

Sir Joseph Fayrer's "notes of interesting cases in the Medical College & Hospital (at Calcutta)", Volume numbered '8'

Publication/Creation

1864

Persistent URL

<https://wellcomecollection.org/works/j83t938m>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

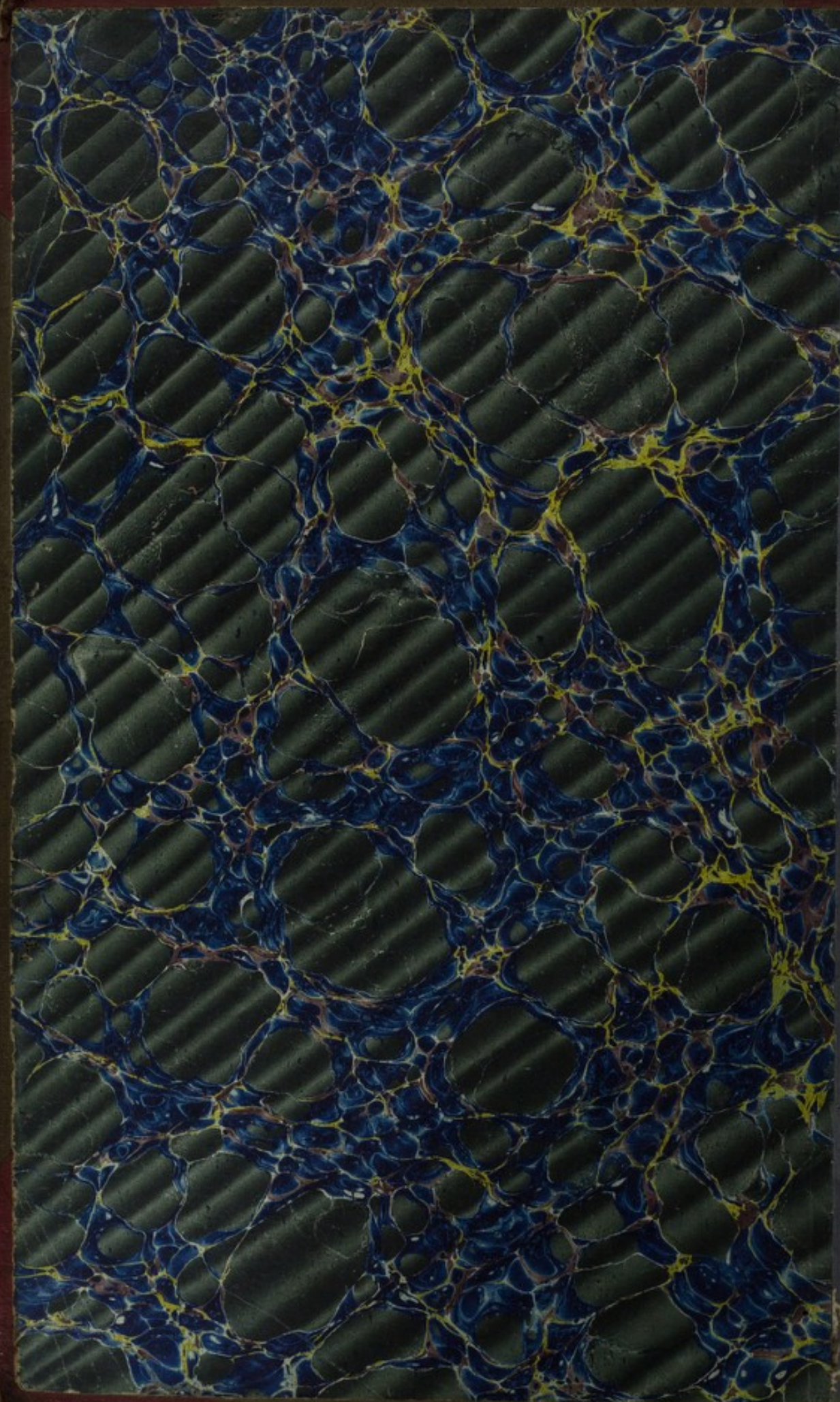
1983

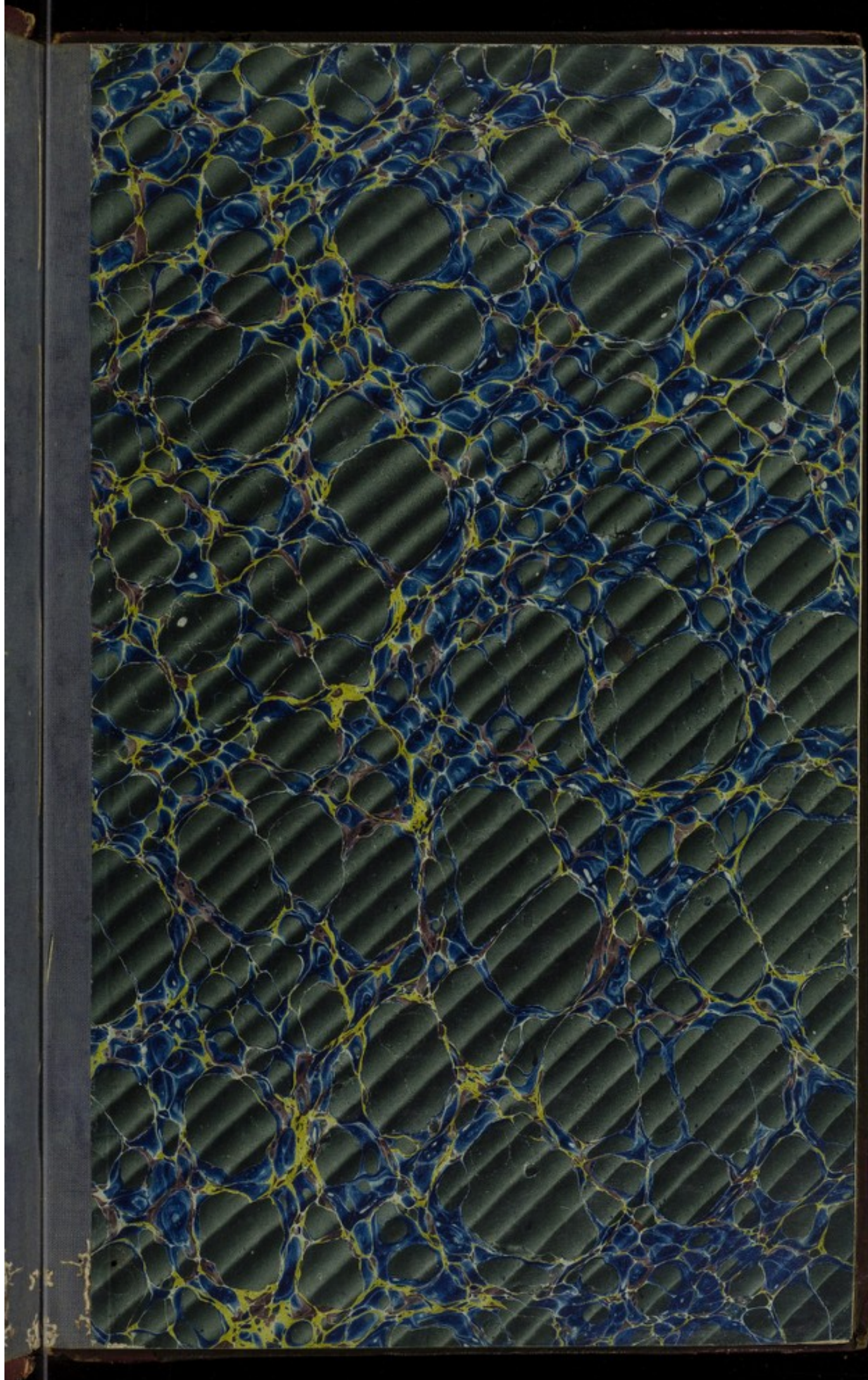
128
b

1983

83

1864
CASE BOOK
1868





198 B.

Cats 2.

Bottom Shelf



Index.



Month.	No.	Cases.	Pages.
May	1	Stricture of Rectum.	1
	2	Amputation of thigh lower third	3
	3	Partial dislocation of shoulder	5-
x	4	Radical cure of Spinal Hernia	7.
	5	Dislocation of Hip. Transverse	9
	6	Haemorrhoid Internal & External	10
	7	Fracture of the left Patella.	11
	8	Median Wrist injury	13
June	9	Hypophyseal symptoms -	15-
"	10	Amputation of leg.	36-
	11	Removal of Mithelium of Dupuy	41
x	12	Radical cure of Spinal Hernia	44
	13	Amputation of foot Syme's	46.
	14	Mithelium of lip removed 3 rd time	49
	15	Aneurism of the Aorta.	57
	16	Amput. Hip continued from below	58
	17	Wound of ankle joint.	59
July	18	Salivary fistula.	62
	19	Injury of lung. Pneumothorax	64
	20	Fracture of the third clavicle	67
	21	Compound fracture of leg	69
	22	Dislocation of Cartilages of wrist	71
x	23	Radical cure of Hernia	77
	24	Resection of Elbow joint.	79
	25	Large single hydatid	82
	26	Hæmorrhage	83
0	27	Strangulated Hernia	87 0
August	28	Partial Tumour.	89
	29	Fatal case of Stricture with the	93
	30	Hypostachia	98

Index.

Month.	No.	Cases.	Pages.
August	31	Incision case in female labour.	99.
"	32	Injury from Explosion / Pleurisy	102
"	33	Fracture of scapular bone.	105
"	34	Structure of Rectum. (Perforation) ^{intest.}	107
"	x 35	Radical cure of Hemorrhoids	114
"	36	Rupture of Gall bladder, death.	119.
"	37	Fracture of palate bone.	121
September	38	Lateral lithotomy.	123
"	39	Partial dislocation of Shoulder.	128
"	40	Lithotomy Salpex 3	129
"	41	Fracture of anatomical neck of humerus	133
"	42	Perineal section - obstructive disease	135
"	43	Wound of hip - injected with Iodine	138
"	44	Tumour of female breast removed	143
"	45	Artifice of Arms (Anatomical part)	150
"	46	Disease of the Stomach (Act: Cantley)	156
"	47	Obstructed labour - Forceps.	158
October	48	Amputation of Wrist	163
"	49	Burrowing of the Hernia.	166
"	50	Amputation of Contagious of Wrist. Act: Cantley	167
"	51	Amputation of the Fore-arm	170
"	52	Structure treated with Holt's solution	172
"	53	Amputation at Hip - (Painful) ^{Dr.}	175
"	54	Dislocation of Hip into Dorsal Lig. ^{second}	176
"	55	Amputation at Hip joint (Painful)	181
"	56	Rapid suppurative Bronchitis	183
"	57	Dislocation of Hip Incomplete ^{partial}	185

Index.

Month.	No.	Cases.	Pages.
October	58	Perineal Section	187-
"	59	Stricture treated by Holt's dilator	189.
Nov.	60	Amputation at the Shoulder, Jan 1911	

Month.

Date.

Particulars of Case.


Stricture of Rectum

May

admitted
into Medical
wards 15 March

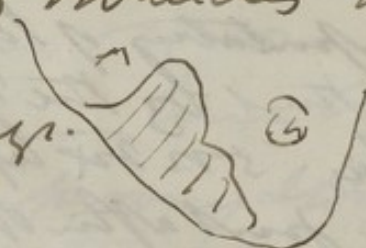
John W. Harris, aged 32 admitted into my wards on the 2 May with symptoms of Stricture of Rectum. He has been under treatment in hospital for 2 months in Dispensary. He appears to have suffered some a long time. He has been in India & the symptoms made their appearance first at Rangoon, in

straining at stool, passing blood & mucus, which was obtained when after taking oil the bowels were relaxed. Emaciation & general loss of health the result of inflammation & ulceration of the soft parts above the stricture & a well marked stricture was found, a ring like band surrounding the bowel and causing admission to the top of the rectum.

but much tenderness  in the vicinity. Divided the stricture with a probe pointed hook & the relief has been marked. The stricture has been removed & the patient is now passing blood.

Month.	Date.	Structure of Accidents
May		A full sized Accidents before paper early. some very little pain within at the time or after.
"	10	He is much better. Left straining shorts proving. in blood.
"	11	Improving daily. He has still slight straining. Pap the bump in 2 nd day.
"	14	Much better. Passing order formed motions. Left pain in straining. Scarf any blood in motions.
"	17	Much better. in way
"	26	Bump passed by 3 rd day - Has formed motions -
June May	1-	Improving steadily.
"	10	Has the bump passed by 3 rd day. Has had a large abscess in the scapula. in the content of an old wound. Then has been in bed.
"	17	Improving slowly. Bump passed at intervals of 2 days.
"	30	Much the same. Upon the bump all

Month.	Date.	Particulars of Case.
May	9.	<p><i>Amputation of thigh</i></p> <p>A thin middle aged woman named Rajesoree resident of ³⁵ South ^{North} West ^{East} London ^{London} was admitted on the 13th with the left leg broken by a fall in a boat. The left leg was in oblique fracture. The spinal cord and about coming through the skin. Kept in the place with some difficulty - Dinner & Nursing came on. She became salter & anemic & by 14th I gave her a deep seated collection of pus between the bones of the left leg. She became worse the bone exposed. The knee joint became swollen & fluctuating the by 17th I made an incision in the skin & the wound below. I found increased suppuration & on 18th I kept her in bed. On 19th morning after consultation with Dr. P. I removed the leg by amputation of the thigh as the lower third by the modified circular. 5 or six ligatures applied. Pulse just after operation was 140 - & full.</p>

Month.	Date.	Particulars of Case
		Amputation of Thigh
May	10	<p>She is my low pulse 37 x 44 = 148 Irregular. Some delirious - foundered I can describe me later - Chest sounds natural - Had some slight hemorrhage last night Stump showed a normal red Boneless skin. Anterior Sports a Beefsteak</p>
	11	<p>She died last night -</p> <p>P.M. Liver spleen Kidneys quite healthy - Liver natural lungs congested. Appearances lymph in both lungs right most. Lower lobe of right lung - much affected a large patch of dead tissue & some smaller ones - long tubercles in upper of the lungs.</p> 

Month.	Date.	Particulars of Case.
May	9	<p>Partial dislocation of Shoulder.</p> <p>Samuel Nicholson admitted on the 6th May, age 23, stout tall & strong man, a sea man - Had a fall about 15 days ago at Adyab where suffering from pain. he hurt his left shoulder which became swollen painful, stiff. He was frightened & assumed that it was only bruised. -</p> <p>I find that the bone is displaced ^{partly} forward, in the direction of the arm. - Placed him under chloroform & with the extension without pulley, it went back with an audible snap. The reduction was easily effected notwithstanding the long time it had been undisturbed. -</p> <p>Tied him up with a simple bandage.</p>
May 26.	11	<p>He is doing well. No pain in the shoulder - keep it still bandaged.</p>
	14	<p>Removed bandage. Shoulder stiff, but in better position. ^{Discharging the}</p>
	17	<p>Discharging the case of the shoulder.</p>

May 26. He is well. Shoulder rather stiff. Discharged in respect with the construction of the shoulder. The shoulder perfectly recovered.

Case Book.

Month.	Date.	Particulars of Case.
		Radical cure of hernia
May	11 th	<p>Charles Thompson a tall powerful Swedish sailor aged 30, in robust health was admitted on 20th April 1864 with oblique inguinal hernia of the right side. It was caused by an accident 4 years ago. The intestine comes down into the scrotum when he stands and makes any effort. The ring admits the finger easily - on the 20th April I introduced the wooden plug in my usual way. I removed it on the 30th April - free subincision having been set up. He has been in bed since both wounds are nearly healed. The gut does not come down but as yet the part is carefully bandaged. There appears to be a considerable amount of lymph there - not the inguinal canal.</p> <p>14 Wounds nearly healed - he walks about with a bandage. He is tending to come down in bed.</p> <p>17 Wounds quite healed. tried the hernia. In pulse central ring, he seems quite cured.</p>

Month.	Date.	Particulars of Case
		Radical cure of Hernia
May	18	He walks about with the collected canal well filled. In retreating the hernia.
	26	He is quite well and waiting for his truss.
	30	Discharged apparently perfectly cured - He wears a truss as a precaution for some months. He was seen by Dr. Cheever & Doniphann. Dr. Fisher W. & Murphy. &c.

Admitted April 28

Plunged into " 28

" Unwound " 30th

Discharged May 30.

In Hospital 41 days.

Month.	Date.	Particulars of Case.
		Dislocation of Hip. Fracture Osale.
May	13	Muhammed Hossein aged 6 years a healthy little boy admitted this morning with dislocation of the left hip. head of the bone resting in the Gluteus muscle. The leg elongated foot pointed forward and body bent to that side from twisting of the Os. It had been done 3 days. The accident was caused by a fall, when running. he tripped and fell. Placed him in an Ashmun form made extension to move the head of the bone and then lifted it outwards. It went into its place insensibly without any sensible snap. & on comparing the leg after the extension they were found to be equal & the flexion free - Red the limbs together as the bones & ancles.
	14	Hip in right position in pain.
	16	Father took the boy away. he was well from still.

Month.	Date.	Particulars of Case.
		<i>Hæmorrhoids External Internal</i>
May	15	Edward Richards age 34 an English steward - tolerably stout and healthy. Probably in the military has been in India 12 yrs. - In the last 5 months has suffered from bleeding piles. I found them both internal & external. The internal large & irregular protrusion - passed a double silk ligature & tied them tightly. - The external a number of promunces on both sides of the anus. I made incisions into the internal ones. These I removed with a pair of strong curved scissors. In the afternoon he was unconscious of the operation. He says he lost much blood & that it has made him very weak.
	18	He is very well. no hæmorrhage in pain. except an occasional feeling of stinging. The internal pile has not returned again.
	19	Quite well. in pain. no bleeding

Month.

Date.

Fracture of the Patella.

Particulars of Case.

Chunder Mohun Bhattacharya, 40. resident of Simla, Calcutta, admitted 13 March 1864, with simple transverse fracture of the Patella (left). The accident occurred by a fall from the step of a carriage - he stepped it in attempting, when intoxicated, to jump out. The left patella is fractured in a transverse line into two distinct pieces - Displaced anteriorly with some pain & loss of power. The skin is not broken. The leg was bandaged and laid in the Dintons position. The bandage applied in a piece of 8 to keep the fragments separated $3/4$ of an inch, an apparatus - Cold lotion applied. The pain & swelling subsided in a fortnight. The wound healed in a month. After this, by moderate motion, the wound gradually consolidated. He was discharged on 13 May 1864 able to walk well - but with the joint somewhat stiff from long confinement. The wound appeared pain and probably pain in the breadth. With I am it will settle - However he would not remain longer & insisted on going home. I should add he has been well, the wound healed, & would for some time.

No 6

Case Book.

12

Month.	Date.	Particulars of Case.
		<i>Samuelson</i>
May	21-	Does well. The left hand side came away today - paper in hand is in all respects much better.
"	23	Does well.
"	30	Does well.
June	1	He left the Hospital this morn a cnd -

Month.	Date.	Particulars of Case.
		<u>Mercer's Lottumney</u>
May	18	Samuel Anderson aged 23 years native of Mancom. Lillak Bendway a Kobiraj. admitted on the 18 th with symptoms of stone - I have been troubling him since a week some time for the last few days has been worse. urine stopped bladder much dilated. An Abate of urine collected from impacted in the bladder portion stone about the size of a pea section under press on wood for 24 hours Has had slight fever for a day or two, but has now recovered better wound healthy. urine passed freely by catheter
"	23	Doing well. urine passed by catheter. wound better well
"	26	A few drops of urine by the wound but is healthy & doing well
"	30	wound healing. urine passed by catheter.
June	1	wound in perineum closing. he is doing well
	9	Discharged cured.

