

Sir Joseph Fayrer's "notes of interesting cases in the Medical College & Hospital (at Calcutta)", Volume numbered '11'

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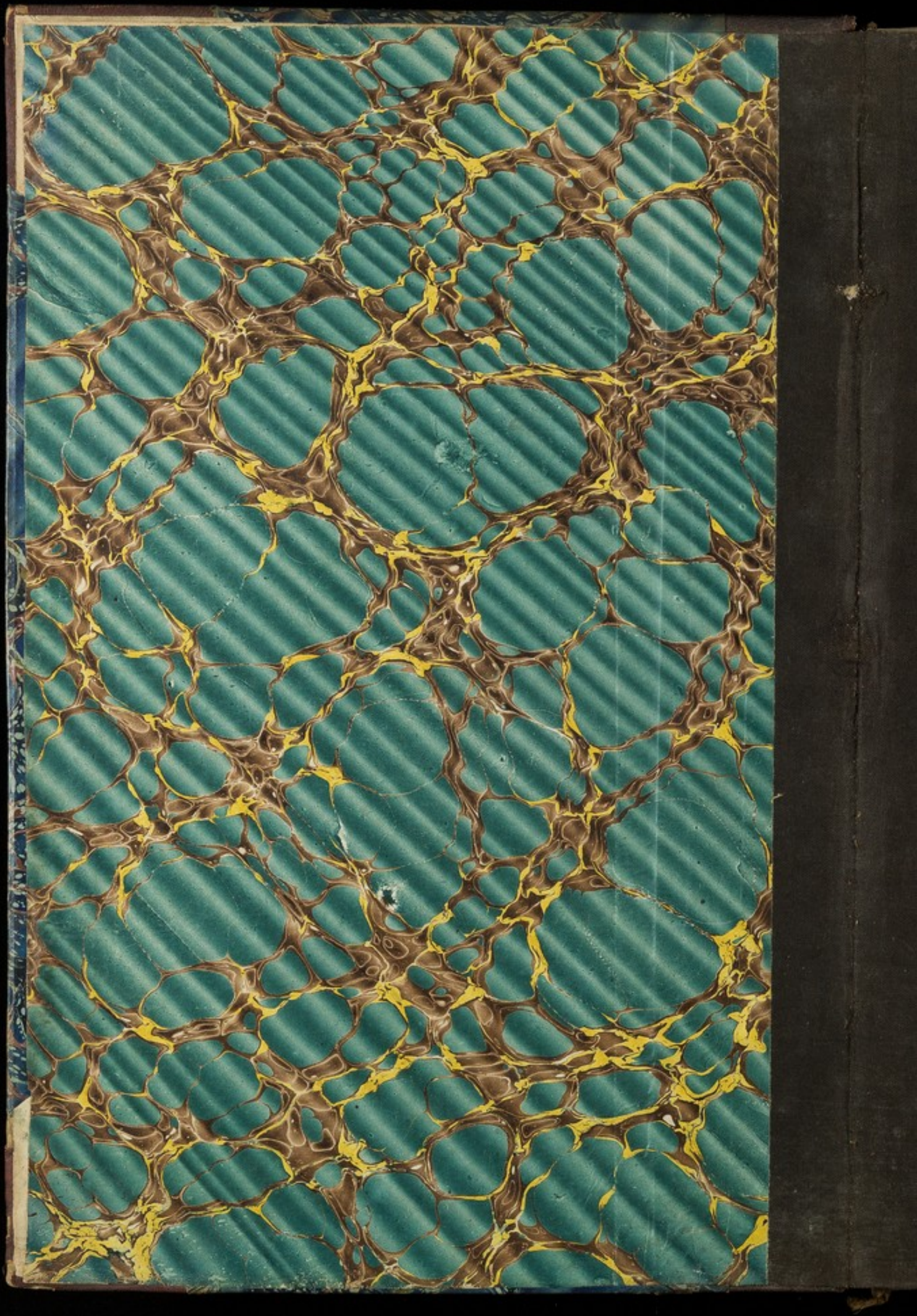
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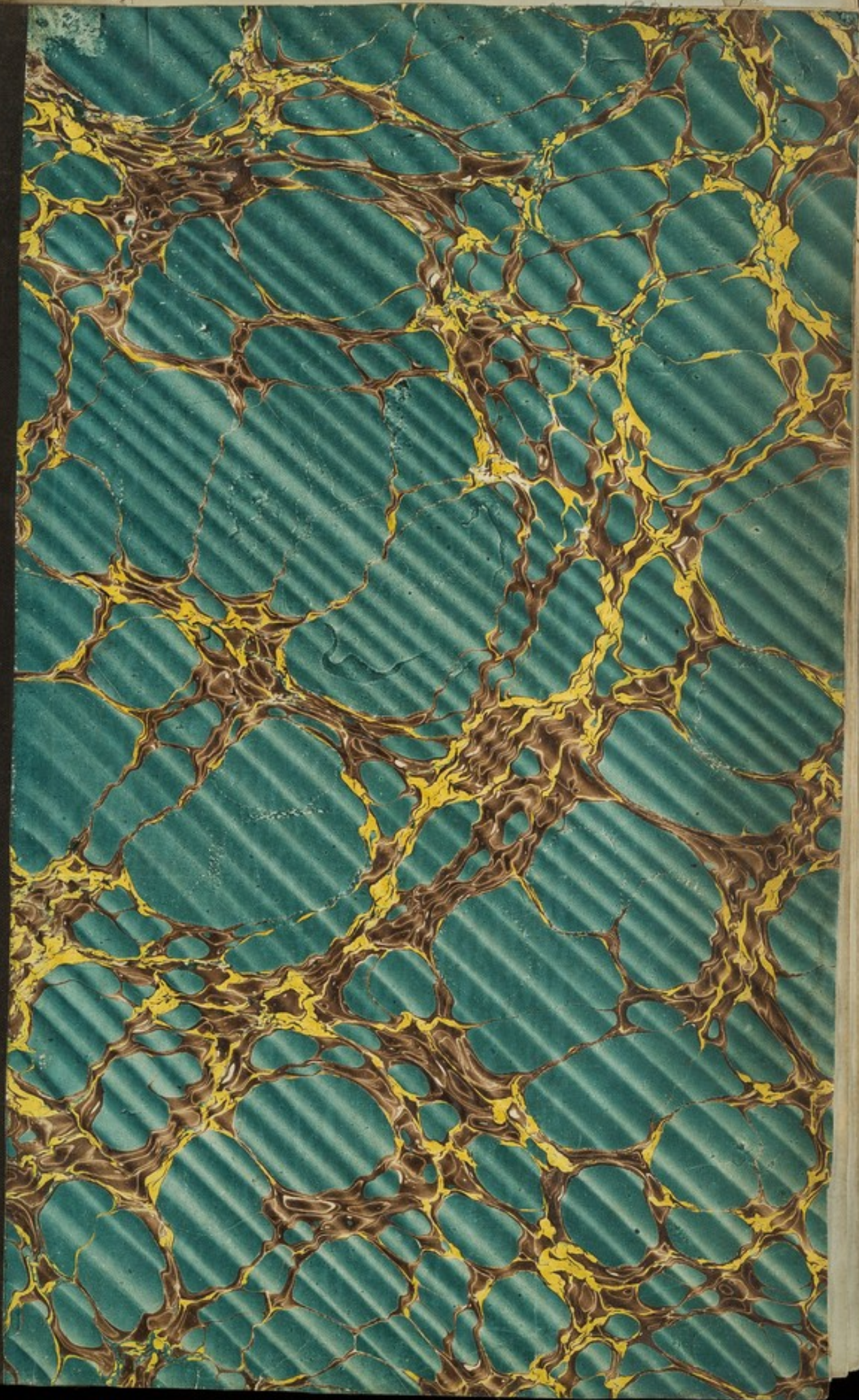
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Month.	No.	Cases.	Pages.

Month.	Date.	Particulars of Case.
		Death from Uremic Commissions / Syphilitic.
1869 January	10 th	<p>On Sunday the 10th Jan'y I was asked by Dr. White's Son-in-law Fort William to see Capt Anderson. Bornack Master. who was suffering from structure of the urethra of several years standing - His age about 35 - a stout - portly, unhealthy looking person.</p> <p>I never before had seen him and passed him up to 8 or 10. When he was suffering from structure of an organic form. but aggravated by Syphilis. He was then under the care of Dr. Archer.</p> <p>I saw him again some last evening. I saw and attempted to pass a Bougie but it caused irritation and Syphilis and I did not pass it. - he was able to void his urine. But with difficulty.</p> <p>I did not see him again until last Monday when I was asked to visit by Dr. White.</p> <p>He was looking pretty well, but was restless and unstable. The head was very unstable. and the structure causing him much distress.</p> <p>He had had his bowels opened by an Opium. - Dr. White and I saw him</p>

Month.	Date.	Particulars of Case.
Jan'y		<p><i>Typhoid malarial death</i></p> <p>At about 2 P.M. I then without very difficulty passed metallic bougies up to 8¹⁰ - without apparently the of course the spasms and a certain amount of organic stricture caused some obstruction. He fell down again. Had nothing to eat or drink at the time. Shortly after the last bougie was passed. He went into the bath room and took wine. So far as I can remember there was no blood. He had a wife who was passing wine and Dr White told me that he had seen afterwards - I did not see him again until Thursday evening when I was asked by Dr White to see him in he was very bad. Died on 14th at 8 P.M.</p>
Jan'y	14 th	<p>Found him almost unconscious, lying about in bed in an extreme state of restlessness and excitement, picking and scratching at the bed clothes. His face was distorted - pupils somewhat dilated and that some convulsions occurring occasionally. He was continuing vomiting a rather brown and seemed to be in great distress. The whole muscular system in a state</p>

Month.	Date.	Particulars of Case.
		Typhoid Warrance & death -
Jan	14	<p>of twelfth day. His pulse was feeble and intermittent fast & slow with intermitting - He had been vomiting during the day had had sleep off & on, but had only recently, i.e. within the last hour passed into the condition in which I found him, and which was gradually becoming worse - His body was cool, & the stomach weak. There was a peculiarly offensive offensive odor from his breath & body - The abdomen was indurated, the bladder apparently empty - The bowels & the rectum & sigmoid were distended with a viscid mucusy fluid - His bowels were said to have acted during the day, there and not appear to be any fecal tenderness or pressure on the pulses or in the perineum, nor had he complained of any during the day or previously - I could not obtain any satisfactory evidence as to whether he had vomited urine in the day. They said if he had it had been some time before the urine was noted. He appeared to be particularly anxious, this morning to speak he attempted to put out his tongue when asked to do so.</p>

CASE BOOK.

10th January 1869. Captain Anderson aged 36 Barrack Master Fort William of unhealthy and pasty appearance given to frequent dram drinking, has been subject to stricture of the urethra and diseased prostate since 1860.

For some years past the urine has trickled away and in consequence life has been a burthen to him, with a view to remedy matters he had consulted Drs Brongham and Lazenby on several occasions, the latter was called in this day and passed a number of sounds up to 12-10 into the bladder without much difficulty, Rigors followed by intense heat almost immediately set in, suitable remedies were administered and with apparent benefit. On the 11th 12th 13th and morning of the 14th the urine came away by drops, he had no power to retain it. During the middle of the 14th he stated that he had made water in a small stream and that his bowels were well moved. at 3 P.M. he complained of his head, had great drowsiness and a wild look, the tongue was preternaturally red and dry, Pulse intermittent and he had great thirst. No urine appeared to be in the bladder and the course of the urethra was free from swelling and there was little or no pain

in that region. Towards evening
the wandering and restlessness be-
came worse, he tossed his arms
about, picked the bed clothes and
had ~~conjugent~~ Strabismus especially
of the right eye. at 7 1/2 P.M. Dr.
Langer visited him. at this time
he was very restless but did not
complain of pain, he was also to
a certain extent conscious, putting
out his tongue etc. when desired to
do so, all the symptoms above
related appeared in an exaggerated
form. The head was shaved, a
blister applied to the nape of neck,
Ice to the head, fomentations to the
region of the kidneys and leeches
with dry Cupping to the loins, and
a dose of grs 4 of Calomel and
3i Calap was given, an Ounce
of Castor Oil was administered.
The breath was offensive and smelt
of urine. It was quite evident that
he was suffering from suppression
of urine, he had frequent Convulsions.
The remedies were of no avail and
he died at 9 3/4 P.M.

Fort Williams
15th January 1869

Blair Whit M.D.
Surgeon Major
Gurr Surgeon

CASE BOOK.

5 7

Month. Date. Particulars of Case.

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Month.	Date.	Particulars of Case.
		<i>Lymphoid mania and death</i>
Jan	14	<p>The Surge appeared dry red. brown on the centre. Nothing could exceed the wetness with which he wiped about the inside of & snatched in the cloth & other objects.</p> <p>It appeared to me that this was a case of mania impressing on the face. The man probably had had mania & a cup of blood poisoning had set in. His hair had when dry been cut. & ice applied to the head. I suspected & having the head of which I was for the first time the ice: Hot fomentations were applied over the loins. Leeches had been put on his arm. A decoction of Castor oil, Sal: & the Assafetida & Soap water administered. and a powder of Salaf: Co 3i Hyd: Chlorid ʒi administered immediately.</p> <p>He seemed to get rapidly worse. In the night the convulsion became more marked with intervals of ^{comparative} quiet - and finally after a convulsion he sunk and died at about 10 P.M.</p> <p>Up to the time I was called in he</p>

Month.	Date.	Particulars of Case.
May 14		Typhoid Warrum and Death
		<p>Condition had not excited much anxiety; he had been at times with restlessness, occasional complete intermissions, and the water had been passed in a good stream until that morning. The treatment I have had him chiefly opiates - and food - with a simple and nourishing diet - the bowels had been kept open - He was unusually restless in the morning of the 14th and appeared to be well intellectually - The urine as far as I can learn from those about him, is I report he had not more appearance of menses, had been open frequently, and there had been unusual menses & vomiting of bilious matter - He appeared to have passed rapidly into the state of morose convulsion in which I find him at about 7 P.M. when it he rapidly sank - I do not know much of his previous history, but I have reason to believe his life had been somewhat irregular & he had the puffy bloated aspect of a man whose general health was not good.</p> <p>I regard this as a case of typhoid miasm appearing in cerebral form developed</p>

Month.	Date.	Particulars of Case.
		<i>Dysphoid uraemia and death</i>
May	14	<p>by the passing of a bougie in a person of extremely irritable constitution with bad kidneys. - The state of his throat & mouth was constantly threatening him with the return of which he had previously occurred. I ordered the passage of the bougie necessary and as it was done with little difficulty, no violence & no lesion. It can be seen that in this case the disordered state of his general health & system was to blame. It shows the danger that impudences may make in trying and prevents such cases the subject of great anxiety & that they require the greatest caution & necessity in the management of the case.</p> <p>I have requested Dr. White to give me a statement of his own symptoms and treatment in the various cases. The passage of the bougie & his death.</p>

Published in the Medical Gazette.

Month.	Date.	Particulars of Case.
		Fracture of left Thum
July	15 th	Major Hughes B.S.C. at 42 - a healthy young man accustomed to much out of door exercise and riding. Met with a severe accident at Berhampore on the 1 st July when Ryshting; his horse fell and rolled on him was not injured, but was totally unable to move - was carried on a litter to the station where he remained until the 13 th July when he was brought to Calcutta. On the 15 th I detected fracture of the left side of the pelvis, displaced, but my assistant Captain Thelond was unable to get the patient to stand. It was evidently in the Thum Placed him at rest with a strong bandage round the hips -
July	23	No movement in the fracture can be detected now - He can partially use the limb - Winter there is threatening, but in comparison of the limbs & is so that that he is mistaken - Order perfect rest and the bandage to be continued. He was very impatient - and soon began to feel what was a certain other with a shot - on the he went to the open air. He rode and now he walks about with a stick the left Thum

Month.	Date.	Particulars of Case.
Jul 1869	24	<p>Major Myne Fract: pelvis</p> <p>He has recovered very quickly, and it is remarkable how soon union began when the parts were placed at rest. Int of the bone was approx. 1.5-3 inches. An attempt at repair had been made owing, no doubt, to the constant movement & disturbance of the parts. It was also fortunate that no complication of injury of pelvic vessels occurred.</p>

Month.	Date.	Particulars of Case.
April 1889	20 th	Strangulated inguinal hernia I was sent for at 5 P.M. to see Baber Esq. (M.D.) aged 47. a stout healthy man suffering from hernia of the left side He had hernia for some years. it was reducible as a general rule. The week last year he appeared to have been in danger from incarceration but was already relieved. The hernia had been down on this occasion for some hours after symptoms of strangulation had set in since the morning. I found him with a moderate dilated scrotal hernia of the left side, very tense & painful at the external ring, and great tenderness generally over the abdomen - He was vomiting and his pulse was small. All the usual remedies taken under old: had been tried without success. I repeated the taxis with no good result - I accordingly operated on the structure at the external ring & reduced it - The hernia then went back in the case

Month.	Date.	Particulars of Case.
		Strangulated Inguinal Hernia
April		<p>He was much relieved soon after the operation -</p> <p>He remained in rather a critical condition for some days - Proctitis & evacuation of a quantity of purulent blood, and rapid & feeble pulse with great depression and heartburn made me anxious. But under the influence of Spirit of Sassafras with the Cordys fluid & other & careful diet all the bad symptoms passed away -</p> <p>The wound healed kindly - the horse has since been sound -</p>
April	27	He was reported as doing well on his way.
"	30	Reported to be doing well - but with slight diarrhoea - and an astringent.
May	2	He was well & times all sound.

He seemed perfectly

Month.

Date.

Particulars of Case.

Lithotomy.

April 27 I operated by lateral incision at 4.30
 P.M. today on Baboo Chunder Coomar Ghose
 from near Dacca - (Bickrampore) aged 47
 He has had symptoms of stone for some
 time ^{2 1/2 yrs} but it was not detected a few
 days ago. When I passed a stone of
 He is a man of 48 and stout & not
 very healthy looking - The urine is
 turbid from phosphates but there is
 rather sugar in albumen.

The perineum was narrow and
 deep and I had some difficulty
 in passing the probe - & caused a
 little delay in this part of the
 operation - The stone was a small
 fragment of Mulberry Calcutta but
 having been coated with the triple
 phosphate - He has not yet voided
 since the operation well. I was
 wonderfully assisted by Baboo Capric
 Chunder Dutt

Month.	Date.	Particulars of Case.
		<i>Lithotomy.</i>
April	28	Had a good deal of abdominal tenderness - -ness which was relieved by fomentations. no bleeding. She felt better.
"	29	Better to day, wound looks well wound papered buty though the wound
May	2	Doing well, no fever, no pain, papered a few drops by mother's order
	5	Wound looks very healthy. no fever. he is doing well -
June	9	He came to see me a few days ago, the wound had nearly healed a few drops of urine still came out. - There was some contraction in the membranous portion of the urethra, about the size of a quill. I examined the passage of a bougie. He reported after a few days that No 5 had been passed & the urine was flowing.

I examined about the end of July
in excellent health - No 10 passed
easily, a sinus about the size of a
probe still remained the fluid was
all turned a deep yellow & was papered

Month.	Date.	Particulars of Case.
		Obstruction of bowels in an infant.
June 22		At about 9 P.M. I was asked to see Maudie M. - A infant boy - The father said the

(14-15) was 4 hrs. during
was 20 days pre-
Sunday also
ed - it was a
infant - The
me with the father.
found it impossible
abdomen entirely
t - thing - the
the mother the
- him - and was
mattered - But
who was
in the morning
of fine it was
by taking of
the - the father

POST PARTUM HEMORRHAGE; DEATH FROM SHOCK.

By J. FAYRE, M.D., C.S.I.

On Sunday morning, 23rd May, 1869, I was sent for to see Mrs. — whose expected labour (primipara) had commenced. I found that she had been suffering more or less since the previous evening; the pains were irritating and fatiguing, and had disturbed her rest throughout the night. I made an examination during one of the pains, and found the os uteri high up and pointing towards the sacrum; it was not dilated sufficiently to admit the point of the finger. The bowels were confined, so I ordered a dose of castor oil, and an enema if necessary. I saw her again later and made another examination; the pains were continuing as before, there was no change. The oil had caused sickness; the enema had proved effective; the bladder had also been emptied. Her pulse was natural, her skin cool and moist. The tongue was moist but slightly coated in the centre. I saw her again during the day, little or no progress had been made, by evening, in the dilatation of the os which was rigid, with its margin thin and tense. There was no change in the position of the head which presented, and was as high as ever. She complained much of the fatigue and worry of the incessantly recurring pains, but constitutionally she was unaffected. Her pulse, tongue, and skin were all as they were in the morning. The passages were moist and cool. The foetal heart was distinctly audible and there was no indication of constitutional disturbance of any kind. During the day she had been sick after the oil, and had vomited some bilious matter. She had taken a sufficient supply of fluid nourishment, and a little wine and water occasionally. To give rest, I ordered, after the bowels had acted, liq. opii, min. xxv. It was repeated at bed time, but she had, on the whole, a restless and disturbed night. I found her on the morning of the 24th looking tired and anxious, but all her symptoms were good, pulse about 86; tongue moist and clean; skin cool and moist. The os uteri was now found to have dilated to about the size of a shilling, and was rigid. I prescribed small doses of antimony, $\frac{1}{4}$ grain to be given every hour with the view of causing relaxation. After taking three or four doses, she

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sent to the mother - the father
to the abdomen

No 5-

(14-15)

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was sick, and it was discontinued; I also put her under the influence of chloroform for a few minutes, on two or three occasions. During the day she took an ample quantity of nourishment; the bowels were relieved, and constitutionally she was as well as ever. Towards evening I became rather uneasy about the non-dilatation of the os uteri, and I expressed my intention to her husband, if, by 9 P. M. more satisfactory progress was not made, to have a consultation. At 9-30, I made another examination, and ascertained that some progress had been made. The os was now about the size of a rupee. She had slept at intervals, and her pulse kept steady; the tongue clean, and the skin was cool and moist. I saw her frequently during the night, as I remained in the house, and was satisfied that progress, though slow, was being made. At 10 A. M. of Tuesday, the 25th, the os had dilated to the size of the rim of a wine glass. As all her symptoms, beyond the delay, were favourable; the pulse under 100, tongue clean and moist, skin and passages moist and cool, foetal heart vigorous; interference was uncalled for. The pains continued, but, perhaps, with more rapid succession, and by 12-30 the second stage of labour had commenced. The head was now well down, and the character of the pains changed. The expulsive efforts continued at regular intervals, and at 5-40 P. M. when partially under the influence of chloroform, she gave birth, with little difficulty, and without the least laceration of the perineum, to a large male child.

The infant was partially asphyxiated, having the cord twice round its neck; but on releasing the cord, using artificial respiration, and dashing cold water on the face and chest, it soon breathed and cried vigorously. The cord was then tied and divided. The uterus meanwhile had contracted firmly, and in from fifteen to twenty minutes the placenta was spontaneously expelled; up to this time she had not lost an ounce of blood. I should have noted, that the membranes ruptured at about 10 A. M., and that the liquor amnii trickled away with each pain, but there never was any protrusion of a bag of membranes to aid in dilatation. Soon after the placenta had come away, the uterus being firmly contracted, the pad and binder were applied. She was feeling and looking well, and was much delighted at the birth of her child. Her pulse was peculiarly good, under 90, and firm. Indeed, it was remarkable how well she bore the second stage of labour; her strength which had failed slightly towards the close

of the first stage, returned; the restlessness passed away, and her pulse which had quickened, though never over 112, sank to almost the normal standard. I then left the room at about 6.5 P. M., whilst the nurse arranged her bed and dress. In a few minutes I went into the room again to see that all was right before leaving. Whilst I was speaking to her, she said she felt uneasy, and had a violent pain in her back. This was about thirty-five to forty minutes after the birth of the child. I put my finger on her radial artery, and found the pulse had suddenly quickened. I immediately had the binder removed, and found that hæmorrhage had begun. The uterus had relaxed, and was distended with blood. I immediately removed the clots with the right hand, grasping the womb with the left; applied ice, and *douches* of iced water externally, and injected iced water into the uterus. I gave liquor ergot, 3gs, and powdered ergot shortly after, and applied the Magneto electric current, the instrument being brought immediately. The child was also put to the breast. With these measures the uterus contracted firmly, and remained so to the last. The quantity of blood lost could not have exceeded two pounds. She was considerably depressed, but did not at this time lose the red colour of the lips and eyelids; the pulse was rapid and irregular, but her voice was good, and she seemed free from alarm, when in reply to her query she was told that the bleeding had been controlled. She did not faint, neither did she manifest, at this time, the usual symptoms of dangerous hæmorrhage. She was quiet, and spoke calmly and cheerfully about herself. I gave her brandy and water freely, beef-tea, and brandy; mustard poultices over the heart, solar plexus, and on the back. Brandy was also given in the form of enema, and hot bottles were applied to the extremities; but her condition did not improve. The pulse became weaker, and more rapid and irregular; she was restless, and the surface of the body bedewed with a cold sweat. The countenance began to change, and signs of collapse rapidly set in. These symptoms did not make their appearance for fully half an hour after the hæmorrhage had ceased. I had, meanwhile, sent my carriage for assistance, and Dr. Chevers, who was the nearest, came at once. There was no return of hæmorrhage, the womb remaining firmly contracted, and not parting with the smallest quantity of blood. During the application of the magnetic battery, and whilst other measures were being taken to ensure uterine contraction, she was in good spirits,

held the wire with her own hand, and laughed at the nurse who held the other wire. Reaction never properly set in, she seemed to have no power of rallying, and notwithstanding every effort, she gradually sank. The pulse occasionally rose slightly, giving a delusive hope of reaction, and for a few moments she slept; but at last the breathing became hurried, as though pulmonary obstruction was taking place from coagula forming in the right side of the heart. She had become intensely restless; talked for a short time incoherently; and then sank and died, quietly, at about 9-30 P. M., three hours and fifty minutes after the birth of the child, and about three hours and a quarter after the occurrence of hæmorrhage.

There are some points of interest to be considered in a review of this sad and interesting case. The patient was a young English lady, age 23, who had been married about ten months, and been in India four months. She was of a tall and sufficiently vigorous, though rather slight frame; her general health good, nor was there anything, in her appearance suggestive of deficiency in vital force. She was said to have suffered severely from measles shortly before her marriage, and was considered to have been somewhat constitutionally weakened thereby. She had passed through the period of her pregnancy without much inconvenience, and had completed the full time when labour commenced.

The progress of the first stage of labour was unusually slow, for commencing on Saturday evening, it was not until Tuesday at noon, that the foetal head passed through the cervix, and entered on the second stage of labour.

But as her constitutional powers were not depressed, no interference, beyond small doses of antimony to facilitate dilatation, opiates to give rest, and chloroform occasionally was considered necessary, and the result proved that such was the case, for the second stage of labour was completed within six hours, and she gave birth to a vigorous and healthy child without much difficulty, and with little suffering, as she took chloroform. After the expulsion of the placenta, the womb contracted firmly, and up to this period there had been no loss of blood. The relaxation of the womb that caused the loss of blood was sudden, but it was rapidly arrested; and though, in the first gush of hæmorrhage, a considerable amount, about 2lbs, of blood was lost there was no repetition of it; the uterus,

after being relieved of the clots, contracted firmly, and there was no recurrence of hæmorrhage.

The amount of blood lost was not so great as to give rise to dread of impending death. Much more has been lost in other cases, and yet perfect reaction and recovery have followed. But there are certain constitutions that seem to be endowed with but little power of rallying from a shock, even though slight, and in whom the vital energy, though equal to all the ordinary emergencies of life, is inadequate to the task of recovery, when any serious cause of depression has affected the nerve centres.

In such, no doubt, the great heat of a Calcutta May, and its terribly depressing influence must be an additional source of weakness, and a most important obstacle to recovery, when any such shock to the nervous system has taken place.

That death should occur from syncope, or from great exhaustion in profuse hæmorrhage, either when the blood is flowing, or immediately after it has ceased to flow, is, though fortunately uncommon, yet sufficiently intelligible, and needs no explanation in any real or fancied constitutional defect in the sufferer; but that death should follow a comparatively moderate loss of blood, and when all else was apparently free from defect or disease, is more remarkable, and forces one to the conclusion that, in a constitution naturally inert as to vital power, the influence of climate, such as that of Calcutta in the hottest season of the year, must have had a prejudicial effect in preventing the reaction which, in other cases, under ordinary circumstances, might have been hopefully anticipated.

I am satisfied that the labour itself had nothing to say to the unfortunate result. The first stage was certainly very tedious, but it was neither attended with, nor followed by, any failure of constitutional strength. The second stage was accomplished with vigor, and after the birth of the child, the patient was in all respects as well as one could have desired to see her. I have frequently noticed that loss of blood in a surgical operation that would hardly affect one person, proves almost, if not quite, fatal, to another, each being to all appearance equally strong—the difference is due, no doubt, to different degrees of vital energy in the individuals. so, in the case I have described, I can only ascribe death to a similar cause.

