Particulars of Case.
		<u>Abnormal Mammmary Glands.</u>
July	23	and Dr. C. Palmer visited me - The free the operation well under Chloroform. In ligatures needed.
"	24	Slept well. The wound at A is already nearly united - The wound under looks well - No pain. In course of
"	25	Wound looks healthy - continuing on with food. No sleep needed and has a fair appetite.
"	26	Wound looks healthy. That is, it is granulating, put together together with wires has healed. Unioned the wires - Complaint of want of sleep last night - another there are shooting pains below the wound
	27	Slept better last night - wound looks healthy -
March	9	Much the same. Wound continuing to reunite well - all things stand about much the same - Hand in the position with the patient




Month.	Date.	Particulars of Case.
		Removal of Mammmary tumour
March	5	Applied some more Jastit to the tumour of the breast & some superior stimulation used being - In other words the all done out - I believe this may be that the visitation caused of the Cancer has affected the life here - & so on
	8	Pain has diminished. but not well. Part destroyed by the Cancer beginning to separate - The tumour in the other breast & that in the bladder and feels slowly and imperceptibly coming harder - She is still in fair general health - for out for her wife - walked all the way from the 3rd St to the College down & down
	9	Much the same. no change



Month.	Date.	Particulars of Case.
		Internal hemorrhoid
July	23	<p>A. M. Esq. age 46 - Harper Station  from a Sea trip for which he tort to recover  from an attack of Malaria. Arthritic  and Bronchitis about 6 weeks ago -  during his absence he was also tapped  and injected at Madison for hydatids  as was of the victim. I found  there was considerable prolapse  of the mucous membrane congested  and ulcerated. There were three  large piles as big as a large  cherry - situated about an inch above  the anus. The whole mucous  of the mucous membrane of these  was abraded and bleeding -  the branches were open and formed  a rather fine. No venous or splenic  complication and as the piles are  constantly oozing blood. I used  Dr. J. P. Brown's Compound and shortly the  patient left town all 3 with  strong pills each. - A - Compound  not much pain. and the by giving</p>



Month.	Date.	Particulars of Case.
Feb	23	Internal hemorrhoids were easily applied.
		
	24	He is doing well no pain now. but after sleep yesterday he had some pain - in abdomen of mind -
"	25	Had the hemorrhoid cut out, examined the piles and then looking quite comfortable
"	26	Had rather more pain today, bowel opened by a Saline aperient - ligatures still firm - says that he feels a little better that his pulse quickened in the afternoon - then I told him at 5 P.M. he was all right



Month.	Date.	Particulars of Case.
		Internal hemorrhoids
July	27.	Very well. bowels open & good by Saline. around the leg time further small bleedings true - the others the still firm -
Aug	3	Very well. Two light cures came away a day or two ago & the last today the dead pile was internal, & I conclude it must have dropped off when he took out Saline. He keeps his bowels open with a Saline - his work for a time was at a public house in the city -
	5	He has had some hemorrhage I applied R. O. S. to the bleeding point - The piles that were tied have separated -
	7	Much bleeding tied 3 points.
	8	Still some oozing, but looks much better - a dried cold treatment - bowels the best
	9	Open more point - He is much better

Returning to Rheumatism & hemorrhoids



Month.	Date.	Particulars of Case.
July	25 <sup>th</sup>	<p>Operation for radical curey hernia (Chubb's)</p> <p>A patient named Dwyer a <sup>on the 22<sup>nd</sup></sup> 25<sup>th</sup> and 28 years was admitted with a large scrotal hernia of the left side. It was of 5 years duration and came down whenever he stood up or made the least exertion. Following the right side, the scrotum, etc. a small circumscised flaps was easily raised.</p> <p>I proceeded by tying the pillars of the ring together with <sup>some</sup> wire in the method recommended by Dr. Chubb of America - Incising a portion of the scrotum into the inguinal canal on the finger. I pushed the finger well up towards the internal ring - I passed a long curved needle eye at the point - in a firm handle - up on the back to the point or pulp of the finger and then pushed it through the abdominal wall including the <del>sub</del> <sup>peritoneal</sup> <del>muscle</del> <sup>muscle</sup> <del>and</del> <sup>and</sup> the umbilicus of the</p>







Month.	Date.	Particulars of Case.
Radical cure of hernia (Chesholm)		
July	27.	<p>More or less tenderness about the part - but no great pain or discharge. There is still a pulsation about the original Canal - upper part of Scrotum but it is probably of the result of the thickened tunica and sac.</p>
March	20	<p>He is doing well. The hernia does not descend. Made him lift a man &amp; come in about the wound -</p> <p>There is no constitutional disturbance but considerable local inflammation &amp; suppuration from the abscess of punctum in which the wire is imbedded to sea - simple ointment</p>
April 10		<p>On carrying a heavy weight on the 5<sup>th</sup> the hernia came down again. Discharge of blood.</p>
March		<p>Operated on the 14<sup>th</sup> - removed plug and the plug. It had planted through incision. Fingers introduced and more very fine.</p> <p>22 She is doing very well. Wound healing. Hernia gone.</p> <p>27 - Result doubtful - wound healing.</p>

April 10 The hernia in case of the patient in the case




Month.	Date.	Particulars of Case.
July	27	Radical cure of Inguinal Hernia (Chas. H. M.) A West Indian named - W. Brown aged 25 yrs - a stout powerful & healthy young man admitted on the 15 <sup>th</sup> July with a inguinal hernia on the right side. The ring is widely dilated but the tumour does not appear to protrude beyond it - but it comes down to the ring -
Aug	3	He is himself. The hernia does not come down, but there is considerable irritation extending the ure and the scrotal structure as well as the abdomen is suppurating freely - The 2 arteries running unimpeded He has no pain. The there was pain. There is no constitutional disturbance - After a piece of double napier - He has written about the wound in the last day He seems to be very well -
	8	He has it is coming down again



Month.	Date.	Particulars of Case.
		Radical cure of hernia - Chesholm
March	15	There is still much discharge but the hernia seem inclined to come down - as everything
-	21	Discharge continues - but he is doing well - & is discharging
-	27	The discharges ceasing & there is much effusion in the upper part of canal. The hernia did not descend when he stood up yesterday and coughed -
April	6	He was discharged a few days ago apparently cured.



Month.	Date.	Particulars of Case.
		Amput. left thigh -
March	4	- The bone is denuded partially The medulla is detached - looks very colored & the probe passes down in it - a small piece of bone seen after myelitis is setting in. The entire structure is diseased.
	5	Had pain again to day -
"	6	<p>  </p> <p>             The bone is not better than had              some pain &amp; is very weak              The wound is in a small              it was denuded part of the              could hear amputation at the top              but it was the same - but              in putting her under chloroform              pulse became so low that it              was not counted but she only              heard the operation.           </p> <p>             Miss Jones says from me not              of the medulla, but all the              but better than of health -              continue same &amp; same.           </p>



Month.	Date.	Particulars of Case.
		Comp: or 7th
March	8	<p>She is gradually getting weaker pulse is quick. Recently interrupted but it is without the blood forming is going on &amp; no doubt change in plan are being effected. The bone structure is infiltrated this is to a great extent - with presentish deposits - The joints are swollen - The soft parts round it are healthy but the skin change is now a thin &amp; developed part - She has as much nourishment &amp; more as she can take.</p> <p>9 She is worse this morning, indeed of anything rather better, pulse perhaps a little slower but still the same appearance of the face &amp; body as before.</p> <p>10 She is very weak - pulse is</p>



Month.

Date.

Case: *Wash.*

Particulars of Case.

- March 10 skin sallow & paralytic at times -  
 the house days she would occasionally  
 15 she is very low and depressed. I have  
 been at a great deal of trouble without any  
 marked improvement - occasional  
 diarrhoea & not much fever -  
 no signs of other unhealthy  
 changes in stomach. Dr. Miller  
 yesterday visited. - the patient  
 stimulants - and much more  
 much as possible
- 17 She died Saturday at 11 -  
 P.M. & on 17<sup>th</sup> Throat. Sump.  
 continued no trouble. General  
 health & appearance - but a large  
 part of the right & part of the left  
 bone consolidated - there were  
 several well marked aneurysms  
 right maxilla. *maxilla* patches  
 appearing. - in appearance the  
 throat - lower half of the



Month.	Date.	Particulars of Case.
Amputation of Thigh.		
March	17.	<p> Heard - fine white fibrous  Chest on right side fine &amp;  pulmonary on the pulmonary vessels  a smaller chest on the left side  and aorta - There were also some  recurrent chest in the aorta &amp; left ventricle  Kidneys large - but healthy.  The operation in the pulvis  operation all round the bone  up to the joint - Saw by the pulvis  accounted here &amp; there.  The smaller part of the - a section  of the bone &amp; the middle  The bone section contained  abscess &amp; pus </p>



Month.	Date.	Particulars of Case.
March		<p>Radical cure of inguinal hernia</p>
		<p>Ram Churn Doss aged 30 years a Hindoo servant admitted on the 1st with a large scrotal hernia of the left side of 3 years standing. It first made its appearance when he was training at stool and has now gradually increased to the size of a goose egg. It is easily reducible and the ing. ad. with two fingers. He has, apparently, never worn a truss. His residence is at Rajahmundry. His occupation is somewhat that of a coolie and the lower part of it is covered with an excoriating eruption.</p>
		<p>5th Introduced the plug well into the canal. The needle purged some at the internal ring. I observed some clear serum fluid exude with the needle.</p>
		<p>8 He is now well has no pain some, but very little abdominal pain. No suppuration yet.</p>



Month.	Date.	Particulars of Case.
March	9	Radical cure of Inguinal hernia No suppuration, no fever, no pain Let the plug remain
	10	Some suppuration appearing at the thread. Unnerved the plug and found that a good deal of pus exuded.
	13	- She had a good deal of suppuration and a counter plug was necessary but he is very well.
	17	This morning I found her very hot and suppurative inflammation threatening the scrotum. A milk pimple found very painful and - no pus in abdominal pain at the tumor. Made a large opening in the scrotum to evacuate a quantity of green discharge - added Iodine & Bay Leaf Liniment. Dark summer Purthine - The part where the original wound & suppuration took well

Pall



Month.

Date.

Particulars of Case.

Removal of Mammary Tumors

March 10 The tumor is actually large. We must have a cumulated wound to be removed.

15 Dr. Parker said he in the 11<sup>th</sup> and he thought that no operation on the axillary gland is better than a radical one. Whether the tendency to tumor rather old wound wounds marked.

That it is not desirable to run the great risk that the axillary operation would incur - the tumor is as large now as a house - It increased since the counter was applied to the wound - The tumor on the breast has also increased - Not.

The general health is very fine.

27 Rapid fungating growth in the wound. The left breast and axillary gland rapidly increasing - The axillary gland pointed & P. opened it a few days ago a few drops of pus came out - The breast & gland have nearly collapsed with the tumor.



Month.	Date.	Particulars of Case.
		Demerol & Morphine. Immense
March	27	Her general health is poor but healthy & happy she is in bed - on account of pain in the wound. Post up letter from the home sent at meals and give me for a while - Her appearance is not much altered - we decided to try acid and injection today -
April	11	It is making rapid progress - The wound is now a mass of rapidly forming granulation tissue. It is hard & repulsive the frequent application of the paste - The left Mammary gland is very tender the hard indurated increasing & the axilla has suppurated - She is still in moderate health - The dressings have been frequently injected lately with acetate acid & water 1/3 - & morphine - but I do not think with any good effect and it appears to have caused irritation & suppuration the pulse is much



## CASE BOOK.

Particulars of Case.

Radical cure of inguinal hernia (P. 278)

He is rather better but he was very low yesterday from hemorrhage from the nose & the night. - I have applied him I must take absolutely pure Purges. Pulse 100 min. but rather weak - Operation would look quite threatening.

He died -

Pyloric portion enlarged. Right heart full of white clot which entered into pulmonary artery. -

The contents of the bag were not checked. The surgeon hoped curing the fist from the canal - But the needle had perforated beyond the true ring & the peritoneum had been wounded. As there was ample adhesion. The sigmoid flexure was adherent to the peritoneum. but a large quantity of the true was quite a large opening in the peritoneum. The hernia was

my large & the very wide & dragging of the large intestine - I have seen the needle dragging on the peritoneum & it has perforated beyond the true ring. This is a caution to be observed in opening the ring the surgeon should have been absolutely dragging of the large intestine & the large intestine.



Month.	Date.	Particulars of Case.
		Pneumonia
April	18	<p>It is advancing rapidly. The left heart &amp; aorta are hard inflated &amp; pulsed. The wind is a mass of rapidly pulsating froth. The pulse is now under 120 after 140. The heart sounds attenuated &amp; purplish dyspnea with great clamor. Is able to take very little food &amp; sleeps badly. The bow purplish &amp; discolored. Injection of morphia and the injection of acetate of lead &amp; castor has been tried. In with the food lunch - instead of her usual increased the vomiting. Further have been applied to try to return the uterus.</p>
	24	<p>She is getting weaker. The cancer is rapidly extending. Has dyspnea - cold sweat. The left arm is a clonus. Pulse much smaller.</p>
May	2	<p>Rapid progress. Great dyspnea. Shallow breathing. Small purplish frothy effusion in the lungs. Air enters the lungs. but - there is no pulmonary circulation. Subnormal clot of sperm are passing the light to the heart - &amp; making another</p>

Died at 11.30 am 3rd May



Month.

Date.

Particulars of Case.

## Radical cure of Inguinal Hernia

March 18<sup>th</sup> Goodhusudan Mitter a Hindoo aged 35 years, admitted into the first Surgical ward on the 11<sup>th</sup> March 1887 with a reducible Inguinal hernia of the right side of about 2 1/2 months duration. He is unable to say how it was caused. It has been very gradually increasing to the present condition a well marked Scrotal hernia.

The Plug was introduced on the 18<sup>th</sup> March - and was removed on the morning of the 18<sup>th</sup> in suppuration complete.

" 30 He is doing well, wound healing & the hernia seems to be cured -

April 18 He is quite cured. wound healed. Discharge ceased & cured.

20 Discharged cured.



Month.	Date.	Particulars of Case.
		Opening of a Liver abscess
April	19	<p>Mr Daniel a tall powerful young man  60 or 65 years aged about 23, healthy constitution -  I saw him about a week ago with Dr. Gould,  he had then been ill a week with  symptoms of Hepatitis. I found him with  dyspepsia in the right hypochondrium.  The dulness and hardness of the liver  perceptible as low as the umbilicus.  The right side distended and an  anatomical condition of the intestines  with bulging of the superficial veins  indicating arterial pressure. Considerable  flatulent distension - no (or very little)  cough, not much pain tho there had  been considerable amount of it on  the right side. No diarrhoea - probably  to be on the left side - expectorated  with blood but no further jaundice  Pulse varying from 80 to 90 - very  little fever. Impure moist skin rather  dry. red spot on each cheek and  occasional sweats. - Dyspnoea considerable  Breath &amp; Heart Sounds natural  except that the right lung seems  compressed. - The prominence below</p>



Month.

Date.

Particulars of Case.

## Opening of a Liver abscess

April 19 The ribs was well marked, and I thought I could make out fluctuation - I expressed my opinion that there was an abscess and that it was ten or fifteen from the umbilicus below the ribs.

The symptoms remained much the same and on two or three subsequent visits I became confirmed in my opinion that matter had formed. He was taking nursing diet. & Ferri - no stimulants - and quinine occasionally. This morning in consultation with Dr. Ewart and Dr. Waller. I punctured the abscess about two inches below the ribs and a little external to the situation of the gall bladder. I introduced first an exploring trocar and cannula about the size of No 1 Catheter and at the depth of about 8 or an inch it entered a cavity and a quantity of dark bloody viscid fluid soon poured out in appearance escaped - after about 6 ounces of this had issued. Flocculent blood has made its appearance and of this and some clear serum fluid altogether about 20 ounces were evacuated. He took Chloroform



Month.	Date.	Particulars of Case.
		Opening of a Sinus abscess -
April	29	<p>He bore the operation very well - a towel to keep up the leg was pinned round the abdomen - After it was so cut around that the abscess had been reached - a large trochaner and the long slightly curved mes used for puncturing the bladder was entered and through it - occasionally clearing it with a feather the fluid escaped - The trocar was left in the wound and a cork introduced to prevent the entrance of air - He had a dose of Morphine 5 grains for the Anesthesia -</p> <p>6:30 P.M. Saw him again, pulse 80 - Skin cool. He has slept &amp; feels somewhat better - but the bowels are constipated &amp; some pressure around - The size of the tumor was much diminished by the abstraction of the fluid - but there remained considerable enlargement &amp; I feel doubtful that there may be another collection - a Morphine draught for the night. In the day about an ounce of fluid taken that the worms came away from the cork &amp; were</p>



Month.

Date.

Particulars of Case.

Opening of a Sore abscess

April 20<sup>th</sup>. He had a moderately good night - awoke at 7-30 am. anec. anec. - When he has been taking 1/2 of opium 4 times a day - Pulse 74. Skin cool. - Thrush on the face more diffused. Lef. Arm. - Depression of humerus - says he feels easier. Dred off an ounce or more of the urine in the pms as yesterday. Washed out the cavity with tepid water. Dr. W. S. and Mrs. Quinine & Iron - He has no stimulant beyond a little Claret

5-30 PM Dred of about 2 ounces more pus by the cannula washed out the cavity of the abscess again with tepid water. - He has been a little flushed and perhaps heated today. but his pulse below 80. - Urine most clean. Skin cool. Very little abdominal tenderness, almost none about the liver. - Which by the way is still considerably below the ribs. His bowels are found have not been relieved for 3 days and an Enema of St. Paul's St. Pierre & Castor Oil.



Month.	Date	Particulars of Case
		Liver abscess <i>abscess</i>
April	27	Slept fairly - no fever - pulse 76
May	3	Stomach - Bowels fully moved by enna - left tympanites - no pain Drew off a small quantity of blood serum, mixed with bile, and a few flakes of pus. - Washed out the cavity. no drainage today - Plenty of mucus and thick: Ferri as usual
May	5	Pulse 80 - no fever - washed out the cavity as usual. Bowels again moved by enna -
May	10	Had a fair night - no fever - pulse under 80. Impure mucus - washed out the abscess from which there was a discharge like that of purulent exudates of a purulent pus. well mixed with bile -
May	12	The area of induration is much diminished the tympanites less
May	15	Further heated pulse a little over 80 washed out the abscess with weak Corday - The discharge has been continuing a little by the tube - & the stern is much improved and it is free in blood the Corday is turned over & out at 10:30 am

April 27 a favorable report from Southard by telegram to my father  
May 3 - I kept a letter from Southard & he is in  
better health - The last report from Southard was that he was well  
May 10 - I kept a letter from Southard & he is in  
better health - The last report from Southard was that he was well



Month.	Date.	Particulars of Case.
		Amputation of the leg
April	22	This morning I amputated, an inch below the tubercle of the tibia by my own method, the right leg of a Norwegian Sailor named Paul Kibsen aged 25 years - He was admitted with a compound fracture of both bones about 4 inches above the ankle - He went on well for a time but suppuration with denudation of the bones occurred - fever and rigor with rapid pulse day & night - The business evidently rapidly falling into a state of septic disease and all the evidences of incipient blood poisoning making their appearance, in consultation with Dr. P. I decided on amputation which was done at 9 AM under chloroform with little blood.
	24	Pulse not so fast - Up. fever - no more rigor - Dr. P. on the stump looks well - I should observe that the cut bone looked remarkably healthy - no signs of suppuration where it was divided - The stump as expected like a solution of Carbolic acid.
	25	He seems rather better. Pulse about 108 soft - Skin moist. Drains moist - rather inclined to delirium. Discharge dark Sanguineous.



Month.	Date.	Particulars of Case.
		Amputation of Neck
April	28	Right arm the: 13 and 14 had a very distinctly pinkish, soft, tender and inflamed.
	27	He got much worse in the evening and P.M. Since then very tolerably healthy the former rather fatigued - Heard long of the right armicle filled with ante mortem fibrous clots - Small in right armicle, more in left - In the right armicle - Long of the hypodermically inserted. In lower hole of the right armicle 3 not large pyemic patches - in men two the had broken down into a purulent condition - Section of bones made -  That of the right part - had the osteomyelitis for some time It had not extended so high as the seat of amputation.



Month.

Date.

Particulars of Case.

*Sciatica*

April 27<sup>th</sup> This morning I was asked by B. D. Rhoads to see  
 a Bengalee gentleman aged about 30 -  
 who had been suffering 3 months since  
 a painful affection of the left hip & thigh  
 quite confined to the bed. He said  
 that about 3 mos ago he had been talanted  
 by a venereal affection & shortly after that  
 the pain came on - In the first place  
 he had had several attacks of the  
 fever and was much reduced. The pain  
 is severe and constant - that he had  
 not been able to sleep. He had been  
 treated & taken many remedies,  
 many others I made of Rhoads but with  
 no benefit - There was no shooting  
 in passing the knee nor pain in the  
 hip joint when the sole of the knee  
 was sharply struck. The pain was  
 great when in the course of the Sciatic  
 nerve and especially at one point  
 I thought I detected a pulsation & hardness  
 in the muscles in the course of that  
 nerve - There was also tenderness when  
 the skin upon was deeply pressed.  
 It seemed to me that there had been  
 inflammation in the Sciatic nerve & that  
 there was an effusion of blood into the



Month.	Date.	Particulars of Case.
		Scatica
April	27	<p>newellennu - It is to be observed that he had previously been a healthy man and not subject to Scurvy or Rheumatism. I found an abscess had formed in the groin and made it about 3 IV - I removed it. I made a puncture in the corner of the nose and some serum issued - I then thrust a very narrow knife into the first puncture down the bone - as when any fluid passed it told away from the wound. The proceedings was that he had feet - He said in the same manner.</p>
May	10	<p>I heard no more of him until today when I recd the following note from Baboo Dhunmoo Bose Esq. his medical attendant -</p> <p>"My dear Sir. The patient was so much relieved after the puncture that he could get up from his bed and walk about the room - He left Calcutta for his native village two days after we saw him - Yesterday I have been informed that he is doing well there."</p> <p style="text-align: right;">Respectfully 269 Chittore Road 10 May 1867. Sd/ Dhunmoo Bose</p>

30<sup>th</sup> May Baboo Dhunmoo Bose Esq. informs me that he is perfectly well from all causes.



Month.	Date.	Particulars of Case.
		Mammmary Tumour (M.P.)
May	2	<p>She is very weak. - cannot lie down.          Dyspnoea <del>at</del> <del>the</del> <del>throat</del> <del>great</del> pulse          weak. Skin cold - lividity of lips.          I think the end must be very near.          Enlarged &amp; hard in the neck of the neck          probably Cancerous deposits in the throat          and subcutaneous tissue. Place in the          right axilla &amp; axilla - no other          than work. The air enters the lungs          just to the base - but little blood          enters the pulmonary artery.</p>
May	3	<p>She died at 11-30 A.M. The breathing          became more hurried - lividity and great          exhaustion. - The air all the time          entering just to the very bottom of the          lungs: - Death was caused (undoubtedly)          by Cardiac embolism of right side.          There was no P.E. - as the friends          did not wish it.</p>



Month.	Date.	Particulars of Case.
May		<p>Radical cure of Inguinal Hernia (Chile)</p> <p>A Hindoo Child named Shookra Shounth and 3 1/2 years. admitted with its Father on the 26<sup>th</sup> of April with a large scrotal hernia which appears to have been congenital. It is as large as an orange nearly ever down when the child stands. In fact is always down. Its pain ceases but for the child crying and the ring admits one finger easily - The Father is a common peasant &amp; is unable to find any good account of the disease. The child is small but healthy.</p> <p>on the 30<sup>th</sup> of April I introduced a small plug and a fine needle thru that I use for the adult &amp; operated precisely in the same way. The child was obliged the children to keep it secret. The needle was pulled by</p>



Month.

Date.

Particulars of Case.

May

Radical cure of inguinal hernia. Child  
 some clear serum - probably peritoneal  
 fluid. In there was no hydrocele.  
 There was some fever on the fol-  
 lowing two days - on the day  
 symptoms of erysipelas making  
 their appearance about the  
 wound I removed the plug &  
 a quantity of pus oozed out.  
 Applied the pad and tampon - Mr  
 Dr. Foss & Dr. Irvine & Dr. Silman  
 solution over the erysipelas  
 track.

5- The child is much better.  
 no fever - suppuration free - no  
 need for counter incision - as I  
 feared. After the child has  
 cried a good deal, the hernia  
 has not come down

6 Doing well. no fever. no spreading of the  
 erysipelas - Hernia free

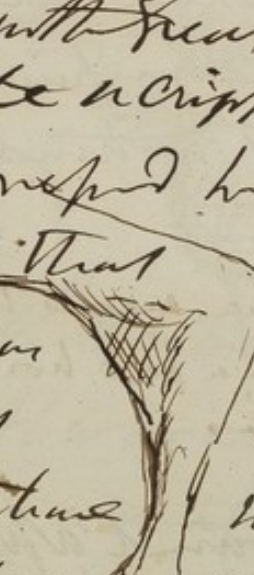
7 No fever - suppuration free. make small  
 counter opening - Hernia remains free



Month.	Date.	Particulars of Case.
		Radical cure Inguinal hernia, Child
May	10	The child is angry ( - not that ) in the crying & straining the hernia does not come down - Discharge left
	12	Discharge nearly ceased - The child is doing well -
	16	Wound all but healed. The hernia seems quite firm.
	24	He is perfectly cured - not that in the crying & straining - the hernia then not descend.

Discharged cured



Month.	Date.	Particulars of Case.
		Cicatrix of a burn on the leg
May	6 <sup>th</sup>	<p>This morning I operated on a Bengali          lad named Russick <sup>now 14</sup> years          a servant of Shih pore.          He was admitted on the 17<sup>th</sup> April with          the right leg contracted in the thigh          by the cicatrix of a burn inflicted          when he was <sup>an infant</sup> ten months old. The          limb is wasted &amp; the leg and the          thigh smaller than the other and          the femur is thinner &amp; the knee          more pointed on the affected side.          The leg is much contracted and          he walks with great difficulty, is          indeed like a cripple. He is a          shabby unrefined but good natured          poor as <del>say</del> that          mother he has          found state of          He appears to have          remained always          melancholy state.</p>  <p>for the last year          been in a          melancholy          in disease - but          in the same          melancholy state.</p> <p>I operated this morning as he found to          be an well as he is now being treated</p>







Month.

Date.

Particulars of Case.

Large tumour of the neck.

Parturide removed a very large tumour  
 the back of the neck of a native boy  
 named ——— and ——— It has  
 been growing since his infancy — It was  
 lobed, divided and the centre the  
 depression along the spine, was  
 very firm & movable — It was  
 a fibrous nature. It was much  
 greater than his head & connected  
 with the occipital scalp.  
 partly covered with hair



the  
 very  
 circular  
 centre. It  
 was prepared by the method of lig-  
 tures — It was adherent to the  
 spine of the cervical vertebrae in  
 my nurse — There was no very  
 large vessel divided but considerable  
 crying — He bore the operation  
 well. in the afternoon

The tumour was shed  
 & nurse, fibrous nature, but  
 if the land was upon











Month.	Date.	Particulars of Case.
		Cicatrice of a burn -
May	6	I dissected out the map of Cicatrice on the arm which was injured by a burn and let it hang in water by the hanging skin as possible - three days the wound, about a week after the operation with the lines - took out: - but the operation the time was considerably extended after the operation but still in straight. and as I had time to the place of position we did not let some time before it came in the meantime in all the all time in further pain was placed the time in the place position.
"	7	No fever. seems to be doing well. I put in a few horse hair sutures between the wires -
"	10	The wound appears generally the same as before - but he remains in the same better state
9263		A. Dwyer. Better spirit - and healthy



Month.

Date.

Particulars of Case.

Particulars of Case.

Large tumour of the neck.

Dr Partridge removed a very large tumor  
from the back of the neck of a native boy  
named ——— and ———. It has  
been growing since his infancy — It was  
bilobed, divided and the center like  
the depression along the spine, was  
very firm & immovable — Growth  
of a fibrous nature. It was much  
larger than his head & encroached  
much on the occipital scalp.  
by partly covering it.



It was  
a very  
incision  
active. It  
then spread the over stretched lip:  
much - It was adhesion to the  
spring of the curial but the iron  
by nose - There was no very  
large vessel divided but considerable  
sizing - He bore the operation  
well in the afternoon



immediately  
ritual  
done to  
wonder

The summer seed shed after removal to 9-13 near two lamp posts  
at house, from stone with bare center, in making a section the top  
of the sand was exposed -



Month.	Date.	Particulars of Case.
		Removal of large tumour from neck
May	9.	<p>   </p> <p>                     This morning I saw him in the                      absence. He is very well. no                      - the back of the neck much                      - around me in two inches                      from the front of the neck                      is doing well. no fever.                      much slow today -                      the arm to day -                      is doing very well and healthy                      looking.                      moving rapidly.                      is rapidly recovering                      is in capital health now                      wound has nearly healed.                      the man has head freely in                      all directions.                 </p> <p>                     10 He is quite well. wound healed.                      Back of neck flattened. peculiar position                      because of Stenotomus opening with the                      back of the neck - He has kept                      motion in all directions in his neck                 </p>

Discharge  
 May 10



Month.

Date.

Particulars of Case.