Case Book.

Month.	Date.	Particulars of Case.
		Hydrophobia?
June	10	<p>On Monday morning 8th June, I recd a note from the Bird of Howard asking me to go and see a ^{very} medical case with him. I arrived there at about 9 1/2 AM.</p> <p>The patient was a young man named L.B. aged 23 - tall slight - but muscular - Sallow complexion - dark hair and eyes: intelligent & responsive but much excited - a mechanical Engineer by education & occupation of some years work in the vicinity. He was living in the house of his Brother in law, his Sister & Mother & some friends near the town.</p> <p>The history of this case is the following - The patient is a young man of excitable temperment and of a more or less nervous character - he has been about 12 years in India and has had fair health. His occupation is that of a working mechanical Engineer, & is subject to the same. His temperamental has</p>

No 9

Case Book.

16

Month.	Date.	Particulars of Case.
		Hydrophobia Spurred.
		<p>been peculiarly excitable, so much so that he could ^{occasionally} separate himself from his friends for a time. & was wont to have ^{violent} fits of passion - I questioned the friends. No person admitted to have been known in the family -</p> <p>It was 30 days last Friday since he read a letter from a person in which he was saying it; and ^{the day} from pumping up to his face. It enabled at once to inflict a ^{slight} wound on the left cheek near the angle of the jaw - He applied some plaster to the wound. It healed rapidly. and I skinned a small cicatrix which was not painful or irritable.</p> <p>Shortly before this accident happened he had read a story in "Chambers's" entitled "The longest month in my life" - an account of a person bitten by a dog & who was cured by a surgeon that he was not safe until 30 days were completed.</p>

Month.

Date.

Particulars of Case.

This appearance made a great impression
 on his mind & he had brooded deep since
 A. his manner was changed & that he
 did not say much it was evident
 from his manner & casual remarks
 that the impression was there & that
 his anxiety was great - he became more
 thoughtful. read his bible much.
 & seemed to be out of health ^{depressed}
^{in spirit}
 His friends (conspiring) say that it was
 on the 30th day after the date that he
 began to complain of pain & stiffness
 in the neck & said (not in the evening)
 this was attended by an attack
 of tremor & vomiting & he was
 so much depressed - He was also
 suffering from some other ailment
 unknown to the time & saying the
 previous few days. and his eyes
 were closed. The skin seemed not
 heated & there were no symptoms of a

Month.

Date.

Particulars of Case.

moderate attack of insolation. In these
 symptoms Dr. Bird treated him
 in the usual manner. on the
 following day he said to Dr. Bird that
 he did not like the idea of ~~swallowing~~
 a swelling ice which he had been
 a and for the nausea and that
 he took his medicines & food freely
 he swallowed them with a sort of
 sucking. he took little notice
 he worked his hands & face in
 Dr. Bird's presence & used no
 kind of water after do. Dr.
 Bird found that the he appeared
 to be well at the end of his visit
 & the incident of the day was
 soon forgotten. he talked
 & played with him in the night
 He said after being talked to that
 he was quite put away the idea

Month.

Date.

Particulars of Case.

but it was evident that the fear was
 ever present - He became extremely
 excited at times, much nervous &
 restless - Constantly alluding to the
 approaching and talking of his
 death & frequently praying.

At times the effort to swallow
 anything especially of acid caused
 much pain as tho he had been
 plunged in cold water & even
 at times he would throw him-
 self back in his pillow in a
 state of exhaustion. He was
 of the quiet - engle kind of hypnosis
 but not like the real trances of
 Letourneau & Hyslop - His sleep
 was disturbed & his physical
 exhaustion great - He also observed
 that the weather was very oppressive
 & that men go in now saturated
 with the moisture

May

Case Book.

20

Month.

Date.

Particulars of Case.

This state continued until I saw him
with D.B. on Wednesday when I
went into his room he was sleeping
peacefully after a restless, excited night
during the ~~last~~ night -

He awoke shortly and at first seemed
confused & had difficulty in recognizing
D.B. & others - this finally passed off
he said when returned to me

that he found my name & he
became quite coherent & talked
steadily - I felt his pulse, it was
fickle - 72 - & my irregular

intermittent - I examined him
only very short 2 1/2 hours
and this was the result of my
interviews - I noticed particularly

that the eyes were congested & that
he had a startled expression

of apprehension while his manner
was quite excitable - but not

Ng

Case Book.

21

Month.

Date.

Particulars of Case.

indicating he seemed glad to see me and spoke gratefully of the attention of all about him - He said that he was very much afraid of ~~the~~ that he would become demented as he felt that if there was any danger. He was willing to do anything & take any thing - He drank water & milk and water through a tube with ease. but when he attempted to drink Cold - (iced) water it brought on spasms in the chest & sufficing in a few minutes. He was unable to speak - but he never could this and drank what he was offered him. It appeared that he had had left difficulty when not noticed & when D. B. was not there in presence - There was no spitting & clearing of the throat

Month.

Date.

Particulars of Case.

and freedom from all Collection
 of mucus in the mouth a former
 I observed also that the contact of
 the air (a breeze coming in through
 the open window) did not cause
 any trouble. & that he was perfectly
 unaffected by the sound of water
 being poured into a vessel in his
 hearing - His sister says that
 one of the first symptoms that
 caused them great anxiety
 was on the first or second day
 of maddening them a flap of
 water down saying that he
 could not drink it.

His symptoms at present have
 been present off & on. Presently
 I had a long talk with him
 when he admitted that his
 mind had been much troubled

N^o 9

Case Book.

23

Month.	Date.	Particulars of Case.
		<p> By what he called his accident & that he thought himself the thing - but that and as Dr B. had learned him he had conceived that idea - He took milk water - water wine & soup before me with wine & 1/2 of opium - He snorted then from remarkable and when I had been there about an hour he made himself perfectly as his hands had not acted for some time. Once or twice he snorted more than of Dr. Smith Dr. Rivin. This brought my a perfectly dark small day after - the snort he felt much better after it. I then put him under the influence of chloroform to which he yielded after inhaling about 30 min </p>

Month.

Date.

Particulars of Case.

Hoffman. At first there were some
 struggles and attempts at respiration
 but he yielded to the Chl: and ^{and another Physician}
 soon asleep - When sleeping Dr.
 Bonfham came, he said him a letter
 again awake & he recommended
 that the cicatrix should be cut
 out - Dr. Bid and I objected to this
 The symptoms indicated that of the
 disease he ^{well} real hydrothorax. It had
 become thoroughly developed & therefore
^{no} ~~little~~ advantage can be derived
 from removal of a cicatrix at this
 period - Whilst on the other hand
 if ^{he} the result of great mental
 anxiety & fear in a nervous & hysterical
 temperament. The admission
 on our part that he really ^{was} the
 subject of hydrothorax must

No 9

Case Book.

25

Month.

Date.

Particulars of Case.

having no prejudicial effect. Knowing as
 we do & having thought so much about it -
 I appeared later that he was rather
 much surprised and that his fears were
 to a certain extent allayed. That
 of this state of existence and he
 kept up his mind devoted from
 the back of his head as might be
 hope for improvement - when ~~we~~
 to cut out the extra would be a
 much advantage in our path that
 he had the disease & would therefore
 be tantamount to a sentence to
 death - I suggested: Dr. Cameron

Dr. Cameron
 Dr. Buchanan
 Dr. Buchanan

by 3 hours - Brought to the

Robert Smith - week
 when we left him at 12 1/2 - he was

My

Case Book.

26

Month.

Date.

Particulars of Case.

very tranquil. free from spasms. Look
plethoric rarely. skin pulse beating steadily
at about 80 -

June 9th I saw him again this morning
he had been very quiet yesterday after
I left him. Had a good night.
He was very alert at intervals. had
rather good & nice - D Bird
had no interest. The medicine
as he said every if he appeared
to excite him - He spoke calmly
at times, but had rather a strong
thought that he had been having
electric shocks. He said that the
machine might be taken away
wondered at times as often. Subject
Pulse 70 & very irregular - He
went - in pain - in distress

Month.

Date.

Particulars of Case.

A farmer. No. 10. He had been visiting in the morning. The breeze had an effect. He came out and sat in the veranda. It had an unpleasant effect. He said he liked it. I drank water before him & spilled some of it on the ground before him. Some time later he took no notice of it. I said the water tasted a peculiar taste. He ~~was~~ tasted it & said as it was used a great deal he did not like it so cold. He would taste the ice water. He did so. He held it in his hand. Should he taste the water. Saying so. He took it. He conversed with the man who was a taste. We talked about bathing. He said he should like to bathe. He said he should not swim. As a test

Month.

Date.

Particulars of Case.

I had water poured into the tub
 in his bath room. The splashing
 of the water had no effect. In fact
 there was no sound of floods. The
 cold he disliked, but he would
 not use water through a tube
 and he repeated himself pleased
 with ice on his forehead - and
 when drinking a bottle of wine
 he started off the can he where he
 was sitting by my side. Surprised
 I rubbed my arm with a wet
 wetted cloth. but was very
 calmed and put them again
 He was always drinking in the
 accident he called it - but
 and not like to speak about it
 when asked and he had put

Reg

Case Book.

29

Month.

Date.

Particulars of Case.

discussed the idea of my having seen the
late nurse and told her to do so. He
was very earnest in his opinion as to
change - & his friend says that the
idea of inflicting death was always
present - he read his bible frequently
& made many allusions to his desire
to seek God for help.

His sister told us that just before
he took the chloroform he whispered
in her ear that - "and this song is just
Aunt?" She was a good sister
in the breach - She was present
of the fatal effects of the late
sawed to have misinterpreted his
mind. - he left him at about
11 1/2 - weak but better he was
sitting in the evening - & the
fixed idea hallucination was there

Month.

Date.

Particulars of Case.

that he was to have the Submarine
batter applied. It turned out that
he had a Magneto electric belt on his
loins. The effect of which he had very
little of the nature. He mentioned
that the lines on the wall were
lines & that the air of his
bed room to which he had taken
a great dislike. was full of
electric vapors.

he named several Bay ten
week transients. Dr B. afterwards
found him a Humphreys injection.

June 10th I saw him again this
morning at 10th am. with Dr Bond
and found him very long. in a complete
state of exhaustion. pulse barely
perceptible. eyes turned upwards
but still perfectly sensible. He mentioned
my name when I went in with the

Month.	Date.	Particulars of Case.
		<p>Am. Wilcoxon - Head hot. but the body rather in preparation sleep - He appears to have been tolerably so tranquil yesterday after I saw him at times the same mad delirious appearance - & the latter continues in the shooting & something for the same to him very strong - He slept very the night - This morning an hour before he came here yesterday he was talking very rationally & asking to see his friend me said that I had been with him since from you would have thought it was a minister praying. He had occasion of Spanish as in the Church with the madmen looking & there was an as the a man sale coming in the Bonnet takes & a quantity of for the the from the, not visited - I saw him some brandy & a brandy some</p>

Month.	Date.	Particulars of Case.
		<p>His sister was then allowed to see us and see him. he recognized her. spoke to her & named her to her mother. was perfectly conscious - a mustard poultice had been applied to the abdomen. Her mother's sickness came on this morning - I left him still alive. but seemed hardly probable that he could last much longer.</p>

A Mr John Dr Bird informed me that he died quietly, without convulsions, at 2 P.M. of this day.

Month.

Date.

Particulars of Case.

This is a very remarkable and interesting case - was a case of St. Asaph's Epilepsy - a case of the effect of strong mental impression - an excellent example of a highly nervous susceptible temperament.

There is no evidence that the boy was mad or one suspected it - nothing had led him out to suppose that it was so that was as a result of accident when he was playing with it - The boy however - fortunately killed himself afterwards.

There is no doubt that the spasm in drinking the it occurred at times & Chaff about Dr. Br. of town there is very suspicious: but he said that he was a simpleton, the disease - There was no handling of the tea as a museum.

Month.

Date.

Particulars of Case.

There are not that much doubt
 to the fact of an impression that Shellen
 has always been observed in by his neighbors
 the first symptoms of panic (did not
 commence in the vicinity, but in
 the week. He had no dread of
 thunder, he looked at his stock
 and drank water without harm.
 Cold he did not. The sound of
 firing or splashing water did
 not affect him. He looked at
 his rifle & spoke of it without difficulty.
 The fact that he had read the
 story by hypnosis - his peculiar
 human temperament - the symptoms
 commencing on the 30th May. The
 day in the story & the constant
 & much being known with which he

Month.

Date.

Particulars of Case.

was affected soon to me to point to the
 mind as the chief agent in the mind
^{may be} I think regard them as rather the result
 of a fixed imperfection in a ~~weak~~ susceptible
 and nervous ~~person~~ person. There the
 result of the power to ~~be~~ at the
 2 strong resemblance.

^{It is probable}
~~very~~ ~~imperfection~~ that notwithstanding
 the late attacks of symptoms of by the phos-
 that this case is not one of Rabies
 Canine but of exaggerated mental
 to be.

No 10

Case Book.

86

Month.	Date.	Particulars of Case.
		Amputation of leg.
June	10	<p>Sapper Ally aged 28 a Sascar strong healthy looking man admitted on the 6th June with Crush: Tracl Disability. The injury caused by a cable striking him violently as it was let go in moving his ship - I met out see him an admission but the H.S. and the bones were not comminuted and not stripped of periosteum. The first tender's head - fracture at lower third, well reduced and when I saw him the leg was well in a splint - Pulse 96 temperature 101 in the arm became dematted and the temperature dropped about the wound. his pulse was quickening & becoming in the evening - The limb had been regathered. The morning 10th as it was broken the mischief was rapidly progressing. I amputated the leg two</p>

Month.	Date.	Particulars of Case.
		<u>Amputation of the leg.</u>
June	10	inches below the tubercle of the tibia - by the modified flap operation - The bone seemed healthy above divided -
"	11	Doing well. No hemorrhage or pain. Stump slightly swollen & tense. The edges of the flaps bulging between the wire sutures - Two large arterial branches ligatured
"	12	Doing well. Pulse over 100. Some numbness in pain. Examined some of the sutures. In tension a few small clots came out - 3 or 4 more ligatures came away -
"	14	Had a violent attack of hemorrhage but much blood. Much rest of attention - No more operation - 2 ligatures applied - Bayle and Communi present -
"	17	All the ligatures come away but one. He is weak Pulse 120 -

Month.	Date.	Particulars of Case.
		Amputation of thigh.
June	17	The line is granulating but part of the secondary tissue looks firm. There is also pseudomembrane. It looks suspicious of Osteomyelitis.
"	18	Pulse 140. Stump looks well in S.P. part. Medulla red and granulating but a portion of it suspicious. A ray of bone of tibia & fibula secured. Specimen.
"	19	Pulse 120. S.P. part looks well. Medulla better.
"	21	Looks healthy. Pulse rising. A small aperture over the crest of the tibia. but I cannot expect it will not increase in size.
"	23	Part looking healthy. Pulse normal. Bone edges together with snapping. Good diet.
"	25	Doing well. Stump looks healthy contracting rapidly.

No 10

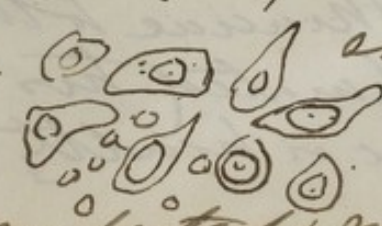
Case Book.

Month.	Date.	Particulars of Case.
		Amputation of the leg
June	26	He is doing well.
"	28	The flaps are gradually coming together - he is doing well.
"	30	Bringing the flaps together with stitching - he is improving daily.
July	1	The parts are coming together made the aid of strips of adhesive plaster. - quite healthy - He is improving in health and strength.
"	3	Wound contracting nicely.
"	9	A bit of the end of the tibia came away - The wound is contracting nicely well.
"	14	The wound is gradually contracting. He is in good health.
"	17	Gradually closing in.
"	28	Nearly healed.
Aug	10	He has had a new back a week or ten days ago. a slight attack of erysipelas. but he is now doing well. and healing rapidly.

Month.	Date.	Particulars of Case.
		<i>Amputation of the leg</i>
Aug	22	He is doing very well - The wound has nearly cicatrized - she is in excellent health
	31	The stump has just healed, he is in excellent health and is now only waiting for his wooden leg.
Sept	4 th	The stump has healed and he is in excellent health waiting for his wooden leg —
"	11	He has got his wooden leg, walks on it easily - Stump perfectly healed

Discharged cured

A man that June 6th
 Amputated " 10th
 2^d Hemorrhage " 14th
 Bit of skin separated July 9th
 Attack of erysipelas July 28th
 Discharged cured Sept 10th

Month.	Date.	Particulars of Case.
June	17	<p>Epithelioid of tongue</p> <p>To day I saw a case of Epithelioma of the tongue with S. Dracae. The patient - a gentleman about 54 years of age - in excellent health. The tumor about the size of a walnut on the under surface of the left side of the tongue not far behind the tip. It had a firm, appearance with lobulated edges but thickened to a great extent - & was very painful. A physician touched a when any purulent food or drink taken into the mouth. The floor of the mouth & throat not affected nor sign of any constituting affection. The teeth I observed were sharp & strong. but the tumor is not of that character caused by irritation the microscopic appearance were very much in favor of Epithelioma with a variety of forms of cells.</p>  <p>Large nucleated & nucleolated cells.</p>

Month.	Date.	Particulars of Case.
		<i>Erytheloma of Tongue</i>
June	17	he proposed immediate removal to which he assented. I passed a curved needle through the base of the sore and tied a double silk ligature on each side - The passage of the needle did not give much pain but tightening of the ligatures did. The patient was however quite tranquil - I had in depth of the tissue about the floor of the mouth did not show any sign of being affected - The pain passed off shortly after the ligatures were applied.



- 28 Dr. Mearns told me that it separated two days ago. The sore is healthy but rather hard.

Month.

Date.

Particulars of Case.
Erythema of the Tongue

July

8th

Mr Campbell called on me this morning. he says that the Erythema came away on the 10th day & that the sore healed rapidly.

It is quite healed & leaves a mark, slight hairy, about the Circumference of the lower lip. The teeth are sharp. In the upper jawly biting in the lower I have recommended Caustic. I am sure that of course where he is in good health & does not much mind of the matter. The case is a very interesting one —

Month.	Date.	Particulars of Case.
		Radical cure of Hernia
June	21	Today I operate with the plug in a stout young Prussian Soldier named Wilhelm Dörrie. He was admitted on the 8 th June, but he has had some sharp attacks of intermittent fever. Therefore I could not operate until today.
2 nd June		He has had no fever for some days - has been taking Quinine I used a small strong plug. I was to not come to let the plug closely to the ring, but rather prefer to give plenty of room, taking care that the irradiation is well fixed up towards the internal ring.
		was apparently his case the hernia is on inner side, it is of 8 years standing caused by ascension into the Scrotum as big as a Brown egg.

was apparently
caused by
a trip. but it
returned several
times

Month.

Date.

Particulars of Case.

