

**Sir Joseph Fayrer's "notes of interesting cases in the Medical College & Hospital (at Calcutta)", Volume numbered '9'**

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1864-1865

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198E

CASE BOOK

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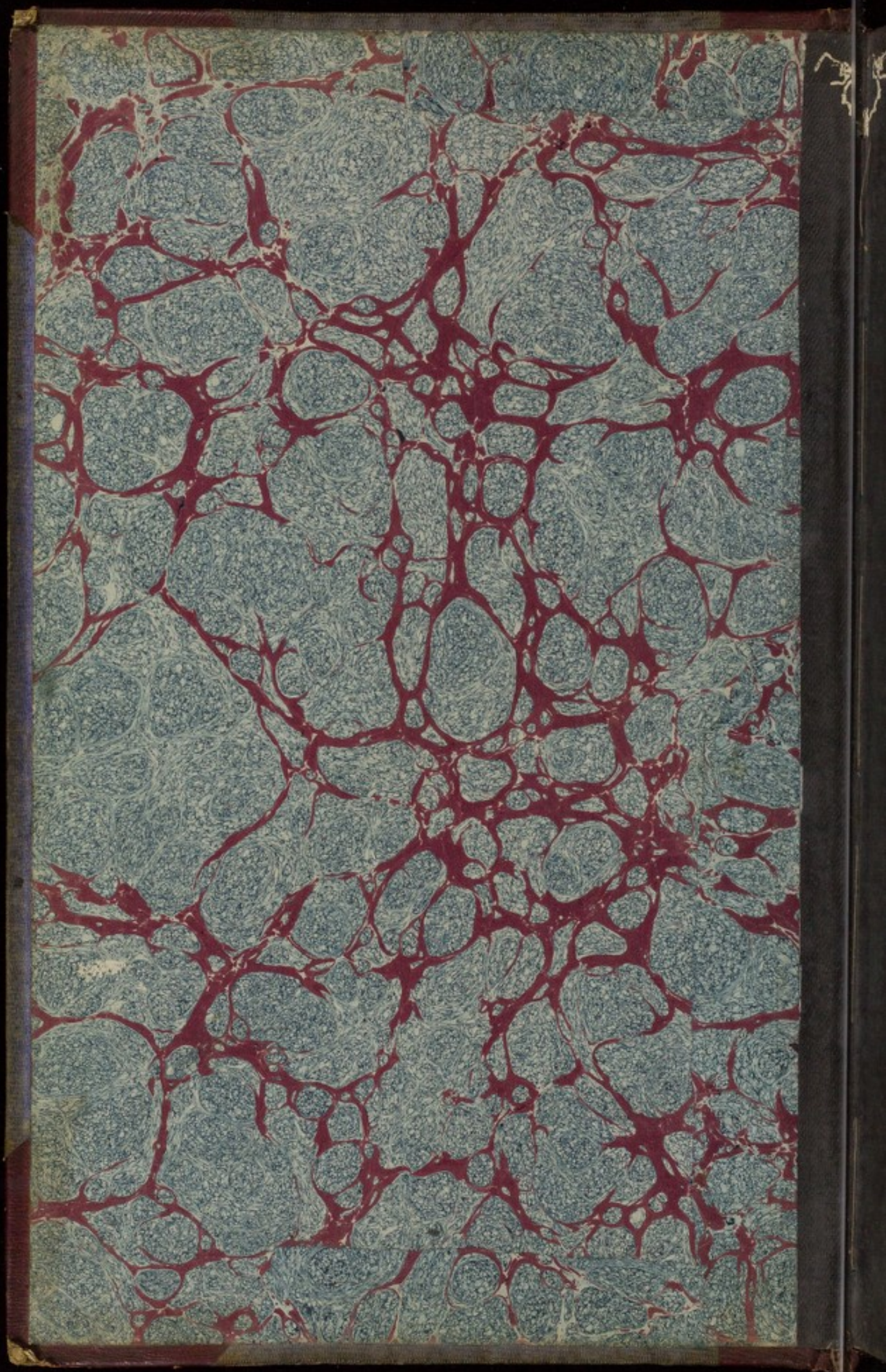
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Case Book.

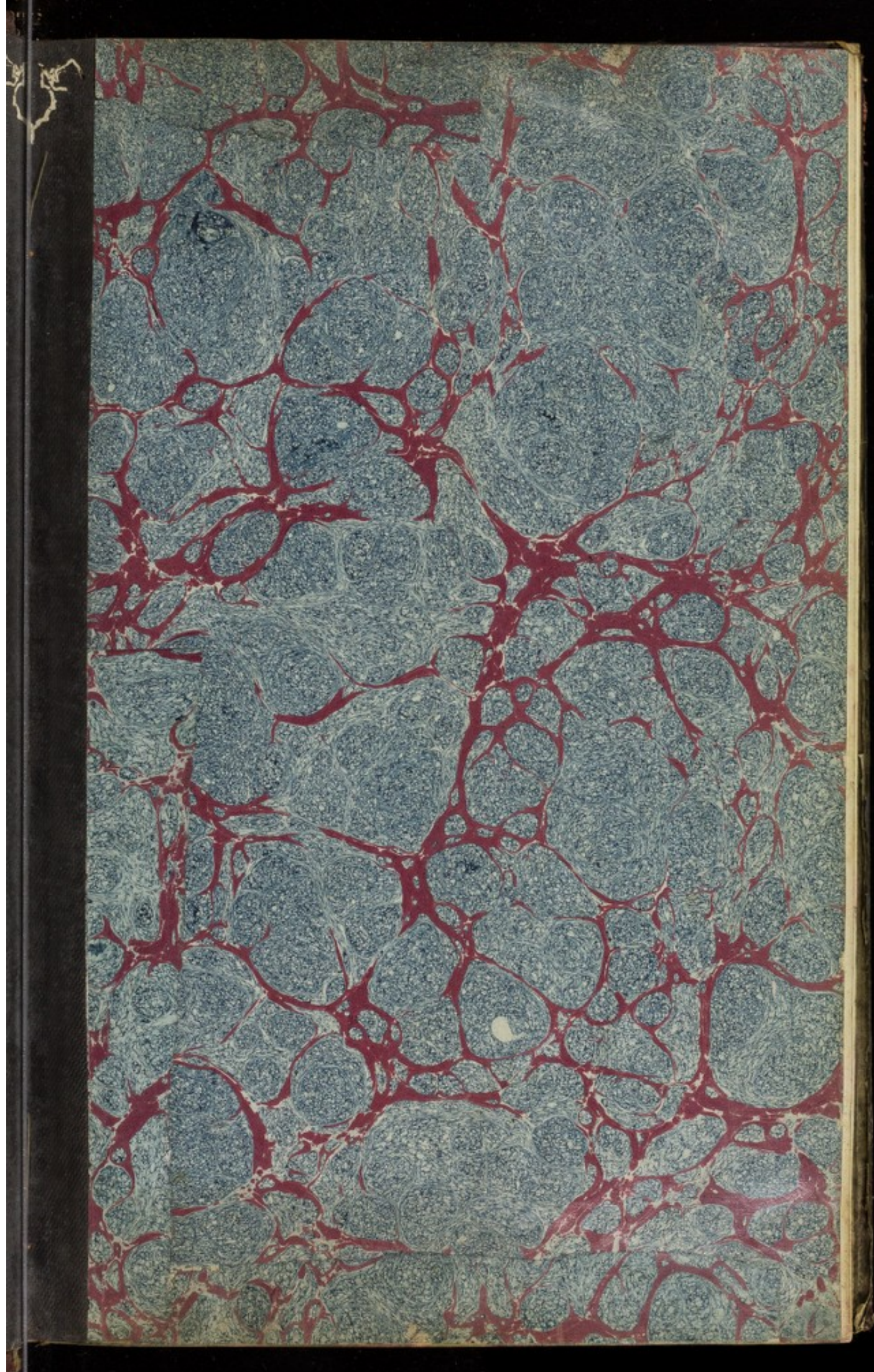
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1864-5











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## INDEX.

Month.	No.	Cases.	Pages.
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not been Photographed.**





## INDEX.



CASE BOOK.


No. 1

## CASE BOOK.

Month.	Date.	Particulars of Case.
Nov	8	<p>Excision of lower third of ileum with tumor</p> <p>A healthy looking young man named <i>Herrick Ch. Sica</i> aged 34 years admitted on the 8th Nov with a large tumor of the lower part of the right iliac. About the size of a small coconut. There was no pain in it about the size of an <i>orange</i> piece <i>pineapple</i> a dark petioled tumor <i>wound</i>. He said he had it for <i>one year</i>. That it gradually increased &amp; that at last a <i>nutmeg</i> <i>apple</i> <i>nut</i> <i>which</i> caused the <i>swelling</i> <i>to have</i> the appearance of <i>an</i> <i>enormous</i> - a <i>2 to 3</i> - <i>more</i> <i>than</i> <i>enormous</i> disease. The <i>flaming</i> <i>in</i> <i>the</i> <i>intestine</i> <i>not</i> <i>indicated</i> and the <i>constitution</i> <i>of</i> <i>health</i> <i>not</i> <i>affected</i>.</p> <p>I examined the tumor by cutting across the iliac about the <i>tumor</i> and dissecting it not touching the <i>muscles</i> &amp; <i>tumor</i> <i>was</i> <i>seen</i>. The <i>ilium</i> <i>was</i> <i>dissected</i> <i>by</i> <i>the</i> <i>finger</i> <i>and</i> <i>smaller</i> <i>branches</i></p>

He had been  
suffering from  
it 1 year.



Month.	Date.	Particulars of Case.
		Excision of lower third of bladder.
Mr	7.	The wound was stuffed with lint & great compressage - the edges partly brought together with wires - He is doing well this morning. 22. Bleeding - In removing the tampon the first part was opened.
		
Mr	8	He is doing well. The arm is becoming smaller. & discharges is communicating but it is not unhealthy. He has been slightly feverish.
"	9	Discharge profuse, some lightness came away, a good deal of swelling of upper part of prostate. Pus thick. Patient with very bad B.C.B. & I am still in the die - Stimulants of food in moderation.
"	10	For inflammation, not much fever. made another opening for him from the arm.
"	11	Discharge profuse swelling less. Some up - some left. He is now well for the most part. I am out.
"	12	All the tubes have been removed. He is doing well & can eat. Discharge much less.



Month.	Date.	Particulars of Case.
		Excision of Tumour of Arm
Mar	14	He is doing well. Wound looks healthy. Discharge less - in place - some swelling of hand but no more can be squeezed out yet
	17	He is still doing well. The discharge is very profuse, but the surface is healthy - & the inflammation appears to be of the ulcers around the wound but not dead I think.
	19	He is doing well. Discharge diminishing & wound healing but his pulse is small
	21	He has not been so well. Had shivering fits - pulse 130 - Discharge profuse from the counter opening - the wound itself nearly closed - Swelling of pyæmic arm on 21st & 22nd the fore arm now swollen with pus the wrist cartilages free. Swelling of the hand - The upper arm inflamed & red & the superficial veins marked out by blue lines. At the time, I determined to amputate & did so at once by double flap - a multiplication was required



Month.

Date.

Particulars of Case.

## Lateral lithotomy.

He came from Savannah at about 4 years after the operation -  
 J. M. Shaw the bladder the much increased size of the neck -  
 He had been in the hospital - a prostatic abscess at the prostate

7 An old <sup>very infirm and decrepit</sup> man named Shiboo <sup>Falton Beane</sup> <sup>aged 60 years</sup> was admitted on the 23rd. Suffering from symptoms of stone - with abundant urine. At coming the stone was found to be very large - He says he has suffered intensely during the last month, & more a life for a man a more - He is much of it in the morning on the first of the day. The scrotum is a redness & the perineum hard & swollen - He has had some pain & rest for a few days.

2nd day - 7th J. - in consultation with Dr. P. decided on operating on the stone with a curved incision in the stone. I accordingly made the lateral incision & with great difficulty removed a calculus of a square of 2409 grains. The incision was followed by a set of pins & a support of 10 men were transacted. The stone was pushed & removed with great difficulty, but there was no little delay - & he lost a moderate quantity of blood. The tumor seemed broken & broken down & the neck of the bladder appeared to be a little enlarged - & the stone was removed.



Month.	Date.	Particulars of Case.
		<i>Echinodroma. Amputation -</i>
Nov.	21	He lost about 80000 blood. a many small vessels were enlarged. Much of system was needed - His pulse was over 130 when the operation was commenced
"	23	He is very well. His pulse is faster than before the operation -
"	26	He has had a rapid pulse over 120 and occasional cough. His throat has been somewhat swollen, & the air change has been, but there has been no marked symptoms of any kind noted last night. Indeed as the whole he has seemed to improve. He has been taking 15 gr of <u>lysso sulphate</u> of soda 3 times a day. Last night he had a violent and sudden rigor which lasted a few minutes & was followed by fever. He has not been this morning. but his pulse is faster than his throat somewhat swollen & his breathing fully equal. His system has come away. Since being home of breakfast & continue the lysso sulphate while







Month.	Date.	Particulars of Case.
		Fatal Remittent Fever.
Apr	10	<p>Today examining his chest &amp; lungs under          inspection the lungs &amp; abdomen clear          back were covered with a distinct &amp; rather          vivid miliary rash - Pulse 100.          Temp. 101.5 - a good deal of heat of head          impulse of liver. Some difficulty          when in position -          During today I ordered Quinine &amp; V          got to him, Salicin of last, &amp; tried          by 3 or 4 hours - He is still in          chills the whole. He takes Quinine          4 times a day - a amount.</p>
Apr	11	<p>Left heat. Skin has been moist          impulse still moist but no pulse          with a soft white fur. Continues          heavy - eyes somewhat suffused.          Continues in the same position          than suffused - It is not possible          to make out whether there has been          any distinct accession.          He has had Quinine - some in          Baptism, but not enough          in amount with I believe as          he is rather difficult to manage          I changed his room today.</p>







Month.	Date.	Particulars of Case.
Radical Cure of Hernia. Physiological		
Nov.	20	Shadha Churn Dey, aged 50, was admitted on the 24 Oct. with a remarkable degree of Sarcoid Hernia of the right side. Of two years standing. His general health was good on admission. He looks very old about 60. At his own request the operation for the radical cure was performed on the 31 <sup>st</sup> Oct. The plug was removed on the 4 <sup>th</sup> morning.
Nov. 12 He was discharged October 20, wound healed. But the hernia had descended, the remedy left them the same.	21.	He has had a good deal of shivering both when the needle was in & when it was removed. This is owing to the nature of use of Opium in full dose & the application of Balsam Peruvian. His general health has not been much affected notwithstanding the extreme shivering. The hernia has not tended to recur as yet.
	23	He still looks inclined to extend the dressing surface. Temperature normal. Int. acid: - Open 8 <sup>th</sup> by 4 hours. Pulse 2 in a day. - Good sleep & appetite. Pulse - some little food.
	26	He now has still an unhealthy action. He perhaps better than they were -



Month.

Date.

Particulars of Case.

## Scurb of Breast

No. 2, Mrs. Miller an East Indian aged 40, who had been many years in Calcutta, admitted in the 22<sup>nd</sup> Feb. with a large tumour of right mamma. It is the size of a large orange, very hard at one part & fleshy - with dull & sometimes lancinating pains - It is, she says, of 11 or 12 months duration - The axillary glands are considerably affected - hard & painful. Her general health is not bad, but she is more feeble than when she came to India. She has the plethoric countenance aspect, but no other indications of Cancerous Cachexia - The tumour is not nodulated & is perfectly movable. The integument over it is supple & also quite movable - I showed her a drawing of the proposed operation but told her that it was quite unreasonable if she would undergo the operation.

No. 11 The tumour was removed and the enlarged glands. Extending the incision into the axilla. The lymphatics of the neck & axilla were removed with some difficulty & hemorrhage. Loss of 14 to 15 ounces of blood. She lost about 12 to 14 ounces of blood.