Month.	Date.	Particulars of Case.
		<i>Stomachy.</i>
April	28	Had a good deal of abdominal tenderness - -rep. which was relieved by treatment. no blood
"	29	Better worse
May	2	Loose passed
	5	wound closing
June	20	He c. wrote a few lines - in the morning the post the w. No 6 was sent paper & the concluding.

I saw him about the end of July
 in excellent health - No 10 paper
 & a sign about the eye of a
 probe with wound. He stated by
 all times a large of wound paper

Month.	Date.	Particulars of Case.
		<p>Obstruction of bowels in an infant.</p> <p>June 22^d At about 9 P.M. I was asked to see Tuesday Mr. H infant boy. The father said he was saying they had no hopes of his living till morning. The child was 20 days pre- mature. was born on Sunday about the pre sent so hour old. It was a small but healthy looking infant. The bowels had not acted since birth. Mother had milked twice. I found it very distended & very firm. The abdomen entirely distended. The intestines striking. & the coats of intestine visible under the skin. - It had been given - and was given a hard one administered. But with no effect. - Dr. R. who was attending the case was immediately absent. - I immediately gave it some large enemata with a big tubey of oil tepid water & soap with 2-3 apertures. I gave it also an apertures with sugar sent by the mother. - It was put into the abdomen.</p>

Month.	Date.	Particulars of Case.
		Obstruction of the bowels in infant.
June	22	<p>After waiting the minute small time the Meconium began to pass - the obstruction was ^{was} lifted - the child became easier - the abdomen was well but partly swollen with the red the constant vomiting which had been going on - now ceased. The countenance became natural and at about 11 when I left it - it was much better. I gave it a dose of oil (a teaspoonful with a few particles, mixed a camomile medicine to be given frequently.</p> <p>The child had only improved - and on the 24th the Father wrote to tell me it was taking the food - from the mother breast well.</p> <p>The frequent large evacuations have since commenced and the child is well - it was encouraged to eat - the abdomen was so tense that the butyrum must have found way & it being not too much.</p>

This child perfectly recovered and went home
 nursed with the parents in July 1841

Month.	Date.	Particulars of Case.
July	5 th	Commenced fracture of left Elbow
		<p>at about 8 P.M. Mr. N. in stepping out of an open Chaise tipped over & his back against something & fell from the off-side of the stone step of the house - striking the left Elbow & hand I saw her immediately after the accident and found her suffering considerable pain but with very little constituting disturbance - She was supporting the left arm with the right - I examined the Elbow and found that the bone extending from the humerus was comminuted into the joint in several places - the end of which depending the other end which seemed to have escaped - I put her partially under Chloroform & when I had adjusted the fragments as nearly as possible with the hand I placed the arm on an amputated limb - and a blood vessel and Artery</p>

Month.	Date.	Particulars of Case.
		Fracture of Elbow joint.
Inf	5	- She picked a very fine milk &
	6	the following morning, looked well & she has fine power - a little pain as could be expected & no power skin cool & pulse fine
	7	No power. No swelling - very little pain in the arm. It has not been disturbed yet. - She looks very fine well & looks fine. No constitutional disturbance of any kind.
	9	Doing very well. beyond some discoloration about the elbow there is no evidence of the mischief - she is fine & has power & form - no swelling in the arm.
	22	Has been fine as well - no swelling but there is now tolerably firm union and very little displacement - a considerable amount of motion in the joint The swelling to day & yesterday is a little still when she is up - General health excellent - Appetite good & sleeps well

Month.	Date.	Particulars of Case.
		Fracture of Elbow joint—
July	30	The splint was removed on Sunday last just a fortnight after the accident. The bones seemed perfectly firm. No swelling - very little pain except when moved, and a fair amount of motion. The arm is now bandaged - rubbed with embrocation - & the hand is up occasionally -
Aug	5	The arm is rubbed with embrocation daily - it has a considerable degree of motion - particularly passive motion - flexion - The hand is now prompt - but the fracture is slightly united. There is no pain - nothing nor displacement of the joint - and all is doing very well - the thickness of the hand of the hand is now normal - and can move it. The hand is still a little puffed.
Aug	15	The wound taken out since the 1st of the arm is quite firm. Considerable motion in the joint - but the arm is not able to bear much passive motion.

Month.

Date.

Particulars of Case.

Nov 22. Has returned from Birmingham. The arm is more useful. But still the joint is stiff. The fingers are not particularly movable. Can use the arm for ordinary labour.

Sept 1870. There is still some stiffness. Perfect extension cannot be effected by the arm is now good. Almost as good as was. It is very subject to rheumatic pains.

For some of above joints

The joint is still very stiff & motion causes much pain. The hand can now be brought to the mouth and supination pronation are about $\frac{2}{3}$ of the natural amount. The hand is still puffy and stiff. The skin up hand in the ring has been on the whole - The arm is well rubbed with Camphor ointment and papine motion used. The ointment has been discontinued some time ago as it caused pruritic pain.

- makes my elbow proper now - The hand can be brought within 3 inches of the mouth - Pronation & supination good about $\frac{2}{3}$ of natural - arm and hand still puffy - Finger stiff - General health fair.

is still (elbow) proper. The arm is pretty painful now after papine motion

The proprio is my elbow. The arm remains painful. Cannot extend more & the joints are all more or less affected by Rheumatism

Month.	Date.	Particulars of Case.
		Injury to the head - death
July	22 ^d	on the morning of the 22 ^d Inst at 10-30 I received the following note "S - is very faint - see him as soon as you can"
Thursday		I saw him within an hour - He was a fine strong healthy boy of 4 years of age - & had formerly been well and strong.
		It appears that on the preceding Thursday he fell and cut the back of his head & slightly lacerated the scalp - but his mother did not make a piece of sticking plaster & it soon ceased.
		He cried at the time but soon appeared to get over it: the accident was regarded as trifling that it was not mentioned to me and no suspicion of any formidable symptom induced me to do anything but they should do so. - Throughout the week following the accident he was thought to be in particularly good health - and spent some time in the water house (Monday) & on Sunday that for the last two days he had been said to be well & contented: but he said nothing to his mother - He ate well & slept as well as usual - being naturally a restless child at night.
		He went with Mrs. Medson to the

Published in Medical Gazette
12 Sept. 1849.

Accepted on the
11th he said
the back of his
head & neck

Month.	Date.	Particulars of Case.
July	22	<p>Injury to the head. Death.</p> <p>The day next-door at 8 1/2 M. — Dr M. — tells me that his wife had noticed something peculiar in the child's manner and that he <u>spontaneously</u> with me eye — also that once or twice he and Mr. <u>missionary</u> missionary ^{at 3 am. to day} at 3 am. to day ^{when he had been} last night at midnight it appears that his Aunt Miss M. — was calling the nurse to see him he was <u>feverish</u> and restless. and had been sick ^{and he was sick shortly after noon} Before noon ^{and he was sick shortly after noon} Before noon ^{and he was sick shortly after noon} The night & towards morning his manner was still — & he was <u>staring</u> deaf. A Calmud woman was friend of his mother in the morning (this morning) & her name shortly after. While he has opened his bowels — But he was not ^{he} heard ^{heard} talking incoherently of <u>stating</u> a history of his mother's incoherence. He heard was <u>restless</u> and he was <u>feverish</u>.</p> <p>At this stage about 11.15 am I saw him — he was <u>delirious</u>. The pupils were <u>continually</u> <u>twitching</u>. His skin was <u>not</u> <u>very</u> <u>hot</u>. The rectal <u>temperature</u>. His pulse <u>was</u> <u>small</u></p>

Month.	Date.	Particulars of Case.
July	22 ³	<p>Injury to the head & death.</p> <p>and weak. pupils were dilated slightly (and he had a peculiar mien in the face) - I immediately wound the head and put a the occipital upon boggly & adhesion (This was the time when I put head of the accident a week ago) My thought, on doing this, was that the wound was in the occipital & the wound. and I wound the head at once and wound it complete. The wound piece of black silk adhesive plaster that had been applied at the time of the accident was there. I removed it, and found a small oval healthy looking wound - of about the size of the area of a split pea - from which one or two drops of healthy pus issued. he picked it & around it, nothing more came out. The wound was deep - the probe passed down to the pericranium but the bone was not damaged.</p> <p>The scalp all round from the occipital ridge to the neck was adhesion & about boggly, but not red. no erysipelas. The wound was about the position of the occipital sphenoidal bone a little to the left of the central line -</p> <p>I wound complete for suppuration under the scalp. It was not fatal but</p>

Month.	Date.	Particulars of Case.
		Injury to the head, death.
July	17	<p>with the skin of the forehead of face. I observed that his beating was hurried.</p> <p>The symptoms rapidly became worse the delirium and subleties increased about 2. His limbs were violently convulsed, and he passed from his delirium into stupor - in the state 2-40 - I saw him again. His respiration was very hurried. pulse feeble. head rather hot - On entering the lungs freely. but evidently Cardiac weakness was rapidly progressing - He was quite unconscious. Eyes staring. Pupils dilated. Lips at times livid, again becoming red - heavily tinged with sweat - skin rather moist -</p> <p>I should apply a poultice to the head and cold to the head or on the back with the blue per spirit - I used a small Stimulant - Stimulating granules of Brand's I used. I managed the case for internally but could not touch the heart.</p>

CASE BOOK.

25

Month.	Date.	Particulars of Case.
		<i>Injury to the head - death -</i>
July	22	<p>In the slightest lamp broke behind the oc- cassal sheet - rising of the pulse was obtained. The child I suppose found worse and died with morbid gasping respiration at 4 P.M. - Dr. Macdonald & Dr. Payne saw the child in consultation. The death was considered, but the nature of blood poisoning was so strong of Currier plugging that it was abandoned. I diagnosed the cause to be the me of blood clotting, the rapid respiration of Currier's Apnea for Coma in the right Chamber - The origin of the Septic in Motion - With the respiration in the accepted true stage in the living plugging perhaps or between the one a minute & several - The remarkable point is that it should have been fatal itself so late after the accident - The kind of rapid disturbance child was detected. The swelling of the scalp was not noticed before the death - The very reason to believe it lay in the night - The P.M. transmission will wound the pathology of the case.</p>

Month.	Date.	Particulars of Case.
		<i>Autopsy in Case of injury to the head</i>
July.	23	<p>Dr H. C. Macnamara visited me to see him the 1st examination at 6 1/4 am</p> <p>The back was much discolored by inflammation. Head. The scalp was reflected. All over the wound it was heavy, red inflamed with reddish probably partially purulent serum. In about an inch - beyond this it was thickened and admixed with interst. yellow serum. The wound itself was healthy. and reached about nearly to the pericranium, which was not wounded - The whole scalp but the occipital ridge - down to the neck was inflamed and swollen but there was no rupture of the skin -</p> <p>The pericranium was peeled back the true pericranium which put behind the skull. The bone was bone. Not undamaged. The bones of the head were healthy. There was no inflammation in the cranial cavity.</p> <p>The Brain was much congested on the surface. the vessels in the meninges</p>
6 1/4 am		

Month.	Date.	Particulars of Case.
<i>Autopsy on Case of injury to the head</i>		
July 6 th am	23	<p>Substantive injury to the pia mater on left side to the head & on the base of skull had patches of slight ecchymosis - There was no pus between the Pia mater & meninges nor between pia mater & skull - The brain substance was perfectly healthy & normal (not compressed) - The ventricles contained only the natural amount of fluid.</p> <p>The meninges were healthy. There was no exudation -</p> <p><u>Thorax.</u> Lungs were shrunken and flattened - They had little or no blood and some air -</p> <p>Heart firmly contracted - normal fluid in pericardium - Right ventricle contained a firm tough fibrous white clot which was firmly impacted in the auricular orifice opening. It did not extend to the pulmonary orifice but it fully obstructed the pulmonary blood to the pulmonary circulation - Left ventricle a little darker blood visible</p>
		Pleurae normal

Month.	Date.	Particulars of Case.
		an history in case of injury to the head
Inf.	23 rd	Abdominal viscera healthy -
6 1/2 hrs.		The immediate cause of death was no doubt due to the Cardiac Couplet & the consequent Apnoea - but it is left to account for the sudden invasion of the traumatic condition - which came on a week after the accident - and the blood to clot in the heart -
		The condition of the scalp was very remarkable it looked as though the disease would be healing in a few more days - but the state of the child's health may the previous week & the absence of all complaints until the previous day. When he made the trouble to his mother that he had a head - from that it could have been seen as - The first prominent symptom seen to arise from the lesion at 3 hrs. & perhaps the history noticed by him in the very before. The progress of the disease was remarkably rapid death occurring at 4 P.M. on 25 hours after the first primary condition attended with

Month.	Date.	Particulars of Case.
		<i>Strangulated inguinal hernia</i>
July	22 nd	Bahadoor aged 37. m ^{an} a cook, was admitted into the Medical College Hospital on the afternoon of 22 nd July 1869 - with Strangulated inguinal hernia of left side - The hernia was of considerable size & was the result of a large nodule - It had a peculiar feeling of hardness & I imagine contained chaff of cornstarch - It had been down for 5 days - & the symptoms of strangulation & infection latif. - The hernia was caused about a year before by

Memo.

Bahadoor, aged 37, Mahomedan, by occupation a cook, was admitted into the Medical College Hospital, on the afternoon of the 22nd July 1869, for strangulated inguinal hernia (left side) of five days' duration. Rupture had occurred about one year before, from an attempt to lift up a weight. Reduction by taxis under chloroform having failed, the patient was operated upon at 5-30 P.M., and the hernia replaced. There was very little blood lost during the operation. Two bleeding points were ligatured; and the wound stitched up with iron wire sutures and dressed with Carbolic ^{acid} oil. No bleeding at all after the operation.

Proctathorax.

July 23rd 1869

Wound nearly after the operation -
30 He has been very well since

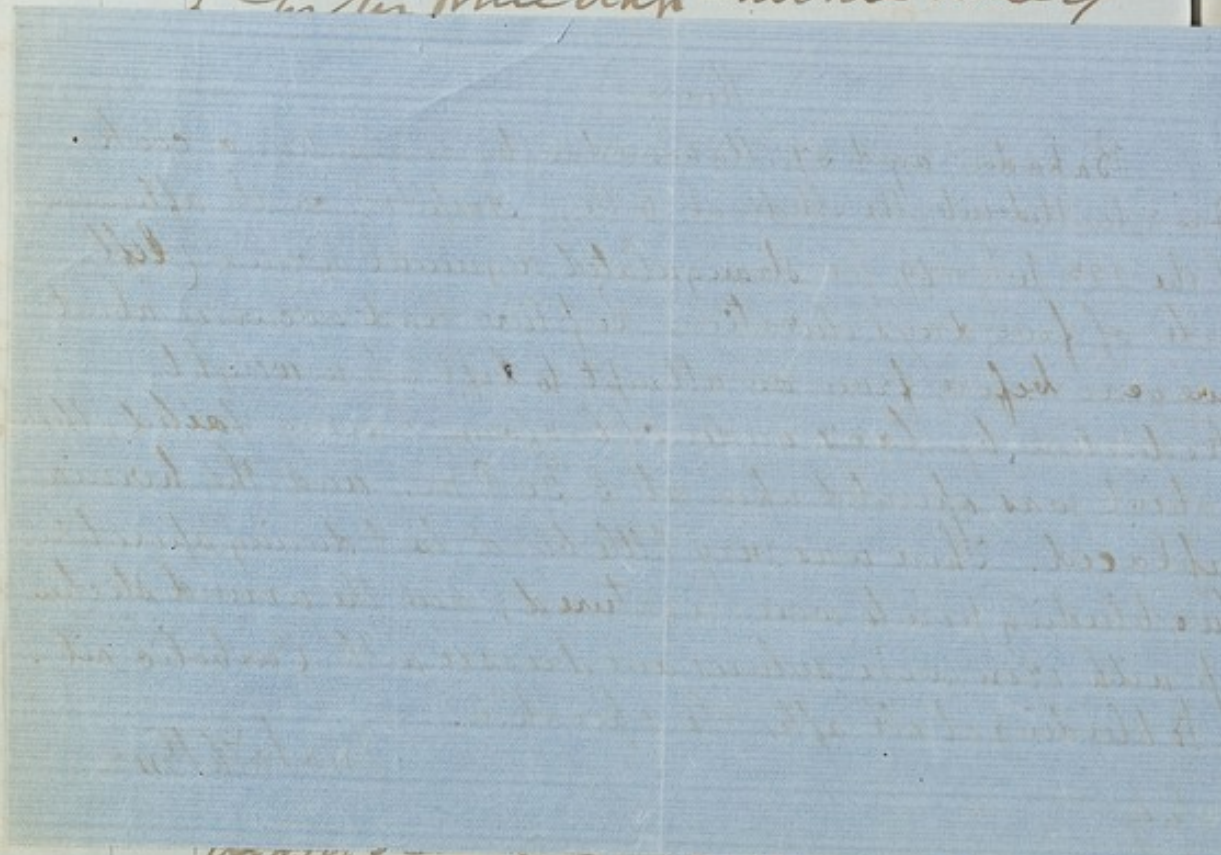
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CASE BOOK.

28

Month.	Date.	Particulars of Case.
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Autopsy on case of injury to the head
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 a week after the accident - and the
 blood to clot in the heart -
 The condition of the scalp was very remarkable
 it looked as though pressure would be exerted
 in the same place - but the state of



at the point of fracture and the
 wound was

Month.

Date.


Particulars of Case.

Strangulated Inguinal herniaJuly 22nd

He was ad-
mitted on
the 1st inst
day before
he was ad-
mitted
to

Bahadur and 37. m. a cook, was admitted
into the Medical Co. Hospital on the afternoon
of 22 July 1869 - with Strangulated Inguinal
hernia of left side - The hernia was of
crusculi size & the neck of the hernia
about the size of a large navel - It had a
peculiar feeling of hardness & I imagine
was of the nature of a tumor - It had been
down for days - & the symptoms of strangulation
had set in late. The hernia
was caused about a year before by
a strain to lift a heavy weight -
All the usual measures & medicine
having failed & the symptoms being
worse the operation was performed
The structure was the usual inguinal
The operation was divided The hernia reduced
without opening the sac - Two ligatures
were applied over the opening - The
wound was healed with Carbolic oil
The patient & his friends were
reduced much after the operation
30 He has been doing well since

On the 20 August the wound
all healed

Month.	Date.	Particulars of Case.
		Tumour of the neck
Aug	19 th	<p>This morning, assisted by Messrs. Parkhurst, Antcliffe Mackenzie and Dr. Chever, I removed a large tumour from the anterior aspect of the neck of a Mahomedan 20 and Shumshere aged 31.</p> <p>He was admitted on the 18th Sep/68 and has been all the time under treatment on account of severe constitutional debility. His pulse has been so feeble and his general condition so low that I could not operate sooner.</p> <p>The appearance of the growth is depicted in this sketch.</p>  <p>It was of 4 1/2 ins x 4 ins and thick. It had been present for 4 months. It had also ulcerated in the left side of the angle, the lower part of the interior had broken down into a fatal abscess. A large amount of discharge which occasionally threatened to suffocate.</p>

Month.	Date.	Particulars of Case.
		<i>Tumour of the neck</i>
1889 Aug 19		The tumour occupied the whole of the front of the neck from the symphysis of the lower jaw to the larynx. It had the appearance of a cyst or fibro-cystic mass. The integument was movable and from the submaxillary gland it seemed to have its return to the larynx, the end of which it appeared that it was the result of the inflammation and according to the very anxious father and to a thorough dissection of his constitution of the larynx and the
Memorby Baboos Saena Chander Roy & Anna Saengue		Sham Shere. Oct. 31. a tailor. Mahomedan Tailor of Chitpore, (admitted 18.9.68. operated 19.8.69) enjoyed good health before 4 years ago a tumor began as a pea like swelling from the middle of the left side of the lower jaw. This gradually increased to about the size of a child's head during admission. A year ago he got fever, during which the lower part of the left side of the tumor broke out into a sinus, deep leading down into the centre of the swelling, & discharging a foetid, darkish, unhealthy serum, sometimes sanguineous discharge. This flowed out almost constantly as long as he has been in the hospital. From his admission he has been very weak in health, & always complaining of his tumor. This was a round, pendulous, & heavy, hanging down by a broad base from under the lower jaw.
		He improved greatly - but with occasional relapses. Under good food and Jucis and to stay I with the result of the further above mentioned procedure to remove the tumor.

Memby Baboo, Sen
Chunder Roy - Amoy Surgeon

Sham Shere. aet. 31. a ~~tailor~~.
Mahomedan Tailor of Chitpore,
(admitted 18.9.68. operated 19.8.69)
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he has been in the hospital:
from his admission he has
been very weak in health, &
always complaining of his tumor.
This was a round, pendulous,
& heavy, hanging down by a broad
base from under the lower jaw.

rather from its left side. It was
a movable one, but the skin
was felt adherent. It used to
bleed at times. It ulcerated &
burst of itself a month before
his admission.

The tumor was removed together
with an elliptical piece of skin
by 2 curved incisions parallel
to the angle of the jaw with the
neck. It was then seen that
the skin was thickened & hyper-
trophied much like the al-
pharitic scrotum, & this
structure blended of itself
in its depth (about $\frac{1}{2}$ inch)
with the proper fibrous structure
of the tumor itself. Within
this fibrous matrix as it
were there were several
cysts found; of which one
the largest, with dark,
gangrenous-looking walls,
communicated with the
cysts. Another smaller
about ^{the size of} an egg, situated upwards
at about the angle of the jaw,
contained clear serum-like liquid.

& there were a few smaller
ones beside ^{quite a large} ~~quite a large~~
~~of these~~ some about a pea,
others about a plum - varying
from the size of a pea to a
plum.

In operation, he bled tolerably
freely, & about 2 dozens of
ligatures were required -


The tumor lay in contact with
Trachea & the thyroid cartilage
going up into the interspaces
of the hyoid muscles, & the di-
-gastic muscle was pushed
aside by its prolongation -

Posteriorly it was quite round
& separate from the natural
structures, from which it was
easily dissected out - that
was the hinder wall of the
largest cyst. The fibrocellular
structure of the part was mostly
diseased - thick ^{when} & tough or
soft & dark & somewhere ede-
matus too.

sat
a
was
like
but
his
The
will
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Month.	Date.	Particulars of Case.
		Tumour of the neck
Aug	11 th	This morning, assisted by Mr. Pachtoldt, I removed a large tumour of the neck. It was a large, hard, white, fleshy mass, about the size of a large egg, and was attached to the skin by a broad, white, fibrous band. It was removed by a large incision, and the wound was closed by sutures. The patient was in good health, and the operation was successful.
		The angle of the jaw & part of the interior had broken down into a fatal disease. A large column discharged which occurred then very suddenly.

Month.	Date.	Particulars of Case.
1889 Aug 19	19	<p><u>Tumour of the neck</u></p> <p>The tumour occupied the whole of the front of the neck from the symphysis of the lower jaw to the notch of the sternum. It had the appearance of a dense cystic or fibrous cystic growth. On which the integument was adherent: it was immovable and seemed to arise from the submaxillary space and attached it seemed to have some deep attachment, extending most on the left side to the edge of the sternum master of and up to the angle of the jaw. It appeared that it lay mainly in front of the trachea. The vessel of the neck and according to the man who being very anxious for the operation I determined to attempt its removal as soon as his constitutional condition should warrant the operation.</p> <p>He improved greatly - but with occasional relapses. Under good food and drink and to stay I with the removal of the swelling above mentioned proceeded to remove the tumour.</p>

Month.	Date.	Particulars of Case.
Aug	19.	<p><i>Tumour of the neck</i></p> <p>As it appeared undesirable to attempt to preserve all the integument of the large pendulous growth, and as a transverse incision would fall more naturally into the folds of the neck - I commenced the operation by a curved incision commencing about an inch below the left ear and terminating at a corresponding spot below the left.</p> <p>Another incision was made by raising up the base of the tumour and cutting across from the neck to the skin incision behind it - the skin incision being made between the two incisions with the scissors - and picking the ulcerated part in the skin through which the discharge had passed out.</p> 

Month.	Date.	Particulars of Case.
<i>Summary of the case</i>		
Aug	19	<p>on making my first incision I was surprised to find that instead of skin I had cut through one a lumen, I was cutting into dense connective tissue like the elephantine of the trunk of the trunk. I cut for about $3/4$ of an inch I turned up the flap towards the skin and proceeded to dissect down under the skin with a view of isolating the first time was no well marked lining of the trunk nor any distinct structure from the mucous part. - On the other hand I found that the lumen to the left was hardly perceptible and dissected carefully in both directions. The weather of the cut it is more had been up to this time, especially in the part in which I had proposed to have been made. I had intended to have cut through the elephantine of the trunk - and in the upper part of the neck one or two of the trunk descending towards the</p>

Month.	Date.	Particulars of Case.
		<p style="text-align: center;">Tumors of Neck</p> <p>Aug 19 Shoulder was dislocated from a moment with it was taken around the upper right - the blood from the vessel had a peculiar thin clotted watery appearance - It was tied and gave no further trouble - Partly by dissecting partly by tying with my finger - I at last succeeded in removing the growth - the surface left was new skin the whole of the front of the neck the center showed the wound site and the surrounding space - the left side where muscle and the skin were both very exposed - The surface presented the appearance of condensed areolar tissue - on the right side of the neck the separation of the ^{tongue} cept from the tissue in which it was embedded - but no wound - and the skin was raised away by bit up to the point</p>

Month.	Date.	Particulars of Case.
		<i>Swollen neck</i>
Aug	19	in the left angle of the jaw - the vessels were very numerous - the tumor was hard and once I used white blood compressant was hot - when - ly about time applied. The tumor was in the middle of the neck - the vessels were very numerous and the tumor was very hard.

Swollen neck.

Operation August 19th 1864.

The tumor in section presented

the appearance of the mucous

the ordinary appearance of

Fibrous tissue, amongst

which, in the softer parts

of the mass, granules

minute oil globules were

in the left angle of the jaw

the vessels were very numerous

the tumor was very hard

once I used white blood

compressant was hot

when - ly about time applied

The tumor was in the middle of the

neck - the vessels were very numerous

and the tumor was very hard

once I used white blood

compressant was hot

when - ly about time applied

The tumor was in the middle of the

neck - the vessels were very numerous

and the tumor was very hard

once I used white blood

compressant was hot

Turner from the back.

Specimen August 19th 1864.

This Turner in section presents:

the under the microscope

the ordinary appearance of

Fibrous tissue, amongst

which, in the softer parts

of the mass, granules &

minute oil globules were

Abundantly diffused. Py:
capturing such granules & oil
globules no appearance of
cell. formation could be
detected.

The growth was composed
of fibrous tissue which in
many parts & chiefly towards
the center of the mass, was
undergoing a process of.

Fatty degeneration.

W.C.

August 20th

1889

My leg was accidentally
shot on the 25th
Dec^r last - 1869 -

About an hour
after receiving the
wound Dr Robertson
bandaged up the leg
which was still
bleeding —

On the following day
Dr Moore attended
& I was conveyed home
all the bandages
were taken off
wound healed

a piece of linen kept
constantly wet, this
treatment was followed
for ten days, when
a little inflammation
appeared - Linseed
poultices were placed
on the front & back
of the leg - Three weeks
after the wound was
healed the skin at the
back of the leg broke
& great numbers of
Pustules came out there
there was little pain

kept occasionally
at that part. Some
came out of the wound
in front which was
about the size of a
persons hand.

A month's poulticing
cleaned the wound
& in a couple of weeks
thereafter the flesh began
to grow & fill the space
in the wound until
level with the surface
but the edges would not
heal a stimulating

ointment was tried
but the part seemed
dead! - At the place
where it has don't hurt
their still remained
a small hole right
through the leg, through
which a probe could
be passed without
any feeling it - gra-
dually this grew smaller
on the back of the
leg closed up -

This Stimulating Ointment
was produced

into the hole with a bit
of Flint, then it decelerated
rapidly until it
got level with the other.
And then both the
same dead appearance.

The Dr then tried
this stone touching
the edges with it, and
in two or three days there
was a great difference
in the size of the wound.

The shape of the wound
had been nearly oval
now it had several
peaked edges.

The Dr. continued using
the Blue Stone until it
healed. And even though
all trouble was over
but in a week after
it began to swell up
again & very painful.
The wound rose to
the height of a medium
sized Egg but length
ways - In four days
after the swelling began
it burst. The wound
was full of bad blood
black, but free from

of matter. When that
was gone another came
in its place not so
large as the first but
the pulsation quite
as high as it is now.
Lately it has given
me no pain at all.