## Lithotomy

May 9 This morning I operated on a Bengali  
 Mr. Kishor Kumar - He had

Memo

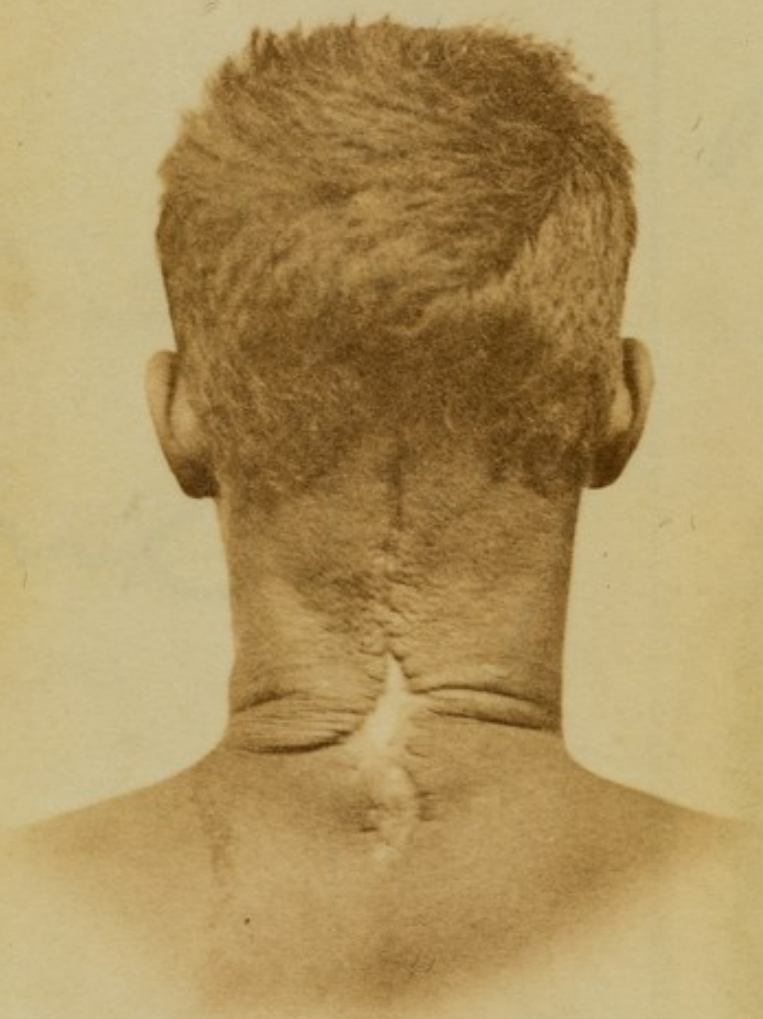
Sonatan Malick, aged 40, resident of Krishnagore  
 occupation farmer, admitted in 1<sup>st</sup> Surgeon's ward  
 on the 3/5/87.  
 States that about 5 months ago, he was  
 operated for Lithotomy by the sub-assistant  
 Surgeon in the presence of <sup>the</sup> civil surgeon  
 at Krishnagore - the stone was a large one  
 and it was broken in two pieces before  
 extraction - the wound in the perineum  
 has not healed completely since then  
 Passes urine in drops through the sinus.  
 left in cicatrization, the rest passing  
 through in a small stream through  
 the natural passage - On passing a  
 large sized bougie a small stone was  
 felt in the prostatic portion of the  
 urethra, but it slipped inward along  
 with the instrument in the bladder -  
 On the morning of the 9<sup>th</sup> Lithotomy operation  
 of Lithotomy was performed - the stone  
 of a size of a large almond, was extracted  
 easily - It weighed one drachm having a  
 coating of phosphate - not much bleeding  
 on the evening there was a slight bleeding  
 and did not pass water since the operation  
 on the introduction of the perineal tube  
 urine flowed freely - Had no fever since  
 the morning of the 11<sup>th</sup>, when there was  
 slight attack of fever.

12 No pain today. I am G. V. Kishor  
 18 He is doing well. Fever better. and the  
 well











Month.	Date.	Particulars of Case.
		Removal of large tumour from neck
May	9.	This morning I saw him in Dr. [unclear] a absence. He is very well. no pain - the back of the neck much swollen - removed me on two [unclear] [unclear] of [unclear]
	10	He is doing well - no fever.
	11	Feverish slow today -
	12	Better again today -
	25	He is doing very well from the [unclear] [unclear]
	31	Improving rapidly.
	7	He is rapidly [unclear]
	27	He is in capital health now the wound has nearly healed. the man has head freely in all directions.
	10	He is quite well. head healed Back of neck flattened. peculiar [unclear] [unclear] of [unclear] [unclear] [unclear] [unclear] of [unclear] - He has [unclear] [unclear] [unclear] [unclear] [unclear]

Discharge  
July 10



Month.

Date.

Particulars of Case.

## Lithotomy

May 9 This morning I operated on a Bengallee  
 Mr. Kishna Kumar - He had

## Memo

Sanatun Malick, aged 40, resident of Krishnagore  
 occupation farmer, admitted in 1st Surgeon's ward  
 on the 3/5/87.

States that about 5 months ago, he was  
 operated for Lithotomy by the sub-assistant  
 Surgeon in the presence of <sup>the</sup> civil surgeon  
 at Krishnagore - The stone was a large one  
 and it was broken in two pieces before  
 extraction - The wound in the perineum

has not healed completely since then  
 Passes urine in drops through the sinus.  
 left in excubation, the rest passing  
 through in a small stream through  
 the natural passage - A passing a  
 large sized bougie a small stool was  
 felt in the prostatic portion of the  
 urethra, but it slipped enwards along  
 with the instrument in the bladder.

On the morning of the 9th Lithotomy operation  
 of Lithotomy was performed - The stone  
 of a size of a large almond, was extracted  
 easily - It weighed one drachm having a  
 coating of phosphate - not much bleeding  
 on the evening there was a slight bleeding  
 and did not pass water since the operation  
 on the introduction of the perineal tube  
 urine flowed freely - Had no fever since  
 the morning of the 11th, when there was  
 slight attack of fever.

12 No pain today. I am G. V. to him  
 18 He is doing well. Fever better. and day  
 better



Memo

Sanatun Malick, aged 40, resident of Krishnagore  
occupation farmer, admitted in 1<sup>st</sup> Surgeon's ward  
on the 3/5/67.

States that about 5 months ago, he was  
operated for Lithotomy by the subassistant  
Surgeon in the presence of <sup>the</sup> civil surgeon  
at Krishnagore - The stone was a large one  
and it was broken in two pieces before  
extraction - The wound in the perineum  
has not healed completely since then  
Passes urine in drops through the sinus.  
Left in excubitation, the rest passing  
though in a small stream through  
the natural passage - A passing a  
large sized bougie a small stone was  
felt in the prostatic portion of the  
urethra, but it slipped inward along  
with the instrument in the bladder -  
on the morning of the 9<sup>th</sup> Labral operation  
of Lithotomy was performed - The stone  
of a size of a large almond, was extracted  
easily - It weighed one drachm having a  
coating of phosphate - not much bleeding  
on the evening there was a slight bleeding  
and did not pass water since the operation  
on the introduction of the perineal tube  
urine flowed freely - Had no fever since  
the morning of the 11<sup>th</sup>, when there was a  
slight attack of fever -



Month.	Date.	Particulars of Case.
		Removal of large tumour from neck
May	9.	This morning I saw him in the ward



Discharge  
 May 10

because he is very well. no  
 - the back of the neck  
 this - As  
 somewhat  
 is doing  
 much slow  
 the again  
 is doing by  
 making  
 moving rapidly  
 is rapid  
 is in cap  
 would be  
 the more  
 all direction  
 10 He is better  
 Back of neck for  
 because of stop  
 back of neck - He has improved  
 in all directions in his neck



Month.	Date.	Particulars of Case.
		<i>Lateral Lithotomy</i>
May	9	This morning I operated on a Bengallee from Kishna's stone - He had been operated on for stone at Kishna's about six months previous and apparently a small fragment of calculus lay left behind because the motion of a hard stone - This I removed by the lateral incision without any difficulty. The stone was irregular in shape about the size of an egg and capped bone.
	10	He is very well. Yesterday afternoon some clots were turned out of the bladder and a tube introduced - no fever. no pain - He appears the day well.
	11	Has an attack of fever. intermittent. He had rice & soup before the fever. Now has a change in the weather. He cannot sleep.
	12	No fever today. I am giving tea.
	13	He is doing well. Fever better. Good day.



Month.

Date.

Particulars of Case.

## Latent Syphilis

May 25 - Wound nearly healed. All the  
 wound paper by mother - says she  
 is still in the hospital but the  
 mother is in good health -  
 Papered apartment of Calcutta  
 says of a piece of the mother the  
 other day  
 30. The wound is all but healed.

June 20 Discharge of urine





Month.

Date.

Particulars of Case

Cicatrice ga barre (P. 258)

May 18 He is much in the same state of mental & physical health - The wound has spread not diminished - but as the whole is being well

25 - Doing well and healing -

30 - Doing very well

6 He is very well - and healing - He walks about - Placed him by in a Merganser Splint for general support

14 Wound more than two thirds healed. Leg much straighter - He walks well & is in much better health - The stormy & stormy mental state has gone

27 The wound has nearly healed, and his leg is nearly straight. He walks about with a stick and is rapidly regaining the use of his limb - His general health and spirits have much improved

Jul 10 Leg nearly straight - Health much improved

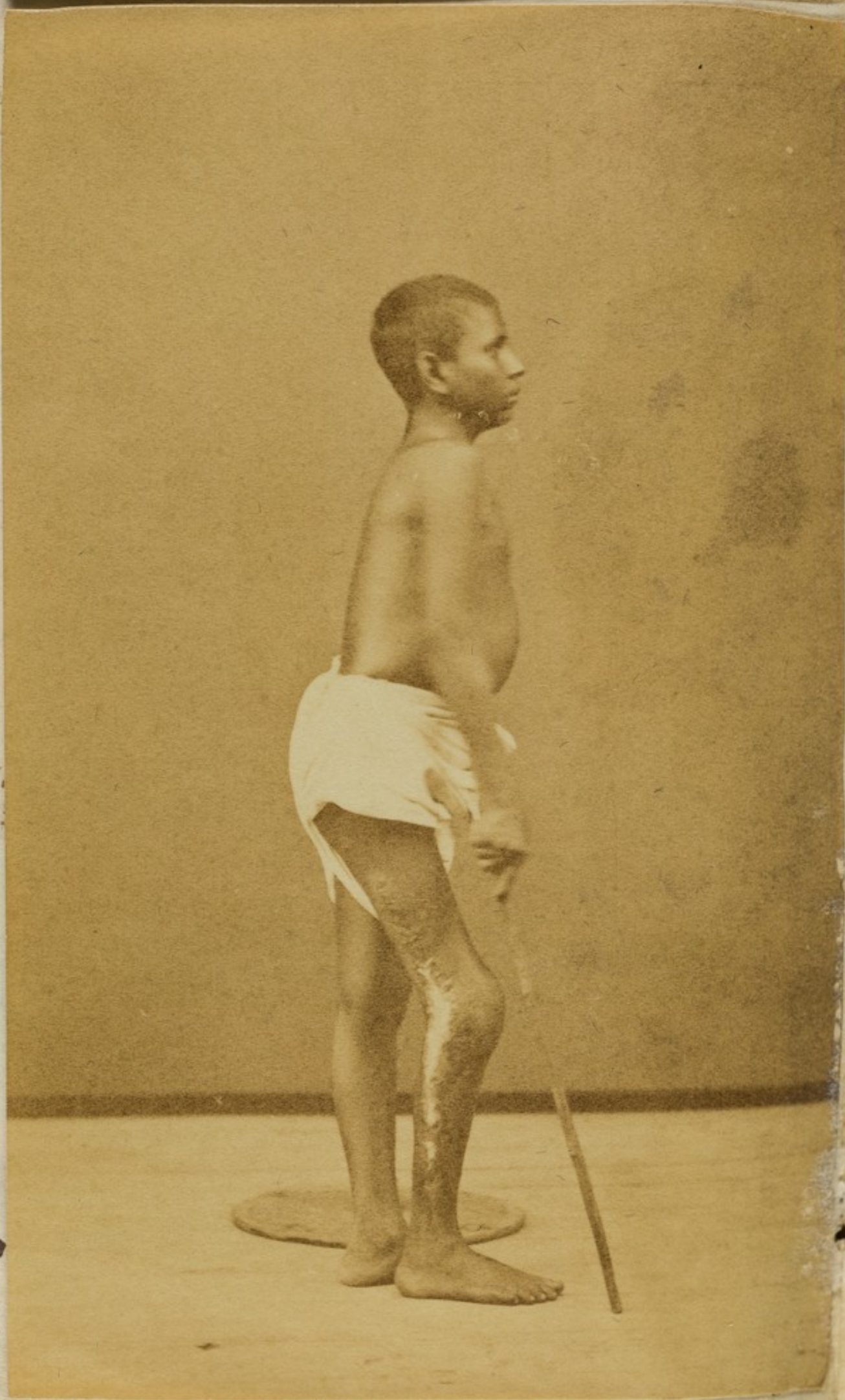
July 25 - Wound quite healed. by nearly straight leg  
walks better day  
129 Discharged - Healed leg and spine straight

Wound nearly healed  
Leg nearly straight











Month.	Date.	Particulars of Case.
		<i>Latent Syphilis</i>
May	25	Wound nearly healed. The wound paper by mother - says she has it in her mouth - terrible mother is in bed - Paper of wound of lat ulcers say of a piece of the mother the other day
	30	The wound is all but healed.
June	10	Discharged cured.



Month.	Date.	Particulars of Case
		Cicatrice of a burn (P. 258)
May	18	He is much in the same state of mind most of the physical health - The wound has spread not diminished - but as the whole is dangerous
	25	Doing well and healing -
	30	Doing very well
	6	He is very well - and healing - he walks about - Placed him by in a Mergatzen Splint for general extension
	14	Wound more than two thirds healed. Leg much straighter - He walks well is in much better health - The sloomy and depressed mental state has gone
	27	The wound has nearly healed, and his leg is nearly straight. He walks about with a stick and is rapidly regaining the use of his limb - His General health and spirits have much improved
July	10	Leg nearly straight - Health much improved

only the right

July 25. Wound put in  
walks better day by day

129 Dr. changed band - Mergatzen Splint - Mergatzen Splint

Wound nearly healed  
and health improved



Month.	Date.	Particulars of Case.
		Structure method - Halls dilator
May	18	The note appended are those of a Case of organic structure treated by Halls dilator - I shaped the first sized instrument the day I passed No 3 note - There was some hemorrhage but no fever. He now 18 May passed a fully sized streamer - and the very I passed No 10 instrument In this case at the it was difficult and some time was spent in passing the inst. & I found nearly that would - there was no constitution of disturbance -

May 25 He is quite well. No 10 paper  
 easily he makes a large streamer  
 under pressure and discharges  
 today at his own request

~~There is no more to be done~~



Memo

104 35

Auban aged 25, resident of Doogre-  
baghan - occupation Khulasy -  
admitted in the 1st <sup>ward</sup> Surgeon's, on  
the 29<sup>th</sup> April 1867

The patient was in this ward  
last year, for <sup>an injury</sup> ~~compression~~ of  
the ~~brain~~ <sup>head</sup> from a fall - was  
discharged -

States that about three years  
ago had gonorrhoea - has been  
troubled with difficulty in  
passing urine off & on since  
then and had catheter passed  
occasionally - For the <sup>last</sup> 6 or 7 days  
the difficulty has come on again  
He has been transferred from  
the pauper hospital where  
he was taken for retention  
of urine - catheters were tried  
but a tight cartilaginous stricture  
in front of the membranous  
portion of urethra prevents  
the entrance of an ~~instrument~~  
instrument -



Month.

Date.

Particulars of Case.

## Radical cure of Inguinal hernia

May 11 An English Sailor named Hugh Carter  
 a strong healthy man - aged 47 - was  
 caused by lifting a weight on the 11<sup>th</sup> May with a strong  
 weight on the left side of the body  
 introduced the plug in the 15<sup>th</sup> May  
 removed it on the 18<sup>th</sup> May -

There was no inflammation at the  
 abdominal section - and from the  
 abdominal wound a <sup>white</sup> plug about  
 4 inches long was withdrawn -

June 8 He is doing well. the inflammation  
 remains up - and the wound is  
 healing

10 He is doing well - The wound is  
 healing - the inflammation remains  
 up - and he seems in all respects  
 to be doing well

12 Some discharge still from section  
 but abdominal wound nearly healed

22 He is perfectly cured. Inflammation  
 discharged remains up - and he is walking home with  
 all effects - The cure seems complete



# CASE BOOK.

288

Month.	Date.	Particulars of Case.
		<p>11. The patient is a female, aged 35, who has been suffering from a long-standing complaint of the chest, which is now becoming more acute. She has been treated with various remedies, but without success. The symptoms are: cough, expectoration of yellowish sputum, shortness of breath, and general debility. The patient is now in a very weak state, and it is necessary to resort to more powerful measures.</p> <p>12. The patient is a male, aged 45, who has been suffering from a long-standing complaint of the chest, which is now becoming more acute. He has been treated with various remedies, but without success. The symptoms are: cough, expectoration of yellowish sputum, shortness of breath, and general debility. The patient is now in a very weak state, and it is necessary to resort to more powerful measures.</p> <p>13. The patient is a female, aged 25, who has been suffering from a long-standing complaint of the chest, which is now becoming more acute. She has been treated with various remedies, but without success. The symptoms are: cough, expectoration of yellowish sputum, shortness of breath, and general debility. The patient is now in a very weak state, and it is necessary to resort to more powerful measures.</p> <p>14. The patient is a male, aged 35, who has been suffering from a long-standing complaint of the chest, which is now becoming more acute. He has been treated with various remedies, but without success. The symptoms are: cough, expectoration of yellowish sputum, shortness of breath, and general debility. The patient is now in a very weak state, and it is necessary to resort to more powerful measures.</p> <p>15. The patient is a female, aged 40, who has been suffering from a long-standing complaint of the chest, which is now becoming more acute. She has been treated with various remedies, but without success. The symptoms are: cough, expectoration of yellowish sputum, shortness of breath, and general debility. The patient is now in a very weak state, and it is necessary to resort to more powerful measures.</p>



Month.

Date.

Particulars of Case.

Rachetony

June 7 This morning I was asked by Dr. Chubb  
to see a case of Sanguinolent disease.

He had been treated by Sprague & Davis aged 23 <sup>a confecturer</sup> who had been under  
the same treatment for some time when a sheep

struck - about the same time he had observed

much pain. When I saw him

he was in great distress and many of

the symptoms were present. The Sanguinolent

was in the blood - I took in at each pulse of the

artery. I found the heart in the chest

and it was in fact beginning to break. -

I proposed immediate Rachetony

I found that there was a premonitory

about the neck when it was

about the throat and chest.

I had no difficulty in opening the

chest and entering the tube. and he

took fruit chrysomel enough to render

the pain less. Some time would

have been

He had been treated by Sprague & Davis aged 23 who had been under the same treatment for some time when a sheep struck - about the same time he had observed much pain. When I saw him he was in great distress and many of the symptoms were present. The Sanguinolent was in the blood - I took in at each pulse of the artery. I found the heart in the chest and it was in fact beginning to break. - I proposed immediate Rachetony I found that there was a premonitory about the neck when it was about the throat and chest. I had no difficulty in opening the chest and entering the tube. and he took fruit chrysomel enough to render the pain less. Some time would have been



Month.	Date.	Particulars of Case.
		<u>Tracheotomy</u>
June	7 <sup>th</sup>	<p>There was considerable hemorrhage but it stopped after the tube was introduced - After a few Strychnine applications respiration through the tube he was enabled to tell his children that he had a great opportunity of being buried under the tube. He was much better when I left his pulse had risen and he slept himself much better.</p> <p>8 He is much better this morning, was very low yesterday (had to be kept up with stimulants - a Brandy Enema - A great difficulty in swallowing. Pulse much freer this morning. He is fine for pain except pain over the throat - a hard &amp; swollen and inflamed. See further notes expected for the tube left permanent today - Food &amp; stimulants kept up as in case of trachea</p>



Month.	Date.	Particulars of Case.
		Rachevtonny
June	9 <sup>th</sup>	He is better pulse slower and firmer, breathes easily through the tube. Examined the fauces and Epiglottis. A quantity of mucopus still comes from the larynx. Spoke to the patient as well as I could with the Argent. Nit. 3i to the nose - and then 2i: Furi 97 & interfere him - drinking diet as much as possible. He swallows a little better to day.
	10 <sup>th</sup>	He seems to be much as he was yesterday. May say he swallows easier - Or and the Argent. Nit. he repeated -
	12	He is slowly improving, swallows better and is stronger. There is still some mucopus and discharge by the mouth - less expectorated through the tube - Less pain on pressure under the larynx - He has the fauces, Epiglottis spoke with the Argent. Nit. 3i to 3i - very running



Month.	Date.	Particulars of Case.
		Diachestomy.
June	13	He is improving. Top part <sup>in</sup> of his charge further Sargut. Left Smelling - Taken his food which better. His medicine is Dr. Ferri-Quinine. Look out the tube to try if he could do without it. Found that he could not.
	14	Continues to improve.
	17	He improves daily. Swallows well has no pain in lungs - no purulent discharge - but he is not yet able to do without the tube - He takes his food and some cold beer or milk and is getting stronger daily. Repeat the Argent. Nit. Spraying.
	18	Look out the tube and find him without it - but he could not breathe through the Sargut - continued it. Continue the Nitrate of Silver spray. He eats well (now) & is improving in strength & health.

2223



Month.

Date.

Particulars of Case.

## Radical cure of Impacted Hemorrhoid

June 13<sup>th</sup> A Hindoo, named Tour Paramanick  
 aged 40 years, admitted on the 7<sup>th</sup> June  
 Hemorrhoid was of eight  
 months duration with a large right-internal  
 hemorrhoid and a thickened scrotum.

He sat down with the  
 scrotum when he walks or  
 when he makes the least exertion.  
 He seems tolerably healthy  
 in other respects.

June 14<sup>th</sup> I then tried the plug, <sup>today</sup> being admitted  
 me for the first, and second is  
 in the usual manner.

14 Took out the plug. no suppuration  
 was present.

17 He is annoyed - no pain -  
 Should have noticed that his  
 scrotum is considerably hypertrophied  
 and consequently heavy.

18 He says he thinks he felt the hemorrhoid  
 come down, but it is not found there  
 so an examination



Month.	Date.	Particulars of Case.
		Radical cure of Inguinal hernia
June	21	Inguinal wound healing. No proof that the hernia has descended yet.
	27	Wound nearly healed
July	2	On evening in the day before yesterday making a walk in the garden the hernia came down again. The operation was failed.
"	5	I operated again yesterday morning and passed the needle through the abdominal wall a little nearer to the point of the hip than on the last occasion. - He is doing well this morning.
"	6	Removed the plug as suppuration was very profuse. - Is steadily improving.
	10	Doing well. I cannot yet tell when the wound will be
	20	Wound nearly healed. He seems to be cured.
Aug	20	Discharged. - Tested apparently cured



Month.

Date.

Particulars of Case.

P 285

Tracheotomy

He is slowly improving but seems quite unable to do without the tube

He is not quite so well this morning is febrile and has an erysipelatous attack in the integument of the throat above the tube - Let him be pruned & the wound painted with mixture of Silver -

He is still unable to do without the tube

He is much better - is able to speak a little when he closes the tube with his finger, and is, I hope, beginning to breathe through the glottis -

He is doing well in all respects but cannot do without the tube. The Larynx is pruned with argent nitrat in the morning -

Doing well but cannot do without the tube

Still unable to do without the tube but more & more improved in health

Aug 2 - Much the same as one day ago he cannot do piece of prepared Cantharide without his syringe - He cannot do without the tube -  
 14th August the tube is still in but he is not so well as he was -  
 20th August the tube is still in but he is not so well as he was -



Month.	Date.	Particulars of Case.
		Radical cure of Inguinal hernia
July	<sup>19</sup> <del>22</del>	<p>This morning I operated in the usual way on an Englishman named Salter employed on the railway, a tall healthy looking <sup>Platform assistant</sup> man 32 years of age 10 years in India - on admission the found he was not in very good health. Within 48 hours &amp; on the 2nd day I removed the right end. He has had some and Am. Hydrate. When applied to the scrotum which has been exposed, and his health is much improved, and the tumour engorgement of the end reduced. I operated to day. The ring admitted me very easily. but the inguinal did not pass so well into the canal as it does often does and the ring was not very well defined -</p> <p>3 He is doing well as far as he says. That when the heavy shower of rain fall he has much pain which ceases with the rain</p>



Month.

Date.

Particulars of Case.

Particulars of Case.  
*Radical cure of Inguinal hernia*

by 29. Fencer made better. Scurvy kept swollen not changed  
Aug 22. Revisited Isaac - must have all healed - Fencer must  
have made under the 2 Ben over the internal ring, his fencer 5-  
25. 3

5- Renewed the plug, this morning. There is a considerable amount of condensation but say little improved - He has no phlegm - no pain and is doing well.

6- He is doing well. no pain. no phlegm. cannot say right

would be hearing slowly. I cannot  
hear any of what is said.

He has had pain for two days but evidently  
not connected with the operation. There  
is no pain about the wound, which are  
healing. The action is sedentary.  
I used some tea given doses of  
syrup. I tried to try

large still continues. The he-  
 most that better taken to be  
 downy linnæa. The Icarina  
 is much and tense. I have  
 seen the Icarina requires  
 3 more and let not find what  
 lower than what.

25 He is still nothing from his excellent  
pen - & information in the Section, I wish to see



Month.	Date.	Particulars of Case.
		Wound of the knee amputating the
July	2 <sup>d</sup>	This morning I amputated by the modified circular the lower part of the right thigh for a Humeral. named Poran aged 21 years. - He was admitted on the 24 <sup>th</sup> June 12 days after the accident and the following is an abstract of his case up to the 3 <sup>d</sup> July. x x x x x x x *
July	4 <sup>th</sup>	This morning I find he is not doing well. Pulse quick. Skin hot. It is probably, but this account is not very accurate, up to yesterday, his breathing is hurried. There is dullness in upper right side of chest. with moist rales. - The stump is partly distended with blood, the openings are slurred with blood. He has had considerable vomiting during the night. - Upon the 4 <sup>th</sup> I have removed some cloth from the line was stripped & the Dr. had needed for it. I have demanded of peritoneum. The simple muscular structure seems to have torn the peritoneum away. - The muscles are not so strong as they were before. - I doubt if the bone and the 2 tibiae are already marked. - That I believe

no  
Anxiety  
symptoms  
so well  
that will







Memo -



14<sup>th</sup> Joint amputation

- Poran, aged 21 years, admitted on the 24<sup>th</sup> June/67 - about 12 days ~~of~~ previous to his admission, whilst cutting grass in the field he hurt his right ~~to~~ knee joint with a spade - since then the joint has inflamed. Has been getting fever with shivering - At present has open wound about an inch <sup>in the knee aspect</sup> ~~in the knee~~ long, with exuberant granulations - ~~Some~~ Some purulent discharge unlike the synovial fluid from the ulcer. On probing the wound it entered the joint which is swelled, stiff & painful
- 25<sup>th</sup> 7 $\frac{1}{2}$  A. M. Pulse 128, Temp<sup>r</sup> 106°. Probe passed right into the joint - Pain easier - Had shivering during the day -
- 5 P. M. - Pulse 128. Temp<sup>r</sup> 106°. Had shivering at 3 P. M. - Urine examined - spec. gr. 1017 $\frac{1}{2}$ , reaction alkaline. No sugar, nor albumen -
- 26<sup>th</sup> 7 $\frac{1}{2}$  A. M. Pulse 120, Temp<sup>r</sup> 104 $\frac{1}{2}$  - No more shivering in the night - very little discharge -
- 7 P. M. - Pulse 110 Temp<sup>r</sup> 106°. No shivering -
- 27<sup>th</sup> Both morning & evening temp<sup>r</sup> & pulse same as yesterday
- 28<sup>th</sup> 7 $\frac{1}{2}$  A. M. Pulse 100 - Temp<sup>r</sup> 101° - Temp<sup>r</sup> within the joint 102°



28<sup>th</sup> 4 P.M. No shivering - Pulse 108 Temp: 104°

29<sup>th</sup> Pulse - Temp: 104° Temp in the wound 104°

" 5 P.M. - No shivering - Temp: 104°

30<sup>th</sup> Morning - Much discharge from the wound -  
No shivering - Temp: 104°

" 4 P.M. - Pulse 108 - Temp - 103°

1<sup>st</sup> July - Morning - Much discharge Temp: 104°  
Pulse 128 - Temp. in the wound 104°

" 5 P.M. Pulse 132. Temp: 106° - No shivering - Had  
got slight cough -

2<sup>nd</sup> July - Pulse 132 Temp. ~~106~~ 103° - Much discharge  
purulent & fetid -

10 A.M. Pulse 132 pretty strong & Amputation  
at the lower <sup>part</sup> of thigh performed <sup>this morning</sup> just now.  
14 ligatures applied - About 6 ounces of blood  
lost - Much suppuration within the joint  
The bone was easily stripped of ~~its~~ its periosteum  
& therefore sawn off a 2<sup>nd</sup> time - Resp<sup>n</sup> over the  
right chest harsh - - antr<sup>al</sup> & minor rouches.

2 P.M. Vomited up the <sup>food</sup> - Pulse 120 -  
after chloroform.



2<sup>nd</sup> July. 6 P.M. Pulse 140. Temp. 105°. No bleeding  
feels - better. Had slight shivering which  
last for  $\frac{1}{4}$  of an hour.

3<sup>rd</sup> 4 A.M.  
Had 4 stools since last report.