Radical cure of Hernia -

- June 21 When he makes my exertion
- " 23 A good deal of pain & some suppuration
commencing about the threads -
In place. no unfavorable symptoms
- " 24 Suppuration free round the threads.
Took out the plug - Bandage
- " 25 No pain. no pain - Suppuration holds
well in its place -
- " 26 He seems to be doing well. He -
strikes a portion of the intestine
come down behind the suppurating
- " 28 ~~Doing well~~. Wounds healing
- " 29 Went to stool today and says it
partly came down. I did not test
the ~~test~~ accuracy of his statement -
but ordered him to keep my finger
to be carefully bandaged
- July 1 It appears to be doing very well
- 3 He says it came down again. Just
(I was seeing) behind the bandage
- 6th He left the Hospital of his
own accord - without leave

Month.	Date.	Particulars of Case.
		Amputation of Foot Same.
June	24	<p>Kedar Nath Doh aged 28. a thin delicate looking man, with the right humerus joint ankylosed admitted on the 8th June with extensive disease of the humerus of the left foot -</p> <p>His Dr. says from the following notes "Had Syphilis 4 years ago, a year later he had tubercles in the joints & eruptions on the skin & months later - Has had rheumatism & joints affected chiefly the smaller joints -</p> <p>About 6 months ago he had inflammation in osseum of left foot. first was put into a cast & some time from bones. It supplicated, and was opened for medical opinion - He would not walk, ulcerated & gradually enlarged & increased from with much swelling bone -</p> <p>Stump of foot & foot</p> <p>The foot was banded & placed in a splint - & after 4 weeks. Dr. D. M. Jones from home since, but</p>

Month.

Date.

Particulars of Case.

Amputation of foot & leg
 in improvement to the place & as
 the foot & leg were down to some of
 some communicating with
 softness bone - I returned to
 make an accurate measure
 then I sat in the presence of
 Dr Green J. & H. - & Mr. Puffer
 I turned back the soft part
 covering the diseased bone &
 found a tumor all in a state of
 softening & slaves - The patient
 then consented I at once removed
 the foot & leg & some operation
 The foot was healthy but the
 dorsal bones were all diseased
 The tibia sound healthy
 & the calcaneus. I had tried
 the plantar vessels were
 plugged & some blood. The
 peroneal & ant. tibial & ant.
 & post. tibial small branches
 were tied - & after waiting some
 minutes to let the coding cease
 I knelt the cords together with
 wires -

25 Stomach warm - in the evening I applied
 cold blood out of the stomach. In
 day well - no pain - no fever

Month.	Date.	Particulars of Case.
June	18	Wound clean. Leg a little swollen. Stump looks well. One legatine came away. A quantity of almost clear serum oozed out in profuse. From the inner angle of the stump -
"	28	All legatines but two came away. Some discharge. He appears the going well. No fever.
"	29	The last of the legatines came away. No fever. Discharge is tolerably healthy & profuse.
"	30	Took out the last of the legatines. The flap has adhed - Discharge healthy. He is very well.
"	1	Discharge very well. Discharge decreasing -
"	2	Discharge very well. Still some discharge from inside. But the flap has interumented.
"	3	He is very well. His general health is fair.
"	4	Discharge very well. Still some discharge from inside. Discharge very well.

Month.

Date.

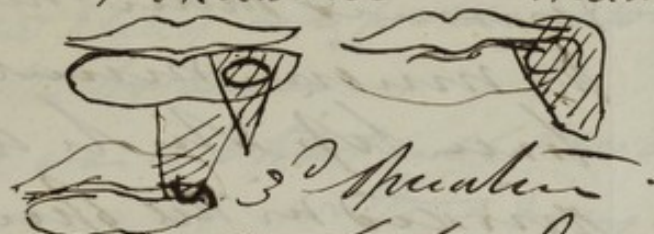
Ephraïma & Co. Particulars of Case.

June

20

Edward Norton aged 48. Sailor
a healthy looking man rather heavily
stomach aged in appearance admitted
in the June with an epithelial
growth in the upper corner of the
left side of the mouth. There were
the cicatrices of former operations
by which the mouth was much
contracted and distorted.

He was operated on two times
by Dr. Brooker in town of the "Dead
weight". It was then in the
lower lip at the angle of the
1st operation 2nd operation



9 months later he was operated
on in Bombay by a private
practitioner. He was dressed
himself with a promissory
tubercle at the upper corner of
the mouth on the upper side.
It was known to increase his
rapidly increasing. The tubercle
had a pink beginning to ulcerate

Month.	Date.	Particulars of Case.
		<i>Epithelium of lip -</i>
June	20	At the lip - I recommended removal and accordingly, I then removed by a transverse incision being taken at the edge of the wound and brought together with traction. Suture was made place - I saw while the Corman arteries has arrested the bleeding by passing the needle through them -
	26	The wound has perfectly healed she is very remarkably well. The larynx caused no irritation removed them this morning. The mucous membrane of the lower lip which was also involved in the operation, and involved the inner as well as the upper lip, was also brought together with the horse hairs and the union was perfect. There is no inflammation extending to the surrounding parts.
	28	Gums well disengaged and

Month.

Date.

Particulars of Case.

Aneurism of the Aorta.

June 26th

Mr. Lawrence at 8 p. Mr. Jones and
 Mrs. Jennings 5 Russell St. White
 Mr. Scott Smith. I found him dead.
 He had fallen down in his bath-
 room where he had retired saying
 he felt sick. He was heard retching
 & then to fall. He was picked up
 immediately & aneurism & died
 in a few minutes. The vessel
 with which he had part of his food
 & some half digested food & blood
 out of blood - There was no blood
 in the stomach, none in the face
 nor in the mouth. Face calm
 and placid & as was the rest
 of the body -

He was a stout well made powerful
 man of 34. with a very large
 chest about 42 to 44 inches
 in circumference. He suffered
 from cough at times, had
 some slight attacks of hæmoptoe
 - typhoid - one since one more
 year ago - went some distance
 a year or two ago for cough.
 Spitting of blood & of flesh.
 but Dr. Hoffman for some

Month.	Date.	Particulars of Case.
		<p><i>Aneurism of aorta</i></p> <p>both felt satisfied that there was no tubercle.</p> <p>Said he has had more cough, haemoptoe at the chest - & attacking an asthmatic tendency - also he has been desponding in spirits.</p> <p>He had complained all day of weight in the chest - some pain & sickness - It was in the effort to vomit - that the he dropped down dead -</p> <p>I examined the body with Dr. Partridge, H. McPherson, Dr. Allen & Mr. M. Brownhead.</p> <p>Body stout - muscular and well developed. a thick layer of fat under skin -</p> <p>Right & left thorax perfectly healthy. Lung perfectly healthy no tubercle.</p> <p>Left side - on cutting the knife a quantity of serum poured from pleural cavity. The lungs were compressed. The upper lobe</p>

Month.

Date.

Particulars of Case.

Aneurism of Aorta

Absorption, and the left side of the
 Aorta contained about 10 to 12
 pounds of clotted blood - There
 was a clot in the pulmonary trunk
 of the upper left lobe -
 An aneurism of the arch
 had forced into the ~~the~~ lung.
 & caused death -

The heart was flabby & pale
 but the valves all healthy -
 The Aorta was not dilated
 but at the aneurism still present
 at the commencement of the de-
 scending Aorta. There was an
 opening size of the end of the
 thumb with rounded edges,
 adhering to the lung which
 was adherent & consolidated
 round it - which opened into
 a cavity size of an orange in
 left lobe - This cavity had
 no way & the blood had
 come through the thin portion
 of lung remaining and filled

Month.

Date.

Particulars of Case.

Anemism of Antea.

The chest in that side - The chest
was very firm. Rather the
trachea. Bronchial tubes.

Pulmonary vessels. no emphy-
sema was affected. I am probably
acutely the absence of all
symptoms.

Her previous symptoms had
been many since I was oc-
casioned of spotting of blood.
Emphysema - no affection of voice,
weight at the chest - & accompanying
of an asthmatic character.
Her impression was that of
her stomach. Perhaps con-
sumption as one of her
family had died of it.

The young woman ~~found~~
found the putrefaction
trachea - I had examined
her chest. & had I found
McPherson but could detect
no sign of tubercles or carcinoma.

Month.

Date.

Particulars of Case.

Murmur of Aorta

Since he returned from England some months ago he had found pleurisy & was in fair health. He occasionally troubled with cough and uneasy sensations about the chest.

It is remarkable that Lord since of always relied on his cough & made him feel stronger. He had taken it regularly. Had evenly put taken some recently before the fatal attack of hemorrhage which came on when he was at Oxford. He appeared to have fallen and died almost immediately. His wife says he was quite unconscious when he was taken to the room. He moved breathless & screaming. But never required assistance. Appeared to have died suddenly. Examined the body at 5 1/2 hours. He died at about 6 p.m. The lungs were

Month.	Date.	Particulars of Case.
		Case of amputation of Hip continued from
June	29	For the last few days the discharge has been slightly increased - and this morning I found that he had slight fever yesterday - & that there is a collection of matter at the inner corner of the cicatrix - This I opened and found it to be about 3 or 4 healthy pus - He is pretty well in this respect. The large probe points towards the Acetabulum as the seat of infection, but I can not detect any loose bone or Cartilage
	30	No fever. no pain. discharge less
July	1	Doing very well. No discharge. & not to name - No fever. no pain. In Capital Spirit & good Appetite.
	3	Both Urines contracting very little discharge -
	5	Doing very well. Is working on cleaning to work under the Hospital Surge

Month.	Date.	Particulars of Case.
last book	page	ump: 14th June -
July	9	He goes to work regularly in the tree surgery. He is doing well. but still there is some discharge.
"	14	Still some discharge. but he is in capital health.
"	17	Discharge still from the leg in evening.
"	23	No discharge from the wound today. He is in capital health and works steadily as a tailor.
"	28	Quite well. Still a little weeping from the wound.
Aug	1	In capital health reports. Discharge. he is perfectly cured.
Sept	4	He is still and strong tailor - is becoming the executive



in the Hospital. has
employed as a
which work he is
rapidly proficient
is perfectly firm.



Month.	Date.	Particulars of Case.
		Salivary fistula.
		He returned and left the hospital at 10 o'clock when he left but I hear I must have given -

Month.	Date.	Particulars of Case.
		Wound of Ankle joint
June	18 th	<p>Gino-Rath Sirdar, a healthy young Hindu, aged 25, was admitted on the 13 March 1884 - with a wound in the anterior aspect of the ankle joint - which had been inflicted 1^{1/2} hrs previously by an axe with which he was cutting some wood. The wound was about two inches in length extending transversely opening the joint - dividing tendons of the parts. The wound was bound by cloth which he removed some time after admission - when exposed & by which he was distressed - but soon afterwards irrigated - The edges were brought together with horse hairs and cold water dressing applied to the wound.</p> <p>The limb was placed on the dextro splint from which it was not finally removed until the 26th May 1884 - Swelling heat & pain followed. The wound was irrigated - There was very little discharge from the wound until the 24th March. Swelling about the time formed me on the dorsum of the foot, the</p>

Month.	Date.	Particulars of Case.
		Wound of ankle joint.
		<p>Other near the little toe - there was nothing in the external malleolus - The patient became very low. I gave dry food. Pulse small fable - Appetite impaired and bowels relaxed -</p> <p>Until the 22^d March there was not little a no discharge from the wound from which date a suppuration in the joint was in progress. Further was applied.</p> <p>After this the discharge was purse accompanied with the plates of decomposing cartilage - on 28th March an incision was made to evacuate a collection of pus near the internal malleolus. Several other incisions were subsequently made - one on the dorsum of the foot, another on the inner side of leg - another on the 2^d April suppuration commenced - the discharge de- creased & improved in quality - wound began to granulate - water dressing now applied</p>

17

Case Book.

81

Month.	Date.	Particulars of Case.
		Wound of ankle joint.
		<p>It improved with the dressing when the discharge increased again & became fetid & in character - The wound was dressed with hygiei: (Chl Zinc wash) This was continued till the 15 June after which it - healed under water dressing.</p> <p>Since the beginning of May anchylosis has been taking place and was not complete until the end of the month when the two distal splints were removed - The patient could not bear the weight of his body on the foot she began to walk a little with the aid of a crutch. but very little progress caused pain.</p> <p>He continued gradually improving gaining strength & some decreased swell about the 24 June with an anchylosed ankle joint the foot at right angles to the leg.</p> <p>As regards the general health of the patient - it was much disturbed by ^{febrile} fever during the first fortnight - when fever came on every day - & then these gradually subsided - He took Quinine - Iron. Cod Liver Oil - Good Diet & Potash.</p>

This account is taken from the Dispensary notes & is accurate

Month.	Date.	Particulars of Case.
July	14	<p>Salivary Fistula.</p> <p>Photic Churn Dham. age 25 years</p> <p>Kayallie water admitted 3^d July/64</p> <p>with a petalums running in the left cheek. an inch $\frac{1}{2}$ in front of the ear. Saliva flowing profusely over the cheek. I punctured from an abscess which formed as the opening is close to the Parotid Duct -</p> <p>Examined the duct - in the mouth passing duct probe found it obstructed - passed a seton of 4 threads of silk through the sinus into the mouth. and kept it in for 4 days - the suppuration being ceased I withdrew the skin cut out the callous edges of the sinus on the cheek and brought them together with two horse hairs - The wound united with some suppuration & the orifice appeared to be quite closed in the p.m. - He says the mouth is no longer dry</p>

Month.

Date.

Particulars of Case.

Salmony salute

and that the Salwa flows freely
into the mouth - He used a net
put to bleed but it appeared as tho
it would close & he is much
pleased with the improved
condition.

17 He took a little Salwa
sucked out onto the duck to the
chirp - He used a net
but put to bleed.

18 In Salwa sucked through the
wound today

20 Still a napkin of Salwa
flowing on the duck -

23 A few drops oozed onto the
duck when eating. He used
does not eat & there is
a slight improvement about
it - Improve

28 Some medicine to be put
under the duck's tongue with
a bit of bandage

Month.	Date.	Particulars of Case.
July	13	<p>Injury of lung & Pneumonia Morax.</p> <p>Gottery a Kuyalli boy aged 6 years residence Colostollah. - admitted 13 July 3 PM - His mother states that the child was run over by a buggy that the wheel passed over his chest - about ten minutes before admission.</p> <p>Healthy looking small child. Respiration very difficult. Lips blue. Pulse small and quick. Skin cold. Abdomen tympanitic. No external marks of injury. No fracture of ribs or other bone discernible. Some slight bulging in the right mammary region. - on admission (this did not become when I saw him next morning) - The child had expectorated much blood for the morning. - had no cough.</p> <p>14 I saw him this morning & found that the state of collapse had passed over. he had had stimulants. His pulse was</p>

Month.

Date.

Particulars of Case.

Injury of Lung Pneumonia Throat.

July

14

was fair - slightly hectic; The left lung was evidently much congested. The respiration was juvenile & the dyspnea great. The alar vessels pulsating with each inspiration. The left side expanding and contracting rapidly -

The right side clear as per auscultation. No respiratory sound but clear metallic tinkling & tympanic sound.

Heard 4 seconds to the opposite side & strokes.

u

15

Much easier pulse stricter much returning the vessels. Some sound on right side of thorax, but no respiration, distinct at back & right side - From chest - some hum rising & heaving but no sound the strength -

16

Much better. Chest heaving & sound on right side

No. 19

Month.	Date.	Particulars of Case.
<p>20. Similar weakness rolled under in front of the right side. He is in good health & spirit.</p> <p>23. Both sides nearly equal in respiratory rate.</p> <p>26. Discharge of sputum. Both sides nearly equal in respiratory rate.</p>	<p>18</p>	<p>Suppurating lungs - Pneumothorax</p> <p>Insidious onset of the latter marked by an attack, dyspnea and wheezing - Respiration fairly free lung is suddenly becoming to expand again - The child walked about the ward.</p> <p>Shows no doubt that the wound in passing over the thorax. The lung is healthy, altho the ribs were not injured - The air escaped into the pleura & collapsed the lung - The lung is now healing. Airway is slowly coming expanding again - State the chest much better - no suppuration. Respiration is still very imperfect - Chest is expanding rather better - in fact. State the tubular breathing is again free lung is gradually regaining its functional power</p>

Month.	Date.	Particulars of Case.
July	16.	<p><i>Fracture of the third of clavicle</i></p> <p>On the 15th July, Blaise Sirig a Rajpoot Durwan aged 25 years was admitted. He had intoxicated himself with <i>Sringa spalla pumato</i> & strong wine. He had a severe contused wound of left side of scalp. And an injury of the right shoulder.</p> <p>On examination I found that he had broken the clavicle near the acromion end. That there was no displacement as the fracture had occurred opposite the Coraco clavicular ligament. On holding back the shoulder the crepitus became very distinct but on relaxing it there was neither deformity nor crepitus.</p> <p>Dressed the wound in scalp with water dressing & put up the clavicle with a piece of & bandage & padding.</p> <p>He was under the influence of haemorrhage and not treated.</p>

Month.	Date.	Particulars of Case.
Fracture of os parietale of Charles		
July	17	He is better. Steroides from scalp taking off - wound in head healing - Charles also in good position
	20	Doing well. Some suppuration in scalp wound -
	22	He is doing well
	24	Suppuration present in view aspect of thigh just as the insertion of AD in the muscles - removed it -
	28	He has become much better but there is a small collection of matter forming an abscess aspect of thigh - Pus present. Scalp wound healing Charles doing well - He is in good health
Aug	5	Wound in thigh nearly healed - Abscess burst - wound in head nearly healed

Aug 10th - He is nearly well. Charles wanted wound healed, but he is weak.
 Aug 13 - Discharged convalescent.

Month.	Date.	Particulars of Case.
July	16	<p>Camp: Fracture of leg & arm of bone</p> <p>Hon Chund Ghose a Bengalee Hindoo Aged 22 admitted on 15 July at room with a severe Camp: fracture of leg & arm of himself had fallen on it - and the bones were protruding on admission -</p> <p>I find (on 16th 7 am) that the ends of the bone are sharp & spicula like - I found them only the one of which had the enlarged end above cut off the pointed one with a saw - I found infection after the operation. I brought the cut- ter together with wires - but I am unable to cut off each end. I made plates on the Integument - The wounds were only slightly wounded of perforation.</p>
	17	<p>Fervent. pulse over 120 - admitted of fluid - Since reaching of leg. in hospital - Frigate</p>

Name Wholai

Age 35 years

Residence Boroahagan

Occupation Weckman

Race Hindoo

Date of admission
Sept 24/64

Disease or accident

Compd. Fracture

Left leg lower 3rd

operation Amputation

Lower 3rd of thigh

Date of Oct 1/64

Name Bholai
Age 35 years

Residence Bowhazar
Occupation Watchman

Race Hindu

Date of Admission
Sept 24/64

Disease or accident
Compd Fracture
left leg lower 3.
Operation Amputation
lower 3^d. of thigh
Date of Oct. 1/64

Month.	Date.	Particulars of Case.
Fracture of lower third of Clavicle		
July	17	He is better. Steroides from Scalp hasing off - wound in head healing - Clavicle also in good position
	20	Doing well. Some suppuration in scalp wound -
	23	He is doing well of Sargahap p Aspect of thigh indication of R Inches - R
	28	He has been but there is a p of matter forming in Aspect of thigh - Paralysis Scalp wound healing Clavicle doing well - He is in good health
Aug	5	Wound in thigh nearly healed. Clavicle healed - wound in head nearly healed

Aug 10th - He is nearly well. Clavicle united
wound healed, but he is weak.
Aug 13 - Discharged convalescent.