Remio

Name Harry Dof aged 30 years  
a boatman by occupation  
admitted on the 27<sup>th</sup> Feb 1865  
with right foot cut off about  
the tarso meta tarsal articulations  
Synthesis amputation of the ankle  
joint was performed on the  
same day at 4 PM 3 hours  
after admission. The posterior  
flap was sloughed away &  
separated, except about  $\frac{1}{2}$   
inch, on the first of March.  
The soft parts were healthy.  
Symptoms of pyæmia appeared  
Amputation of the thigh at  
its lower third was performed  
on the 15<sup>th</sup> March & 9 ligatures  
were employed. The pyæmic  
symptoms continued and he  
expired on the 19<sup>th</sup> quite ex-  
hausted



Month.	Date.	Particulars of Case.
		<p><i>Scirrhous of Breast</i></p> <p>She bore the operation well, &amp; called well after it - But was, as indeed she had always been, very desponding about herself.</p> <p>There was no hemorrhage after the operation, and for the first few days the wound looked well. The patient, however, gradually sank and died on the 15. of Nov. She died before death assuming an unhealthy aspect - her pulse failed. She had peculiar attacks &amp; complained much of increase of pain in the back. An affection of the woman, pains felt before the operation and indicative of the cancerous nature of the disease -</p> <p>The tumour looked when cut into like a raw potato with bands of white &amp; patches of yellow - frequent tissue &amp; filled with condensed - large un-clarified &amp; nucleolated cells.</p>



Month.

Date.

Particulars of Case.

## Obstinate vomiting -

No.

15<sup>th</sup>

Mrs. R. a very married English lady has been 4 months in India, thanks herself in the 2<sup>nd</sup> Mo of pregnancy - was desperately sick in the very early end the Cape & miscarried but in the whole has had fair health since she came to Calcutta - a few days ago she took a dose of oil - having some measles symptoms from taking quinine - this acted & was followed by violent vomiting, retching & diarrhoea. She had no symptoms of Cholera when she was in the following day the skin surface was flushed. her pulse 130 - but not weak. Some pain at pit of stomach - no vomiting of blood - no wheaten food she ate a glass of wine - I applied a mustard plaster to Epigastrium & in the morning vomited 3 or 4 times - It had no effect - I tried effluvia of camphor with acid Hyoscyamus - but no better result - Acetate of belladonna was used to arrest it with the Blister to the Epigastrium & Acetate injections into rectum. I suspected the liver as there was great tenderness on touching it & the stools were quite white. Under this treatment in 4 days the vomiting & the symptoms passed away she began to retain food & to regain her strength which had been totally prostrated.



Month.	Date.	Particulars of Case.
		<i>Obtuse dentures</i>
		I repeat that I did not examine the dentures of mother. I suspect the case may have been one of Sarcinae - and did not seem to me at the time to use the sulphurates. As I should do some a similar case to occur again.
No	23	She is regaining her strength. Bowels slightly an Scurvy. Some naturally spots darker colored. No abdominal pain - Is taking Demulce in pills & is beginning to take solid food - The probability of Struma is passing away. I should have noted that formulae were repeatedly used to abdomen in this on the whole they were beneficial. The she thought me to be around the stomach.
-	26	Found that she had gone out for a walk.
-	28	Discharged cured



Month.	Date.	Particulars of Case.
		Computation of a man
Nov	26.	I fear the patient is not at present favourable as I suspect his constitution is too far infected. if it be proving to prove amput. at Shoulder - I mean I will not be more see
"	28	He has had several shivering fits & has a rapid pulse. with tremor of muscles & some in doubt that change are taking place in the viscera. but there is no abnormal sound in throat, no pain in abdomen
Dec	3	He is still low. pulse rapid - he has fewer & occasionally rigors. The soft part of the throat not looking so well as it has looked, I examined the bone the other day & found that the medulla appeared living - if not healthy - & the dentinum adherent to the bone - He takes six x Hypophosphite Soda with 2 grains iron 3 or 4 times - Stimulant food & diet - The digestion has come on & the bowels are removed
"	4	He has lost sight of Schenck became mad as much as before and same







No. 8

## CASE BOOK.

16

Month.

Date.

Particulars of Case.

Paronychia

Apr.

26

Capt. Watson "Clarence", consulted me on the 26<sup>th</sup> of Apr. with swelling of the left fore finger. he had in a splinter of a fallen tree in the finger some days before & this had been followed by some swelling & tenderness in the finger with much constitutional disturbance. I saw the finger swollen & very sore & saw the red spot. In some aspect: two small incisions into the interphalangeal had been made. but had not released. I immediately made a large one down to the tendon & gave exit to a quantity of gross & smelly stuff - The pain was reduced but the swelling continued. It was probable that the tendon had been injured & the joint was becoming infected. In the improvement taking place. Some of the smelly & smelly coming out. When the wound had nearly healed I with Dr. Partridge today removed the finger at the head of the metacarpal bone - we found the tendon dead in the center of the finger - was running up towards the palm of the hand. and the middle finger was - rejoined. The articulation was - the



Month.	Date.	Particulars of Case.
		Paronychia -
Nov	26	The finger was swollen - The nail bed red infiltrated with a quantity of Ichthyum matter - The parts about the finger were much infiltrated and congested & they disposed. Several small vesicles were seen & the flaps brought together with silice wires - covered with wet lint & a bandage. The hand soaked with Cold water - Some time an ointment
Dec	2	Dring well - no bleeding Deepal Ointment upon Bottom xxx hrs
	27	Dring well. no pain. no fever. no membrane - One of purgative iced water the applied
	28	Dring well as above. Still purulent no change beginning - still blackish the arm - Rep purgative - apply iced water
Jan	3	All the ligatures & sutures have come away she is doing well in all respects
	5	wound nearly healed - adhesion
	10	The wound is almost healed. Dr. Carter Dr. Shaw



Month.

Date.

Particulars of Case.

Radical cure of Hernia

John Madden age 26 - a powerful young English Sailor, admitted on the 12<sup>th</sup> Dec 1864 with fracture of left femur at mid third and Colles fracture of left Radius - These united perfectly under the usual treatment - Being affected with inguinal hernia of right side for the last 5 years. Lately he had some symptoms of Strangulation when it was down. It was reduced with some difficulty - and on the 1<sup>st</sup> Dec 1864 and on the 7<sup>th</sup> Dec the operation with Sloughing was performed. The plug was removed on the 4<sup>th</sup> day the hernia was suppressed.

Dec 20

He is now very well. There is no inflammation. His large puncture wound has healed up as far as the skin & there is no more of the skin over it - P. 82 pulse - now no pain at all. There was some pain in the leg a day or two after the plug was removed - He has no more inflammation. In fact I have noticed in other cases - in English & American - the hernia pain has been full of it - & I will not be in the pain of the hernia bandage - wound healed. Health good. Hernia gone.

Dr. Madden & Co. of Liverpool

28<sup>th</sup> Dec 1864 for a Surgeon

Jan 5 - He was again sent to the hospital



Month.	Date.	Particulars of Case.
		Radical cure of Helmin.
Nov	28.	Impure moist. Wounds not closed wounds look better, not so strongly, in some places granulating. Apply Opium to turn, keep up the stimulants P. W. & M. - Bristle, Opium & h. o. s.
Dec	3	The wounds are at last beginning to look more healthy - The ones have had the like aspect - the weather in fact has been unfavorable. it is not seasonable, not so cold as it should be - He is now taking, since the 1 <sup>st</sup> Ointment of Potash & - in addition to the Opium - a little Water in the day
"	5	wounds are much more healthy.
"	10	The wounds are now closing in healthily
"	17	wounds have nearly healed
"	28	wounds almost closed. health good Purine secreted from. some swelling & thickening in course of the cure
Dec	3	He is quite well - mean a touch from out -
	12	Discharged Purine a purine discharged



Month.	Date.	Particulars of Case.
		Dislocation of Hip.
Nov.	28	<p>A stout elderly native named Ghypper Beg was admitted this morning with a dislocation of the left Hip (in to Dismal). The accident happened by a fall in a boat 6 days ago. There was much tenderness &amp; inflammation.</p> <p>The patient named Shaik Nillavodun, aged 32 years, a Mussalman, &amp; a farmer by occupation, residing at Doonjion (about 8 miles from Huraah) was admitted into the 1st Surgical ward, on the 22<sup>nd</sup> of May 185, with a vesical calculus of six years standing, and was operated on the 31<sup>st</sup> of May 185.</p>

Calcutta  
1st June 185

use of  
them  
in the  
city &

Jan 12 Rec'd  
from Huraah

- 6 Samey power slowly -
- 17 Much better to walk. I suspect the Shuntun, Appendix or Chemic Rheumatic arthritis - friction - in the exercise
- 28 He walks about with aid of a stick



Month.

Date.

Particulars of Case.

## Dislocation of Hip.

Nov. 28 A stout elderly native named <sup>in Azeez Khan</sup> Gaffer Beg was admitted this morning with a dislocation of the left Hip (in to Dismal). The accident happened by a fall in a boat 6 days ago. There was much swelling & inflammation about the trochanter & I should think a much longer period had elapsed. I reduced it with the pulley - There was no audible snap. But the fibrous bands upon adhesion were heard to break up. On rotating the foot & relaxing the tension it appeared that the neck of the femur was reduced. It was more under the trochanter & I did not see it. There were three.

3 He is gradually resuming the use of the limb - It is a little shorter than the other & now he sits as it was before the dislocation. The result of a poor accident.

6 Samey power slowly.

17 Much better than to walk. I suspect the shortening depends on chronic Rheumatic arthritis - Friction - In the exercise.

28 He walks about with aid of a stick.

Jan 12 He is much better. I gradually increase strength.  
 Since Nov 28.

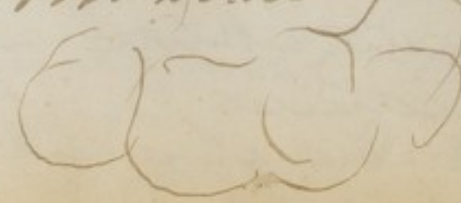


The patient named Shaik Nillasadun, aged  
32 years, - a Mussulman, + a farmer by occupation  
Residing at Doompion (about 8 miles from  
Honnah) was admitted into the 1st-Surgeon's  
ward, on the 22<sup>nd</sup> of May 185, with a  
vesical Calculus of six years standing,  
and was operated on the 31<sup>st</sup> of May 185-

Calcutta  
1<sup>st</sup>-June 185-

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Month.	Date.	Particulars of Case.
		<i>Polypus of Antrum</i>
Dec	13	<p> <i>From Singapore</i>            Yesterday a Cooly Surgeant named  <i>Asyodha</i> aged 20 - a poor thin looking            creature was sent by Dr Macnamara.            He had the left cheek swollen            on examining his mouth I found a            tumour fibrous, lobulated, pro-            truding from the Antrum. That            side being externally red the            cheek. He had suffered for            many years &amp; once had it removed  <sup>8 years ago</sup>            I found an opening in the wall            of the Antrum through which it pro-            truded - I exposed it with a pair            of probe pins &amp; excised it &amp; washed            it out. There was a good deal            of hemorrhage, but it ceased            by injecting with cold water.            2: Fri - The tumour was            probably from a fungus the size            of a small nut large I mean         </p> 



Month.	Date.	Particulars of Case.
Dec	13	<p>Shibus, aged 60 years. An Oroyale. Father          never regarded as superior in appearance          Remnant of Jara Sanko. admitted in 2<sup>d</sup>          Nov 1864 - with symptoms of stone in the          bladder.</p> <p>He said he had suffered as for years          there was great difficulty in passing          urine - much pain with the urine -          On the 7<sup>th</sup> Nov. a Calculus was removed          by lateral section - In making the incision          a large quantity of pus was evacuated          He lost also a considerable quantity          of blood. The stone was as large          as a small egg - The phosphate weighed          2469 1/2 grains - He died the same          day at 10 PM. 5 hours after operation.          R.M. Johnson after death - The man          formerly much healthy, the bladder had a          faceted appearance - the prostate was          diseased &amp; appeared like divided into a          number of lobules. - The section in          perineum contained a quantity of pus.          The ureters &amp; passing in prostate were          not receptive - The old man          died apparently of retention          The stone had been in the bladder, trying          to make its way out of the bladder          by suppuration.</p>



Month.	Date.	Particulars of Case.
		Strangulated Hernia.
Decr	18	<p>A man named Indokarain Dutt, aged 44. A healthy looking person, who has had right scrotal hernia for 10 years and admitted at <sup>10</sup>am today with it strangulated. The hernia came down at 12 noon &amp; symptoms of strangulation soon set in. Great pain at the neck of the tumour, Abdomen &amp; vomiting. I saw him at 5<sup>1/4</sup> Pm. I examined the large size of small intestine protruding from the neck. All the usual remedies of Tinct. of Iodine - Sperm. oil - had been tried by the H.S. I put him under Chloroform &amp; tried the Intermittent - but increasing I was not able to reduce the protrusion. After turning the stomach at the external ring I reduced the hernia with some little pressure on the Intestine. It was clapped on with a bandage. The sac was not opened. Found a dose of 2 Pin (M. xxx).</p>
	19	<p>Had a good night - Bowel home acted - P-84 - Abdominal tenderness &amp; inflammation - bandage to be removed.</p>







Month.	Date.	Particulars of Case.
		Radical cure of spinal hernia.
Dec	20 <sup>1864</sup>	A tall powerful Englishman named W. Kipper.
Apr	27.	An Engineer admitted in the 18 <sup>th</sup> with right leg hernia - sort of, but not large. - Has standing - The very large mass had with the finger hook - On both of legs from a recent wound Healed without Op., then moving in the usual way with the plug & ligatures.
	28.	The plug was removed in the 4 <sup>th</sup> day thence suppuration was induced in the ligatures - He has done well since - no pain - no suppuration He wears a pad & bandage
Aug	3	He is very well.
"	9.	His well wounds nearly healed
"	12	Walks about with a truss
"	19	Doing very well - He has been discharged one day ago
10 <sup>th</sup>	July	He came to see me this morning
1868		The hernia is quite cured - has never come down - does his ordinary work as an Engineer - After some months

1868  
Moodmal  
Catherine

Seen by Dr. Beagrie  
11<sup>th</sup> July 1868



Month.	Date.	Particulars of Case.
		Radical or Strangulated Hernia
Jan	3	<p>B Behary Chunderbatty aged 24 years 31 years  Residence Sobah Bazar, admitted on  the 2<sup>d</sup> Jan 1865 with Strangulated  left Scrotal Hernia. In the morning  an orange. It had been down for 4  days - has not been removable.  It is very painful. He has been vomiting  since admitted &amp; has lost 10 lbs.  in the 48 hours &amp; needs of the stomach  which is very tense. I have had the  trial of - protraction - but with no  success. - I had him under chloroform  &amp; with some difficulty removed it  by taxis -</p> <p>The wound was taken home after  the operation</p>

9th



Month.	Date.	Particulars of Case.
		<i>Cheloid Tumor</i>
May	5	<p>Today I removed a <i>Cheloid tumor</i> from the thumb (right) of a Bombay Emigrant named John Ellis aged 26 years a healthy looking man. I suppose he says that - Dr. Battagall in Bombay at the Jernettee Dispensary Hospital removed a tumor from the same place about 3 or 4 years ago. That this has gradually formed in depth &amp; that it is rapidly increasing -</p> <p>I removed it by an elliptical incision. I tied two or three vessels. In removing it the left hand wound bare.</p> <p>The tumor was not painful &amp; seemed to have originated in the entire point for there were a series of marks on the skin these were devoted from the other point of the thumb.</p> <p>One edge of the wound was brought to the other with wires.</p>



Month.	Date.	Particulars of Case.
		<i>Relord Junonr</i>
July	9	The wound is healing, ligatures come away.
"	12	wound healing -
"	19	all but healed -
"	26	still but not healed.
Feb.	7	A small portion still unhealed.
"	16	near healed
"	25	A spot about as large as 2 mm. still unhealed -
March	6	still not quite healed.
		Discharged cured a few days later.



Month.	Date.	Particulars of Case.
		<i>Adiana Glottitis?</i> Tracheotomy
Jan'y	7 <sup>th</sup>	<p>The subject of this operation was an elderly French Indigo Planter who had been labouring, for about seven days, under some difficulty of breathing - I saw him in consultation with Dr. Mac Namara &amp; Browne at noon. His breathing was then stridulous &amp; oppressed, his face anxious <del>but not</del> livid. His pulse weak about 120 - Respiratory murmur faintly audible &amp; obscured by the laryngeal sounds. The heart sounds were faint &amp; muffled but no marked abnormal sounds were audible. He lay always on the right side and turning to the left increased his difficulty of breathing. Various antispasmodics had been tried without effect and it appeared that the dyspnoea could only be relieved by opening the trachea. It was determined however to wait till 4 PM. before doing this. In the <sup>forenoon</sup> meantime a cathartic in pill was administered &amp; acted freely.</p>



Month.

Date.

Particulars of Case.