Sometimes the
wound was dead ~~both~~
^{looking} as thin the same as
before. —

These are all the
changes I can

Remember

The ointment was
made either with
Turpentine or
Ammonia

Syrus

R Chalmers

Month.	Date.	Particulars of Case.
		Summ of neck
Aug	19	<p>Shoulder was dislocated from in a moment with a violent movement. The upper limb - the blood further raised had a peculiar blue cloud-like appearance - It was hot and sore to the touch by the druggist in the the whole the com but the left a little the day of the next of the at home use - away</p>

Month.	Date.	Particulars of Case.
Aug	19	<p>In the left angle of the jaw - the vessels were very numerous. In turning the pump around once I secured white blood coagulating was lost - when - ligature true applied.</p> <p>The tumour was behind the ear the same it had been done & supplicated of the cavity. The size of an egg - was hard with inflammatory products.</p> <p>The tumour when cut out was composed of dense tissue which formed the pharynx & one or two to enter cysts were found in making incision - It seemed for the part but what will work to be closely adherent to the hard cranium with the skin. The outer part of the tumour it around the tumour inside the wound which is observed -</p> <p>The part wound measured 1 lb 6 oz and was about the size of a water melon than half a coconut.</p>

Month.	Date.	Particulars of Case.
		Summons of neck
Aug	19	<p>He bore the operation very well and the pain subsided within two. He soon walked under the influence of Stramonium.</p> <p>The margin of the arm & came together very readily and there occurred no further rupture. The wound was healed with the Carbolic oil & lint.</p> <p>This is a very peculiar anatomical condition & I am more allied to the elephant trunk than to any other. The displacement of the skin & the complete adhesion of the skin to the tumour, demonstrating it is not the exception but a very partial one, if the vessels are very sufficient for the purpose. It may have been connected with the tumour of the D. I am not sure but with the skin & the whole of the part of the trunk and of the face & these connections would have been.</p>

Month.	Date.	Particulars of Case.
		Summary of the week—
Aug	19 th	I do not think that a bright blood was lost altogether. but it must have been by new than by old - as the blood's with the ^{less} less ^{reception} reception ^{of} of ^{the} the ^{new} new ^{large} large ^{new} new ^{numerous} numerous
	20 th	He is doing well. no bleeding, slightly feverish. Drops the wound. prep and a little dark serum matter oozed with Carbolic oil shot - wind soap - with a port wine
	23	He has been doing fairly - slightly feverish and intaking much food - pulse full about 80-100 by whom have come away and for a time when wound a for a deal of the and seem the heating of a time. There is slight pusulent discharge -
	25	The wound is very healthy; all the ligaments most of the sutures have come away. There is no ^{very little} discharge - He takes his food fairly - Had Diabetes but had no attempt -
	29	Doing well. wound part healed discharge has now been rather thick

Month.	Date.	Particulars of Case.
		Tumour of the Neck.
Aug	29	His general health is still very feeble He takes his food the family and enjoys himself - Drives at the time
Sept	1	He is gradually improving in all respects The wound is nearly healed, excepting at the left extremity -
	5	Made a small counter opening below the wound gave exit to some pus. The wound has all but healed, and he is doing in all respects well.
	8	He is doing very well - wound all but healed - He drives this morning
	15	He is ^{now} improving in general health a small spot of the wound is still unhealed - He has had fever in the last two days - but is somewhat better of this.
	18	The wound has healed. he is still rather weak from the last attack of fever
	24	He is now perfectly well - anxious to go home
Oct	1	He is discharged today perfectly cured

Month.	Date.	Particulars of Case.
		Strangulated Inguinal hernia
Aug	27 th	<p>Broothoora. Hindoo aged 32 - years ad. -mitted with this case: Hospital - with symptoms of Strangulated Hernia. He has had Scrotal hernia of the left side for 16 years - The tumour is as large as about the size of a horse's egg. - It appears that for the last 8 months it did not come down as he wore a truss. which he has worn for the last 7 days After lying & standing without the truss it came down, and for the past 4 days there have been symptoms of strangulation - on admission there was vomiting - and much umbilical pain as well as at the neck of the tumour - The usual measures for reduction under chloroform failed I operated - and found that the stricture in the external ring - in dividing this the hernia was easily reduced -</p>
"	28	<p>Went well - parents - all symptoms connected with the hernia - ^{and in evening} gone.</p>
	29	<p>Had an Erysipelas of the leg and the arm - and a more - & - 7 days.</p>

Month.	Date.	Particulars of Case.
		<i>Thamplated Hammer .</i>
Sept	1	He is now doing well. The bowels act, and the dyspepsia is gone - wound healing
	5	He is doing well.
	8	He is nearly well.
	15	wound almost healed -
	19	Discharge cured.

Month.	Date.	Particulars of Case.
		Large fatty tumour of the arm
Oct	2 ^d	He is doing very well. The wound has nearly healed and he has perfect power over his arm.
	7 th	Healed all but a point or two. He has perfect use of his arm & is in good health.
	11 th	He is all but well. Set him to work.

Month. Date. Particulars of Case.

Meddley Chinnema of Lethbridge

A summary of the following very interesting case recorded in the patients' book.

Mr. Forab's case

Mr. Forab, a native of the Province of Ontario, arrived in this country in July 1868. He was discharged from the hospital on the 14th of September. He had been suffering from a large cancerous growth on the right side of the neck, which had been present for some time. The growth was very large and painful. It was removed by Mr. Forab on the 14th of September. The patient was discharged on the 14th of September. The growth was very large and painful. It was removed by Mr. Forab on the 14th of September. The patient was discharged on the 14th of September.

1864
Sept

Mr. Forab's case

Mr. Forab.

Origin of illness. in July '88 of

discharge from Penis -

Treatment. injection -

Testicle observed to swell in

August. until in September

it became very large

and painful.

Treatment. Lotion. (1st)

on 17th September. Lotion

& another Lotion. (2nd)

on the 19th Tapped. in two

parts. from the second part

a small quantity of blood

extracted. swelling & inflammation

then abated for two days.

fever continuing -

on 26th Sept^r a larger instru-
ment used for tapping. but being
unsuccessful. the scrotum was
laid open. (Dr Partridge in
consultation). all coagulated
blood &c. being removed. the
vacuum was filled with
old linen which being
removed after 3 days.
the Tunica vaginalis
commenced to protrude.
3 large protuberances
exhibited themselves &
were from time to
time strangulated &
removed. fewer (flow)
now & then; the wound
gradually healed & I
was then restored again
to good health. for
a month. after which

the scrotum was noticed again
to grow until in December
it of itself burst in the
operated part. great loss of
blood. this was stopped
by means of 3 needles being
passed through the scrotum
& tied down. the needles
were extracted after about
6 days. one each day.
apparently every thing was
doing well. but blood again
collected in the scrotum &
prevented the wound healing.
fever came on again.
for some days. and
jaundice made its
appearance. appetite bad.
no sleep. during all this
time discharge from

operation commenced to
increase & subsequently
the swelling was intolerable.
lastly decided upon operating
& was carried out on the
21st of June. / Drs Partridge
Enoch & Thierman / in
consultation. Testicle which
then was already destroyed
was removed &c &c.

wound healed in about
10 or 11 days. was gradually
restored to good health.
until a deeply seated abscess
in July. in the throat was observed
this was successfully
punctured & I bled.
as the wound in the testis
healed the little bulbous
flesh was observed again
but was told it was the
end of the cord to which

the Testicle was attached.
this bulb or lump then
being of the size of a large
pea. and not known to
grow or increase in size.
I then on the 18th March left
for Singapore where I enjoyed
good health. ~~I returned~~ but
observed this lump to grow.
by my return on the 5th May.
I am calling in you on the
5th the lump was of the
size of ~~a~~ ^a ~~super~~ ^{nearly}
(not quite of a super). no
pain or discomfort
felt. but commenced to
become weaker daily &
reduced in constitution
steady growth observed in
the lump. & a hardening

in same manner in the
stomach on the right side.
this wants moved by pulsing
or pressure, & but now
to me it appears blue
firm.

L. W. L. oral.

24-8-69

Fear came on again. pain
in the intestines. great
deal of sickness. large
quantities of bilious matter
was brought up. no desire
for food. better now.


Month.	Date.	Particulars of Case.
		Large fatty tumour of the arm
Oct	2 ^d	He is doing very well. The wound has nearly healed and he is in his usual health.
	7 ^d	Healed all his wounds. He has perfect food health.
	11 ^d	He is all better. He has been for some

in some manner in the stomach on the right side. This would move by food or pressure & but to move it appears to be firm.

L. W. L.

24-8-69

Fear came on again. It was in the intestines. great deal of sickness. (large quantities of biliousness was brought up). no desire for food. better now.

Month.	Date.	Particulars of Case.
		Medullary Cancer of the Testis
Apr	4	<p>At this my residence. I took a small piece of it - and under the microscope found</p>  <p>be wise! - nothing could be seen in the abdominal part in the umbilical region a dense tumor is forming - when he appeared to notice the hyperemia of the spine & the minute dots indicating the Cancer being in the abdominal canal.</p> <p>I have directed my further operations to be useless & from the most decided prognosis for rapid termination of the disease & the whole of the patient</p>
	10	<p>Saw him again today. The cancer is tumor of cord - in the abdomen making rapid growth. His constitution of health is not yet much affected. He looks robust & cheerful. He continues to take Cod Liver oil & Expectorant from Phlegm.</p>

Month.	Date.	Particulars of Case.
		<i>Metastatic Cancer.</i>
Sept	28	The disease had made rapid strides since the last report - I found him badly bleeding had taken place from the fungus which is now protruding from the old cicatrix - He was low - half faint & deeply depressed - could not hold his breath & had a violent catarrh of the lungs - but the constitution has been fighting the rapid progress of the disease - The abdominal cavity is nearly filled with the white mass of Cancer - The solid tumours are much increased - I do not think but life can now be much prolonged - Should do & whatever means that can be done.
Oct	4	He is much the same - The temperature increasing & the deposit within abdomen also.
	15	He is decidedly getting worse - The disease rapid of increasing & spreading

Month.	Date.	Particulars of Case.
		Mitchell & Co. continued
Oct-	31	<p>He is gradually sinking - The abdomen is a hard mass of cancer - The tumor in the tumor has increased. There is a large purged from the blood purged blood - a low a most fatal order. His health is rapidly failing</p> <p>He died exhausted some after</p>

Abcess, kind
of skin of
R.H.H.

Two abcess. on the olive
N. for S. L. L. L.

Two abcess. on the olive



Lucrust.

31st August 1864.

They had been

as it is likely that the
will be made from each in
2 or 3 days before the medical
board meets. I have the pleasure

to send you a copy of the case
and recommend him to you
in the case. I am, Sir, Sir,

head. and
ring, & driving
was exposed
all afternoon.
The horse not
opening, medicine
to 9.00 at dusk
ing up to the

of 9.15 while
no. got 5.00
a stitch in

my neck.

was 4- day work except that the
elevation of this in the Hebridean
region previously was not noticed
till the 29th inst and that since
then, up to date, it has not
advanced in any appreciable degree.

We believe this to be an abatement
of the tide and we find this
to be the case because we think
that in the course of it - being

part, when it comes near
to the surface, & if it is visiting
spontaneously he will be
more favorably situated
than when he is in rapid
current to sea. We take every
precaution to render his journey
down country as easy as
possible and I trust you
will find him not much

Imperial North America
Co.



London.

31st August 1864.

My dear Sir

As it is likely that this
will be under your care in
2 or 3 days before the Medical
Board meets I have the pleasure
to send you a copy of his letter
and recommend him to your
kind regards. Yours truly

fatigued by it.

My first look

was at the

very truly good

Mr. Lincoln

best Sir from V. B.

at the

at the

at the

at the

at the

at the

Month.	Date.	Particulars of Case.
		He mullay Cancer continued
Oct-	31	He is gradually sinking - The abdomen is a hard mass of cancer - The tumour in the left breast increased. There is a large fungoid growth on the skin of the breast & axilla - a low a mass of fungoid growth on the skin of the breast & axilla - He died of

fatigued by it.

McClintock

Wm. L. L.

Very truly yours

Wm. L. L.

Wm. L. L.

Wm. L. L.

Wm. L. L.

Wm. L. L.

Wm. L. L.

Wm. L. L.

Wm. L. L.

Abundant
pasture at
R.H.H.

Two abscesses. but no other
N. for S. L. L. L.

July 13

Have had a
in the morning, & during
the night. was exposed
to the sun all afternoon.

Stairs in the house not
okay. took opening medicine

15th to 22nd From 15th to 22nd at duty
but not feeling up to the
mark.

21st Morning of 21st while
riding home. got a hot
blow on a stitch in
my side.

22nd. Consulted Dr. Dainton
Kept the house took opening
medicines.

July 22nd

24th. Put on the sick
list. Pain much increased
right across to side
opening much.

24th

note. During the
morning had a
shivering fit. now
afterwards.

27th. No better other twelve
hours.

27th

Between the 3rd and
15th August. had three
blisters, pain in side
much the same.

August 3rd to 15th

About the 16th the original
pain gave place to a
different pain throughout
the right side, continued

16th

as Mammætia. treated
with Liniment.

August 25th

On 25th observed a slight
swelling, ~~position~~ ^{position} ~~in~~ ⁱⁿ ~~the~~ ^{the}
about 4 inches from the
spine and 2 above
the Throat.

26th. On 26th Dr. Smith Septuaginta
pronounced it abscess.

and hastened me down
to Calcutta that the operation
should take place there.

During this time wounds
^{never} ~~wound~~ ^{never} ~~wound~~ without
anesthesia.

Sept. 1st

Started for Calcutta.

Around the journey with
favorable

10
14

Month.

Date.

11 4

5

6 m

Date.

Particulars of Case.

Linen abscess -

4th Mr Oliver aged 29. V.S. R. U. arrived here
from London this morning - He is incessantly sleepless
and has a fluctuating swelling on right
buttock & is below the testis -

His case says he has had malarial fever &
desperately that shortly before he left
London the swelling made its appearance
He has been in pain - pulse 100 - tongue
full, insipid - bowels empty -
Appetite good - He is taking w/ fruit
in medicine, has had a remedy of some
value.

5th Mr J. L. Oliver - On the 1st the
swelling - with a large trochanter malarial
in origin - drew off about 12 oz
of thick yellow pus & shortly afterwards
washed out the cavity with Carbolic acid
taken 31 to 40 - and used the
dress with Carbolic glycerine -
Let him have food & rest & a bottle
wine - Sal of Iodine.

Mr. Oliver drew off 8 oz more of the
same kind & then turned with blood
could have not been better days.

Month.	Date.	Particulars of Case.
		<i>Lina abeys</i>
Sept	5 th	An Emma today and her acc. a and two of them pulled at her time.
	6	Died off about 8 o'g of pm in my saturday at night. Took in the Cannula and inserted the tube introduced a vent. sealed in Cabela by cerise. Wash in the Cabela with lotion 1/2 Cabela and 2 oz water. Bone has acc'd fully. In time - put in my 88 shells and in my hair lotion in front of him.
	8	He has been doing well. The tube has come down to 80 in the my to 84 in my. The present there is denuding. This morning I chew off about 6 ounces in the my not more than two - He taken his food well - sleeps well in good spirit.
	9	He improves daily. This morning about 2 ounces of his milk (milk)

Month.	Date.	Particulars of Case.	Dr.	Cr.
		Linear abscess		
Oct	29	I have been told that he is very very well better dated since 20th Sept. - He is quite well in a few days more he expects he will be out of the Doctor's hands		
		Published in the Illustrated Gazette		
		He is again in the 8th Oct - He who felt great & a cold was not so well but is better now		

Month.	Date.	Particulars of Case.
		<i>Juniper Vests.</i>
Sept	3 ^d	The accompanying memo by Baboo Jhankar of Kosi - has been H.S. in a high party of this nature.
		Chandelly. The structure of the Union of a group of firms after Jhankar has a portion of which application of N.O.S. structure then may the Union of the structure of the structure. which will pattern and by which structure have been found a partially done with care it. and taken in it is very well - but heads, feet - in fever -

"Mongolia" Alt. Oct. 10
Mongolia for 3 days

I must let you
now about the voyage
and time has done for
the time being. Calculated
improved about as
as fall, was able
to go up & down to meet
with comfort. A spirit
+ everything for fall
went ashore with S. Warren

we at a thorough working
on coming absent again
which gave me a cold
this & the changeable weather
in the Indian Ocean brought
brought back a pain into
my side with catching of
of the breath, occasional
pain in the shoulder -
and now. I am not
quite rid of the pains yet
although they are very much
less. The old wound
is only superficial

Now and Dr. Warren has
seems to put the treatⁱⁿ
moving in this cold &c.
I am not so strong
as I would have been.

Dr. Warren thinks I
might go, mainly
as it's difficult according
the sudden changes on
board ship. I shall
write you from home
and like you now I
am and any opening

That Sunday, Mr. Brown
your friend, of these

Mr. Brewster is
a cordship, wife and
returning for "Morpheus"

We have had a very
happy on the whole
we expect to arrive
in New York about
5 pm.

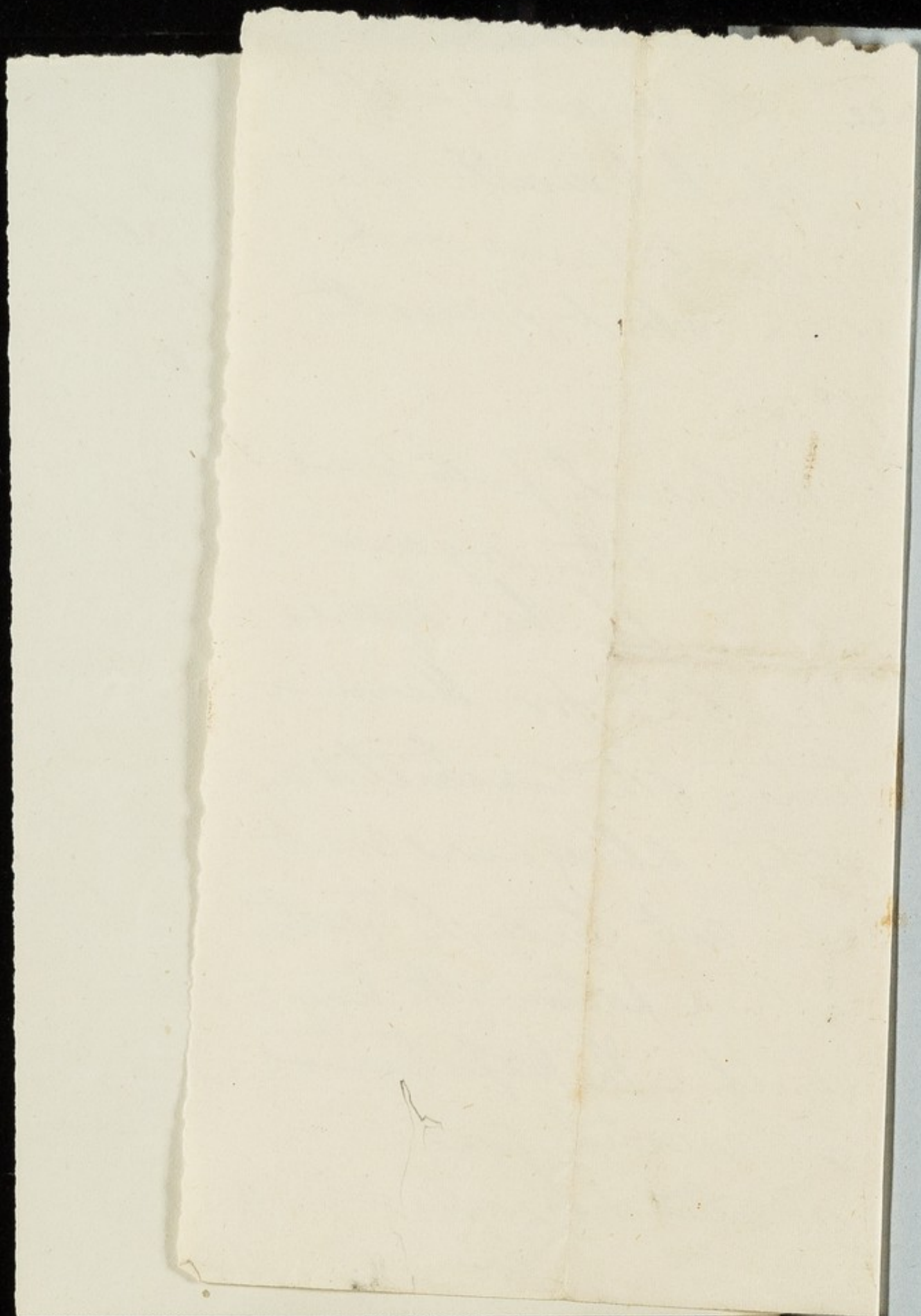
Yours sincerely,
H. A. Lincoln

Edward Watson aet-29
an Englishman, a Hair-
dresser by trade - had
proctoea Syphilis $9\frac{1}{2}$ years
before - 4 years ago had
orchiitis ^{of the left side.} This again 2
years after - this time, as
its sequence, he got the
hernia of the testicle.
Ever since that time, he
has been either snipping
it off ^{with} ~~by the~~ scissors,
or burning it by strong
white acid - It healed up

once, she remained well
for about 6 months - after
which it came out
again about 4 months
ago -

The superficial parts were
removed & the organ
got in by the Syme
operation for Hernia
testis: The constriction
of the albugineous coat
was cut through together
with a portion of the tunica
itself. The proper texture
was greatly gone.

Admitted & operated 3.9.69.



No 14

CASE BOOK.

50

Month.	Date.	Particulars of Case.
		Liver abscess
Oct	29	I have been told that he is very sick with Jaundice. and he is
		Pub Head who felt brine
		5 pm. Hawkins

Particulars of Case.

Month.

Date.

Fungus Testis.

Sept

3^d

The accompanying memoir by Baboo John Ch Roy - Esq. M.S. gives a history of this case up to date of operation.
 The scrotum was chronically thickened, enlarged on the left side & the union of a small portion of the spermatic cord from the greater part of the sperm which has been destroyed during a portion of which two years constant application of N.O.S.
 I exposed the tumour of the scrotum then very completely exposed the union of the whole - containing the thickened independent from the structure and caused a considerable portion of the skin - and by which was much.

6th He is very well. by which has been all separated the tumour is probably much reduced. Some discharge from the lower part of it.

He is well in health and takes his food well.

8th He is very well - but headache, back - in fever -

Month.	Date.	Particulars of Case.
		<i>Fungus Testis.</i>
Sep	12	He is improving daily - The wound has nearly healed, & the swelling of the scrotum has much subsided.
	15	He was discharged today. Continued with much standing, not to the work what the creature is for. He is in excellent general health - & is much improved in the way.
Oct	5	I saw him today - He has been perfectly well for some time & is going stout -

Month.	Date.	Particulars of Case.
		Femoral aneurism. Ligation of Ar. Iliac
Sept	16 th	<p> ^{Walden} L Walden a Barbadoes negro - who has led a seafaring life, but has been some time in Calcutta, as a Bar man in one of the Sailors Daneris - 34 years of age - tall - rather slight, but active & healthy looking man. He was admitted on 10th Sept into a General Hospital in 1862. The position of the tumour is interestingly depicted in the accompanying sketch. It was ovoid - prominent and pulsating under the skin - with a hard surface of varying consistence. The surgeon and his pupils were much as a tumour of the diameter of a walnut sized if under the integument deep of any other tumour in any body - Cardiac sound normal He gives the following history. About three years ago he sprained his leg by falling from his horse. but nothing resulted from that accident - </p>



Month.	Date.	Particulars of Case.
		Funeral amenorrhea
Sept	10 th	<p>Six or seven months ago, he and another man were lifting a weight of about 250 lbs. when he felt something true way in his thigh. (where the tumor now is) but no notice was taken of it and the situation passed over.</p> <p>About six ^{three} weeks ago, he noticed that it is not true, he observed a slight swelling in the spot but he admitted that perhaps 6 weeks ago there had been a sense of uneasiness there - but they advised he says that the swelling gradually increased. till he could feel it pulsate and that about eight days ago he began to feel a numbness in the limb which has been more or less since in the past few weeks the tumor began to form. lately the swelling & pain have both increased. and he has been unable to sleep at about 11th midnight and sometime in the day as well.</p>

He would rather
 examine the tumor
 when he says it
 but they advised
 him to postpone
 it. He says
 the pain is
 often the best
 him to be the
 and could not

Month.	Date.	Particulars of Case.
		<i>Femoral Aneurysm</i>
Apr	10	<p>It appears that he has been under some treatment and has been taking medicine daily. but his appetite has failed & he has felt ill and unfit for work - the limb becoming very heavy. throbbing & painful when he stands. His bowels have been constipated - For the two days preceding admission he has been obliged to lay up and is glad to seek admission into the Hospital.</p> <p>Some aperient medicines with sedation were ordered & a splint cast in bed applied - a flannel bandage to the limb. & a Belladonna plaster on the tumor as a temporary alleviation was applied.</p> <p>He was restless & anxious for the first two or three days after admission but rest & simple treatment soon removed this & the pain in the tumor was abated - He seemed in fact to be greatly improved.</p> <p>By the 12th & 13th days the tumor</p>

Month.	Date.	Particulars of Case.
		Journal Anemism
Sept	14 th	Seemed to diminish somewhat in size and impulse.
	15 th	But on the 15 th I found that it had increased considerably, without any apparent cause. He had not been at school. The apex of the cord & trachea approximated so closely the probable site of the Pseudo that no doubt remained that, intervention must be at once resorted to and that the superficial formal could not be safely by itself. As there was butchery in the neck of it between the Anemism & the Pseudo in consultation with the Professor Charles Parker & - Esq. & Chas. D. D. I decided on applying a ligature to the external Hic. and as he was thoroughly anaesthetized. it was done as well as at 8.30 am.

Month.	Date.	Particulars of Case.
		<i>Femoral aneurism.</i>
Sept-	15 th	<p>Schroast having brought him on the 14th: I proceeded to expose the artery by the following method - At the junction of the inner & middle third of a space - extending from the Ant-hyp-spine of the Ilium to the Symphysis pubis. and lay an inch above Poupart's ligament. I made a curved incision of about 4 inches, long-which terminated a little above and about two inches from the Ant-hyp: Spine. I next divided the Fascia to the same extent - Here superficial Spiral nerve running a little trouble had to be tied. No arterial branch was divided. - I then divided in a direction the appearance of the "external oblique" to the same extent - Then carefully dividing the fibres of the internal oblique and transversalis ^{under finger}. I divided them down to the fascia transversalis - which I very carefully divided in a direction</p>

Month.	Date.	Particulars of Case.
		<p><i>Femoral Aneurism</i></p> <p>Sept 15th - Then completely separated the peritoneum which with the intestines bulged somewhat forward - and Prof. Potholde kept the end out of the way at the same time that he elevated the hand with the finger & the spatula - I looked the contents of the pelvis aside until I exposed the artery which was lying in the usual site in the inner side of the Psoas muscle - The Spigarter came plainly into view and was very large - In fact as large as an ordinary pin driving the sheath completely - I was much particular to endeavor to include not only the artery in the ligature. I passed the aneurism needle from the inner side to wound the vein behind the artery having first completely opened the sheath. Then having pushed the ligature home I wound the artery slightly with it & am proud it & secured that it had been secured.</p>

Month.	Date.	Particulars of Case.
		<p><i>Terminal aneurism</i></p> <p>Sept 15 the pulse when I tied it prof. & left both ends of the ligature to hang out of the wound —</p> <p>The tumour was completely gone out — all pulsation ceased — it appeared to shrink in size. In a few minutes the — at the time when no pulsation is seemed to be in course arrested — but a mass of blood was broken after the sup. artery had been wounded — it was about as bloodless as any pulsation in the dead of. And I suspect that I was disappointed at the ease with which it was accomplished. The pulsation appeared much more readily than it does in the dead subject & the artery being full of blood looked much larger.</p> <p>The tumour was not the least in the way & the incision was made readily divided & the ligature wound easily passed.</p> <p>The light was not very good. as it was a dull cloudy day & the weather not well suited for surgery.</p> <p>The top of the hand was then brought together with wire & a piece of band</p>

Month.	Date.	Particulars of Case.
		Journal mentions.
Sept	15	<p>and our cabinet of the press applied He bore the operation very well & felt nothing.</p> <p>It was remarked by all before rising from the table that the temperature of the hand felt less than that of the other one.</p> <p>I found him in about 10 minutes after he had been removed to his bed. He had quite recovered from the Chl: and he was complaining of great pain within the Scrotum on the left side. - I saw the Scrotal band of the Great Ovary of heretofore has been included in the ligament.</p>
3-30 P.M.		<p>He was in great pain in Scrotum all down midday & that day & night left side of the body. Pulse 100 - better any more - He had had his 3rd dose of his Opium which he used him a little. - He had been swathed in cotton of flannel bandages since the operation. In the P.M. & night</p>

Month.	Date.	Particulars of Case.
		Terminal Anemia
15	Sept	in warm weather than the thermometer makes it too dense cooler 95 - 6-97 - 100. Sabbies & spirits
16	8 am	He is better. had some good sleep & the pain is less in the dorsum & thigh. but he says all below the knee is very pained to the ^{upper} femur. the numbness tender - The limb feels quite as warm as the other. He was feverish during the night. - Complaint of itching the head & the neck. but is very tender and pain about the eye at a point of of red serum ran out - Probably from the red persistence of cellular tissue. He had altogether yesterday 30 cups of h: oil at 10 am. 25 " " at 1 P.M. 2 grain of Opium at 4 P.M. 2 grain do at 7 P.M. The pain from the Amblyoma has much abated. The temperature of the limb has

Month.	Date.	Particulars of Case.		
		Fernal Ormerson		
Sept	18th	Axilla	Right Arm	Left Arm
	15th	4 P.M. 101.4	100.2	97.8
		8 P.M. 102.2	103.4	98.4
	16th	3 Am. 101.8	99.6	98.8
		9 Am. 101.9	101	99.
		The foot also as well as the leg is thats feels warm - There is put in 8.30 Am thickening of put matter about the wound The wound opens the same prof g. any pain come on - He is to have an emulsion of cod liver oil & sugar oil The tumor is perfectly put in apparently minimal smaller than it was.		
Begin new				
4	17	He is doing well. Had a restless night 8.30 Am disturbed by shooting pain about the wound. Pain in the foot too - and says he calls it "sawing pain" a cup the shin - His pulse is now 112 - His Injunc coated - The temperature of both leg to the pulley is equal. Temp: Axilla. 100.8 Right arm 98.2 Left " 98. There is the 1st type of pus		

Month.	Date.	Particulars of Case.
		Femoral aneurism
Sept	17 th	<p>The aneurism acted the from yesterday.</p> <p>No pain in the thigh now. but he still has pain & numbness ^{at} the foot.</p> <p>^{7 P.M.} Yesterday evening. His axilla was 103.</p> <p>Right arm — 101.3</p> <p>Left — " 100.</p> <p>The edges of the wound have pushed ^{the} scutella. There is within a pulsation & no pulsation & discharge from about the ligature.</p> <p>looked over the cavity. The fluid ^{is} on the side of the ligature to the cubital axis when it is ^{at} 01.</p> <p>He has had no pain since yesterday.</p> <p>Amputation Buckle & Miller. Says</p> <p>Let him have a dose of oil.</p> <p>The ^{left} posterior tibial can be felt faintly since yesterday evening.</p> <p>The pain due to irritation of femoral nerve has been all passed away —</p> <p>But the complaint of a pain within the loins and also in the pit of stomach</p>

Month.	Date.	Particulars of Case.
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Femoral aneurism

Sept. 18th He is doing well. Pulse 92 - In febrile
8.30 Respired freely last night - In the night
am Counted. bronch. acted three times per day
the day - Has some appetite

Temp: in Axilla 99

" " Left arm 98

" Right " 97

The ligament has
actually rotted
down further
than in the case

He does not feel cold in the affected
side = 94.5 - to 97.