Month.	Date.	Particulars of Case.
		Croup: Fracture of leg vacuum of bone
July	16	<p>Henr. Chund Ghouse a Bengalee Hindoo Aged 22 admitted on 15 July at noon with a severe Croup: fracture of leg by a bag of linseed had fallen on it - and the bones were protruding on admission -</p> <p>I find (by 7 am) that the ends of the bone are sharp & spicula- ted - I saw them only the bone of which had the enlarged and about cut off the pointed ends with wires -</p> <p>Reduced fragments with the operation. I brought the cut- ends together with wires -</p> <p>Wound 1/2 an inch of bone cut off each end. Simple places as <u>Dr. J. J. J.</u> I think - The ends were only slightly comminuted & perforated.</p>
	17	<p>Female. pulse over 120 - anxious spirit - some swelling of leg. in house - private</p>

Month.	Date.	Particulars of Case.
		Comp. Fracture of the leg -
July.	18	Pulse 148. Soft - He had power all day yesterday but this morn he was inert. This morn. keep up the cold water application
"	20	He has not been doing so well. Leg swollen. bones damaged & peritonitis. Pulse very rapid 160 and constant power. Ther 105 - In consultation with Dr. Putnam determined to amputate - as it would save the life hope of - Anna's having skin. Spine in hope - Unnerved the leg by modified plaster. & decided we would hold outside of tube. Isha seemed healthy - He lost very little blood -
	21	Ther: 112. Pulse 128. He is better. had power yesterday afternoon
	22	Pulse 140. Ther: 105. Sallow. hot. Stomach & bowels in surface. Wound cut the muscles out. - Dr. Ther 80 x. Remained 3 1/2 hours

Reception
admission

75

the number of

Month.	Date.	Particulars of Case.
July	17	<p>Went to see of cartilage of wrist -</p> <p>A young East Indian named Mrs. Rea (married) admitted on the 15th June /64 with diseased wrist.</p> <p>On the 11th June, after a fall, she had inflammation of the joint - she attended the General Hospital for a week without relief - There was also fever which did not leave her until the 23rd June.</p> <p>There was a great deal of swelling about the wrist and the hand was a denudation in moving the wrist & raising of the cartilage - some pain and starting of the bone at night. The bone was a denudation - A small collection of thin serum from the communicating with the joint was taken. Absolute rest in a splint.</p>

Month.	Date.	Particulars of Case.
		<p>Recurrence of pleurisy of the right and lower rib ossification were presented. Some relief followed but no satisfactory evidence of arrest of the disease. In the 30th June the Adrenal Cortex was applied over the course of the wrist in two places each 2 inches long. This was followed by relief - the pain at night disappeared. The general health began to improve. The dress was kept open by being touched with the Cortex on the 8 July -</p>
Inf	17	<p>The swelling has increased all June. There is no pain & the swelling of the lower is no longer heard. Continue the splint. & Cort. lower rib. She is much improved in health.</p>

Month.	Date.	Particulars of Case.
		<u>Elevation of Cartilages of wrist</u>
July	21	No pain. no swelling. No swelling. Edema of fingers with stiffness. No swelling immediate - Discontinue Spirits & shape the wrist. She is fretting. with the loss of of a good deal.
"	28	The hand now with the pain: more actually in the joint. - The wrist is perfectly immovable. and the edema of the hand is subsiding. In motion. Dr. Chas. - No Spirits. - The general health is greatly improved - very well. hand still with edema. The muscle better. No pain in joint unless it is moved. She is doing well. but still as there is some tenderness. Keep on the spirits. Mind better in every respect head well. Has had the the last few days -

Aug 19. Dr. Chas. & Anne
Carrington
Mrs. J. Carrington
from motion of the hand in the
joint - in very good health.

Case Book.

Month.	Date.	Particulars of Case.
		Comp Fract. Amputation of leg -
July	23	Pulse 140. Respiration 40 - Temp 105. Surface of stump sloughy. Skin inflamed. Breathing harsh on both sides - Pain Brandy 3/4 cup 2 times in 24 hours. 2 times Ingestion of M. E. Zuberlin.
	24	He died yesterday - P.M. at 8 P.M. 24 th Throat. Nerves healthy. Lungs healthy, but much engorged - Liver with hepatic white patches. Stomach soft & friable. Kidneys healthy - Much infiltrated with pus - Stump sloughy. He had died from hemorrhage in the liver for destructive changes to take place in the liver - Cellular tissue about shoulder must

Inflamed with same pusulent surface.

Case Book.

Month.	Date.	Particulars of Case.
		Radical cure of Hernia.
July	23	Sister John Corrado aged 57 years an aged but vigorous & healthy peasant from Krishnaswami, Hooghly, admitted into Hospital on the 6 th June 1864 with hydrocele & hernia. He has been subject for upwards of 20 years - The hernia is only of a fair standing. The hydrocele was tapped, the hernia being reduced & held up in the abdomen, & injected with Iodine. - The hydrocele was cured in 25 days -
July	25 th	Hernia operation was performed with the plug on the 25 th July. Plug removed on the 28 th July.
"	24	He is doing well. Some pain in the groin during the operation.
"	27	Rather low and tender, but painless - Put wine & oil Bandage.
"	28	Rather low. Some pain in the groin & swelling of the right testicle. Put wine & oil Bandage.

Month.	Date.	Particulars of Case.
		Radical cure of Hernia
12 Sept		He is quite recovered - wound healed - Hernia does not recur. He is weak old and infirm - but the true hernia is gone. He was sent to the Hospital General of the Army.
	30	He is rather low - but the wound is looking better. Thoroughly examined - deep with the hands - Pulse 3 m.
	10	He is better, more clear, he is still low - but all is very weak. but the wound appears healthy. The strength is much better. he looks for food faint. but he seems to be much better without much apparent cause for it.
	14	Slowly recovering. very little action in the wound - in fact, deep with the finger. Recovery.
	17	Makes up little more. but there is nothing remarkable beyond activity.
	22	Slowly recovering.
	31	Nearly well. slowly regaining strength - Hernia apparently quite cured.

Admitted June 8th
 1st Medical Regt. July 20th
 Discharged July 23rd
 Discharged July 23rd

Month.	Date.	Particulars of Case.
July	26 th	<p>Resection of left elbow joint</p> <p>Prosmo a Kindoo Indian School boy aged 23 years admitted on the 20th July - with caries of left elbow joint of 5 years standing & some chance of forming an attack of puer - was treated by natives - 5 sinuses formed after the puer - they repeatedly healed and reopened -</p> <p>He is a delicate looking girl but not in any other way diseased. The joint was quite atrophied head of radius gone & clavicle impaled in humerus & humeral aspect of joint</p>
Inf	26 th	<p>Resection performed of malacia.</p> <p>H incision - when nerve laid out of the way by Dr. P. with a blunt hook - small incision made - 8 or 10 bleeding points tied - Operation lasting 1 hour. Not completed 11 minutes. The head of radius black & articular end of humerus all excised. being completely</p>

Month.	Date.	Particulars of Case.
		Direction of blood from -
		disinjured. All bleeding
		from carefully arrested after
		lips of the wound brought into
		approximation by wire sutures
July	27	hr. bleeding. The arm has
		been on a pillow. a piece of
		wet lint over the wound
		compressed by piece of 8 bandage
		she had an omelette at bed time
2 Pm.		Beginning to be slightly painful
		in bleeding. Slight burning
		of throat & throat. apply
		cold water to the throat - then
		the towels with an application
		milk diet -
"	28	Still M. pain. somewhat
		stitching & burning through
		the suture by the nail
		the tip of the - in the ap
		- seems to have taken place
		keep it wetted with cold
		water -

Month.	Date.	Particulars of Case.
		Resection of upper joint.
Inf	30	Some lifelines come away yesterday, the rest today - The wound has united in the most perfect manner in the have been removed - The discharge is free & healthy - Applied sticking plaster - ordered some Port wine & full diet. Pulse 120 -
"	31	Pulse 104. No fever - Discharge profuse but healthy. Great part of incision united. Strapped. Sent diet & Rhine.
Aug	1	Discharge profuse. Pulse 120 - No fever - Some more wound looks well, a small portion of the corner of transverse incision in progress - Strapped around & placed in a splint.
	5	When out from sling so well. Not been here ten days. Pulse rapid 120. Transverse incision has healed & daily re-joining. Discharge profuse. When taking Vin. But the same. Have moved him to a splint to prevent motion.

Month.	Date.	Particulars of Case.
		Large Hydrule
July	27	This morning I tapped a hy- drole of the left testicle, and drew off from the one cavity 112 ounces of clear, highly albuminous fluid showing with the tubes of cholesterol There was considerable thickening of the tunica albuginea. The testis she has had has at intervals - I injected about 1/2 an ounce of R. Sol. Ca. into the cavity - He is an old man - very small and very strong; probably 60 to 70 years of age. ^{was made of Brown's sugar} a collagenous ^{pur} The penis was quite obscured
"	28	Drain well.
"	30	It is filling slowly. Drain
Aug	5	It has partially filled again.
"	10	It is slowly accumulating.
9/12	24	It is somewhat smaller but accumulates very slowly

Month.	Date.	Particulars of Case.
		Kangas
July	26	<p>A man named Kangas aged about 32 was admitted at 9th PM 25th - in a state of intoxication he had lacerated himself but was cut down ^{17th PM} a lacerated mark indicated the position of the wound - the wound bone appeared to have been exposed together and the area of the wound was lacerated. He stated that he had been - very, very drunk to the point of being he was perfectly unconscious when admitted. When I saw him at 8 PM of 26th he was unconscious eye fixed, pupils slightly dilated - motionless. In response to questions in movement - he stated Breathing easy - no sound - cold to the touch Sweat. Intermittent</p>

Month.	Date.	Particulars of Case.
		<i>Harrison</i>
		through the throat. Receptive Swallow as he could not help but swallow. At 2 P.M. Induced an emesis + Eruption of 2 drops. When he acted <div data-bbox="231 772 414 918"> <p>Inf 27</p> </div> He seemed better. pupils act slightly. he is said to have lost act in tongue & have some signs of consciousness. But he lies in the same position place of consciousness as before seems to feel pain of the larynx is pushed. He appears to be gradually regaining his consciousness. Cold to the head. Receptive Swallow as before before but <div data-bbox="343 1848 391 1892"> <p>a</p> </div> 28 More Conscious today. Does not speak. but push- out in tongue when talking as - Borneo. Now - in hand

Month.	Date.	Particulars of Case.
		Hungry.
July	29	Better. but still silent. stupified unintelligible. Borneo moved
"	30	Drunk on vegetable - Indian food when put into his mouth
"	31	He still has a vacant stupified look Does not answer when spoken to. Skin cool. pulse natural but weak He is probably deaf. - Indian food when put into his mouth. Borneo & bladder act naturally
Aug	1	He remains in the same state of semi-stupor lying with his arms stretched out. looking vacant & not answering when spoken to. He has not that I know of. Indian food. Borneo & bladder act. Indian food when put into his mouth. Keep the head cool. Borneo move. He has had a blister to the nape of the neck.
"	5	He is more intelligent. mutters a few words. Indian food. but never knows voluntarily. Blisters still move.
"	10	He is fast asleep. Throat still open

Month.	Date.	Particulars of Case.
		Hanbury
Aug	14	He is recovering slowly. is more intelligent, but still very weak & fatigued - Good diet, rest keep the bowels open -
	17	He is pretty well. but seems weak and fatigued. I suspect he has been so before the attempt at suicide -
"	18	He may be made meet to his friends
	22	Discharged He was made meet to the police to be taken to his friends, he is quite fatigued. Send his clothes -

No 27

Case Book.

87

Month.

Date.

Particulars of Case.

Strangulated Hernia

July

29 An old Bengali name Ram Chunder Shaha
 age ⁵⁵ 60 admitted this morning with
 Strangulated hernia of right side.
 Swollen as big as a small coco nut.
 He has had reducible I. Hernia for
 a year - (probably much more) He could
 always reduce it easily - I cannot
 ascertain exactly how long it has been
 down this time but symptoms
 Strangulation set in at 9 AM.
 Yesterday morning - I tried him at
 8. The pain was intense
 as the ring which was hard
 and rigid. much abdominal
 ambulatory pain also - Bowels
 not moved for two days - He has
 nausea & occasional vomiting.
 He did not urinate, voided in
 the hospital. He looked distressed
 skin cool & moist. Pulse very
 full. Pulse full -
 Enema - See to the tumor
 Chapman states. no result
 at 9 1/2 I operated - The tumor
 was at the left abdomen. ring
 I divided by my finger.
 The hernia was sharply pointed
 & pointed from the back - I
 tried to reduce it - but could not

Month.	Date.	Particulars of Case.
		<i>Manipulated Hernia</i>
Inf	29	<p>As there was no hardness at the neck of the sac. no apparent thickening. I did not wish to open the sac. but closed the wound with the worm in undressed and used ice. 3</p> <p>I laid him again in bed. The symptoms were not returned. He was depressed and in great anxiety.</p> <p>I opened the sac found a large mass of Omentum some dark blood ^{offense} frothy fluid and air escaped.</p> <p>Behind the Omentum there was a $\frac{1}{2}$ bundle of intestine in the bag dark & in a morbid state - not inflated - not finding natural proof that it was actually dead. I removed it. He was gradually sinking - He died about 4 P.M. of exhaustion.</p> <p>Another example of the usefulness of the intestine between the worm and manipulated</p>

Month.	Date.	Particulars of Case.
		Purified Lymph
Aug	1 st	<p>Deo Shait, aged 28 years a stout healthy peasant, in good health, admitted on the 25th July with a tumour size of an egg put, under the belly the ear and lying on the Purified Lymph. After 4 months it says it is only 7 1/2 months duration. It is large & causes some much of pain as it is in - breaking rapidly.</p> <p>As he was in good health I examined it at once. On a dissection of the tumour which was cystic. The purified fluid was removed & a small portion of it removed.</p> <p>The remaining was very profuse but large brownish & mucous matter. It was removed by stone. The edges of the wound were brought together with wires.</p>
Aug	1	<p>The ligaments have all come away & the intestine has been removed. The wound is nearly healed. Deep it with stitching.</p> <p>Wound nearly healed</p>

7 Hany Discharged
 perfectly cured

Month.	Date.	Particulars of Case.
		Dissection of Elbow joint - page 81 -
Aug	10	The wound is sluggish. a small part of end of humerus exfoliating - base of transverse incision healed - She is in poor health. tending to fever (pyemia) pulse 100 long heart. She is taking R. Food & Food Diet. - Arm raised to a little
"	14	The wound is sluggish. discharges up. She has fever almost daily. The weather is very hot & damp - heavy rain at times - Continue the treatment -
"	17	Still has the fever daily. The wound is still closing on the elbow. The wound is now some is exposed. but seems inclined to close. There is a little discharge - She takes Commune and a purgative
"	18	It is slowly healing. Sapsone matter does not cause much pain. hand some elevation.

Month.	Date.	Particulars of Case.
		Reaction of 15th and 16th
		Language - sample appearing with Suttha perider. Patient to be moved accordingly moment - The outer side sample the wound is still open & a part by the outside of the wound is closed but the remainder of the wound has healed.
Aug	22	She is angrier. no pain - hand & Ladenally closing. She has her arm a thing - Papine motion causes no pain. She is not able to move the joint herself yet.
"	24	She is better. walks about the ward with the arm in a sling Papine motion gives no pain. The wound is slowly contracting
"	27	Doing well now. walks about the ward. wound healing. She, with the other hand, raises the hand to the mouth. Placing a cotton cancer no pain. Hand left contracted
Sept	1	wound healing she grasps things with the hand & with the other causes it to the mouth. but she has no pain of swelling & lymphatic red

Month.	Date.	Particulars of Case.
		Salway petula from Page 63
Aug	5	Three days ago, I paped another stone of silk through the Chalk. in the Salvia paped wh again into the Chalk.
"	10	It appears inclined to close. The action was resumed 3 days ago
"	14	The virus appears to be continuing - but still a deep paper occasionally into the Chalk
"	18	Some again. Some some deep of Salvia paped into the face - In pape.
"	25	- Paped a section of 4 silk threads through an aperture paped within make a transverse knot. in near as paped in the course of the next many paped 22 inches to the.
"	31	Work at section day before yesterday endeavor to close section of paper by pape.
Sept	2	It appears inclined to close

Month.	Date.	Particulars of Case.
		<i>Structure fatal.</i>
Aug.	14 th	<p>A man named George Astorine aged 40. Was unhealthy for many years. complexion of dark blond. admitted by transfer from Dr. Shiner ward on the 8th Aug / 64 with ²⁵ <i>Wass</i> <i>Structure</i> - He had been under treatment for some Rheumatism & was convalescent.</p> <p>on the 8th I tried to pass No 3. I did not succeed. There was some tenderness. This was not followed by pain. The day after I passed No 2. with little trouble & with the 11th <i>End</i> rapid success in passing No 1. No 9. they passed easily & I showed off through a collector some clear urine. There was a gain of the. He had supper in the afternoon & took a nap in the evening. He was brought back from a stimulant in he admitted having been accus- tomed to free living. He remained in a state of re- freshment all night & the next day. Further intake of stimulants</p>

Month.

Date.

Particulars of Case.

Stricture fatal

extending into pulmonary
arteries -

Uterus twice natural size -

ovaries not natural. containing
a clotted - covered with white
fat also - not when dry with
the same substance - color & substance
natural.

Kidneys congested. Stomach
natural.

In Peritoneum. No suppuration
or peritonitis about the neck
of the bladder.

In circulation of blood in the
perineum a slow one.

Bladder & Prostate healthy.

The left side of the bulb &
perineum of circulation of blood.

but no suppuration or much
careful dissection was made
but no circulation of blood
was or has could be found.

The ligamentum is
uninjured.

No urine could be found any



Month.	Date.	Particulars of Case.
Aug	14	<p>Initial structure.</p> <p>When outside the weather.</p> <p>The patient a young person down unstable constitution. appears to have suffered some constitutional disturbance from the onset of the Catarrh. It has incubated in the cold stage of the early tropical fever. Had he lived. Had there been reaction It is probable that pyrexia symptoms would have been developed.</p> <p>It is a very instructive case & should make one cautious in hoping for a cure in persons of unstable constitution.</p> <p>There was no injury. No retention of urine. Nothing to account for death otherwise.</p> <p>This case occurred when the weather was very damp & muggy. I was not present.</p>

Month.	Date.	Particulars of Case.
		<u>Hyporhachis</u>
Aug	24	<p>A Bengali named Subesh Chandra Mishra aged 31 years. from Patna, a male patient admitted on 22^d June 1864 with hyporhachis. the tumor of an ulcer. The opening was on the inner surface of the glans. a short pipe of an inch in length & about 6 mm in diameter.</p> <p>On 22^d June the edges were pared & coated with buchu bark extract. but the tumor would not partially it opened & not by me. before operation was complete.</p> <p>On 28th June. I opened the incision behind the scrotum introduced a tube & let the urine flow. though it in order to keep it away from the peckly coated surfaces. This partially succeeded. he had much pain which I gave me relief for a few days. On removing behind the opening in the perineum the urine passed through it the tube being both drawn.</p> <p>The operation again only partially succeeded and an opening remained. the tube was then</p>

Month.	Date.	Particulars of Case.
Aug	14	<p>Had packed neck again on the 15 Inst. the edges were again checked & two needles introduced with twisted purse hair sutures. This also in part failed - & yet a small opening was left -</p> <p>Lastly on 27th Inst. another operation was performed. This time I made a two lateral incision to take off tension & the edges again stitched with purse hair - This time the result was complete. Perfect union resulted - This in my estimation proved to have left a small opening though which a purse hair had hap. - The wound was not allowed to heal by the natural channel & the penicillin method - He left the Hospital on the 12 August much pleased with the result of the operation.</p>

Month.	Date.	Incept case	Particulars of Case.
Aug	17.	On the night of the 15 th I was in the Hosp at 10 1/2 PM. I was asked by the M.D. of the Med School (Dr. C. H. S. etc) to see a case of Puerperal Convulsions. I found a native girl of 16 - in labour with the first child. She is said to have been in labour 3 days - Had been admitted convulsed - at noon of the 16 th - She is quivering this way in insupportable, very low & with rapid no doubt, pulse. The membranes much to rupture. I soon helped I said her - The head presenting lay well down on the perineum. In progress had been made for 2 hours or so. I sat at her feet and heard for 5 or 6 minutes I wanted to see if the pains had any force. & any progress had been made - She was said to have had 6 or 7 strong contractions I waited 20 minutes. My pulse was 140 at this interval. No progress - She was saying about - wunkee calling out Dai! Dai! - pulse was 140 at this interval	

Month.	Date.	Particulars of Case.
		Incep's Case (Prenatal labor with reflex fracture of the 11th rib)
Aug	17	Sitting up. Skin cold. Put her under cloth: & put in the pinceps. Rumbottomis - and with some difficulty & delay as to the anterior blade, delivered the child which was dead. Apparently had been so for some time. There was a heartian rapidity about the limbs which I pointed out to the midwife - The placenta was removed shortly after - Mother exhausted & weak. - Stimulant was given her.
"	16	Some what better but still too pulse 120 - In pain. Iodine her - continue Stimulant.
"	17	Quite terrible. In great mind pulse 110 - Taken her food & Stimulant. Pruritus her. Her not much pain.
"	18	P. 120. She is better in the respects. Abdomen puff & swollen. but not so tender as before. Bowels have

Month.