Rushington

Between 4 & 5 PM. he had become worse - his breathing more stridulous & difficult - his countenance somewhat livid & his pulse weaker & more frequent. He was evidently beginning to sink from the circulation of non-aerated blood and there was no time to be lost in the performance of tracheotomy. He was accordingly placed on his back on a table & the throat exposed by allowing the head to hang back over a pillow. The aspect of the neck was most unpromising - it was very short and loaded with fat, the skin appearing to commence almost at the sternum. The usual incision was made through the integument and the trachea reached with little deviation; ~~that~~ it lay very deep ~~and that~~ at the depth of a forefinger from the surface. The hemorrhage was very moderate & there was only one vein of importance. A hook was pushed into the trachea and two or three of the rings divided, and a tube inserted =



Month.	Date.	Particulars of Case.
		<p><i>Tracheotomy</i></p> <p>duced - it was difficult to keep this in situ without the external orifice becoming buried in the fat &amp; consequently a little blood passed in to the trachea - Air passed in &amp; out of the tube freely but respiration was not satisfactorily established - it remained shuddering for sometime but improved on the trachea being snipped out with a feather. Chloroform was administered at the commencement of the operation by Dr Bealson - the patient came easily under its influence which was gently maintained till the tube was introduced - It produced no convulsion or untoward symptom of any kind - Consciousness however never completely returned - the breathing became easier but weaker - the weakness increased the surface became cold - the pulse weak irregular intermittent - Artificial respiration was practiced - warm</p>




Month.	Date.	Particulars of Case.
		<p><i>Rachiotomy</i></p> <p>covering, applied, and an ounce of brandy thrown on to the rectum, but life gradually ebbed and he died within two hours of the performance of the operation -</p> <p>P. M. 13 Hours after death: The Larynx trachea lungs &amp; heart were removed &amp; examined - and dissection revealed the presence of an aneurysmal swelling of the arteria innominata about the size of a small hens egg. This was well lined with firm fibrous clots and formed a hard mass pressing against the right side of the trachea &amp; having stretched over it the recurrent laryngeal nerve. The rings of the trachea against which it impinged were partially encroached but the lining membrane of the tube was intact: The epiglottis and upper part of the larynx presented no marked morbid appearances - The lining membrane of the trachea was healthy &amp; the tubes slit downwards <sup>towards</sup> the lungs contained only a very small quantity of fluid</p>



Month.	Date.	Particulars of Case.
		<p><i>Dachshund</i></p> <p>blood. The lungs were slightly congested &amp; good deal collapsed - The heart was loaded with fat its muscular walls thin<sup>10/12</sup> &amp; in a state of partial fatty degeneration. The cavities contained only a very little blood. - The valves were all healthy with exception of the aortic which were slightly thickened - There was a small aneurysmal pouch bulging from the outer side of the ascending aorta. - The left arm of the patient had been amputated which prevented a comparison being made during life between the radial pulses</p>



Month.	Date.	Lithotomy	Particulars of Case.
Jan'y	7 <sup>th</sup>	Danesh	A Mussulman Aged 38 years was admitted into the M.C. Hospital this day with symptoms of stone in the bladder which had existed he says 1 year. The stone was plainly felt on a sound being passed. He was ordered purgative medicine at night and an enema on the following morning. On the 8 <sup>th</sup> he was put under the influence of chloroform and the operation of lateral lithotomy performed by Dr Beatson. Some difficulty was experienced in extract- ing the stone which was cordate in shape & flat- tened. It was composed of uric acid <del>with</del> and weighed $282\frac{1}{2}$ grains —
			
			There was slight hemorrhage which necessitated the introduction of a tube surrounded with lint into the wound but this soon closed. On the 9 <sup>th</sup> & 10 <sup>th</sup> he was doing well & had had no bad symptoms. The tube was ordered to be removed on the 10 <sup>th</sup> —
	12		He is doing well & wound healing wonderfully.



No 17

CASE BOOK.

35.

Month.	Date.	Particulars of Case
		<i>Atkinson Salter</i>
July	17	He is very well. Wound healthy & Contracting.
"	19	Very well.
"	23	Very well.
"	31	He is nearly well. Wound still flows to the way.
Aug	7	He is well. The wound has all but healed —
"	15	Discharged cured



Month.

Date.

*Absorption of Milk of Infants*  
*Particulars of Case*  
~~Racemathrax~~ *Milk of Infants* *Cot. Admin.*

July

12

This case should have been entered earlier.  
 A Hindoo Girl (widow) aged 22 years  
 named Shama; was admitted on the 15<sup>th</sup>  
 of August 1864 on account of severe  
 pain in her left hip joint. She had  
 before admission had a sharp attack of  
 fever with diarrhoea & abdominal  
 pain. The fever was sometimes, she  
 does not remember exactly how long,  
 before the pain in the hip. She  
 suffered also from dysmenorrhoea.  
 She had also a cutaneous pain  
 of a neuralgic character in the back  
 of the affected side & the limb.  
 When she was admitted was rather  
 emaciated -  
 A few days after admission the  
 diarrhoea was relieved - but the  
 pain, notwithstanding the rest in  
 the room & the mechanical  
 continued, notwithstanding fr-  
 mulations - and the limbs  
 and external application of  
 a soothing character. The pain  
 gradually increased & she was



Month.

Date.

Particulars of Case.

Albion, N. York, 1st Jan 1881

The act of cutting  
was kept open  
for nine days

Employed to the bed. The was much  
reduced. Had slow pulse & a cold  
pulse - on the morning of the 7<sup>th</sup>  
Sept. The actual Caustery was applied  
over the seat of the pain between  
the 2nd & 3rd ribs - 4 inches in length - This was  
followed by speedy relief - The  
pain abated - The back, to keep  
it perfectly at rest was placed in  
a high splint - which was first  
applied on the 10<sup>th</sup> Sept. removed  
on the 18<sup>th</sup> Oct. During this period  
the patient improved & was  
able to appear to some extent  
in bed - On the 1st of Nov. the  
splint was removed - i.e. 4 or 5 days after it  
was removed. From on the 1st  
not returned. The splint was  
reapplied & removed on the  
1st Nov. The patient gradually improved after  
this. The pain diminished



Month.	Date.	Particulars of Case.
		<u>Absorption of neck of Femur</u>
		<p>The improved health and strength shown observed the that the bone was shortened fully an inch and on the <del>15th</del> <sup>15th</sup> measurement piece as to be so <sup>idea</sup> - The shortening being in the neck of the Femur - between the Trochanter and the head of the bone. There is also partial ankylosis of the joint - The is movable to flex it &amp; has very limited motion. The is now 12 Inj in excellent health and condition with no pain - but the bone is shortened &amp; the hip joint partially ankylosed.</p>
		<p>This is an interesting case of absorption of the neck of the bone - no injury appears to have set up the &amp; no inflammation, which may have been due to Osteomyelitis, as the bone was connected with the Femur.</p>
Jy	17	<p>Discharged cured but some partially shortened hip</p>



Month.	Date.	Particulars of Case.
		Lithotomy.
July	16	<p>Mr &amp; Bryant age 47 - a stout healthy  Gentleman. Born in India -  Last June, suffering from severe  irritation in the urethra, he  passed a gutta serena Bougie &amp;  broke it into his bladder. The  Instr had become brittle from drying  and broke short off - as he thought  about 2 inches from the point -  I examined him shortly after &amp; he  instantly felt the foreign body  I tried to then withdraw it but owing  to the nature of the following Sept -  when I tried to withdraw the  piece of Bougie through the urethra  but when craniotomy failed  could not pass it - He suffered  insupportable irritation of the  bladder in consequence of the  operation - but soon recovered  about 6 weeks ago he felt  a warm matter water came</p>



Month.

Date.

Particulars of Case.

*Anthony*

Any

16

and only against the neck of the

man which he is  
situated for the origin  
of this Problem of  
Surgery —

Mr. A. Strickland  
47 years of age who had  
disseminated many years  
in India was operated  
on for Calculus in the  
Bladder under the  
following circumstances  
In June 1864. suffering  
from some retention

With them through the  
forest undivided



man when he is  
situated for the origin  
of this Approximating  
Surgery —

Mr. A. Sturtevant, a healthy  
47 years of age who had  
served many years  
in India was operated  
on for Calculus in the  
Bladder under the  
following circumstances  
In June 1864 suffering  
from some difficulty



When he passed  
a Sitta pucha couple  
down the street  
and on ~~the~~ withdrawing  
it found that he  
had left a portion  
of it in the bladder  
It had become brittle



Month.

Date.

Particulars of Case.

Lithotomy

July

16

Indurated upon the neck of the  
bladder and against the prostate  
which he himself did afterwards.  
With that he had had pain. Mucous  
urine and straining - Great weakness  
made anxiety of mind.

Furber

Porter

Beaton

Macnamara

Hague

Chambers

An Altynbeki

witnessed

In consultation it was decided that  
the best chance of success - as the  
prostate body had now become  
contracted and clunked against  
the neck, was lithotomy &  
he accordingly consented &  
asked I should meet to-day the  
16 July Monday.

It was decided at the final  
consultation by Dr Beaton  
Porter & Macnamara that  
the lateral operation should  
be performed as the calculus  
appeared that of considerable  
size. Perhaps too large to be  
lithotomized through the  
prostate undivided.



Month.	Date.	Particulars of Case.
		<i>Intestines</i>
16 May		<p>Dr R. held the Staff I cut him with a common scalpel - on a moderate sized Staff.</p> <p>The perineum was very deep and very fat. My finger with difficulty reached the bladder I very slightly incised the Intestate - then felt the stone in withdrawing it found 2 pieces of bone about 2 inches each in length thickly coated with phosphorus - which crumbled on the pieces of bone were withdrawn - About the size represented in the sketch - He looks very well - white blood some the operation well under chloroform.</p>
5 Dec		<p>He is very well. would plunge through the wind - but he is slightly for a second - he says the surface</p>



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

Anthony

of the wound scalds him very much  
I washed my finger with the wound  
Clean it out. Found a small  
fragment of the stone in the wound

July 17 In the morning I found him well  
he was free from pain.

5 PM. Spent time with the sharp pain.  
which came on about 11 AM  
on passing off - no suprapubic  
pain - no perineal pain  
Went to his room - found left  
pumpkin marks on the same  
paper over it -

12 AM. Sign Am. Acet: 3 1/2  
No motion 8 1/2

Sign of the 8 1/2

Other 8 1/2

Small sample 3 1/2

Coel May 1/2 to measure him.

May 1/2 3 1/2

in large xv

Other 8 1/2

Aggravated 3 1/2

He had 2 Hygienes 8 1/2. Could not  
he will have a good result



Month.	Date.	Particulars of Case.
		<i>Lateral Withering</i>
May	17	He has passed considerable quantity of mucus the mucus and he has the power of expelling it at will by the wound
"	18	He is still lame. Complains of pain in right - wrist - Bone is acting with purgation. Pulse 100 - Does not sleep well. Continue Saline & Sedative Draughts - He has not the least pain or tenderness over the shoulder or in the Perineum - wound properly - through wound & mucus - equally either way -
-	19	Same. Found him very restless in intense pain in the left knee which is hot & swollen slightly. Pulse 104 - Skin within but he has a yellow foot also some sepsis



No 19

## CASE BOOK.

44

Month.

Date.

Particulars of Case.

Lateral Laceration of the right

Aug 19. He attributes the pain to the fracture  
 entering from up? - and says he  
 has had it - Inflammation  
 has been at the wound - He takes  
 no food.

Aug 20. He is rather better from more  
 unmarked history since the  
 the left knee which is red  
 but Bone has been  
 well moved - Angerly in  
 the P 104 - It is not  
 but is not of the mind -  
 He is improved in spirits - is quite  
 free from pain in the wound  
 & now the pain - a bone  
 set - He has been before saying  
 he attributes it all to the  
 going up - I don't - He is a  
 pyromaniac of put in my opinion  
 I think it may be caused  
 to the locality.



Month.	Date.	Particulars of Case.
		Intestinal Worms -
July	19.	He is to take a grain of <i>Murphy's</i> Shore Chlorform capsules retentionally - Food of the week take it - Worms shown prof. - though the worm today - he appears to leave much control over it - He is healthy in sufficient quantity.
"	20	Once purged - but smaller Lep. power - but more still Costed today - continued motion - Has taken no food at home some time today
6 pm		The swelling increased - the pain same. Pulse 100 - mind perfectly healthy - some high colored mucus prof through the anus - I opened the swelling on the side of the abdomen & it is much of the same - Proctus



No 19

## CASE BOOK.

46.

Name John Xavier  
 Age 60 years  
 Residence Bowbazar  
 Occupation None  
 Race East Indian

Disease or Accident  
 Stricture Urethrae  
 Duration before admission 20 years

### Memorandum of Case of Pneumothorax

Name Sothoy

Age 6 years  
 Residence - Colodoloh  
 Occupation

Race - Hindu

Date of Admission July 13/66 (3 P.M.)

Date of Discharge

The woman who brought the child states that the child was passing with her by the road side near Bobostozant a buggy passed over the back of the child. The accident happened about 10 minutes ago.

#### Present Symptoms

The child is a healthy looking boy - respiration very difficult lips blue. pulse small and quick abdomen a little tympanitic & no external marks of injury - no fracture discoverable in any part of the body. There is a little swelling in the right mammary region. Moist crepitation is heard

the last 2  
 from stricture  
 that he  
 the complaint  
 ment of Dr  
 went out  
 for the last  
 aggravated.  
 Stream  
 complaints of  
 followed gonorr-  
 temperate.  
 ung. There is still  
 urine - and  
 gation.

When he returned home the 1st of November



# Memorandum of Case of Pneumothorax

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Age 6 years

Residence - Coloololah

Occupation

Race - Hindu

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## Present Symptoms

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over the H right chest laterally  
expectorated a little ~~brothy~~  
bloody frothy mucus-with diffi-  
-culty. Has no cough.



Name John Xavier

Age 60 years

Residence Ambozar

Occupation None

Race East Indian

Religion Roman Catholic

Date of admission Oct 20, 1864

Disease or Accident  
Stricture Urethrae

Stricture Urethrae

Duration before admission 20 years

The patient states that for the last 20 years he has been suffering from stricture of the urethra. This is the 3<sup>d</sup> time that he has been in this hospital for the complaint. He had been under the treatment of Drs O'Shaughnessy and Harrison and went out much relieved. He says that for the last 3 months his sufferings have been aggravated. Urine is constantly dribbling away. The stream is ~~to~~ very thin and narrow. Complaints of no other uneasiness. The stricture followed gonorrhoea. His habits were not temperate. Had venereal disease when he was young. There is still he says, some discharge with the urine - and ~~severe~~ ~~from~~ ~~the~~ ~~in~~ ~~the~~ ~~urethra~~.

November 5/64.



Memo.

Name - Puddo.

Age - 50 years.

Residence - Calcutta

Occupation - Labourer.

Race - Hindoo.

Admission - 31<sup>st</sup> October 1864.

The patient states that about 5 days ago she slipped her foot from a staircase & dislocated the hip.

Her right hip was dislocated & the head of the Femur of that side was rammed into the sciatic notch. The dislocation was reduced on the 31<sup>st</sup> Oct: 1864.

Dr. -

Andrew Colebone.



Amalia

~~Brook~~

~~Onion~~

Antel

Bottle

Japan

C. Bone

Doct

Am 1-



by Symes' Perineal Section. The  
abscess had been opened before  
this, on the 26<sup>th</sup>, the date of his  
admission - The patient is doing  
well since both the operations



An abstract of a case of  
Perineal Section.

Indro Karam Girri, an inhabitant of Lillah Midnapore, aged 25 years, was admitted into the Medical College Hospital of Calcutta on the 29<sup>th</sup> October 1862. for stricture and fistulous openings, in the perineum, communicating with the Rectum.

About two months ago, he had a bubo in the left groin, which instead of suppurating, subsided by the timely application of some medicinal stuff.

He had also gonorrhoea from which he is still suffering.

About 15 or 16 days after the resolution of the bubo, he had an abscess in the Perineal region. The matter made its exit by two mouths or openings.



Subsequently, there was established a fistulous communication between the abscess and the Urethra and as a matter of course, he began to pass water both through the natural passage and through the two openings by which the matter formed in the abscess was discharged. About 20 days ago, he had another abscess formed in the right side of the perineum which also turned into a fistula but without communicating with any of the adjacent passages.

From the very commencement of his illness he is passing urine by drops attended with a scalding pain in the passage of the Urethra. (The pain is now not so severe as before.)

The patient is a moderately stout and healthy looking man - with good appetite, regular bowels. His pulse natural. He is free from any organic disease except what is mentioned above.

In the morning of his admission, the operation for Perineal section was performed, and a good sized catheter, adapted to the purpose, was introduced into the bladder, through the section made in the Urethra. There was slight hæmorrhage after the operation, but it was stopped by pressure. The patient is getting well. The wound dressed with water dressing.