$7\frac{1}{2}$  A.M. No bleeding. Did not sleep well  
Pulse 124 - Temp. 101° - Very little discharge  
from the stump on pressure -







Month.	Date.	Particulars of Case.
		Wound of Knee and Hip - Hip joint
July	4	<p>             Left amputation in the Hip - Consultation - Dr. Parke - Dr. Charles H. H. agreed that it should be done immediately accordingly at 9 a.m. of the 4th. He was put under chloroform by Dr. Mackenzie &amp; I anasthetized - Dr. Smith &amp; Dr. Wood were also present - Dr. P held the vessel - Delivered the limb. I entered the joint of the knee and way between the femur &amp; the tibia - ant. sup. spine - incision - but rather too far back and not finding that the joint could emerge quite as the joint with the section I withdrew the knife &amp; passed a straight pin again deepening the joint a little more - it opened the capsule by much but caused a little too much in part of the thigh &amp; divided the femur &amp; entering vein &amp; artery - the joint &amp; hip were then emptied and the limb removed - He was very low towards the conclusion of the operation he did not lose any much blood, not more than 10 to 12 ounces perhaps. Pulse was 140 - Temp 98° - He remained in a state of depression and imperfect reaction till after noon - When I saw him in the afternoon he had recovered a bit 140 - Temp 103 &amp; 4           </p>




Month.

Date.

Particulars of Case.

## Amputation at the Hip joint

July 5<sup>th</sup> He is not doing very well. Had a restless night - then he had an opiate. Has taken some morphine - in slight doses. Due to pull the bandage away - Pulse about 140 - it rises high. Temp 102 - Breathing much easier - was yesterday. His hemorrhage from the stump of abdomen has been his trouble. His drainage is color. He is turning to delirium. Stomach with a morbid odor.



Some purging  
tenderness  
peritonitis  
more or less  
restless  
Frequent  
stomach odor

3 PM He is now in the same condition. Pulse weaker. Pulse ranged over 140 - Temp about the same - He has had no further sleep since the operation -

It was reported that he died at 11 PM. His breathing had been very hurried before death -

PM. at 9 am July 6<sup>th</sup> Body already decomposing rapidly. No peritonitis in return of inflammation or suppuration into the abdomen - also the empyema cavity. Pelvic forer raised no suppuration behind it - Liver and abdominal



Month.	Date.	Particulars of Case.
Amputation at the Hip joint		
July	6	<p>             Young patient but healthy —              Throat. Pulse continued normal. but no              inflammation. Pericardium continued              also within more than normal. Heart              healthy in structure. Left ventricle              uncontracted contained rather blood clot              Right ventricle contained a firm              flattened and adherent clot. White              substance into the pulmonary arteries.              The right auricle was stuffed with              a firm clot supplemented by a small              one. The obstruction to ventricular              flow — The lungs were blanched.              Small portions of brain white as ascorbic              Others contained blood. but very little              they were very much phosphoric and              white as well. — There was no sign              anywhere of pyramic patches.              no other brain tissue —              Reaction after the Hip amputation              never was perfect. After amputation              the embolism in the right heart              soon terminated life —           </p>



Month.	Date.	Particulars of Case.
July	10 <sup>th</sup>	<p><i>Fracture of skull. Re-phrasing</i></p> <p><i>Leumadar</i></p> <p>A man named <i>Shank Mator</i> aged 40 was admitted on the 10<sup>th</sup> July 1867. A heavy bamboo had fallen on his head <sup>from a tree</sup> and inflicted a serious injury - The scalp on the left side over the parietal bone was lacerated obliquely and the pericranium exposed. One small patch the size of a pea of the bone was exposed. There was also the trace of a fissure to be felt through the front part of the exposed pericranium. He had been stunned by the blow which was inflicted an hour before admission and some blood had been lost - There was also bleeding from the nose when I saw him at 8 P.M. of the 11<sup>th</sup> of July he was conscious but rather confused and reticent in his answers. He appeared unwilling to speak and lay curled up in the bed in a semi rigid condition and vomiting. He attempted to feel his pulse - the skin <del>to</del> slightly heated - pulse</p>

Bamboo struck  
by some means



Month.

Date.

Particulars of Case.

## Fracture of skull and Septicæmia

July 10<sup>th</sup> A. purgative was ordered and cold lot to the head - gonorrhea and a high milk diet

6<sup>th</sup> P.M.

Pulse 72. Temp. 98. Pupils slightly dilated. He is somewhat incoherent in his speech but quite conscious. No stertor. He has curled up, body limbs flexed.

11<sup>th</sup>

Pulse 96. Temp: 100°. Restless and complains of pain in the head. No more delirium. Pupils normal. Bleeding from nose ceased. Bowels have acted freely.

5<sup>th</sup> P.M.

Pulse 96. Temp 102°. Rather drowsy but quite conscious when spoken to. Does not answer questions fully. Taken for food

12<sup>th</sup>

Pulse 90. Temp: 104°. Is delirious and replies to questions imperfectly. Bowels moved twice - but restless. The left side of the scalp is red, swollen and painful - some moist & furrowed.

9<sup>am</sup>

Scalp completely examined. It seems to me that there were symptoms of meningitis. I find in "arteria cranii". I thought of thrombosis. Perhaps from fungus. I found that it might be suggested of brain substance



Month.

Date.

Particulars of Case

Rachmeyer &amp; Hall - Deft. Herring

July

12

Made an incision through the pericranium and turned it and the scalp aside. A stellate fracture was detected in the center of the wound over the parietal bone. One end of the fracture extended down towards the temple. The fracture was a partially depressed one - and there was free oozing of blood from it - probably with the pulsation of the brain. Deft. Herring was performed & the piece of depressed bone elevated. (It is to be remembered that some were in the station in the room in the symptoms of a fracture - in running the piece of bone some dark clot was reached - I did send this bone was considerable substance but no impression - He was very business & decisive. A further operation in some time.

10-11

12

Is fourth. is in rest. Suffered with himself. Damp & swollen in medicine. - Bleeding coming lead water applied to the wound from bleeding - Has taken little & supposed now is still restful in table.



Month.

Date.

Particulars of Case.

## Fracture of Skull and Rupturing -

July 12 With no outward medicine. Temp 104° -  
1.30 PM Sudden occurrence - partly fractured -  
initially - enclosed in bones -

6 PM. Pulse 96 Temp 104° - no stool.  
Pupils normal. no menorrhagia of  
blood. a layer of coagulum seen  
at the bottom of the ruptured part.  
Is lying on his back in a semi-  
conscious state - He is easily roused  
when I pour water on his face but never  
sustains Is quite good. will not  
take food or drink.

July 13 Pulse 100 - Temp 104° - lying on his  
back. Abdomen slightly rigid. Pupils  
slightly dilated and inactive. Is in  
a semi-conscious state. Is able to  
turn body from side to side but does not  
speak up - Is delirious.

3 PM Is quite insensible. Skin hot. Pulse  
feeble. Respiration frequent & difficult.

6 PM Pulse too weak to be counted Temp 104° - partly  
and for the first time stomachs 52 - no stool  
cannot swallow medicine or food. no  
urine passed lately. No uric acid in urine.  
6.30 PM Imperfect micturition. - DIED -



Month.

Date.

Particulars of Case.

## Fracture of skull &amp; laceration

July 13<sup>th</sup> I made the following remarks on the notes before the P.M. - "I think that laceration of the brain substance and extravasation of blood between the dura mater & brain, also suppuration in the wound of the injury, will be found."

Reported by P.M. at 9 o'clock of the 14<sup>th</sup> July.  
 H. G. Roy On the 14<sup>th</sup> day of July in my presence

There was ecchymosis under the left Temporal Muscle. The fracture extended from the lower part of the temporal part downwards in front of the ear across the anterior part of the mid-fore of the skull to the top of the parietal bone. There was a large clot of blood extravasated between the bone and the dura mater just under the wound. The mid-cerebral artery had given way and the whole clot of blood under the bone under the ear (the extension was found on that side of the head). -

The dura mater was then removed. The vessels of the brain were much engorged with a thin clot of blood of some spread over the <sup>left</sup> cerebral hemisphere and deeply (looking) under the pia mater. (No other fracture detected). There was another clot as large as an area of the upper a half of the surface of the occipital bone - (broader in extent) - The surface of brain substance was lacerated on the right side of the posterior part of the brain & blood there exposed.



Month.

Date.

Particulars of Case.

Rachetomy

Sept

18

He is in excellent health. He is quite unable to respond with the tube. He cannot hear the tracheal opening the closed for some time a minute. Aspiration cannot be made. He can speak when he closes the tube in a hoarse voice. but he cannot breathe through the tube. I understand that the air cannot enter the air it cannot enter the lungs. The lungs are shown the cause. The it is difficult to see from the tube in the space of the trachea secretion of mucus of a purulent character. cannot be seen from the trachea. is a chronically to close the entrance. He is forced with input. Not a day long - 31 to the same



The vocal ends of these branching the laryngeal mucus, which seems to be coming thick and late and He is forced with input. Not a day long - 31 to the same

22

The white of the eye is a fine history in paper. The larynx is dry, with the and of the larynx. - The larynx is in the same condition

Oct

18

He remains in the same condition. Larynx & trachea dry but the mucus is thick. He is in excellent health. He is in the same condition

25

He remains in the same condition. cannot be seen with the tube. -







Month.

Date.

Particulars of Case.

Injury to the head - death

July 5<sup>th</sup> Appetite good - Pain not left - pulse fine -  
 4<sup>00</sup> - Temp 98°

7<sup>th</sup> No fever - Bowels confined - ~~Cathart~~  
 Cathartics fully indicated

8<sup>th</sup> Wound apparently closing very little  
 suppuration - no shock - slight pain  
 in the head -

9<sup>th</sup> Very little discharge from the wound in  
 the head - wound more opened out today  
 no suppuration - no appearance of suppuration  
 in the bone - I can feel it around  
 it and to ascertain this I must  
 keep the bone open - Head cool -

10 - Same as the same - Cathart full.

Wound looking healthy and the ma-  
 gna granulating - still complains of  
 of pain in the head - Bowels moved  
 some fruit to the -

11<sup>th</sup> Wound looks healthy (no fever)  
 5<sup>00</sup> - Pulse 84 - Temp - 99° - slight pain  
 in the head - I am here for a few



Month.	Date.	Particulars of Case.
		In pain in the head
July	17	Wound appears to be doing well. appetite poor. No fever - Bowels open - Continue Iodine & water the putrid
"	18	Says she had a very bad night - but she seems well. Bowels open. Pain in the head less - Bowels open - Sleep good
"	4 PM	In bed - Pulse 80 - Temp 98°
"	19 <sup>th</sup>	Pain in head less - Bowels open twice
"	8 PM	Has a report - Pulse moderate
"	4 PM	Has slight fever - Pulse 100 - Temp 105° Pain in the head less - very slight
"	20 <sup>th</sup>	Head better. very little discharge from the wound - Bowels open. appetite poor P 120 - Temp 103° - Still has complaint of pain in the back of the neck & in the thighs.
"	4-30 PM	No fever - Head better - pulse 86 - Temp: 101° - Complaint of pain in the back & thighs - Is thirsty. Iodine must cease -
"	9-30 PM	No sleep on account of the pain in her head & in the back & thighs - Morphine 1/4 gr.



Month.

Date.

Particulars of Case.

## Scrotal Tumour.

July 31. Bannary Lal Maudool. age 23.  
 a stout well formed healthy looking  
 young man - a strict Hindoo -  
 has had a scrotal tumour for  
 some years - in the last three  
 it has been increasing in the size  
 by months. until it has attained  
 the size of a large head.  
 He is a resident of Jungey pore  
 suppose Mohshedabad -  
 He has had no pain lately & is  
 in perfect health. and wishes  
 to be rid of it - I removed it  
 today at 9 AM in the usual  
 way - under Chloroform administered  
 by Dr. Collier. I was assisted by  
 my H.S. B. Mohshedabad. with forceps on  
 some ropes. He lost about 1 lb  
 of blood - but the operation well  
 The testes were healthy & not nearly  
 enlarged - about 30 lbs. were needed

There were large pyosoma. and the tumour was removed  
 weighed about 12 lbs.



Month.	Date.	Particulars of Case.
		Scrotal Tumour
Aug	1	No bleeding - Abdomen in the upper part tender, Bowels not open - pulse 120 - Skin rather hot No fever & dysphagia and a quantity of N: Ricini 3 1/2 { O: Liniment 3 1/4 { Aq: Cam - 30 Fomentations He takes Milk & Sago -
	2	Only well Sep face. Bowels performed. Impure clean sup the wound today -
	22	He has had occasional attacks of fever but he is very well the wound is contracting and cicatrizing
	24	No return of fever the wound is cicatrizing - He is able to sleep and walk about
Sept	1	The wound is rapidly cicatrizing he is in excellent health & can be aspirated with some return home

Sept 18<sup>th</sup> - The wound has shrunk & cicatrized and  
he returns to Bedford Street

Subject of  
26 May 1848. He came twice  
heard - The cicatrizing has moved or as to making  
& cicatrizing - He says his works to prosper and



Month.	Date.	Particulars of Case.
		Injury to head - Death (P 288)
July	21	3 stools - no fever. Pulse <del>90</del> 90 - Temp 101° 7 AM Complains of pain in the back and thigh. - The pain was so severe in the neck that I thought at one time that tetanus was coming on. Appetite poor. Leg pain in the back - wound looks healthy
4 PM		Bowels open - P 85 - No fever. Cannot retain food. vomits after taking anything Pain in the back still same - wound looks Temp 98° She has been given 1/2 oz of Irrigation & Iruin applied to the body
"	22	Had fever last night, none now. P 92 - 7 AM Temp 100° - Pain in the back & neck still troublesome - one stool - wound looks better Tongue moist - Says she cannot open her mouth properly - is restless - neck not rigid - In P.M. - <sup>same treatment</sup> - Cont. Iruin - Fine Cataplasms - <sup>same</sup>
4-5 PM		No fever - pulse 96 - Temp 100.5 - Tongue dry and white fur - one stool after Iruin Pain in neck diminished - <del>Iruin</del> had 2 Chloroform Stx 2 Camphor Stx but kept 3/4 oz of 3thm. Found the neck with the hot pop had ended - no spasms of muscle - abdomen soft - flaccid - Took a little food
23	2 AM	Seems a little better than morning - Pain in the neck diminished - <sup>not much</sup> sleep belly well



Month.	Date.	Particulars of Case.
		Injury to head - scalp
23 July		<p> slight pretty well - motion - no rigidity of the neck or other muscles - P 100 - Temp 102° - Impure digests - Complaints of a burning sensation in her hands - later food passed - Anemia - Chl. - Stomach - &amp; Intestine </p>
5 P.M.		<p> Is feverish. P 100. Temp 100° - Impure mucus - Takes her soup &amp; eggs well. One free motion during the day - Pains in the neck not less - Feels giddy - no remarkable rigidity - Continue the Sticks - Chl &amp; Stomach 4 times - </p>
24 July.		<p> Is delirious and has a restless night - Pulse small frequent - Temp: not noted - 7 am. one stool. Impure mucus - wound still looks quite healthy - Pains in the neck not less - Temp: 104° P 128 - Delirious - still takes food pretty well - no delirium - And Chl medicine </p>
5 P.M.		<p> Some delirium - still in bed - After 10 am. I gave her 5 or 8 times - And some to her head - And to the head </p>
5 P.M.		<p> Uniformly more, skin hot - P. 128 - Temp 105° - Impure mucus - Some but answer when spoken to - Had 3 stools - Is delirious - Deep scar like furrow across the face - can't take any milk - Distinct - Is now restless - 2 am. 128 - 104° - She had many libber before - up to the time - </p>
P. 125		<p> 2 am. 128 - 104° - She had many libber before - up to the time - </p>



Month.

Date.

Particulars of Case.

Radical cure of Hemeria

Sept 1<sup>st</sup> Mohammed Apeedoolah. Malay class student, admitted on the 1<sup>st</sup> Sept with Impure hemia of right side. The distension with the scutum at the tumor as large as a small coconut. He has had that matter. But the cure was caused by - as put like a hard swelling. It came gradually. After it has been long without trouble and he has come into hospital. The day ad. I put a pine leaf - I applied the oil in the morning of the 2<sup>nd</sup> Sept - in the morning of the 5<sup>th</sup> Sept I removed the pine leaf suppurative hangings set up. He had slept here for a few hours but this morning he is doing well -

Sept 7<sup>th</sup> Doing well - no fever - Discharge free

16<sup>th</sup> Wound skin closed nearly healed, suppuration remains - Hemorrhage from

20<sup>th</sup> He says the tube cured



Month.	Date.	Particulars of Case.
		Radical cure of Herma
Sept	24	The wounds are nearly healed. The irregularities remain and he appears thirsty well, on getting him by coughing walking. There is no return of the herma
Oct	1	He is very well
	17	He is better well of the herma but has been returned to hospital by an attack of dyspnoea
	25	Discharged cured - healthy trip



Month.	Date.	Particulars of Case.
		Injury to head - death - (P. 292)
24 July		Is worse now. Does not answer questions 11 P.M. Is quiet - Breathing slightly hurried. Swallowing medicine still - 2 stools since last report. No other relief in action. Her pulse insensible. Pulse very feeble I am both -
4 Aug		Cannot swallow medicine. Surface cold. Died at 4-30 AM 25 July/67

Post-mortem. 29 hours after death - On removing the integument from the forehead a portion of the skull corresponding to the external wound was found dead and separating as an explanation of the size of two finger nails. The dura mater corresponding was thickened and adherent to the surface of the brain for an area of about 3 inches - There was suppuration under it about along the sagittal suture - The vessels of the brain & meninges were much injected - The lateral ventricles were empty.

The Heart was natural contained no clot.  
~~Lungs contained~~ no pyemia but other more  
found many of the viscera except one active  
injury of the lower lobe of the right lung.  
Spleen enlarged & soft (probably from kidney  
softened but otherwise healthy) and in section pale  
and red that the report of it is so imperfect -



Month.	Date.	Particulars of Case.
		Strangulated Hernia.
Sept	20 <sup>th</sup>	<p>At midnight of 19<sup>th</sup> Sept. I was awakened by Baboo Snyoo Coomar Subadar my friend          Baboo Ram Soobun Saker. aged 70 - with          strangulated inguinal hernia -</p> <p>The patient was an old but vigorous looking          man - who had suffered from what I called          hernia for years. It had frequently been          temporarily incarcerated and caused trouble          but he has always hitherto been able to          return it. - It appeared that the hernia          descended on the morning of the 19<sup>th</sup> and          that in the course of the day not being          able to reduce it it began to give him          pain &amp; symptoms of obstruction set in          When I saw him at midnight of 19<sup>th</sup> he          was restless in considerable pain the          hernial tumor not large but very          a part - but quite incompressible. The          Doctor had tried a pump &amp; hot mud -          Ice had been applied but not with much          benefit he said I saw him - As his pulse was          good - about 80 mid pain - and as there was          no vomiting, &amp; not much well marked          constitutional pain I deemed it delay -          I then applied puff to the tumor which          was very painful as the neck of the tumor          I made a long and careful examination</p>



Month.	Date.	Particulars of Case.
		<u>Strangulated Hernia</u>
Sept	20	<p>and did not think it prudent to push it. In fear of injuring the contents of the hernial sac. Much apprehension from the dusky lumps were near the mouth.</p> <p>I recommended two enemata &amp; constant application of ice. The patient to be closely watched &amp; that if any unfavorable symptoms made its appearance I should at once be sent for. At 4 AM I was sent for. The Enema had brought a good deal of fecal matter but the hawk became weak, &amp; could not take any food. Pulse had sunk the doctor thought me down of great depression - There was also considerable vomiting. I put him with a few pulses, &amp; refused food for the next 24 hours. And finally a bad smell came from the mouth. I again made Chl: tried the taxis most carefully. but failed - in fact the tumor was so great as the 24th of Aug that there did not seem much prospect of cure - I accordingly operated.</p> <p>Made an incision including over the neck of the tumor - directly the layers carefully - and we were exposed to a tumor. I was obliged to dissect and pulled the tumor into the blood.</p>



Month.

Date.

Particulars of Case.

Strangulated Hernia - Operation

Sept 20<sup>th</sup>. I then divided the tense peritoneal right intercolic. fascia in a direction found the structure fine & with ease reduced the hernia without opening the sac. It was adherent in the omentum. There was no loss of blood beyond a few drops. The am. Repts. the chl. much relieved.

I left him for a day, high was breaking he had earned him out in a day of exertion & I could not stay for the food in the room in the house while all his small for the churning & attachment to the periton. - It was not for a day high was breaking. Some fire.

I saw him again at 10.30 AM. he was in pain. Had been asleep for the chl. probably. (he was very sore & put after the operation) And said his head was dizzy but he could not sleep.

Many fear is that in so old a man much may have occurred in the gut. I recommended Opium.

Hydrog. 4 or 5

21 He is better. in pain from pulse below 40 & 100.



Month.	Date.	Particulars of Case.
		<i>Strangulated hernia - Operation</i>
22 Sept		He has no pain. Up pain - Put in Lamin round a dose of oil & an Enema - reput the hand back into itself
"	23	Doing very well. Bonele put wound in little in pain. Around the by skin and the silver wire sutures. him good but healed -
Oct	3	I hear the day that he is perfectly wound -







Month.	Date.	Particulars of Case.
		Breech presentation.
Sept.	17	Mrs P. primipara. Labor pains commenced about 4 am. I saw her at 8 am found the O dilated 3 inches. - Breech presentation. Female child born at 3.15 P.M. second stage rather long. I delivered the head which was somewhat delayed - She pained much at any time very severe - After the birth (the head) her chloroform her pulse was full and natural. unaffected - She labored very little blood & the womb contracted well. The child was healthy & well formed. partially asphyxiated. It was ventilated by oral respiration & during cold water in the throat & per.
	18	She had a good night. passed me a stool. - pulse & skin moving with me the previous.
	19	Had a very last night. Had much articable diarrhoea tenderness and hardness in right iliac fossa. - Her head out this morn. So female pulse 140 - The urine was thick & the menses began.
20th		The tenderness continues. Had another rupture of menses. - Her stupor the pulse & skin - her menses & the menses of 19th day.



Month.	Date.	Particulars of Case.
		Breast-mammary - (Thy)
Sept	19	Ordered Opium for Hydropic patient who had been having a Diarrhoea for the last 2 weeks - age 3 years.
	20	Better. Less pain. Less tenderness. The ingestum being very small etc. She is cheerful. Sup the pills altogether different. (Water) found well and some wine - pulse 100 - sleep sound of all in the night. The night
	21	Sup the pills better. Sleep well has no pain. Transmitted the order to the physician. Is in good spirits. He writes he found well - and 2 1/2 p.m. to 5 p.m. - The pain was taken of some 1/2 - Bored well muddy then -
	22	At 10 she had a very severe attack of Colic of 20 minutes. - Papædula cloth about the size of 4 operators - when taking water returning. I sent her 1/2. She was pumping - pulse 140. pain of her breast again well marked - left the region - and the Diarrhoea by 5 p.m. Mentation is disturbed and painful - depression of spirits



Month.

Date.

Particulars of Case.

Much present (I think)

23

Off

She is now much better the headache is disappearing I was abated. no more upon the day before yesterday - She takes 3 Spoon of Lard & 3 Spoon of Port wine at dinner Milk secreted in large quantities

24

Much better in all respects - Pain in mammae almost gone - Appetite good Milk abundant

quite convalescent -

She is quite recovered - the child nursed by her is thriving well -

I was sent for and found that she had without any cause a sharp attack of headache was faint & cold - on examination I removed a large loose clot from the vagina The mouth of the womb admitted the finger and felt - another with a uterine forceps I could not remove it - I could turn it round but could not get it away - I broke it down as much as possible with the finger then inserted ice & water June 3

20th - In hemorrhage I had seen a lot more full of blood  
21st - the uterine mass  
31st - the more bloody she is the better  
" Much more present & recovered



Month.	Date.	Particulars of Case.
Dislocation of Hip and Fracture of Thigh		
Sept	23	A woman named Puddoo and 50 admitted today. She says that two days ago she met with an accident having fallen and hurt her right leg. In examination it was found that there was a simple fracture of the femur at the junction of the lower and middle thirds. And that the head of the femur was dislocated into the Schiaticc hole. — She was placed upon chloroform and the dislocation of the hip of Dr. Cruise carefully applied. Counter extension was made from the pelvis — The crinoid pad applied on a wet bandage put about the fracture and the dislocation reduced with difficulty. —
	24	She is very well. The thigh is put up with the sheet bandage. The hip is in its right position & she is easy & has no any swelling.
	27	Doing well in all respects.
Oct	1	She is doing well.
	17	Doing well. New bandage.
	20	Bone united. Strapped bandage.

On 21 - I removed away much the old  
 she was discharged on 21st Sept. with no more



Month.	Date.	Particulars of Case.
Injury of the head - Death		
Sept	9	<p>Ram Gobind Singh at 30 a Bengallee resident of Sikkim was admitted on the 9 Sept 1867 at 11.50 AM. with a severe injury of the head, caused by being knocked down by a runaway horse. The friend says that it happened in the way.</p> <p>There was a lacerated wound of the left side of the forehead about an inch long and down to the bone. The bone denuded of periosteum. There is also a fissure of the frontal bone perceptible corresponding to the external wound. There was bleeding from both ears, nostrils and mouth. There was the nostrils &amp; other purpose. There was also swelling and ecchymosis of both eyelids &amp; conjunctiva. He was unable to give any reply to questions. Heathing sweetly without sterors. There was vomit and fecal matter mixed with the act of vomiting. Loss of blood shortly after admission. Pulse feeble and slow. Pupils seen with difficulty, are natural in size &amp; respond imperfectly to light. There were some abrasions on different parts of the body. An admissum a Cathartic enemata were given. Head shaved and ice applied. Skull &amp; Brain exposed. A slight - the least wound of the R.S. The patient died instantly at 11.50. He became pale &amp; gradually got worse. Became pale</p>



Month.	Date.	Particulars of Case.
		Injury to the head death -
Sept	9	<p>anastomose pulse became more feeble &amp; 68 in the minute - mounted blood and vomes - The discharge of blood from the ears closed and does not appear as far as I can ascertain to have been followed by any discharge of cerebro spinal fluid -</p> <p>The temperature rose to <math>101^{\circ}</math> - Rigidity of the Muscles of the trunk &amp; body gradually came on soon after admission and he died in the 10<sup>th</sup> Sept at 11:30 A.M. -</p> <p>He had Emaciation - no throat symptoms - no blood to the head - Food &amp; the Emaciation.</p> <p>Though a mistake I did not see the P.R. but the following is Dr. Mackenzie's report of it -</p> <p>"Had a compound comminuted fracture of the frontal bone extending from the anterior fossa of the skull to the nasal cavity. A piece of the inner table of the fractured frontal bone was displaced - There was no laceration of the brain substance." (Now I doubt very much if the Exam. would make Dr. M. - he was merely a looker on) but it was a case of a large quantity of blood between the bone and the dura mater - There was rupture of the spleen which was of normal size, with extension of a large quantity of blood into the abdominal cavity -</p> <p>Sept 10<sup>th</sup> 1867 - 2:30 P.M.</p> <p>P.M. made by Police Surgeon -</p>



Month.	Date.	Particulars of Case.
		Gunshot injury - Anus. Hip-joint
Sept	25 <sup>th</sup>	<p>This morning I met in consultation, at the Officers Hospital in Fort Williams, the following Medical Officers in the Case of Mr. Russell Hill of the 107<sup>th</sup> Foot.</p> <p>Signed Mr. D. &amp; Genl Hospital  Dr. Munro Do Do Do  Dr. Home M.D. V.C. Surgeon Major.  A Thompson Surgeon 74<sup>th</sup> Regt.  Dr. Macdonald Staff Surgeon M.D.  Dr. Dill Surgeon in Charge Fort Williams  Dr. Powell Surgeon M.D. Surgeon was also present.</p> <p>The patient had been kept up the day before from H.M. Fort Ship "Jennies" from Diamond Harbour.</p> <p>It appeared that on the 12<sup>th</sup> Sept he went on shore at Fminala with a shooting party - at night, and was distant some miles from the ship and shore - He separated with a companion, Asiat. Bay Master, both of whom had been permitted to go. They thought at about 2 in the evening, that they had a milk apish - both saw - it had their attention attracted by the noise of something creeping through the jungle at some 50 or 60 yards distant.</p>



Month.	Date.	Particulars of Case.
Sept		<p>Gunshot wound - arm: Hipsford -</p> <p>Thinking it was a pig he fired his rifle at Schmeider as the object which fell - he came up with a woman to the hospital - at the time he pointed to his arm saying that he had shot his own person with the -</p> <p>The ball had entered the left buttock &amp; in the inferiority of the ischium &amp; had passed directly upwards to the head of the femur - He had the carious some distance before he received any medical aid - &amp; lost a considerable quantity of blood in the way -</p> <p>When he came under the surgeon's hand he was examined and it was found that the bullet had struck the ischium in front it &amp; passed upward to the neck of the bone - Fracture of the femur was not then detected - The bullet had lodged there among the one arm -</p> <p>He was brought into the hospital and suffered from continued pain and profuse discharge on the way - He took large doses of opium &amp; medicine -</p> <p>One day at the base of the bullet was</p>



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CASE BOOK.

309

Month.

Date.

Particulars of Case.

Gunsight wound - Arm: Hip joint

found a good day after the surgery but the  
wound some small fragments of bone -  
He does not appear to me to have any injury  
in the way of bone fracture. But constant  
sore and painful abdomen - The probability  
the to some extent to the spine - It was  
consequently attended to by Surgeon General  
and in the case of Dr Thompson and Dr. ...