Date.

Particulars of Case.

Fresh case

Aug

18

been done. In many more
 women fine St. Rini: an Indian
 of necessity. Sep. St. Rini: an Indian
 Sochia pretty natural. no little
 milk secreted as St. Mammæ
 since had lactated.

"

22

She has done well. very little
 pain. except muscular pain
 in the back - Sochia natural.
 She was sitting up today when
 I saw her.

"

24

She is well.

She perfectly recovered.

Month.	Date.	Particulars of Case.
August	22	<p>Injury from explosion of Piccolini powder</p> <p>Shot thro an intelligent Italian man of slight active make, and a resident ofacca was admitted on the 12th August. He had been severely injured by the explosion of a phial containing ^{36 grains} fulminate of silver - He was in a sitting posture holding the bottle in his ^{left} hand when it exploded and he lost his leg - his cheek & his face were all severely injured by the pieces of glass which were forced by the explosion into it - one fragment had penetrated the sclerotic of the right eye - having entered apparently, before the lid could close, the injury was small and without serious consequences. The wounds on the limbs & trunk were jagged but not deep - They were dressed with water dressing - & had placed over the eye which was damaged by the shot the microscope - One eye was injured ^{with the 6th Aug} a day or two after admission.</p>

Month.	Date.	Particulars of Case.
		Injury from explosion of Fulminate of Silver
Aug	22	<p> cervical blood clots from a wound in the finger & superficial laceration - pieces of glass are removed from the wound, & clots - He has no fever and is receiving nursing - He is not in pain and there is no pain in the eye. The ophthalmoscope reveals nothing The pupil was dilated in examination He has no pain in the sclerotic wound is evidently closing. There is perhaps a bit of glass in the eye. but it would not be prudent to look for it further. </p>
	24	<p> He has had another slight attack of hemorrhage from the palm of the hand. he went out but was glad to come back again - In other respects he is very well - Eye not changing vision unaffected </p>
	27	<p> Had a little fever - pieces of glass were removed from the wound. which are usually healthy. The eye is also doing well. </p>
	31	<p> Doing well. Eye appears quite well. Wound healthy but glass is makes them all appear from there to the eye </p>

Month.	Date.	Particulars of Case.
		Injury from explosion of percussion
Sept	2 ^o	He is much better. wound is nearly all healed - So anxious to go out - So I think he will attend as an out patient
"	3	He is doing well - Discharged (1)

Month.	Date.	Particulars of Case.
		Fracture of the Malas bone.
Aug	21	The patient named Peros, 30 years of age, lives in Muchwa Bagar. Malnourished and healthy & active looking strong. Cordly trade. Was admitted on the 19 th August with a slight abrasion of the right shoulder, a lacerated wound of the skin of the right upper-clavicular region; a deep wound over the right malas bone extending from above the angle of the rib to the axilla, two inches down-wards - The soft parts cut through - The zygomatic process and part of the malas bone comminuted - small pieces of bone were removed. The bone about the wound denuded of periosteum - The accident occurred about 5 P.M. from a blow from a carriage wheel.
"	24	He has had pain & is rather low with discharging
"	27	Two pieces of bone came away. He has had Drunkenness. Chills sometimes and looks pale. but not otherwise unwell.
"	31	He is rather better as to the Drunkenness. The discharge is healthier.
Sept	2	He weak - Drunkenness better, bone is going away

Month.	Date.	Particulars of Case.
		Fracture of the Malar Bone.
Sept.	8 th	<p>He died within a few days of the fracture of the malar bone. The lung, covered with the lymph which was a continuation of the blood (left) in part infarcting at lower edge - patches of ecchymosis & congestion. This was evidently death from pyemia - but the post-mortem from Dr. Beecher appeared to have determined death earlier than this would have been the case. The bone was much fractured but I doubt if more than at the bottom of the wound under the depressed bone.</p>

Month.

Date.

Particulars of Case.

Structure of Rectum.

Aug

29

C. J. Thompson Esq in am. aged 17. an
 Engineer's Apprentice, accidentally
 attacked in an outpatient in the
 4th August 1884, in examination then
 found that he has been nipping from
 a very tight structure of the Rectum
 about 3 inches above the anus,
 with his hands. He has been
 affected for some time & has been
 under treatment. Dr. B. if he had
 a small bougie he had also
 nipped it himself. I examined
 him under Thompson's finger
 a widely contracted structure that
 would admit almost the point
 of the little finger. I nipped
 a bougie 1 1/2 of this diameter
 and divided slightly nipping
 it, the posterior part of the ring
 of the structure. He remained for
 about 2 hours & there was some
 redness & pain. I had nipped
 off a little blood.
 He returned to the Hospital on
 Monday the 8th Aug at 10. am.

Month.	Date.	Particulars of Case.
		<i>Stricture of Rectum.</i>
Aug	27.	<p> <i>Not falling under the description</i> <i>in advertisement - Computed once</i> <i>found that aneurism, skin slightly</i> <i>warmer than natural, no other hard</i> <i>impure coated. Pulse quick, com-</i> <i>plained of tenderness on pressure</i> <i>over coccyx. At White Horse Inn,</i> <i>he had an attack of fever the</i> <i>day before - It seems that the</i> <i>fever left him at night, the</i> <i>warmth of skin and the quickness of</i> <i>pulse have not yet completely dis-</i> <i>appeared. There was slight pulsation of</i> <i>abdomen - Had taken two doses</i> <i>of Castor oil at home, & his bowels</i> <i>were thereby worked 3 or 4 times</i> <i>The following is the preceding history</i> <i>of his case -</i> <i>He had been suffering from straining</i> <i>to other symptoms of irritation of</i> <i>the bowels for the last 3 years - used</i> <i>& passed several scanty stools, attended</i> <i>with straining - Stools seemed to</i> <i>have been slimy & sometimes</i> <i>mixed with blood - The symptoms</i> <i>have been worse since the</i> <i>last six months -</i> </p>

Month.	Date.	Particulars of Case.
		Structure of Rectum.
Aug	29	On admission he was found in evening Chastor of stepped soap water - Irrigation to the abdomen - In the evening it was reported as follows - one stool after the enema, consisting of the enema and a little fecal matter. Is somewhat fever Came on at 2 P.M. with high rising Pulse 110 & full. Skin warm. Irrigation continued. Complaints of pain in caecum - A powder of P. Speer's Irrigation was used in medication of the peristaltic motion repeated. On the morning of the 9 th August the report is that he had 4 stools at night. Pain over caecum less. Irrigation continued. No fever. He was found another powder like that of last evening. Irrigation the repeated 2 In morning abdomen - In the evening he had some complaints of nausea, did not actually vomit, was thirsty - an injection of castor oil stepped drop water was administered. Irrigation continued. Irrigation omitted. 10 th Aug Pulse 110. Not much

Month.	Date.	Particulars of Case.
		Structure & Rectum
Aug	29	Pain in coccyx much less - Inguine coated. Stool after injection, Anodyne enema was added in the morning. - Omea powder repeated 6 P.M. 10 th No stool since morning Complaints of distress of stomach - Did not return his food. Vomited twice. Bilious matter in feces. Fever came at 2 1/2 P.M. Suffering much - Injection used
	11 th Aug	Complaints of pain over the lower part of abdomen. Bowels moved once after enema. Slept pretty well. No fever now, pulse full. The same treatment to be continued
	5 th Dec	In fever today - pain in the abdomen less than in the morning - Did not vomit. No stool - Continue same treatment & Omea powder.
	12 th Aug.	No fever, Complaints of severe pain in abdomen. Countenance anxious - No stool yesterday. Slept pretty well last night. Pulse full.

Month.

Date.

Particulars of Case.

Structure of the tumor

Aug 29

He was used a Carter's Pepsin
Mixture - Did powder & stimulation
the continued. & an Acidine
Enema.

9th Mr. Complaint of Diarrhoea & sp.
abdomen tender chiefly about the
right iliac region - much pus
mixed. Hard feces. in blood.
no fever - continued Medicine
Administration - live eggs.

13th Aug - Pulse under 100. Complaint
of sickness of stomach - Great tenderness
over cecum - Skin cool.
Abdomen slightly distended -
Given powder omitted & feces
over cecum - Spasmodic Mixture
with Acid: 1/3 grain at 4/5 P.M.
Saw some to Spasmodic

Painful to any of these

5 P.M. 3 stools since morning
healthy. in blood. passed by day
without staining a piece -
Pain over cecum much diminished
shed - P. 100. Temp. rectal 101.
no nausea or sickness since
2 P.M. - Is very thin & Impaired

Month.	Date.	Particulars of Case.
Aug	29 th	<p>Flared a little at edges. Slightly coated at centre. Orbit appearing normal. Continue Spinner</p> <p>14th Aug Pulse 124. Abdomen immediately distended. No tender- ness about past or present Impure coated. Vomited 2 or 3 times greenish fluid. Continue appearing normal. Spin & vomitations.</p> <p>5 P.M. Pulse very feeble and quick. is somewhat. had me stop vomited several times. greenish dark matter. is slightly active. - Continue to feed a medicine decoloration in right side - P. 144. Continue till & vomitations Spin & Spig. continue Let him have a bit more medicine -</p> <p>15th Aug. In the night he became very feeble and perspired prof sweat. - Continue - Branche Pulse rapid. constant vomiting</p>

Month.	Date.	Particulars of Case.
		Structure of Rectum
Aug	29.	<p>Of dark fluid Coffee ground - Abdomen distended, no tenderness on pressure - Pulse slightly raised. Skin cool respiration easy, no stool.</p> <p>Then a warm stimulant medicine wash out the bowel with tepid water & carbonate of Soda -</p> <p>Temperature drops - cont: Aug 2 to Aug 4 here</p> <p>Now 15th Aug. Pulse very feeble, rapid & thready except anything. No return of stool in 12 hours.</p> <p>Continue on hope</p> <p>And 17th Aug. To day nearly 3 1/2 P.M. Cannot retain anything. Pulse very feeble, & the water cold.</p> <p>4 1/4 P.M. Much the same</p> <p>5 1/2 P.M. Is almost insensible pulse barely perceptible at wrist & no reply to questions.</p> <p>8 P.M. - No pulse - skin cold & clammy. Respiration apparently calm but of small amount.</p> <p>8 1/2 P.M. expired - 10 P.M. ^{3 P.M. inserted} ^{by hand}</p>

Month.	Date.	Particulars of Case.
Aug.	26	<p>William Anderson an Englishman a healthy strong man, admitted on the 12 August /64 with reducible inguinal hernia - He states that he has had it for the last six months, it is on the left side and descends into the scrotum when he makes any effort - He was admitted with it in a state of incarceration it had come down three times before when it was walking in the street and he could not return it - He was admitted in fact with symptoms of incipient strangulation - was in great pain and sleep commencing had vomited once - He had no nausea at all, and ice applied to the hernia which at first did not yield to touch it was subsequently reduced - He had gonorrhea also - Cough cold and had Catarrh of penis. His general health very pretty fair by the 28th the operation by Blue, for radical cure was performed, the ring was small and the tumour in the vicinity not thickened. A small plug was pushed well up into the Canal and secured in the usual way with two silk sutures.</p>

Month.	Date.	Particulars of Case.
		Radical cure of sigmoid hernia
Aug	26 th	- He had an operate after the operation Bull Diet -
	27	Paped 2 stools (very unusual) His energy with some sleeping - abdomen puffed & tender. Fermentations - Small Spicum Mucous - 3 or 4 P.M. 1/2 pint. pulse full & quick Saline -
	28	In power, pain in abdomen much less - some discharge per the ligament They resumed their morning. much less sleep & less pain about the canal.
	29	Much pain in abdomen. Some solid dark colored discharge per middle and S. portion. Hot & painful to abdomen
	30	Some discharge per middle. Pulse rather better - Discharge still foul Continue all - fermentations in Mucous per 1/2 pint & 6 lines
	31	Much more moderate dark brown discharge. Pulse 100 - Discharge prof. Abdomen more tender & distended - tender all about hernia. but not per se. Continue all Has cough. S. 1. Better - Cough still. Abdomen

Month.	Date.	Particulars of Case.
		Radical cure of Scrima
Sept	1	<p>Sept tender. he has had punctured humerus - pulse 100 - taken Pulse 100 & 2 measures of Parturine let him have Opium for 1 at bed time and - Bromide have been given again being of his healthy stomach - I hear there is some shuffling of the bones being no under skin - he has been in a some what precarious state needing on per for 2 & Pyrexia during the last 2 days but I think the danger is passing over</p> <p>2. A quantity of pot of dark colored discharge, pulse same as yesterday, Bromide has been given - to treat continue all as usual</p> <p>3 He is better - but discharge is still the same - dark colored thin pot of - Sept tender - Bromide 2 measures only Large Parturine Opium for 1 at bed time ^{2 M 7 P} Part and Began - His countenance has a more spirited appearance suggestion of punctures but he is improving in the tenders.</p>

Month.	Date.	Particulars of Case.
		Radical cure of Hernia.
Sept	5	<p>The discharge is very profuse, thin watery & with flocculi. The smell is peculiar almost stercoraceous. I am suspicious of some communication with the bowel - He looks pinched about the face. Bowels act regularly. And he says, that when the bowels act there is no appearance of any communication with the tumor. There is a great deal of hardness & tenderness all round the tumor but it is subperitoneal. The rectum by the examination is free from pain. He is weak. Disease Pulmonary & Dyspepsia.</p>
"	6	<p>Pulse 100. about 100 - Dyspepsia most. No tenderness on right side of abdomen. No tympanites. No all about the tumor of size to the ribs on that side it is hard and painful. The discharge is more profuse than here. Kind of dots white spotted with peculiar odor. It seems to come from deep, but I am not sure that there is intestinal communication. The patient looks unwell.</p>

Month.	Date.	Particulars of Case.
Resection of Elbow Joint.		
Sept.	2	She had a sharp attack of power which continued. Letter came Saline & Linnæe arm & paper Army.
	3	Not much better but still present.
	5	Better. She has left hand - wound looks well. But she is weak.
	8 th	Doing well. but very weak. Saline, Linnæe & Linnæe - She wonders about closing - She is perhaps to have power to move the end joint of the wounded off of the arm itself - with the intention of the flexor it to the head & shoulder.
	10	Better. No return of power. wound healing. She is gaining strength from flexing the arm.
	17	Wound nearly healed when suddenly getting some use of the joint. She can touch the end of the radius in place & has even to have perfect use of it. Her health is much improved.
	24	She is getting more power. The wound has nearly healed.

Feb 13. Success. Some more with me healed.
28. Her wound much use of arm, can touch the head & the mouth. - Some closing.

Month.	Date.	Particulars of Case.
Aug		<p>Rupture of Gall bladder.</p> <p>An English Soldier named - Downey about 28 years of age of 5' 7" tall 3 1/2" high - slight but healthy looking. was brought to the hospital by the police, he had been in a scuffle in a brothel with some other men & police. he was thrown down bruised and kicked in the stomach - He had been drinking - He was low & depressed & in admission complained of pain in the abdomen. This increased - not withstanding treatment. Opium was given - He became worse. Abdomen tympanitic & much pain. Pulse rapid & feeble. Food refused with cold sweat & constant vomiting of coffee grounds. He made his aspirations in the at and died shortly after. - fresh hours after admission.</p> <p>P.M. 5 D. was found.</p> <p>Abdominal cavity contained a quantity of fluid deeply stained with bile.</p> <p>Peritoneum also deeply stained. Rupture of gall bladder ruptured during life & gall bile extravasated into peritoneum. All the other organs were healthy.</p>

Month.	Date.	Particulars of Case.
		Fracture of Palate + Sup. Maxillary Bone
Aug	31	<p>Muraden aged 24, Hindu, Resident of Kalcutter Imchhora-Bazar, a coolie occupation, was admitted on 12 Aug 1844, with severe bruise of right side of face. Swelling in the right wrist. Fracture of the palate bone.</p> <p>The patient was working in a screw house when so employed he fell down from a height of about 20 feet on his right side chiefly on the face. There was a good deal of bleeding from the nose and ear before admission.</p> <p>On admission the following symptoms presented themselves.</p> <p>Is quite conscious. There is ecchymosis & swelling about the right eye & a contused wound on the right eye brow. The right side of the face is swollen. Some bleeding from the left ear & nose. The hard palate is bleeding. There is a fracture of the hori- zontal process of the right palatal bone. The mucous membrane covering the hard palate at the place is torn from before backwards & the finger can easily feel the roughness of the bare bone. - Pulse distinct Pain in right wrist - but no fracture or dislocation.</p> <p>The right wrist tender and swollen except the tendons on the</p>

Month.	Date.	Particulars of Case.
		Salivary fistula. from page 18—
Sept	8	It is very obstinate. would bear outside a blunt to a point, but a few drops of clear saliva are flowing again today as to the cure.
"	13	With a point inserted, but very little of any saliva passes through it.
"	17	It seems to be perfectly closed. But the cicatrix looks tender & livid. It is recommended for the present she says that the Saliva flows into this month.
"	18	It keeps permanently closed.
"	20	It keeps permanently closed.
"	21	It opened in the morning today, & slight swelling, pain, small quantity of puriform matter & after it a drop of clear Saliva—Dried with dry. At 24
	24	It appears to have closed again. but it is deceptive—
Oct	3	It has opened & closed again several times, at present there is a very small fistula.
From back to page 58	13	See also page 58 of the coffee Purifier. a bad deal of pain near the ear.
	14	Better. it is suppurating freely.

Month.	Date.	Particulars of Case.
		Large Hydrocele
Sept	2	On the right side it has filled again since the left side was tapped and been absorbed after the injection of iodine. I tapped it this morning and found it to 55 ounces of dark colored clear viscid fluid. I injected 3 IV of Iodine - & IV Iodine. After I did this the left side appears quite cured.
"	3	Doing well. No fever. Very little pain
"	8	It is strong & swelling in size having almost pulled
"	10	He may be discharged, as he is anxious to go out.

Month.

Date.

Particulars of Case.

Lateral Lithotomy.

Sept 3

a tall spare man named By Rantho. aged between 40 and 50, admitted on the 29th August with symptoms of stone. He is a resident of Shon, Pondicherry, and has suffered from symptoms of stone for 7 years - During the last year they have been more painful - frequent stoppage of the urine, pain in the bladder - On micturition a stone was very distinctly felt.

He urine healthy, no symptoms of either kidney disease, or of the bladder - In the day he had a sharp attack of pain, 4 or 5 times, and afterwards diarrhoea.

On the 2^d Sept he had a dream of a stone which moved his bowels very frequently.

On the morning of the 3^d Sept at 8^{1/2} AM I operated by lateral section.

and removed a flattened oval calculus composed of pure carbonate of lime acid - ^{3/4 of an ounce or so weight} The perineum was

deep & I could not but reach the stone with my finger. I fractured it & extracted it without difficulty.