31 October 1862.

Nitund Sub Bhattacharya  
6<sup>th</sup> year student.  
Medical College -



Memo

Name Gaiah

Age 35 years

Sex Female

Residence Shailkua (Howrah)

Race Hindu

Date of Admission Sept. 11/64

---

Disease or Accident

Schirrhous of left breast

Duration before admission 4 months

Operation - Breast removed

Date of Operation Sept. 16/64

N<sup>o</sup> of Ligatures applied 22. (9 1/2 a.m.)

Had no bleeding after the operation.

Dressed with Wet lint  
& Bandage

Has no discharge

Has no pain



Memo of case No. 283/84

Traver Nauth Dup, aged 28 years  
inhabitant of Kowaipane, was  
admitted on the 8th June 1884  
with ulcer in his left leg.  
Suffered from syphilis & the  
present illness commenced 5 months  
before admission into the hospital.  
is operated Cymie's Amputation  
of foot performed this morning.  
R.D.



## Memo

The patient named Shumbas is about 9 years old. He is a native of Punghillabod Zillah 24 Purgunnah but his present residence is at Bowbazar. He is a Hindos by birth & ~~follows the~~ follows his religion is Hindooism. He came to this Hospital on the 11<sup>th</sup> of Sept<sup>r</sup> 1864 on account of sores of his upper lip. It is of 8 1/2 years duration. When he was 6 months old, he had a fall from a place about 5-feet-high & thereby hurt his upper lip, which turned blue & slightly tuberculated. Since that it has been gradually



increasing. I say that at  
each change of moon, it in-  
creases in size temporarily.

14<sup>th</sup> Sept/64

Edmund Under

York



Dowad-aly Khan. A Mosul  
man patient; aged 55 years &  
a Coachman by profession, came  
into the Hospital on the 7<sup>th</sup>  
August 1864. His right fore  
arm was bitten by a horse  
at four different places,  
which were the seats of as  
many lacerated wounds.

The wounds suppurated &  
partial granulation was  
formed. But the discharge  
nevertheless continued to be  
considerable.



But it was subsequently found, on examination, that the right ulnar bone had been fractured & the fractured ends necrosed. Consequently, the limb was removed from a point about 3 inches below the Elbow-joint. The operation was performed on the 27<sup>th</sup> September 1866.

During the first two days after the operation, the patient was only slightly febrile in the afternoon. The number of pulsations ranged between 108 to 120 during the whole day. On the third day, he was chilly & pulse rose to 160.



beats in a minute. The character of the pulse was soft & feeble. During the next two days, he got fever with shivering & the pulse became thready. He had no complaint of the bowels. Respiration rather tubular & feeble.

6<sup>th</sup> July



My dear Fayer,

The certificate could  
not be better, I feel the  
sincerity of my care,  
and do not think any  
consideration ought to  
weigh with me where  
health is concerned.

I am getting slowly  
round, but am very



Week This, & do  
not sleep over well,  
but suppose I will  
get round with the  
cold weather now fairly  
coming in - I will  
not be going out of  
Town for a few days  
and will call L



Learn before I learn

Behave well

Travelling home

W. L. Nelson

Monday Night -

69 St Eastern Ave



William F. Bird. aged 22 years.  
Resident of Calcutta. was admitted  
into the Medical College Hospital in the  
First Physician's Ward on the 31<sup>st</sup> July 1864.  
He had a fall about 6 years ago and hurt  
himself on the loins. no particular symptoms  
appeared at the time except a little pain.  
About 15 days previous to his admission  
in the First Physician's Ward he was  
suffering from orchitis and was treated  
successfully in the First Surgeon's Ward.  
Immediately after this he took ill with  
severe pains along the lower dorsal and  
lumbar vertebrae; extending at first over  
the right groin and then on the left  
groin and thigh. The course of the pain  
was along the direction of the Psoas muscle.  
There was much difficulty in micturition.  
There was distinct curvature of the spine  
about the seat of the pain. There was some  
tenderness along the curvature. The patient  
would suffer from intermittent quotidian  
fever <sup>merging into the hectic type</sup> without any shivering. Pulse would  
vary from 132 to 94 in the morning and



from 144 to 108 in the evening. Urine on  
microscopic examination presented an  
abundance of hippuric acid crystals with  
some tripple phosphates. There were also  
epithelial shreds <sup>but</sup> no albumen. Actual  
caustic was applied on the 25<sup>th</sup> August  
on either side of the curvature of the spine.  
He felt much relief after 6 days when  
the slough completely separated and  
gradually went on improving. He is  
at present free from the former symptoms  
of pain and fever. and seems to be very  
much improved.



Memo.

Name. John Charles.

Age - 27 years.

Admission - 2<sup>nd</sup> September 1864.

The above named patient <sup>for two years</sup> had suffered from Gonorrhoea which had never been perfectly cured; but since his admission he has been relieved from it. About 7 (seven) months ago he perceived the symptoms of stricture but his urine never stopped altogether, but the stream becoming narrower and narrower till at the time of his admission he could pass his urine only in drops.

At first no 3 & 4 Catheters passed into the bladder for a few days - the Urethra was very irritable and there



there was slight bleeding at the time  
of passing catheters - but by such  
measures he could pass his urine  
more freely than before -

14<sup>th</sup> September. no 5 & 6 Catheters passed  
into the bladder & there was slight  
bleeding - and on the 20<sup>th</sup> no 8  
Boujee passed into the bladder  
easily - During all these days he could  
pass his urine in a better state -

But on 30<sup>th</sup> Instant ~~Who~~ let Urethra  
Dilator passed & then Catheter no 11  
(eleven) passed easily - no bleeding.

From this day he is  
passing his urine in a good stream  
and very freely - no 10 Catheters passed  
into the bladder on the 2<sup>nd</sup> & 3<sup>rd</sup> October  
and there was no bleeding - Passes  
his water very freely now as above said -



Memo

Name - Shonkoo.

Age - 40 years -

Residence - Mollungah.

Occupation - Maid-servant.

Race - Hindoo.

Religion - Hinduism -

Date of Admission - 11<sup>th</sup> September 1864 - 11 A.M.

Duration before admission - 1 day.

She had a fall by accident.  
on the right side of her body -  
and thus fractured the neck of  
her right Humerus probably  
through the Tubercles -



Gopal an Oriah aged 34 was admitted into the Medical College Hospital on the 5<sup>th</sup> of January 1866 with a hernia of the intestines of five years standing. Does not trace the disease to any accident or efforts at exertion. Has never experienced any sensation of any thing passing down the inguinal canal. <sup>or going up</sup> Never suffered from strangulation.

On admission the tumour looked pyriform; elastic but not very tense. There was no gurgling on pressure. There was some impulse on coughing; slight thickening of the inguinal ring.

On the morning of the 6<sup>th</sup> the hernial tumour was reduced and the operation for the radical cure ~~of~~ performed. The tumour looked like a large  $\frac{1}{2}$  dracule.

Thos Nath Bond  
Dresser  
1<sup>st</sup> Surgeon's Wards  
Medical College Hospital  
Calcutta.



Memor.

~~The~~ Dosboy Singh a Hindu Garwaree aged 45 years was admitted into the Medical College Hospital on the 11th of December 1866. He had fallen down from a cart loaded with bullets and the cart wheel had ridden over + rested on the left side of his pelvis - He had received some contused wounds on the left groin and outer aspect of right thigh + had had profuse bleeding from the urethra -

Water dressing was applied to the wounds - During the night he suffered from retention of urine which was relieved by catheterism -

On the 12th his bladder was relieved by catheterism - & in the evening he had constant dribbling of water tinged with blood - his pulse was very weak -

On the morning of the 13th the catheter could not be introduced into the bladder - it went into the ruptured portion - on the each attempt a quantity of blood came out - Perineal section was performed - the tissues divided were found to be deeply ecchymosed - No tube was introduced into the wound -

at 1 P.M. his bladder was distended - Catheter could not be passed - on passing the finger through the wound about 3oz of <sup>bloody</sup> urine issued forth together with some clots of blood - several clots were felt in the deeper part of the incision behind the laceration of the urethra - water injected through a catheter flowed out - through the wound but brought away no coagula - The S-shaped tube was then introduced but only drops of bloody urine escaped through it -

At 3 1/2 pm The pulse was imperceptible at the wrist - complained of much pain over the hypogastrium - drops of bloody urine escaped through the tube - the recti muscles were tense -



He was ordered to have stimulant mixture every hour + fomentation over the perineum -  
At 8½ PM The pulse was still imperceptible - there was no bleeding from the wound - The urine flowed pretty freely through the tube - His abdomen was distended - The stimulant mixture was continued every hour - and an enema consisting of Ether ℥ss ℥ij. In assafœtida ℥ij. Brandy ℥ij + warm water 3v as <sup>injected</sup> ~~administered~~ besides which he got 2 measures of brandy -  
At 3 am - There was no pulse at wrist - respiration hurried - could not swallow medicine -  
Died at 4½ A.M.

### P. M. Examination -

The whole of the cellular tissue of the Pelvis was found in a massy solid sloughing state from the infiltration of urine - The sloughing extended even through the anterior wall of abdomen - The neck of the bladder was surrounded by a large cavity produced from sloughing - The urethra behind the triangular ligament was quite rent across - no sloughing of the parts in front of the triangular ligament - There was fracture of the Pelvic bones on both sides - The body of the Pubes & the Pubic arch being fractured across the thyroid foramen on either side -

The Peritoneum was somewhat inflamed + there was some exudation of lymph on the surface -



Memor

Pearry a Bengalee woman about 30 years of age was admitted into the Medical College Hosp<sup>l</sup> on the 21<sup>st</sup> Decr 1863 - for a bronchocoele of pretty large size - on admission she said that this tumour had been growing for 12 years - that it commenced as a small nodule in front of the larynx - for the first 8 or 10 years it grew comparatively slowly reaching up to the size of the ball print (Apple mark) - but for the last 2 years it had been growing very rapidly & at the time of admission it was of the size of an adult head - The tumour was elastic consisting of 2 lobes the right considerably larger - The right <sup>the</sup> ~~right~~ <sup>upper</sup> lobe is again subdivided into an upper & lower half - Each superior thyroid is felt to wind round the upper part of its respective lobe but the right is much larger & more superficial in fact of the size of a brachial - The tumour caused no difficulty in respiration or deglutition - The tumour used to become painful with the lunar changes but there was no accompanying fever - She got 3 doses of quinine Mxt (8m<sup>ss</sup> to 3j) - & and an ointment of 4 gr of Hydrarg. Biniodid to 3j of lard was rubbed over the part -



On the morning of the 4<sup>th</sup> June 1861 - The right Superficial  
Thyroid was laid by making an incision about  
3 inches long parallel to the lower margin of the  
lower jaw - some difficulty was met with owing  
to the artery slipping out of the incision with each  
pulsation - the tips of the wound united by 2 sutures -  
The tumour measured immediately after operation  
around the base of the entire tumour  $22\frac{1}{2}$  inches  
around the base of the right one  $18\frac{1}{2}$  inches - transversely  
at its dependant portion  $10\frac{1}{2}$  inches -

On the morning of the 5<sup>th</sup> the pulse was 92 - no fever -  
but in the evening she got fever - pulse 108 - she was  
ordered to have fever mixture every 3 hours -  
On the 6<sup>th</sup> the wound was healthy looking - much pain  
in the tumour - pulsation behind the ligature dis-  
tinct -

On the 7<sup>th</sup> - pulse 100 - felt chilly - wound healthy looking  
but the portion around was very painful -

On the 8<sup>th</sup> pulse 100 - about an ounce of healthy  
pus was squeezed out - no stool for the last  
3 days - she was ordered 3vj of Castor oil -  
morphine  $\frac{1}{4}$  gr. + quinine - Nitrate of Silver  
solution applied around the wound -



The patient named Satcourg aged 25 years, a  
musliman mason was admitted into the  
Hospital on the 24<sup>th</sup> Novr 1868 for caries of the  
os calcis of the left foot - On admission he told  
that he had never suffered from syphilis but  
that about a year before he had had an attack  
of rheumatism for which he was bled; that the pain in all the joints subsided except  
in the left ankle joint; this was followed  
shortly after by a small pimple on the sole of  
the foot close to the heel which bursting left  
a small ulcer. This ulcer had <sup>been</sup> gradually  
extending and ~~was~~ at the time of admission  
about an inch in diameter. 4 small  
pieces of bone had come out of the ulcer with  
the discharge -

On examining the ulcer it was found to  
be a piece of bone beneath which felt  
as if softened - The sole of the foot was flat  
anteriorly and was bulging at the posterior  
part - Purgative was ordered to be applied -

On the 27<sup>th</sup> he was taken upstairs to be operated  
on examining the heart-sounds, a blowing  
murmur was audible with the 1<sup>st</sup> sound.  
more intense at the apex than at the base -  
chloroform was very carefully administered

The os calcis was removed by making  
a horizontal flap from the sole and a verti-  
cal incision over the tendo Achillis -  
2 or 3 arteries tied - The anterior portion of the  
os calcis brittle -



A tincture of Opium draught was ordered  
and water dressing applied over the wound -  
In the evening he got fever - his pulse was 132  
there was no bleeding from the part - he did  
not complain of much pain ~~in the part~~

On the 28th - there was no discharge from  
the wound - the flaps were warm & healthy -  
pulse weak - appetite good - no fever -

He was ordered quinine mixt (grv) 4. d  
In the afternoon no discharge from the wound  
feels pretty well - appetite good - no fever -





Patient's name Khooth Nanth  
Dhola aged 30. Hindu  
by occupation a farmer  
was admitted into the  
1<sup>st</sup> Surgical Ward on the  
2<sup>nd</sup> Feb/65 with Cystic  
tumour about the size of  
an orange below the  
Chin - in the Digestive  
Muscle - it was removed  
on the morning of the  
4<sup>th</sup> Feb/65. The tumour  
has been growing for  
last 8 years - Patient  
was discharged cured on the  
25<sup>th</sup> Feb/65 -



Gocool, a Hindoo lad, aged 12 (?) years, was admitted into the Medical College Hospital, on the 27<sup>th</sup> of August, 1865, with a confused wound on the front and a little to the outer side of the lower part of the left thigh, close to the knee.

Having enlisted himself as a cooly, he was embarking on board the ship 'Eagle Speed' to Demarara. The ship was wrecked five days before his admission here. Amidst the confusion, he fell upon the deck, and with several other persons caught hold of a plank of wood, and rowing for one day & night, reached the shore, where he roved about the jungle, staved for four days. States that while flying, he injured his thigh.

On admission, the leg was put on MacNitzger's splint, and poultice applied over the wound. There was little or no discharge for the three following days. But on the morning of the 31<sup>st</sup> a small quantity of pus and a good deal of thin oily yellowish fluid escaped. The patient was put under chloroform and the finger introduced into the wound, it reached the tip of the patella. On the 1<sup>st</sup> of September, the discharge was of the same character. On the next morning, the finger was introduced again into the wound; it went right into the cavity of the joint, the posterior smooth surface of the patella resting upon the finger. Excision of the joint was performed; 31 ligatures applied, and the flaps stitched together by iron-wire sutures. There was very little bleeding during the operation, and none afterwards.

Frederick Rose  
Dresser 1<sup>st</sup> Surgeon's Ward  
Medical College Hospital.



The patient, named Gresh James Howell  
aged 32 years is a native of Burmaungphum (some  
two miles north of Calcutta) and holds the occu-  
-pation of a shop-keeper. Was admitted into the  
Hospital on the 26<sup>th</sup> August 1864 with structure  
of the urethra, urinary fistula enlarged scro-  
-tum and hydrocele of the <sup>right</sup> left side. The  
following is the previous History of the case  
He had gonorrhoea some 16 years ago. This  
gonorrhoea was never thoroughly cured.  
The urethral passage gradually began to  
contract until about three years ago he  
could evacuate the bladder with great dif-  
ficulty and in drops only. At this time abscesses  
began to form in the scrotum which opened of themselves  
and through which urine began  
to dribble. After the formation of these  
sinuses very little urine used to come  
through the urethra. (most part dribbled  
through the sinuses). The scrotum had  
begun to increase for nearly a year  
and ~~the~~ he perceived the hydrocele  
some what more than two years.