No pain, excepting in the leg & ankle

The temperature yesterday at 4 P.M.

Axilla 102. Left arm 99.1.

Right arm. 99.4. Does left 93

Does right 95.8.

The foot is still much improved in
circulation. parts of the
portion tibial and bone to be cut out
in the body

about 2 drs of thin powder
which are from about the leg & knee
bowed out the calf with the
carbolic acid lotion

There is no pain a low temperature
in the trunk. which is the best

Month.	Date.	Particulars of Case.
		<i>Femoral aneurism ligatured. El. Hic</i>
Sept.	19 th	<p>Looks well. says his sleep was disturbed 8.30 am by starting pains in the wound. There is a totally free from purulent discharge from about the ligature. Washed with the Caustic in the Carbolic acid to time - The ligature with the sup. of this action. Pain came away. The wound seems to be mending & soft about the ligature & adhesion - His pulse now is 92. Tongue still coated brown & acted hard & moist - Look for food & purg - Some much diminished movement in foot & leg - says that the general body of the tumor is still one of movement - but it is increasing Temperature at 4 PM yesterday is recorded Axilla - 100.2 - Left arm 97.8 Right " 97.8 Left foot 94.2 Right " 97.2 This morning at 5 at 5 am. it was axilla 99. Left arm 97 Right " 97. Left foot 91.8 Right " 94.4 I doubt the accuracy of this information - for the foot is more cold. Motion of foot & toes feel as those of the</p>

Month.	Date.	Particulars of Case.
		Femoral aneurism
Sept	20	<p>Looks well. Bowels moved twice today Tongue still coated. No fever yesterday or last night.</p> <p>Temp at 5 AM today. Axilla 99.8 Left arm — 97.2 Right " — 97.4 Right foot — 96 Left foot — 96.</p> <p>At 4 PM yesterday it was axilla — 100.2 Left arm — 97. Right arm — 97.8 Left foot — 95. Right foot — 95.2</p> <p>But pulse this morn is 96. Pain diminished. but still exists in ankle & knee. - Pain occurs at night in the arm -</p> <p>about 3/8 of bell's pumping machine from the arm - & linked it up with the acid water.</p> <p>Aneurismal tumor becoming smaller & more consolidated. No tenderness in the arm.</p> <p>Taken temperature this morn & found good and more than 2 measures in all.</p>

Month.	Date.	Particulars of Case.
		Femoral aneurism.
Sept	21 st	<p>Looks very well - Pulse 92. Tongue still rather coated. Had very little sleep last night. Not in the morning three pills of a grain of Opium each. - Bowels acted yesterday. - Pain in the leg much diminished - Still some numbness about the toes -</p> <p>At 4 P.M. yesterday the temperature was Axilla 99.8 - at 7 am to-day - 99.2 Left arm 97. - 96.9 Right " 97.5 - 96.5 (actually cooler) Left foot - 96. - 94.8 Right - 96.6 - 94.8</p> <p>Discharge from wound much as yesterday. Yellow no pain - occurred shortly. The dressing was well performing and became a poultice, upon the healthy looking wound - Dressing with the strong Iodoform - & replaced with Carbolic acid oil dressing.</p> <p>The patient is in good health and is in good spirits -</p>
"	22	<p>Looks well. He did not sleep well. Tongue clearing. Bowels open. - Wound healing. Discharge thicker, yellow & less in quantity. Pulse 92. Aspect cheerful. Suffer both legs but much the same now still some numbness in foot. Temp: Axilla 98.4 - Left arm 96.8 Right 96.8 Left foot 94.1 Left toe 96 -</p>

Month.	Date.	Particulars of Case.
		Femoral aneurism
Sept	22 ^d	Temp at 4 P.M. yesterday was axilla. 99.7 Rectum 95.7 Left a. 98. Left toe. 94.3 Left a. 94.4 - The limbs feel equal in temperature there can be no doubt that the Circulation is thoroughly established - The aneurismal tumour is free from all discomfort - it is slowly shrinking
"	23	Does not look quite so well. Looks tired - says he slept last night - Bowels open 2 or 3 days. & then very Pulse 98. Complains of pain in the tumour & says the cause of the Femoral injury & also in the testicle. Discharge diminishing & healthy & wound looks healthy - wound looks healthy but is rather fulky. & the area where punch wound was ulcerated (with large Abscess) But the Scrotum looks healthy - I put the hand against the Anstent when sitting

Month.	Date.	Particulars of Case.										
		Funeral Amputation.										
Sept	23	<p>Of bed to stool</p> <p>Imp at 4 P.M. yesterday.</p> <p>Arteria 98.1. He says the left leg was Left hand 97.1 feels to him warmer than Right hand 96.1 the right - There is still Left foot 96. some numbness along the thigh Right - 95. a little foot and ankle</p> <p>Imp: this morning.</p> <p>Arteria 98.4 Left hand 95.4 Right " 95. Left foot 93.4 Right " 92. — He has been mostly wound not to get out of bed again. He looks more comfortable. Had some bread yesterday in addition to the same, but it did not agree with him. — <u>Continued</u> —</p>										
24 th		<p>You are clean. Slept well. Pulse 88. — wound looks healthy; discharge diminishing. — Still has some numbness in the shin. — The nails of affected limbs are painful, feel as tho they were falling off. Worse. Pain in the trunk of femur during the same as yesterday. — He took no Opium either today or yesterday.</p> <p>Imp: at 4 P.M. yesterday.</p> <table border="0"> <tr> <td>Arteria - 99.4</td> <td>— This morn. Arteria - 99.</td> </tr> <tr> <td>Left hand 97.4</td> <td>Left hand - 96.4</td> </tr> <tr> <td>Right " 97.4</td> <td>Right " 97.4</td> </tr> <tr> <td>Right foot 99. 93.6</td> <td>Right foot 89.</td> </tr> <tr> <td>Left foot 94. 93.5</td> <td>Left " 91.</td> </tr> </table>	Arteria - 99.4	— This morn. Arteria - 99.	Left hand 97.4	Left hand - 96.4	Right " 97.4	Right " 97.4	Right foot 99. 93.6	Right foot 89.	Left foot 94. 93.5	Left " 91.
Arteria - 99.4	— This morn. Arteria - 99.											
Left hand 97.4	Left hand - 96.4											
Right " 97.4	Right " 97.4											
Right foot 99. 93.6	Right foot 89.											
Left foot 94. 93.5	Left " 91.											

Month.	Date.	Particulars of Case.										
		Femoral aneurism										
Sept	25	<p>He is doing very well; pulse rather weaker 90, but in power. - wound looks very healthy with good granulation and little discharge. Left limb well supported. - Drains & femoral artery kept packed. - He thinks the femur is smaller than it was.</p> <p>Temperature very much as during the last previous 24 hours - He says he feels "just right" -</p>										
"	26	<p>Feels well. Slept well. In good clean. Bowels open. Pulse 88 - very little pain in the wound. Leg feels better but still rather numb and heaped wound looks healthy - Discharge slight.</p> <p>Temperature normal rather low -</p> <p>4 Puls. Velocity - This morning</p> <table border="0"> <tr> <td>Axilla 98.</td> <td>98.4</td> </tr> <tr> <td>Left arm 96.4</td> <td>96.4</td> </tr> <tr> <td>Right " 94.8</td> <td>95.3</td> </tr> <tr> <td>Left foot 96.</td> <td>91.</td> </tr> <tr> <td>R foot 94</td> <td>87.6</td> </tr> </table> <p>Now the affected limb keeps in much better position than the other</p>	Axilla 98.	98.4	Left arm 96.4	96.4	Right " 94.8	95.3	Left foot 96.	91.	R foot 94	87.6
Axilla 98.	98.4											
Left arm 96.4	96.4											
Right " 94.8	95.3											
Left foot 96.	91.											
R foot 94	87.6											

Month.	Date.	Particulars of Case.															
		<i>Femoral aneurism</i>															
Wph	27	<p>Looks well. Impulse clear. Beats regular. Pulse 88. Sleep well. Eat well. Wound healthy. Discharge diminishing. Some numbness still in the toes. - Very slight pain in the tumour. Much & quite per pulse pulsation and apparently is shrinking.</p> <p>Impulse at 4 P.M. held 7 - <u>Today</u>.</p> <table> <tr> <td>Axilla</td> <td>98.8</td> <td>97.8</td> </tr> <tr> <td>Left arm</td> <td>97.2</td> <td>96.4</td> </tr> <tr> <td>R. H.</td> <td>96.8</td> <td>95.2</td> </tr> <tr> <td>Left toe</td> <td>93.8</td> <td>91.4</td> </tr> <tr> <td>R. toe</td> <td>93.4</td> <td>90.5</td> </tr> </table> <p>The affected limb than in morning a marked higher temperature than the other. Discontinue any dressing of the pubic & the arm. - Must support the limb with a splinted bandage -</p>	Axilla	98.8	97.8	Left arm	97.2	96.4	R. H.	96.8	95.2	Left toe	93.8	91.4	R. toe	93.4	90.5
Axilla	98.8	97.8															
Left arm	97.2	96.4															
R. H.	96.8	95.2															
Left toe	93.8	91.4															
R. toe	93.4	90.5															
"	28	<p>Doing well. Sleep well. Beats much. Pulse 92. Very slight pain in the tumour. Still some numbness in the foot. Wound looks healthy. Discharge from around the leg has nearly - No pulsation can be felt in either anterior or posterior tibial. - Temperature this morning</p> <table> <tr> <td>4 P.M. axilla</td> <td>98</td> <td>98.6</td> </tr> <tr> <td>R. arm</td> <td>96.1</td> <td>96.5</td> </tr> <tr> <td>L. arm</td> <td>96.1</td> <td>96.2</td> </tr> <tr> <td>R. toes</td> <td>91.2</td> <td>92</td> </tr> <tr> <td>L. toes</td> <td>91.7</td> <td>91.3</td> </tr> </table>	4 P.M. axilla	98	98.6	R. arm	96.1	96.5	L. arm	96.1	96.2	R. toes	91.2	92	L. toes	91.7	91.3
4 P.M. axilla	98	98.6															
R. arm	96.1	96.5															
L. arm	96.1	96.2															
R. toes	91.2	92															
L. toes	91.7	91.3															

Month.	Date.	Particulars of Case.																		
		Funeral Anniversary																		
29	Sept	<p>Says he has some pain in the foot & that the affected limb is very & burning character - Also on the skin of the arm all seems well</p> <p>4 PM white, thin, very</p> <table> <tr> <td>Arter. 99.2</td><td>—</td><td>98.6</td></tr> <tr> <td>R.H. 97.1</td><td>—</td><td>96.2</td></tr> <tr> <td>L.H. 98.2</td><td>—</td><td>96.6</td></tr> <tr> <td>R.7. 95.8</td><td>—</td><td>92.4</td></tr> <tr> <td>L.7. 95.1</td><td>—</td><td>93.</td></tr> </table> <p>Drugs clean bowels from the abdomen. The pain in the foot is minimal of the other mapping. This is the temperature too normal. I have heard - Humid in the mapping</p>	Arter. 99.2	—	98.6	R.H. 97.1	—	96.2	L.H. 98.2	—	96.6	R.7. 95.8	—	92.4	L.7. 95.1	—	93.			
Arter. 99.2	—	98.6																		
R.H. 97.1	—	96.2																		
L.H. 98.2	—	96.6																		
R.7. 95.8	—	92.4																		
L.7. 95.1	—	93.																		
30 th		<p>Impure clean. Pulse 92. Leg feels much the same as yesterday. Bowels from sleep well - Drugs still stop & stop painful. The Legature came away very easily today. The wound is healing rapidly. —</p> <table> <tr> <td>Drugs at 4 PM white</td><td>—</td><td>Thin, very</td></tr> <tr> <td>Arter. 99.5</td><td></td><td>98.2</td></tr> <tr> <td>L.H. — 98.5</td><td></td><td>96.3</td></tr> <tr> <td>R.H. — 97.7</td><td></td><td>96.4</td></tr> <tr> <td>L.7. — 96.7</td><td></td><td>95.</td></tr> <tr> <td>R.7. — 95.</td><td></td><td>94.4</td></tr> </table>	Drugs at 4 PM white	—	Thin, very	Arter. 99.5		98.2	L.H. — 98.5		96.3	R.H. — 97.7		96.4	L.7. — 96.7		95.	R.7. — 95.		94.4
Drugs at 4 PM white	—	Thin, very																		
Arter. 99.5		98.2																		
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L.7. — 96.7		95.																		
R.7. — 95.		94.4																		

Month.

Date.

Particulars of Case.

Femoral Aneurism

Oct- 1 Slept well. Looks well. Impulse clear. Wound open. The wound looks healthy & is rapidly closing.

Impulse at 4 PM. Velocity. — This morning

Axilla 99.2 — 98.

Rt. Arm 97.2 — 96

Lt. Arm 98.2 — 95.5

R. Foot 95.4 — 95.4

L. Foot 96.4 — 95.

The affected limb this keeps a degree higher in temperature than the other.

There is still a little numbness in the toes, especially foot. But less than there was.

Limbs still a little numb. Pulse 88.

2. Pulse 88. Did not sleep well. Suffered from griping pains in the bowels and wound from 6.30 PM to 4.30. — The leg he says feels as tho it were on fire — This was relieved when the cotton & flannel bandage were removed. The wound looks pretty well, but not so florid as it did. There is change of a dirty yellow. Bowels acted twice in the night. — Had a draught of 7i Hyoscyamine & napain in the trunk now — but still some in the foot.

Temp 4 PM. Axilla 99.8 — This morning 98.2

Rt. 98.6 — 96.2

Lt. 98.4 — 95.6

R. T. 95. — 92.

L. T. 94.8 — 90.6

The temperature of the affected limb has fallen below the other.

Impulse faint. Old. Pulse 38. There has been no action in diet. He took 1/2 of blue food 1/2 of 1/2.

Month.	Date.	Particulars of Case.												
		Funeral announcement												
Sept	3 ^d	<p>Feels better - Sept - pulse 88 - hand looks well again - Lp pain - only a little numbness in foot - In pain in the tumour which is certainly of the smaller importance - In visiting the affected by tumor from before than the one</p> <table border="0"> <tr> <td>4 PM visited y.</td><td>This morning</td></tr> <tr> <td>Axilla - 98.4 -</td><td>97.8</td></tr> <tr> <td>R Ham - 96.1 -</td><td>95.5</td></tr> <tr> <td>L Ham - 96. -</td><td>95.4</td></tr> <tr> <td>R 7 - 94. -</td><td>87. -</td></tr> <tr> <td>L 7 - 93.4 -</td><td>86.8</td></tr> </table> <p>I am the accing 9th number</p>	4 PM visited y.	This morning	Axilla - 98.4 -	97.8	R Ham - 96.1 -	95.5	L Ham - 96. -	95.4	R 7 - 94. -	87. -	L 7 - 93.4 -	86.8
4 PM visited y.	This morning													
Axilla - 98.4 -	97.8													
R Ham - 96.1 -	95.5													
L Ham - 96. -	95.4													
R 7 - 94. -	87. -													
L 7 - 93.4 -	86.8													
	4	<p>Drigwell - slept well - no pain Pulse 88 to 90 - Foot still rather numb he says - hand looks healthy - it is rather of change 4 PM visited y.</p> <table border="0"> <tr> <td>Axilla - 99. -</td><td>99</td></tr> <tr> <td>R Ham - 95.8 -</td><td>95.7</td></tr> <tr> <td>L Ham - 96.6 -</td><td>95.7</td></tr> <tr> <td>R - Jaws - 92. -</td><td>88</td></tr> <tr> <td>L - " - 91.8 -</td><td>90</td></tr> </table> <p>This morning.</p>	Axilla - 99. -	99	R Ham - 95.8 -	95.7	L Ham - 96.6 -	95.7	R - Jaws - 92. -	88	L - " - 91.8 -	90		
Axilla - 99. -	99													
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L Ham - 96.6 -	95.7													
R - Jaws - 92. -	88													
L - " - 91.8 -	90													

Month.	Date.	Particulars of Case.
		<i>Lithotomy</i>
Sept 25 In a Bengal Presidency Moulshapore	Apr 55	<p>A Hindoo, named, Gunga Ram ^{about} 55 years admitted yesterday with symptoms of stone & from what he has told ^{the last way of all} for 18 years. He looked old & worn but was in fair health, had no fever on examination a large stone was detected I operated by the lateral incision this morning - There was no difficulty in the operation & the stone, bright cinnamon like acid. and with a great coat of strong crystalline triple phosphate; was at once removed. Post. There hemorrhage followed - with inspiration and deep. In light were applied beneath the surface (but proposed return of bleeding came from the neck of the bladder - This was relieved by ice - a strong pressure I applied the finger into the bladder & pushed it with the last & after some time the bleeding ceased</p>

Month.	Date.	Particulars of Case.
		<i>Lateral lithotomy</i>
Sept	26	No more hemorrhage. Urine looks healthy, the slightly stained with blood as it flows through the tube - Slept well last night - Is in good spirits - Took milk and soup - No pain in hypogastrium region - The stone weighed Two ounces and five grains all but 2 grains -
	27	He seems to be doing well. The urine flows freely through the tube; he had the stone removed yesterday. Took a proper dinner today. But still has symptoms of stricture for it. Urine has not acted fine on me - He has taken milk soup - No more bleeding.
	28	Doing well. Bowels moved. Urine flows freely. No bleeding - Pulse about 100 - He looks very much depressed in spirits but is otherwise well
	29	Apparently doing well. No pain, pulse rather depressed. He has been in bed. urine proper

Month.	Date.	Particulars of Case.
		Lateral tetanus
Sept	30	He is not so well - weak and depressed without any prominent symptoms. Pulse about 100 - not full - tongue moist - I take his food but does not swallow it. The tube & plug were removed. There was a hemorrhage of blood from the stomach with red - urine secreted & from plug. There is no night sweats or profuse perspiration.
Oct	1	He seems rather better than Monday. Urine flowing freely. no fever now. but still ill at night. Pulse still full. wound looks well covered & inclined to dry.
	2	He seems better today. wound cleaning symptoms similar to food - But he is still a good deal depressed.
	3	He seems much as yesterday.
	4	Much the same - The wound is cleaning a little.
	5	He seems to be slowly improving.
	6	No change - the wound looks slowly improving. The lower surface still looks less depressed.
	7	And since yesterday is weak & depressed no abdominal pain - makes no progress - no amount clear - The mental may

Month.	Date.	Particulars of Case.
		Intestinal Worms
Oct	8th	He makes no progress - Had a little intensity - but not with the Jules 3 in 2 P.M. & 1 in 2 P.M.
	11th	He is rather better - the mucus clearing a little - but there is much in the stool
	12th	He seems rather better - and clearing a little
	15th	He has been away for two days He appears tolerably well - but there is no more of the mucus - he has no power of rallying
	16th	He better appears the partially fairly without any marked symptoms
	21st	He has had diarrhea since my visit but is a good deal better - a little of the mucus has been checked - but looks tolerably healthy -
	24th	His diarrhea is better - but he is very tired & very little an opening has into the rectum the whole fecal matter passed - and the mucus has been a little better
	30th	He is rather better - the stool is much worse - but he is better

Month.	Date.	Particulars of Case.
		Tumour in the arm
		It was an oblong, smooth tumour and looked black like a very large kidney or intertubercular dilatation of blood vessel many of the fibres were seen. It was not wrapped in peritoneum.
Sep	29	He is very well. Found it the day when he was using the tumour a heavily drops in the evening. He was then slightly feverish but is very well now - discharge is slight.
Oct	2	The wound is healing rapidly. There is scanty any suppuration.
	11	Discharge & cured.

Month.	Date.	Particulars of Case.															
		<u>Terminal Anemism</u>															
Oct	5 th	Doing well. Slept well. Some clearing no pain in the leg. Still some numbness in the toes. - no pain in the trunk which has not changed since the last days or two <u>4 PM</u> <u>Whitely</u> <u>Min</u> <u>morning</u> <table> <tr> <td>Axilla</td> <td>99.5</td> <td>98.4</td> </tr> <tr> <td>R. Arm</td> <td>98.2</td> <td>92.4</td> </tr> <tr> <td>L. Arm</td> <td>98.</td> <td>98.</td> </tr> <tr> <td>R. Leg</td> <td>95.3</td> <td>90.3</td> </tr> <tr> <td>L. Leg</td> <td>95.</td> <td>91.1</td> </tr> </table>	Axilla	99.5	98.4	R. Arm	98.2	92.4	L. Arm	98.	98.	R. Leg	95.3	90.3	L. Leg	95.	91.1
Axilla	99.5	98.4															
R. Arm	98.2	92.4															
L. Arm	98.	98.															
R. Leg	95.3	90.3															
L. Leg	95.	91.1															
	6 th	Some clearing. no pain in the trunk Still some numbness in the toes. - no pain in the trunk or in the wound - <u>4 PM</u> <u>Whitely</u> <u>Min</u> <u>morning</u> <table> <tr> <td>Axilla</td> <td>98.3</td> <td>96.3</td> </tr> <tr> <td>L. Arm</td> <td>97.</td> <td>96.2</td> </tr> <tr> <td>R. Arm</td> <td>96.4</td> <td>95.3</td> </tr> <tr> <td>L. Leg</td> <td>95.3</td> <td>93.2</td> </tr> <tr> <td>R. Leg</td> <td>95.</td> <td>93.</td> </tr> </table> <p>It is three weeks today since the operation was performed - The wound is rapidly contracting -</p>	Axilla	98.3	96.3	L. Arm	97.	96.2	R. Arm	96.4	95.3	L. Leg	95.3	93.2	R. Leg	95.	93.
Axilla	98.3	96.3															
L. Arm	97.	96.2															
R. Arm	96.4	95.3															
L. Leg	95.3	93.2															
R. Leg	95.	93.															
	7 th	He is doing well. Slept well. - no pain. but some numbness in toes. & one up across wrist wound healing rapidly. <u>Min</u> <u>morning</u> <table> <tr> <td><u>4 PM</u> <u>6</u> Axilla</td> <td>99.4</td> <td>98.2</td> </tr> <tr> <td>R. Arm</td> <td>97.</td> <td>94.5</td> </tr> <tr> <td>L. H.</td> <td>96.8</td> <td>94.4</td> </tr> <tr> <td>R. L.</td> <td>96.5</td> <td>94.2</td> </tr> <tr> <td>L. L.</td> <td>96.</td> <td>93.5</td> </tr> </table>	<u>4 PM</u> <u>6</u> Axilla	99.4	98.2	R. Arm	97.	94.5	L. H.	96.8	94.4	R. L.	96.5	94.2	L. L.	96.	93.5
<u>4 PM</u> <u>6</u> Axilla	99.4	98.2															
R. Arm	97.	94.5															
L. H.	96.8	94.4															
R. L.	96.5	94.2															
L. L.	96.	93.5															

Month.	Date.	Particulars of Case.
		Femoral aneurism
Oct	8th	It was a strong, windy ^{the air of a cyclone} wet & cold night. He has some pain in the leg - consequence - but still he sleeps. In good clean. Pulse 94 to 98.
	4 PM, Friday	Temp very strong
		Arteria - 98.4 — 98.8
		R. Arm 97.6 — 98.5
		L. Arm 97.2 — 98.2
		R. Thor 93.8 — 98.4
		L. Thor 98.4 — 93.
		The temperature of the limbs is then more equal - and beating rapidly
		I could not
		take my note
		in the 9th
	10th	Doing well - and he only healed
		that some numbness in the foot
		6-30 AM. Temp in Arteria 99.
		Right Arm 93.
		Left Arm 94.4
		R. Thor 92.5
		L. Thor 91.8
		The tumour is becoming harder - in parts at least.
		No pulsation could be felt in either limb a part of the day.
		Pulse 96 - quite asleep well

Month.	Date.	Particulars of Case.
		<i>Funeral Aneurism</i>
Oct	11	<p>Doing very well. Sat up - walked a little. Sat in a chair & slept in it all night. He liked the change. Pulse 84 - Had some pain in the loins after sitting.</p> <p>Temp: axilla 99.2 R Arm — 95.8 The temperature L Arm — 95.6 The pulse is now R Leg — 91.8 The pulse is now L Leg — 91.8. Balanced fairly Wound nearly healed.</p>
	12	<p>He is doing very well. Walked into the next room - and healing. Pulse 88</p> <p>Temp: axilla 98. R. Arm - 96.4 L. Arm - 96. R. Leg - 94.4 L. Leg - 91.</p> <p>Still some numbness in the toes.</p>
	15	<p>Have been away for two days. He seems to have been very well all the time - he feels his old health again. The tumor is smaller. The temperature of the legs equal - he walks perfectly.</p>

Month.	Date.	Particulars of Case.
		Funeral Amusement
Oct	16	He seems about better well - the wound is healed to a point - The tumor is diminished in size - He eats well - sleeps well - and is able to walk without trouble - The temperature of the tumor is about equal - it rains a little at times.
"	21	The temperature of the tumor is equal as before . He has been rather out of sorts from ^{his} operation for the last few days - but now appears - a change of the tumor for well to rest. Again the wound has healed to a point - There is not the least tendency to tumor - in a near the cicatrix - The tumor is much smaller - He walks about the wound and is very anxious to be out.
		Temp. Arteries 98.2 L. Hum - 94.2 R. Hum 95.6 L. Ven 89.1 R. Ven 86.8

Month.	Date.	Particulars of Case.
		Elephantiasis of leg. Ligature & Fumigation
Oct 4 th		Gunga Ram. a Bengalee Peasantry from a village Bundwan aged 45 - a very amiable and an intelligent man was admitted with Elephantiasis of leg. which had been affected ^{the latter 10} 15 years ago. He was so much distressed by the disease that he was not fit for operation before June when after a long continuance of bad diet - Pomegranate & Turmeric Juice he was considered fit for the operation and accordingly the scrotal tumour which weighed 2 lbs 5 oz was removed. Taken away - he bore the operation fairly and remained the day & night. He said the scrotal tumour is not quite eradicated but unhealthily with the view of improving the state of his leg. which has increased since the admission - The Fumigation was continued - at the office of Sankar temple -
		The dimensions of his leg and foot were as follows and were from

Month.	Date.	Particulars of Case.
		<p>Legs of the Terminal Inting and put before the operation —</p> <p>In May 1869.</p> <p>Just above ankle 12 $\frac{1}{2}$ inches Below knee — 12 — 4 Instep — 12 — 4</p> <p>28th Sept —</p> <p>Just above ankle 13 Below knee — 12 $\frac{1}{2}$ Instep — 12</p> <p>Sunday — which of the way in was slightly affected of the nerves</p> <p>Deep above ankle 8 inches below knee 11 — Instep 9 $\frac{1}{2}$</p>

Month.	Date.	Particulars of Case.
		<u>Dissection of Femoral Artery -</u>
Oct	4	<p>The operation was performed this morning in the presence of Dr. Chenevix Trenchard, Dr. Woodhouse, Dr. Smith, Dr. Henshaw & others - I made an incision over the artery, commencing about 4 fingers breadth below Poupart's ligament - which is about 3 1/2 to 3 3/4 inches. The first incision divided skin and a profuse quantity of fat - The fascia was then divided at the edge of the Scarf tissue exposed - On the right of the vessels there came into view but so loaded with fat that it was almost impossible to expose the artery without having been informed by the senior. The light too was very bad - which added to the difficulty - I passed the ligature very carefully & did not touch the vein. In the first incision through the skin fat was by no means needed - But in the other none was required -</p>
5-		<p>He is doing very well. Slight complaint only of a little pain in the wound</p>

Month.	Date.	Particulars of Case.
		Ligation of Femoral artery
Oct	5th	Temperature this morning - After operation Axilla 100.4 Left arm - 100. Right " - 100.2 Left foot - 97. Right " 99.2 Pulse 94. Immense no pain beyond the acting behind the left - knee. no numbness. no tingling in the limb The wound dressed with Carbolic oil
	6	Had slight fever yesterday. has none now no pain, no numbness in the leg. Pulse 94 - There is a tolerably free pulsation with change from the wound dressing clean. He looks and says he feels well. Temperature this morning axilla 99. Left arm 98.3 Right " 96.5 Throat is higher by Left foot - 95.6 About 2 degrees in Right " 92. Temperature than the sound limb Measurement of Operated leg this morning Above ankle. 12. 1/2 - 13 Below knee 13. 12 1/2 Instep - " - 13. The foot has become smaller & the skin on the instep is shrivelled.