Sept 25<sup>th</sup> 1864  
Saw him on the 25<sup>th</sup> at 10 AM with the  
Medical Officers already named. He  
was then under the charge of Dr Dale  
He seemed rather ill, somewhat inclined  
to vomit. His tongue was dry. Pulse  
118 - considerable constitutional distress.  
There was no sign of fracture of  
any bone. He had also a Clay Colored Discoloration  
The chest sounds a number of respirations  
without any reference to the pulse. <sup>respirations</sup> <sup>without</sup>  
When chest percussion was performed <sup>breath</sup> <sup>catching</sup>  
observed in striking the corner of the chest  
was turned down that he had the left leg  
fractured about 4 inches. The foot located in  
the hip. Perimeter diminished in the blue  
line. Moving one the white skin of the feet  
and striking the hip, and striking the foot on the A.  
crepitation was audible. It was evident that the  
trunk of the spine was fractured. The discharge  
from the wound was offensive.

The respiration  
was said by  
Dr Thompson  
Date there  
how late with  
breath  
catching







Month.	Date.	Particulars of Case.
		Gunshot wound. Amp. Hip joint
Sept	25	<p>The vessels were then ligatured. They were very numerous. He lost about a pound of blood - Chiefly from the port flap - <del>and</del> the sutures applied the face of the stump being first sutured round the <del>stump</del> - <del>with</del> the my point whether internal or external were ligatured - He bore the pain but well, and became less <del>troubled</del> in the end of it - When placed in bed he was in the table about 30 minutes but he was susceptible. I must make a better Champagne wine for him. He seemed comfortable but was in need completely from the shock and he sank and died finally at 20.47 before his death he spoke to the surgeon &amp; said I am sure to be his wife &amp; thanked the surgeon &amp; nurse for all his kindness to him.</p> <p>I should note that when I made a capital examination by the wound in the morning I found some loose fragments of bone - which I removed by forceps - and my finger came upon the comminuted head &amp; neck of the bone. Part of the neck still in the acetabulum. I then ordered also that the urine I should have seen</p>



Month.	Date.	Particulars of Case.
		<p> <i>Gunshot wound to arm. Top of arm.</i>  wound and the cancellous tissue  opened in the passage of the bullet  After removing the bone and the  dressing and the help of the hands the  femur left in the acetabulum  I returned to a Machine of the  and <i>VII</i> by manual pressure I  saw my finger with a cavity caused  by the bullet. after it had split they  in communicating the <del>distal</del> neck  of the bone and to the inferior portion  of the acetabulum. The bone  here I found to be some what deformed  with fracture &amp; my hand in the  canon of the bone and found  I pushed in with the hand the fragments  3 - 4 the bullet. and removed them  with one small piece of bone  The bullet was easily pushed in  under the skin in the perineal space  though when it was removed might escape.  as I have said he never walked though  and died at 20 minutes to 7 -  I examined his body with a lamp  and nothing - on the 1st  at 11-30 AM. There was no wound with </p>



Nov

CASE BOOK.

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Month.	Date.	Particulars of Case
		Gunshot wound - Amp: Hip joint
Sept	26	<p>or no decomposition -</p> <p>Chest - Pleura healthy, no effusion</p> <p>Lungs, healthy, <sup>but no air</sup> <del>consolidated</del> - considerable hyperaemic congestion - are a two</p> <p>Portion of livering &amp; green muddy</p> <p>Heart &amp; terminal healthy -</p> <p>Right ventricle <sup>large</sup> filled with a firm</p> <p>white mortuic clot &amp; some partly</p> <p>mortuic coagula - The fibrin extended</p> <p>well into the pulmonary artery</p> <p>Right auricle contained little clot</p> <p>Left ventricle &amp; the aorta quite</p> <p>healthy, Left auricle contained small</p> <p>or small clot - The <del>condition</del> <sup>state</sup> of the lungs corresponded to</p> <p>the obstructed pulmonary circulation</p> <p>Liver pale &amp; <del>firm</del> fatty looking,</p> <p>kidneys soft - quite healthy -</p> <p>Portion of uterus &amp; ovary in</p> <p>pelvic compartment - the uterus</p> <p>black - in the left I have found</p> <p>a Co. M. 314 of which I find</p> <p>one <del>protruding</del> <sup>protruding</sup> part divided by</p> <p>peritonium on the <del>left</del> <sup>right</sup> side</p> <p>The hard <del>refractory</del> <sup>refractory</sup> <del>of</del> <sup>of</sup> <del>the</del> <sup>the</sup> <del>ovary</del> <sup>ovary</sup></p> <p>in the <del>ovary</del> <sup>ovary</sup> - on the side the uterus</p> <p>near the Myometrium -</p> <p>in <del>the</del> <sup>the</sup> <del>ovary</del> <sup>ovary</sup> <del>the</del> <sup>the</sup> <del>ovary</del> <sup>ovary</sup> <del>the</del> <sup>the</sup> <del>ovary</del> <sup>ovary</sup></p>



Month.	Date.	Particulars of Case.
		Gumshod wound. Amputation / Hip joint.

Apr 27 was found that the Intra osseous had been injured by the ball it was fractured and the cancellous tissue had been open - It was also broken across near the neck - and the ascending ramus was also cracked across - There was a fissure in the acetabulum itself. And the entire part of the pelvis was found divided by fracture and crushed -



These are the little details that I took was the great predisposing cause of death. The immediate one the formation of the coagula in the right heart. The Scepter of ~~death~~ <sup>death</sup> to the day that his breathing became very weak shortly after the operation that a cry came out of his death - no doubt the cloth had been torn from the



Month.

Date.

Particulars of Case.

Sunshot wound of left arm putative

some time but they were rapidly increased during the state of excitement with the patient and with the aid of the 14th of March & the 1st of April of the colored couple which probably also began before death. They were apparently interrupted with the breath of the 1st of April that the patient had been that summer.

Sketch made for notice





Memo

Patient. Mary Anne Rozano, at  
Boys. an E. Indian - Mansuettie -  
Transferred from the Inst. to the Surgical  
ward on the 5th Feb/67, with symptoms  
of <sup>threatening</sup> asphyxia induced by ulceration  
of the palate, faucis & perhaps of the  
upper part of the larynx -

Previous history

Was in the 1st Surgeon's ward  
about 2 months ago, for extensive  
ulceration of the faucis & soft palate  
& was discharged a few days  
after, cured - After her discharge  
she got cold & cough at home -

About 12 days ago, she had a  
paroxysm of dyspnea - of which  
she got rid by taking some  
medicine from the hospital -

Again for the last 5 days,  
she has been suffering off  
& on from fits of dyspnea. Had  
never any venereal, &c. before



Month.	Date.	Particulars of Case.
		Dislocation of the Hip
Sept	25 <sup>th</sup>	<p>Senchurn Halye a Hindoo man aged 45 years. resident of Calcutta Rajah Datto. a Coolie admitted on the 25<sup>th</sup> Sept at 1 am. -</p> <p>Says that about 2 PM. yesterday a bale of cotton fell on his right hip, when he was working in bond ship and knocked him down.</p> <p>He came at once under Chl. It was found that the head of the right Femur had been dislocated out the Thyroid Foramen. - There were much pain the limb was swelled the thigh flexed - 19 hours after the accident the dislocation was reduced under Chl. - of course with Cruiers apparatus. Rotation of the foot outwards and lifting the head of the bone with a small paw and the limb -</p> <p>27 He is very well, complains of no pain. The leg has been bandaged to the thigh. The bandage may be removed.</p> <p>Sept 28 So able to walk Let him to</p>



Month.	Date.	Particulars of Case.	alceation of forces Palate & larynx
		Rachetomy.	
Oct 5		This morning I was asked by	

Memo

Patient. Mary Anne Rozand, at  
Boys. an E. Lurian - Romaufotte -  
Transferred from the hosp. to the surgical  
ward on the 5th Oct/67, with symptoms  
of dysphagia induced by ulceration  
of the palate, fauces & perhaps of the  
upper part of the larynx.

Previous history

Was in the 1st Surgeon's ward  
about 2 months ago, for extensive  
ulceration of the fauces & soft palate  
& was discharged a few days  
after, cured. After her discharge  
she got cold & cough at home.

About 12 days ago, she had a  
paroxysm of dysphagia - of which  
she got rid by taking some  
medicine from this hospital.

Again for the last 5 days,  
she has been suffering off  
from fits of dysphagia. Had  
never any general disease

attended on her in the  
the the of this larynx & the



Month.	Date.	Particulars of Case.
		Dislocation of the Hip
Sept	25 <sup>th</sup>	<p>Enchuan Hulye a Hindoo man  aged 45 yrs. resident at Calcutta.  Royal Datto  on the 25<sup>th</sup> Sep  says that at  bale of cotton  when he was  and broke  his arm  found that  Femur had  thyroid fra-  from the  with knee  accident the  broken bone  be crushed  took out w  head of the  broken end  27 He is in  pain. The  to let him the bandage may be  relaxed  So 28 so well to walk let him to</p>







Month.	Date.	Particulars of Case.
		Dachetomy
Oct 5		and the injury of breathing long breath - when she was in shape. Now seemed admirable to put Dachetomy. when I had the operation was performed at about 9 - A.M. The trachea lay up - was small. One of unlappably under the Thyroid body. There was not much bleeding but some smaller difficultly in seeing the trachea. The tube lay, introduced the was some much blood. After the expectoration of fragments of pulmonary tissue -
		6 She is better passed a tracheal tube in healthy condition the tube - Tube was - about 20. in measure. Indicated 2 - with one



Month.

Date.

Particulars of Case.

Tracheotomy.

- Oct 7. She is breathing easily & seems better. The neck is rather enlarged under the tube — wound dressed with carbolic acid.
- " 10 She is very well. Breathing tolerably easy when the tube is occluded. A solution of Argent Nitrate was being applied to the throat.  
Some desquamation.
- " 12 Very well, excepting that there is some ulceration at the lower part of the wound which has spread on again.
- " 25. I found her today with the tracheotomy. She is improving, but there is still a redness & increased granulation at the lower part of the tube — She seems to be doing well — The tube was removed the tube. but she breathed out of chest for several minutes — The throat & trachea are sprayed with Argent Nit. — Same dressing, turned carbolic acid — sparls Oil. — 5 parts — Soak the lint with this. It appears to come very little of any irritation.
- " 25. — Breathing is much improved. I found the tube for the first time closed — The tube had been moved — the wound healed.



Month.	Date.	Particulars of Case.
		<i>Constitutional Syphilis.</i>
Oct	11	<p> Name - Alfred - F - B.S.C. a  short healthy looking man with hair  slightly grey. but vigorous &amp; strong in  his prime and stout - called on me this  morning he had just come down from  the mine where he had been for change  of climate for 4 months - He says that  8 years ago he had a slight runnel  one in the penis, so slight that the  medical man supposed an opinion  that it was only an excoriation. When  the chronic syphilis broke out he  it with the Chronic - in many of the Chronic  dental broke and the green pathy  perhaps acting on the part caused  several small ones. They healed  but one of the severe tissue an  testis - Since then up to now  up to nearly 8 years he has had  in doing syphilis of any kind and  is perfectly positive that he has  contracted no kind of disease  in April last I came out with  the first heat in the form of a  copper colored eruption of blotches  on the skin of the face &amp; body  and limbs - He took 50 grains  of Potash 5 times 3 times a day for </p>



Month.	Date.	Particulars of Case.
		Constitutional Syphilis—
		mouth, and several upon the face some time. They subsided soon - He was better during the first six or eight weeks but the improvement was not permanent He has been under a course of treatment mercurial. Bother - I am sure his skin and lastly during the winter at Nassau in the cold he had but he was not cured - He was He treated himself with a solution Oth - He is at present in excellent health Impure clear, Bowels regular - Appetite good - well nourished active energetic and in good spirits - but his face especially in forehead - covered with an eruption of small white papules raised about like tubercles in some places. Many together in the face forming it - a deep red round appearance (the part of skin) some erythema has subsided on the forehead and up the trunk - His chest is covered with the same patches slightly raised a pink color and inclined like purpura - He has more on the hands - He has had no other symptoms of the disease, no nodules no gummatous swellings or other things



Month.	Date.	Particulars of Case.
		Anthrax of Syphilis
Oct	11	<p>- He is slender &amp; abstemious &amp; a little meek &amp; of very active habits - The remarkable feature of the case is that when a few 8 grains - i.e. 4 was 8 grains before it should tally after the injected disease. of this he is quite certain -</p> <p>I recommended 10 grains of iodo- in 3 or 4 months in the course of intervals - and the heavy sulphur vapour bath by 10 minutes in some time - regular habits - I was quite sure of a permanent cure</p> <p>If the sulphur vapour had been taken Central for 4 or 5 times with stone 6 or 8 times - but he could not be induced to submit -</p> <p>On his own health to my great surprise of Phosphorus vapour with the same I saw no reason why he should be - why he should be - he said he had been re- commended by Dr. Smith -</p>



Month.	Date.	Particulars of Case.
		Reported union of a fracture in an old man
Feb	11	<p>This morning I discharged an old man  Wagne Shuck. a Haverhill, aged 96. for many  years and blind of both eyes from Cataracts.  but otherwise healthy for his age - who was  admitted on the 11<sup>th</sup> Sept. 1867 with a fracture  of both tibia and fibula and above the left  ankle joint. The fracture was simple &amp;  nearly transverse it had been caused by  a carriage knocking the old man down  the wheel passing over his leg. an abscess  had also been made in the foot.  The fracture was put up in the usual way  in order of his leg and bandaged. -  On the 20<sup>th</sup> Sept. the splint was re-  moved and union found to have taken  place. but as there probably was pain  with the bone was removed the splint  was reapplied - on the 25<sup>th</sup> the pain  &amp; the pain seemed better -  29<sup>th</sup> Complete union had occurred  and he could bear his weight on the  leg. - on 5<sup>th</sup> Oct. started under  weight of the wall and about  on the 11<sup>th</sup> Oct. he walked under the  weight perfectly well and strong.  Just one month after the accident</p>



Month.

Date.

Particulars of Case.

## Fracture Amputation -

Oct-91 Nowak, Philippe a 25-year Sealed  
 Railway - a Hindoo of healthy frame  
 admitted on the 21 Oct at 9 am.  
 with the left leg crushed to pieces by the  
 passage of a Railway carriage across a bridge  
 near - about half an hour before  
 admission. It appeared that he slipped  
 and fell on the rail whilst taking a  
 passage to the house of the Surgeon.  
 The limb was crushed to fragments  
 comminuted bones. Fracture of tibia &  
 sole of foot crushed off. He had but  
 a considerable quantity of blood and  
 was much shocked. After shock  
 he was resuscitated & his pulse was rapid  
 & feeble. There was great swelling  
 below the knee to a distance of an inch  
 about the tubercle. There was  
 some oozing of blood from the  
 in the method that I usually adopt.  
 He lost little blood during the operation  
 before completing the Femoral - Bone  
 many of which were rejected



Month.	Date.	Particulars of Case.
		<u>Fracture amputation of the leg</u>
Oct	21	When all oozing had ceased - I found a piece of gauze soaked in a solution of carbolic acid 1 part - M S. Points to the wound - the end being very moist and uncomfortable - I then brought the flaps tightly together with wire sutures and applied carbolic acid with the view of desloughing -
	21	Doing well - H.R. but no pulse. <del>no</del> no pulsing - pulse feeble.
	23	Do -
	28	Doing well. all the ligatures but one have come away - and the flaps look healthy. One of the anterior flaps meets the bone and has stopped from pulsing. I have been with the discharge - much less than is usual - The carbolic acid dressing I have to 5 - applied daily. The pulse is feeble - but he is doing well.



Month.	Date.	Particulars Case.
		<i>Amputation of leg</i>
Mar	25	I have been away at Lucknow since the 6th up to the 20th - on my return I find him doing well. The stump healing but the bit of bone not yet separated.
Dec	1	The stump is nearly healed. The bit of bone from the cavity of the femur has separated two days ago.
	24	He has quite recovered and is in excellent health - The Carbolic acid was used through the wound of the tissue - not - but some appeared to the wound itself.




Month.	Date.	Particulars of Case.
		<i>Puerperal Convulsions</i>
Nov	24 <sup>th</sup>	<p>At 9:30 P.M. I was asked by Dr. Kucce to see Mrs. Bruce in the Fort. She was in labor with her first child. Pains had commenced in the morning and all had been going on it is said, favorably until about 8:30 P.M. when convulsions set in - She had 3 or 4 convulsions - became epileptic &amp; insensible - I put her under the influence of Chloroform &amp; after 10 min I found her I arrived at about 9 P.M. - Her pulse was small and rapid - Her lips &amp; face looked blue &amp; anæsthetic she was breathing stertorously &amp; was perfectly unconscious - I turned up the head well down but not restoring the puerperal Pains had ceased almost totally the profuse sweating had ceased - She seemed to be rapidly sinking I immediately applied the forceps and delivered a full grown male boy alive &amp; perfectly unimpaired</p>



Month.	Date.	Particulars of Case.
		<i>Cramps - Frigors</i>
No	24.	<p>The Placenta came away without                      any hemorrhage - there was some                      hemorrhage - but it was easily                      controlled by pressure and ice -                      The patient gradually regained her consciousness                      and when I left her at about                      10. She was able to answer questions                      but it appeared that afterwards                      she remembered nothing added but                      heard that I had been there                      all - The Perineal wound                      in the head was done but the                      action was not injured -                      I believe these cramps were                      due to the pressure of the head                      of a large child I have not heard                      that she had any hemorrhage or                      other disease</p>
No	25.	<p>I received information from the                      morning that she was very well                      that she bit her tongue and                      died. That there is no recollection                      of what occurred that night -</p>



Month.	Date.	Particulars of Case.
		Cleft Permeum - Perutina
No	18	<p>Today at Campore, I parted on  Mr. J. C. for my friend Permeum. It is a  man here but an emigrant - He is a  old - He is a shift  man of about 22 years  that the same returned  the man being in for  and the Govt. -  skated &amp; Catkins &amp; Mac  a number of the  house in the street  - Thus -</p>  <p>the sides  well into  membrane  of the arch  Septum fully 3/4 of  I then brought the  top of the arch to the  interior of  the mouth</p> <p>the surface  when cut  him &amp; paper  through the bottom of the cut sides - I  then added one or two more lines improving  the surface - The surface came well together</p>



Cannpore Decr 27

My dear Fayer,

I am sure you  
will be glad to hear  
that my wife has  
progressed most  
satisfactorily, since  
I wrote to you last,  
& that she is now quite  
well, as you will  
conclude, when I tell  
you that she has been



out to 4 dances the  
last week or so, & is  
none the worse for them

I can't tell you  
how grateful we both  
feel to you for having  
relieved her of so much  
physical & mental  
distress, which threatened  
to affect her general  
health seriously. I never  
could have believed, with  
painful experience, that  
a matter so trivial appeared



could have interferred so  
much with common comfort  
& peace of mind. She suffered  
no pain scarcely with  
it - yet she was constantly  
thinking about it, and  
dwelling upon it, and  
always considered that  
a great misfortune  
had befallen her. Now  
she is as happy and  
cheerful as possible,  
& is quite herself again,  
& you can imagine what  
a blessing this is to me.  
I am so thankful that  
I asked you to do it. <sup>under the most favorable circumstances</sup>



5  
a  
kindest regards & with the same from me to you & Mrs. Payson  
Believe me ever very sincerely yours J. Jones

otherwise I don't think  
she would ever have had  
it done in this country  
as she was so morbid &  
sensitive about anything  
knowing anything  
about it.

I hope <sup>all of</sup> you have had  
a merry Xmas & will  
have a Happy New  
Year. We spent ours  
with the 101<sup>st</sup> (the old  
Bengal Fusiliers) who  
a very nice party to the  
Stableton as it was their  
Christmas in India. They  
been ordered home. I am sorry  
I have no news to give you from  
parts my wife desires her re



Month.	Date.	Particulars of Case.
--------	-------	----------------------

N<sup>o</sup> 24. The Placenta came away without  
 any hemorrhage - but it was dead &  
 not the child.  
 The doctor also  
 said when I  
 10. The was dead  
 but it appeared  
 The woman  
 heard that  
 M. - The  
 as the head was  
 returned was  
 I heard that  
 she was to the  
 a large child  
 that she had.

otherwise I don't think  
 she would ever have had  
 it done in this country  
 as she was so morbidly  
 sensitive about anything  
 knowing anything  
 about it.  
 I hope you have had  
 a merry Xmas & will  
 have a Happy New  
 Year. We spent ours  
 with the 101<sup>st</sup> (the old  
 Bengal Fusiliers) who  
 a very nice party to the  
 station as it was their  
 Christmas in India. They  
 been ordered home. I am going  
 I have no more to give you from  
 parts my wife desired her to

When the case  
 Dr. Marshall informed me that  
 N<sup>o</sup> 25. morning that she was very well  
 that she had been treated for  
 dead. That she is in the collection  
 of what occurred that night.



Month.

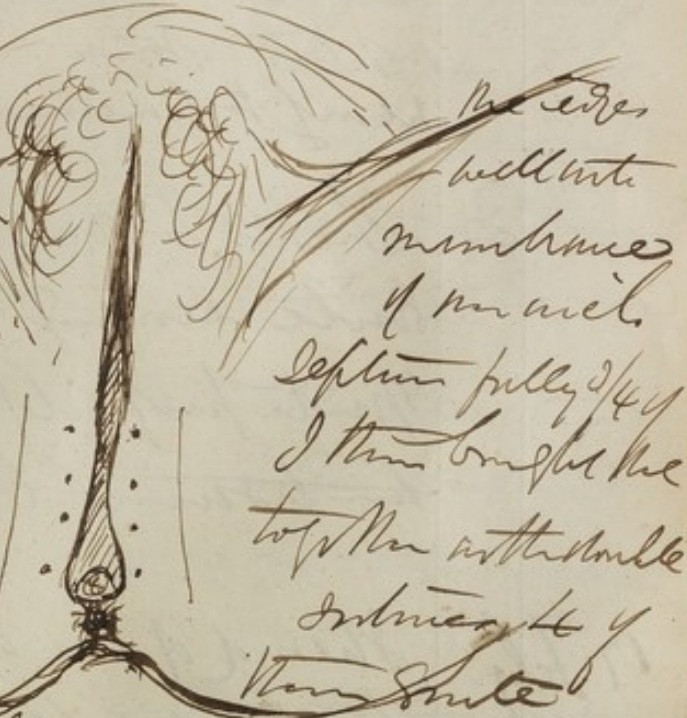
Date.

Particulars of Case.

Cleft Perineum - Operation

No 18 Today at Cambridge, I operated on Mrs. D. for ruptured Perineum. It was during her parturition - The child is about 16 months old - She is a stout but healthy young woman of about 22 years of age - I found that the perineal extended close to the sphincter Anus leaving only a thin septum between it & the Gut. - The edges were inked & Catgut sutured. There was a prominent wound of the minor membrane in the rectum wall the septum. Thus -

I found  
of the perineal  
the means  
& the extent of  $\frac{3}{4}$   
and on the rectal  
perineal -  
the surface  
I then cut  
the & paper



though better bottom of the cut edges I  
then added one or two more horizontal  
sutures - The surface came well to the



Month.	Date.	Particulars of Case.
		Cleft Perineum
Nov	28	<p>There was some little tension I made after Driffenbach's a letter in our through the skin on the side about 1/4 of an inch from the time of union. This I will off the time. She was then put to bed with her legs together I advised the catheter she used twice daily &amp; the bowels she kept open with Opium.</p>
Dec	1.	<p>A letter from Dr J. tells me that the operation is doing to succeed. He has taken out the sutures. The wound appears nearly to have healed.</p>
	30	<p>She said today that she has quite recovered &amp; is in health. Her spirits perfectly restored. She has her natural color.</p>
J.	17 July 1868	<p>She said of her as now to day as being in excellent health.</p>



Month.	Date.	Particulars of Case.
		Prostid Janner

No 95

Radha Charan, set 40 years, Hindu, was admitted on the 13<sup>th</sup> November, 1867 for a (medullary) tumour. behind and a little below the right ear. The tumour had been growing for the last three years,

Carrapore Nov 20

My dear Father,

I am very remorseful and feel thoroughly ashamed of myself, at having delayed so long to write to you, after the very great favour you conferred on us. We both feel that we can never be sufficiently grateful to you.

I should have written sooner than this, were it not that I was in some uncertainty as

a Mahomedan  
 entered and impaled  
 of repair of a  
 the Comm. the had  
 13 Nov 67  
 the top of the 8  
 face - I removed  
 cut in the m  
 of the  
 The Sister  
 of my dear  
 I - sent party  
 away - The  
 I - I moved  
 my Chamber and  
 looks healthy.  
 is the best  
 about the legation

little discharge. The  
 Cerebrum is very much  
 disordered with



Campore Nov 20

My dear Father,

I am very remorseful  
feel thoroughly ashamed  
of myself, at having  
delayed so long to write  
to you, after the very  
great favour you conferred  
on us. We both feel that  
we can never be sufficiently  
grateful to you.

I should have written  
sooner than this, were  
it not that I was in  
some uncertainty as



to the lower part of the  
mound, from which I went  
yesterday took out the  
last sub-mine. The fore  
part healed in a few  
days, but there has been  
a little inflammation  
swelling in the back  
part, so the excision  
of matters was rather  
obscure. Yesterday &  
today however, I have  
been able to arrive to the  
conclusion that it is  
healing all right; & that  
there is every promise of  
the operation turning  
out most successfully.



thanks to your skill.

I can't tell you what a  
~~sense~~ sense of relief & gratification  
it is to us, that it has turned  
out so well. It was an even  
present source of annoyance  
to my wife, as she never could  
go about with comfort,  
on account of the deficient  
power of the sphincter &  
the constant sense of  
bearing down. I have  
every hope that now both  
these defects will be  
remedied, as there seems  
sufficient body in the  
new perineum, & all the  
parts about the sphincter  
seem firm & consistent.  
I will let you know again.



in a fort night - how she  
feels after getting up &  
moving about - The bones  
have not been moved  
yet - but I have had great  
difficulty in keeping  
them quiet - & I am afraid  
she will not be able to  
go more than a day or  
two more - I have had  
to give her Opium 2 or 3 times  
every day, & beyond the  
inconvenience produced  
by these, her health has  
been very good - I cannot  
let her to the window at even-  
ing, but I do not mean to  
let her get up until the  
end of next week & not then  
unless the wound is perfectly  
healed.



No 95

Radha Charan, set 40 years, Hindu, was admitted on the 13<sup>th</sup> November, 1867 for a (medullary) tumour. behind and a little below the right ear. The tumour had been growing for the last three years, and ulcerated for about a year. On admission it was like a small orange, and situate behind the ramus of the Lower jaw, which it partly overlapped, and in front of the Mastoid process. It was slightly moveable especially in front. The surface of the tumour was occupied posteriorly by a round ulcer about 2 inches in diameter of dull red color and perfectly clean but devoid of granulation. No history of cancer can be traced in his family. The glands in the neck and axillae were not enlarged.

The whole of the tumour was carefully dissected off and



removed together with a small  
portion of healthy glandular  
tissue of the Parotid gland - Lost  
about 4 or 5 oz of blood during  
the operation. 24 ligatures  
applied to bleeding vessels.

No secondary hemorrhage  
up to the present.







Month.	Date.	Particulars of Case.
<u>Procted Summer</u>		
No	26	<p>This morning I removed a Malpighian Summer which had ulcerated and purged from the right part of rectum of a Native named Radha Chandra who had been in Hospital since 13<sup>th</sup> Nov 1867. The tumour was about the size of a nut and a red purged surface. I removed by making an elliptical incision on either side &amp; carefully dissecting under it &amp; ligatured. The flaps were sutured &amp; the fund washed down with the procted fluid - Sewn partly when I dissected away - The bleeding was profuse &amp; I secured 24 ligatures to check it - I sprayed the surface with strong Carbolic acid</p> <p>1. Drying well - wound looks healthy. By little granular skin - It is covered with Carbolic acid. Went to the leg at home. Come every day -</p> <p>25 - Wound nearly healed. He has had no Induration - By little discharge &amp; the Circulation is going on as before. Discharge more abundant.</p>



Month.	Date.	Particulars of Case.
		Rachestony
Decr	13	On Monday Morning the 23 <sup>d</sup> Dec/67 I was asked to see a little boy aged 3 the son of Rm Kato Nabro. Cool told me he was suffering from infant symptoms of obstructed respiration of a laryngeal character - It appears that the boy had been ailing a few days with cold and cough - & that during that night he had become much worse & that difficulty of breathing having set in - I found him very loud-sounding respiration even though very imperfect - The chest not expanding & the <del>sternum</del> epigastrium contracting & sinking with the force of his effort - His pulse was like a thread - Lips livid - Cries much at first - Sobs about in great restlessness - In fact he was at the point of death - He had been bedded up well with counter stimulants & Stimulants - An effort had been made to make him vomit - I examined his fingers - There was



8.90

CASE BOOK.