The following are the symptoms  
with which he was admitted into the hospital  
The patient is somewhat anaemic Countenance  
sallow. tongue slightly coated. pulse fully  
the scrotum is enlarged and the left side  
contains some hydrocele of fluid. There  
are four sinuses in the scrotum. none  
in the penis. & one on the left side of the perineum  
(turn) -



The surfaces of these sinusses present large flabby granulation - though all these urines comes out but chiefly through one situation on the left side of the perineum urine also comes out in drops from the urethra - Bowels rather costive appetite good -

Perineal section performed on the morning of the 29<sup>th</sup> Aug / 64. and a metallic tube introduced into the bladder -

On the 29<sup>th</sup> August / 64 the tube was taken out and hyoscine topped -

3<sup>rd</sup> August / 64.  
 Calcutta Med.  
 (at Hospital)

Ramcharan Mitter  
 Doctor -  
 First Surgeon New  
 Med. (L. Hospital)

1862 - 5 -  
 63 - 11  
 64 - 6  
 .22

///

1862

///

1864

///

1863



Memo

Kyebrook a ~~young~~ <sup>man</sup> ~~man~~ aged about 32 years,  
Residing at Cooly Bazzar was admitted into the  
Medical College Hospital on the 15<sup>th</sup> of September  
1865. He <sup>has</sup> been suffering from inguinal hernia  
for the last five years. The intestine used to come  
down when he walked & coughed, & again go up itself  
in a gurgling sound when he laid himself down.  
Had ~~had~~ no strangulation at any time. The  
tumour which the intestine forms is <sup>pretty</sup> ~~not~~ a ~~very~~  
large one, & the ring allows 2 fingers to enter it  
easily. <sup>Operation for the radical cure of hernia performed</sup>  
~~The hernia was reduced.~~ on the 20<sup>th</sup> September.

At first there was a protuberance in the right iliac  
region which was somewhat painful, ten or twelve  
days after which as he was lifting up some heavy  
thing on board of a ship, his intestine protruded into  
the scrotum.



# SURGEON.

House Surgeon.

Dresser.

Name *Sabuldeen*

Age *25 years*

Residence *High Allighur*

Occupation *Khalasi*

Race *Malay*

Religion *Mahomedanism*

Caste

Admission *27<sup>th</sup> October 8 pm 1864*

Discharge *28<sup>th</sup> October 10 pm*

Date of

Disease or Accident

Duration before Admission

Operation

Date of Operation

Convalescence

Result

How long in Hospital

*compound fracture of the right femur, & simple fracture of the hip at two places*

*Amputation of the Hip*

*27<sup>th</sup> October 10 pm*

*Death*

*26 hours.*

Date.	Case and Symptoms.	Prescriptions.	Diet.
	<p>Compound fracture of the right femur an inch below the trochanters, the fractured ends are very much comminuted and the soft structures around them are very much disorganized, much ichorous discharge from the wound.</p> <p>There is also fracture of the left femur at two places, one <sup>at</sup> about two inches above the knee and the other at about its upper third.</p> <p>Pulse 125. tongue white and dry.</p>	<p>The accident took place seven days before admission from the fall of a heavy piece of wood</p>	



Date.	Case and Symptoms.	Prescriptions.	Diet.
	<p>1. The case is chronic.</p> <p>2. Duration of the disease is</p> <p>3. Location</p> <p>4. Path of the disease</p> <p>5. Course of the disease</p> <p>6. Death</p> <p>7. How long in the hospital</p>	<p>1. The case is chronic.</p> <p>2. Duration of the disease is</p> <p>3. Location</p> <p>4. Path of the disease</p> <p>5. Course of the disease</p> <p>6. Death</p> <p>7. How long in the hospital</p>	



No 19

## CASE BOOK.

46.

Month.	Date.	Lateral Literature	Particulars of Case.
July	21	<p>He had some sleep last night after a          dose of Morphine - But he is not better          some costive dry stool on the 21st          His skin is not hot - pulse 105 -          On pain in bladder - a abdomen.          Bowels not moved - some passing          mostly mucus - a mucus. N: Bowel          N: Subcutaneous - N: Subcutaneous          &amp; Apoptosis mucus - Rectum          a little mucus - No mucus          from the bladder - I examined          it by introducing my finger &amp; found          that it passes right into the fundus          I feel the prostate lower in the          surface - No mucus is mucus          &amp; it is the superficial mucus          which is mucus - No mucus          in doubt now what it is - mucus          No mucus is also mucus          mucus &amp; mucus -</p>	
50 <sup>th</sup> m.		<p>He is much the same - No mucus          pulse 104 to 108 - In stage he          he has passed his mucus          which is mucus some mucus</p>	



Month.	Date.	Particulars of Case.
		Saturnal lithiasis
July	21.	<p>At the neck of the bladder -  The left testicle is red. brown  swampy as the spermatic  to communicate - -  Inguinal <del>is</del> conted, not a day -  Discharge from urea free not  much pain -  Refrigerant &amp; Port wine - no opiate -  the bowels are free &amp; healthy  the urine &amp; the flatulence  free</p>
"	22.	<p>In better. much pain. Pulse  108 to 112 - Consultation with  Dr. Macnamara - Porter &amp;  Beaton - under this we  carefully examined from opened  the joint is opened - make  a counter opening to the ear  to the thumb - &amp; used opiate  to relieve the pain. - Bayle -</p>



N. 19

CASE BOOK.

48.

Month.	Date.	Particulars of Case.
		Latent tetanus -
Jan	22	and Phine - - Operate -
"	23	I find him much worse than many yrs - profuse sweats - by low pulse 120 - " " in the st. " "

20.

Memo.

Baboo Rame, aged 45 years, resident of  
Pyradangha, Zilla Baraset, and by occupa-  
-tion a husbandman was admitted in  
the Medical College Hospital on the 13<sup>th</sup>  
1865, with a stone in his bladder  
complaining of pain in the perineum  
used to pass small gravels every 5 or  
for the last 14 or 15 years - Had never  
tion of urine - The stone is by  
by the lateral operation of lith  
very little bleeding today the  
the stone weighs 3 drachms.

and  
Mantation  
- Perhaps  
come  
body

7 Pm.

En.

13<sup>th</sup> September 1865

Robin Chaudhary

him

price

Net 4.

has had

He died

Aug 1865

I have come into the hands of the  
and received the seat of inflammation  
and received the seat of inflammation

by

Lab

at 10

after the 24<sup>th</sup>



Memo.

Baboo Ram, aged 45 years, resident of  
Pyradanpha, Zilla Baraat, and by occupa-  
-tion a husbandman was admitted into  
the Medical College Hospital on the 13<sup>th</sup> Sept<sup>r</sup>  
1865, with a stone in his bladder &  
complaining of pain in the perineum. He  
used to pass small gravels every 5 or 6 months  
for the last 14 or 15 years - Had never reten-  
-tion of urine - The stone is brought out  
by the lateral operation of lithotomy with  
very little bleeding today the 18<sup>th</sup> September.  
The stone weighs 4 drachms.

18<sup>th</sup> September 1865.

Nobin Chunder Chatterjee



No. 19

CASE BOOK.

48.

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

Latent Tetanus -

Jan 22 and Phine - - Operated -

" 23 I found him much worse this morning  
wound - profuse sweats - by low  
pulse 120 - weakness in speech  
stumbling. Bad sleep

2 P.M. Slight hemorrhage from wound  
invested with ice - great antispasmodic  
pain throbbing at base - Anus open  
operation - In about 1/2 hr. some  
perspiration setting in body  
laxated in sweat

Wound and pulse more heat -  
Anus more stimulating -

7 P.M. In about 1/2 hr. perspiration  
began to break out - pulse bounding  
irritable - Continued stimulus  
We were yesterday & today  
have had a sharp & the wound  
He died at 3. A.M. of the 24<sup>th</sup>

Jan 1865

I have collected notes that the left brother  
has received the seat of a Continental information  
also preceding papers to the information



Month.

Date.

Particulars of Case.

Natural History - Death.

This case is perhaps interesting & instructive than its kind - Mr B was in good health as far as we could judge. His urine was normal. Containing a little mucus the result of the presence of the calculus. He was temperate & abstemious, in food & spirit - or at all events wished -

The operation was done without delay in difficulty secured in extracting the calculus - The opening in the bladder was small. In hemorrhage - no pain & symptoms of infection after the operation, no peritonitis - no bleeding. He put in a catheter for another 2 days then with the catheter and found with a shock of re-urine. The following day the patient was dying came on in the home for the day before his death. The 7<sup>th</sup> after operation signs of Peritonitis came on with effusion into the Peritoneum - He lay in his upper story of Spencer Hotel in a bed fastened down - The occurrence of this violent attack of Pyaemia is not difficult to understand



Month.

Date.

Particulars of Case.

Removal of left Breast.

Jan 21 At 1 P.M. today, assisted by Dr. P. M. Beaton. Paid a Mr. Okabuttie - a Mr. W. S. S. I removed the whole of the left mamma from Mrs. M. B. B. - aged 42 - a small, fat woman with a scale but otherwise healthy woman. Still menstruating & the mother of some children. The breast is the seat of a hard heavy nodular painful tumour, protruding from the skin. Commenced about 10 months ago & has increased rapidly. Her general health is not apparently much affected - some of the skin is enlarged - but in dressing the tumour & the skin to the thorax. I removed the entire breast. Clipped in axilla & chest 12 or 14 vessels - one in the axilla bled but inserted no the hand & glands.



Month.	Date.	Particulars of Case.
		<p>Removal of left Mammare</p> <p>Jan 21 The edges of the wound were brought together with silver wires - but a bandage applied the wound rather affected by the operation - under chl: but she suffered some during - at 7 PM she was moved off the table &amp; nursed. In bleeding.</p> <p>The woman had the usual hard dry appearance of scurvy streaked when cut with the Scalpel. I cannot mention that there is very hereditary tendency to Cancer in her family</p>
Jan	22	<p>Packed a tolerable night - peaceful &amp; restless. but no hemorrhage she had a dry Mouth - skin rather swollen - pulse small &amp; feeble</p>



Month.

Date.

## Removal of Left Mamma

July

22

in examination. Found that the  
tumour presents a very malignant  
type of cell - as the blood vessel  
in character when cut into it is  
lentiform - hard - & scales like  
cutting 0 0 0 into an unripe  
pear - 0 0 0 0 0 0 0 0 0 0  
has been 0 0 0 0 0 0 0 0 0 0  
may not return -

5 P.M. Tumour - Dressed the wound  
it looks well. - Some hardy  
m xxx - Saline - Soap -

July

23

Sept. - left hand. Still tender  
pulse quite weak. mind  
powerful. - Dressed it in the  
evening. it looks well. No bleeding  
my slight purulent discharge  
commencing - Soap - lime  
Lime then m xxx has.



Month.	Date.	Particulars of Case.
		<i>Removal of left mamma -</i>
July	24	Engwell. Intermittent. Noticed an suppurative bluish the back extending from the axilla - a mass of lymphatic M. - aperiunt - in front of chest - Deposited the mass. It looks healthy - in beginning to discharge. Some of matter by which have come away - But is still present.
"	25	Bornels fully moved by the aperiunt. Suppurative bluish still extending toward looks healthy - all the lymphatic has now come away Wound two or 3 inches - The tissue has formed fairly. Still noticed the femoral pulse made one 100 -
"	28	She has been Engwell. All the lymphatic has come away, some of substance. The wound open a little where tension was. But it is healthy & Engwell. The has no fever. Taken her for a better & sleeps pretty well with an anodyne morning

Some after the disease reappeared. She called in me and



Some after the incision appeared. She called in me one day when it was too far advanced for operation. She was doing well. I gradually returned, the her health was not much affected. She was doing well. I gradually returned, the her health was not much affected. She was doing well. I gradually returned, the her health was not much affected.

### Removal of Left Mammary

Doing well. Wound healing. There is some pain & swelling at the top of the neck above the Clavicle & the Complains generally of redness & pain about the shoulder & in all other respects she does well.

Doing well. Wound healing. Swelling above Clavicle & behind scapula diminishing.

Doing very well. Wound healing. Introducing the return to work to Bishop's College today & I permit my hands.

Report from Dr. Bond Howrah that she is doing well.

March 7<sup>th</sup> Further report that she is doing well. The still weak, and a small part still unhealed.

20 Reported to be doing well in resumption of my return of disease.



Month.	Date.	Particulars of Case.
		<i>Lateral lithotomy</i>
Apr		A native named Raj Chander Chatterjee - aged 42 years, admitted on the 23 <sup>rd</sup> Jan with symptoms of stone in the bladder from which he has suffered 2 years. He is healthy looking in good condition since healthy.
Jan	27	Examined the calculus by the lateral operation this morning Staff held by Dr. Colles. The wound bled very freely from a large artery of permanent size and the perineal membrane. Stone small - like a fig - Phosphatic Ink commencing. Hemorrhage controlled by pressure & with a plug of lint under the tube.
"	28	He had some haemorrhage yesterday (27 Jan) but none. Controlled by pressure & ice - The urine is flowing freely through the tube - No pain - no suppuration a short time since



Month.

Date.

Particulars of Case.

Saturday 1st May.

- May 29 He is doing well. no bleeding, no  
 pain. no fever. some flowing  
 pus through the wound - The  
 tube is still in the wound.
- 31 He is weak. but in the forenoon is  
 pain. In the evening some bleeding  
 to May. in the afternoon he  
 is doing well. but the tube is  
 taken out for some time. some plastic  
 has flowed through the wound
- 2 - He is doing well. Some bleeding  
 acted. some flow to the tube. -  
 some haemorrhage
- 5 - Doing well. no pain. no fever  
 wound looks well.
- 7 I find that an eruption of  
 Mr. Nipe's small pot (It is in the  
 present) has come out - He  
 has been removed down stairs.  
 He is doing well - wound looks  
 well some pus from the tube  
 & the wound at times
- 8 He is doing well. Eruption some  
 more out



Month.	Date.	Particulars of Case.
		<i>Actual to Mortality</i>
July	10 <sup>th</sup>	He is very well. The smallpox - modified. has all disappeared - The wound is very healthy and continues - rapidly. Wound has equalled the way
"	16	Wound all but healed. Some paper chips by the wound. General health excellent
"	20	Very well
"	22	Wound all but healed -
"	27	Discharged cured. in Good general health -
Admitted Jan'y 23 <sup>d</sup>		
Operated " 27 <sup>th</sup>		
Discharged July 27 <sup>th</sup>		



Month.	Date.	Particulars of Case.
		Radical cure of Hernia.
Jan	26 <sup>th</sup>	<sup>Amman</sup> S. J. Stephen - calls himself a Persian aged 35 - a small but healthy man who has been admitted 2 days ago with Scrotal Hernia of right side - He was operated on about 8 months ago by Dr Palmer on the 8th of Feb. but the hernia descended again this morning after one preparation. I introduced the plug & ligation. It moved it on the 29 <sup>th</sup> in the sup. - position was free. The incision remained well up - & he seems about to be well.
	31	Doing well. no pain. no inflammation or suppuration. The incision remains well up in the canal. He has the simple pad & bandage.
Feb	2	Doing well. Suppuration still free.
"	5	Doing well. Discharge morning
"	7	Doing well
"	10	nearly healed
"	16	He is apparently cured



Month.	Date.	Particulars of Case.
		Radical cure of Hernia
Feb	20	He is doing well. but has been walking about too much. ordered him to be kept in bed.
"	25	No pain. Wound healed. Discharge seems well but the hernia has not descended.
March	5	It has only partially healed for hernia' should as far as the aspect of the situation of things.
March	20	Discharged. He is better but still seasons.



Month.	Date.	Particulars of Case.
		<i>Osteosis of Scapula</i>
July	8	<p>Dr. Thompson asked me to see a boy of 12. Mexican suffering from fever, who was supposed to have dislocated the lat. bone off the Scapula and torn off the edge of the scapula with serratus in a pt. of emphysema.</p> <p>On examination I found the left Scapula protruding at the lower angle fully an inch and a half from the ribs, but there was no pain, no tenderness when moving the arm. On feeling the pulsus in under the edge of the Scapula I found a distinct very prominent under the body of the Scapula. The mother said she had never noticed this the she admitted it must have been there - The boy had a pt. of emphysema she then noticed the 8th rib, and thought it was the violence of the cough dislocated it - The absence of pain or tenderness at the point of the Scapula. The recently I saw a man I saw of the bone the from immovable from felt on pressing the finger through under the bone informed me that it was not the</p>



Month.	Date.	Particulars of Case.
		<i>Excision of Scapula</i>
July	6	<p>Dislocation &amp; fracture of I stated my            opinion to Dr. B. who concurred.            I suggested the removal of fracture            &amp; immobility, when he should have            removed from the face, as the            end to removal of the tumor            perhaps of a portion of the scapula.</p>



Month.	Date.	Particulars of Case.
		Encysted tumour of foot

William Scott aged 20 years was admitted <sup>on the 17th July 64</sup> into the Hospital with an inflammation of the lower part of the left leg. It came on of itself, the part having not been exposed to any external violence or injury. There was, on admission, some diffused redness on the inner part of the left ankle, pain on pressure, and a slight indistinct fluctuation under the fingers. On the morning of the 19<sup>th</sup> an incision was made on the part but no pus flowed out. A dry poultice was applied & on the 21<sup>st</sup> the incision was extended, whereupon some thick pus came out. The discharge seemed to flow from the sheath of the posterior tibial muscle.