360

328th from

Month.	Date.	Particulars of Case.
		Lateral Lithotomy—
Sept	3	<p>one large vessel - transverse perineal blood and also considerable oozing from the deep part of the wound.</p> <p>There was no delay in the operation the staff was hit at once & the stone seized and extracted without difficulty. I observed that a good deal of bleeding followed the introduction & removal of the staff.</p>
	4	<p>He has no pain. Had considerable oozing of blood - the H.S. packed a tube wrapped in lint into the wound. The urine flows freely through it & is deeply tinged with blood. Began to pulse over tubes. Pulse under 100—</p>
	5	<p>No pain - Bleeding has ceased. urine flows freely through the tube. This morning a little more blood came, no power no pain or pressure.</p>
	6	<p>Drying well in the evening. no more urine flowing prof. about 2 P.M. Had an attack of hæmorrhage. He was arrested & he perine plug - ice.</p>

Month.

Date.

Particulars of Case.

Natural testimony.

Sept 7. Doing well. Slight bleeding on night washed on & wound with cold water.

8th He is doing well. Wound healthy, wound paper dry. Drainage clean. No fever. pulse under 100

10 He had fever yesterday. Wound looks clean and healthy but to day when the bowels were acting after an Enema. a little hemorrhage again took place. He is now feverish. pulse near 120 - but he has no pain.

Saline now. Discharge has been very -

11 Had a slight rising on last night and another occasion but become quiet. He is now pulse 110. Drainage continued. but he has no fever - He has some spate at bed time - Stated being well.

12 Has been better. but is weak. an attack of pain coming on (at 6 p.m.) wound looks well. wound paper dry -
Let him have Demulcent & take some

Month.	Date.	Particulars of Case.
		Radical cure of Gleet -
Sept	8	The discharge was purulent thin & slow at first & later. Took out some string from the urethra wound which was followed by more profuse discharge still. but which I now have paid relief - I got into hospital a smart attack of a local infection of the eye, but it did not more than the wound. I do not think there is any danger to the structure - He is improving in health. Some more string for 9 92.
"	10	Sept Discharge. no person. discharge is still free the
"	11	Discharge thicker & diminished in quantity - He is better & regaining strength.
"	12	Improving rapidly - Discharge thicker and less frequent - General health rapidly improving

Month Date.

Particulars of Case

Radical cure of Hemorrhoids

Feb - 11 Discharge cured.
 No 9.0 A Beal m reports that he came to the General Hospital
 the Hemorrhoids cured. Calling himself the patient. The patient
 was cured. The patient was cured. The patient was cured. The patient was cured.

13

Very well. Discharge diminishing
 another stage on way as a Hemorrhoid
 came away today -

Discharge almost clear - & High
 in blood. The leg is coming
 rapidly.

Deep with water dipping.

No discharge. He is doing
 remarkably well -

Very well. Complains of
 pain in chest when he is probably
 remnant in digestion.

He is doing very well. he walked
 about. Hemorrhoids does not come
 down he says he feels that there
 is "something which stops it".
 Let him be proved to this thing -

24

The wounds have healed. Started
 home today there seems no tendency
 to return of the tumor.

28


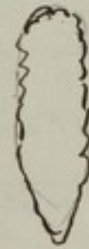
Wound is well but it is rather tight

Feb 3

He is quite cured. There is no
 in the general test of Hemorrhoids left
 visible.

Month.	Date.	Particulars of Case.
Sept	$\frac{11}{8}$	<p>William Cherry. aged 31 years, a Sailor of small stature, but peculiarly muscular, was admitted on the 29th August 1864 at 2 P.M. with Partial dislocation of the head of the left humerus found as lying in Cracra piece. He had been thrown down in a scrawl with small then was in Jan. 1864 about an hour before admission. He was bruised & lacerated in other parts as well, in the hip & elsewhere —</p> <p>The head of the bone lay proud over my prominent under the right deltoid muscle which was shot & he dined it.</p> <p>Reduced it at 9 P.M. of the same day. I placed him in a well made extension without chloroform.</p> <p>Intermittent bandages. He remained</p>
Sept	8 th	<p>Dr. day has been very well known. The arm tolerably free. When admitted he was unable to raise</p>

Measure from the middle
Discharged, Sept 12th 1864

Month.	Date.	Particulars of Case.
		<u>Lithotomy.</u>
Sept	10 th	Sheikh Wazier a Bengallee Mohammedan from Bishnagpur, Chusmepur, healthy looking muscular man of about 35 years of age admitted on the 10 th Sept with symptoms of stone in the bladder from which he says he has suffered for a year or more. As soon as a stone was immediately detected -
		He had a dose of that day & an enema only on the morning of the 11 th
"	11	I cut him by the lateral method this morning and extracted a flat irregularly shaped uric acid calculus weighing  one Solah. There was  should bleed from hemorrhage artery but it may soon stop itself in pressure.
"	12	Had no pain - urine passing better by catheter & wound. Yesterday, Baba Dnyanesh Sahi Dutt. passed his finger into the wound to clean out a clot - but the urine flows freely


Month.	Date.	Particulars of Case.
		<i>Latent lithotomy</i>
Sept	13	He is doing well. Scar slightly healed - he is passing urine freely through the wound -
"	14	Skin rather hot. Free from pain. Urine paperous (pale), slight abdominal tenderness present. Pulse slow & soft.
"	15	Doing well. Free from pain.
"	17	Doing well. Wound healing, no pain. no pain.
"	18	Paper water equally both ways, he is doing well in all respects.
"	20	Doing well. Urine paperous chiefly the wound. Urine is quite healthy. No pain. Pulse slow.
"	21	Doing well in all respects. Paper water both ways since yesterday.
"	23	Doing well. Urine still paperous both ways.
"	25	He says that the urine passed yesterday chiefly by the urethra.
"	28	All paper by urethra. Wound nearly healed.

Oct 9 - Wound healed - urine all passing by urethra
 " 9 - Discharge ceased further ceased
 " 10 - Discharge Oct 16
 " 10 - Wound healed

Month.	Date.	Particulars of Case.
		Lateral lithotomy.
Sept	13	He is better kept power - pulse is stronger & fuller - Bowels open - urine looks pretty well - urine dropping fast Duke has food & some pain.
"	14	He had several shivering fits and power yesterday up to 8 am to day. Continence perfect solidus. Urine color of standing to Urine - Right Shoulder complicated in tenderness in abdomen. a stone probe in the ureter - Urine smelt foul & perhaps heating slightly turbid. but nothing marked - Pulse not much over 100 - Urine yellow reddish - he has been looking better since the last day or two & has had shivering fits but no pain except in the right shoulder which is not swollen. Within the last few days the whole of the

Month.	Date.	Particulars of Case.
		<i>Natural Liberty</i>
Sept	14	European patients (25) very dyspeptic would have been brought into the ward where he is - Day has this morning to day 4 - his condition his wound seems to be doing well hall owing to his condition, the the wound flows freely. There is no indication of any heridening mischief. His bowels are open and Bowels healthy & 5 Linn. Mucous & Linn. with 2: 2 mi. PA x 23 to 6 hours 30 mi. Dinner in high place after another strong pt. - Linn. very thin condition - Indigestion & Strindurki the Linn. 15 He has had some pain - & had no concern of a strong pt. When I saw him - P. 120 - more content & tending to sleep Bowels open - no pain any where - healthy & prepared. Linn. Linn. pinched - Continue Linn. & Linn.

Month.	Date.	Particulars of Case.
Sept- 11 th		Fracture of Anatomical neck of humerus
Hand & Limb accidents of Calcutta Hindoo		<p>A woman named Shunkoor aged 40 years, healthy & strong admitted this morning with an injury to the shoulder joint. She had fallen on her shoulder the day before.</p> <p>She was in great pain. She sprang and holding the ^{right} left the injured arm, with the right ^{left} hand. There was some distortion. Flattening at the shoulder & the acromion process not more prominent.</p> <p>The pain on moving it was severe on scraping the head of the bone firmly. and with pulse & thumb & rotating with the other hand cephalic. evidently intra capsular could be felt.</p> <p>Placed the arm in a bent position securing it to the side. a small pad in axilla the elbow well raised.</p>
"	12	<p>Under the immediate pain readmitted the bandage</p>

Month.	Date.	Particulars of Case.
		Fracture of neck of humerus
Sept	13	Made another examination to day under Oct: Arm $3\frac{1}{4}$ inch longer from olecranon to acromion - a hollow under acromion on which the thumb lays - the shoulder flatter & broader - free motion in all directions (not automatic) - Disputation over the idea of 1st the impingement of transverse fracture - perhaps in point of head of bone but no appearance of swelling - I have an idea that the head of the bone is broken & split at the tubercles & broken across. Part A  up as before - the rotation is such if some part of the head of bone is upward There is not much swelling nor pain when the bone is not touched
	14	Arm in good position. no pain when at rest
	15	Doing well. free from pain
	17	Doing well. no pain
	20	Doing well complaints of no pain
	23	Free from pain
	25	Bandage readjusted. hand swelling

Oct 2 - The bandage has been secured two days ago
no pain. arm stiff but moving in a fair place
13. weather better but it is still stiff
Oct 23. Discharge closed

Month.	Date.	Particulars of Case.
		Stricture. Perineal Swell. Perineal Section.
Sept-	12	<p>Green Chunder Mondal aged 32 years, a native of Barramanghur - 2 miles from Calcutta (North) a Shop keeper, was admitted on the 26th August/64 - with swelling of the testis, urinary retention and enlarged Scrotum with the hy. ascule of the testis gone. The scrotum open on the scrotum, perineum & broke in the left groin. There is a large cheloid papilla where the urethra is situated & only if it is urine frequently dribbles.</p> <p>He had gonorrhoea 16 years ago, this was cured, though cured - the urethra gradually began to contract until about 13 years ago he could empty his bladder with great difficulty & by drops only. At this time abscess began to form in the Scrotum which opened of themselves & though much urine began to dribble - After the formation of these fistulas very little urine passed by the urethra - The Scrotum has been increasing for nearly a year the hy. ascule he observed to increase two years ago.</p> <p>Symptoms as above. He is somewhat anemic. Urine slightly cloudy, pulse full. Scrotum enlarged.</p>

Month.	Date.	Structure ? - Simms. Perineal Section
Seph-	12 th	and the left side the seat of hydrocele There are several sinusses in the Scrotum found in the perineum and one on the left buttock - The orifices of these sinusses present large flabby granulations Enough to fill all wine paper. stuff through them in the buttock -
Aug.	27	Perineal Section. Structure hard Contractures in part of bulb. divided Index introduced - This was removed in 2 4 sinusses and a full sized duct has been nailed introduced since. Not hydrocele was tapped on the 29 th August - and subsequently some burning sinusses in Scrotum found open
Seph	12	He is now well. sinusses have all a healthy aspect and the Contracture papers & sinusses the bladder - now the left papery the sinusses - The Scrotum is smaller. The hydrocele has not yet filled again & he is in all respect to him well.

Month.	Date.	Particulars of Case.
<u>Stricture and Perineal Section.</u>		
Sept	14	Doing well. Little urine passes through the urethra - almost none through the sinusses. Slightly through the wound - which is healthy.
"	17	He says that more urine flows by urethra than by the union of that some small part of the sinusses. Paper No 8 -
"	20	Sinusses all contracting, wound also contracting, wound where the sinusses in the scrotum were laid open look healthy. Paper No 9 - water partly by perineal wound partly by urethra. Paper No 10 -
"	23	Doing very well - wound is all contracting - Scrotum assuming its size.
"	25	The improvement is steadily progressing. Scrotum much reduced. Sinusses all contracting. Urine flows by the urethra as well as by the wound.
"	28	Doing very well.
Oct	4	The perineal wound nearly healed and doing well.

Month.	Date.	Particulars of Case.
		<i>Extensive perineal section</i>
Oct.	13	He is much better - but there is some more sublethetia in the thedect tissue about the perineal wound - The paper near fall the wound by the method all the wounds are closed & he is in good health. Pap 40 & 10 occasionally.
	23	Let out a quantity of pus near the wound - wound healing - Inst. paper - 300 - Land then a sum in the section
	26	Much better - wound contracting & healing
Nov	2	He left the Hospital without leave The wound was healing & the wound papers the method in a good manner He was greatly improved in every way.

Month.

Date.

Particulars of Case.

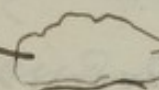
History of the upper lip

Sept

a boy named Shimbos. Hindoo.
and 9 years admitted on 10th Sept
with a large tumour on upper
lip. The whole lip involved.

It is said to have resulted from a fall in which he struck his lip. When he was a child of 6 months old.

He has had it 8th years. It is now painful & increases at times. It is injected in two places with a strong solution (estimated at 1/2 to 3 drops of acid: 1/2 dr. of oil of Turpentine).

12 It is hard &  hard. Blood is difficult to remove.

13 Has pain from the tumour. Some pain in the hand.

14 Very hard. Painful. & on the mucous surface looks as if it were going to burst. Partially - boy is slightly painful.

15 It is less painful and less enlarged. Very hard. A small patch seems inclined to burst.

16 It seems the embarking lip pain, no more.

Month.	Date.	Particulars of Case.
		<i>Lateral lithotomy.</i>
Sept	16	Has had another Stomach fit 8 p.m. Lapsus & power this morning. Keen and hot. Pulse 120. Skin sallow. Breathery & dry. In abdominal sound Bowel moved. He has had some & some regular sleep but power was absent. No pain in tenderness anywhere. Suffering from well - Continued all as yesterday
"	17	Two rips and power to midline day. P-120 - Skin hot & sallow Suffering in hepatic region. No pain & tenderness elsewhere I fear he has some abscess forming. No increase in hepatic tenderness. No abdominal thoracic sound. Continued all as before.
Sept	18	Pulse 108 - No power at present. The skin is better than yesterday. Has had more sleep. Some abdominal tenderness. Much more hepatic region. Dr. J. H. & Dr. J. H. Skin sallow. Acute & chronic

Month.	Date.	Particulars of Case.
		<i>Natural Death</i>
Sept	18	He seems weaker than he was yesterday & with some sense of abdominal pain. Head better. but in other respects. Right - urine flows freely - He takes his nourishment & is comfortable.
"	19	He is now pulse 120. abdominal & thoracic ^{right} hyperaesthesia especially. Breathing more rapid than before. Some of the signs of mucus. He is not delirious but confused. hands & feet are cold, but he is cold & in a very dangerous condition. The breathing is in the hands. I believe that he has some mucus in the lower portion of the lungs & pleura - A pleurisy - lymphatic swelling of the lower & posterior part of the lung & posterior part of the lung. There may be also some pericardial inflammation.
"	20	He died at 12 1/2 PM (last night). Post mortem then viewing at 8 PM. see page

Month.

Date.

Particulars of Case.

Tumour of Female Breast.

Sept

11

Saiak, a ^{widow} Hindu woman said to be 35 years of age. healthy & tolerably well nourished; looks 40; resident of Shailkernah, Honrah, admitted on the 11th Sept 1864 -

She has a hard, heavy solid, not indurated tumour of left mammae. It has no adhesion to the thorax

Hugh Evans at 25 - a healthy looking man met me it is many years was admitted into the M. C. Hospital on the 28th of Oct 1864. with skin perspiring - occasional fits of cough accompanied with red coloured sputa - pulse full & rapid restlessness. It was found that he exposed himself for some time to the ~~the~~ smoky atmosphere of a room which took fire accidentally the day before. About an hour after admission, he was bled 300 from the right arm - followed by much diminution of the cough fits and dyspnoea. - He expired however about an hour and three quarters after.

reddish, and in a brownish mounting the axilla and the tumour like from the rest in and it seems together. It is not unless pressed ex there is a the appearance of the nipple one would in this coming with a brown good skin colour

Hugh Evans at 25, a healthy looking
seaman was admitted into the M. C.
Hospital on the 28th of Oct 1864. with
skin perspiring - occasional fits
of cough accompanied by with red-
coloured sputa - pulse full & rapid
restlessness. It was found that
he exposed himself for some time
to the ~~the~~ smoky atmosphere of a
room which took fire accidentally -
the day before. About an hour
after admission, he was bled to 300
from the right arm - followed by
much diminution of the coughing
fits and dyspnoea. - He expired
however about an hour and
three quarters after.

Month:	Date:	Particulars of Case.
		<i>Natural Disposition</i>
Sept	18	He seems weaker than he was yesterday with more sense of abdominal pain in the lower part. but in other respects right - urine flows freely - He takes his nourishment with some laudanum Gummi & Iron salt
"	19	He is now pulse 120. abdomen hard & ^{right} _{1 1 1} special repeated Gummi & He is in hands & lord & The bow I believe much Lump lymph in the and to some
"	20	He died Post M 8' hour. see page

Month.

Date.

Particulars of Case.

Tumour of Female Breast.


Sept

11

Saiak, a Hindu ^{widow} woman said to be 35 years of age. healthy & tolerably well nourished; looks 40; resident of Shailkerial, Honra, admitted on the 11th Sept 1864 -

She has a hard, heavy solid, not indurated tumour of left mammae. It has no adhesion to the thorax but the integument over it is raised all around. reddish, and inclined to have a brownish overlying. The glands in the axilla are not enlarged. The tumour is not separable from the rest of the breast, indeed it seems to occupy it altogether. It is not very painful unless pressed near the apex. There is a somewhat cystic appearance near the nipple. The nipple itself has a good deal of retraction since coming. I punctured it with a trocar and some blood soon came

Month.	Date.	Particulars of Case.
Coph	"	<p> tumor of Breast out. The tumor has been in the axilla - She says that she noticed a small tumor about 4 months ago in the lower part of the left Mamma. At that time there was very little pain - gradually the "lump" increased in size it also became displaced into along the axilla of the arm - In the last two months it has been painful - with a pricking sensation - Her menstruation is but has been regular - She is Mother of 5 Children the last is about 8 years old - She has had great grief during the past 8 or 9 months from the death of her 3^d Child aged 18 years - She was never able to nurse her Children thoroughly - She is not an unhealthy looking woman in marked Cachexia - The tumor is like the nature of breast abscess and hard. Not of the stony hard type of carcinoma. but it is hard in a firm manner - She </p>

Month.	Date.	Particulars of Case.
		<u>Tumour of Breast</u>
		prurient and the skin adherent near it is all of a pale brown.
Sept	16	The Tumour was removed the entire breast being taken away with all the affected integument. Showing vascular 22 ligaments being applied. The bone the operation well.
		The tumour was dense heavy and adherent not looked like a dense fibroma - with the yellow streaks & tubercles. On incising the cut surface which was very like an orange pear. a white juice could be obtained This under the microscope revealed abundant round cells and some suspicion of having large nuclei. but this not very clear. 
		I opened the tumour as my histories the with certain that it is Cancer - the acidity stands out

Month.	Date.	Particulars of Case.
		Tumor of Breast.
Sept	20	She is doing well. In p.m. 17 by a tumor came away this morning. Swelling discharge commencing fresh - water discharge tumor - menses due in a little time.
"	21	The rest of the ligatures came away this morning - discharge healthy she appears to be doing well - Has menses due. Some pain.
"	22	Doing well. Wound healing, no pain.
"	24	Wound healing, general symptoms good.
"	28	Healing rapidly well.
Oct	2	Wound cicatrizing rapidly.
"	7	Wound nearly healed.
"	13	All healed but a small spot. She is in good health.
"	20	The spot of the wound not healed but the tumor is a nodular swelling from the cicatrizing - she does very much better. - now that it is returning 28 It has increased & there is no doubt

 179
 Nov

Month.

Date.