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Month.	Date.	Particulars of Case.
		Rachecotomy
Mr	23	<p>No apparent circulation but there was an elevated condition of the spinal forces -</p> <p>Some delay in obtaining the consent of the friends occurred. When the operation was performed he appeared to be on the point of expiring - I found the trachea with little effort - There was no bleeding - introduced a tube in the 4th of an inch - the W.M. felt no pain &amp; sleep and breathing easy - The air entering from lung &amp; causing a strong manual respiration movement.</p> <p>Introduced a small bottle into the lung soon &amp; taken by the child -</p> <p>Left him in charge of an intelligent drug graduate -</p>
Mr		<p>He is very well healthy looking when taken food. No fever - pulse better - Had some pain but no distress</p>
Mr	24	<p>Appearance very better</p>



Month.	Date.	Particulars of Case.
		Rachewing
Dec	24	<p> The heather &amp; the meadow thoughts  the tube with some reception  on one occasion he was nearly  disappointed by some means that  had insinuated he had the tube  it was fortunately crushed off  &amp; in the winter he had no more  In May he is free from pain  but he is having thoughts - the  mind when the tube is closed  he goes to sleep - it has been  worked with the S.C. - August 1st  the finger had been squeezed with  the tube - He has up to this  time taken no food but  Lettuce &amp; potatoes the milk  when he had been out thought  the tube. This must be either  due to loss of activity the spi-  ritual - or can it be that when he  has spent the day in the  the garden? </p>



Month.	Date.	Particulars of Case.
		Rachestony
Dec	29	<p>I tried the tree on this morning but he is not able to breathe by the natural channel - and indeed the respiratory organ appears as looking into the wind like a blunt end of a pipe &amp; by contrast of the tree - He has been taking some Linnæa &amp; Potomac water milk and butter -</p> <p>Bowel opened &amp; seems very well in general - His breathing is this morning easy -</p>
	30	<p>He is now well bodied - The tube was taken out this morning &amp; milk from nipple it came through the opening - He could not do by putting the tube which was reintroduced. He used the large water beakers.</p>
Jan	14 <sup>th</sup>	<p>The poor little fellow made from a hamster in the 13<sup>th</sup> Feb. three weeks after the operation - In the last.</p>



Month.	Date.	Particulars of Case.
		<p><i>Lachestony</i></p> <p>Jan 14 For some time he had been becoming weaker  occasional slight attitude of pain, the milk  in the food came mostly through  the tube, and in about one week there  was no more hearty as the more food  a nutting matter was there - The  patient was apparently paralyzed - in  one full arm and one leg and  no sign of the Oropharynx could be  seen. - When he was turned on his side  the air was heard could be seen  going through the upper part of the  duct - Port - he was said to  be capable of eating - The  tube was frequently removed, but  he could not do without it &amp; could  not live - difficult - The wound  under the tube had contracted &amp;  was healing - He could apparently  get some &amp; in fact was  taken - as food was swallowed in  small quantities - &amp; no more  then were not seen -</p>



Month.	Date.	Particulars of Case.
		Lachertony
Jan'y	14	This morning I opened the trachea in a case of ulceration of the larynx & some weeks duration. The patient a sea Capt Boyce - aged about 45 at first he was looking more or less to have caught cold some weeks ago this was followed by loss of voice difficulty of breathing & expectoration of mucous purulent matter tinged with blood. He had been under treatment for some time by Dr. Th. Drummond who had given him counter irritants. Ultimately introduced and kept but twice. After with a mixture of hyposphuric acid. After - I had seen him in two occasions & had done nothing. I saw him again yesterday he was sitting up in bed breathing with great difficulty the throat being whistling sound I saw him at last appearance.



Month.

Date.

Particulars of Case.

Rackerting.

Jan 14 His countenance was expressive  
 of anxiety and he was impatient  
 trying - But he finally gave up  
 trying. He has many morbid  
 notions which would be  
 worse. He complained of pain  
 in the chest. After the evening  
 effort to make an air -  
 the air when the lungs burst  
 slowly and with difficulty  
 and the distance the  
 thorax entered and contracted  
 after it was with the  
 the motion shortly and I  
 had ascended - I could say  
 nothing more about a morbid  
 symptom. The spots were certainly  
 suspicious. But I believe the  
 description was from the lungs  
 He was brought to the ward  
 & appeared at a much better



Month.	Date.	Particulars of Case.
		<p>Rachetins</p> <p>Jan 14 I recommended that he should be taken into the hospital he was admitted on Monday - 13 - Dr. May found him to be in the best of health &amp; decided that as the symptoms were no better than Rachetins had he the help of medicine to put the lungs at rest and to remove the danger of stasis perhaps of bronchopneumonia -</p> <p>He was brought under the influence of Phl. by Dr. Mackenzie very thoroughly. Although he was found to be influenced by it - I then proceeded to operate</p> <p>He was a stout, muscular man with rather a short &amp; thick neck &amp; the trachea lying deep - I laid a line with great difficulty &amp; much trouble very much later on in the evening of breathers as it was especially one point</p>















Month.	Date.	Particulars of Case.
		<i>Dyschezia</i>
Jan	22	<p>He died this morning - about 8 o'clock seems to have sunk from exhaustion. In Dr Mackenzie says he had no difficulty of breathing - He had vomited a little - a very green one for the last two days - but treated him with leeches with little benefit - and his difficulty of breathing had increased. The pulse when we found him was 110 - then went - but temperature high - over 120 -</p> <p>Delivered up yesterday morning &amp; examined his chest and found that the air was entering the intercostal spaces but he had been so long weaker that his countenance was mostly edematous - was covered with a part of Pruritus &amp; part of itchy skin.</p>



Month.

Date.

Particulars of Case.

Dachetomy

Day 99. He took his movements well  
during the last few days and  
seemed losing the weakness  
Yesterday he was able to  
upprop his trunk in sitting  
He appeared to have become  
rather more daily wise and  
died at 8 am.

P.M.

at 3 P.M. Temp. computed  
& measured - in all stages  
Dachetomy much improved  
Fever subsided within  
twenty hours. - The mouth was  
darker for two days, had a  
black & dusky look. -  
The spots on the trachea  
were high and behind the  
cricoid cartilage -  
There was a blood clot  
extending down the trachea



note on the Physical Exam  
Thoracic disease in the

Examined the chest  
hours before death  
then much oppressed  
pneumonic heat of surface  
very faint air did not

There were large brown  
apices and the left  
the seat of an aneurysm  
bronchus probably containing  
clot dissolved after

Examined the chest  
quite hardly on auscultation

24 hours before death  
little increased heat of  
but not of pneumonic  
sounds were less loud  
only and posteriorly  
cussion note was

I now report that  
all percussion the  
might possibly have

All that was  
residual sounds was that  
singularly free at  
did not appear to be

air  
trace

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Month.

Date.

Particulars of Case.

Dachetomy

Day 99. He took his movements well  
 during the last few days and  
 seemed easier than yesterday.  
 Yesterday he was able to  
 express his wants intelligently.  
 He appeared to have become  
 rather more fully wise and  
 died at 8 a.m.

P.M.

at 3 P.M. Temp. computed  
 & recorded - in all stages  
 reached much improved  
 former condition within  
 thirty days. - The mind before  
 death for two days had a  
 black & dusky look. -  
 The skin on the trachea  
 was high and behind the  
 cervical cartilage -  
 There was a blood clot  
 extending down the trachea



Notes on the Physical Signs & the Symptoms of  
Thoracic disease in the Case of Captain Payce

Examined the chest, in front only, 48  
hours before death. The patient's breathing was  
then much oppressed. There was not any  
pneumonic heat of surface peculiar murmur or  
any point air did not enter the lungs freely.  
There were large bronchial rales at both  
apices and the right bronchus was evidently  
the seat of an unusually loud & harsh  
bronchus. Probably owing to the presence of the  
clot disengaged after death.

Examined the chest more fully, but  
still hastily, on account of the patient's distress,  
24 hours before death. There was some  
little unusual heat of skin about the loins  
but not of pneumonic character. The bronchial  
sounds were less loud than before. Anteri-  
orly and posteriorly on both sides the per-  
cussion note was rather unusually clear.

I now regret that I only used superfici-  
al percussion. The employment of more force  
might possibly have elicited some changes.

All that was remarkable in the  
residual sounds was that the murmur was  
singularly free - almost puerile. There  
did not appear to be anything very distinctive



in this, considering the state of the  
trachea -

I did not see the patient afterwards,  
~~seeing~~ Dr. Ewart informs me that,  
on the night before his death, there  
was decided pneumonia heat of surface.

Upon hearing that the body had been  
examined my first enquiry was - Did  
lobular pneumonia exist? My previous  
knowledge of such cases led me to believe  
that - notwithstanding the apparently  
conflicting character of several of the above  
signs - they were quite consistent with  
the existence of that very deadly form of  
lesion.

It is a generally recog-  
nized fact that, as long as mili-  
ary tubercles, however numerous they may  
be and cancerous masses however large  
remain perfectly isolated in the lungs  
they do not produce dulness on  
percussion and are unattended with  
any change in the tube & cell sounds,  
except the very distinct one of puerile



breathing. In the same manner, lobular  
pneumonia remains generally, as in the present  
case, excluded from the working lung  
which latter takes on unusual activity  
to compensate for the loss of those cells  
which the disease occupies.

Hence I apprehend that, in ordinary  
cases of lobular pneumonia, we can-  
look for little more expression of the disease  
than is afforded by the temperature of

the body - the most important indications  
here, & puerile or somewhat exaggerated  
respiratory murmur

M.



Nov

Month.

Da

Day 8

Wholly down the neck



Month.

Date.

Fractures Particulars of Case.

with the trachea & trachea which  
 was pulled out in the front of the  
 The top of the trachea rather  
 In upper 7 The wound was  
 Partly closed  
 Extreme  
 Large  
 fracture of portion of ~~cranium~~  
 as by order a fragment - and  
 fractured about five of the  
 Lac: Injury: Supplanted.  
 The other trachea in the ring-  
 fractured -  
 Other trachea normal -  
 I measured before her death  
 it was nearly two inches from the  
 edge of the wound to the trachea  
 The trachea



Month.	Date.	Particulars of Case.
		<i>Leptothorax</i>
July	29	<p>Mr. Masey a short thick set looking man of 55, East Indian, has had symptoms of Calenture for some time but not violent. Still appears to be small - some healthy, no albumen - no sugar - the color of urine normal - 3 or 4 years ago Dr. Baillie removed a fatty, fibrous tumour from his bladder. This was probably for some suppuration and suppurated from which he appears to have recovered with some difficulty - He is very stout - but apparently healthy -</p> <p>Dr. Baillie removed the stone of median section at 10 AM. to-day - The tumour very deep &amp; sharp that the probe could not enter the bladder - However the stone which was small which was easily removed &amp; removed. It was polished on one side and</p>



Month.	Date.	Particulars of Case.
<i>Lithotomy</i>		
July	29	Slightly improved in the urine. Mr. Porter chrysis began to form - There was some hemorrhage at the time, but it was easily controlled by pressure
	31	I saw him yesterday. He had had pressure hemorrhage - I helped Dr. Bridge trying the wound & it ceased - The pericystitis was rather bad. Stopped in some hemorrhage
	1	I saw him yesterday. He had no more hemorrhage - Took in the tube. He had a rigor - but enough to the rapid drainage - He had had hemorrhage I supported the incision - After of hemorrhage at the time
	2	I was asked to see him today and he was with the rapid subsidence of the urine. He had had hemorrhage and Mr. <u>Symonds</u> . - Dr. Bridge a deep incision about 1 inch in length -



Month.	Date.	Particulars of Case.
		<i>Sept 1891</i>
Sept	2-	He is too pulse rapid - I supposed some Pulm trouble 1891 - He has had some disease since that day.
	3	His way at 8 hrs. Spent his time in very bad state - quite cold & covered with clammy sweat - pulse rapid but perceptible. He was hurriedly examined but quite unconscious. He died at 9:30 AM - There was no Bell - This appears to have been a very rapid case of pyæmia of the most deadly form - The mind remained healthy but very sluggish - notwithstanding the tendency in the throat to the blood poisoning. Probably some trouble in the Portal system is further caused this rapid circulation



Month.	Date.	Particulars of Case.
		<i>Laryngismus</i>
Feb	16	<p>             To-day I was asked to see Dr. Pinefor at              Wilson's Hotel, he had just arrived from the              N.W.— I found him in great agony              from dyspnea. He was thin, worn with              want of sleep <del>and</del> fatigue and pain.              His voice was husky. He spoke at              intervals with difficulty and was              obliged to sit up and rest his head              in his arm against the bed.              There was no return of incontinence              disease except one or two trifling              looking pustules half dried up on the              chin. He gave the following account              of his case. About 3 or 4 years ago              he had syphilis—a chancre—in              which he inoculated himself.              He appeared to have subsequently              had some nodules on the ribs              and a few papules on the              body—in these he says he has              inoculated himself about 6 times              (a poor remedy in the case, however              in syphilis). It is thought that           </p>



Month.	Date.	Particulars of Case.
		Laryngismus
July	182 or 3 months	that the present symptoms have arisen. They began with a sneeze in the throat and occasional dyspnea & he became conscious that a swelling was forming in the back of the throat at the root of the tongue. In a short time it gradually increased & he thought that he had lost his voice near the vocal chords but does not appear to have attributed his present symptoms to the retro-pharyngeal tumour. He appeared to me once little & nothing but - at home consulted many medical men without doing much. At last went to sleep lost of appetite. Dyspnea and stridor increased more & more that he took Red Cat. Left Parkman when troubled with a cough for a week or more



Month.	Date.	Particulars of Case.
		<p><i>Laryngismus</i></p> <p>to get here. Mrs. Thompson in the way must have been very fresh and a little man who came part of the way with him says his difficulty of breathing was so great that he thought he would have died in the railway carriage. He says that his desire to sleep is intense but that he cannot sleep correctly it is approaching frightful &amp; so many of the chest &amp; larynx &amp; corner he keeps him awake. He is unable to eat anything but in all in a state of food &amp; some food food. He is much emaciated - not much at present. He is about 100 lbs. His face is dusky but his cheeks have even a tinge of pink &amp; the appearance of anxiety &amp; a very in his feet and ankles.</p>



Month.

Date.

Particulars of Case.

## Laryngismus.

Feb

18<sup>th</sup> There is a peculiar morbid -  
 crampy character of respiration  
 but his voice at times is clear  
 and the spasm seems to relax  
 for a short return - He is able  
 to walk about & dress & per-  
 form his duties. During himself an  
 opinion attached in his death  
 he is very despondent & says he  
 thinks it is a very bad case  
 that there is no hope -

The fact is he is very slowly  
 expiring.

I examined the back of the throat  
 he held in his mouth  
 one who would allow me  
 found a hard red swelling  
 about as half a dollar off  
 at the back of the throat & below  
 at the corner of the mouth -  
 I was unable to detect any



Month.

Date.

Particulars of Case.

## Laryngismus.

Feb 18 Other evidence of structural disease  
in this imperfect examination  
without the laryngoscope -

I recommended him to leave the  
hotel & go to the Affirmation  
at the General Hospital & in the  
evening I came to see him -  
I had meanwhile seen him  
with Dr. Bronghorne and procured  
him an inhaler -

With Dr. Best I tried him again  
in the morning - and I recommended  
a subcutaneous injection of  
morphine into the neck - and  
that in the morning - or in the  
evening if the urgency of breathing  
increase. That the swelling at the  
back of the throat should be  
punctured - and if it should not  
contain pus & not be ulcers that  
that tracheotomy should be performed  
without delay



Month.	Date.	Particulars of Case.
		Laryngismus.
July	15.	<p>I believe it to be either a              uterine or ovarian abscess - a              summation of infection or a              rapidly growing malignant disease              I incline to the belief that it is              an abscess - The symptoms I              regard as due to pressure &amp; I              do not think there can be              much disease of the lungs              itself -</p>
	17	<p>On mid night Dr. Besh came and told              me that he had died about 11 P.M.              about 8. The specimen of morbid matter              was injected and he fell asleep              about 11 - he fell asleep - and the              apnea was settled - and as the              nurse who was with him said              his hearting stopped - I went to              about 12 after it seemed to stop              again - the case is in Dr. Besh -</p>



Month.	Date.	Particulars of Case.
		<p><i>Leucogomus</i></p> <p>who came in and found him almost dead - He immediately opened the trachea - there was an effluvia of expiration - but no respiration of the lungs when -</p> <p>Plt at 7 am.</p> <p>Feb 17 Body much emaciated - on the lower ribs on either side there were large smooth tumours the size of 4 or 5 eggs -</p> <p>The throat was laid open &amp; the large larynx and trachea wound - the upper part of the larynx was healthy the vocal cords unaffected. but immediately below the cricoid cartilage there was a circular patch of ulceration in the bottom of which the increased vascularity could be felt and seen -</p> <p>The trachea was otherwise healthy but especially the right branch computed of the upper plane of the trachea - the computed</p>



Month.	Date.	Particulars of Case.
		Laryngismus
Feb	17	<p>           A child to whom I was called. The mother            said there were one or two small            but very large &amp; a pea &amp; a lentil            in the lung substance, probably            Syphilitic - and some ecchymotic            patches - The heart was healthy            in the room or day the ribs, especially            to the sternum externally the            intercostal spaces were            not connected with the bone but            lying on it and coming a portion            of the costal bone under each. -  <del>A</del> I saw after there were            also one or two small but very            patches as this was shown in the            very hard cicatrized skin the            upper of the lungs -            on removing the trachea and            larynx &amp; upon the larynx            again - The large oval swelling         </p>



Month.	Date.	Particulars of Case.
		<p><i>Lymphoma</i></p> <p>Feb 17 was seen. It was smooth and oval and extended from the pit to the 2<sup>d</sup> 4<sup>th</sup> Cervical vertebrae it was hard and somewhat resistant - on moving off the fascia - No appearance that it was also a firmation deposit. of a pale yellow ashyish color and a section thick it contained thin and thin that it also was connected with the pericardium and the liver. The specimen was sent in to the Museum of the Med. College where after a some examination the description will be given.</p>



Month.

Date.

Particulars of Case.

Polypus Nasal

Feb

24



This morning I removed a large polypus  
 A tolerably firm fibrous nature  
 the left nare of a <sup>Mahomedan</sup> Hindoo woman  
 and Johnson. 30 years of age  
 & being free for 3 weeks  
 had gradually distended the  
 fund pushed the nasal  
 bone side -

removed it then roughly rubbing  
 and incising within the  
 opening of back pocket using  
 tumour which was of a whitish  
 & tolerably firm consistency  
 removed from the nostril  
 & brought out of the septum -  
 inserted in the nose - There was  
 much bleeding but not very severe.  
 The wound was treated with  
 warm lotions - The tumour was  
 somewhat lobulated occupied  
 the distended nasal cavity















Name - - - - - John. J.  
 Age - - - - - 30 years  
 Sex - - - - - Female.  
 Religion - - - - - Mohammedan.  
 Date of { Admission - - - 19<sup>th</sup> Feb. 1868  
 Operation - - - 24<sup>th</sup> " "

About three years ago the patient had a swelling about the size of a pea inside her left nostril; it was since then increasing in size, till about a year ago, when the growth stopped after assuming the size of a billiard ball. The left nostril has been closed by it; and the nasal bone of the same side has been pushed away from its natural position towards the inner angle of the orbit.

On operation there were found two polyps one larger and another smaller. the former was of the size of <sup>a</sup> large potato, and the latter that of a plying marble. They were both attached to the septum of the nose. There was a good deal of bleeding from the wound; two ligatures were applied.

Jacob Knist Sen  
 Surgeon.



Month.	Date.	Particulars of Case.
		<i>Polypos Nasi</i>
July	24	<p>This morning I removed a large polypos</p> <p>Noticably firm fibrous nature</p> <p>the left naves of a <sup>Malay</sup> Hindoo woman</p> <p>and Johnson. 30 years of age</p> <p>she is from 6. 3 and 1/2 in</p> <p>had for</p> <p>and</p> <p>that</p> <p>removed</p> <p>and in</p> <p>the</p> <p>turning</p> <p>of the</p> <p>was</p> <p>lower</p> <p>located</p> <p>much</p> <p>The wound was</p> <p>was treated</p> <p>onward</p> <p>The doctor was</p>





Month.	Date.	Particulars of Case.
		<i>Polypus Nose</i>
July	24	did not go back into the nostrum when in was connected with the anterior it was of the size of a small orange
"	27	She is doing well the wound has united before she applied to depose the prominent nasal bone — Dr. Colles has examined the nostrum and reported to be independent country of cells which by giving spell of small matter.
March	"	She is now well and has long since healed and before has now returned the prominent nasal bone in its place. There is no sign at all of any recurrence of the disease
	24	She is quite well and the depose- ment diminished. I fear it may return again
	28	Discharged cured



Month.	Date.	Particulars of Case
		Frceps Case Female, Labour
Nov.	8.	<p>Assessie Begum wife of Mr. Sufur Ali of the Mysore Army living at Soley Street - Ponnaspet -</p> <p>Nov 24 Am - Said to have been in labour at full term, or near it - for 4 days. Mr. Ball the Midwife came to me and said that she had been waiting since the morning and that she had been in pain to speak and no advance in labour manifest. I found her at 4 30 P.M. found her weak and exhausted. Pulse 80 - full &amp; healthy. Total heart audible - Abdominal head visible in P.M. - much enlarged but in one third of the way. As she was rapidly becoming exhausted P.M. - the evidence of uterine contraction I put on the forceps (having first emptied the bladder &amp; washed the</p>



Month.	Date.	Particulars of Case.
<i>Frax. pondus labor</i>		
March 8		<p>Small and feeble female child -          alive but very feeble - Has lost the          cold and is much weaker than the          other children of the same age -          resting in bed -</p> <p>I washed her and a half -          She said that the placenta was          extremely hard and contracted          and was very hard - as she          was very hard - and with          the child formed a very small          &amp; small hard body between          the two thighs - &amp; the hands          closed.</p>
	9	<p>Reported that the child well          and with the baby is very well.</p>
	14	<p>It is reported that the child the          died the Saturday morning. It appears          to have died of inanition - for it had          no food - The mother is reported</p>



Month.	Date.	Particulars of Case.
		<i>Jeannette Fries</i>
March	14	to have fever which began with upon the day before yesterday - She is taking <del>an</del> Quinine mixture per @ 35 - and says better. She is reported to have abnormal tenderness.
	24	I did not see the patient again but was reported to hear that she recovered perfectly, and had a favorable prognosis for some time.
April	4	I have seen account of her she is now home and for the intermittent symptoms, but has occasional attacks of fever -
	26	Report of the case for the second



Month.

Date.

Particulars of Case.

Malignant Tumour.

March 23 This morning I saw Miss Morris at 131 Bow Bayne. An American Lady unmarried, aged 32, tall stature with fair complexion, with red hair. She has been in India about 3 or 4 months as a Zenana teacher. Some time after or about the time she left home noticed a tumour in the left breast which gave her great anxiety as her grandmother, mother and two sisters had all died of Cancer of the breast and one member of her family had had one cut out of the hip. The tumour slowly increased and caused great pain at times. She concealed it from her friends until lately when her general health became greatly exhausted and she suffered from pain in the stomach after eating, nausea and muscular tremor. With great pain in the left side. The evacuations are also quite white. She has lately been very weak and her legs have begun to swell. The eyes



Month.	Date.	Particulars of Case.
Maligant Tumors		
March	13	<p>eyes are turned red - she is very desponding the resigned -</p> <p>On examination I find there was a tumor dense heavy and hard in the left breast. It is quite movable and detached - The glands in the axilla are somewhat enlarged -</p> <p>The contour of the mamma is not much altered as yet. The nipple is very small and undeveloped - The heart is very powerful to the touch.</p> <p>She says she has not menstruated for a year - and when her menstrual periods formerly have been attended with pain in the breast, she no longer found them perceptible until much later - The other mamma is natural -</p> <p>on examining the hepatic region I find the liver much enlarged and greatly indurated, posteriorly</p>



Month.

Date.

Particulars of Case.

## Malignant Tumours

March 23 Before the ribs - Menstruation  
 abundant posteriorly and abundant  
 but the enlargement is most perceptible  
 downwards - The haemip and the  
 pain with the rapid growth enabled  
 me to diagnose malignant disease  
 in the liver and no doubt its prog-  
 nosis is very rapid. I judge the  
 tumour has grown very rapidly and  
 that it has increased the full of her  
 waist 6 inches within the last  
 six weeks.

I recommended a gentle saline  
 aperient with Ipecac in the  
 morning, and a few grains  
 of Ipecac and in a bottle of  
 a mustard poultice occasionally  
 to relieve pain - and a moderate  
 quantity of food and nutriment.  
 I was asked if she might go back  
 to America soon - I said that I thought  
 her life could not be much prolonged  
 but that she might reach home alive.  
 The uncurable death might influence  
 of the cancer would do anything important.

Dr. Cheever saw her at the same day  
 and prescribed a moderate aperient  
 to be given -



Month.	Date.	Particulars of Case
April 4		<p><i>Neurological Examination</i></p> <p>There is gradually sinking, becoming too weak to get on her feet - She is more fatigued. The liver is increasing in size - The heart is throbbing but there is large swelling in the left side of the neck. In whole abdomen and pain in the side and back. She takes 10 amp doses of Dr. Williams' Pink Pills - When movement stops - The feet are all numbness - The urine is found like my husband - The mother has labored she died a few days later profusely fatigued - The parotid &amp; salivary glands much swollen - The mammae tumid much trouble - No pulse</p>



Month.

Date.

Particulars of Case.

Shark bite. Amp. Hip-joint.

May 13<sup>th</sup> Today at 10:30 am. Raminchunder Hunder  
 servant of 36<sup>th</sup> Street healthy man  
 was brought into Hospital about 10 am.  
 previously he had been seized by a shark  
 when bathing at a spot near that called Baga  
 Baga. The bite tore away a part of the  
 soft parts of the left thigh and gutta (separating)  
 grooving the head, neck and shaft of the  
 bone deeply with its teeth. The opposite  
 tibia was also torn and the peroneus  
 lacerated. The cartilage was torn away  
 leaving the tibia hanging and the  
 left thumb was bitten off at the  
 metacarpophalangeal joint. He was  
 collapsed from shock & loss of blood.  
 Stimulants: warmth & Sarsaparilla  
 were all used applied. There was no  
 hemorrhage beyond a constant dripping  
 of blood when I saw him. His pulse  
 rising a little and as the anæsthesia  
 of saving life. Chloroform was carefully  
 & slowly administered by Dr. Jaffrey  
 the Surgeon. Dr. Callaghan the  
 Acting Surgeon with the limbs & Chenevix  
 present.



Month.

Date.

Particulars of Case.

Shark bite. Amputation Hip-joint

May 13 I proceeded to amputate at the hip-joint - making the best anterior-posterior flaps & cured only the ragged soft parts.

The Femoral and Obturator were the only vessels tied and they bled freely - He bore the operation well indeed seemed better after it - but he sank and died quietly 3/4 of an hour after the operation - A portion of the tip of the acetabulum was also torn away I should have mentioned.

Pale - not mummy - 14" - Irregular healthy bloodless - No Clot in the heart the cavity being empty. The lungs somewhat hyperstatically congested - He was a strong muscular man of about 36. The Shark-bite had been a very large one from the vicinity of the wound - Details of the case sent to the Med. Times and Gazette by the Mail of the 14<sup>th</sup> May 1868.



Month.

Date.

Particulars of Case.

## Machinery injury

May 21- This morning a man aged about 25  
 a farmer, who had been working at a  
 Sorkie mill was admitted under Dr. Partridge.  
 In feeding the mill he was caught and dragged  
 into the machinery and was frightfully  
 injured. The right hand had evidently been  
 caught first. The interment was torn  
 back off the back of the hand & the three  
 inner fingers and thumb. The tendons  
 exposed and the tissues, especially much  
 lacerated. The wrist and lower part  
 of the fore arm much bruised and  
 lacerated. The end of the radius broken  
 and the ulna displaced outwards. The  
 upper part of the humerus with much  
 and Sorkie which was much embedded  
 in the bone tissues that it took a considerable  
 amount of washing to get it off.  
 The shoulder was much injured. The  
 acromion end of the clavicle ~~to the~~  
 located. The Scapula broken across its  
 body and one or two ribs broken and  
 indented in the 3-4<sup>th</sup> ribs probably.  
 There was a frightful lacerated wound



Month.

Date.

Particulars of Case.

## Machinery accident

In the right pectoral region extending from the Cracri of the arm - The middle anterior fold of the axilla completely dividing both pectoral ~~and~~ muscles - the Cracri clavicular ligaments and laying bare the axillary artery & vein. The Cephalic & the Venous trunks also exposed & well distinguished - but not injured - at least I think, of the artery was exposed. There was some general oozing of blood but none requiring to be stopped - The wounds were all cleaned & dressed with Carbolic acid & oil. The <sup>hand</sup> wrist is also to be treated & dressed. It is a ~~case~~ test for the Carbolic acid.

His pulse was rather low by the time shock was very good & he was quite sensible - I should have noticed that there was a wound by the superficial artery made just by the hand & had not been properly secured - He was much bruised & distressed when struck by the chest.



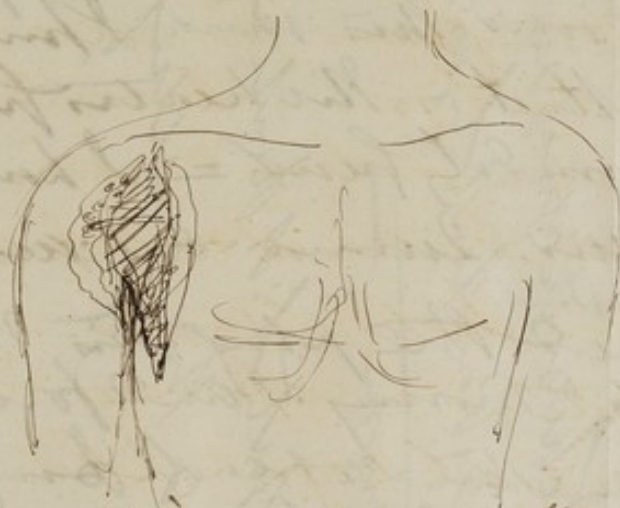
Month.

Date.

Particulars of Case.

Machinery Accident

May 27 He had other abrasions & slighter injuries but these I mentioned were the principal



" 22 On making up my this morning found that he died - apparently of Sol. motion in the night.







Imperial hernia

ated on a case of Femoral  
 hernia - I incised the  
 anterior surface of the  
 (into the sup. femoral  
 & enough to admit the  
 curved needle into  
 the ligature. The  
 the Perforator formed  
 above it - put into  
 paper against it  
 but could not  
 enter it - a  
 I mean as began  
 to the ring and  
 I saw a small  
 ring for some  
 time in my  
 hand.