Month.	Date.	Particulars of Case.
		Ligation of Femoral artery
Oct	7 th	Wound healed again during the day but 3 free from wound. Impure clean. Pulse 96-
Nov		Imp: axilla 98 Left Hum - 95 Right Hum 94 Left Joes - 92.6 Right - " 93
		Intermittent about the wound a little inflamed App: 8:10: Arg: 1: Nit: The discharge from the wound a thin reddish pus
		Instep - 11 inches Above ankle 11 1/2 Below knee 12 1/2
		He later a whole of 2 inches when from knee.
		Put the leg with some of lead out of the sup he has on burning, no movement in the toes - 10 for
8 th		8 th The wound is yesterday - Impure now Clean. no pain. Bone tried to continue toward lower part - discharge free. Both menstruation came away today Very windy cold & short breath - Complains 1/2 min in the leg & much of foot. The toes look well.
		Imp: Axilla 99 Right Hum 96 Left Hum 95.4 R. Joes - 93.2 L. Joes 92.6
		measured Instep 11 1/8 Above ankle 11 1/4 Below knee 13.
		The measurements are probably not changed

Month.	Date.	Particulars of Case.
		Ligature of femoral artery
June	10	<p>Impure cream. No fever yesterday or today Pulse 84. Bowels open. Imp: axilla - 97.4 R. arm 95.6 L. arm 94.8 R. foot 93.8 L. foot 92.6.</p> <p>Has still more pain in the leg & foot. Wound looks healthy - Discharge healthy - Abdomen 11 1/4 below knee 12 1/4 Instep - 10 3/4</p>
"	11	<p>Doing very well - Swelling taken away Wound rapidly healing - Pulse 80 No fever yesterday or today - Mammaries Axilla - 97.8 R. arm - 96.8 L. arm 96. R. foot 98.6 L. foot 94. Instep - 10 5/8 Abdomen 10 3/4 below knee 12 3/8.</p>
	12	<p>Ligature living loose in the wound but unmoved - He is doing well (and) healing. axilla 98 - Instep - 10 1/4 L. H. 96 Abdomen 11 1/4 R. H. 97.2 below knee 12 1/4 L. foot 95 R. foot 96 - I take dinner for tea at 2 o'clock here R. foot 96 & below</p>

Month.	Date.	Particulars of Case.
		Compound fracture near ankle
Oct	9	<p>Mr. ^{Swiss} Swiss ^{stout & robust} and 27 - a healthy ^{man} man has been in India. In jumping out of his Buggy this morning at about 8 am. sustained a severe compound fracture of the right leg - just above the ankle joint. There was a wound about two inches long near the inner malleolus. Through which the tibia protruded. It was broken & the fragments shifted for about two inches. The fracture was about 1 1/2 inch above the joint. The fibula was also fractured - in two places, the bone of the tibia & fibula were found to be comminuted & split into the joint in two or three places. There was considerable hemorrhage but no vessel appeared to be divided. The most severe pain was felt at the bottom of the foot but the patient thought could not be felt. - The compound fracture of the tibia was ^{which} was very bad & the bone was broken off - and some splinters were removed particularly from the wound. The wound was then dressed & the leg placed in a splint. It was at the time the wound had to be enlarged externally. The splinter was then removed & the wound dressed.</p>

[illegible]

No 19

CASE BOOK.

93.

Month.	Date.	Particulars of Case.
		Croup - Rupture of leg.
Oct	11	<p>to small at 4 P.M. in sufficient progress of success. Computation of time considered.</p> <p>The form was the collapsed state after the first symptoms are by hard symptoms. He is perfectly conscious, & speaks clearly. in his subject -</p> <p>He became rapidly worse after this and died at 8 P.M. perfectly conscious to the last.</p> <p>His was evidently death from shock. the effect of the new centre, coming from the & supple of the mind - and at last complete loss of the heart. - There was no coma he was conscious almost to the last moment. - There was certainly no evidence of any other injury and he had apparently been in ordinarily good health up to the time of the accident.</p>
		Indian Medical Society Dec 1864

Month.	Date.	Particulars of Case.
		Lightening Terminal Artery.
Oct	15	He is very well - wound healing. Impulse of heart not equal, Foot rather edematous from constricting bandaging - Port in W. W. W. W. W. very well.
	16	He is very well. before operation Drust - 11 ——— 12 ——— 1. inch Above ankle 11 ——— 13 ——— 2 ——— Below knee 12 ——— 12 1/2 ——— 1/2 ——— Impulse.
		Arteria 97. He looks well Rt Arm 98 } Eat & sleep well L Arm 94.3 } Live in good spirits Rt Jaws - 86.2 L Jaws 84.
	17	Very well. - He is very well Arteria 96. ——— Drust 10 1/2 L Arm - 95. Above ankle 11 1/2 R Arm - 95.6 Below knee - 11 3/4 L Jaws - 92. R Jaws - 94.
	18	Arteria 97.5 - Drust 10 7/8 L Arm - 95.4 Above ankle 10 1/2 R Arm 96.4 Below knee 11. L Jaws - 92. R Jaws 92.2

Month.	Date.	Particulars of Case.
		<i>Signature of Fernald Wiley</i>
Oct	21.	<p>The wound has nearly healed - He has been patient. his stomach is doing well</p> <p> Imp. Arteria - 98. - Intest. 10 1/2 L. Arteria - 96-3 Above ankle 10 1/2 R " 95-8 Below knee 11 1/4 L. Jaws - 93-8 R " 90-6 </p>
"	22	<p>Doing well. - The temperature of the limbs is fairly balanced. The wound has healed to a point - He eats & sleeps well.</p> <p> Intest. 10 5/8 Above ankle 10 1/8 Below knee 11 </p>
"	24	<p>Has been walking about the ward; is doing very well. Sleeps his food and is much better. his appetite is 1/4 remaining. There is considerable diminution in the foot.</p> <p> Intest. 10. - and upper - 12 - 2 Above ankle 10. " 13 - 3 Below knee 11 " 12 1/2 - 1 1/2 </p> <p>The wound is healed to a point.</p>
	31.	<p>Still a point healed he is very well. There is very little change either diminution - A small collection of pus found in the wound there a few days ago. A was examined & no more</p>

Month.	Date.	Particulars of Case.
		<u>Legation of the Femoral artery.</u>
M	6	He is doing very well. has no fever. Wound healed. leg feels nearly natural Femoral health gradually improving Instep 10 inches Above ankle $9\frac{3}{4}$ " - slight immobility below knee 11"
	13	He is doing well. The wound has quite healed. But a part of the external wound is not healed. He walks about - then by measuring an artificial measurement.
	15	He is very well. but the foot leg are slightly larger - no fever Instep 10 inches Above ankle 10 - 0 below knee 11 - 0
	23	In the last few days he has been able to walk about without bandages. The foot & leg have steadily been returning to their original size. Instep $10\frac{1}{4}$ Above ankle $10\frac{1}{4}$ below knee 11 inches

Month.	Date.	Particulars of Case.
		Femoral aneurism.
Oct	24 th	He is doing very well. walks about. is rapidly regaining strength. The tumor has almost gone. He says that in walking he still has some numbness of the foot.
	26	He left the Hospital by his medicine. He was The wound had healed all but a point - The tumor was scarcely perceptible and the leg was equally strong.

Reported in Medical Times
& Gazette Nov 1864.

Month.	Date.	Particulars of Case.
		Lateral Withering
M	8	He is gradually improving. The mind is healthy & is gradually closing. Appetite is feeble. & emaciated still.
	13	He is always agitated & depressed. his mind is clear & looks healthy. The man body between his mind has improved very much.
	15	He is slowly recovering. He said of Schmitt in the

No 20 Removal of Supp. Abscess

Aukhoy Churnu Biswas a Bengali peasant aged 25, was admitted on 1st Nov? 1869. for swelling of his right upper jaw of a years standing. The swelling first appeared though the gums & two of the molars were then taken out. The parts were then inflamed & suppurated; & this, breaking, left a sinus, 8 months ago, one inch below the right eye, which has never healed up since.

He could not breathe by the right ^{nostril} ~~nostril~~ & the right side of the palate & gums were greatly swollen & thickened. The space for the promolator was occupied by a sprouting mass of thick hard tough fibrous-looking material, about 1 1/2 inch in length & half its breadth, with two hollows in its centre, apparently the sockets of the pulled out teeth.



...the kind
...the tooth has
...the bone has
...it from below
...the front.

No 20 Removal of Supermaxillary

Ankhu Churn Biswas a Bengali peasant aged 25, was admitted on 1st Nov? 1869. for swelling of his right upper jaw of a years standing. The swelling first appeared through the gums & two of the molars were then taken out. The parts were then incised & suppurated; & this, however, left a sinus, 8 months ago, one inch below the right eye, which has never healed up since.

He could not breathe by the right ^{nostril} ~~nostril~~ & the right side of the palate & gums were greatly swollen & thickened. The space for the premolars was occupied by a sprouting mass of thick hard tough fibrous-looking material, about 1 1/2 inch in length & half its breadth, with two hollows in its centre, apparently the sockets of the pulled out teeth.

The cheek was about $\frac{1}{4}$ inch
above the level of the op-
posite side. The general
health was good, & on the
3rd day after admission,
the whole of the upper jaw
bone, with a part of the
malar, was excised by a
curved incision, extending
from about $\frac{1}{4}$ inch ~~above~~
inside the right ~~angle~~
end of the upper lip
to the prominence of the right
cheek; the palate was
sawn through by a long
horizon saw, about the
position of the central
incision. The wound bled
a good deal, especially of

from the hindermost bottom of the
gap; & ten ligatures & several actual
cauteries were applied to stop the
depressed hemorrhage; besides
stopping the whole gap by several
pieces of lint, the first portions
of which were soaked in the
carbolic oil. Still it went on
oozing for about 2 hours more
after which it was stopped by
allowing cool air to get in through
the opening of the mouth en-
larged by having two of the ~~sutures~~
inner sutures taken out. The
wound was stitched up with
horse-hair sutures. He has
not bled at all since. The
straps of lint were all (9)
removed out on the 4th day of
operation; & though he is still

getting slight fever in the
afternoon; yet the inflammation
of the cheek is now going down,
the inner wound looks pretty
clean & stout.

The tumor after operation was
found to have sprung out of
the interior of the antrum,
the bony walls of which had
been thinned out almost as
a shell. It altogether weighed
 $5\frac{1}{2}$ oz. Shows a spongy
fibrous outgrowth, & exhibited
no distinct nucleated cells
under the microscope —

8. 11. 69.

N^o 17

Month.	Date.	
M	8	d
		h
		ny
	13	H
		h
		2
		m
	15	H
		H

getting slight fever in the afternoon, yet the inflammation of the cheek is now going down, the inner wound looks pretty clean & stout.

The tumor after operation was found to have sprung out of the interior of the antrum, the bony walls of which had been thinned out almost to a shell. It altogether weighed 5 1/2 oz. Shows a purely fibrous outgrowth, & exhibited no distinct nucleated cells under the microscope —

J. H. G.

Month.

Date.

Particulars of Case.

Removal of Sup: Maxillary bone

No

1. The accompanying note by Dr. Ross
 Esq. of Rogers House Surgeon. In which
 makes a case of Fibro-plastic tumor
 of upper maxilla.

I removed it with the trepan - from the
 middle bone in the 3rd M. - one incision
 was made from the angle of the mouth to
 the Zygoma. & the entire bone removed
 The whole bone was embedded in a
 depth. From the apex - which was itself
 had commenced in the alveolar process
 extending into the anterior part of it.
 a scale of bone covered the upper surface
 the tumor - The accompanying
 is a sketch made of the upper
 bone after the tumor was removed. It is probably
 was cut in of the fibro-plastic kind

- 11 He is now well the tumor has
 entirely healed and no more has
 returned & the conf is from having
 lost his natural teeth in front.

Month.	Date.	Particulars of Case.
		Generaly Sir: Mexilla
Nov	11	- There was considerable bleeding from one of the posterior fontanelles before it was stopped by plugging she has nearly quite recovered the loss of blood.
	13	The wound in the face has healed and he is nearly quite well. There is still some redness around the eye. - There is still a redness in the mouth: he takes his food well & is rapidly gaining strength.
	15	He is quite well. It is almost imperceptible that any operation has been performed.
		In the Medical Gazette Dec 1869.
	22	He is now recovering from an attack of erysipelas in face.
Dec	4	He is quite well again.
	13	Still in hospital - but no longer confined. he is quite well.

Month.	Date.	Particulars of Case.
<i>Septuaginta Terminal history</i>		
Dec	4	<p>He remains much the same He seems to be slowly returning to its normal type - Instep 10 1/2 inches Above ankle 10 1/2 " Below knee 11 -</p> <p>He is in good health there no pain, The cardiac sound is not quite cleared.</p> <p>13 He has had a low fever of intermittent type for some days. He has been discharged & re-admitted in the Medical wards.</p> <p>He recovers perfectly although the leg was not improved</p>

Month.	Date.	Particulars of Case.
1870 Dec.	20	<p><i>Hammarie Anemiasis</i> <i>from Gun Shot Wound</i></p> <p>This morning assisted by Dr. Partridge and Swast I operated on a case of Hammarie Anemiasis in the right leg of Mr. — Chalmers aged 20¹⁷ who has recently arrived from Australia. He gives the following account of the case. On the 25 Decr 1869. He accidentally shot himself in the leg with both barrels of a gun loaded with No 6 shot. The ^{which fell from his shoulder} bullet ^{from his shoulder} struck the bone & exploded. He does not give a very clear account of the extent of the injury but it appears that both shanks entered the bone & the distal end of the bone was injured, the probably not fractured except the phalanx of the metatarsal bone ^{was} broken and from the ^{contaminated} wound bone ^{from} the ^{contaminated} wound entered the bone as well as between the bones. Both must have been much injured. There was a deep depression in the tibia in front about the center of the bone. It was that bone must have exploded at the end a large cicatrix occupying the anterior aspect of the leg for an inch or two in length and an inch</p>

The Tibial Anemias and by extensive much injured great part of the bone was

Month.

Date.

Particulars of Case.

Traumatic Aneurysm

1870
Oct 20

Circular wound with a clot lying in it. There was
also a circular wound in the back of the leg and an
imperfectly circumscribed wound which was the
the injury extended deeply. But the clot must
have been of it and I have examined the
limb —

He says that the leg was bandaged up on the
25th. He was taken home and the bandages
removed on the following day. Wet linen
was kept constantly applied for ten days.
No amputation then came in. Several
poultices were applied on the front & back
of the leg. — Three weeks later, the wound
was raised: the skin at the back of the
leg broke, and great numbers of thick came
out. There was little pain, except occasionally
at that point. None came out of the
wound in front which was about
the size of a person's hand.

A month for nothing cleaned the wound
and in two weeks all the flesh began
to grow and fill the space in the wound
until level with the surface; but the
edges would not heal — A stimulating
ointment was tried but the parts seemed
dead — At the place where it has now

Month.	Date.	Particulars of Case.
		<i>Traumatic Aneurism</i>
1820 Oct	20	<p>but there still remained a small hole right through the leg, through which a probe could be passed without ^{any} feeling it. Gradually the sinus ^{grew} smaller and the back of the leg drew up. — The stimulating ointment was pushed into the hole with a bit of lint; then it healed up rapidly until it got level with the skin and then took the same dead appearance. The Doctor then tried blue stone touching the edges with it, and in two or three days there was a great difference in the size of the wound. — The shape of the wound had been nearly oval now it had irregular edges. — He continued using the blue stone until it healed, and he then thought all trouble was over. — But in a week it began to swell up again & was very painful. — The wound rose to the size of an egg. — In four days after the swelling began it burst. — The wound was full of bad blood, black but free</p>

Month.	Date.	Particulars of Case.
		<i>Rheumatic Arteritis</i>
1870 Oct 20	20	<p>from matter - When that was gone, another came in its place. not so large as the first but the <u>proliferation quite as high as it is now</u>. Lately it has given me no pain at all. Some time the wound was dead to my again the same as before. These are all the changes I can remember."</p> <p>I sent him on the 19th October and received from the friends the following account. He was in the point of leaving Calcutta 2nd: he had been rather up & down that day. In the afternoon he complained of pain & throbbing in the leg & it was nearly bent out & bleeding a large quantity appeared from the foot - It was treated by fresh ice and a bandage the bleeding and not return during the night. He is a thoroughly healthy looking young man of 20. Rather pale but the lip of blood, his stomach well and in good spirits - no fever. no pain. On moving the foot and I found the appearance same as before and in the centre of the cicatrix a round aperture</p>

Month.	Date.	Particulars of Case.
Oct ¹⁸⁷⁰ 20		<p><i>Haemorrhagic Anemism</i></p> <p>With my then mistress. She was found by a policeman, clad in dark blood. The temperature of the limb was apparently natural and there was not much swelling except what the limb of the limb seemed natural - The posterior tibial artery was beating naturally. The anterior tibial I could not feel - I carefully removed the clot & placed my finger into a deep cavity among the muscles of the leg between the tibia & fibula. There seemed to be a quantity of blood clot & broken down tissue and much blood serum or between the hyaline. I came away with a fine and natural pulsation all over my finger and on leaving the leg I then found that the impulse was much increased the time of withdrawing my finger it was followed by a profuse & many arterial blood from the cavity - I immediately</p>

Case of Scrotal Tumour.

Autodically a Brahomedan
Talookdar aged 41 - in -
habitant of Berah in the
District of Moorshedabad
was admitted on the 2nd
October 1871 with a very
^{large} Sural Tumour of
12 years standing. Meas-
ring round the neck 17 inches
Short Circumference 54 inches
Long - 61 - inches. Distance
from the Symphysis Pubis
to the Meatus Urethrae
16 inches - from the ground
2 1/2 inches - He was a ^{small} ~~small~~
sized man. ~~But~~ ^{Body} well
formed ~~and muscular~~
but weak and anaemic.
When admitted. Consequently
Rousing diet and Citrate
of Quinine and iron were
ordered. The Tumour is
said to begin from Hydrocele
and used to become painful
and increase in size during

Case of Scrotal Tumour.

Autodically a Brahomedan
Talookdar aged 41 - in-
habitant of Borah in the
District of Choochedabad
was admitted on the 2^d
October 1871 with a very
~~big~~^{large} Scrotal Tumour of
12 years standing. Measur-
ing round the neck 17 ins.
Short Circumference 54 inches
Long - 61 inches. Distance
from the Symphysis Pubis
to the Inguinal Ligament
16 inches - from the ground
2½ inches - He was a ^{small} ~~middle~~
sized man, pretty well
formed ~~and muscular~~^{but very weak}
but weak and Anaemic.
When admitted - Consequently
Roughening diet and Citrate
of Quinine and iron were
ordered. The Tumour is
said to begin from Hydrocele
and used to become painful
and increase in size during

periodical attacks of
fever to which he was
subject. His health im-
proved under treatment &
the tumour was removed
saving the Penis and Tes-
ticles on the 20th Nov 1871.
He sunk on the table
but revived a little on
the application of Drastard
plaster and Electric Shock.
and died ten hours after
the operation evidently from
the Shock. The tumour
weighed 110 lbs. The man
with the tumour accepted
15 Stones. 8 lbs.

On Drastard the Post: mort.
Examination - the Lungs
were found hypostatically
congested - The Heart was
fatty - Livers unusually
soft. Other organs were
healthy - Muscles somewhat
flabby looking -

Measurements of his
body

Height	15 ft. & 1 inch.
Round the Pelvis . .	29 inches.
— The Chest . .	32 "
— forearm . .	9 "
— arm . .	9 $\frac{1}{2}$ "
— Thigh . .	15 "
— Leg . .	9 "

Month.

D

Oct 1870 22

I was
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 time was
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 but -
 I paid
 to my
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 and direct

Month.	Date.	Particulars of Case.
		<p><i>Hamatic aneurism</i></p> <p>1870 Oct 20 applied pressure and ice round the neck as a first aid - the bleeding ceased -</p> <p>In consultation with Dr. Putnam we determined that it was a diffuse hamatic aneurism of the subcutaneous - and it was decided to attempt to ligature the artery.</p> <p>on the morning of the 20th he was placed under Chloroform - Dr. P. commenced the formal artery - I made a vertical incision about 4 1/2 inches in length in the line of the incision which the tumor occupying the center of the incision. I spent the afternoon completely with the character framing & consolidated the retroperitoneal muscle & were mortified together above & below the tumor which I found into a large cavity as big as a football egg - on dissection the incision held the tumor. There was a moderate robust supply of internal blood - which was immediately dissected by Dr. P. comprising the formal. Dissection was - I saw no large vessels and it was decided</p>

Month.	Date.	Particulars of Case.
1870 Oct. 20		Dramatic Amputation
		<p>But the blood came from a deep within the hole which when the finger was pressed the bleeding was augmented at the same time the point of the finger could be felt - proving that the soft tissue at the base of the leg - The wound was enlarged - a strong light thru the cut. It was most completely dressed & covered. In tracing the upper end of the artery could be found the blood came out from below and in a jet more blue than from the external than a small artery - I made many efforts to secure the bleeding point but it was so completely involved in tissue that it was impossible. Struggling with this was then prevented to the end was pressed into the boy's cavity & the bleeding thereby completely arrested. After a short interval the legs were carefully removed from the upper & fleshy part of the cavity. The water was quite dry & there was no</p>

Month.	Date.	Particulars of Case.
		<p><i>Traumatic aneurism</i></p> <p>Oct¹⁸⁷¹ 20 A rupture of a bleeding point to be seen. The the upper end of the artery was again completely occluded - on removing the band from the deeper - lying part of the artery a rupture of the hemorrhage occurred. & it was again plugged.</p> <p>With the greatest care & the most perfect management of the femoral the W. of blood was very great. & amount of two the most have been lost. - It was the pressure considered unable to make further search - the tumor by itself & plugged - the hemorrhage had to be waited he was put to bed. One Porten (thin) (cut) & tear was.</p> <div data-bbox="494 1411 718 1904"> </div> <p>in the dipped tubal the hemorrhage achieved as a result of the circulation</p> <p>flap cut - limb is well by the position it is at the surface of the limb</p>

Month.	Date.	Particulars of Case.
		Hæmorrhagic Anæmia
1872		
Oct 20		<p>may close the Spring at night.</p> <p>It is odd that the bleeding should be I suppose from the time under the nose but the long cyst here is the explanation of it - and that the upper and lower lead into the fistulae -</p> <p>The tissues are completely altered in character, brown, consolidated and fibrous, not a sort of the matting of a of the same could be found. - In making the incisions the tissues were very firm and one or two considerable arterial branches had to be ligatured -</p> <p>He has but the power of slight motion - cannot flexion of the legs from muscular loss & weakness disorganized of the ligaments</p>
S. P. M.		<p>Doing well. no bleeding. no fever temperature of the leg natural. but it is so marked from the pressure of the compress on the wound, and Chond. Hydr. 3/4 L. S. S., & be carefully watched</p>

Month.	Date.	Particulars of Case.
		<i>Haemorrhic aneurism</i>
1820 Oct 20		<p>I have little doubt that the aneurism taking in the artery affected, that the upper part of the vessel cannot have been obliterated. The aneurismal sac in the lower part has become partly organized - we did not find there not from the whole - & thus a partial cure has been effected. & though the artery seems to be in the place - the jet was not so large as it used to be before as when the chest is struck it is a marvel that the boy has not died by the rupture. Had he struck in the same place the hemorrhage came in the aneurism would have been very serious.</p>
Oct 21		<p>He is doing well - painless. no bleeding. Impatience, but natural. No pulsation. Hydr. Chloride 4 xxx lxx.</p>
Sam 22		<p>Doing well. and free motion in the chest. I rather sick at the night.</p>
23		<p>Doing well. During changed diet. no bleeding by the nose or in the stool. - in the lower -</p>

Month.	Date.	Particulars of Case.
		Rheumatic meningitis
Nov	2.	<p>Since the last report he has been doing well. In fact, after the first day a hot, burning, & irritating heat of the head, gradually one the heat - has been retarded - & this morning the last piece came out - There is a deep & irritating cavity in the head. It is deep in the head - & is worked with a solution of Carbolic acid over the cavity - & kept in a bowl - & with the leg resting on a chair.</p>
	3	<p>This afternoon he was sitting up in his room when he suddenly fell the backache & became heavy. It began to bleed from the throat, & in a few minutes he must - from the throat his head with about the same amount of blood. The bloody had stopped when I got there but he looked pale & spent. I took off the dressing & plugged the deep cavity with a mass of cotton wool but he had bled. With him was to keep a piece in his mouth.</p>

Month.	Date.	Particulars of Case.
		<i>Rheumatic Anemia</i>
Nov	4	In return of blood, in pain. He slept badly
"	6	The wound was deepened & day. There has been no return of hemorrhage.
"	30	He has been doing very well since last report. The wound is gradually closing & the granulations are closing in. The phlegm has all been gradually pushed out & ^{that is tested by} now he has very simple dressings of lint soaked in carbolic acid lotion.
Dec	12	The wound has now nearly closed & the construction is evidently striking a home plaster. His health remains excellent.
"	20	The wound has healed. The leg is now in good health. He has been able to walk to the ground.
Jan	1	He is now quite well. The wound is healed to a brown cicatrix. He walks well, but has the stiffness of the muscles on the posterior surface of the thigh. He is unable to stand on his feet. The bone is however healed & he has no doubt that he will be able to walk.

The patient is well & the wound is nearly closed.

Month.	Date.	Particulars of Case.
		<u>Traumatic, diffuse, aneurism of femoral.</u>
August 3 rd 1871.		William Reid aged 32. a healthy temperate Englishman who has been about 10 years in India. ^{of Indian origin}
muscular Plate layer.		was admitted at 9 P.M. Aug 3 rd into the Med. & Ch. Hospital with diffuse aneurism of the lower part of the left femoral artery just after it passes through the tendon ^{popliteal} tendon
about the 18 th June		springing from the adductor Magnus - about 2 months ago, when walking in the railway station. his attention being attracted by a passing engine. he walked against an iron rail. that was projecting from the place in which it rested. his head was turned at the time. attracted by the engine which was passing near him.
on the lower and inner aspect of the thigh a few inches above the knee		He felt that he had inflicted a severe blow, but the pain soon passed away & he resumed his occupation. For a week he felt little or no pain. It then became ^{well defined} local - deep seated aching pain. for which he applied bromide & frictions.
until 3 rd July		It disturbed him with it much, but still he continued to do his work. about 4 or 5 days after the

Month.

Date.

Particulars of Case.

traumatic aneurysm of femoral.

accident it became rather suddenly very painful. It swelled well & the aneurysm was so great that he was unable to stand & remained confined to his bed.

It appeared to have been caused as on a ship he had been there applied & then another ~~and~~ of a similar nature 13 Leeches were also applied. But he

obtained no relief. The swelling became more tense and larger. The leg began to swell & the pain increased.

This aneurysm was not very definite but a firming & becoming taking seem to have preceded. His general health began to suffer from pain.

On 27 July he was admitted into the Harb. hospital.

There a fine puncture with the exploring needle or small trocar was made. but only some dark blood followed the instrument.