Pain still more  
Dress 1<sup>st</sup> Surgeon's hands

20 - a pear-shaped  
nodule in  
tumor  
of the lower  
of the tibia  
has been  
in and

of the leg  
the tumor  
of the  
is the  
tumor  
- the  
of the

did not  
break  
is -

7 The suppuration in the  
to produce a great deal of pain. The leg then  
came away & the Compressed  
substance. At last the tumor  
shrank to the size



on the 17<sup>th</sup> July 64

William Scott aged 20 years was admitted into the Hospital with an inflammation of the lower part of the left leg. It came on of itself, the part having not been exposed to any external violence or injury. There were, on admission, some diffused redness on the inner part of the left ankle, pain on pressure, and a slight indistinct fluctuation under the fingers. On the morning of the 19<sup>th</sup> an incision was made on the part but no pus flowed out. A big poultice was applied & on the 21<sup>st</sup> the incision was extended, whereupon some thick pus came out. The discharge seemed to flow from the sheath of the posterior tibial muscle.

Percy Nathl Barr  
Dresser 1<sup>st</sup> Surgeon's Ward



Month.	Date.	Particulars of Case.
		<p><i>Encysted tumour of foot</i> —</p> <p>Feb 7. Bhootnath Dholai - aged 30 - a peasant          from Secanpore, admitted on          the 3<sup>d</sup> Feb 1865, with a large tumour          exactly under the symptoms of the tumor          said - It was very tense and the skin          stretched tightly over it - He had had it          for 8 years - A course of iron and          quinine —</p> <p>I directed it cut on the 4<sup>th</sup> Feb          May in the Symplic muscle under          the fascia, very little blood lost in          removing it - The cyst was the          size of an Orange, and contained          white sebaceous matter - The          by a time it was applied and          a sponge of sandalwood applied over          the wound which was brought          together with the Hare hair -</p> <p>7 The suppuration in the heel has          a good deal of pain - The leg has          come away and the Compartment          destroyed. Let us see whether it          extends to the bone</p>



Month.	Date.	Particulars of Case.
		Encysted tumour, neck
Jul	8	He is still a good deal affected & unable to move his head any to pain, but the dis charge is becoming more healthy.
"	10	He is myself. Discharge healthy -
"	14	Discharge healthy - head healing
"	20	Discharge healthy - head healing
"	25	He is almost well - Discharge almost over much



Month.	Date.	Particulars of Case.
		<i>Structure of mamma anterior to dissection</i>
Jef	7	<p>Adam Chinnadoff, aged 40 a healthy Russian peasant, admitted on the 27<sup>th</sup> July 1895 with a very hard. The right structure found in part of the dissection - Some time ago a British Surgeon cut out a Calculus from that part of the mamma &amp; the result has been the thickening &amp; induration the seat of the structure completely in fusion with the mammary glands like a hard tumour.</p> <p>I tried for some days to detach it but with no result -</p> <p>On the 2<sup>nd</sup> of Aug. at his request (very much) I performed an Oph. and divided the structure, which was very hard on former stuff - It is found as thick as with the right mamma which was hard &amp; the tumour in substance soft -</p> <p>He is very pretty well, but the wound suppurates - The pus is thick &amp; red - An abscess was kept in the bladder for 24 hours, but it is removed when it caused no trouble. His tubercular system is good. His general health is not affected.</p>



Month.	Date.	Particulars of Case.
		Structure of methua anterior to Section
Feb	8	He is doing well. The wound is open & the urine flows out very thick It - Pop. well sized instrument daily.
"	10	Wound healthy & contracting, Pop. well sized instrument daily -
"	16	Nearly healed - a large part of the wound is gone -
"	20	A sinus remains
"	25	Almost closed - but there is a good deal of hardness about the wound - keep on with in
March	8	He has had pain & swelling inside. Exam'd him with Desormeau's speculum with D - D's speculum.
"	9	His fluctuation. I pointed the section. I found a large abscess in the bladder. I found a large abscess in the bladder.
"	10	He is much better to day
"	16	Well but a very small sinus remains







Month.	Date.	Particulars of Case.
		<i>Imperius Testis</i>
July	10 <sup>th</sup>	His mouth look healthy, but embittered - food is slowly -
"	16	Gradually closing in
"	20	Doing well.
"	25	It is closing in very satisfactorily
Aug	6	It is closing in gradually and well He is in excellent health.
	14	He is now well and has returned to Sahib Pura.



Month.

Date.

Particulars of Case.

Puerperal Convulsions (Indolent)

On the 3<sup>rd</sup> Long I was asked to see a  
 parturient lady - age 18 or 17 - from whom  
 she was said to have been in  
 labor for 3 days - & that Convulsions  
 came on at 10 o'clock (day) I  
 found her at night - I found her  
 as usual, lying in the floor in a  
 miserable condition without a  
 single convulsion of any kind - She  
 was in a state of complete in-  
 sensibility - with constant vomiting  
 & diarrhoea - Pulse small & feeble  
 100 - 110 - 120.

The Head was low down & the  
 vagina was torn - Her Dr. says  
 had been trying to force the  
 child away - He writes me  
 said to have escaped many years  
 ago - The Doctor who attended  
 says he heard the placental heart  
 in the morning - (I am Dr. B.)  
 There was no time to lose & I



Nov 27

CASE BOOK.

69.

Whistling much longer - but lately could hear heard of that

Month.

Date.

Particulars of Case.

*Parasitical Comulsion (Free)*

He applied the force and without  
 difficulty removed a small female  
 child. The Comulsion ceased  
 immediately - The pulse improved  
 but still a little irregular.

I directed cold the applied  
 to the head - In position of  
 the child - for her pulse was  
 still very low - Mustard applied  
 to the chest - legs - & stomach.

It was reported to me by one of  
 the Babes that the property  
 of the Comulsion had  
 been the property of the Babes  
 and that the Babes were  
 now recovering -

The Comulsion were in a  
 state of the property of the  
 child in the property - I saw  
 when it was removed. In the  
 hand located in the property  
 of the Comulsion in the property



Month.

Date.

Particulars of Case.

Anesthetized labor - Preceps -

28

8. On the 31st Aug at home I had a  
 patient lady aged about 30 - in labor  
 with her first child. <sup>Female</sup> She had been in  
 labor for 3 days. I found her with  
 no pain - pulse rapid near 100  
 with frequent efforts, the head high  
 up - the os not dilated but the ant.  
 lip down in front of the head.  
 Membranes ruptured. Some  
 mucus before - Fetal head head  
 yesterday afternoon of the labor  
 after the mother - The breech  
 had acted - some passed - She  
 had had rest. It appeared to  
 me very good - with signs  
 of the rapid pulse to wait, or  
 in the case of the preceps - causing  
 pushing the lip of the os out by the  
 way & otherwise with some difficulty  
 had to apply the preceps & was  
 contemplating Craniotomy - when  
 I succeeded - The child was  
 dead & the head much compressed  
 The brain was, I think, rather  
 contracted the pulsation dead  
 in a natural position -

In the 2 April 1865 - It was reported to me by Baber  
 that the woman had been that she recovered with no ill effects

Spinal fluid



Month.	Date.	Particulars of Case.
Radical cure of Hernia		
26 April letter to Mr. Chillingworth.	10 <sup>th</sup>	Mr. Thomas Inspector of Police from Chillingworth a healthy man of 43 - admitted in the 7 <sup>th</sup> Dept with physical exam. of right side & marked signs on left side. The hernia is of the type of a Jerns Strangling & is thick. I saw when he was Strangled. I operated with the usual plug in the 8 <sup>th</sup> Feb. - During wound cure - the hernia did not protrude for - it has been very small since the operation - but is partially smothered & suppurated -
admitted 7 <sup>th</sup> Feb. 8 <sup>th</sup> " 11 <sup>th</sup> " 15 <sup>th</sup> " 20 <sup>th</sup> " 26 days well.	"	Suppuration free. Took out the plug. - Suppuration from -
	16	Doing well. Discharge free - but continuing. Suppuration from -
	20	Doing well. He may get up.
	25	He seems quite cured - walks about - The suppuration now runs up. Discharge has almost ceased.
Admitted 5 <sup>th</sup> April	5	Discharged apparently cured

26 April letter to Mr. Chillingworth.

admitted 7<sup>th</sup> Feb. 8<sup>th</sup> " 11<sup>th</sup> " 15<sup>th</sup> " 20<sup>th</sup> " 26 days well.

Admitted 5<sup>th</sup> April



Month.

Date.

## Popliteal Aneurysm

Particulars of Case.

July 16 A man named Knuto Ommundson  
 aged 56 years, admitted this  
 morning with the popliteal Aneurysm  
 of right leg - The tumour is the  
 size of an egg - It is pulsating  
 & distinct - There is no swelling  
 of the leg, & he walks. No  
 obstruction of the knee.  
 No secondary results as yet  
 noticed except that the  
 Prob. Arterial artery is not felt  
 at the ankle - He has had  
 it <sup>three months</sup> ~~for~~ and says that  
 it is due to Arterial Syphilis.  
 He first noticed it 3 months ago.  
 I think it a favorable case  
 for amputation, & I have  
 had accordingly have placed  
 the leg on the thigh & strapped  
 it tightly - The strap applied  
 at 9 am. of 16th July.  
 He ran away the same day  
 with his shoes



Month.	Date.	Particulars of Case.
		<i>Sanguine Amputation of Arm</i>
He is found to have a dominant		A man named - <i>Pinto Portuguese</i> <sup>aged 28</sup> was admitted on the 23 <sup>rd</sup> July with the result of a bullet wound in the right forearm. The wound was simple.
Amputation of the forearm & the bone in the		I amputated the forearm & the bone in the
to have a		Inflammation extended up the arm - deep incision was made on both aspects of the
or was		in the <i>Surgical</i> <i>dissection</i> <i>chip</i> of the <i>muscles</i> of the <i>forearm</i> <i>also</i> the <i>hand</i> .
was		on the 21 <sup>st</sup> July I amputated the arm above the elbow, & made a <i>Provisional</i> <i>for</i> <i>set</i> <i>ligament</i> <i>wound</i> - bone looked healthy as he did the wound -
		at the time of the amputation the pulse was <i>130</i> <i>and</i> the <i>circulation</i> <i>happy</i> - <i>the</i> <i>limb</i> -



Particulars of Case.

Amputation of Arm  
under Fracture Bone(11)  
My dear Gayer,

I examined and put up the parts forming the hip joint and fracture this morning. It was most interesting. I believe the fracture across the neck to have been at or just external to the femoral attachment of the capsular ligament. But, this is a nice point to settle in the present condition of the parts. Perhaps, Partridge would not object to favor us with his opinion on this matter. There has also been a fracture of the

shaft - He has  
immature -  
sternum, both  
Sapta & Perna  
under -

in well - is  
also strongly  
impacted  
when hard  
narrow points  
may, Sapta  
say of pain in  
the tongue -  
- Disinfect  
a few days  
and open  
the lungs

26 He died at 9 1/2 P.M. yesterday  
of exhaustion

P.M. He had least deposits  
Hypostatic congestion. In dead position



My dear Gayser,

I examined and put up the parts forming the hip joint and fracture this morning. It was most interesting. I believe the fracture across the neck to have been at or just external to the femoral attachment of the capsular ligament. But, this is a nice point to settle in the present condition of the parts. Perhaps, Partridge would not object to favor us with his opinion in this matter. There has also been a fracture of the



11) 1894

Trochanter major, commu-  
nicating with that of the  
corvæ femoris. It is into  
this that the broken end of  
the neck of the femur has  
become firmly impacted. And  
to admit of this, considerable  
absorption of the trochanter  
has occurred. A cavity has  
been gradually scooped out  
for its reception. Complete  
osseous union has nowhere  
been accomplished. It is  
only ligamentous.

Paul-



10 Dec 1865





Memo.

Shookra Shomath of Mundapore, aged three & half years has got congenital inguinal hernia of the left side. It comes down in making the child stand. The hernia is a pretty large one and the ring is about a finger's breadth in size. He was admitted in 1<sup>st</sup> Surgeon's Ward on 26<sup>th</sup> April 1867, and was operated for the radical cure on the 30<sup>th</sup> April.

The hernia was first noticed two months after his birth.



Month.	Date.	Particulars of Case.
Aug	29	Gangrene - Amputation of Arm. He is better, pulse faster. Bowels relaxed. small loose stools - He has had hysterical & storm-like An expression of Countenance, better he looks relaxed - Brought a home puff - <u>Control the Diarrhoea</u> -
"	25	He has rather dry mouth - is dry low - pulse pulses strongly his change his stomach better stomach. small motions have come away - He is now from stomachic & Druggs, Brought He complains today of pain in the left & right - The tongue is clean - looking - Diarrhoea which he has had for some days is rather less - now open in a motion to the stomachic
"	26	He died at 9 1/2 P.M. yesterday of exhaustion P.M. He had been deposited Hypostatic congestion. in head & chest







Month.	Date.	Particulars of Case.
July	25	A Bengallee named Hwarathun Koomar aged 30? years. admitted on the 22 <sup>nd</sup> Feb - 65. He is a native of. Has suffered from Elephantiasis of right leg for 7 years. The tumour is on the leg about the middle of the leg. is much circumscribed and apparently composed of true spots. It is increasing with the usual periodic attacks. The tumour becomes greatly inflamed when he is in the venereal posture. In other respects he is a healthy looking man. He had an attack of pain the 20 <sup>th</sup> & 24 <sup>th</sup> of Feb. the leg was not much affected. He has no symptoms of the disease in any other part of the body.



Month.	Date.	Particulars of Case.
		Ligature of the Femoral.
July	25	<p>This morning in consultation with Dr. Chenevix-Trotter, Mr. Lister &amp; I determined to tie the Femoral as recommended by Mr. Porter of Dublin &amp; Prof. Carnochan of Glasgow.</p> <p>I accordingly happened the question this morning at 9 am. assisted by those gentlemen - I made the incision over the apex of Scarpa's triangle, (commencing it about 3 inches below Puerbach's ligament) divided skin &amp; superficial muscles &amp; the tissue - exposed the Femoral Lata, tied it up in a double knot. Then found the sheath of the vessel lying just internal to the edge of the Sartorius muscle &amp; exposed by the incision.</p> <p>Had no time for an aneurismal sac &amp; had to tie the vessel with silk in passing it - After tying the sheath the Sartorius was removed.</p>



Month.

Date.

Particulars of Case.

Signature of the Surgeon

Feb 26 was exposed. but lay internal  
the artery - just on the needle  
was passed & the tumor pushed  
before it was divided by D. P.  
with a touch of the Scalpel. The  
wound filled with black  
venous blood & bled copiously from  
the bottom of the wound. I  
thought I had missed the Artery  
again. but it stopped quickly  
and when I said that there was  
no more hemorrhage I tightened  
the ligature and brought the  
wound together in the same  
manner. I placed a compress of  
hot & damp flannel & wrapped  
the leg in flannel. Keeping  
it to be kept warm. The  
measurements of the tumor  
were taken before the operation.

9 1/2 Mm.