Femoral ring  
 he must be  
 to take out  
 Case is as follows.



found a case the  
 accurate of that  
 of the ring  
 not being of the  
 I should note that the hernia was a deep one  
 the ring - it had been regarded as an Imperial hernia  
 he little was and an operation proposed with it  
 the Imperial hernia came - the operation was

Imperial  
 P. I. Rowland

Hernia



# Memo

P. J Newland - aged  
40 years. Irish. admitted  
1<sup>st</sup> April 68 - with Femoral  
Hernia of the right side  
of 5 years standing - Coming  
on from a fall from horse  
while riding - Has operated  
in the General Hospital at  
four months ago (w/ies)  
but with no permanent  
Success - In consequence  
of the patient's having  
cough - operation was  
postponed till the 21<sup>st</sup> May  
when it was done by Flap

23. 560

Wm. Gifford



Month.

Date.

Particulars of Case.

## Radical cure of Femoral hernia

May 21. This morning I operated on a case of Femoral hernia in the following manner - I incised the integument of the anterior surface of the abdomen as far as I could into the ring which was large enough to admit two fingers - I then with the curved needle introduced as in Inguinal hernia a paper ligature through the abdominal wall passing under Peritoneum and emerging about 2 inches above it - just not external to the rectus. I then passing another a little external to the first - but might it not through the same opening in the integument - a string about 2 inches long and nearly as big as two fingers was drawn up into the ring and tied with the left thumb finger over a small string. - I had previously for some days made him wear a New Method of Femoral ring he must wear to tighten and Case is as follows.



I should note that the hernia was a deceptive one - it had been regarded as an Inguinal hernia and an operation proposed with the Inguinal Radical cure - the creature was



Month.	Date.	Particulars of Case.
		Femoral Hernia Radical Cure
May	21.	It was when examining the Inguinal ring. That I detected it was a Hernia put it - Come down <sup>George</sup> <del>down</del> my finger & to the bottom of it. I thought at first some other thing in the external oblique muscle - but after a little examination I found that the Femoral ring was very large and that the protrusion took place through it behind Pamparth's ligament when the finger was actually filling up the external ring. The Hernia transverse was a large as half a swan's egg. He says he has had it - 5 years & that it first came from making some exertion. Has been gradually increasing. He is a tall rather spare man & prominently the skin in the point of the Thigh was loose and thin & so I was able to transfix it to a fair degree into the Femoral ring. It was not possible I found to bring the <del>radical</del> <sup>radical</sup> & cord up into position far enough to stand to do this.
May	22	He is doing well - no fever. Some pain down the Thigh. Paper douches daily.



Month.

Date.

Particulars of Case.

Bite by a rabid Dog.

May 30 This morning at about 10-30 am. Mr. J. M. came on me and said that about 9 am. he had been slightly bitten by a little pet dog. I was slight marks on the metacarpal bone of the thumb - from one of which he had blood he drew tested and they had been

Jessop &amp; Co.,

ENGINEERS, CONTRACTORS, BRASS AND IRON FOUNDERS, &amp;c.

Calcutta, 30<sup>th</sup> May 1868

My dear Sir,  
I took the day to Mr. J. M. & Mr. Sherriff considers it blue in the fresh stage of hydrophobia but he has promised to keep it & take a note of the symptoms. Let us know how it feels on

Should you wish to see my latest composition I will call at any hour on remark to for or on Monday.

Yours truly

Joseph Wood

Dr. J. J. J.

2 drs. & for the  
of the small  
ing skin including  
y rising a p.

It with curved

I -

his comm. - I

the movement

acted - I advised

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lobia

that the dog died

with two men after he seemed to



Jessop & Co.,

ENGINEERS, CONTRACTORS, BRASS AND IRON FOUNDERS, &c.,

Calcutta, 30<sup>th</sup> May 1868

My dear Sir,

I took the day  
to Hunter, Esq. Mr. Sheriff  
considers it blue in the  
fresh stage of Hydrophobia  
but he has promised  
to keep it & take a note  
of the symptoms & let me  
know how it gets on

Should you wish to  
see my latest treatment  
I will call at any time  
Convenient to you or on  
Monday.

Yours truly

Joseph Wood

D<sup>r</sup> J. Taylor



Month.	Date.	Particulars of Case.
		Femoral Hernia Radical Cure
May	21	It was when examining the Inguinal ring that I detected it was a Femoral Hernia put it down <sup>before</sup> <del>down</del> my finger to the bottom of it. I thought at first some other opening in the external oblique muscle - but after a little examination I found that the Femoral ring was correct and that the protrusion behind Pubic arch by which was actually filling the Hernia I turned half a swan egg - it is 1/2 inch & that is some relation to the - crossing. It is a protrusion of the stomach which was loose & to terminate it to a Femoral ring. I found to my surprise for some time that
May	22	He is doing pain down lastly



Month.

Date.

Particulars of Case.

Bite by a rabid Dog.

May 30 This morning at about 10-30 am. Mr. J. M. called on me and said that about 9 am. he had been slightly bitten by a little pet dog. I was slight marks on the metacarpal bone of the thumb - from one of which a few drops of blood had been drawn & tested and they had been well coagulated - I gave some advice as to the value not only of the physical but of the moral aspect I cut out the portion of skin including each puncture & washed by raising a piece of skin and dripping it with caustic soda - May 31st the dog -

The dog was in a bag in his kennel - I did not see it - but I saw the movements of the dog in which it was kept - I advised him to take it to a vet Surgeon and have it kept and watched - He said that for the last few days it had been restless and snapping at my arm - In the course of the day I received the appended note by which it appears that the dog pronounced the dog to be in the first stage of hydrophobia

I learned from Mr. Sheriff next day that the dog died within two days after he received it.



Month.

Date.

Particulars of Case.

Strangulated Inguinal Hernia

June 3 - Last night at 9 P.M. I was asked to see a native merchant Lala Salpa - aged 60 with a Bura Bura, with hernia. I found a short old native healthy looking man for his age with an oblique inguinal hernia of the right side of large size - complicated with enlarged omentum & intestine. It had been there some many years but of recent symptoms had come on. The hernia was evidently an old one but he was too much suffering and the people about him were so ignorant to tell me anything about it. The bowels were empty the abdomen was slightly enlarged. I applied some of the neck of the hernia the evening of June 3 - which could be felt hard & tense though a dense coating of fat. I put him on an O.P. tried later but without success. I then used ice blue applied throughout the night & a moderate amount of warm water & oil taken at intervals. I called on Bura Kany Salpa & he had him taken to the hospital I saw him again at 9 P.M. with the O.P. Parturition. The symptoms were disturbed he was vomiting. There was intense pain



Month.

Date.

Particulars of Case.

Strangulated inguinal hernia

as the man had a swelling of the hernia  
 he was very restless, & he refused to sleep  
 nothing - the swelling had increased. He was put  
 under chloroform by Babcock R. S. Esq. and I proceeded  
 to operate making an incision through the thick  
 layer of fat & skin at the sac - and found  
 the structure as the inguinal ring - the fibres  
 of the external oblique tendon being spread  
 out over the large tumour. The sac was  
 very large like an adult head & the  
 contents of sack about as thick as a woman  
 arm - After stitching up the tendon  
 the tumour returned tolerably easily  
 but on making pressure on the chl. he said he  
 was altogether relieved -

I saw him again in the morning he was  
 low but free from pain - bowels had not  
 acted. no hiccup - no vomiting, very  
 little pain - that of a full bladder and  
 lower part of the abdomen. He had  
 passed no water - & they had pumped  
 in warm water - I advised the pro-  
 - stration to be continued - with the operation -



Month.

Date.

Particulars of Case.

## Stomachal Infarction

June 4<sup>th</sup> Still depressed but in no pain.  
 Bowels have not acted. Green again  
 but I doubt if well done. Complains  
 of not having passed water - Passed a Catheter  
 & passed in a few ounces of the fluid.  
 He seems to be sinking from exhaustion.

At 5 P.M. I received a note to day that he  
 had just died. —

I am inclined to think that the cause of  
 death in this case was gangrene  
 of the lungs which was large and the  
 structure was highly congested  
 soon. Examination of the lungs  
 (a high 1000) showed a mass of and probably  
 some organic mischief were the  
 causes — He was an old man  
 and I think probably not long living.







Month.

Date.

Particulars of Case.

Cerebral Rheumatism in a Embolism?

replying to the first direct question. for example  
 when I asked him how he was? what was  
 the cause? & he said I am much better  
 I have played & then incoherence. —  
 I don't know what brought him on the  
 point played, after again incoherence  
 surprise was made about 120, the lady  
 sitting up - He said but but face rather  
 pale than flushed. Dr. Smolepis.  
 no attention in his speech. He had  
 a low and soft as usual and  
 appeared well until in morning then  
 he came on. He in morning & evening  
 said the shock moved his right side  
 about and was convulsed for while  
 a fortnight but he had it then out.  
 There was no heat of skin, no  
 foulness of tongue: but he said  
 that his bowels had acted irregular  
 and that they thought him quite  
 well. Ice had been applied to the  
 head - He is a thin spare man







No 1

Please come to work  
and see me

W. E. Green

P. S. -

This must have been  
written just before  
the first came on  
F



Month.

Date.

Particulars of Case.

Cerebral hemorrhage

uplying to the front direct grade  
 When I asked him how he was  
 the Consul? & he said I am  
 I have played - & then in  
 I don't know what happened  
 paid, played, & then a  
 surprise was made about  
 entry up - He said but but  
 said then flushed. In  
 no attention in his speech  
 it was said for up as was  
 appeared well until he  
 hit him in - He is in a bad way  
 and the shock turned his right side  
 about and he is convulsed but like  
 a fool, that he had at the at last  
 there was no heat of him, no  
 froth of tongue: but he said  
 that his tongue had acted as usual  
 and that they thought him quite  
 well. I have been up to the  
 head - He is a thin spare man



Month.

Date, \_\_\_\_\_

Particulars of Case.

Particulars of Case.

Cerebral Rheumatism & Spasmodic ?

with the long hair & pointed ears. Look  
in some respects. The two figures in grey  
the eyes bright & with no arms. The  
head & arms are not bad, in all manner  
He has had great domestic affliction  
late in the loss of his daughter and  
his colleague in the Revenue board  
told me that he had been occupied  
with an ancient case - that he  
was much alone and becoming  
weak to do more & that he  
thought he was getting on in  
life & had some interest  
He reads much & is a very thoughtful  
intellectual man. but his com-  
plaint he had not been ready late the  
night before the attack & that to say  
in his usual health and at the same  
time.  
I imagine this attack indicates  
bad cerebral vessels. perhaps an



Month.

Date.

Particulars of Case.

Cerebral exhaustion? a Embolism?

embolism in my opinion. It is not a  
 some temporary & transient interference  
 with the cerebral circulation - The  
 prognosis I fear for the future is not  
 very favorable - I asked Leg an ace

Coel: an mag: &amp; h-

frange lina -

perfect with spirit

Beetle at intervals -

Sten Chln 3 1/4  
 Spm lina 3 1/4  
 Ag 3 1/4

I saw him again at 4.30 PM  
 He was more cheerful. looked pretty  
 well. answering questions but in  
 the middle of the speech he became  
 he did not mind come to the end  
 word a sound. "played" but he  
 substituted words and seemed quite  
 unable to keep the word he  
 wanted - He thought a friend  
 who offered to take him to his house  
 & said he preferred staying where he  
 was & it was not until he was



Month.

Date.

Particulars of Case.

Cerebral Exhaustion &amp; Insomnia?

to say more that his incoherence became  
manifest - I left him the next  
day - but he was not better - I continued  
the medicine until the 10th of June.

June 9th He is much the same. Pulse  
about 120 - Sleep is better - He  
answers part of questions intelligently but lapses  
into incoherence immediately - I gave  
him a book & he pretended to read but  
it was the worst incoherence.

At his return from Chelsea with  
a new lamp - is much better  
sleep - cold to the head. I have  
given him a small amount of medicine  
a nurse is placed there to attend  
him.

Before now the nurse is  
unfit for the situation - I have  
ordered - Dr. Clark said he  
is the best. I have ordered  
the nurse to be changed - I have  
ordered the nurse to be changed - I have  
ordered the nurse to be changed - I have



Small 11/68  
written in my presence  
Fr.

N<sup>o</sup> 2

I am so bad today  
about, all about the  
white day, all; ab  
a whole, all, but the  
whole day, all; ab

~~the whole day~~ ~~the whole day~~  
the whole day, all; ab  
the whole day, all; ab

P. B. B. P. P.  
P. P. P.







Month.

Date.

Particulars of Case.

Cerebral Exhaustion? Embolism?

He can reply to a simple question such as have  
you slept, eaten - &c. - He says he is  
by self - the second function completely  
suppressed him - the same as the wildness  
incoherence - was without any connection  
a meaning. I asked him to read what he  
brought him the book - he looked round for  
his Spectacles they were handed to him  
to look at them - he looked long at the book

Small / 68  
written in my presence  
F.

NV 2

He said -

to a note he

able to do so

to pen & write

then after that

of finally efforts

write, he told

told them

he read a

then became

to write

at 20 minutes

he had read

I am so bad today

about, all about

all the day, all, at

achieve, all had to

keep at it, keep at it

~~He said~~ P.B.B.P.P.

He said: P.B.B.P.P.

P.B.B.P.P.

P.P.P.



Month.	Date.	Particulars of Case.
		Cerebral Exhaustion? Embolism?

June 11 He remains much in the same condition. Pulse per 110 to 120 - skin cool - perhaps slightly flushed times - bowels not regular - takes all food and fluid readily, sleeps well - is very quiet, docile and gentle. Once on attempts to do anything he is told - walks with a peculiar firm head body slightly bent forward. But it is not an exaggeration of his natural posture. The first appearance when I see him is in the hall - He then is a peculiar phenomenon. I had his head tilted placed in his usual position. He recognizes a thing which he will not the voice remembers the words to say - I saw Fitzgerald said "He thought" in the same



Month.

Date.

Particulars of Case.

Cerebral Exhaustion? Sumbolism?

He can reply to a simple question such as how  
 am I sleeping - eating - &c. - He says he has  
 by self - the second question completely  
 baffled him - the answer is the wildest  
 incoherence - with no connection  
 or meaning. I asked him to read privately  
 to give him the book - he looked and for  
 his Spectacles they were handed to him  
 he put them on - looked long at the book  
 & muttered some incoherent words.

I then asked him to write a note - he  
 sat down at his writing table to do so  
 but his Spectacles took him a while  
 to find the paper - then after that  
 of 1/2 an hour - repeated fruitless efforts  
 to begin - saying "I can't write, the pen  
 won't go" - &c. - he scratched the  
 paper 4 or 5 times - & then he read a  
 few words correctly and then became  
 incoherent - He sat down to write up  
 my remarks & after about 20 minutes  
 sitting as he did yesterday he returned



Month.

Date.

Particulars of Case.

June 11 Cerebral Exhaustion? Embolism

His note. and was glad to go and lie down. It is difficult to say how far he knows what he is doing - in the middle of the simplest stuff to a patient he puts his hand over his forehead and appears to try in vain to recall the word or idea he wants - For example when I say ~~do~~ do and do? Oh yes ~~but~~ or don't like it? Oh yes - Why? because I - I - I. can't - work a bit - because it is a - terrible - height - -

I have a and have the chest without the - he is little sweet & tractable in the extreme. Remembers the facts frequently. Satiety - A number of the touch are making him of course - perfect sweet. - Heard the left foot - feet warm, the one sometimes cold - & sometimes at back of neck - In day he had an effusion up with the time there he appeared to bleed it.



Month.	Date.	Particulars of Case.
--------	-------	----------------------

June 12 It appears that he is a man of better talents

This was a note to a friend to say how he was I am better, he will say how he was is better but ill

my bill a  
ill i bill  
the is a  
the ill F  
3 was

The table & some  
my friend, but he  
what it was  
spend it at  
time & I had later  
indicated after him  
the in common  
apt well & seems  
answers cheerfully

Mr. Munkable that would be better than  
in common. Munkable, he stopped to speak of  
"Ecc. Hume" about 1000000.



Month.	Date.	Particulars of Case.
June	11	Cerebral Excretion. ? Embolism

This note.  
 down. It  
 he began  
 much of the  
 he put to me  
 appeared to  
 a idea he  
 in ~~any~~ of  
 or in blue

I - I - I. came a day  
 to a - test. a day  
 I have a and along  
 for he is further a few  
 the volume a bar  
 property. ~~superior~~  
 touch me in perche  
 met. - Heard  
 when they are  
 in a state of trouble - one day he had  
 an effusion up with him there he  
 would bleed it.



Month.

Date.

Particulars of Case.

June 12 If anything he is a shade better today  
 in physical condition. Food. Pulse 64  
 Skin moist. head cool. Bowels well  
 open. - I tried him with reading & writing.  
 He read a few words easily, but then he  
 stopped altogether. - His writing is what he  
 has been doing pretty well (read)  
 for the <sup>first</sup> time since he has been  
 confined inasmuch as that he ~~has~~ wrote  
 today. - He saw me looking at 3 lines  
 of food in the table & saw  
 some was mostly new food, but he  
 could not remember what it was  
 when wrote it - He said it was  
 "Ecc Homo" by Gladstone & I had later  
 a letter from - & immediately after his  
 conversation was quite in coherent  
 He has eaten & slept well & seems  
 in good spirits. Answers cheerfully  
 when spoken to. - I now hasten  
 Mr. Munkable that would besty these  
 incoherent remarks. He stopped to speak of  
 "Ecc Homo" which I sawably -



No 3

Have any one a dander  
any were wone ~~hand~~

By the way was very ill  
a dander; so dandy  
a dandy; a wainfall  
along light, at about  
a quart. ~~for~~ perfect  
a baturfent about a few  
~~after~~ a dayful about  
bered day

4. On June 12

Note to a friend

to say how he was

F



N<sup>o</sup> 4

~~Thursday~~

Wednesday.

~~Thursday~~

I should wish

a week of blacking

a book of book of

Cart B | <sup>then</sup> June 12/68

Instructions as to what  
time he would have ~~to~~







This was a note  
to a friend to  
say how he was

June 12<sup>th</sup> / 1888

S. A.

A

No 5

I am better, he  
is better but ill  
a ill my bill a  
better, ill i bill  
my better is a  
boulter ill &



Month.	Date.	Particulars of Case.
June	11	Cerebral Exhaustion? Embolism

This note.  
 down. It  
 he Brown  
 in that of the  
 he found him  
 appeared to  
 a disease he  
 in ~~any~~ of  
 or double

I - I - I. Can a d  
 the a - test. a d  
 I have a and along  
 the he is further a eu  
 the volume a ba  
 frequently. ~~superior~~  
 touch me in ~~peret~~  
 met. - Heard  
 when they are

in that at least of near - a day he had  
 an effusion up with the time there he  
 wished to bleed it.







No 108

CASE BOOK

No 6

Month.	Date.	Part
		Cerebral Rheum
June	13	He looks better drinks his food well relaxation & some sleep leaving in bottle had used the paper chafing piece - He seems that the thing buds (buds) - had one or two minutes whole second more better to what was intending - He knows but whether his my name & as his manifestation intending & said he Rochester (Rochester) Chas. I could not write he did not change and the result was a name of the form He is 84 - the Bonds from - much order from his heart own food & spirit & was lost

It was blooming all  
the well, it was  
leaving in bottle  
it was faintly -  
It has been  
raining all the  
night, I have been  
long -

Throes

Menu of food for today  
107

Bacon  
Breg.

Begels =  
Spinich & Scut  
Soup -  
Spinich & Cuck  
Spinich.

June 13<sup>th</sup>  
for 7 days  
the 7th of the month  
V. copy



[illegible]

Presbyterian Law

Heart wine as usual -

Some for my friends

June 13<sup>th</sup>

Received of Mr. J. H. ...  
 the sum of ...  
 for ...  
 1877  
 J. H. ...

1  
 Hamples  
 Fayer - Forty baal -

...mach nine hundred



Month.

Date.

Particulars of Case.

Cerebral Rheumatism, Embolism Aphasia

June 13 He looks better. is sitting up - sleeps well  
 took his food well yesterday took a small bottle  
 of claret & some sherry - I asked him if he  
 had read the paper - he said Oh yes - "Eye Eye"  
 cheap justice - He then took up the English  
 & read that the cheap justice and all the  
 judges (judges) had done so & so - he made  
 me or two mistakes in his reading - but with a  
 whole seemed more able to comprehend &  
 to know to what he meant than he  
 yesterday - He knows I have a balance  
 but cannot remember his name - He mentions  
 my name several times - He speaks  
 his dissatisfaction with his mother's  
 situation & said he would not have by 7  
 Rodger (Raker) ship -  
 I asked him to write a note & he would  
 he did some cheerfully to the 2 - He says  
 are the worst - in a note - He often  
 a name of the food & said he liked his  
 His pulse is 84 - skin the and cool -  
 Bowels open - much less of that peculiar  
 odor from his breath He looks better is cheer-  
 ful & spirits & walks with a light step  
 said



Particulars of Case.

Exhaustion, Symbolism, Aphasia

to well and she ate a good lunch  
 on my way into the room of  
 the Indian bird house. I  
 was away, surprised with the  
 little the matter.

Wednesday. June

XXIV

37

31

34

3. VII

He took my hand  
 the black in my neck  
 kept open - He may have  
 and closed. I put

he was much the  
 attached to - He had  
 his own mechanical club  
 and it is a good

did have also written  
 He read a great deal  
 letters, but as he was  
 and became more

intensely "interested"  
 in conversation  
 much more interested



No 6

It was blowing all  
the well, it was  
leaving in bottle  
it was scanty—

~~It~~ It has been  
raining all the ~~evening~~  
night; I have been  
very—

Yours

June 13<sup>th</sup> 8 am.

Dr. J. J. J. J.  
Mr. J. J. J. J.



Menu of food for today  
No 7 alone

Bacon

Begs.

Begets =  
Whispering Secret

Soups -

---

Principles

June 13<sup>th</sup>

for Flax  
An Fity fould present



would do her quite  
well and I am sure  
do what we can  
do at, and would  
do what he would  
well

Note describing  
his condition

13<sup>th</sup> June

4 PM

F

This old lady is quite  
well and I was very  
very glad that she  
would quite and I  
would be quite  
glad that my  
servants would go  
Every thing that



Clouze Bros  
or Presley

~~Friedrich~~

Friday

(Bl  
4.00)

Alfred

D. Lenzel

Mienau - 1/4 man  
mount -

Almy - Honey  
cleansing

Fayer - Fifty Sack



~~No 7~~ No 8  
Berkmanth Lane

Claret wine as  
usual -

Some for my brown  
June 13<sup>th</sup>

---

or with the  
wine merchant

F  
h



6  
Barnesentha



No 108

CASE BOOK

No 6

Month.	Date.	Part
June	13	Cerebral Rheum
He looks better He is fond well of the ball, it was glad to see him leaning had read the paper - Chapman - He - was that the thing buds (buds) - had one or two minutes right whole second more bottom to which was intending - He kn but when his very name or his presentation would intending to send the ball Rods (Rods) or do I asked him to write to at, he did not change his and the result - well a number of the for He is 84 - He Bones open - made odorous in his and for spirit - was last		

Barkman

No  
h

by the  
the 7th



Month.

Date.

Particulars of Case.

Particulars of Case.

Cerebral Exhaustion, Symbolism, Aphasia

June 13 He looks so well and speaks a few words  
so comfortably that my anxiety, the worry of  
getting a simple fracture, Indian bird case I  
would probably come away surprised with the  
idea that there is any little the matter  
I made a change in his medication today. Thus

4 June: Dried: f. XX

acid int. out. 35-

2. *Mucis bursariae* 31

*L. muraria* — 3  $\frac{1}{4}$

ag.

3. VIII

to keep him - Keep the blood in. Monkey neck  
Bones - Bones the best of all - He may have  
meat. Egg flip and Claret - 1 part.

Before. In the evening he was much the  
same. I must say rather better. He had  
written an note to his wife much about  
I cannot remember. It is signed  
The note, appended below also written  
in my presence. He read it aloud to him  
with his mother. But as he found  
as he felt tired and became more  
unintelligible - shortly & finally  
the end. His conversation  
became much more rational



Month.

Date.

Particulars of Case.

Cerebral Exhaustion? Insolation? Aphasia.

June 14<sup>th</sup> He is much better than on 11<sup>th</sup>. Colic & sleep well. pulse 80 - Insane natural.

In heart of him - Read my well miscell. of a few words. Talked quite naturally about many things & about his illness. Did he remember by taking all the he could not remember. - Remembered people who he knew to see him & the days in which they came - remembered Dr. Channing's coming. Spoke quite clearly of former events - but occasionally used long words or phrases that would he would attempt than when curious of the perfect pulse. Read my well miscell. of a few words. Read - but indicated some words. wrote a note which is appended. remembered Fitzgerald's name and laughed as he said it.

Dr. Channing said to me today at 1 P.M. He read a note in his paper. He is reading with great interest. Of time now at the end. The country is peaceful. The country is peaceful. He talked quite naturally in my presence with Channing myself.



particulars of Case.

more in right thigh

I removed a large cyst  
two lbs weight - and nearly  
out from the upper and inner  
of a Mohammedan hand  
servant of the Hon. L.S.  
in growing for about 3 years  
painful as well as in  
to size - The upper and  
right thigh was much  
more than dark hand  
the partially movable  
they were all pulled  
and was not swollen  
wells at times and the  
not much enlarged

last of time

remained  
look  
which  
could be



much by making  
the more or less  
line of the  
and find this  
under the  
concern with

It was the old infection - The fungus  
had been cut across with a + I removed



<sup>179</sup> Ch 8 am 14 June

you we have had  
an awfully lot  
of both, during last  
night - it was raining  
during last night  
the train was for-  
getfully getting it.



~~to~~ June 14<sup>th</sup> No 10  
8 mm or damp for  
June

---

Fruit-Bread.

---

Dinner  
Soup

~~Thick~~ Thick Soup

Brothline



No 11

I seem to have been  
pretty well and  
am as fit as  
you are all I am  
better than now,  
but I hope in a  
few days I shall  
be able to do so  
as I well can

14 June 1-30 PM

Dr. Fingus  
Dr. Chenn



Month.

Date.

Particulars of

Cuthbert &amp; Thomas

No 9 / 28 am 14 June

June 14<sup>th</sup> He is much better for we have had  
 slept well. pulse 80 - an actually lot  
 in heart of him - Read of both, during last  
 night it was raining - it was raining  
 he remembered by talking during last night  
 not an evening - When the train was for-  
 them to see him after getting it  
 come - remembered &  
 spoke to Henry  
 but occasionally we  
 people the mind he  
 then criticism of the  
 Read against some  
 read - but mind was  
 wrote a note when  
 remembered Fitzger  
 laughed as he said  
 Dr. Johnson said he  
 He read & wrote in  
 reading with the best  
 at the end - The com-  
 the reading is un-  
 naturally in much better with Johnson's hope

No 11  
 I seem to have been  
 pretty well and  
 am as just as  
 you are all, I am  
 better than I was  
 but I hope in a  
 few days I shall  
 be able to do so  
 at I will care

14 June 1-30 PM

Dr. Fergus  
 Dr. Johnson







Month.

Date.

Particulars of Case.

Feb 11. I saw him on 18th inst. it by cutting & tearing with my fingers. The blood was rather profuse and one large vessel probably the Arteria was divided - small vessels also - skin was bad - It was plugged with lint & Carbolic acid & powder. I kept him with him. The wound was nearly a foot long - He became rather low on the table and repudiated that he intended to shoot me down & that the boy was his wife. He however had no gun.

June 12. He had fever last night, but is free from it this morning. No bleeding. He is restless & weak. but otherwise dry well.

13. He had fever again last night & looks depressed this morning. Pulse 96 - in June. Temperature now 105 but 101 in mid April 100 - Remains the same & is supplied the Carbolic acid. There is no action in the wound yet.



Month.	Date.	Particulars of Case.
		Fibrous Membrane in right thigh
June	14	He is hungry. pulse has been up to 120 - Temp 105 - But temp. is now 94 - Temp 100 - Surge up contd. Bowels have acted well after a dose of oil - He has not much pain. and by nature come away. but there is no action in the wound. The muscles look as though they have been pickled. Some pain in the thigh behind the wound - Hand depressed & uneasy look. Does not take food well
	15	He is hungry. but his pulse is 80 - Temp 92 - Temp 103 - but it is not in action. The right hip is still the same of ad motion. Muscles probably the larger coarctated of Carlsberg kind. not at all healthy looking
	16	Left arm - pulse 92 - head better. and no fatigue left. altogether he is better & strong
	17	The wound looks clean and is beginning to discharge healthy - Left arm. in all respects better
	18	Doing well - wound looks clean but not very active. Temp keeps high 103 - Pulse 92 - The disposition is unchangeable



Month.	Date.	Particulars of Case.
		Fibrous Swelling of Throat
June	19.	He is very well. He can do lots of healthy work. The weather is very much better. - Temp 84. - It is temperature 100. - but his pulse is about 90 -
	21	Very well. Action not vigorous. Muscles not quite red. Slight redness of throat. Temp 103 - P. 84 - pulse 102 at 10 am - I am for better
	22	He seems to be improving daily. Would be healthy. Pulse 84 to 92 - Temp. coming down 102 - He looks more cheerful and takes his food freely - The weather is much against him. Head full with dizziness and sleep -
	27	He is slowly improving. He can do a little work. He is healthy by little and a little. Pulse 80 to 90 - Temp. has come down to 102. - Drop in the carbonic acid is small



15 June 8 AM No 12 ? Embolism? Aphasia

Something about and committed  
 I select a bed and imitates my  
 of Mutton to read. I wrote this morning  
 then at night I will read full day then  
 have some thing to do in front of hands  
 at at nice - I am in some  
 will have some food - He can't  
 mine for me - a book  
 a paper knife  
 but - am not

Wish to say how good of memory &  
 how I much had book - He let in  
 how would not like of class

15 June No 13  
 8 AM  
 H

the same of anything  
 after act memory  
 imitates this  
 equal to the ready



15 June 8 am

No 12

The

Something about  
2 o'clock. a bed  
of Mutton to read.  
Then at night I will  
have something to  
eat at night  
I will have some  
more for me



I think I should like  
to have the old lady  
to do now and I  
should be much  
liked to say how  
how I much  
how would

---

15 June  
8 AM

No 13

F  
H



Month.	Date.	Particulars of
		Fibrous Lungs

June 19. He is very much  
healthier. The pulse

but the temperature is very  
normal 84. - It is to  
be the pulse is about

in 24 days. - and  
moderate temperature  
that healthy. Temp

42 at times -

22 He seems  
daily. Temp

84 to 92 - Temp. c

looks more cheer-  
ful and healthy - The

apex of heart, heard for  
some time -

27 He is slowly improv-  
ing. The pulse is healthy. Temp

Pulse 80 to 90 - Temp.