The foot became adematous & the leg was much swollen with a burning sensation in the seat of mischief.

traumatic
aneurysm

Month.	Date.	Particulars of Case.
Aug	3	<p>Traumatic aneurism of femoral</p> <p>I saw him with Dr D.B. Smith ^{the morning of 8 am}</p> <p>The leg and foot were swollen somewhat edematous - There was an oval, oblong swelling beginning just above the inner side of the left knee, which extended for about 7 or 8 inches distally & medially about 5 or 6 transverse. It was circumscribed & tense had a somewhat livid waxy appearance, especially in patches. There was no distinct fluctuation on inspection or palpation. At the least she could feel pulsation, or thrill - It was considered to be increasing & slowly. The pain was severe & had induced the use of morphine & hypodermic. - The knee joint was slightly flexed. - There was no pulsation perceptible in the femoral or anterior tibial artery of the leg. The femoral was beating with the normal impulse on the pulse.</p>

Foot
The leg felt
a little cooler
& medially
the circulation
was tense
waxy
well
was no
distinct
fluctuation
on
inspection
or
palpation
at the least
she could feel
pulsation
or thrill
It was
considered
to be
increasing
& slowly

Month.	Date.	Particulars of Case.
Aug	3	<p>Haemorrhage from os of Uterus</p> <p>The antitoxin was not enough in the 1st try. but the 2nd trial brought it out.</p> <p>The main health was unusually good, but the second was getting and confinement - He had a stomach was weak - This was attributed to the morphine.</p> <p>I stated my conviction that the swelling was due to effusion of blood. but not the question of a deep seated abscess - saying the first vessel was where it was.</p> <p>An incision was made into the tumor and a few more black blood imed. followed by clot of a black color - There was a large cavity filled with clot.</p> <p>On probing very deeply I came on the femoral artery & felt its pulsate in it lay in my finger close to the bone.</p>

Month.	Date.	Particulars of Case.
		Rheumatic Anasarca of Femoral
Aug 3		<p>Just at this time I fell my finger twisted in a warm flood & in the evening it - a smarting flood flood followed I immediately applied turpentine ointment the swelling ceased.</p> <p>In the case was evidently a severe one. I sent for the physician and of course Dr. Cutler he and I took care him at 4 P.M. He was very easy. There had been no swelling and with Dr. Dr. Dr. Dr. Dr. he was taken over to the Medical College Hospital where he remained of nursing him with the constant attendance of a nurse.</p> <p>The tumor was left tense: he felt easier. The leg was left much it was certainly warmer. The leg was much colder than the other leg in the morning.</p> <p>He was taken over to Calcutta the morning & in the afternoon him & in the way slight swelling</p>

Month.	Date.	Particulars of Case.
		Rheumatic Anasarca of Femoral.
Aug 4		He is doing well - had some sleep. pulse 96
9 am		Temp 101 - ^{axilla} Temp from upper part of wound - Left foot 100 - Right foot 98 Changed the dressing, washing with carbolic acid
2 PM		Temp - He has hiccup & nausea - from the chloroform Some al subject food - no pain in the hand The temperature is good. Temp of left foot 100 Right do - 98
7 PM		Skin moist - nausea better. Taken food Food has acted freely, urine voided freely Temp of trunk good. No pain - no movement Left foot 101 Right foot 100 Let him have an Opium & Cocaine 2 1/2 grs bed time - Chloroform on policy & stomach to white nausea - Chloroform & acid Hydrocyanic acid in some measure - He is in excellent spirits & says he is 100 per cent better. Remained here in the time yesterday.
Aug 5		He is fairly - slept & rising from the bed 9 am more of red serum than blood. Pulse 92 Temp 101 - Right leg 101 Pulse 100 - Still inclined to nausea He has eyes yellow. A good cathartic L.V. - Calomel - 5 grains - 5 grains Changed the dressing

Month.	Date.	Particulars of Case.
		<p><i>Dramatic Amputation of Femur.</i></p> <p>Aug 8 Appearing I was sent for and arrived at the hospital at about 5¹⁴ PM - I was then decided in consultation that the best should be removed - The Corpse laid open with the view of ascertaining the source of the bleeding - Accordingly, an incision was made and I removed the tibia & tibia & placing my finger in the femoral which was pulsating strongly, another inch of wound blood. the femur I felt my finger - The femoral was compressed in the form and I closed open the cavity by an incision about 2 or 3 inches in length - then took a quantity of cloth for the cavity the due of a traumatic abscess, aneurism - ^{in the} but after assistance the upper femoral in popliteal artery was seen</p>

Month.	Date.	Particulars of Case.
Aug	3	<p> <i>Dramatic Account of Journal</i> above and below a ^{head in the body} round of fully half an inch in length & thickness. The upper end was perforated. Great part of the Cable of the vessel had disappeared - but a portion of the Cow by the wire connected the upper & lower ends. It seemed as if $\frac{3}{4}$ of the the vessel had been scoured away to fully $\frac{3}{4}$ of an inch - there would certainly be no trace for the time being. The tube was well cleared out from surrounding tissue before the ligatures were applied - in order to avoid injuring the femoral vein. That vessel could not be secured & it is probable that it may have been obliterated at all events in the attack of aneurism, the reason it could not be seen. The tissue round the artery was thickened and the interior </p>

Month.	Date.	Particulars of Case.
Aug 2 nd 9 P.M.		<p><u>Traumatic Aneurism of Femoral</u></p> <p>The Cavity was rapidly and discovered by the cloth.</p> <p>The ligature being secured - & one or two smaller bloody points tied. All members dead.</p> <p>The upper end, introduced in the ligature, and if he seen pulsating in the cavity. The distance between the ligature on the upper end was fully 1 1/2 inch.</p> <p>The Cavity having been carefully cleaned of all clot & washed with water & Carbolic acid solution of 30 to 100. & all bloody having been quite excluded.</p> <p>The top of the wound being brought together with wire sutures.</p> <p>The wound was dressed with the Carbolic oil & the limb was enveloped in cotton & a flannel bandage.</p> <p>The funeral party was so</p>

CASE BOOK.

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Month.	Date.	Particulars of Case.
Aug 3		<p><i>Dramatic meniscus of femoral</i></p> <p>well compressed at the time that of an ounce of blood was lost after the operation his pulse was 96- temp. in axilla 101° F. Left foot 99° right 98° - from equal 100°</p>

Month.	Date.	Particulars of Case.
Aug Midnight	5 th	Traumatic aneurysm of femoral.
		<p>At midnight of 5th when his bones were acting with the straining effort: haemorrhage came on. I found that he had but only a small protruding thrombus. As it was evidently necessary to interfere. A pocket of blood was opened out the wound. found it looked healthy & that there was a considerable amount of clotted blood on clearing this out. haemorrhage was seen to be going on rather freely from the lower end of the artery & from several branches which opened in the sides of the trunk. The upper part was not then bleeding and it could be seen & felt pulsating freely in the upper part of the trunk. Thence to day both the main ^{main} artery and the smaller vessels had all quite separated & were loose in the wound. The tissues seemed to have been so much softened that they would not hold.</p>

Month.	Date.	Particulars of Case.
Aug	5 ^{1/2}	<p><i>Traumatic aneurism of femoral</i></p> <p>The upper end fell from a tree & was closed by a cloth. In bleeding occurred from it while the wound was open. The vessels were all secured by means of ligatures & several deep punctures were made. The hemorrhage was soon checked: very little blood was seen from the wound, but some was lost. The man was restless & in pain from the wound & from the punctures. Skin moist but his appearance otherwise favorable. He had taken some food - he had vomited once & once expected to die within 24 hours. Expectations were raised & then - no febrile excitement - on examining the bone in the evening I found that about two inches of its portion & more of surface were</p>

Did not sleep at all during the day - Took his food well - Pulse 120 full - says he feels better - no bleeding - Tongue pretty clean - Conjunctiva less jaundiced - The ligature at the lower end came out this morning & was applied for the third time by the House - Surgeon

Right		Left	
axilla	101°	axilla	101°
groin	100.5°	groin	100°
toe	99.5°	toe	99.5°

8th August:- Had nine loose yellow-colored stools last night - slept a little - Did not vomit - complains of dryness of the throat - says he feels much better - Pulse 92 small - no fever - complains of heaviness in the chest

Right		Left	
axilla	100.2	axilla	100.2
groin	100.	groin	100
toe	99.5	toe	100

6 P.m. 10
Pulse 130 full & bounding - Is feverish now - Had many

isri - Annual.

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101° -
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sh - Champagne
- had had some
- Pulse 100

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up skin - has
the

Did not sleep at all during
the day - Took his food well
Pulse 120 full - says he feels
better - no bleeding - Tongue
pretty clean - Conjunctiva
less jaundiced - The ligature
at the lower end, came out
this morning & was applied
for the third time by the
House - Surgeon

Right		Left	
axilla	101°	axilla	101°
groin	100.5°	groin	100°
toe	99.5°	toe	99.5°

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vomit - complains of dryness
of the throat - says he feels
much better - Pulse 92 small
no fever - complains of
heaviness in the chest

Right		Left	
axilla	100.2	axilla	100.2
groin	100.	groin	100
toe	99.5	toe	100

6 P.m. 10

Pulse 130 full & bounding
Is feverish now - Had many

loose stools during the day
 no bleeding - Ground looking
 healthy - Did not sleep or
 vomit

Right		Left	
axilla	101	axilla	101
groin	100	groin	101
toe	98.5	toe	100

~~6 P.~~

9th August: - Pulse 112 - slightly
 feverish - No stool at night
 Did not vomit - slept pretty
 well - Tongue moist & clean

Right		Left	
axilla	104	axilla	104
groin	103.5	groin	103
toe	99.5	toe	101

1 1/2 P.m.

Pulse 124 small & weak - Has
 got fever now - Tongue pretty
 clean & moist - Is very thirsty
 Abdomen tympanitic - Seven
 liquid stools since the morn-
 ing visit consisting of un-
 digested meat & potatoes

Right		Left	
axilla	101.8	axilla	100.8
groin	100	groin	100
toe	99	toe	100

6 P.m.

Pulse 124 full & bounding
 There is fever still Had many
 stools since the morning
 visit - No bleeding or vomiting
 Is very thirsty - Complains
 of pain in the left chest -
 Abdomen tympanitic

Right		Left	
axilla	104.5	axilla	104.5
groin	103.5	groin	103
toe	100	toe	101

10th August: - Pulse 128
 Had many stools - Did not
 sleep last night - Has got
 fever still - Feels quite
 uneasy - Pupils contracted
 Is very thirsty - Tongue
 dry & clean

Right		Left	
axilla	100.3	axilla	100.3
groin	100.5	groin	100.5
toe	100	toe	100.2

6 P.m.

Pulse 126 small - Is very
 restless & thirsty - Starts
 in sleep - says he cannot
 see anybody - Had 3 stools
 during the day - Tongue

dry and clean - Is slightly
delirious - Had no shivering
fit or chilliness during the
day - Extremities cold - Res-
piration heaving - Perspired
a good deal

Right	Left
axilla 100	axilla 100
groin 99.5	groin 101
toe 91.	toe 91.5

9 P.m.

Is very low - No pulse
at the wrist - Respiration
hurried and laborious -
Extremities cold - Perspired
a good deal - Is delirious
now

Mr. Prices born of English
parents in India admitted
into the medical college
Hospital 6 Aug: 1871

Report of Case of Mr. Reid.

6th August 1871 - There was bleeding at about one o'clock this morning - The stitches were taken off & both ligatures were found separated. He was placed under chloroform & both upper and lower ends of the artery were tied again and the wound was left open - There was no vomiting at night - slept but little - Had 2 stools - Pulse 116 small & weak - Perspired much at night

	Right		Left
anilla	100.5	anilla	100.5
groin	102.	groin	102.5
toe	99.	toe	100.5

12 noon

One stool since the morning visit - vomitted once - Conjunctivae slightly jaundiced Is sleeping now

	Right		Left
anilla	100.5	anilla	100.5
groin	100.	groin	100.5
toe	99.5	toe	100.5

6 P.m.

4 stools after the last report
Vomited 5 times - complains
of pain over the left chest
Pulse 120. Has got distinct
fever - Slept pretty well
during the day - Tongue
moist & clean - no oozing
complains of humming
sensation in the left leg
especially the great toe

Right	Left
axilla 102°	axilla 102°
groin 100°	groin 101°
Toe 100°	toe 101°

7th August - Two loose yellow
colored stools - Vomited 3 times
Did not sleep well at night
Pulse 112 full & bounding -
Pain on the left chest still
continues - Conjunctiva less
yellow

Right	Left
axilla 100°	axilla 100°
groin 100°	groin 100.5°
Toe 98.5°	toe 99°

6 P.m.

13 stools rather loose during
the day - Vomited 4 or 5 times

Case of Traumatic Tetanus

$$\begin{array}{r}
 490 \\
 350 \\
 \hline
 37 \\
 877 \\
 700 \\
 100 \\
 \hline
 1697 \\
 1500 \\
 \hline
 1847 \\
 450 \\
 \hline
 1997
 \end{array}$$

$$\begin{array}{r}
 9000 \\
 5000 \\
 4000 \\
 8000 \\
 \hline
 24000
 \end{array}$$

$$\begin{array}{r}
 75 \\
 111 \\
 \hline
 750 \\
 75 \\
 \hline
 8250
 \end{array}$$

$$\begin{array}{r}
 75 \\
 110 \\
 \hline
 750 \\
 75 \\
 \hline
 1600
 \end{array}$$

$$\begin{array}{r}
 7500 \\
 757 \\
 \hline
 8257
 \end{array}$$

$$\begin{array}{r}
 75 \\
 100 \\
 \hline
 7600
 \end{array}$$

$$\begin{array}{r}
 110 \\
 75 \\
 \hline
 550 \\
 770 \\
 \hline
 8250
 \end{array}$$

on the swelling. On the 3rd of
 august he came in this hos-
 pital & on admission an in-
 cision about 7 inches long
 was made on the anterior
 & inner aspect of the thigh
 & the artery was tied at
 its lower third. After
 the operation his pulse was
 96 - Temperature in the axilla
 101° F and in the left toes 99°, in
 the right 98° F, left groin 100°
 right 100° F

4th august 6 am. — Pulse 96
 left right
 axilla 101° axilla 101°
 toes 100° toes 99°
 groin 100° groin 101°

2 p.m.

left Right
 axilla 100° axilla 100°
 groin 101° groin 100°
 toes 100° toes 98°

6 p.m.

left Right
 axilla 100° axilla 100°
 groin 101° groin 101°
 toes 101° toes 100°

Pulse 92

Case of Traumatic Aneurism

William Reid aged 30 years an Irishman platelayer admitted on the 3rd Augt 1871 with traumatic aneurism of the Femoral artery at its lower third. On the 18th of June he says, he struck his thigh (left) against an iron rail that was projecting out - seven days after the accident he noticed a painful swelling on the anterior & inner aspects of the right thigh at its lower third; with this he continued to walk till the 3rd of July when the swelling suddenly increased, the leg became benumbed & the pain was very agonizing - Consequently he became bedridden. He used to apply leeches, cold lotion, & various sorts of liniments suspecting it to be an abscess. On the 27th July he went to the Howrah Hospital where some punctures were made

75000
5000
83000
92000
92000

490
330
37
877

5th august - Pulse 92 small

left	right
axilla 101°	axilla 100°
groin 100°	groin 99°
toes 100°	toes 99.5°

12 noon

left	right
axilla 101°	axilla 101°
groin 100°	groin 99°
toes 101°	toes 99°

6 p.m.

left	right
axilla 101°	axilla 101°
groin 101.3°	groin 100°
toes 102°	toes 101°

pulse 104

6th august - pulse 104

left	right
axilla 101°	axilla 101°
groin 100.5°	groin 100°
toes 101.5°	toes 99.5°

12 noon

left	right
axilla 101°	axilla 101°
groin 101.5°	groin 100°
toes 102°	toes 100.5°

6 p.m.

pulse 116 -

left
axilla 101°

groin 100.5°

toes 100°

Right

axilla 101°

groin 99°

toes 98°

7th august - Pulse 112 -

left

axilla 100°

groin 100.5°

toes 99.5°

right

axilla 100°

groin 100°

toes 99°

7 P.m.

Pulse 120

left

axilla 101°

groin 100.5°

toes 99.5°

right

axilla 101°

groin 100°

toes 99°

Case of Traumatic Tetanus

490	9000
350	5000
37	4000
<u>877</u>	8000
700	24000
100	
<u>1697</u>	
150	
<u>1847</u>	
450	
<u>1997</u>	

75	7500
11	757
<u>750</u>	<u>8250</u>
75	
110	
<u>750</u>	
75	
<u>1600</u>	

75
100
<u>7500</u>

110
75
<u>550</u>
770
<u>8250</u>

5th August - Pulse 92 small
 left- right
 axilla 101° axilla 100°
 groin 100° groin 99°
 toes 100° toes 99.5°

12 noon

left-	right
axilla 101°	axilla 101°
groin 100°	groin 99°
toes 101°	toes 99°

6 p.m.

left-	right
axilla 101°	axilla 101°
groin 101.3°	groin 100°
toes 102°	toes 101°

pulse 104

6th August - pulse 104

left	right
axilla 101°	axilla 101°
groin 100.5°	groin 100°
toes 101.5°	toes 99.5°

12 noon

left	right
axilla 101°	axilla 101°
groin 101.5°	groin 100°
toes 102°	toes 100.5°

124

Month.

Date.

Aug

5th

Did not sleep at all during the day - Took his food well Pulse 120 full - says he feels better - no bleeding - Tongue pretty clean - Conjunctiva less jaundiced - The ligature at the lower end came out this morning & was applied for the third time by the House - Surgeon

Right	Left
axilla 101°	axilla 101°
groin 100.5°	groin 100°
toe 99.5°	toe 99.5°

8th August: - Had nine loose yellow-colored stools last night - slept a little - Did not vomit - complains of dryness of the throat - says he feels much better - Pulse 92 small - no fever - complains of heaviness in the chest

Right	Left
axilla 100.2	axilla 100.2
groin 100.	groin 100
toe 99.5	toe 100

8.00 6 P.m. 10

Pulse 130 full & bounding - Is feverish now - Had many

Month.	Date.	Particulars of Case.
Aug	5	<p>Traumatic aneurysm of femoral.</p> <p>of peritonitis. The bone on the whole perhaps - not dead - I took this opportunity of trying to find out my own position, the presence of the femoral vein - but it had not yet appeared. The foot & leg were warm 101° - The circulation is evidently more established in the limb.</p>
" 2 nd	6	<p>He is doing well, slept after the operation - bowels have acted again. Temperature of leg 101° - no pain. Stomach is unstable, but he is still inclined to be rich - a good quantity of Champagne Brandy - He had had some Gumbo last night - There had been some foody nature of. He must - He looks up better - has had Strychnine & Chloroform in the lower throat.</p>

Month.	Date.	Particulars of Case.
Aug 9 Am.	6 th	<p><i>Drumstick aneurism of femoral</i></p> <p>Pulse 104. Left foot 101.5 Right " - 99.5</p> <p>The temperature of the aneurism keeps steady as a rule & the heart is normal.</p>

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Month.	Date.	Particulars of Case.

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Month.	Date.	Particulars of Case.

Month.	Date.	Particulars of Case.
		Traumatic Aneurysm Femoral
Aug	10 th	<p>No bleeding - wound looks pretty well rather inclined to shrivel on the surface of the bottom - the complaint of feeling low & depressed - pulse much 104 body inert - Sleep</p> <p>Cholera morbus natural. no fever no vom - He seems quite satisfied with his condition - although feels uneasy about his condition At this time there was no prominent symptom - except that the swelling is rather prominent</p>
Aug	11	<p>An alarming attack of the disease I was informed that he died in the night - a whole lot of time was the H. Surgeon says that he had been much better & was going along the day until 3 P.M. when he became become very much distressed. Then he died & was buried with the old man. The pulse became very rapid & feeble</p>

Month.	Date.	Particulars of Case.
Aug	11.	<p>Rheumatic Aneurysm of Femoral</p> <p>He gradually sank & died at the hour named. The last day he came much oppressed before death.</p>
		<p>P.M. <u>Throat</u>. Lungs healthy. but on posterior surface & base to be deeply congested & throughout very red. Very much increased without the pulmonary old adhesion - no recent effusion into Throat - no pyemic patch in the lungs -</p> <p>Heart soft & flabby. not firmly contracted a small white clot in left ventricle extending back short way into the Aorta.</p> <p>Valves all normal. surface of Aorta not atheromatous. but not having the clean white appearance of perfect health as Dr. Chalmers remarked it looked as if it had</p>

Month.	Date.	Particulars of Case.
Aug	11	<p><i>Examinatio Anemurum of Femur</i></p> <p>been much worked. — Right aneurie contained a firm adherent white clot which passed into the ducts & was hurled into the aneurie: Part of being this clot extended into the peritoneal cavity & phlegm then on peritonitis & was drawn out in the form of a beak like many handles from each. The aneurie being returning for into three of the vessels. —</p>

Abdomen. Liver looked pale & fatty. but not otherwise diseased. The other viscera appeared normal in position. No sign of any motion in either the aorta or veins. —

On dissecting out the femoral vessels. It was found that the profunda was pin off by high point of the Psoas ligament. The profunda was to be ligated

Month.	Date.	Particulars of Case.
Aug	11.	<p>Rheumatic neurism of femoral</p> <p>The vein and artery were closely adherent below the opening of the Popliteal & after entering the femoral Canal they were closely united. The Cowling the vein was much the size of both Caroties much diminished. The lining membrane was much almost shaggy & in it lay a quantity of greenish looking fluid. - Small clots protruded into the main space collected in bunches. It communicated abruptly & abruptly to the artery in the upper part of the trunk. & about the end of the trunk both were some 100 - 150 in inflammation produced. The artery was also shrunken and much in the same & on free inspection was found with long about the open end where the ligature had departed.</p>

Month.	Date.	Particulars of Case.
Aug	11	<p><u>Traumatic Amputation of Femur</u></p> <p>was a small certain amount of edema inflammation, indurated.</p> <p>The bone ends dissected out, presented a circular appearance. The tissues generally about the wound were matted together with the inflammation - making products -</p> <p>The wound at the bottom looked deeply & dry. The upper incisions were healthy - In the middle the ligaments lay loose & the small portion of the upper end of the femur of which and in the ligament lay loose in the wound - showing how brittle - dissected the parts had become.</p> <p>No further dissection was practicable for the distance between the two fragments permitted so much of the bone to be lost - It would have</p>

Month.	Date.	Particulars of Case.
Aug	11	<p><u>Dramatic Aneurism of Femoral</u></p> <p>to have injected and an injected preparation of the tumor -</p> <p>The circulations had been thoroughly reestablished in the leg and which in the normal size & temperature indeed I am convinced that was the case before the artery was tied - The femoral vein in some distance above & probably behind the tumor had become obliterated - The circulation both arterial & venous had nevertheless been perfectly reestablished about two inches of the bone - and when the artery & vein of the foot were damaged by position the bone broke away & probably would have reformed.</p> <p>There were no symptoms of osteomyelitis.</p> <p>His walking of note that the</p>

Month.	Date.	Particulars of Case.
Aug 11		<p>Rheumatic Neurism of femoral</p> <p>weather nice but, afternoon has been not so favorable; damp - warm disposition to a degree - malum influences. etc.</p> <p>He had no rigor, no fever. By the last few days he has been asleep & propped in continuation seemed to be flush & rapid I worked for some time but he was - he died twice but admission but he has cannot turn up while than other complaints Death appeared to have been much this morning I should imagine from the femoral vein. Fibrin clots in the right cavities of the heart & some may probably the immediate cause of the apnea which preceded death & the condition of blood while she was alive.</p>

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Month.	Date.	Particulars of Case.

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Month.	Date.	Particulars of Case.

Month.	Date.	Particulars of Case.
		<p>Uterine hemorrhage -</p> <p>Aug. 7th At about midnight I was asked to see Mrs S ^{and her 3rd healthy & young} in labour 5th child. I found her near delirium. head pressing thro down at about 1st hour - Expulsive pains not strong. Some after they became stronger & one or two almost continuous pressed the child's head out the vulva. The membranes which protruded once & again before the vulva had ruptured a minute or two before we prepared with the forceps - young people - no delay occurred in removing the head & a second another pain brought the child into the world - a full grown well developed female - It was dead - I made my effort to resuscitate it but to no purpose. I had evidently been dead in some time - The cord was</p>

Month.	Date.	Particulars of Case.
		uterine hemorrhage
Aug	7 th	<p>White blood & shrunken - but there were many clots about the placenta came with the child and at that instant a considerable quantity of dark blood - which I saw I saw of a color other than usual the womb contracted firmly. I was under 2. There was very great discharge in about 20 minutes as far as I can remember. I directed the nurse to wipe the body - I saw about midnight I saw the blood pale then the blood dried & took off the blood from the back had outlasted - however to the place - one stream away & a fresh blood</p>

Month.	Date.	Particulars of Case.
Aug	7 th	<p>aterrine homology —</p> <p>W. entering much — then he fell the fronted. & the whole became flaccid again. For a while I had a machine to electrocute & I & ice with these instructions concerning myself was also present. I iced water injected into the muscle — For some J. D. Chas. & I was holding the muscle which I kept contracting and by means of a needle — The needle seemed to have nearly exhausted him (though) he was present. — The whole was present in front of me. Then once I thought he had ceased to move reaction & I was turned away by about 8 am. — The case was safe — muscle present injected — further work was stopped</p>

Month.	Date.	Particulars of Case.
		Asterne hammshall
Aug	7 th	<p>He did well. had neuralgic headache not very much was relieved during time -</p> <p>The cause of death is the child so far as I could make must have been some time obstruction of the placenta. It had been found dead in some time - The child was white & anasthetized - The child blinced - The Meconium came away with the child with it some time after a pushing stage passed - The presentation by drawing of the labor very short & the second stage again finished in the same manner -</p>

Month.	Date.	Particulars of Case.
		Death from Malaria during
Aug	6 th	<p>On the morning of the 6th August I was requested by Bates Dr. to see the patient. I found a case of inoperable Malaria.</p> <p>I found the P. and R. a healthy looking man, but very much of light complexion - an inspecting officer, on his first arrival in the service, in the same abdominal distension - and found the abdomen very much enlarged - some what painful - pulse about 104 - temperature 101 - face and neck discolored with a hepatic red tint. There was a swelling in each groin. He had P. and R. by mouth - but on the left much larger than the right - both turned to the touch. The left more especially so.</p> <p>It appears that the day before he had been out great part of the day and had been a good deal fatigued by attending on another. He came home about 4 P.M. - told his wife he had a swimming pain in the stomach.</p>

Month.	Date.	Particulars of Case.
Aug		<p><i>Death from Malicious Poisoning</i></p> <p>which the thought might be caused by wings & he asked for his money - he with some but was in his hand. He said he had jumped out of his buggy and that he thought the pain might have been caused by the shock - Soon after dinner he became very pained - it had a sharp edge - was the phenomena of an Ague fit The bowels acted - he passed some greenish matter in the day, I was not see it - when finally he turned water & was sick each time he went so he could have many the mess - The groin about the time appear to have swelled and become very painful the tenderness extended over the whole abdomen - but I could not ascertain that it was more sore in the umbilical region than elsewhere</p>

Month.	Date.	Particulars of Case.
May		<p> <i>Dear Mr. Dr. Malvern. Morning</i> He slept very little. The Doctor thought it might be caused by the agitation of a humor asked me to see him at ten o'clock 10 am. There was no disorder: we had there been any for some time. The house were said to have acted & caught several humors. I examined the swellings in the groin carefully & sent him off at once to the residence of Mr. Dr. Dr. Dr. Dr. Dr. instructions that I sent to be sent by the symptoms increased — It appeared that he was within the during the day. Nothing suggested the agitation occurred - but at 11 am & 12 o'clock. The symptoms of fever came on again. but a shiver at Peter. his breathing which had been hurried before became more so - cold sweat broke out. his pulse became rapid & full & he appeared to be rapidly sinking </p>

Month.	Date.	Particulars of Case.
Aug		<p>Death from Malaria in Form of I am sent for and find him in after - I find him in bed asleep - but when he awakes - he is restless to a degree & in great pain - he says he has a burning in his face & in his head - he is thirsty and weak - his pulse is not perceptible at the wrist - The action of the bowels has been distressing - I ordered for him rice water and the throat - common - I continued him for a few days I found him to be very weak & restless He was perfectly anemic - pale & emaciated - his appetite was not good - I gave him medicine & found he had him - But within a few days I was watching him & then he began to say he was dead</p>

Month.	Date.	Particulars of Case.
Aug.	21 st May 7 August -	<p>Death from Cholera morbus</p> <p>The abdominal viscera were healthy. The spleen was natural. The kidneys normal - on the surface of the liver there were a few pale patches about as big and smaller than a 4 anna piece, but they were not deep when cut into. Nor were there any structural change - In appearance no inflammation or thickening around them. The liver generally was healthy - There was no evidence of any kind. The swellings in the spermatic cord I mentioned had proved to be of the much smaller & without pain, consisted of thickened areolar tissue and a chronic enlarged gland. The viscera distant from abdomen & thorax were quite free from any abnormal change. The intestines were natural. No choleraic fluid present.</p>

Month.	Date.	Particulars of Case.
Aug. 21.		<p>Death from Malaria poisoning</p> <p>Thorax. Lungs intensely and especially posteriorly congested. Numerous patches of pulmonary apoplexy throughout their structure - Spots of Ecchymosis on the surface & also on the heart. There was some edema & the bronchial mucous membrane was also deeply congested & swollen.</p> <p>The heart was normal & free but contracted with some enlarged small branches of the coronary artery - all else normal.</p> <p>This was a very interesting case well in accordance with some case. It is an example of the fatal effects of malaria poisoning at the season of the year & Malaria. The weather at the time was hot & damp & malarious influences.</p>

Month.	Date.	Particulars of Case.
Aug.		<p>Death from Malaria poisoning.</p> <p>being very peculiar. The symptoms were such as to suggest malaria & the doctor in the first & for a period it - but had he not then I much collapsed when I saw him in the day I should have found the first malaria.</p> <p>The symptoms from any congestion were not with the cause of death - the patient state in doubt & a calculated it - the overwhelming action of the malaria poison can almost account for the rapid fatal phenomena that manifested themselves -</p> <p>The patient was a young healthy temperate man & had not been ill for some time before the day in which the attack commenced.</p> <p>A certain amount of enlargement of the spleen could not be traced together with the possible cause for the rapid & severe point to the</p>

Month.	Date.	Particulars of Case.
Aug.		<p>Death from Malaria poisoning.</p> <p>presence of an Malaria to be ^{last} in an Malaria condition - He was perfectly healthy it was and in other respects - The symptoms had in the appearance of Malaria of an Malaria to be and as I mentioned from having in observing they had been there for a considerable time many months</p>

Dear Sir.