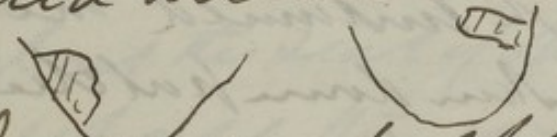
Particulars of Case.

Lateral to the lung -

Sept 20

Pell. at 8 1/2 am - Directed the
 Pericardium very carefully. In situ
 in right place. Pericardium divided en-
 bloc, and space about discolored
 looking. but no inflammation
 between the left and right bladder. No
 peritonitis -

Thorax. Both lungs hyperstatistically
 congested. Internally. Right pleura
 half full of pale yellow sero
 fibrinous matter. Costal pleura
 pleura plastered over with a plastic
 lymph. In lower part of right
 lung especially at margin. in
 upper part some pieces of dead lung
 and all over about these



Just then made a plastic lymph
 in position actually dead in
 the left lung the small wedge
 part was a deep crepitation -
 no actual Pericardium -
 alive - The lung tissue dead
 and without looking some
 without inflammation

Month.	Date.	Particulars of Case.
Sept.	20	<p>Latral & thoracic Port. nodules</p> <p>The edges of the patches & dead tissue looked as the tissue began to separate by a form of histiocyte degeneration as in an ordinary abscess.</p> <p>Heart natural. Anterior surface normal. The edges of the ventral perhaps a little more indurated than natural.</p> <p>Left ventricle full of firm black clot. Clot adherent to the inner wall. P. white. -</p> <p>Spleen natural as to size but contained one or two small broken down patches. The tissue in the lung.</p> <p>Liver - lower posterior portion of right lobe. much disorganized large prominent white patches like shrapnel. really enormous patches. as near as large as an orange. when broken.</p>

Month.

Date.

Particulars of Case.

Lateral lithotomy. Post Mortem.

a quantity of fatty pale substance
found in the sheath of pyramis
condensed - There were some of
each. The contents of all alike
were opened & the fluid contained
a quantity of shaggy looking
white stuff left in the cavity
It is impossible of course to say
he thought this. but for myself
I do not see the reason - The
number of these may be the cells
involved with the disintegrating
tissue.

This is another marked case of
Pyramis. In reaching
about the seat of the lesion
& what the air of organization
of tissue in the tissue.

The kidneys presented nothing
unusual.

Month.	Date.	Particulars of Case.
Sept.	21.	Dr. Churkubutty asked me to see a case of obstruction of the bowels this morning. The patient - a Hindoo named Khettu Mohan ^{Doh} aged 40 years, has been suffering for 4 days from complete obstruction with some vomiting & dyspnoea. He had been constipated for 6 days before admission. He is otherwise strong & healthy looking man. I found him with the abdomen very tympanitic. Cold sweat. Pulse near 120 - He had great pain & distension. Dr. C. had tried all ^{the usual} remedies but aperients & mucous enemata. He had had enemata. I was informed that there was an obstruction in the rectum. This appeared to depend on mucous membrane protruding. I did the same as the anus - I shaped a Bougie of about 10 inches - then hot dry turpentine fomentations of warm water were applied but to no purpose. I returned at 11 o'clock. I advised Dr. C. who was anxious to interfere to send

Month.	Date.	Particulars of Case.
		Operation in artificial Anus.
Sept	21	<p>until 2 o'clock - by frequent sneezes.</p> <p>2 P.M. he said him again - no distress in- creasing - pulse more rapid & feeble Anus was more swollen & tender. The abdomen more distended. The convulsions of the intestine visible through the abdominal wall. - He was sinking rapidly - but observed that there was no hemorrhage or mucus, there was no part of the abdomen more tender than another - urine had been perfectly secreted & drawn off - he felt uncertain as to the seat of the obstruction & suspected my doubt to be D.C. - he also felt the tumor uncertainly, but as the patient was sinking - it was necessary to do something to relieve him. The humerus again on left side was made tympanic which appeared to render it probable that on the left the large intestine had done & that perhaps perhaps the obstruction might be near the commencement of the rectum.</p>

Month.	Date.	Particulars of Case.
		Operation for artificial anus.
Sept	21	He accordingly decided on
	2 Pm.	performing Amussot's operation.
		and soon made a transverse
		incision 2 fingers above & parallel
		to Crechy's Line - 3 to 4 inches in
		length, cutting carefully down till
		the intestine was exposed. Immediately
		I held it up transversed by two sutures
		D.C. passed a cannula - a
		quantity of air rushed out but nothing
		else - This was evidently only a
		small localized collection & it soon
		planned that - the opening was
		below the seat of obstruction -
		but at my suggestion, injected
		tepid water through the anus
		& in some minutes passed through
		the aperture of opening showing
		that all below was clear -
		During the opening we tried to
		raise the water up the bowel
		but without success. We returned
		the descending Colon & the

Month.	Date.	Particulars of Case.
		Operation for anastomosis
Sept	21	Dr C reported to me that he was much relieved. Pulse which was about 140 when the operation was performed, had come down. and he was greatly relieved. Symptoms much relieved.
"	22	He is much better. Pulse fallen 104 - In pain. Abdomen soft but the least distended. Fecal matter passing inf through the Sigmoid colon. The left ^{intestinal} colon closed by continuous suture - He is greatly relieved and in all respects much better.
"	23	He appears to have got markedly worse since and died about 8 PM yesterday.
		Post mortem at 8 AM. of 23 rd Sept - on opening abdominal cavity a quantity of turbid yellowish serum was found. The large intestine much distended and the coils in thin convulsed.

Month.

Date.

Particulars of Case

Artificial anus - Peritonitis

red - The caecum & colon were much shriveled & contracted - ~~and~~ discoloring, color continued some. 2 c. 3. 4. - wound as human upon had not touched Peritonitis wound ^{in intestine} had adressed - and there was enough strength to the patient wound - about 4 weeks after caecum the small intestine had been way & stravaentum had taken place - The fistula which I have been narrowed here this from what cause did not when my assistant as there was by little sign of inflammation & ulceration - no doubt from the obstruction perhaps a twist Volvulus: it had slumped and had been way short of the death - The opening in the iliac region was in the small intestine about 10 feet from the stomach. being well distended it had occluded the caecum & so became a

The wound was made the peritonitis wound

Month.	Date.	Particulars of Case.
		Disease of the Spine
Sept	26	<p>W. F. Bird a richly looking Soudanese aged 22 years was admitted into the Physicians ward on 31 July 1884. He had a fall about 6 years ago and hurt himself in the loins. No particular symptoms happened at that time except a little pain. About 15 days previous to his admission in the ^{Physicians} ward he was suffering from an abscess in the Scutiform in which he was treated in 1st August ward. Immediately after this he was taken ill with severe pains along the ^{lower} chest and lumbar region extending at first over the right groin and then on the left groin & thigh. The course of the pain was along the direction of the Psoas muscle - There was much difficulty in micturition. Slight curvature of spine irregular slouching about the seat of the pain. There was some tenderness along the curvature - He suffered from intermission with sleepless</p>

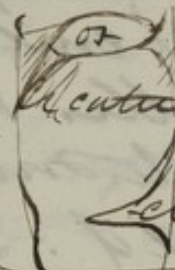
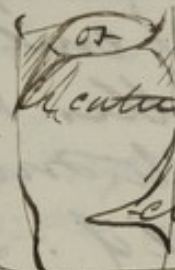
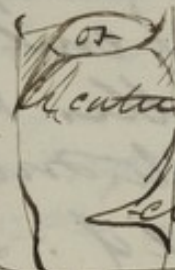
Month.	Date.	Particulars of Case.
<u>Disease of Spine.</u>		
26 Sept		<p>at Mount Shiner - Pulse from 132 to 94 in the morning & from 144 to 108 in the evening - Urine contained abundant Hippuric acid of crystals with some Trip: phosphates. - There were also floating shreds but no albumen - Actual Counting applied on either side of the spine over the pained part by Dr. Fowler on the 25th Aug - He was much relieved after the 4th day when the suppurated and gradually went on improving - He is at present free from the former symptoms of pain & fever - Wounds have healed and in all respects of health & strength & flesh he is much improved - He has been able to leave.</p>
2 Oct		<p>He is in much improved health and is working about himself.</p>
8 Oct		<p>He was discharged from the service.</p>

Month.	Date.	Particulars of Case.
		Obstructed Labour - Inceps
Sept	30	<p>Mrs. Komer East Indian aged 23 admitted to day, said to have been in labour since day before yesterday - About 2 hours ago she was compressed as then & put up - The head was pushed naturally, but the body was pushed undecanted & to Swart. She had extensive bruising and lacerations with the papae much externally and a fistula opening into the bladder - She has been attended I am informed to have the papae dilated with the finger. I pushed the head high up - It dilated to size of a fine shilling piece - The right margin of it involved in cicatrix tissue & the papae hard & tense as the firm cicatrix - The midwife had inserted her finger & the water bubbles away - The papae dry & hot to touch - Now the midwife of the papae - was a dense my like hard granular</p>

1847

Case Book.

156

Month.	Date.	Particulars of Case.
		Obtention of labor -
Sept	30	<p>much Contrasting the paper I noted  drum sanding of dilatation  did not as much ref - pain to the rest - the bones  the spine by an incision -</p> <p>Smothered. The head had passed the D. line 7 1/2 cm. impacted between the lamm which sum i the mandible up d of the disseccative time The hemorrhage perium chut suble the was my rest. pulse was 20. The hand was so tense that hardly there was no chance of the head passing I therefore incised the uterine peritoneum history - A dilatation. I waited some time but the head made no progress - the pulse falling very rapidly - the patient had had some her stimulants, but they had not served the purpose. I submitted Pulse 160 Dr. Cheever - Put in forceps Circumference of head 22</p>

near as call
other than
natural



Month.	Date.	Particulars of Case.
		<p>Obstinate labour - Preps</p> <p>artificially inserted blade on a rupture of head - Encephal. Preps. I could not introduce took Olmsted's hammer on the blade and after some difficulty extracted the child. It was premature the cord round its neck, & the long delay - It seems in the papers had been too much combined with the presence of the preps. it heaved a few times but we could not sus- tain it. The mother lost a little blood - & the anaes- thetoid did not seem to cause much laceration of the vagina Post part abundant - but in an hour</p> <p>Oct 1 - 8 am. She has a sharp sign of labour distant. Considerable pain below the 100 - 110 - 120 in this case by the acc. 120 37 4/5 4 1/2 - Encephal. - Impaction strikes - & Post urine</p>

Month.

Date.

Particulars of Case

~~Attended to labor~~ Preps7 pm.
Feb 1

Report that there is very little pulse
104 - left hand - the hand has been put
in by the female nurse who left
- found the vein - I should have
noticed that after feeling the pulse
sank to 128 - immediately.

Feb
8 pm

2^d She has been better. but her pulse
is still 100 - & she has
had another reflux. The minor
impairment of the labor is becoming
evident from the divided
hand. - wife - Incontinence
Bleeding. She has needed
much more - left hand
& distressed than it was.

Feb

3

She seems rather better. left ab-
dominal tenderness, but the labor
is slow. Pulse still 100
She has had another apoplexy!
and yesterday -
In the morning - In the
Incontinence present. In the
of necessity. In the
part of the hand is showing
sharply.

[illegible]

Month.	Date.	Particulars of Case.
		Amputation of Thigh.
Oct-	1	Wound to a Sphincter, all but one small muscular banders need My old blood some like vein than arteries - Hope it did in the wound.
	2 ^d	Pulse still rapid & symptoms much as yesterday. Perhaps he is slightly less uneasy - but he has the same rapid pulse, hot skin. Much of Countenance - Wound - 2: I saw him & he was good food.
	3	Much the same, pulse quick. Discharge unhealthy - and I told I recommended more stimulants - Food as he said he was very hungry.
	4	Rather better, pulse 110 - Thirst very pretty well - Discharge still he still has the pinched appearance.
	5	Much as yesterday.

Month.	Date.	Amputation of the thigh Particulars of Case.
Oct	7	<p>Pulse 104 - Skin still hot & dry in Dr. and back, no cough. on separating the flaps, no ligatures come away. The bone was found denuded for about an 3/4 of an inch. The arteries prominent & easily coiled. No bleeding when touched - The mid-shaft locally seen in the timidity & I am more hopeful about the general symptoms that he may eliminate the poison. if no structural changes have taken place in the lungs or liver - He is accepted & has remained under Dr. P's care</p>
"	8	<p>Much same, surface of flaps stuffy, bone more denuded - but the constitutional symptoms are not worse</p>
"	9	<p>Pulse not so good - bone more exposed but suppuration has commenced skin hot, but not much above the natural temperature</p>

Month.	Date.	Particulars of Case.
		Run away from the murderer
Sept	1.	<p>The House Surgeon of the Midway was brought in a little boy aged a few days with a curious injury to the right shoulder. He thought there was no location, or some other injury to the head of the bone.</p> <p>The child was about 3 or 4 years old. It had fallen on the shoulder. There was a swelling below the right acromion. The arm looked slightly shortened. There was ^{very little} swelling but somewhat better than it had been. The part where the child had either bent the bone & broken it as the physician and I had then assumed the position of appearance, no crepitus, no displacement of the head or union of the acromion. The wound had been inflicted some days. I recommended fracture. I thought the child</p>

But they did not bring the child to me again.

Thompson
Champion

Month.	Date.	Particulars of Case.
		Dislocation of Cartilages of Wrist.
Oct	3 ^d	Dossant Hindoo aged 20 years. Resident Hindoo Hotel Tall Bazar a Servant. admitted 25 Sept 1864 "A stout & muscular healthy looking "lad. He had smitten a about a "month ago - a week after he began "a painful rheumatic series of shoulder "and knee joints. The former the "other joints left. but that on the "left arm ^{went} remained. The whole "arm was swollen & anastomosing "a network of purplish red veins. "Starting pain - & agony in the lower "joint. - "He was treated by rest & a local "stimulus with a good deal of benefit. The "pain subsided but it became evi- "dent that the focus of the mischief "was in the wrist joint & on "the 1 st Oct. I, under chloroform, "applied the Actua Canalis "two strokes, & inden by on "the back of the wrist - a bit of "red heat & a carbolic acid "Disfranchising of the dislocated "bone could be restored & set,

Disfranchising
a case

Month.	Date.	Particulars of Case.
		Interruption of Continence of urine
Oct	3	When he was under Op. the first was passed & voided naturally - He remained almost immediately in bed from the Caustic & his face a different aspect he sleeps & is comparatively free from pain - Shows a good perfect colour a plentiful & good meal & good bowels.
"	4	Pain swelling less. He is better in all respects.
"	5	Much better in all respects.
"	7	In every way much better.
"	8	Swelling Pain much all- minished - Urine separating drop with water passing.
"	11	Continues to improve.
"	17	Has no pain, is nearly well.
"	24	Kept well. In pain.
"	27	He has had some pain starting at night. Apply actual Caustic again.

Month.	Date.	Particulars of Case.
		<u>Renovation of Castles of wrist</u>
Oct	29	He is improving
Nov	2	Improving
"	11	heavily well in pain. but the arm is still weak
"	14	a little pain again. ^{apply} replace the splint
"	17	Better. Keep on the splint for a day or two longer — His general health is much improved
"	23	He has been better since again. Has had diarrhoea — but is better now still kept in the splint
"	28	Much better but hand is still weak.
		He left the hospital a few days after last report — Comed and

Month.	Date.	Particulars of Case.
Oct	3	<p>Amputation of the arm —</p> <p>"Dowad ally Khan - Kashmiri aged 35 years - a Coachman. aged He came into the Hospital on the 7th August 1864 - His right fore arm was bitten by a horse at four different places, which was the seat of many lacerated wounds - The wounds suppurated and the discharge became profuse I was found on examination on the 20th Sept that the arm which was fractured, was healed at both ends and as signs of progress - I am now improving. Amputation was performed - just below the elbow on the 27th Sept.</p> <p>During the first two days after the operation the patient was restless - pulse in Aug 108 to 120 - on the 3rd day the pulse fell to 140 - During the next two days he had fever with rigors - pulse became weak</p>

Month.	Date.	Particulars of Case
		Amputation of the arm and Throat, - No diarrhoea respiration full rather tubular. suble - No abdominal or hepatic tenderness - He later came to rest 2 h: Firm in x - to die.
Oct	4 th	He was well yesterday but is a shade better today. I made him not able, a good thing in addition to his present rest in it - also 1/3. Dr Chamberlain suggested to allow the vomiting - His skin is hot - pulse full & quick respiration not particularly hurried
	5 th	He died last night Lungs congested hypostatically but no suppuration or patches of gangrene. Liver healthy, Bronchi healthy - Small amount of pus about the stump but about it - liver remained to a short distance of the hepatic artery

Month.	Date.	Particulars of Case.
Oct-		<p>Structure treated with Holt's dilator</p> <p>John Charles aged 27. admitted 2nd Sept 1884 - Has had stricture the result of gonorrhea two years ago. It appears that about 7 months ago the discharge which had continued without interruption was accompanied by symptoms of stricture - the stream becoming narrow & depressed. When admitted he was in great distress he could pass nothing in despite with great straining. Instruments were introduced, beginning with the smallest & increasing up to 6 & 8 mm diameter. The result was so great that he not only passed all at once 6 mm to 8 mm catheter, always attended with great hemorrhage - & that within some 24 hours & he could pass the 8 mm catheter without much following the passage of a catheter in some men. He never had been but great pain in the urethra and swelling of the penis with acute Rheumatism? pain in the wrist & elbow.</p>

Month.	Date.	Particulars of Case.
		<p>Structure treated with Halls Nitrate</p> <p>I am making my slow progress and had almost made up my mind to discard the structure in despair. On the 30th Sept I walked out with Halls Nitrate and scraped. when I made a pull slipped out into the bladder. It gave my little pain and caused no bleeding. It was not followed by more pain than the other but it has remained dilated. A pull sized No 10 paper ring being in place & no disturbance & the stream of his urine is good</p> <p>Oct 6 He is doing well. he has kept his paper around in full stream & the No 10 paper into the bladder with ease. In fact I regard the case as most satisfactory. It has completely held with it was very mild & the dilatation is complete. he has no them followed by any constitutional mischief</p>

Month.	Date.	Particulars of Case
		Structure healed with Holt's plaster
Oct	13	Waxed - 6 - 8 - 9 to wax. He is much better Contracted. He is suffering from Rheumatic pain & swelling in the hands, fingers & feet. In the M. Int. & the Int.
	17	Waxed. He is better. Rheumatic pain are better. Swelling up.
	28	He is still suffering from Rheumatic pain & swelling of the joints. but the structure is cured.
Nov	3	He is much better. his pain Structure not contracted.
"	11	Structure well. pain of joints diminishing.
"	14	He is quite well. Waxed a full size. Look with ease - joints still better. He may be discharged.

53
No 48 Continued from page 165.

Month.	Date.	Particulars of Case.
		Auscultation at Hip Joint
Oct	10 th	He is no better. Pulse 124 - Breathing stopped. The aorta posteriorly attached from the bone inside - bleeding but not profusely and ceased - P & I committed and we thought well: as the Hip Joint was the chance of saving the patient's life. The operation was performed at 9 AM. Mr Hayer & Mr Thompson & I managed the arteries - P made an external flap first - inserted the knife in inner side of thigh just below the arto flap. I held the arteries - he next made the pul flap. Then inserted in the bone - Pulse was 124 at the duration. 11 AM - 136 and was pale and falling - during it - after it - He had brandy perf & but 6 AM. In about 20 by atom were made. When I left him his pulse was 144 & was in a state of unconsciousness.
	11.	Pulse 144. pale. In other respects he looks much as he did. Very little discharge from the stump.
	12	Very low. Pulse 150 - Countenance flushed
	13	Dead last night

Month.	Date.	Particulars of Case.
		Dislocation of Hip.
Oct	14	a Hindoo boy named Hurry Doss Haldar, aged 6 years, fell ^{when running} and dislocated the right hip into Dorsum Ilii. The accident occurred 3 days before admission. Placed him under chl. fixed the pelvis to the head of the bed & made with a sheet - made a sling of the hands of the nurse - in the axis of the displaced bone direction, I manipulated the head of the bone which was replaced with the greatest ease - Red the knee and ankle together with cotton between them.
	15	The boy has by little time healed his limbs perfectly. Further to him away - continued to keep his feet tied together for some days -

He appears to have fallen from a height of the foot.