He is now very well. no bleeding.  
the foot badly stained. Temp  
Arterial 100 - Left leg 98. Right leg  
94° - no pain. no swelling



Month.	Date.	Particulars of Case.
		Radical cure of Hernia
July	25	<p>A tall powerful young Swedish sailor named - Larsen Larsson. Aged 23 years - in good health, was admitted yesterday with right inguinal oblique hernia. He has had it for 8 years. He never down when he makes any effort. The ring is small, but will admit of the finger incompressible. The protrusion easily into the Canal.</p> <p>I introduced the plug &amp; two ligatures this morning. He appeared to suffer a good deal &amp; said as he shivered &amp; sweat and became quite faint &amp; pale after the operation - but soon this he soon recovered.</p>
	26	No pain. Wound packed after a presentation
	27	Suppuration very free. Took out the plug & saw lower - no pain kept in the wound



Month.	Date.	Particulars of Case.
		Radical cure of Melina
Feb	28	He is doing well. <sup>made</sup> <del>not</del> discharge on per
Mar.	6	He is doing well. The wound is healing. very little discharge.
"	16	Wounds all but healed. The hemm. some cured. it does not come down as long
"	22	He has been up and about for some days. It seems perfectly cured. I have put him to all the usual tests. I wish him to be examined by Dr. Bruce. Benton. Dr. M. & Dr. Nathan.
		He may be discharged
		<sup>Cured</sup>
		Admitted. Feb 24 <sup>th</sup>
		Plus " 25 <sup>th</sup>
		" Run " 27 <sup>th</sup>
		Dis? Cured March 22 <sup>nd</sup>



Month.	Date.	Particulars of Case.
		Hamatocle -
July	27	<p>John Dicks. a female negro early admitted on the 10<sup>th</sup> Feb 185 with a large swelling on left leg. He says it is of 18 years duration. It was tapped on the 12, when the pain of which he had complained had subsided. and about 4 oz of blood evacuated. then fluid - an emphysematous wheal was then applied - the swelling not subsiding further. a large incision was made <sup>on 22<sup>nd</sup> Feb</sup> &amp; the tumor not thick leaving skin around another - the testicle was pressed to one side - the inner capsule was removed. A poultice was then applied.</p> <p>- 27 He is very well. has had slight fever.</p>



Month.	Date.	Particulars of Case.
		<i>Hæmorrhoids</i>
July	28	He is doing well —
Aug	6	The Scars are healing. The Wound is contracting. The internal haemorrhoids are good
"	8	He is doing well. Wound rapidly contracting
"	22	He is all better
Sept	4	He is discharged. One of the Scars is healing. The internal haemorrhoids are all healed.



Month.	Date.	Particulars of Case.
Amputation of Foot. Sympne		
July	27	a healthy looking boatman, named Hurre Doss, aged 30 admitted today with the right foot torn off just in front of the tarsal bones. by a Cable. It appeared that in some proceeding about the securing of this for a boat, when the cable came up. the rope suddenly snapped & wrapped round the foot & tore it off at the ankle joint. The parts in the vicinity were considerably bruised. The foot: being white. being not so much bleeding - The accident happened at -

I removed the foot by Sympne's  
operation (aided by Mr. Waller)  
and tarsal ligatures were  
used. The foot healed  
and tarsal ligatures - & a  
band applied -



Month.	Date.	Particulars of Case.
		<u>Amputation of foot, Syme</u>
July	28	<p>He is eighty years old - He had some hemorrhage last night. He is in the bed. The flap was taken down &amp; the hemorrhage stopped. He cancelled the day the clot plugged. I spread some gauze over the flap &amp; the wound soaked with blood. I took them off &amp; spread out the flap. I let the flap loose, securing it for a further 24 hrs. - The point was so much pressed that it is very doubtful whether the flap will hold -</p>
Aug 6		<p>Great part of the heel flap sloughed in 2-3 days. Must have been in the bed some time. The whole is a very fine of the heel &amp; I suspect it is since yesterday - The end of the fibula looks like a piece of wood.</p>



Month.	Date.	Particulars of Case.
		Amputation of foot
March		<p>of there is a discolored &amp; tender patch - but the pulse does not take place and the bone bleeds -</p> <p>The end of the rib is irritating. This time is a relapse of the disease, and the right foot is small and healthy. The small portion of the dressing flap has still been separate - Salivary gland has been &amp; has been taken up &amp; taken away. Ailment is suspicious of Pyemia. Pulse 120 - skin hot. There is no abdominal pain in the right side.</p>
"	10	<p>He is better to day, removed a portion of the phlegm and it has improved. Took off a portion of the dried crust also - His pulse is slower. He has had sleep.</p>
	11	<p>Had fever again yesterday evening the pulse has increased now 120 per min. Continue the same treatment</p>

P. 97



Month.

Date.

Particulars of Case.

## Aneurism of Neck.

March 5<sup>th</sup> An old woman, apparently 65 to 70  
 without teeth - thin - decrepid - admitted  
 a day or two previously with a large  
 swelling on the right side of the neck.  
 It extended from the sternum to the  
 angle of the jaw. Of an oval, rather  
 pyriform shape. No pulsation.  
 but a sense of fluctuation and  
 a distinct bruit -  
 Dr P punctured it in its most  
 prominent aspect with a trochar  
 and drew off some fluid blood.  
 The puncture was closed -  
 In consultation it was decided  
 that the tumor should be  
 laid open - The cloth turned  
 out, if it turned out as was  
 suggested that it might, the  
 hamatocel - and if necessary  
 the other alternative, that  
 the cloth also should be  
 turned out & the end of the  
 vessel tied -  
 accordingly Dr P made an



Month.	Date.	Particulars of Case.
		<p><i>Aneurysm of the Neck</i></p> <p>incision in the line of the common Carotid - I moved aside the pale &amp; <del>white</del> muscular fibres of the Sternomastoid. and exposed a dark membrane covering the tumor. This was slit up to the length of the fist incision &amp; fragments of black cloth turned up as large as a large orange. Then were followed by profuse jetting of arterial blood from the above and below - It was noticed that an aneurysm had been laid open. I immediately clapped an aneurismal middle the over bleeding orifice which was temporarily covered by the paper and tied it - This arrested the hemorrhage from the lower end - The upper end, which when the wound was opened, was not under the angle</p>



Month.

Date.

Particulars of Case.

*Aneurism of the Neck*

of the jaw, alighted from the  
wound with difficulty secured partly  
by plugging partly by the application  
a ligature placed below the  
and partially controlled hemorrhage  
there was a ligature made

The old woman did not lose  
much of arterial blood, but  
she faintly and never talked  
there was no convulsion, indi-  
cating death from hemorrhage,  
nothing to point to an aneurism  
died. Now was she having  
Chloroform - She was  
old and infirm and the  
stroke was more than she  
could bear -

The incision made with the  
of the "Anastomosing Curved"  
and it had dissected out the  
course of the artery separating  
the pulmonary vein and the  
- major artery - I did not make  
the artery. The main lay  
on the exterior of the trachea







Month.	Date.	Particulars of Case.
		Legatancy Heminal (see page 80)
March	9	<p>He has had severe diarrhoea since yesterday - But the legs not affected - The tumour is smaller &amp; the skin is shrinking the foot a little &amp; the circulation. But more to mouth. Cuties Pulse 120 this morning. The ligature is still pain. He says the pain is the same as he used to have when the disease was coming on. But for some time the foot has not been affected - The temperature of the leg &amp; foot is good. The H.T. has been extremely painful The Diarrhoea is much better. I remain when he is lost. Girl of Brighton. He is a little better - The skin changes from the ligature is healthy.</p>
"	10	<p>He is much better today. P-100. No pain - Diarrhoea better. Continue I remain &amp; am. Ligature still</p>



Month.	Date.	Particulars of Case.
		<u>Ligature of Femoral</u>
March	11.	He has had pain again during the night but is better this morning. Swell in 10 pain does not seem to be. The leg is doing well. it is the same temperature as the other and the tumour is not so much enlarged but the skin is thick & the foot is painful & painful. The leg is still firm & the patient is healthy.
	12	He has had pain again this morning is now in a worse state. but the leg looks well. It is 15 in under the knee - it was 14 - when admitted - He is still in pain twice a day. I find - continue to swell for 25 - by 4 hours. The leg is still firm & the patient is in a worse state & the patient is healthy about it.
	13	Swell again & great discomfort. Leg is still firm & the patient is in a worse state & the patient is healthy about it.



Month.

Date.

Particulars of Case.

Pyæmia. Smallest wound

in the

Hugh Cortis, a European  
sailor, aged 47 years, was  
admitted in the 1<sup>st</sup> Surgeons  
ward on the 11<sup>th</sup> May 1867  
for inguinal hernia of  
4 1/2 months standing -

The rupture of the ring,  
caused by the lifting up  
of a heavy weight, admitted  
some two fingers easily -

Was operated on for the  
radical cure on the 15<sup>th</sup> May  
with plugs of wood -

Is doing well without any  
fever -

rest of the day in  
the 1<sup>st</sup> Surgeons ward  
the 11<sup>th</sup> May 1867.  
The 11<sup>th</sup> May 1867.  
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The 11<sup>th</sup> May 1867.  
The 11<sup>th</sup> May 1867.  
The 11<sup>th</sup> May 1867.

after the cure of - He is said  
to have had fever. but not again  
There is no case with him, as  
nothing is in the report of  
Apprentice - I doubt the statement  
There is a prominent air change



Notes

Hugh Cortis, a European  
sailor, aged 47 years, was  
admitted in the 1<sup>st</sup> Surgeon's  
ward on the 11<sup>th</sup> May 1867  
for inguinal hernia of  
4½ months standing -

The rupture of the ring,  
caused by the lifting up  
of a heavy weight, admits  
some two fingers easily -

Was operated ~~on~~ for the  
radical cure on the 15<sup>th</sup> May  
with plugs of wood -

Is doing well without any  
fever -



Month.

Date.

Particulars of Case.

Pyæmia. Smallest wound

Went to day, at the request of Dr. Carter, to see a patient. F. L. G. I. Had an Officer named Cameron, at the 10th. Hospital, who had been wounded weeks ago by a musket ball below the right knee - in short arm - He has a painful state of the skin on the wound and suppur. pulse 110 to 120 - small tumor, a tendency to it of the muscular system - He has sloughs on the right hip bone, the sacrum, and a large fungous one, the result of an abscess on the hip. He has the peculiar look of a pyæmic person but his voice is good. his intellect clear and his pulse, the kind pretty strong. The abscess on the hip formed after the wound shot in the middle of the thigh.

after the wound - He is said to have had fever. but not again. There is no case with him, & it is strong nothing is in the system. I doubt the patient since is a peculiar air change



Month.	Date.	Particulars of Case.
		<i>Pyæmia from Abscess of the Throat</i>
		<p>From an opening just at the insertion of the deltoid - and on placing hand on the shoulder I felt distinct grating - I examined &amp; sold outstare - I passed a probe into the joint -</p> <p>The knee joint is in a similar condition - There is a little swelling. No pain except when moved. With the patella fixed with a similar sound &amp; the joint I feel there is also air ascertained - An abscess just above the inner side of the knee was opened a fortnight ago by Dr. Carter. This I have no doubt communicates with the knee joint -</p> <p>I find it on my arm that he had suffered from pyæmia but that the throat process had been so extensive as to render itself a sort of source of drainage -</p>



Month.	Date.	Particulars of Case.
		<p><i>Pyæmia from Gun Shot Wound</i></p> <p>The abscess in the true joint I attribute to the bullet which is probably still in the head of the humerus, the cutaneous surface having been injured &amp; punctured. The abscess in the shoulder joint &amp; back are clear pyæmia.</p> <p>I recommended rest &amp; good food &amp; iron. The popular absurdity of amputation about the knee depending on the patients thought at present with the actual complication of Abscess of the arm. I think he could not stand it. But if he appears to gain strength by rest and good food, &amp; if the shoulder joint seems inclined to remain permanent, no active disease in the bone to remove and no further manifestation of constitutional disease to show itself. Then the chance of saving life will be amputation above the knee, all circling the knee, and perhaps another amputation at the shoulder.</p>



Month.	Date.	Particulars of Case.
		Amputation of foot (see page 87)
March	13	He is found to be an incurable State - <sup>spirit</sup> looks well - taken <del>State</del> of <del>amputation</del> <del>of</del> found. - Legume <del>amputation</del> Jasper along with <del>amputation</del> <del>of</del> expired & looking much better
	14	He is very low. Pulse rapid. has been found. Bone exposed in a state of <del>amputation</del> <del>of</del> amputation. with D. P. to this Fracture. but he is too low for amputation. - Report <del>amputation</del> of he rather to have <del>amputation</del> during the day. He has all the symptoms of Pyæmia
	15	In amputation. Chron. Intake Fracture - he returned as he was in <del>amputation</del> <del>of</del> found. - Pulse a little higher He still is weak & 140



Month.	Date.	Particulars of Case.
		Amputation of foot (a Week)
July	15	Just prior the change of amputation accordingly under Chl. I on 2nd at 11. The lower third of the shaft of my am- putation of the circular and dorsal nerves.
Aug	15	He is now in the same, not worse since the operation pulse per 128 to 130 to 140 - Druggie dry. He had rigor after the operation spasm after that. but is otherwise free from pain now - He has stimulant by mouth - I should have noted that he thinks some tubular heating important that - in water in cup - & heating in the should really find
	16	He is somewhat better - Had some Laxative yesterday but he keeps pulse 120 to 124 - Druggie dry. stimulant



Month.	Date.	Particulars of Case.
		<i>Sept 2nd - General</i>
Mar	14	He is worse this morning. Breathing improved. Cuntinuous antrous pulsing rapid & double - Breathing tubular harsh & hurried. Speech less distinct - Smile weak - mouth unbecomg. he says both legs burn. The ligature came away this morning - wound healed all but at the ligature point.
"	15	He died yesterday at 2 P.M. at 7 A.M. <u>Whom</u> . Liver healthy. Stomach healthy. Kidneys looked healthy. In making a section a considerable quantity of pus opened out of the Osseum ilium process. as the infected in the bone finally - There remains with no healthy cloth in the infected area



Month.

Date.

Particulars of Case.

## Lentury Journal

Abt - h. suppuration in pelvis -  
 Chest. Lung: apparently healthy.  
 Int. Continued many some large  
 patches of dead lung tissue.  
 I found no new foci as a matter  
 of course - I examined these carefully  
 in the microscope but found  
 no broken down granular matter  
 which would have been a white  
 compound lung tissue.  
 right the lungs. took out the  
 apex of left lung and at base of  
 right lung we had portion  
 including. There was some mi-  
 croscopically enlarged yellow lymph  
 in the pulmonary blood in the  
 tissue to that of -  
 The pericardium contained  
 more than the normal amount  
 of fluid and that a yellow  
 serum.



Month.

Date.

Particulars of Case.

Journal entry, P.M.

March 15 The right ventricle was completely filled with a firm yellowish brown clot which had moulded itself in the cavity - made an impression of the valves extended well into the pulmonary artery. The left ventricle contained of less - little or no clot -

The artery was injected & the section was necessarily above where a branch (and the type of a cross-section) from it. The liver was discolored & the pinkish discolored branches where the ligaments had come from - the pinkish were somewhat mottled. But I cannot say it looked unhealthy - in colour not much else - the living membrane was smooth



Month.	Date.	Particulars of Case.
		Tumour in the - R.H.
		<p>Uterus - The mass 3 regular tumours          below in it. just under the Puerperal          ligament - The mass was found          of them up to the common Hea          &amp; no sign of previous disease -</p>
		<p>The tumour is to be dis-          sectioned by Dr. Colles -</p>
		<p>It turned out after all that          the injection did not remove          though the Perforated          Pericarp of the tumour -          Intact</p>



Month.	Date.	Particulars of Case.
		Amputation of foot and thigh
March	17	He is very low. Pulse 130 very weak. Skin red & dry. There is a deepened look in his face. an appearance of hebetude and anæmia. Breathing hurried & tubular. There is doubt, clots are forming in the right ventricle - and that the lung are becoming the seat of local thrombotic thrombosis. Mustard of medicine a section of the detritus in the lungs & the liver, impregnated with the best amount of potassium
"	18	He died last night - P.M. at 8. a.m. 18 <sup>th</sup> March 1865 Throat. Pleura right contained a quantity of yellow puriform lymph. The lung covered with a layer of half an inch of white lymphatic could be pulled off like a piece of paper







Month.	Date.	Particulars of Case.
		<p>Amputation of Thigh &amp; foot - Rth</p> <p>Since - The portion of upper          part of the right lobe was          extremely diseased. When          cut into it presented a puri-          white appearance. Similar          the patches in the lung -          the patch in the right lobe          of the lung was fully as large          as a large orange - It was          pure puri &amp; contained no          pus or fluid resembling          pus - It was like the true          tissue dead &amp; entirely          sloughing. —</p> <p>In the portion surface of the          left lobe there was also a          patch the size of a pea.</p> <p>The Trachea at the          stump healthy - In the          P. lymphatic &amp; mesenteric</p>



Month.

Date.

Particulars of Case.

Amputation of the Neck of the

At the peritoneum it contained blood  
 from a quantity of pus in  
 the peritoneum - some clots  
 were seen. The coats of the  
 stomach were healthy - the  
 lining membrane was inflamed  
 and there were some white  
 clots as well as some black  
 ones - above & below them  
 the rest was healthy. The  
 Stomach was healthy. The  
 Stomach was healthy.

The rest of the stomach  
 was also healthy.