I beg to apologize for not having fulfilled my promise in informing you of how I was progressing after my departure from the College under your treatment for "Scrotal tumour" but the precarious life I have led owing to my finding a great difficulty to obtain a suitable situation so that I could settle myself I trust will mitigate my offence — I am now glad to inform you that I am thoroughly recovered and can with every confidence assure you that the disease is quite

regulars of Case.

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quite eradicated from my system. [†] My vigour is not at all impaired. on the contrary strengthened, and to crown all I expect soon, in the course of 4 or 5 weeks, to be a father.

The bearer Mr. J. Lyons, Head Translation of the High Court here has been suffering very much of the complaint which he will explain better himself. and I have induced him to take advantage of the Dupleah vacation and go down to Calcutta and place himself for treatment under you, which he has agreed to. Hence as he is a stranger in Calcutta I have given him this letter thanking you for the benefit I have derived from your skill and kindness. —

Allahabad
High Court
The 30th August
1871

I beg to subscribe myself

Dear Sir
Your most Obedt. Servant

J. Willis
To Dr. Dr. Fayer
Calcutta

[†] The attacks of ague, & fever, for which Dr. Chenevix was treating me, have also entirely disappeared. This I think is the result of the operation. J.W.

Month.	Date.	Part	th.	Date.
Aug.		Death from In		
		presence of m		
		in m m of p		
		He was for p		
		and in other		
		death, had		
		symptoms		
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		time for a		
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Date.

Particulars of Case.

Adm. only

Mr

Mr. A. A. A.

Chancellor

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CASE BOOK.

Month.	Date.	Particulars of Case.

Month.	Date.	Particulars of Case.
Sept 20 th 1871.		<p>at about 11^{1/2} am on this date. Mr. Piddington shortly after the Hm. Dr. Macpherson came to my house 42 Chancery and told me that the Hm. J. P. Norman Offy C. Justice had just been stabbed by an assassin when entering the High Court. He had been taken to the house of Messrs Thacker Spence & Co. Opposite St. James. Mr. McP. informed me that Dr. R. Palmer of the General Hospital who had been near had been called down with the Mr. Norman - I went at once and found Mr. N. lying on a couch in a lower room in Messrs T. S. house. He was pale & his heart was beating & his hands were cold. His pulse rapid & feeble than natural. His clothes had been partially unbuttoned. Those that remained were stained with blood. & some blood stained clothes were about him. Dr. R. informed me that he had been</p>

Month.	Date.	Particulars of Case.
		<p>stabbed in two places, abdomen and thorax, but that he had not ascertained the depth of the wound. There was said to have been considerable loss of blood - his appearance confirmed that statement. It also seemed the shock of severe injury -</p> <p>I proceeded to examine the wounds. -</p> <p>First - one directly through the intercostal space into the abdominal cavity. but there was not, nor had there ^{been} any protrusion of the contents of the abdomen - a blood was trickling freely from the wound but there was no appearance of any bloody fluid. The wound was three inches deep, caused by first entering & then withdrawing with a wrench a sharp weapon. It was the one rich in look.</p>

Month.

Date.

Particulars of Case.

a compress and bandage had been placed on this. I applied a ^{new} turtine to prevent further gaping or protrusion.

The bleeding was not profuse and a pledget of lint or tow was here then applied ~~soaked in carbolic acid~~ ^{soaked in carbolic acid} when there was a slight abrasion on the fingers of the hand (the right I think) as he had attempted to seize the knife & the edge had slightly peeled the skin from the palm & inner aspect of the finger in so doing.

Second. a wound entering the posterior border of the scapula. ^{1 1/2 inches from the} near the margin and penetrating deeply downwards ^{around} & forwards through the muscle & between the ribs one of which one of the felt damaged, into the thorax — It did not appear to me that the lung had been wounded. The

Month.	Date.	Particulars of Case.
Sept. 1871	20	<p>Pleural cavity was certainly opened. The depth of penetration beyond this could not of course be as- certained.</p> <p>The bleeding from this wound was trifling. Respiratory sounds were audible on the left side. No air of slight pressure. ^{was} Come from the wound. There was no haemoptysis - at one time I imagined there was a small abscess in the lungs, but the result proved it was not so.</p> <p>He was very restless to begin with complaining much of cough, although the weather was warm. His face was swollen & puffed - the lips puffed. He was thirsty - and soon began to complain of Nausea - vomiting supervened. and continued some a week until the end.</p>

Month.	Date.	Particulars of Case.
Sep	20.	<p>He about an hour & half he began to complain of distension of the bladder & desire to micturate he was unable to do so & voided a catheter drew off a few ounces of <u>clear urine</u> —</p> <p>Stimulant. gave very sparingly since. with the view of relieving with the frequency of <u>urination</u> he passed ice & water 2 or 3 times acid urine voided —</p> <p>at about 1 P.M. when with much pain increased. Dr. J. J. of J.H. XX — gave him at intervals of two ^{short} to three hours — with the greatest relief to his suffering & restlessness —</p> <p>He returned to his room for water near the bed. that he at about 1-20 of the 21st Sept</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
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Sept 21 he took for the first time a drink.
The vomiting continued in the
evening and wine - but they
were much allayed as was the
distressing restlessness. The
Pulse - found moderate
but gradually failed.
he became more & more
tired about 1-20 ^{hang him}

in my
absence from
Mud

The Pch was ^{increased} ^{by the} ^{presence} ^{of the} ^{patient}
from Dr W. Patman. ^{the} ^{work} ^{is} ^{appended}
The work is appended.

Dr. Norman was a robust
man and very powerful man
in full health at the time of
the aged 57, when he was
stricken.

CASE BOOK.

Month.

Date.

Particulars of Case.

The knife with which the wound was inflicted was sharp pointed and sharp on the back as well as edge some distance from the point - The blade was probably a foot long. The point was short & broken - - The handle of white bone or ivory bound in brass - The blade by a triangular - probably a knife as we seen in the Pygmy - as a frequently used in hunting.



Throughout the treatment of the late Mr C. Jones I received much valuable aid from Professor N. Cheever. J. Swanton & Mr. Palmer.

CASE BOOK.

Month.	Date.	Particulars of Case.
		<i>Review</i>
Oct 1871	29	<p>Mr Farnace brought his boy aged 7 years to me to day - The boy was healthy & strong. a great squint in his eye & much adhesion to a cataract. Some weeks ago in humbling the boy said he had lost his left eye & he could be seen. But gradually the left eye got worse - the more & the left hand wrote - & an operation came out in the fashion in which I found him when some like a hand eye - The little finger part of the very poor condition. The hand and some of the fingers were the same -</p> <p>In the neck in the right part of the neck - One when in the neck -</p> <p>I diagnosed diphtheria. I treated with - In the neck of the neck</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
		<i>Neuritis</i>
Oct 25		<p>with dull pain intensely - The impression is directly due to unimpaired nutrition. The working of the p. n. system to also to the diseased state of the nerve & the nerve. The cause I could not understand. he worked more & then the mother are - The boy was of healthy family but had not & strong & had been much in the bath - The cause from disease nerve trunk -</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
		<i>Scrotal Euphorbia</i>
<u>Nov 22</u> 21	1871	<p>Yesterday morning at 9 am. I removed a scrotal tumour from a Malabarian named - Aulad. ally. stating himself to be 41 years of age. but taking over 60 - His hair & beard were perfectly white and all his teeth had gone - This he said had occurred only within the last two years. —</p> <p>The tumour has been growing for 12 years. In early morning between 3 or 4 years he had attempted to sh ^{himself} but</p> <p>He was a small man. 5 ft 1 - high 82 and drawing glands - 29 - and abdomen - he was moderately well nourished. but his general appearance was that of debility - his only medicine were Aulad - His face body head & limbs. were covered with large patches of leucoderma - the tumour itself was on the inner side</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
Mr 1871	2 ^d	<p>His weight with the tumor was 15 stone 8 lbs - He could stand and walk a little. but he ^{was} in ^{was} unable to rise from the spot ^{place} where he was placed by the nurses growth - when he took ^{was} his belt in his left hand on tumor map - he might use it as a rest for any object. The dimensions of the tumor were as follows</p> <p>Neck round the. 17 inches Circumference horizontal 51 inches Vertical Circumference for 61 inches ^{measured upper arm 16 inches from shoulder joint} When he stood the tumor came within 2 1/2 inches of the ground - his hip was separated & the tumor projected far behind & behind them. He has been in hospital since the 2^d Oct. 71 and under the influence of good food - and now he has become somewhat more vigorous but still as firm & his death seems more certain from his appearance & the feeling now</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
Dec 1871	20 21	<p>Of the heart - & feeble pulse. It was probable that - depending on the enormous fibre - my work was long on.</p> <p>He was exceedingly anxious to the extent of his heart trouble, & refused to consent to undergo the operation at any rate - his wife being a complete lunatic in his present state.</p> <p>On the 21st NR in consultation with my colleagues on their presence that of Dr J. C. Brown M.B. In the Journal of Hospitals & the Medical Officer J. operated.</p> <p>He was placed on the table early in the morning, and the tumour was suspended in a canvas bag. Ice was applied to the tumour in the raised position, to increase the squeezing of the blood. He was much alarmed & the bath & antiseptic to have the operation performed. became nervous & depressed - he had no notion</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
Nov - 22 (1871)		<p>Food in some time ^{has} in consequence - Stricture were given occasionally & below the pelvis with the hands</p> <p>at 9 am. in the presence of Dr J. C. Brown M.D. Heard the chief depts - Dr. Cheney - Dr. Catlett other medical officers & the theatre full of the doctor I operated.</p> <p>The penis was exposed by the usual long incision made with an amputating knife in a direction - Dissection was attended by very profuse hemorrhage from large venous sinuses - The bleeding was controlled by Dr. Catlett & the assistant - by hook by the profuse and jagged but a considerable amount of blood of venous character was lost -</p> <p>The testicles were next exposed by long sweeping incisions - They were found without difficulty & very little delay - on the left side there was a very large hyaurocele which when land open poured out gallons of fluid deluging the floor - The hemorrhage was not bad or profuse - The same the</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
Apr - 1871	21	<p>number of vessels divided in the extreme vicinity a quantity necessary drained away - The points & dots in the cut which were with the dural sinuses, considerably by pulsation - Shies and lengthened, were now held up - The dural sinuses raised and turned posterior to each other by the pulsation - partly by the assistant hand - a few circular sweeps of the scalpel completed the removal, & it fell heavily to the ground.</p> <p>The ^{arterial} hemorrhage was not quite so large vessel were rapidly secured by ligatures - prepared entirely at this moment - He had by this time become very bad - pulse hardly perceptible & Dr Mc Connell the house surgeon who found the Chapman observed that heart was preparing of the lungs & total power seemed to be ^{about} gone rapidly for the time.</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
Nov	21	was separated from the body. The limbs
1871		but bottles. Some form of medicine was
		administered * and Brand was

Doctor Fayrer

Dear Sir,

Your desired me to let
you know how my little boy's hand
was after two months. I now beg
to comply with that request.

I do not think it is worse. the
little finger and next to it, still
drawn to the side and backwards.

The little finger is quite without
feeling. the inside of the finger
next to it has a little feeling when
pinched sharp. but it is not
very sensitive when touched lightly
with the point of a pin. if touched

swollen & with the tip of the finger. but he has
purpose - His hand is set pretty
during the day. He never seemed
quite to recover consciousness. but

Doctor Lyster

Dear Sir,

Your desired me to let you know how my little boys hand was after two months. I now beg to comply with that request.

I do not think it is worse. the little finger and next to it ^{is} still drawn to the side and backward.

The little finger is quite without feeling. the inside of the finger next to it has a little feeling when pinched sharp. but it is not very sensitive when touched lightly with the point of a pin. if touched

with more force the Child feels it. The arm is now half an inch less than the other arm, it was only a quarter of an inch less when you measured it. The cord or nerve you showed me under the arm appears to me the same and quite as hard.

The nerve under the ear is still hard, the ear still without feeling in the lower half. the redness in the face is still the same. The redness in the palm of the hand looks much fainter than it did; the Child complains of a pain in the palm of the hand at the border of the red place if it is pressed there. but not otherwise.

while you have the kindness

to give me further advice. The Child's health and spirits are very good.

The Iodine ointment I brought with me from Calcutta caused a good deal of irritation, ~~what~~ the ointment I am using now does not appear to have the same effect, in fact it does not make the part red where it is applied. please let me know should it do so. and give me any prescription ^{and directions}, you may think proper.

I remain
Yours faithfully,
Jas Lawrence

Dhree Workshop
Dhree.
Via Passerani
Shahabad-
8 January 1872

CASE BOOK.

Month.	Date.	Particulars of Case.
Nov - 1871	21	<p> number of vessels divided in the extreme incision a quantity necessary drained away - The points of insertion the lower extremities were with the Juncos topical, considerably hypodermic. - Shies and long threads were now held up - The Juncos being raised and turned from side to side partly by the pulleys - partly by the assistant hand - a few circular sweeps of the scalpel completed the removal & it fell heavily to the ground. The ^{arterial} hemorrhage was not short & during large vessel were rapidly secured by ligatures - prepared on both sides meantime - He had by this time become very bad - pulse hardly perceptible & Dr Mc Connell the house surgeon also found the chloroform obscured that part of preparation of the limbs & total power seemed to disappear rapidly ^{short} for the Juncos </p>

CASE BOOK.

Month.	Date.	Particulars of Case.
No 21 1871		<p>was separated from the body. The lungs but to the. Sinus pericardii were carefully administered & applied. Brandy was injected into the rectum & soon he began to rally - his pulse became perceptible was then some he became unconscious and was removed to his bed & the word -</p> <p>He remained very bad - The pulse continued rising and again becoming as before. he remained in a dreamy state of half consciousness. I slept in with a 68° but complete reactions never set in he sank and died without pain about 1 1/2 hours after the operation. There was no recollection of his case but the shock to the nervous system seemed to have been more than he could rally from - He was not carefully attended & lost sleep - & the lungs were swollen & somewhat effused. but he was prostrate - His bowels acted freely during the day. He never seemed to be in a recumbent position but</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
Nov	21	<p>opened his eyes when asked to looked about him - He was not sick and retained all that was given to him —</p> <p>The solid mass of the tumour after blood & fluid had drained away after the operation weighed 28 lbs. - It was a pure white fibrous mass - & had the curious semicircular structure of the ducts structure the ducts well marked on extent as I have seen in some tumours after removal</p> <p>His weight before the operation was lbs 218 = 15 stone 8 lbs.</p> <p>The weight of his body immediately after death was ^{there lbs} 7. 10 = 108 lbs.</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> $\begin{array}{r} 218 \\ 108 \\ \hline 110 \end{array}$ </div> <div> <p>110 lbs was the actual weight removed, or two lbs more than the weight of his body</p> <p>The weights were taken with great care & accuracy.</p> </div> </div>

CASE BOOK.

Month.	Date.	Particulars of Case.
No 187.	22	<p>The post-mortem was made at 9 am of 22nd. The body was that of a small, slightly made old man. The hands were white. <u>No teeth</u>. The body, head, limbs and greater part of the trunk covered with patches of leucoderma — Moderately well nourished & inclined to be fat.</p> <p>The chest & abdomen were laid open. The lungs were healthy, but slightly emphysematous, and hypostatically congested. — The pericardium contained a quantity of clear serum —</p> <p>The heart was small. Had some fat deposited externally, & was friable. Easily torn & looked fatty. — There were small white cragula in the ventricles & in the arteries in the right & left. —</p> <p>The liver was small. So were the spleen & the kidneys. They all seemed fatty & Dr Lewis's report shows that they were so. — The muscles generally looked pale & flabby. There was a considerable layer of subcutaneous fat — In fact he was in a state of</p>

CASE BOOK.

Month.	Date.	Particulars of Case.
No	22	<p><i>Scutell. Siphonotus</i></p> <p>fatty degeneration generally, the Arteries were very good, no atheroma & the other arterial branches seemed equally so -</p> <p>There was nothing peculiar about the lungs. The lungs were apparently healthy to the touch. The bronchi were dilated & hyperinflated with much sibilant rattle about them - The left lung was much more much thickened & had contracted more markedly in size - Several small nodules had been removed - The right lobe was also thickened & contracted more than the left - The remaining surface of large hyaline vessels were apparent in the rounded surface.</p> <p>D. Lewis M.D. also witnessed the dissection kindly made a microscopic examination of the stained & stained sections of the subject.</p>

CASE BOOK.

Month.

Date.

Particulars of Case.

Amputation of thigh

My dear Dr. Fayrer

I have examined the

Several pathological specimens sent me yesterday by your friend Surgeon. As they arrived somewhat late in the afternoon the light was not sufficient then, so they were placed in glycerine for the night and the following is the result of this morning's examination:—

Liver:— The hepatic cells were no longer recognisable as such— their usual granular appearance had entirely disappeared. Minute molecules of fat alone being seen. It was with difficulty that a tolerably normal cell could be picked out.

Kidney:— The cortical portion extremely fatty and the lining epithelium of

the entire circumference to see a
in the 1st trimester—
between 30 & 40 years
amputated below the knee
a bad compound fracture
in the upper part of
the thigh was amputation
130 tube—small
from my friend Dr.
Fayrer.

surgeons. The
of the thigh, the
in the thigh
by Dr. Fayrer

thigh and the knee—

The attempt was made—

I amputated at upper thigh by
ant: post: flex:— He broke
fracture fairly but was very low
after it. no much blood lost

My dear Dr. Fayrer

Have examined the

several pathological specimens sent me yesterday by your house surgeon. As they arrived somewhat late in the afternoon the light was not sufficient then, so they were placed in glycerine for the night and the following is the result of this morning's examination: —

Liver: — The hepatic cells were no longer recognisable as such — their usual granular appearance had entirely disappeared — minute molecules of fat alone being seen. It was with difficulty that a tolerably normal cell could be picked out.

Kidney: — The cortical portion extremely fatty and the lining epithelium of

the tubules had degenerated into what appeared like mere globular accumulations of oil molecules.

Heart: — The fibres have undergone extensive fatty degeneration — in fully one-half of the fibrillae the transverse striae had disappeared or become granular as scarcely to be visible.

Muscle: — The fragment forwarded appears like healthy —

Vessels: — As far as I have hitherto been able to judge the two samples present a normal appearance, but as yet they are scarcely sufficiently cleared up by the glycerine to be able to pronounce more definitely. Should subsequent observation show that they are diseased I will let you know —

The piece of Scrotal tumor
is not yet sufficiently stained
for thorough examination. Hitherto
I have not been able to detect
any "cells" in the usual acceptance
of the term; indeed I fear that
even when the preparation has been
fully stained I shall only be able
to send you a sketch of
areolar tissue - without any
peculiarities whatever -

Please do not trouble to
reply to this - a salaam will
do -

Believe me
Very truly
Yours
J. R. Lewis.

General Hospital
Nov. 22. 71

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Heart

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CASE BOOK.

Month.	Date.	Particulars of Case.
		<i>Scrofula Gliphrantides</i>
<i>No 2</i>	<i>22</i>	<p> <i>fatigues</i> <i>the</i> <i>the Anta</i> <i>app</i> <i>with a</i> <i>of</i> <i>second</i> <i>Heart</i> <i>There was</i> <i>ex</i> <i>the</i> <i>pell</i> <i>heating</i> <i>tran</i> <i>Chrysata</i> <i>or</i> <i>relations</i> <i>he</i> <i>sum</i> <i>app</i> <i>thickened</i> <i>visc</i> <i>mor</i> <i>been</i> <i>had been</i> <i>pre</i> <i>was</i> <i>as</i> <i>third</i> <i>ele</i> <i>large</i> <i>he</i> <i>approx</i> <i>sh</i> <i>the</i> <i>the</i> <i>at</i> </p> <p> <i>D. Lewis</i> <i>Went</i> <i>also</i> <i>visited</i> <i>the</i> <i>operation</i> <i>kindly</i> <i>made</i> <i>a</i> <i>minuteful</i> <i>examination</i> <i>of</i> <i>the</i> <i>Alameda</i> <i>offered</i> <i>him</i> <i>note</i> <i>on</i> <i>the</i> <i>subject</i> </p>

CASE BOOK.

Month.

Date.

Particulars of Case.

Amputation of thigh

Jan
72.

28

Went over to Hoveh with the Carriage to see a
Case of Gangrene in the Thigh -
The man a native between 30 & 40 years
of age had been amputated below the knee
the day before for a bad compound fracture
Gangrene had set in was rapidly
spreading - and the thigh was emphysematous
up to Hip - Pulse 130 - feeble - General
health had not been very good - he
had suffered from fever.

The Thigh was gangrenous. The
discharge rapidly spreading. The
emphysematous nature of the thigh
made it impossible by any spreading
thrust and can to save -

The attempt was made -
I amputated at upper third of
ant: post: flex: - He broke
fracture firmly. but was very low
after it. no much blood lost

CASE BOOK.

Month.	Date.	Month.	Date.	Particulars of Case.
No	2	Jan	28	Amputation of thigh in the commanding the rule I applied to him the notes in the subject.

Hospital
Hawrah January 28th 72

7.30 pm.

Dear Fargus,

A Native was
brought in here
yesterday morning with
severe compound fracture
of both bones of the
right leg - for which
amputated at once
below the knee.

He is now in a very
comparable condition
indeed.

above - a
a bad way, yet certainly
greatly better than when
you last saw him.

He threatened to sink for
some time - But by aid of
Salvarsan, Bismuth, potassium
antigonal heat & careful
attention he has pulled

through

Hospital
Howrah January 28th 72

7.30 pm.

My dear Fayrer,

A Native was
brought in here
Yesterday morning with
severe compound Fracture
of both bones of the
right leg - for which
amputated at once
below the knee.

He is now in a very
satisfactory condition
indeed.

widened. He has all the
appearances of local &
spreading gangrene. The
soft parts up as high as the
outer part of the thigh, almost
as high as the hip, crepitate
under pressure. There are
several "phlyctenae" & a
distinct darkening of the soft
parts at the seat of amputation.

The question arises:
Would amputation at the
hip afford the man a reasonable
hope of recovery, & therefore
justifiable? His breathing is

somewhat labored & his pulse at
100.

I am myself inclined to think that
late joint operation would only
hasten death without affording
any reasonable chance of recovery.

Again, my House Surgeon
Baboo Bhen Chandra Roy seems
to think that death is so certain
as things now stand, that anything
in the form of operation (as at
the hip) might be justifiable
& worth trying. Under the
circumstances I should be glad
if you would kindly give me
your advice on the case. I wait
to think

think he could well be removed to
the College Hospital.

If you happened to be not very busy
perhaps you might care to come &
see the case. I am afraid matters
would be worse tomorrow morning
than they are now. If you are
unable to come yourself would you
mind sending this on to Cambridge
in the event of his being able -
& coming - to come.

Very sincerely yours

Daniel Whitman.

House Hospital

12 noon
— Jan 29th 72

Dear Father,

Your patient is still
alive — & altho in
a bad way, yet certainly
greatly better than when
you last saw him.

He threatened to sink for
some time — But by aid of
Salvarsan, Bismuth, & Hounchett
Artificial heat & careful
attention he has pulled
through

through so far. The crepitation
up above has decidedly diminished
indeed I cannot say that it has
at all.

This temp 102°.

Pulse frequent & weak. But
not by any means hopelessly so.

I must say I do not
expect to see him nearly so
well as he is.

Hope I need not assure you
that I felt very grateful
to you & to Cutcliffe for
your most valuable opinions
&

& assistance.

I will write again tomorrow.

Very truly and gratefully

Dan Whitte

29/1/72

My dear Cuthbert

There is bottom Union
the cause of Low water

Yours
Wm

29/1/72

My dear Crotchfield
This is bottom skin
measured of Lane antitoxin

Yours
W. H. H.

July 30th 72

My dear Fayrer,

The poor fellow
died last night about 7 o'clock
The crackling sensation of
the soft part returned,
but no actual gangrene
was apparent in the stump

Very truly Yrs

Daniel Whitte

Month.	Date.	
May	28	Amber C. W. C. W. I appear subject

than he could well be removed
the College Hospital.

If you happened to be not very
perhaps you might care to con-
sider the case. I am afraid
would be worse tomorrow more
than they are now. If you
unable to come yourself would
mind sending this on to C
in the event of his being able

CASE BOOK.

Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

CASE BOOK.

Month.	Date.	Particulars of Case.
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**A Number of Blank Pages Follow, which have
not been Photographed.**

CASE BOOK.

Month.	Date.	Particulars of Case.		

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.

Date.

Particulars of Case.

Stech

has shifted from yesterday
to your clean - in pen
now -

Imp: better 99.

R. H. - 95

L. H. 95.4

R. 7. 93.2

L. 7. 92.5

Bornels within compass.
wood. looks fine -
In charge fine -

Compliment of archery in
leg & knee & hand
in foot - Small by the
arm

Stock

has slight fever yesterday
improvement - but fever
now -

Temp: rectum 99.

" R. A. - 98

L. H. 98.4

R. T. 98.2

L. T. 98.5

Bronchi within compressed -
wound looks fine -
Discharge fine -

Complains of ache in
leg & knee & numbness
in foot. I mark by a line
on leg

Length — — 11 ¹/₈
 Above ankle { — 11 ¹/₄
 Behind knee { — 13.

For the 88 to 92.

The 88 to 92 of Lead
 has not been marked
 in the record of the
 point in the valley.

CASE BOOK.

Month.

Date.

Particulars of Case.

6 Sept
1869

My dear Langer.

I examined the specimens today.

1. The forearm of the boy in whom the median had been divided. There was diffuse destructive suppurative disease extending along the course of sheath of muscle & running up the arm. also among the palmar tendon & flexor also of the hand. Stuff coming out of a dark sanious character, with breaking down blood clots.

16 Sept

1869

My dear Langer.

I examined the specimens today.

1. The forearm of the boy in whom the median had been divided. There was diffuse destructive suppurative disease extending along the course of sheath of muscles & tendons up the arm - also among the palmar tendons & flexor also of the hand. Stuff coming out of a dark saucy character, with breaking down blood clot.