Month.	Date.	Particulars of Case.
		Dislocation of the Hip -
Oct	22	<p>A Hindoo named - Gopal Age 35 40 admitted on the 20th October with a dislocation of the right hip into the Osseum Ilii - The leg considerably shortened & inverted. The accident occurred on the 5th during the Cyclone. He was trying to hold his hut against the the storm was blown over & the hip dislocated put him under the ^{on the 11th} Chl. and with considerable difficulty reduced it so far that it slipped into the Ischiatic notch -</p> <p>On day the 22nd under Chlumpun reduced it into the acetabulum it went in with a peculiar grating sound. The head of the bone being lifted into the socket by a long probe and the thigh & knee of the patient pushed in after which pull with the pulleys. There was much tenderness about the hip.</p> <p>26 He is doing well. Cannot move the hip yet</p>

No 55

Case Book.

178

Month.	Date.	Particulars of Case.
		Debtors of 1/2 p.
Apr	12	I was right in my opinion but I should be an hour or more after and

Month.	Date.	Particulars of Case.
		Tumor of Breast cont'd from page 146.
Oct	29	The disease is returning rapidly - A prominent swelling under the skin of the side of the cicatrix and an open one with slanted top in the cicatrix some 1/2 in.
"	31	Assumed the cancerous growth and lifted the greater part of the cicatrix. The growth had a peg like structure, consisting of a mass adherent to the pectoral muscle. Dissected away small vessels, ligatures. Then but probable to bring the edges of the wound together by time left to granulate.
Nov	1	Wound well. No bleeding, no pain.
"	2	Dressed the wound. Splashed well.
"	3	Do
"	4	Same well. Slightly painful. Set in home solution. In a case supporting with the wound & intention for
"	5	Surface of wound looks healthy. Ligatures still adhering
"	7	Same as before
"	11	Surface of wound contrasting looks healthy

Month.	Date.	Particulars of Case.
		<i>Summary of Case</i>
Nov	12	Wound a healthy & contracting - his general health is fair - Sate & sleeps pretty well -
"	17	It is looking well. Contracting rapidly. No return of disease seen. Upper margin above wound looks a little puffy.
"	23	Much contracted. Surface healthy. Sings well in all respects.
"	28	Healing rapidly. Surface quite healthy. No sign of the disease returning.
Dec	3	Wound healed to base of a superficial & quite healthy.
"	19	Wound healed - No sign of return of the disease. Patient in good health. & Condition

Discharged Cured

Month.	Date.	Particulars of Case.
Oct.	28	Amputation at the joint - A Malay sailor named Sabulaceen aged about 28 to 32 years. Short & muscular. His general figure ad- mitted on the October with a double fracture of left femur and a compound fracture of the tibia. Laceration of upper third of the right - The injury had been inflicted 7 days previously, onboard a ship named the "Alister" as a storm wrecked by the falling of a heavy beam. He is admitted under Dr. P. P. P. at 5 P.M. of the 27 Oct. Dr. P. performed Amputation at the right hip joint. Anterior peritoneal flap as near as the laceration where it was chiefly in front and ad- justed up - The position not wholly satisfactorily placed but the injury the bone was so severe that it was deemed advisable to remove the head of it - Not much blood is said to have been lost during the operation. He was in good humor but suffering

Month.	Date.	Particulars of Case.
		<p><i>Amputation of Right Arm</i></p> <p>and knee. and his pulse was near 120 when he was on the table. I saw him on the morning of the 28th October. He was after the operation. he was low. restless. Spung about & incessantly asking for water. The left thigh was in a very splint. The stump of the right looked well & some pieces from his arm were - He was taking stimulants but with great reluctance.</p> <p>Oct 28 He died on the 28th at 10 P.M. 26 Years in Hospital.</p>

Month.	Date.	Particulars of Case.
		<u>Rapid suffocation Bronchitis</u>
Oct 28		A stout healthy looking young man
Hugh Evans		Age about 26 to 30 admitted this
		morning with symptoms of great
		distress of breathing - His face a
		dirty livid - his respiration hurried
		cutting and abdominal. Pulse
		about 140 full and intermittent
		skin bathed in sweat - great
		anxiety and unable to get down
		<u>the thorax</u> . Respiration hurried
		on while all over chest had
		bronchial rales - no crepitation.
		It is said that in a day or
		two perhaps a piece on the 27 th
		he was exposed to the vapor of
		<u>some bituminous</u> - aspect on the face
		It seemed to me that he was in
		great danger of suffocation
		& that the dyspnea was the
		result of pressing symptoms and
		Cham was not there (being un-
		well) & I was asked by his
		P.S. to see the case. I tied up
		his arm and took blood
		letting it stand in a <u>thin black</u>

Month.

Date.

Particulars of Case.

Safford's Case

The man noted for breathing became
 easier when further pulled and
 quite regular - about 20 -
 About 30 ounces of blood were
 taken - He was much relieved
 and he could not be drawn.
 I raised Temperature ~~102~~
 Spermatic Stimulant of
 Brandy & Allen - 10 drops.
 He reported that he sank
 in a day at about 10 1/2 a
 about 2 hours after I had
 him - a violent return of
 dyspnea caused him to
 the ~~Dr.~~ Clinical Club and
 his pulse was too fast perhaps
 I saw him at 10. It was
 120 - fuller & quite regular
 His face less livid & his
 breathing much easier.
 In the whole he seemed
 much relieved - There was
 no improvement in any time.

Month.

Date.

Particulars of Case.

Suffocative Bronchitis

Oct 29th

Pell at 9 am. Respirations
 rapid - much mucus expectorated
 from neck head.
 Temp. - 101.2 with blood in
 sputum. in some places & coughing
 frequent alar & adematous.
 Empysematous heart this
 kind of sound when expired
 a when expired.
 Bronchial tubes for lungs
 & uterine indoles deepening
 & of intense erythema the
 mucus inflammation. The
 lungs were crepitant throughout
 no consolidation. all fluid.
 Heart placid. deep stained
 dark red. right side contained
 black fluid from blood.
 Left side contained dark
 clot - Plethora osseum
 well healthy - I never said
 to the patient a coughing the
 lungs & bronchial mucous
 membrane as in this case
 I should be noted that he
 was troubled with redness
 of the face

In doubt as to the cause the blood was pinned and
 was removed by passing probably of sulphuric acid -

Month.	Date.	Particulars of Case
		Dislocation of the Hip, Situation to the
Oct	31	<p>A thin sickly looking little Indian, native to Mexico aged about 50 years named Poddos, admitted the accident caused by falling from a horse on a stone which had occurred 5 days previous. He advanced by Counter extension holding the head of the bone into the cavity. - under Chloroform it went in easily without any further force -</p>
Nov	2	<p>Doing well but still stiff. Friction with the hand commenced</p>
	3	Doing well. Friction
	7	Very improving
"	14	Walking & sitting up & little
"	17	Much the same. is a powerful creature
"	23	Gradually improving. Able to walk a little further.
"	28	Complete. But is weak naturally
Dec	12	He was discharged cured Dec 12. 1861

Month.	Date.	Particulars of Case.
Nov.		<i>Perinca Section. Thirsting.</i>
"		5 Bettle, no pain. Paped an hut No.
"		6 Ding hez all f. but he is ing, waken to out -
"		7 Pains & dematons. but in the respects he is much the same, no food & desponding Painful & stimulant
"		9 He has been more since yesterday pulse low. skin hot. he is asleep. I yesterday expressed my fear that Impure of the Cerebrum & Spinal Cord was coming Today I found the pain in a state of Withering & Painful - there is hard. I made deep incisions found my fear realized - a deposit of dark blood seen with the finger & great pain uttered. I then used further & purged stimulant with the Bark & Ammonia. The used in the previous week well were still plain to the way

Month.	Date.	Particulars of Case.
		Structure treated by Halls dilator
Mr	Apr 60.	1. An elderly man - Indian, named John Xavier blind - admitted with structure on the 20th Oct. He has suffered for 20 years & has been several times under treatment of local physicians. - The structure is ^{by mistake} high situated in front of the bulb. Shaped No 5 with some difficulty in the insertion. The structure has been followed by an attack of gonorrhea. In which he soon recovered. In May, Mr. X. I passed No 10 Halls dilator & split the structure & it gave him some pain but no response. added 1/2 3/4 h. after
3 times in this Hospital under Dr. O'Connell's treatment		2. He had no power paper his urine but in the night, the catheter passed in but, but could not pass No 10 in the morning after the dilatation
		3. Not painful - but complaint of some increase of pain in the bulb - during the day
		4. no pain - passed No 10.

Month.	Date.	Particulars of Case.
		Structure of urethra, Holts dilatm
No	5	He is free from pain. has slight pain but not sharp any but - Says the wound still <u>drivels</u> the little larger stream
"	6	Discharge. Paped No 5 ring there is a feeling of roughness in it paper. & some pain. He has had no pain.
"	9	Discharge. no pain. says he feels the water is a better stream than in scaling.
"	11	Paped an out but with much difficulty & some hemorrhage I tried small size. but none would pass. No 8 paped.
"	14	Has less pain than when they would have pretty big, but with scaling - He has no fever but feels weak
"	17	Has no pain - but has been wound in a small stream. He cannot see the but - It came on much more than one time

No 60

Case Book.

197

Month.	Date.	Particulars of Case.
3		Amputation at Shoulder joint
No 5		A boy named Koylash aged 14 years from Sirrihat admitted on the 4 th with a bad

Memorandum

Name - Koylash.

Age - 14 years.

Residence - Sirrihat - 28 miles north of
Calcutta

Occupation - Washerman.

Race - Hindu.

Religion - Hinduism.

Date of admission - 4th November 1864 - 10 a.m.

Accident - Compound fracture of the
Humerus & compound dislo-
cation of the wrist joint - (left side)

Duration before admission - 18 hours.

Operation - Amputation of the Shoulder-
joint - (left)Date of operation - 5th November 1864 - 9^{1/2} a.m.

The patient got this accident by a
fall from a height of about 25 feet
from a high Cocoa-nut tree - about
18 hours before his admission - The left
wrist was dislocated & the end of
the radius protruding about 3 inches.
no fracture of the ulna -

Small ligatures were required
He took a moderate quantity

of food & regie
tion - It was
in a good state
was well fed
& a putrid
used in dressing
of the healthy

He has had

a rapid decline
in his health.

is reported that

there is a large

the winding

of the vessel

impulse

the heart

is serious

relates the state

of the patient

the shoulder

Memo

Name - Koylash.

Age - 14 years.

Residence - Sirrikat - 28 miles north of Calcutta

Occupation - Washer man.

Race - Hindoo.

Religion - Hinduism.

Date of admission - 4th November 1864 - 10 a.m.

Accident - Compound fracture of the humerus & compound dislocation of the wrist joint - (left side)

Duration before admission - 18 hours.

Operation - Amputation of the shoulder joint - (left)

Date of operation - 5th November 1864 - 9^{1/2} a.m.

The patient got this accident by a fall from a height of about 25 feet from a high Cocoa-nut tree - about 18 hours before his admission - The left wrist was dislocated & the end of the radius protruding about 3 inches - no fracture of the ulna -

The humerus is fractured about the junction of the upper with the middle third - no bones protruding here - the fracture communicated externally by a wound of a circular nature - the whole of the left extremity was very much swollen.

The operation - "Amputation of the shoulder-joint" was performed on the 5th November 1862 - 9¹/₂ a.m. about 40 hours after the fall. There was not much bleeding - and about 16 ligatures were applied.

Hanan Kunder Dutt
Surgeon.

No 59

Case Book.

190

Month.	Date.	Particulars of Case.
		Structure of urethra, Holts dilatn
No	5	He is pte from face. has slight pain Drd not pass any but - I saw the wrm. Stc.
"	6	Dr. Hm Pap Lid
"	9	Dr. Hm. Hm
"	11	Pap mp. St. Hm
"	14	Hm Hm. Hm Lid
"	17	He wrm in a small stream He cannot see the but - It came on much more than one time and

Month.	Date.	Particulars of Case.
3		Amputation at Shoulder joint
Nov 5		A boy named Koylofs aged 4 years
from Simsbury		admitted on the 4 th with a bad
28 miles		comp: fracture of the left wrist. right
North Wallcutts		left humerus upper third. It was
		caused by a fall from a CEDAR
18 hours		tree on the 3 rd . The bones were partially
before admission		displaced, as said, & a protruding
		the radius was observed in adhesion
		by the P.S. The boy is healthy
		He is not very well. Has had
		high fever. pulse very rapid & small
		Impure coated & spotted. He is
		The whole limb is inflamed
		and fetid discharge is issuing
		His condition that the winding
		is so severe that if not stopped
		soon will be dangerous &
		Impure suppuration. And
		as the humerus is so severely
		involved. After consulting the value
		according with D.P. consent.
		Amputated at the shoulder
		and ligatures were required
		He took a moderate quantity

Month.	Date.	Particulars of Case.
		<i>Amputation at Shoulder joint</i>
Nov	5 th	Of blood & the very faint red blood I am talked after the operation.
"	6	He had some hemorrhage at home stomach pain & and 2 ligatures put on. He is weak. pulse beats 150. slightly jaundiced. his his countenance is not bad - Let him have milk, Beef tea & a little wine frequently
"	7	No more hemorrhage. he is easier weak. pulse 140 - some costive. When food. He in the whole he is beginning to look a little better. Feed him frequently.
"	9	Many legations come away this morning. pulse still low & about 130. but his form & aspect is improving. I suppose worst. He still costive & putted - I discharge see not quite healthy yet but improving - on the whole I think he seems inclined to do well. He takes his food. But the children both better. he has also some urine

Notes

Case Book.

193

Month.	Date.	Particulars of Case.
5		Amputation at the Shoulder joint
June	11	He is slowly improving. Wound of the ligature about 10 in. No more come away Discharge purulent - much healthy. Had pain yesterday evening. Probably from tension of discharge - Takes him forward better
"	14	Has been doing very well. This morning had slight secondary hemorrhage and the wound let the left open and exposed to the air for a time with no more of necrosis. Pulse came down. more or less. Discharge comes & dries. — He takes him forward and time well —
"	15	He died last night of hemorrhage from the axillary artery - though the surgeon a carpenter of Mr Crompton & Co. Hair student in duty - who could not - and not arrest the bleeding when it came on suddenly in the night. Dr. Mearns and Bobo Ketter Dr. Mearns said I did not stop it but to take he had been and about 10 in.

Month.	Date.	Particulars of Case.
		Structure Hall delator
Apr	23	He is weak. but has had no pain for a day. a few. He cannot see the papers of the Inst. as he is able to read the news in a fair stream. I think I shall leave him alone. He takes Quinine & a nourishing diet.
	26	Discharged convalescent. Structure not much improved, but he could not bear the visitation of the Inst. as his old infirmities I thought & better not to try again.

Case Book.

195

Month.	Date.	Particulars of Case.

Case Book.

1916

Month.	Date.	Particulars of Case.		
		<p> <i>[Faint handwritten text, likely bleed-through from the reverse side of the page. The text is mostly illegible but appears to describe a case involving a patient's condition and treatment.]</i> </p>		

[Faint, illegible handwriting on a piece of light blue paper, likely a letter or document fragment.]

[Faint, illegible handwriting on a small white paper strip, possibly a label or note.]

Memo.

The patient named William. Davies, aged 27 yrs. a Purse-
accoutrements maker. residing at Sailors Home, was admitted
in this hospital on the 8th June - 1864 for an
incomplete Inguinal Hernia on the ^{right} side. He had
contracted this very disease about 8 yrs past; when
by the use of Truss. for a period of 2 yrs he got rid of it.
Since that time he was in the enjoyment of a good
health. About a month ago he had Cholera for which
he was treated in this hospital. After a lapse of 3 weeks
as he had lifting a heavy weight he got this
repetition of a complete reducible Inguinal Hernia
on the right side for a second time. He was
furnished from the 11th to 18th when by the use
of Quinine & other remedial agents he was cured. on
the 21st he had been operated by Dr. Frazier in the
plan of Dr. Syme.

Patient named Lathuan aged 24 - Hindu
by occupation a Cooly Resident of Calcutta

Buttolah was admitted ~~into the hospital~~
into the 1st Surgical Ward of Calcutta Hospital
on the 29th Aug/04 - with Traumatic Tetanus.
The following is the abstract of the case.

He ~~was~~ wounded the four fingers of his
right hand by the sharp edge of a bamboo
about 2 weeks before admission - after injury
he exposed himself to privation of food & work
on account of his mother's illness. 2 weeks after
the accident (or a week before admission)
he found that he could not open his
mouth with ease. ~~The~~ Rigidity of the muscles
of neck & cheek followed; ~~at~~ 2 days before
admission he began to suffer from Tetanic
fits - On admission he was found in a
state of Complete Opisthotonus - with fits
occurring every minute - & ~~at~~ on his
slightest effort to speak - or when any body
touched him - The tip of the right
four fingers presented a granulatio wound
& the ~~tip of the~~ end of the last phalanx
was found to be necrosed. On ~~admission~~
touching or probing the wound, the tetanic
fits instantly came on.

The last joint of the affected ~~four~~ fingers
was amputated - Perforative Eucemas
~~was~~ used, Iodine blown to the spine -
Chloroform & hemp internally & opium
smoking with food & nourishing food
were ordered.

Some days after symptoms of decided improvement
appeared - the fits lessened in intensity & frequency
& gradually he began to get better & better
when on the 3rd Oct. he was able to walk
a little - He is now quite well.

He took every day about eight annas
worth of footee which contains the
a rough estimate about 96 grains of
bayer's opium. From the 9th Aug/04.
to 1st Oct. when the quantity had
been reduced to half.

Patient named Shumbho aged 9 years Hindu
Resident of Bombagar by admitted into the
1st Surgeon's ward Ind. Coll. Hosp. on the
11th Sept 1904 with a tumor of upper lip,
about the size of a small orange -
of 8 1/2 years growth -

The tumor was injected with saturated
solution of tannic acid 2 syringe fulls
by the Hypodermic Syringe - on the
12th Sept 1904 -

Immediately after injection it became
hard by the coagulation of blood -

The mucous surface of the upper lip
ulcerated slightly & on the 26th Sept.

the entire tumor shrivelled up & was
easily drawn out - ~~There was not a drop~~
of blood was lost. The lip gradually
began to contract & at present it has
~~almost reached~~ almost presents the
natural size -

Memo:-

Patient named Pholtee Ch. Dhaam
aged 25 years; by occupation, Bengalee
writer; a Hindoo, was admitted on the
3rd July/64 with a fistula commu-
-nicating with the salivary duct
(left side). Sinus on external side of cheek
On the 4th opening made internally
& seton passed through sinus -

Month.	Date.	Particulars of Case.
--------	-------	----------------------

Memo:-

The patient

accused

in the

sacred

con had

by the

Since

health.

he an

as he

rupture

on the

fracture

of the

th- 21

plan

Patient named Pholtee Ch. Dhaam
 aged 25 years; by occupation, Bengalee
 writer; a Hindu, was admitted on the
 3rd July/04 with a fistula commu-
 nicating with the salivary duct
 (left side). Sinus on external side of cheek
 on the 4th opening made externally
 & seton passed through sinus -