102 - Drop in the

evening



Month. Date.

Particulars of Case.

Cerebral Exhaustion? Embolism? Aphasia

June 15<sup>th</sup> He seems the day will be  
read me a telegram and committed  
himself to - made a few imitations  
in his work. Read a portion of a book  
equally well. and wrote this morning  
about his food. My full day's work  
of his conversation & power of reading.

His physical health is good. Hands  
regular. pulse 80 - strong & free  
normal. His memory is good  
recollection not so good - He could  
not remember the name of common  
objects - such as a bell - a book  
he called it book / a paper knife  
a Fidget & name. but - was not  
conscious of his defect of memory &  
denied he had a bad book. He later  
has found well that the & clear

June 16<sup>th</sup> He is much the same of anything  
rather clear & better auto memory  
He read with few imitations. His  
writing was not equal to the reading



Month.	Month.	Date.	Particulars of Case.
			Cerebral Exhaustion? Embolism? Apoplexy?
June	June	16.	He has a fair appetite. Sept. 1881 - It should be noted that for the last ten days there has been much rain and the air has been cool. He has been in bed for 10 weeks.
		17	He is improving. Had a good night. Sleeps well. Pulse 80 - 90. Healed. He read an advertisement in the paper for a cure of the disease. and spoke well with occasional venturers of which he was quite conscious. The account being given to the same merchant was written in the 15 <sup>th</sup> . There was a doctor at the H. - There came his friends against. Allowing him to remain a day or two.
July	July	18	He continues to improve. He can write better. forgets few words. - His physical health is good.



iculars of Case.

Seculars of Case.

the perfect & voluntarily  
without a mistake  
a few lines about  
a day or so  
a fine number  
in the morning.

J. S. Brown

17  
Con

(14) 13

I have been seeking  
the paper and  
~~the report~~  
have been reading  
about all the  
~~comment~~

June 18

I have been thinking of you  
 and the good  
 and the beautiful  
 as I sit  
 and read  
 the  
 of the  
 July 3  
 He is in the  
 here of the  
 I am  
 in the  
 day  
 of the



Month.

Date.

Particulars of Case.

Cerebral Exhaustion? Embolism? Aphasia?

June 16. He has a fair  
will - It seems I have had money  
last ten days then to come and see us  
even and the accident was very folly.  
has been in bed for 14 days had so much

17 He is improving  
night. I suppose the  
stroke healed.

admission.

emitted. an

occasional

was sent to

supper room

was with him

drunk and a

his friends

now a day

now a day

now a day

now a day

now a day

now a day

now a day

now a day

works done -  
we are all well

(14) (15)

It has been said  
then it had to be

There is very little blue  
done for all the  
Englishman to be said

June 18  
8 am

will be there

June 18 He could

read with

words - His

eyes



*Belmonte*

iculars of Case.

Monte. Embolus. Whence

rather perfectly voluntarily  
without a mistake  
a few lines above  
an enormous absence  
in fine manner

same pretty manner.

by (17)  
Ba con (18)

captured  
in the food

of the food

as perils

e

ordered read

nothing type

ed

July 3

He is more

here of the

leicant.

mutates

in many

dry well

if the

any

any

any



(14) X3

I have been seeking  
the paper and  
~~the ~~secret~~ ~~secret~~~~  
have been reading  
about all the ~~secrets~~  
~~secrets~~.

June 18



Kidneys for  
Breakfast.

~~Supper~~  
Spitch Cook

Soup

Roast Mutton

Pine Berdeau



E. S. Trevor Esq

Wm. L. L.



Thae had money  
to come and see us  
and was very jolly  
We have had so much  
work done -  
We are all well

16 June 51

To



(14) (15)

It has been said  
then it is a blue  
There is very little blue  
done in all the  
Englishman to the said

June 18  
8 m



Repair

Egg and ~~Shell~~

Liffin -  
Cutlets

W Soup  
Round  
Hare, Potatoes

June 7<sup>th</sup> 8<sup>th</sup>  
To



Benjamin Law



10  
14  
Joseph

Let me have  
two packets of  
tea as usual

J. H. Brewer  
JH

15 June 1868.



19 June

Marmite.

~~15~~ 14

Eggs and Bacon

Tiffin

Mutton Chop

Soup

Mutton & Beef

Bourdeau X



(16) (18)

We have ordered  
Fish and Smelts

---

There is nothing ordered  
for Tiffin, as nothing  
is yet settled

---

Soup —  
Beef a Biscuit  
Dessert

June 20



Kervant-  
Munmuck

R A P  
10th. H  
54th. S

Rs 156



19

I am very much  
better than I have  
been in the last few  
~~last~~ times. I have  
ordered some  
breakfast, but nothing  
yet for tiffin and  
dinner

21 June

H



Dear Mother

I am ~~very~~ quite  
well and I have  
nothing to bother  
me about my  
head at all

I have not heard  
what we are to have  
in Liffin or ~~St.~~ Dinner  
In the breakfast we  
are to have fish  
and mutton



No 108

CASE BOOK

398

Month.	Date.	Particulars of Case.
		Cerebral Exhaustion

June 16. He has a fair  
 bill - It has been  
 last ten days then to con-  
 sider and the amount  
 has been in the past

17 He is im-  
 perfect. Some of  
 others healed.  
 and others.  
 correct. an-  
 occurring  
 in the  
 -supra-renal  
 in the  
 ducted in  
 his hands  
 now a day

June 18 He could  
 reach out  
 words - His  
 good

Joseph

Let me have  
 two packets of  
 tea at usual  
 price

I am  
 better  
 than I am. I  
 have nothing to  
 do. I have not  
 what we are  
 in the  
 the break-  
 are to have  
 and some

10  
 19

19

18



Date.

Particulars of Case.

Central Chromium. Embolism. Affected

19 He is better. Talks perfectly voluntarily read almost without a mistake and wrote a few lines about Christ. An enormous absence in conversation for me much conversation see withy morning.

21 Very well. Reads & speaks about quite correctly. Physical health good, he is using his senses. He knows that he reads as perfectly yet - 22 June

Very well. He writes, reads & writes without mistake. Does not seem the least fatigued. Good sports as he was 23 June

27 June


He is quite comfortable. Makes occasional mistakes in words & finds his memory defective. But is doing well. Saw him Med City 1/2 June

He is much better than he was. He is much better than he was. He is much better than he was.



My dear Fayrer,

I have now examined the fibrous tumour removed from the upper and inner aspect of the right thigh of the man now in the Council ward. Of course it is late in the day for microscop<sup>l</sup>. exam: as the growth seems to have been contributed on 11<sup>th</sup> June - nearly a week prior to my return from Darjeeling.

The growth can be made out both with and without carmine to be composed of almost nothing but fibres many completely formed - many also in process of formation from cells which can be seen thus  beautifully brought out under carmine - the central nucleus being the only part tinged with the colouring matter. Then there is a



Month.

Date.

Particulars of Case

## Strangulated Inguinal hernia

July 19 <sup>Dr. D. H. C. Ainslie</sup> A Mohammedan, of slight figure, and moderately healthy looking, was admitted on the night of the 19<sup>th</sup> July at about 8.30 PM. with symptoms of strangulated Inguinal hernia on the left side - He has had hernia for 7 or 8 years entered it first after a long and fatiguing journey, observed a bulging in the morning. It increased steadily until it became a scrotal hernia. When the hernia descended into the scrotum as it did when walking a fatigue it caused fainting - He was not then able to remove it himself - At 5 PM of the 19<sup>th</sup> it came down and he could not return it and symptoms of strangulation setting in he was sent to the Hospital from Durrum a distance of 7 or 8 miles - The journey fatigued him much, he suffered greatly - vomited & finally when he arrived - The abdomen was cold - Stomach milk was present but he could not pass it - vomiting had set in.



Month.

Date.

Particulars of Case.

John Thomas in Trade

July 6 He is now rapidly recovering the wound is contracting & healing. In course of time about without any suppuration. The surface is red & healthy & suppurative. Very much better in color & texture.

The Carbolic acid dressing is not applicable to the wound itself, but over the simple water dress. The temperature is about normal. The patient is in good spirits, takes his food well & sleeps a little.

July 22 The wound is healing rapidly. He is able to walk. It is astonishing with how little suppuration this has repaired the place.

July 30 Wound healed but for about an inch. He walks, runs & is in excellent health.

Aug 11 Discharged cured - a small patch still unhealed in the thigh.



considerable proportion of granular germinal  
material which becomes readily tinged with  
carmine: and a few many small  
oil granules & cells which remain  
unchanged by its operation. I believe the  
growth to be a truly fibrous tumour probably  
springing from fascia or some other equally  
fibrous structure. I cannot succeed in  
finding any cells at all of a malignant  
or cancerous nature.

Please get two hundred to  
bring all your growths you want examined  
long notice early so that they may be  
examined with as little delay as possible.

Yours truly

Joseph Swan  
22nd July 1888.



Month.	Date.	Particulars of Case.
		<u>Strangulated Inguinal Hernia</u>
		The usual means. Chloroform. Intestine Matted by lymph, badly the large hanging I was sent for at about 11-30 AM. I found him in the State the neck. & after making attempts under Chloroform to reduce the hernia was unsuccessful. I opened it The structure was <sup>fine ligature was applied</sup> as the outer ring. This I divided. & then the Con- vulsed the hernia. The sac was not opened - found it was of thin - 20 Dry well.
	21	Dr. Fine was dressing topical water - thick stuff applied. The wound which was brought together with three pins was washed with carbolic acid.
	22	He is dry well.
Aug	30	The wound is nearly healed & he is almost well.
Sept	7	After a month from the wound unhealed but he is very well.



Month.

Date.

Particulars of Case.

Strangulated Inguinal Hernia

Sept 7. This morning I was asked to see Baboo Kedarnath Chatterjee a Member of the High Court, who was suffering from Strangulated Inguinal Hernia. He was at Bhownagar. It appeared that he, without being aware of it, he had suffered from hernia for some time. Yesterday after a long walk, it came down with the scrotum became painful and he could not be relieved. About 5 P.M. he began to vomit - had violent pain in the umbilicus & attended by diarrhoea. He had a warm bath & Dover's powder without success. This was at Bally. He came home & was very ill all night. Vomiting. Severe heat from the bowels constipated. At 7.30 am they sent for me. I found a scrotal hernia on the right side. The neck was very painful and tense. Put him on nuchl. and tried taxis without success. As the symptoms were gradually becoming worse. The operation was performed. & opened. His pulse was



Month.	Date.	Particulars of Case.
		<u>Strangulated Inguinal Hernia -</u>
Sept	7	beginning to fail. He looked restless and anxious and was in great suffering. I did not see what he had wanted. As from the description I imagine it was bilious matter - At which I am I operated and, O.K.: The stricture was in the external ring. I made it & did not open the sac. He was immediately relieved. and soon afterwards asleep - at 8 PM I was - terrible upset. he had been sleeping all day - He said that the wound was completely healed & was dressed with Carbolic acid on the 23 <sup>rd</sup> Sept - when he wrapped the external ring. The hernia never returned. but there is a well defined abdominal ring. I have suggested to him the possibility of strangling the external ring exposed to the cold weather.



Month.

Date.

Particulars of Case.

histamptolium

Radical cure of Impinal hernia after Operation

Sept 25 The wound having quite healed, and he being in good health. I have then  
 having operated for the Radical cure, under  
 Chloroform. The ring was well defined  
 and the plug entered fully. The ligatures were  
 broken not in a line with the ant. Sup. Spine  
 of the Hernia.

Nov 26 He is now quite well - Wrote to thank  
 the friends home healed and the hernia  
 is cured -

Dis. Chased a few days later  
 quite cured



Month.

Date.

Particulars of Case.

Malignant Tumour of neck

Dec 10 Baboo Issach San Dy Coll of Koorh Belhar  
 aged 48 admitted a few days ago. has been suffering  
 48 50 about 6 months from a tumour in the neck  
 and the throat - with hoarseness and dysphagia.  
 The tumour has been as big as a nut (like a  
 walnut) - it lay under the sternum-mastoid  
 part opposite the thyroid cartilage and was  
 oval. It was compressing the trachea  
 about the middle of the sternum - I was in  
 but the tumour was not so large. The internal  
 part was heated with the soil: but when  
 touched it was cold. I was in a cold room of  
 the throat - compressed somewhat but the tumour  
 had really increased and the patient  
 was much weaker. His voice is hoarse  
 breathing of the trachea is forced and noisy  
 of dyspnoea occur. It is in much pain  
 in the throat, a tumour of the  
 as he was very anxious to have it removed  
 I offered to attempt it if he would come  
 into hospital. telling him that I could not  
 promise to remove it altogether. & send  
 when he was satisfied his general health was  
 before to suffer. Emaciation - really from  
 nothing able to eat - and a constant cough



Month.

Date.

Particulars of Case.

## Strabismic tumor in neck

Dec 10 I expressed my opinion that it was  
 malignant and that the operation would  
 be of doubtful benefit - in consultation  
 it was decided that the attempt should  
 be made as the it might relieve it  
 might give partial relief to the surgical  
 symptoms -



This morning assisted by P. Portner & J. John  
 I removed it - I made a long incision  
 over the posterior margin of the sternum  
 and a transverse one across it  
 I divided the fascia in a muscle  
 & came down on the tumor over which the  
 sternomastoid was tightly stretched. Then  
 I divided in the muscle and the tumor  
 was closely incorporated with it - on trying to  
~~remove it~~ detach the tumor with the  
 finger - it broke down lying soft in the  
 center and a quantity of soft pulpy contents  
 matter was evacuated. The tumor was  
 closely incorporated with the bounding muscles  
 and the sheath of the Cervical artery is  
 seen that - passed through the tumor -  
 Partly by tearing, partly by dissection  
 a pinkish mass incorporated with the internal



406

CASE BOOK.

No 113

Month.

Date.

Particulars of Case.

Malignant Tumour in neck

Dec 10 tumour was removed. and dissecting  
carefully in all directions to the extent  
I deemed as much as possible -  
a few important arterial branches  
divided. but they were ligatured & tied.  
The membrane was thickly - the bone  
the part where the cancer had been  
well. - The greater part of the tumour  
which extended nearly to the clavicle  
on one side & the jaw on the other side -  
a considerable part of the tumour had  
been removed. - Some of it was left - in  
contact with the sheath of the vessels  
and the deeper muscles. but it was removed  
as thoroughly as possible - and the wound  
was then dressed with immediate relief to  
the breathing & voice.

The tumour removed under this scope  
revealed the most malignant appearance  
and the  
reproduction  
recom.  
removal of  
at 3 P.M. - He was very comfortable.



blood in immediate  
of the front of the  
There was no  
importance. and



Month.	Date.	Particulars of Case.
		Shalpin and Simon of neck
Dec	16	He has had no bleeding, and is apparently winded. but had a purging of blood in the night. The neck is somewhat swollen and there is a bloody serum oozing from the wound. He is otherwise doing well. Pulse is feeble. Has taken very little food and no opiate last night.
Dec	16	He has been doing fair. The healthy menstruation - he has left pain & has much dyspnea at night. The wound looks quite healthy and is much improved - healthy looking He has an appetite Improved with the Cathartic use of oil.
Dec	18	He has been sitting low & the healthy menstruation has been sufficient. The wound is again increasing in the depth & length of the wound Suture - wound still looks well though - He became so low (dyspnea) had been proposed as a temporary relief but declined. That in the evening he found little improvement in the condition of the wound the evening -



Month.

Date.

Particulars of Case.

Injury to the Thorax.

Sept 6<sup>th</sup> Lehangie, a Mahomedan Cooly or boatman, <sup>aged 35</sup> admitted on 6<sup>th</sup> Dec with a severe injury of the Thorax. Standing in the water leaning against a boat, he was struck full in the chest by the sharp prow of another boat (Dumby). The effect of the blow was to fracture and deeply depress the Costal Cartilages of the 2<sup>d</sup> 3<sup>d</sup> 4<sup>th</sup> ribs on the left side of the sternum. Striking that bone. The edge of the sternum could be distinctly felt, and there was a depression as large and deep as half a large orange with long effort of inspection the integument over this depression sank in. He was much perturbed & spoke very feebly, and made signs that he was in fear & pain. He was unable to speak and when asked to do so made signs with his hand that he could not do so.

Respiration on the opposite side was free with the wound side air entered the lung but the pain was very feeble & the chest was so painful that he could not move & was unable to get from the boat. A bridge was constructed for the purpose of the patient becoming seated in the night long to take some



Month.

Date.

Particulars of Case.

## Injury to the Throat.

6th Drove from the room -

7th He is better. Chest not so painful  
heating better. Lips & face a better color  
cannot speak yet -8th Same the same. Stronger heating  
better. Depression less marked. The depression  
is gradually coming forward.9th Better. Can speak a little now. Says he  
hasn't got on so before - no pain. Pulse  
and respiration improving. Chest too  
painful to hear much conversation.  
An intermission of rapid discharge.11 Is improving and sits up. Heating con-  
spicuous and depression much  
less marked. He talks now  
more. Difficult to breathe to keep him  
quiet, and has a tendency toward the  
chest.18th He has been lying in bed well.  
The heating is natural. The depression  
almost obliterated. - There is still  
some depression. But it is much  
easier. Speaks perfectly. declares that  
he was unable (not usually) to speak  
for the first two or three days.Dec 19 - He is now well. The depression almost gone. Can breathe and  
speak perfectly.



Month.

Date.

Particulars of Case.

## Tumour of Breast

Decr 15 This afternoon at 3-30 P.M. I removed a large mammary tumour from the right side of a woman named Chander Money Daprie aged 50, from Serampore. She is a thin full bodied American looking person, and has been waiting some time lately, since left her husband's operation - She ceased to menstruate 4 years ago. has been a widow since 19, and never had any children. For the first time of separating from America the tumour began to grow, in two years it was small, but during the last two years it has increased to the size of a small Cocoa nut. Her hand somewhat heavy & tender about the breast which is not apparent of much the mammary gland and nipple appearing small - no retraction of nipple. The glandular enlargement - The tumour is situated in two places, where it was originally formed by ducts - and has a full firm anchorage - Her pulse is very full and late. She has lost flesh & strength.

She was brought home attended by Dr. J. and Dr. Day. Dr. J. said it to be a white and red tumour or B. M. - white.



Month.

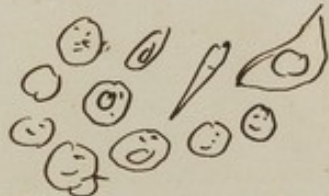
Date.

Particulars of Case.

## Tumour of the Breast.

Dec 15 she became very fond of the operation  
 for the looking white blood - numerous  
 bloody spots and two or three large  
 lumps required ligature - The tumour  
 was removed by two claps of a scissor  
 and the heart & nipple were not touched  
 interrupted with - The wound was as  
 deep as a scissor could admit of -  
 brought together with wires ~~the~~ it was  
 opened with the canaliculi at the top of the  
 wound & dressing (for being of absorption). -  
 The wound for a long time very sore &  
 short bursts of pain were needed to  
 rest the pain

18 The evening well - pulse fair. no  
 bleeding slept very the night -  
 Tumour removed - fine thin smooth  
 dense fibrous tissue with cells



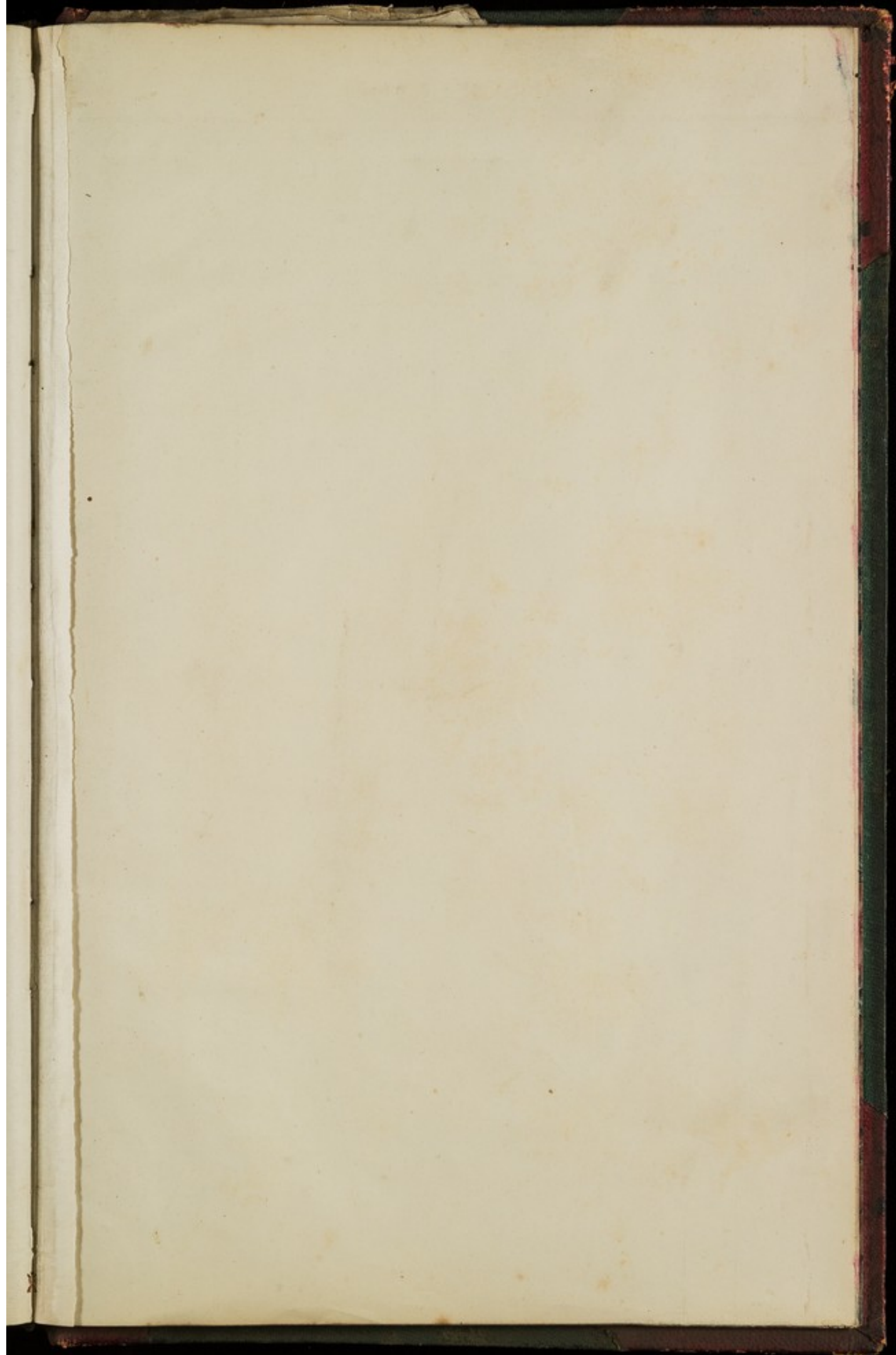
19 - Doing well. Small ligature came  
 away. wound healthy - strength improved

Jan 1 Reported the day well every  
 day wound more open after turned  
 nearly healed