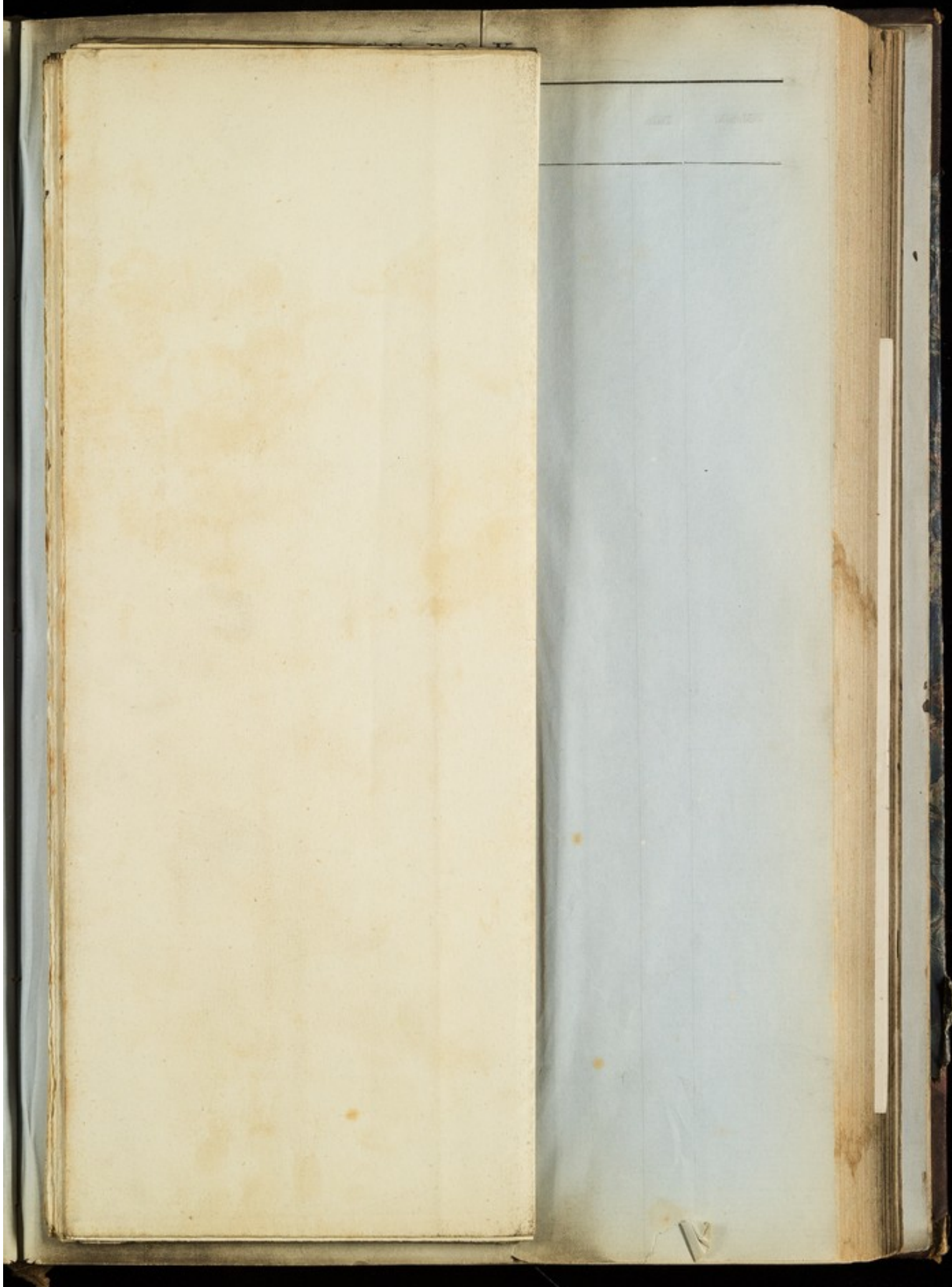
The bones of the wrist all denuded
of articular cartilage - as also
the ends of the radius &
ulna.

Around the division of the median,
a good deal of hard & condensed
lymph had been deposited
forming a kind of protecting
splint to secure the
accurate apposition of the
cut ends of the nerve. On
laying this open, how
whether nerve or just scar?
say in the absence of microscopical

examination / which I must not
omit / clearly connected the
two ends. About halfway with
of the ~~same~~ bridging tissue
presented a reddened but
firm structure. Above &
below this the nerve trunk
displayed its usual white
glistening appearance. There
can be no question, I think,
that had the case gone on
favorably in all other
aspects - not only would
the telomeres have been cured.

but the function of the median
nerve would have become
completely reestablished.
A section of the bone has not
been made because for the
present, it was considered
desirable to preserve the
median in its integrity,
which might have been injured
during the making of the
section.

2. Section of the remains of libria
and fibula & shaft of femur
in the case of Pyramica, examined.
This morning showed usual signs
of osteomyelitis. *very weak*



Amputations of the leg & ankle
joint from the year 1858-71.

1. Kurrum Ally - aged 25 years - a Mahomedan Syce. was admitted into the Hospital on the 1st May 1858 with disease of the ankle joint (right). This joint was amputated by Prof: Syme's method - and he was discharged cured on the 11th November 1858.
2. Mooljee Ram - aged 36 years - a Hindoo Keggas was admitted into the Hospital on the 16th May 1859 with diseased knee - necrosis of the bones & cartilages of the joint and degeneration of the synovial membrane - of the right side - At the lower third of the thigh, amputation by anterior & posterior flap was performed on the 12th June 1859. He was very low after the operation and ultimately died from exhaustion on the 13th June 1859.
3. Fazakull - aged 40 years - a Mahomedan Cooly was admitted into the Hospital on the 24th October 1859 with gangrene of the left foot - and amputation by circular flap of the left thigh above the knee was performed on the 29th October 1859 & he died from gangrene on the 17th November 1859.
3. Joy naryan Das - aged 38 years - a Hindoo Fruit-seller was admitted into the Hospital on the 19th February 1860 with senile gangrene of the right foot & Prof: Syme's operation for the ankle joint was performed on the 25th Feb^r 1860 - He was taken away by his friends on the 3rd March 1860.

4. Bhagga - aged 23 years a Hindoo boy was admitted into the Hospital on the 27th February 1860 with Compound fracture of the Tibia & Fibula of the left leg at its upper third and amputation of the leg below the knee by Mr. Syme's method was performed on the 19th March/60 & he died from Gangrene on the 21st March 1860.
5. Mosh chander Bose. aged 19 years. a Hindoo lad was admitted into the Hospital on the 30th March 1860 with Compound dislocation & fracture of the right ankle joint and amputation of the right leg about an inch & half above the ankle was performed on the 30th March/60 & was taken away by his friends - cured on the 15th April/60
6. Shambho. aged 35 years - a Hindoo bearer, was admitted into the Hospital on the 29th April 1860 with Compound fracture of the right leg about half an inch above the ankle with traumatic Tetanus and amputation of the right leg below the knee by circular flap. was performed on the 19th April/60 - & he died from Tetanus on the 30th April 1860.
7. Bhacut - aged 40 years - a Hindoo servant was admitted into the Hospital on the 14th Novr/60 with Compound fracture of the Tibia & Fibula of the right leg about an inch & half above the ankle & amputation of the right leg below the knee by Syme's method was performed on the 27th Novr/60 & he died from gangrene of the stump on the 4th December 1860.

8. Thacoor Dass - aged 30 years a Hindoo Cooly was admitted into the Hospital on the 26th Novr 1860 with Compound comminuted fracture of the right Tibia and Fibula about 2 inches above the ankle & Amputation of the right leg below the knee, by Syme's Method (Modified Circular) was performed on the 1st December 1860 & he died from Pyemia on the 9th Decbr 1860

9. Madan aged 36 years a Mahomedan Boatman was admitted into the Hospital on the 3rd March 1861 with lacerated wound about an inch above the left ankle joint - the wound was ulcerated down to the joint, & amputation of the left leg below the knee on the 9th March/61 was performed & he died from sloughing of the stumps and diarrhoea on the 20th March 1861.

10. Nechal - aged 40 years - a Hindoo farmer was admitted into the Hospital on the 27th October 1861 with melanoid cancer of foot and Syme's amputation of the ankle joint was performed on the 30th Octbr/61 and he died on the 28th November 1861 from pyaemia. After the operation the Tibia granulated healthily but the Fibula necrosed. Symptoms of pyaemia came on about the 23rd day of operation.

11. Halim Meer - aged 65 years - a Mahomedan labourer was admitted into the Hospital on the 20th Jan^y 1862 with compound comminuted fracture of the left Tibia across the malleolus and Fibula about an inch and half above the joint and amputation of the left leg above the ankle joint was performed on the 20th Jan^y 1862 & he died from necrosis on the 10th February 1862.

12. Madhub Chunder - aged 40 years - a Hindoo-man - was admitted into the Hospital on the 5th February 1862 with disease of the right ankle joint and Prof: Syme's amputation of the ankle joint was performed on the 1st March 1862 & he died from pyæmia on the 31st March 1862
13. Gunga guttee - aged 50 years - a Hindoo man - was admitted into the Hospital on the 10th February 1862 with chronic ulcer on the right foot & Elephantiasis of the right leg and amputation of the right leg below the knee by flap method was performed on the 21st March 1862 & he was discharged - cured on the 21st June 1862.
14. Sham Shooden - aged 32 years - a Mahomedan Cooly - was admitted into the Hospital on the 24th Feb 1862 with Compound fracture of the left Tibia & Fibula a little below the middle of the leg and amputation of the left leg below the knee by flap method was performed on the 23rd March 1862 and he died from pyæmia on the 28th March 1862.
15. Bishtomath - aged 40 years - a Hindoo Cooly was admitted into the Hospital on the 18th April 1862 with compound fracture of the left Tibia & Fibula at their lower thirds & amputation of the left leg below the knee by flap method was performed on the 18th April 1862 and he was discharged. Cured on the 25th July 1862.

16. Aodur - aged 18 years - a Hindoo Cooly - was admitted into the Hospital on the 8th September 1862 with the right foot smashed by a Railway Carriage and amputation of the right leg at its lower third by flap method was performed on the 8th September 1862 and he was discharged - cured - quite healthy on the 28th November 1862.
17. Luckhynaryan - aged 50 years - a Hindoo Brahmin was admitted into the Hospital on the 29th August 1862 with compound fracture of the left tibia & fibula about an inch above the ankle joint and amputation of the leg below the knee by flap method was performed on the 10th September 1862 and he died from exhaustion on the 11th September 1862.
18. Lorne Sur - aged 25 years a mehoomedan Cooly was admitted into the Hospital on the 17th December 1862 with compound comminuted fracture of the left tibia & fibula at their upper third and amputation of the leg below the knee by modified circular method was performed on the 17th Decbr 1862 & he was discharged - cured & quite healthy on the 27th February 1863.
19. Anand chander Biswas - aged 35 years a Hindoo - Royal - was admitted into the Hospital on the 19th December 1862 with compound comminuted fracture of the tibia of the right leg at its lower fourth and amputation of the leg below the knee by modified flap method was performed on the 28th December 1862 & he died from exhaustion on the 29th December 1862.

20. Vikharee - aged 34 years - a Hindoo man was admitted into the Hospital on the 15th February 1863 with disease of the right ankle joint and Prof: Syme's amputation of the ankle joint was performed on the 19th March 1863 and he died.

21. "Dwari Mondul - aged 54 years - a Hindoo farmer was admitted into the Hospital on the 1st March 1863 with Contused wound of left foot with comminuted fracture of astragalus and Prof: Syme's amputation of the ankle joint was performed on the 1st March 63 and he died of rapidly spreading gangrene on the 1st day of March 1863.

22. Protap Singh - aged 45 years - a Hindoo Jemadar was admitted into the Hospital on the 29th May 1863 with disease of ^{the left} ankle both necrosis of bone of foot - joint opened & disorganized and Syme's amputation of left ankle joint on the 29th May 63 & he was doing well when he was taken away by his friends on the 8th June 63.

23. Pauch Coury - aged 31 years - a ~~Hindoo~~ Mahomedan farmer was admitted into the Hospital on the 21st September 1863 with Gangrene of the left leg - and amputation of the leg at its upper third was performed on the 23rd September 63 and he was discharged - cured - on the 1st January 1864.

24. "Shaik Kaloo - aged 60 years - a Mahomedan Coachman was admitted into the Hospital on the 30th October 1863 with Gangrene of the leg and amputation of the leg at its upper third was performed on the 31st Oct 63 & he was discharged - cured - on the 26th December 1863.

25. Jaffer Ally - aged 20 years - a Mahomedan
Roatman - was admitted into the Hospital
on the 6th June 1864 with Compound fracture
of the Tibia & Fibula () and am-
putation of the leg at its upper third was
performed on the 10th June 1864. and he
was discharged cured - Stump quite
cicatrised, could walk with his wooden leg.
On the 11th September 1864

26. Hadermath Das - aged 20 years - a
Hindoo man - was admitted into
the Hospital on the 8th June 1864
with diseased foot and Syme's
amputation of the ankle joint ()
was performed on the 26th June 1864
and he was discharged - cured - with
a very perfect stump - on the 26th
August 1864.

27. Hem Chunder Shon - aged 22 years
a Hindoo boy was admitted into
the Hospital on the 15th July 1864
with Compound fracture of Tibia
& Fibula of the left leg at its lower
third & amputation of leg at its
upper third was performed on
the 20th July 1864 and he died
from incipient Pythemia on
the 23rd July 1864.

28. Hurry Das aet 30 a Hindoo boat-
-man was admitted into the
hospital on the 27th Feb^r 1865 with
his right foot cut off by a
rope about the 2nd row of tarsal
bones - General health good.
Syme's amputation of the foot
was performed on the 27th Feb.
Secondary amputation of the
thigh was performed & he
died of osteomyelitis & pyemia
on the 17th March 1865.

29. Dhane Money aet 45 a Bengali
woman was admitted into
the hospital on the 20th March
1865 with a compound dis-
-location of the lower end
of the right tibia & fracture
of the internal malleolus
General health bad. Ampu-
-tation of the leg by modified
flaps at its upper third
was performed on the 23rd
March 1865. Died of
tetanus on the 27th March 1865.

30. W. Jewel aet 21 a railway
guard was admitted

into the hospital on the 25th April
1865 with both his feet crushed
General health good - Amputa-
-tion of the right leg by mod-
-ified ~~by~~ flap at its middle
third + of the left at its
upper third by modified
flap was performed
on the 28th April. Cured
+ discharged on the 31 May 1865.

31. Koylash at 34 a Hindu man
was admitted into the
hospital on the 15th May 1865
with a diseased ankle
+ sinuses leading into it
General health bad
Syme's amputation of the
foot was performed on the
28th May. Died of exhaustion
on the 11th June 1865.
32. Goborokone at 25 a malen-
- median labourer was
admitted into the hospital
on the 4th June 1865 with
spontaneous gangrene of
his right leg + foot after
during an attack of fever

by antero-posterior flaps
Amputation of the leg at its
upper third was performed
on the 15th June 1865. Cured
& discharged on the 20th Oct/65

33. Dewaath Bose At 20 a
Bengali clerk was admitted
into the hospital on the 13th
June 1865 with his left
foot crushed. General
health pretty good. Am-
putation of the leg at its
^{lower} third by rectangular
flap was performed
on the 13th June 1865 -
cured & discharged on
the

34. Bhobun Chandra Das At 24
a Bengali painter was
admitted into the hospital
on the 14th June 1865 with
his left foot crushed
General health very good
Amputation of the leg at
its lower third by rectangular
flap was performed on
the 14th June 1865. Cured
& discharged on the 27th
September 1865

35. Kalov At 40 a Mahomedan
Cooly was admitted into the
hospital on the 16th August 1865
with a compound fracture
of the right tibia & simple
fracture of the right fibula
General health good
Amputation of the leg at
its upper third by antero-
-posterior flaps on the 23rd Augst
Died of exhaustion on the
25th August 1865.

36. Albas At 26 a Mahomedan
Cooly was admitted into
the hospital on the 15 March
1866 with a lacerated
wound on the right heel
& gangrene of the foot
General health pretty
good. Amputation of the
leg at its upper third
was performed on the
20th March 1866. Died
of Pyemia on the 2nd April
1866.

37. Idos at 34 a mahomedan
boatman was admitted
into the hospital on the 6th
July 1866 with a compound
fracture of the right tibia
& fibula & extensive suppu-
-ration. Amputation of the
leg by antero-posterior flap
at its upper third was
performed on the 12th July
Died of exhaustion on
the 21st July 1866.

38. Doherie at 32 a mahomedan
man was admitted into
the hospital on the 16th October
1866 with sloughing of the
left foot. Came in
Mauritland. Amputation
of the leg at its middle
third by antero-posterior
flap was performed
by Dr. Smith on the 16th
October - Died of exhaustion
on the 26th Oct 1866.

39. Biharee at 78 a Hindu
Servant was admitted

41. Nowbath et-25-a Hindu
Khalasee was admitted
into the hospital on the
21st October 1867 with a
Compound comminuted
fracture of both the bones
of the left leg at its middle
third - General health
Very good. Amputation
of the leg at its upper third
by antero-posterior flaps
was performed on the 21st
October 1867 - Cured &
Discharged on the 25th Jan^y
1868.

42. Shaikh Kader et-30 a Malo-
-medan Coachman was
admitted into the hospital
on the 24th May 1868 with
a Compound fracture of the
right ankle - General
health fair. Amputation
of the leg at its upper
third by antero-posterior flaps
was performed on the 4th June
Cured & Discharged on the
30th August 1868

43. Eiman al-40 a mahomedan
servant was admitted into
the hospital on the 24th July
1868 with a penetrating wound
of the right ankle and
tetanus supervening. Ampu-
-tation of the leg at its upper
third by antero-posterior
flaps was performed on
the 25th July - Died of
exhaustion on the 26th July
1868 -

44. Ally Bux aged 40 a Maho-
medan slave was admitted
into the hospital on the
31st October 1868 with a
Compound fracture of
the left external malleolus
General health pretty
good - Amputation, by antero-
-posterior flaps, of the leg
at the ^{1st} upper third was
performed on the 14th Nov
Died of Pleurisy on the
19th November 1868

45. Gyasoodeen Aged 35 a
Mahomedan Cooley was
admitted on the 16th Sept
1868 with Compound fracture
of the right internal malleolus
General health very good
Amputation of the leg at
its upper third by antero-
-posterior flaps was performed
on the 25th Nov^r 1868 - bled
& discharged on the 17th Feb^r
1869.

46. Chundooray Aged 19 a
Madrassee girl was ad-
mitted into the hospital
on the 25th Nov 1868 with
ulceration of the stumps of
a previous operation of
both the legs at their
middle thirds performed
in May 1868 for dry Jan-
-grene at Simla) with the
ends of the bones protruding
General health bad -
Amputation of the legs at ^{their}
upper thirds by antero-posterior

flap was performed on
the 5th December 1868 -
cured & discharged on
the 9th March 1869.

47. Shaik Tareed aged 22
a Mahomedan free was
admitted into the hospital
on the 31st Dec^r 1868 with
a compound comminuted
fracture of the right tibia
& fibula - General health
fair. Amputation of the
right leg at its upper
third by antero-posterior
flap was performed
on the 20th January 1869
Died of Cardiac embolism
& Pyemia on the 2nd
February 1869.

48. Harroosondary aged 60
A Hindu female was
admitted into the hospital
on the 2nd January 1869
with compound fracture
of the left tibia & fibula
Letanus Supervened

and amputation of the
leg at its upper third by
antero-posterior flaps
was performed on the
31st January 1869. Died of
exhaustion on the 10th March
1869.

49. Mokim Shaik at 40 a
Mahomedan Cooly was
admitted into the hospital
on the 5th June 1869 with
fracture of the ^{left} tibia at
its upper third, a contused
wound at the inner
side of the left ankle
with severe spraining
of the joint & traumatic
gangrene spreading -
Amputation of the left leg
at its upper third by
antero-posterior flaps
was performed on the
13th June 1869. General
health very bad. Died
of Pyæmia & Cardiac
embolism on the 25th June
1869.

50 Lofail at 25 a Bengali Cooly
was admitted into the
hospital on the 11th August
1869 with a compound
fracture of the left fibula
at its lower end. General
health bad. Amputation
of the leg at its upper third
by Modified circular
operation was performed
on the 26th August - Died
of Pyemia on the 3rd Sept 1869.

51 J. Ellis at 22 an English
Constable was admitted
into the hospital on the
29th December 1869 with
compound comminuted
fracture of the inner malleolus
of the left leg - Simple
fracture of the fibula
at its lower third
& sepsis spreading
3 days after the injury
General health very
bad - was suffering
from sloughing dysentery

Amputation of the left leg at
its upper third by modified
flap operation was performed
on the 20th January 1870

Died of sloughing dysentery
on the 22nd January 1870

52. Parriah at 35 a Mahomedan
farmer was admitted
into the hospital on the 16th
January 1870 with ulcer
from necrosis of the ends
of the bones of the left leg
General health pretty good
Amputation of the leg at
its upper third was per-
formed on the 1st January
healed & discharged on
the 19th March 1870.

53 Soobun at 30 a Maho-
-medan boat-man was
admitted into the hospital
on the 7th March 1870
with Compound fracture
of the left leg at its
lower ~~end~~ third - General
health good. Amputation
of the leg at its upper
third by antero-posterior
modified flap operation
was performed on the
13th May 1870

Wound cicatrized & discharged
on the 4th august 1870

- 54 Ram Tori et-40 an boy
Cooley was admitted into
the hospital on the 18th June
1870 with shark bite
and laceration of the
right leg & foot - general
health good - Amputation
of the leg at its upper
third by modified flap
operation was performed
on the same day a
few hours after the injury
Cured & discharged in
the 21st September 1870

- 55 Pye many et-40 a Nepali
Maids servant - was ad-
mitted into the hospital
on the 28th Oct-1870 with
Compound fracture of
both the bones of the
right leg at its lower
third - general health

bad - Amputation of the
leg at its upper third by
modified flap operation
was performed on the 2nd
November 1870. Cured &
discharged on the 1st March
1871

56 Madhub Koorput - at 40
a Bengali boat-man was
admitted into the hospital
on the 28th December 1870
with compound fracture
of both the bones of the
right leg at its lower third
General health good
Amputation of the leg
at its upper third by
Circular flap operation
was performed on the
24th January 1871. Died
on the 30th January 1871

57 Debenso Nath Shaha -
at 15 a Bengali boy was
admitted into the hospital
on the 23rd December 1870

with spontaneous gangrene of both feet from malarious fever. Was very low. Amputation of the right leg at its middle third by modified flap operation. + Syme's amputation of the left foot was performed by Dr. Ewart on the 9th March. Discharged with good stumps on the 6th Nov. 1871.

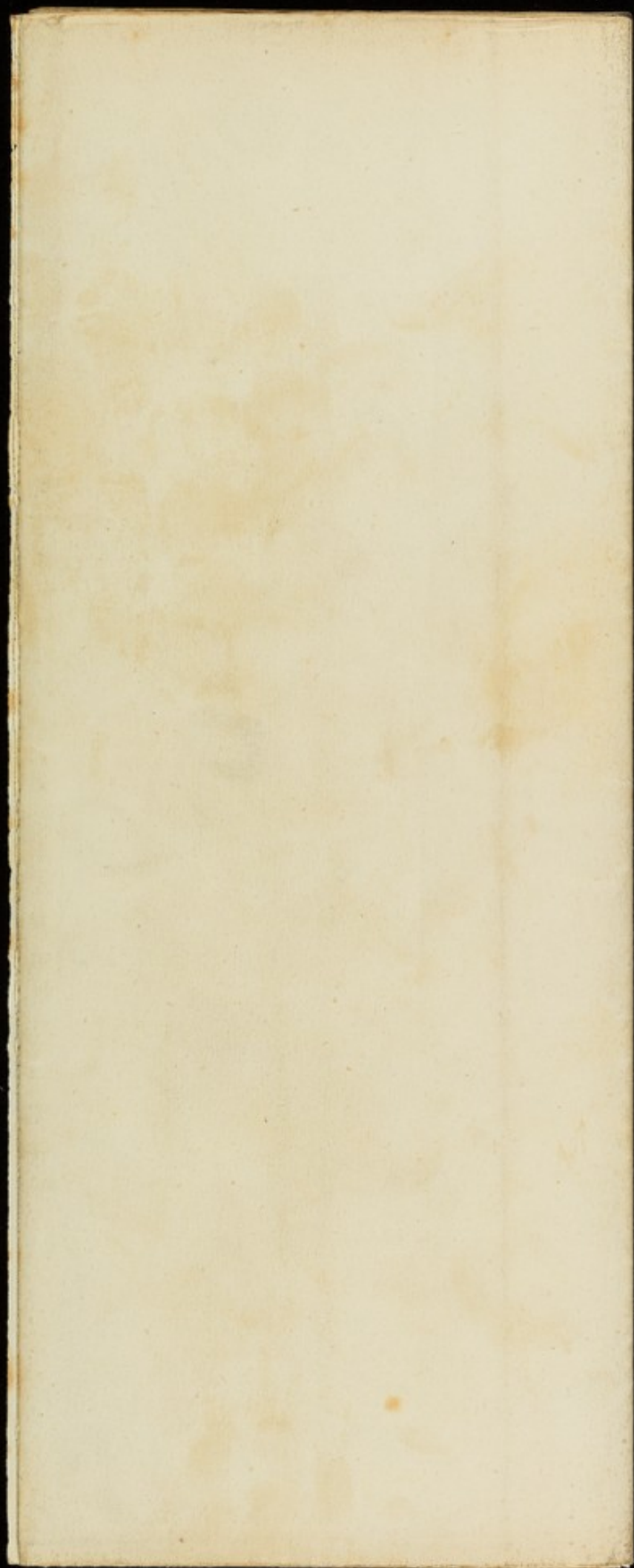
58. Koloba At 40 a Bengali barber was admitted into the hospital on the 7th November 1870 with Epithelioma of the left foot - General health bad - Syme's amputation at the ankle joint was performed on the 10th May 1871 - Died of Pyæmia + Cardiac embolism on the 15th May 1871

59. Haradhone et-40 a Malay
Cooly was admitted
into the hospital on the
12th July 1871 with a
lacerated wound on
the left foot. Three
days after the injury
the great toe became
gangrenous - the portion
separated & the improved
till 30th July when tetanus
supervened & amputa-
tion of the leg at its
upper third by modi-
fied circular operation
was performed on the
31st ~~August~~ July 1871
died of exhaustion on
the 1st August. 1871

60. Shaikh Jalook et-30
a Mahomedan farmer
was admitted into the
hospital on the 28th July
1871 with madura

foot - General health
bad - Syme's amputation
at the ankle was
performed on the 13th Aug
1871. Stumps nearly
healed up - Is still
in the hospital.

1897. 10th Sept. 1897.
1897. 10th Sept. 1897.
1897. 10th Sept. 1897.
1897. 10th Sept. 1897.
1897. 10th Sept. 1897.



Month.	Date.

The first of the year 1864 was a very dry one. The weather was very warm and the crops were very good. The first of the year 1864 was a very dry one. The weather was very warm and the crops were very good. The first of the year 1864 was a very dry one. The weather was very warm and the crops were very good.

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.
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**A Number of Blank Pages Follow, which have
not been Photographed.**

CASE BOOK.

Month.	Date.	Particulars of Case.
		<p> Wm. Chas. Smith age 45 - stout healthy man. has had unusual left side pectoris 2 visits - came by express - it was then white </p>

Wm Chm. Mithel
age 45 - 2 sons
healthy man. Has
had immure
left side pectoris
2 visits - came
by deques -
It was here with

2 Nov read I
himself - work
a trip about
a gun was obstructed
reached / late

20 April 1864

Came down at 12

Smith & Wiggles
Common rapids

County - pr

in him wandering

Dates - Oct -

wandering in

in area

Oct 18.30

Mixture of
strong very
dark - the
not open - the
very red
white paper
richer paper
off -



CASE BOOK.

Month.

Date.

Particulars of Case.

Scrotal Elephantiasis.
Removal of the growth. weight
removed lbs 110-
by J. Fayter M.D. C.S.D.

On the 20th November 1871. I
removed a very large scrotal
tumour from a Mohammedan
named Abdul Ally, a resident
of Mooshehabad, stating
his age to be 41 years. With
scarcely over 60. His
hair and beard were perfectly
white and all his teeth
gone. This indication of
age had come on during the
last 3 or 4 years -

The tumour was of 12 years
growth but it has attained
its present enormous size

Scrota Elephantiasis.
Removal of the growth. weight
removed lbs 110 -
by J. Fayrer, M.D., C.S.D.

On the 20th November 1871. I
removed a very large scrota
tumour from a Mohammedan
named Abdul Ally, a resident
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age had come on during the
last 3 or 4 years -

The tumour was of 12 years
growth - but it has attained
its present enormous size

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.

My dear Doctor.

As desired I send
you a memoir of my illness
from its origin up to date.
I have tried to be as exact
as possible, and have
described as I best can.
scientific or technical
terms or names not being
known to me. I trust
you will kindly look
after me carefully & see
me Dec. 10th at all light
again. I thank you

My dear Doctor.

As desired I send
you a memo of my illness
from its origin up to date.
I have tried to be as exact
as possible, and have
described as I best can.
scientific or technical
terms or names not being
known to me. I trust
you will kindly look
after me carefully & see
me Dr. Volante all right
again. I thank you

should consider about
removing the bump.
as that appears to me
to be the cause of all
mischiefs.

Yrs very truly
L. M. Loring

24-8-63

L. J. Taylor.

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.
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his hands when in
 the tumor - one
 in front of the
 the tumor was
 about the size of a
 small egg when
 it was first
 detected in the
 abdominal cavity

CASE BOOK.

Month.	Date.	Particulars of Case.
		<p data-bbox="869 627 1572 1142">In early morning I was laid and into the position -</p> <p data-bbox="917 1164 1572 1556">The case seems to have been disrupted</p> <p data-bbox="917 1568 1572 1780">He appeared very in good health</p>

CASE BOOK.

Month.	Date.	Particulars of Case.

and mother that
 he had been studying
 for some time I ap-
 proved of his
 vigorous manner

CASE BOOK.

Month.	Date.	Particulars of Case.
		<p>He was brought in on the 25th night. very drunk and was bled about the face from fighting. The temperature of the limbs equal. A Swine skin dressing was put on the in the site of the wound - upper and lower</p>

CASE BOOK.

Month.	Date.	Particulars of Case.

CASE BOOK.

Month.	Date.	Particulars of Case.	Result.	Remarks.
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not been Photographed.**

CASE BOOK.

Month.	Date.	Particulars of Case.