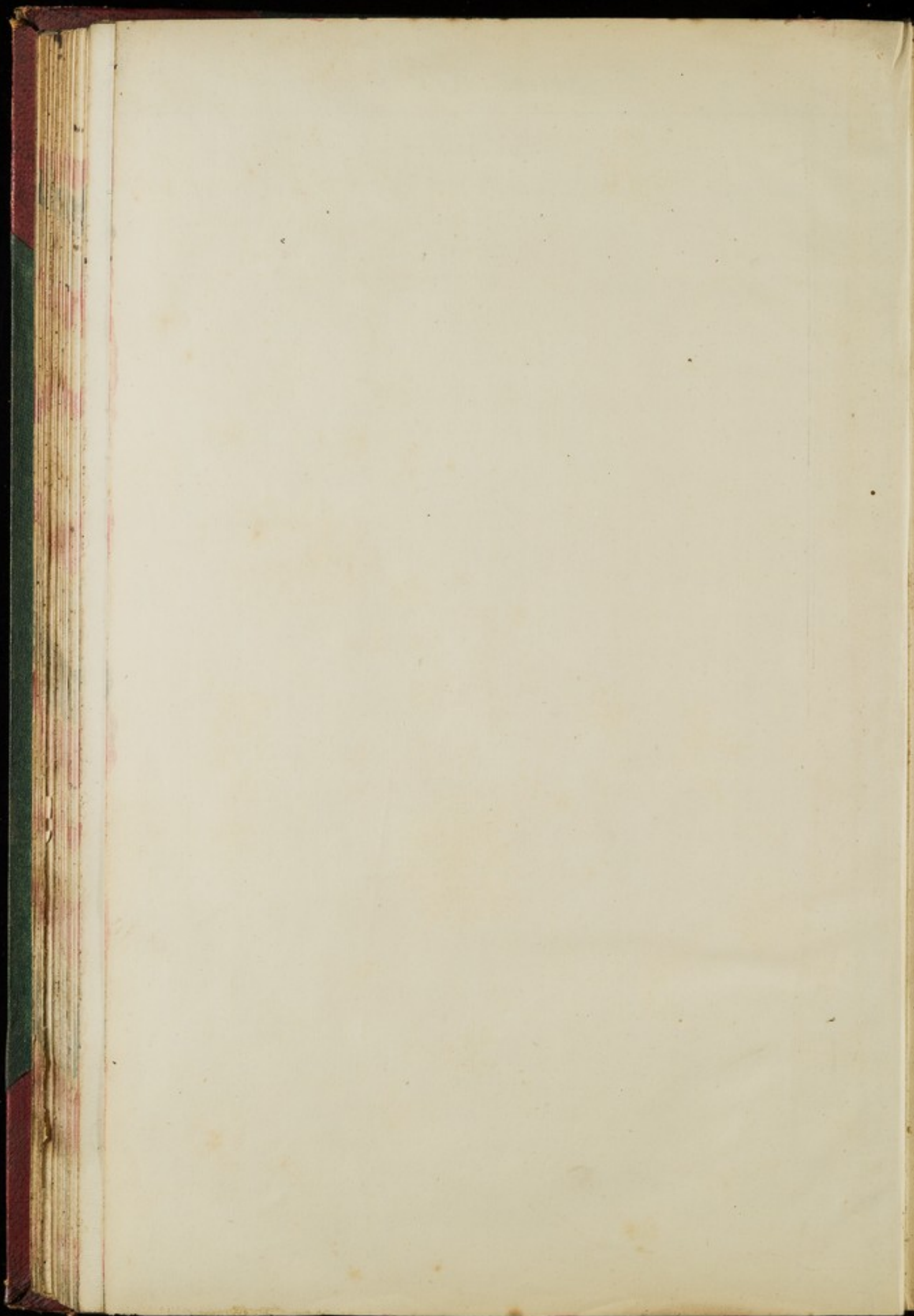


## CASE BOOK.

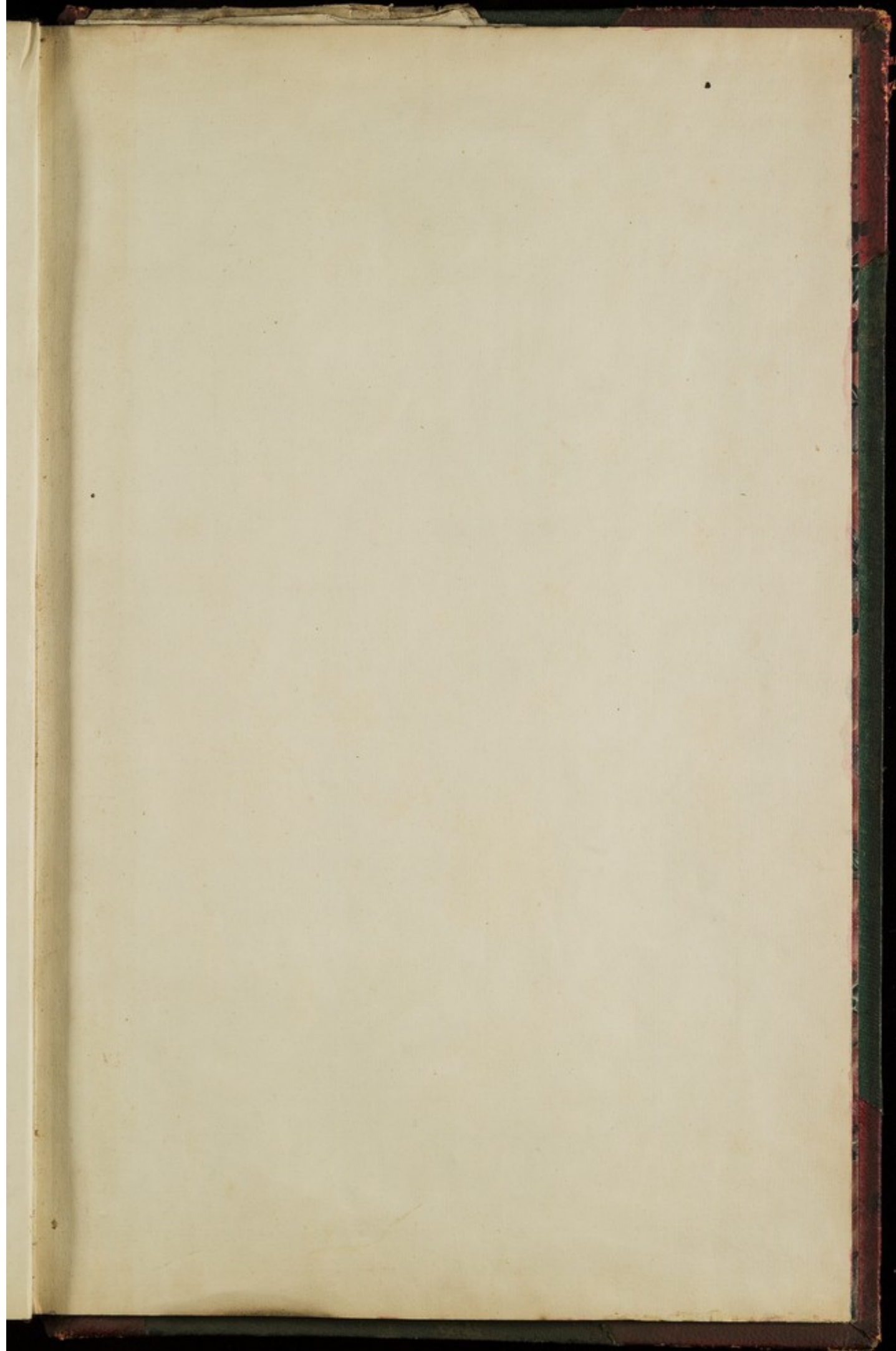




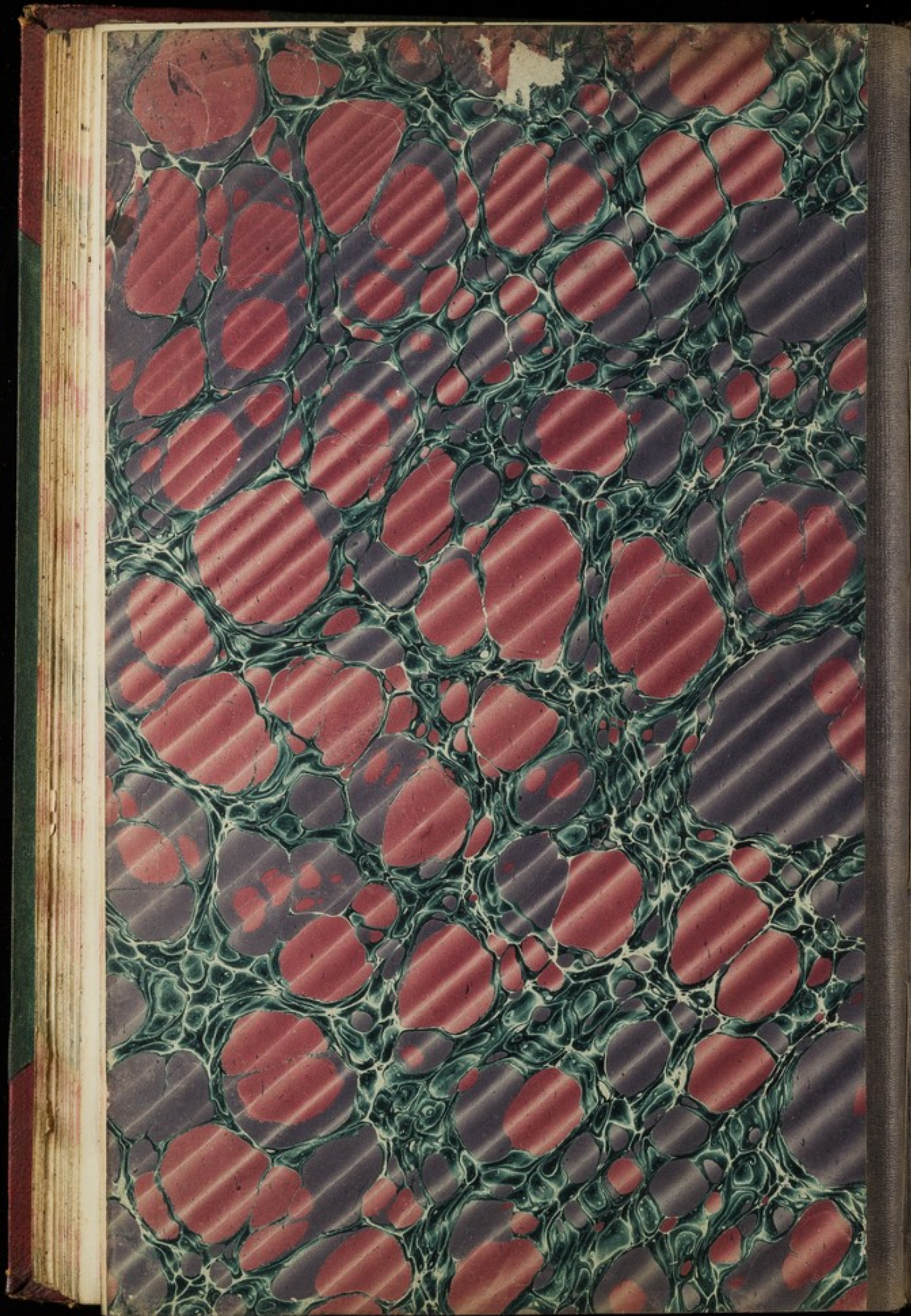














One of the many of 11 pages size. The letter has  
not been but because more manuscript with the things

32,  
occupations  
one in  
about  
an  
and  
. Under  
no  
many  
now

ed  
my  
taken

Answer

also pupil dilated  
frequent inclination  
pulse was



1 David Leech aged 35 years. Maltese seaman  
admitted on the 26<sup>th</sup> May 1865 with Reducible Inguinal  
Hernia of right side. Operated for the radical cure  
2<sup>nd</sup> June 65. Discharged cured 24<sup>th</sup> July 65. The hernia  
used to come down at the upper part of Scrotum -  
Plug removed on the 5<sup>th</sup> June 65. The hernia was quite  
firm when discharged -

2 Baunk Ling - Aged 50 years. Chinese. Hindu.  
admitted on the 12<sup>th</sup> July 65 with Inguinal Hernia  
operated 18<sup>th</sup> July - Discharged cured 20<sup>th</sup> Aug 65. The  
patient came in with an incarcerated hernia which  
was reduced with some difficulty. He was rather  
old & weak in constitution. The Scrotum thick. The  
invaginated skin was retained in its place & the  
hernia was pretty firm at the time of his discharge.

3. Noyeboolle. 32 years. Mahomedan Khojha.  
Admitted 15<sup>th</sup> Sept with hernia of right side. Operated  
20<sup>th</sup> Sept. Discharged cured 18<sup>th</sup> Oct. A hernia of 5  
years noticed first after lifting up a heavy weight.  
It was never incarcerated. The ring was of 2 finger  
size. Not much inflammation was set up after  
operation. The invagination partly came down but the  
hernia was firm.



Holim Chunder Coondoo a boy, aged  
18 years, a native of Shetgharia, had  
an attack of Int: Quotidian fever  
attended with enlarged spleen about  
4 months ago. His mother administered  
to him about  $3\frac{1}{2}$  f Bazaar Sulphuric  
acid on that score. Great pain in the  
pharynx and considerable dysphagia followed,  
could only swallow warm milk for four  
days, after which time the dysphagia  
began to decline. Can swallow now  
both liquid and semi-liquid food as milk  
alone or with soojee. But in both kinds  
of food there happens now and then ~~an~~ an  
obstruction in the act of swallowing on a  
level with the lower border of the Cricoid  
cartilage; and then he is obliged  
to vomit up his food.





28 March 1866





Melanocyte  
cells.



Sorte boy aged 60 years a resident of Rathfriland  
The patient by occupation was admitted on the  
25<sup>th</sup> Feb/16 at 11 PM with strangulated inguinal  
hernia. Was suffering from reducible inguinal  
hernia for the last 13 or 14 years. It commenced as  
a bubonocoele which slowly descended into the scrotum.  
It was incarcerated 5 or 6 times before but was reduced  
of itself. When reduced it used to go up completely.  
It descended at 6 PM on the evening of admission whilst  
he was walking. Vomiting came on at 9 PM. The  
scrotum formed a tumour about the size of a child's  
head. It was tense resonant & the coils of intestine  
protruding - Complained of excruciating pain in the  
head & ext. abdominal ring. Pulse small weak 64.  
Tongue red & moist. He Laxid tried under chloroform  
but not successful.



was operated on the 26<sup>th</sup> at 1 A.M. There was  
not much difficulty in reducing the tumour.  
The structure was at the lth. abdominal ring  
sac. wh opened - ~~Had~~ An hour after operation  
the hernia came down again - He gradually sank  
& died at 3 P.M. 8 hours after operation.

On post. mortem Exam. the portion of small  
intestine about <sup>the length</sup> 2 feet in length was found highly  
congested. There was no regular gangrene. This  
was the portion of intestine that came down first  
& was reduced by operation - The 2<sup>d</sup> hernia  
was another knuckle of intestine, quite sound.  
The caecum was gangrenous at the dependent  
portion.



Ram Chunda Dutt.

Gangrene of Scalp around  
the wound.

Suppuration in substance of  
left Temporal Muscle.

Fracture of Skull as seen

in preparation  
Post Congestion of dura  
mater, and an approach  
to gangrene immediately  
beneath the ~~wound~~ fracture.

Suppuration of dura mater  
near anterior fourth of

left hemisphere of brain.

Congestion of pia mater &  
of vessels of brain generally.

But especially on left  
side.

Suppuration on surface



of anterior fourth of left  
hemisphere of brain, with  
some softening of the  
brain matter grey & white.

Pus beneath persistence of  
left orbit, but no infil-  
tration of pus into the  
cellular tissue or between  
the muscles.

Lungs congested. Extensive  
pleurisy <sup>on</sup> right side, with  
great exudation of lymph  
causing great adhesions of  
lung. - adhesions quite  
fresh.

Liver congested. no  
abscesses, but about



a dozen yellow patches  
of about the size of a  
hazel nut on the  
surface.

Spleen ~~and kidneys~~ healthy  
kidneys —



Memo -

Moakta a hindu female, aged 35 years was admitted into the 1<sup>st</sup> Surgeon's ward on the 13<sup>th</sup> Aug 1866 with her left knee joint inflamed and an external contused wound in front of the patella of the same side, caused by knocking against the wheels of a carriage.

The wound was about  $\frac{1}{2}$  an inch in size, not at first communicating with the joint but covered with a piece of slough.

The slough being thrown off



it was suspected that the  
wound involved the joint.

On day before yesterday  
an examination was made  
with a probe & the <sup>injury</sup> ~~injury~~  
was found to be extending  
into the joint itself -  
as a matter of necessity  
the leg was taken off  
yesterday -

W. Darnall M.D.

27/8/66.



Tookeen. aged 40 years.  
Hindoo shepherds. Admitted on  
the 6<sup>th</sup> May 1867. With a wound  
on the inner aspect of left  
elbow produced by the blow from  
a pickaxe. The wound divided  
the group of muscles arising  
from the internal condyle of  
humerus & the ulnar nerve.  
Much suppuration was set  
up. The joint opened out & as  
the purulent discharge was  
exhausting the patient an  
attempt was made to excise  
the joint. As the parts were  
so much destroyed as to pre-  
clude the idea of saving the



limb when amputated of arm  
at its middle was healed on  
25<sup>th</sup> May/87



Busseeruddeen a Mahomedan aged 32,  
a resident of Goburdangah and a farmer by occupation  
was admitted on the 2<sup>nd</sup> March 1866 with stone in  
the bladder. He first observed the symptoms about  
a year ago. The Urine on examination had an  
alkaline reaction, slight flocculi with heat and  
Nitric acid and some also with Liq. Potassae. Under  
the Microscope there were some broken cells but no  
casts.

On the 6<sup>th</sup> March lateral operation of Lithotomy  
was performed. The Perineum was very narrow  
and deep -



Memo.

James Rimmer, aged 19 years.  
English - Sailor, belongs to ship -  
Rij Mohul & was admitted on  
the 20<sup>th</sup> June 1866, into the 1<sup>st</sup> surgical  
Ward Medical College - Hospital  
for dislocation of the acromial-end  
of the clavicle of the left-side -  
This happened from a fall of a  
height of 13 feet. he fell on the  
left shoulder - the end of the bone  
is somewhat tilted upwards, no  
fracture either of the bone or the  
acromial process - This disloc-  
tion was reduced. The end of  
the bone is in the proper place  
& the patient <sup>is fit</sup> for discharge -

16<sup>th</sup> July 1866 }  
M. C. Hospital }

Wm. M. M. M.  
Baker



Memo of Sista Nath Chatterjee a patient in the First  
Surgeon M.C. Hospital - Admitted on the morning of the  
21st of March 1866.

About a year & a half ago the patient ~~the patient~~ had a  
pimple above & in front of the anus - which suppurated  
& formed a small ulcer of the size of a rupee - To  
cure this, some mercurial preparations were administered.  
The ulcer healed and the patient enjoyed pretty good health  
for 5 or 6 months following - After the lapse of this time  
another ulcer broke out at the root of the penis. This  
enlarged & extended so as to involve the whole of the scrotum.  
He took mercurials again and was slightly salivated - The  
ulcer has now nearly healed leaving an extensive cicatrix in  
front of the scrotum much like that in scrotal tumour  
operation - A small portion of the ulcer still remains  
on the lower part of the scrotum.

The patient does not speak of having ever had syphilis -  
He seems to be sure that he had never placed him-  
self in circumstances that are likely to produce that  
disease - The sores above alluded to he is inclined  
to attribute to the free & un-called-for use of mercury  
in the first instance - that is when the boil & ulcer  
in front of the anus made its appearance.



The patient says that he had discharge from the urethra 5 months ago. It continues still but is not so severe as before; and he had all along been suffering from it without intermission. The discharge was white and thick & almost invariably preceded each stream of water. A month after the discharge was noticed, the size of the stream began to be sensibly diminished, & since the last one month, it has been reduced to drops. The patient has been all along feeling intense pain in passing water. He was never catheterized before he came to the hospital. But on the morning he was admitted (21st March 1866) sound number 3 was passed with great difficulty.

The stricture is about  $\frac{1}{2}$  in. from the (anterior) orifice of the urethra. It is very tight and thick. Passing it there is another structure along the bulbous portion of the urethra extending as far as the membranous portion. The day he was admitted the catheter was tried once more but without success. At 6 P.M. (the same day) Cyprian Perineal section was performed. No blood vessel was divided in the operation.

After the operation the urine continued to flow freely through the tube for the 2 succeeding days. On the evening of the 21st March the (second day after the operation) the tube came out in the patient's efforts to move about.

On the evening of the 24th March the urine was seen to come out freely & exclusively through the urethra. & there was freely supuration going on round the wound.



On the morning of the 25<sup>th</sup> of March catheter No 5 was passed & kept in for some time - This was followed by a free flow of water through both the passages which is still the case -

The general health of the patient has been considerably reduced since the last 6 months - For the first 2 days after the operation the pulse had been a little weaker & more frequent - But the patient is doing pretty nicely - No 6 catheter has been tried with success - The flow through the ~~wound~~ <sup>urethra</sup> has been much diminished -

About 8 or 9 months ago the patient suffered from rheumatism involving all the joints - This was on him for about a month - and Mistelob, mercurials were used - to salivation - Besides the rheumatism the patient did not suffer from any other disease during the year & a half we are treating - his history for - Before that time he does not speak of any important disease. He remembers having suffered from -

28<sup>th</sup> March 1866  
Hobbs Corner Banerjee  
Dresser -



Memo of the Case of the Fracture of  
the Spine - (Cervical)

Mohun Lall, by birth a Hindu,  
aged about 40, fractured the spinous  
process of his 4<sup>th</sup> cervical vertebra  
by letting fall a bar of iron  
upon the nape of his neck, about  
a week ago. He was brought  
to this Hospital, and was under  
the treatment of Dr. Fayer.

He died yesterday about 10. P.M.  
He died, it appears, from congestion  
of the lungs, respiration being  
very imperfectly performed owing to  
paralysis of the intercostal muscles.  
So that the amount of air that  
entered his lungs, was almost  
entirely due to the action of the  
Diaphragm being unimpaired in-  
consequence of the escape of the Phrenic  
nerve from the injury sustained by  
the cord.

4/4/66

Johnath Munkhup



The postmortem examination was performed about 12 hours after the death of the patient. I carefully exposed the whole spinal column. On tracing the spinous processes of the cervical vertebrae, that of the 4<sup>th</sup> was found fractured. The symptoms during life of the patient point out to the fact that this fracture must have been accompanied by compression of the corresponding part of the cord. There was no other fracture or dislocation. I next exposed the cord from the 3<sup>d</sup> dorsal vertebra to its termination in cauda equina. The membrane was found slightly congested, and the cord surrounded by dark fluid blood which partially filled the spinal canal. The consistency of the cord a little below its lumbar enlargement was, as it appeared to me, a little less firm than natural, and the membrane of the cord a little above the cauda equina, was found to loosely cover the substance of the cord. I also examined the brachial plexus of nerves, which appeared to share in the lesion of the cord excepting a few fasciculi above, which, it seems to me, accounts for the very limited and imperfect motion and sensation which the patient retained in his upper extremities during life. The whole venous system particularly the ~~axillary~~ veins of the neck were found distended with dark fluid blood. The lungs were highly congested. There were signs of commencing sloughing of the left natis. There was no post-mortem rigidity when the examination was performed.



Memo

Brojo Mohun Roy a Hindoo musician  
aged 30: living in Taltat Hooghly - was  
admitted into the Medical College Hospital  
in first Surgeon's ward - on the 28<sup>th</sup> January/66  
with stricture of the urethra + hydrocele of the  
right side - He had gonorrhoea about 2 or 3  
years ago but for the last year he has observed  
diminution in the stream of water till at present  
it comes out about the size of No. 1 catheter - &  
sometimes it falls in drops + had retention of urine  
twice in the last month - Catheterism was  
tried successfully for the last week but un-  
successfully - The hydrocele was tapped & in-  
jected with pint iodine - on the 3<sup>rd</sup> Feby No 3  
Bougie passed with much difficulty -  
There was much bleeding from the urethra  
Since next day he is passing water much  
freely - + on the 13<sup>th</sup> Feby No 12 catheter  
passed successfully -



$$\begin{array}{r}
 100 \\
 86-2 \\
 \hline
 13-8 \\
 \hline
 50 \\
 \hline
 1
 \end{array}$$

$$\begin{array}{r}
 87/5000 \quad (67) \\
 435 \\
 \hline
 650 \\
 609 \\
 \hline
 \end{array}$$

$$\begin{array}{r}
 58 \\
 4 \\
 \hline
 232
 \end{array}$$

$$\begin{array}{r}
 13-8 \\
 50 \\
 \hline
 650
 \end{array}$$



Memorandum.

J. Durbury an English Patient aged 32 years was admitted in the 1<sup>st</sup> Surgeon's ward for the 2<sup>nd</sup> time on 8<sup>th</sup> August 1866. He was in this ward in 1859 for inguinal hernia of the left side, operated by Wutzer's method & after a 2<sup>nd</sup> operation, discharged cured. Wore truss for 6 months & the hernia being completely up discontinued it.

Hernia never came down until 3 years ago, when he hurt the groin against the pommel of a saddle - it descended & has been descending & going up again as usual since then but never strangulated - The inguinal ring holds one finger easily, operated for the Radical cure of hernia on the 14<sup>th</sup> instant & the plug removed on the 17<sup>th</sup>. The invagination of the scrotum did not come down.

18<sup>th</sup> August 66.



Memo

An East-Indian girl named  
J. C. Mary, aged about 11 years.  
was admitted into the 1<sup>st</sup> Surgeon's  
Ward in the 3<sup>rd</sup> July 1864. At the  
time of her admission, she had an  
~~opened~~ <sup>ulcer</sup> ~~abscess~~ on the outer side  
of the right wrist joint & some  
scrofulous ~~abscess~~ ulcers around  
the left elbow joint. The ~~abscess~~ <sup>ulcer</sup>  
continued discharging, till the  
1<sup>st</sup> March/65; when it was found  
that the suppuration, has penetrated  
the wrist joint & several of the  
Carpal bones were removed  
which were found degenerated  
& softened; After this operation  
the joint began to swell. & on  
the 24<sup>th</sup> May/65, the forearm  
was amputated. The stump



is now quite healed.

The ulcers about the left elbow joint continued to discharge very profusely, & increased so much in depth, that they reached the joint itself & communicated with it directly. The joint began to swell, it became stiff & lost the necessary movements of flexion & extension. On the 9<sup>th</sup> April 1861. Incision of the Elbow joint was performed. The heads of the Radius & ulna as well as the end of the humerus cut off. The bones were soft, readily yielding under the bone nippers, fatty & exuding a purulent substance from the Medullary Canal. The soft parts were infiltrated



with Lymph. & the muscles wore  
a pale appearance.

The wound now looks healthy.  
& discharges very little. The only  
longitudinal incision has united  
as well as the transverse one.

The ligatures are all taken off.

The Bones are not protruding  
& are a good deal apart  
from each other.

The Pulse ranged during this  
period from 120 to 140 in a  
minute, & the Temperature  
continued fluctuating between  
102° to 105° F.

Ray Moulton Baurys



Dr Fayler.

William Mc. Partty Aged  
28 years. a sailor Irishman  
was admitted into the med coll hosp  
on the 20<sup>th</sup> March/86 -

He was brought by the Police in a <sup>dull & heavy</sup> state of ~~insensibility~~ who could  
not give any history of his case  
except that he was brought to the  
Police Compo in that state by  
two others who stated that he fell  
down in the water & had his head  
jammed between two boats. He  
remained insensible for ~~2~~ <sup>an hour</sup>  
& was for some time when he was  
brought - was, when admitted  
sensible but answered questions <sup>very</sup>  
there was some bleeding from the  
left ear - Pupils dilated - A cir-  
cular abrasion on the right cheek  
& on the right & posterior part of head  
Pulse feeble & was very <sup>thready</sup>

Remained in the <sup>Observation</sup> ~~accident~~ Ward  
till 25<sup>th</sup> when it was seen that  
the wounds had ~~almost~~ healed up  
Tongue thick & turned - Vomels costume  
was complaining of pain on the head  
Some serous discharge from the <sup>left</sup> ear.  
Rather stupid & dull but quite sensible  
Left pupil dilated & the right contracted  
Frequent inclination to vomit - the  
pulse varied from 80 to 112 & the



temperature never above  $100^{\circ}$ .

A portion of serum fluid from  
the ear (which turned purulent  
after 2 days) was collected & examined.

It had much albumen, but no  
sugar. The urine had sp. gr. 1015  
neutral - no albumen - only a trace  
of sugar.



Surgeon



12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

House Surgeon.

1<sup>st</sup> SURGEON. Dr. Fayrer

Dresser

L. C. Rose

Name *Abdur Shait*

Age *40 years*

Residence *Colahagan*

Occupation *Jamadar*

Race *Musulman*

Religion *Mahomedism*

Caste

Admission *10<sup>th</sup> Jul 1867 5 1/2 Pm*

Discharge *13<sup>th</sup> Aug 1867*

Disease or Accident - *Compd depressed fracture of skull*

Duration before Admission

Operation - *Tru phary*

Date of Operation - *12<sup>th</sup> Aug 1867*

Convalescence

Result - *Death*

How long in Hospital - *3 Days*

*Police Case. Borra Bazar, Sect 4*

Date

Case and Symptoms

Prescriptions

Diet

12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

The patient's friend states that about 1/2 an hour ago a laborer fell on his head perpendicularly from the roof of a 2 storied building dropped down by the masons then working & has caused a wound on the scalp

Dressed with sticking plaster & water dressing

Milk & Sugar

Present symptoms — There is a contused wound on the left half of the scalp about 5 inches long & about an inch from the median line & running from behind forwards along the upper margin of left parietal bone. The skin is raised as a flap separated from the periosteum to the extent of 1/2 inches. The bone is



66 Box

Date

Case and symptoms

Prescriptions

Diet

shaded at its middle  
where there is a fracture  
detected running for a  
short distance only.  
The wound bled much  
on his way to the hospital  
There is also slight bleeding  
from the nose - Pulse  
feeble - extremities much  
below the ordinary temperature  
is restless & answers questions  
at random - the mind is  
not sound

5m

Pulse 72 Temp 98° pupils  
slightly dilated. Somewhat  
deteriorated but quite conscious.  
Lying flexed -

Catheter Evacuated  
stut

Dr

11<sup>th</sup> Pulse 96. Temp 100°. Restless -  
Complaining of pain in the head.  
no more delirious. Pupils  
natural - no more bleeding from  
the nose or wound - bowels  
freely moved 5m

Cold to the head Milk  
sops  
slops

Pulse 96. Temp 102°. Rather  
drowsy - but conscious when spoken to  
Does not answer questions well - takes food

(out

B



Date	Case and Symptoms	Prescription	Diet
	<p>Pulse 90. Temp 104°</p> <p>quite delirious - Insens</p> <p>cretions imperfect - Bowels</p> <p>moved twice - Very restless.</p> <p>The left side of face, edematous</p> <p>+ very painful - Tongue</p> <p>with somewhat furred -</p> <p>Lying flexed &amp; curled up.</p> <p>9 am.</p> <p>A flap incision made</p> <p>on the periosteum by turning</p> <p>out the flaps &amp; a stellate</p> <p>fracture was detected in</p> <p>the centre of the wound on</p> <p>the parietal bone - The fracture</p> <p>was a partially depressed</p> <p>one also &amp; there was a free</p> <p>effusion of blood with each pulsation</p> <p>of brain - Suspecting therefore</p> <p>effusion of blood under the</p> <p>skull the thing was explored</p> <p>&amp; the pieces of bone elevated.</p> <p>Some dark clot was washed</p> <p>out with the blood from under</p> <p>the <del>bone</del> skull &amp;</p> <p>Was very business &amp; delirious after operation</p>	<p><u>Ch. Kne</u></p> <p>Hot Rudge</p> <p>to the head.</p> <p>Arg. Nitras ph.</p> <p>Feu M. 3.</p> <p>Esch.</p>	<p>Milk &amp; sugar</p> <p>Stomach.</p>

See to the head & left.



Date

Case and Symptoms

Prescription

Diet

10 am

Has got fever now - is very  
restless, talks nonsense ab  
& then - does not swallow his  
medicine -

Cathartic enema  
stat

12 am

No bleeding from the wound  
- has taken milk & eggs just now -  
- is still restless - pulse feeble -

Cont

Ice.

1 1/2 P.M.

Has thrown away the medicine  
just given him - pulse 104 - feels  
a little chilly - does not speak  
much -

1/4 Castor oil 3j  
of Serebinte 3j  
in 1/2 hr to be given  
immediately -

6 PM

Pulse 96. Temp 101. No stool -  
Pupils natural. No more  
wringing of the neck. A layer of  
coagulum collected over the  
dura mater of the occipital  
enlarged part - Is lying  
on his back in a half  
conscious state so that he  
can be easily roused up  
when spoken to but does  
not answer to questions put.  
Not restless or restless -  
Does not take food properly

Cloth gently secured.

Cont Ice application

to  
leg  
etc



Diet	Date	Case and Symptoms	Prescription	Diet
------	------	-------------------	--------------	------

13<sup>th</sup> Pulse 100. Temp 104°  
 Lying on his back - Extre-  
 mities slightly rigid. Pupils  
 slightly dilated & inactive.  
 Is in a semiconscious state.  
 Looks up when loudly spoken  
 to but does not speak.  
 occasionally delirious.

Phenergan to be  
 used as a sedative -

Rectia. 3 VIII  
 Eb hr.

Calomet - pr X  
 Puls Jalap C - pr X  
 Stet

Milk & Lap.  
 Rump off

3 pm  
 Is quite insensible - skin  
 hot - pulse feeble &  
 frequent - respiration  
 difficult.

6 pm  
 Pulse very quick cannot be  
 counted - Temp 104°. Breathing  
 stertorous. 32 - no stool cannot  
 swallow medicine or food - no  
 urine - no report of the kidneys.  
 Perfectly unconscious -

Caltharic Eucua  
 Stet

Carl Rectia Inject  
 Bladder relieved  
 Catheter

6 1/2 P. M.  
 Seen dead  
 McRory

I think that laceration of  
 the brain substance and  
 laceration of blood vessels  
 in the brain - also  
 formation in the vicinity of the injury

when he died



Date

Case and Symptoms

Description

Diagnosis

Stimulant  
Biotin  
Stat

M. E. L.

There was ecchymosis under the left temporal muscle - The fracture extended from the lower part of temporal portion downwards in front of the ear across the arch portion of the middle ~~of~~ <sup>of</sup> the body of the sphenoid bone. There was a large clot of blood to the size of a child's fist extravasated between bone & dura mater <sup>just under the</sup> ~~at the lower part of~~ <sup>the</sup> wound. The middle meningeal artery had given way at its trunk & there was a clot of blood under the bone opposite the ear - The dura mater removed - The vertex of the brain much compressed. A thin clot of blood was spread over the left cerebral hemisphere & some lymph <sup>effused</sup> under the pia mater. No other fracture detected. There was another clot about an area nut in size on the upper or ventricular surface of the Medulla Oblongata. The brain substance was lacerated on the right side at its posterior part & there was a clot of blood <sup>effused also</sup>.