The Duodenum contained  
 a small amount of blood  
 clots - but I think them  
 from the normal  
 appearance -

Kidneys & Spleen healthy  
 The Spleen perhaps a little  
 enlarged



Month.	Date.	Particulars of Case.
		<i>Fish impacted in the throat. death.</i>
March	18	<p>An Infant, female aged about 2 years - Hindoo. Suffered this morning with a fish impacted in the throat &amp; suffocating. The child had been playing with the fish - (Koi) &amp; put it in its mouth. It was <u>about</u> 4 inches long - &amp; slipped down the throat -</p> <p>Dr. P. found the child nearly asphyxiated &amp; the parents were much distressed &amp; inquiring what he particularly minded the child - He thrust with finger into the throat the fish, which was hard &amp; round - but by force under the <del>pressure</del> pressure &amp; constant pressure he <del>could</del> could not get it out -</p> <p>The head with 2 long bills</p>



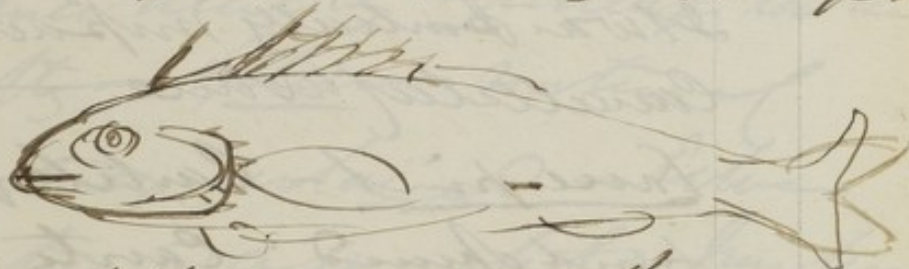
Month.

Date.

Particulars of Case.

Fish impacted in the throat

March 18 Unnamed impacted & was with  
 head apparently attracted partly  
 by the finger partly by putty.



Head put in common Russell  
 hole of which the people make  
 bricks & very true some of life  
 were about the size of the  
 sketch —

The child did not really  
 artificial respiration was  
 pursued in & the tongue  
 inflated through the tube but  
 without result — The child  
 expired about 10 P.M.



Month.	Date.	Particulars of Case.
		Smash wounds - Præmna Death
		Sunday he died the morning - I visited, Made 19 O'clock cut out the bullet from the inner condyle of the knee It was partially impacted in the cancellated texture — <u>Free joint</u> - Cartilage gone joint opened. Cavity filled with puriform fluid. Which, covered down the day. Left shoulder joint in the same state - Cartilage gone - puriform collection of puriform matter, in the joint - under the muscles. Joint - Pleura healthy. <u>Heart</u> . Pericardium contained about 2000000 more than natural in its quantity. Heart enlarged about in both sides. In veins & coated - lungs pale & thin - some of Caput - nothing of yellowish - only one



Month.

Date.

Particulars of Case.

Smudged - Death - Pile

March

White patch in me the rest of the  
about the size of a pea <sup>mid</sup> lobe.

In tubule —

Some healthy - perhaps rather  
fatty - spleen natural.

Kidneys enlarged - Piles

Entered a quantity of purpura  
matter. In the lining membrane

Some purpura lymphoid spotted.

Protein covering the tubule

Entering purpura matter.

Bladder thickened - No

Structure — Body macerated



Month.	Date.	Particulars of Case.
		<i>Fungus testis. Operation.</i>
April	17	<p> <i>Hadji Abubac. a Malindai</i>  <i>apparently arab. of very dark</i>  <i>complexion. partly abysinian</i>  <i>aged about 30 to 35 years, a white</i>  <i>was admitted on the 17<sup>th</sup> April</i>  <i>with a "hernia testis" of the</i>  <i>side. the result of an abscess.</i>  <i>He is of good health otherwise</i>  <i>and the protrusion is not very</i>  <i>large, size of a hazel nut; and</i>  <i>at the perineum of the scrotum</i>  <i>to the base of the scapha -</i>  <i>I operated in the usual way</i>  <i>carefully dissecting away all</i>  <i>the thickened integument &amp; con-</i>  <i>dition. matter adhering to the</i>  <i>intestine as it was freed from</i>  <i>the adhesion by dissection was</i>  <i>was continued deep - noting</i>  <i>the testis was free &amp; the</i>  <i>funnel &amp; inguinal opening</i> </p>



No 40

CASE BOOK.

113

Month.

Date.

Particulars of Case.

Fungus Testes: Squatin

April 17

The lip of the wound much rougher than the rest. The hair on the scrotum

Ismael Stazi, aged 56 years - Khalafie, was admitted into the Med. Hospital on the 2<sup>nd</sup> Octbr - with an inflamed knee joint produced by falling against a log of wood - He had a wound on the inner aspect of the joint about an inch long gaping obliquely from above downwards. The joint inflamed 3 days after the accident. The wound was cicatrizing & adverting. On the 4<sup>th</sup> the wound gave way & a large quantity of matter escaped - The quantity was very partly yellow looking & partly glairy like white of egg - The leg was put on three layers of lint & bandaged - The wound closed up without any further discharge - On the 14<sup>th</sup> the patient keeping high an incision was made on the former wound & 12 ounces of pus let out <sup>the</sup> ~~the~~ mixed with hyaline.

symptoms  
ted by  
usually

perfectly cured



Ismail Hagi aged 36 years - Khalafie, was admitted into the Med Hospital on the 2<sup>nd</sup> Oct 1906 - with an inflamed knee joint produced by falling against a log of wood - Had a wound on the inner aspect of the joint about an inch long gaping obliquely from above downwards - The joint inflamed 3 days after the accident. The wound was cicatrizing & adniphin. On the 4<sup>th</sup> the wound gave way & a large quantity of matter escaped - The quantity of matter was partly yellow looking & partly glairy like white of egg - The leg was put on Mac Intyre's Splint & poulticed - The wound closed up without any further discharge - On the 14<sup>th</sup> the pulse keeping high an incision was made on the former wound & 12 ounces of pus let out <sup>un</sup>mixed with synergia -



the pulse became less rapid for some days - when on the 20<sup>th</sup> an attack of rigor supervened. The pulse rose to 150 & the constitutional disturbances more apparent - The wound was enlarged & the patient put under chloroform - The finger introduced into the wound & it went into the joint - On the 26<sup>th</sup> amputation of the thigh performed at its lower third - The patient continued pretty well for some days - Much suppuration was set up & the femoral ligature came away on the 2<sup>nd</sup> Nov - On the 8<sup>th</sup> day after operation - The soft parts were granulating when he had an attack of shivering on the 6<sup>th</sup> Nov - Rigors becoming more & more frequent, high joint amputation was performed on the 9<sup>th</sup> - The femur was found infiltrated with pus throughout its whole extent with several foci or centres of suppuration in different parts - Had one shivering just after the operation none since then. Died of Bronchitis on the 13<sup>th</sup> Nov

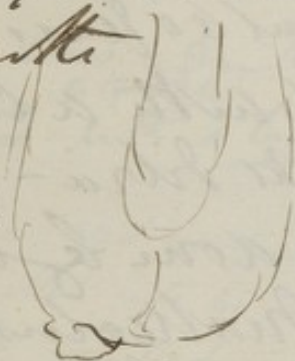


Month.

Date.

Particulars of Case.

Fungus Testis Operative

April 17 The lip of the wound was brought  
together with  
and a  
Applied.  house hairs  
bandage

" 30 He has had no bad symptoms  
The wound has united by  
adhesion & he is repeatedly  
practising.

May 4 He was discharged perfectly cured.



Month.	Date.	Particulars of Case.
		Amputation of leg. —
March	23	<p>An old woman named Thence Thence  Aged about <sup>50</sup> 60 years. admitted on the  20<sup>th</sup> inst with a Comp. dislocation  of the right tibia - She had been  knocked down by a cart. The tibia  since Malloolus broken off at  its ending through the soft parts  by a transverse wound. - The bone  was not further injured - No  wound here. Reduced &amp;  placed the leg on one splint to  be irrigated -</p> <p>She has had pain. no swelling  luck has since - There is  a dirty ichor flowing from the  wound. and her pulses  beats me 100 - By the dressing  some fungus patches  forming on the leg above the  wound - The end of the  bone well exposed and</p>



Month.

Date.

Particulars of Case.

Senor aged 30 years - a resident  
 of Kota Manku was admitted in Dr  
 Thackerby's ward <sup>on the 2<sup>nd</sup> Nov.</sup> with a large swelling

The patient named Dias, aged 40 years, a  
 Hindu cooly was admitted into the Hospital  
 on the 22nd October 1885 for reducible  
 inguinal hernia of the right side of about  
 a month's standing. The rupture had  
 come of itself without any effort or straining  
 on his part; and had been going up  
 and down without any other inconvenience  
 except that when walking and sitting  
 it remain down for a long time he had felt  
 an aching sensation in the part. The  
 hernia had never been strangulated.  
 On examining after admission the abdominal  
 ring was found large enough to hold  
 one finger easily. He was operated for  
 the radical cure by plunging on the 26<sup>th</sup>  
 after having prepared him on the day  
 previous by an Cathartic Sympa. The  
 day following is on the 27<sup>th</sup> he had  
 slight fever for which he got Fever Mixture.  
 On the 28<sup>th</sup> on finding that much suppuration  
 had set in around the plug, it was  
 taken out; and as he had not passed  
 had any stool for 2 previous days.



The patient named Dias, aged 40 years, a Hindu cooly, was admitted into the Hospital on the 22nd October 1865 for reducible inguinal hernia of the right side of about a month's standing. The rupture had come of itself without any effort or straining on his part; and had been going up and down without any other inconvenience except that when walking and sitting it remain down for a long <sup>time</sup> he had felt an aching sensation in the part. The hernia had never been strangulated. On examining after admission the abdominal ring was found large enough to hold one finger easily. He was operated for the radical cure by plugging on the 26th after having prepared him on the day previous by an Cathartic Laxative. The day following i.e. on the 27th he had slight fever for which he got Fever Mixture. On the 28th on finding that much suppuration had set in around the plug, it was taken out; and as he had not ~~passed~~ had any stool for 2 previous days



a cathartic enema was ordered. He  
has been doing well since and at  
present there is scarcely any pain  
over the point - the invaginated portion  
has not come out - scarcely any discharge  
now - appetite good - bowels regular & feels  
almost quite well -



Senior aged 30 years - a resident  
of Kottankur was admitted in Dr  
Thackerbutt's ward <sup>on the 2<sup>nd</sup> Nov.</sup> with a large swelling  
on the hypogastrium. - He stated that about  
a year ago he had syphilis for which  
he took mercurial frunction. He  
was well until 6 months ago when he had  
sudden retention of urine & costiveness -  
was much distressed by the distension  
of abdomen produced thereby - was relieved  
a little next day - but still the swelling re-  
mained - Continued to pass a little water  
frequently & involuntarily. The swelling  
subsided a little after a week.  
It was protuberant on the lower part  
extending 2 inches above the umbilicus.  
It was round, even, tense & elastic.  
The patient was weak & emaciated.  
Dr Thackerbutt passed catheter but at  
the first moment some thick pus



Came out. The catheter was introduced  
into the bladder afterwards, some urine  
of clear urine drawn out followed by  
recent clots of blood. Each time the  
catheter was passed the bleeding com-  
menced. On rectal examination  
the swelling was found to encroach  
on the lower part of pelvis ~~to the~~ & felt  
to the right side of the rectum.  
Died on the 6<sup>th</sup> Nov/65

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A Memo

Robert Parsby, West Indian - aged 29, was admitted on the 18<sup>th</sup> of October 1865 for urinary fistula and stricture. He had a discharge from the urethra for the last 6 months, and was cured simply by the administration of copaiba mixture - Two months afterwards he suffered from fever for about six weeks. After which a small swelling was observed at the middle of the perineum which burst of itself and pus & urine have since been flowing out of it. Another abscess soon after appeared on the left side of the scrotum which also burst and left a communication with the urethra. On the left side of the root of the penis there has been a hard swelling from the last three months which has gradually extended to the lower part of the penis. ~~A No. 4 catheter~~ <sup>was</sup> obstructed at the bulbous portion of the urethra. On the 23<sup>rd</sup> incision was made on the left spongy portion <sup>on</sup> of the left side of the urethra; some pus was discharged. On the 26<sup>th</sup> No. 2 catheter was passed with some difficulty and on the following day. Syme's perineal section was performed the seat of the stricture was found to be on the bulbous portion of the urethra -



Month.

Date.

## Amputation of leg.

Whisper. The fractured part found  
to be dislocated -

During her age - the symptoms  
partaken the chronic character  
and the damage to the leg with  
consideration with the opportunity  
of dressing her. It was decided  
of Dr. Chas. - P. myself better  
to amputate and examine  
it was once published the  
tubercle the more. When  
last leg was applied, not  
more below & lost - the bone  
looked healthy & the matter  
except that they were fully -  
There was a point of clear  
yellow serum in the cellular  
tissue of the leg.

- 24 She had pain yesterday, but  
it has passed away - She is weak  
than nurse - nursing  
will be the more -



Month.	Date.	Particulars of Case.
		Amputation of the Leg -
March	25	She is free from fever this morning. tho she had it yesterday - The sloughs look pretty well - rather milder between the ligatures. <sup>Intumes</sup> but one Intume. Discharge commencing -
"	26	Had fever again yesterday. but is free from it now - Discharge not on purpose, in health -
"	27	She was attacked by Intumes <del>and</del> last night and died at 9 AM today -
		At the P.M. - I was found that Dracoids on the left side had been broken & that the spleen had been injured. The blood returned. The patient refused to eat or drink.



Month.

Date.

Particulars of Case.

Necklany Summer (D. Partide)

March 29 This morning I assisted Dr. P. to remove a very large tumour connected with the left Scapula from a Malinean aged - Man named "Ally Pooty" Lucas.  
The tumour occupied the lower portion of the dorsal spine of the Scapula on that side & extended upwards & forwards & penetrated into the axillary Str. & Smith and from the tumour a small vessel began by morning - in the night he observed it put to have joined to the size of a orange - Latterly it has increased very rapidly - The pulse in the wrist on the left side is somewhat increased - red the tumour



Month.	Date.	Particulars of Case.
		<p><i>Neumalgia Lorum Scapulae</i></p> <p>Health is excellent. The tumor is painful on pressure. From the description I think it a hematoma or a diffused aneurism of the Scapula artery as it was increasing &amp; was determined to attempt its removal by ligatures. The contents &amp; pressure of the artery - This morning Dr. Pennock is making a circular incision - then made the flap - Another thought the muscular fibres which covered it - and by pulling out the Scapula &amp; other vessels - perhaps the</p>



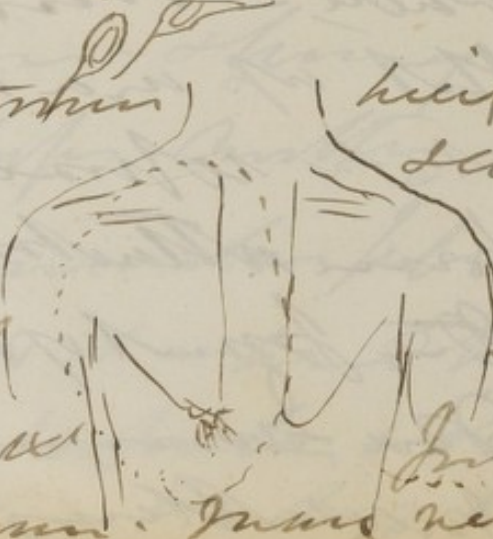
Month.

Date.

Particulars of Case.

Medullary Sarcoma of Scapula  
 Attachment of the tumor was  
 ligament before his death  
 The operation was by amputation  
 The Scapula was exposed  
 turned upward - the ribs  
 were also exposed & the ribs  
 cut down - The tumor  
 which was deeply in-  
 capsulated - was attached  
 to the point of the Scapula  
 and had turned up and  
 spread over the back as  
 ascribed. being exposed  
 and amputated the  
 dense appearance of the  
 back - The head was  
 set up in a direction before  
 it was exposed - The  
 from attachment to  
 the point of the Scapula  
 The tumor was found  
 medullary cancer



Month.	Date.	Particulars of Case.
		<p>McDonald's Tumor of Scapula</p> <p>Br 1st - contained a quantity of broken down brown matter containing fatty granular matter &amp; cholesterol. When the tumor had been broken up becoming disintegrated - the tumor consisted mainly of fine white cerebrum soft cancer - full of cells of various kinds. Some contained small oval granular - mostly thin walled nuclei without any cell wall.</p>  <p>height scapula After the dissection In many vessels</p>



Month.	Date.	Particulars of Case.
		<p>The <u>scapular artery</u> of <u>Scapula</u>  was exposed in morning at and  one large one leading into the  posterior margin of the tumor  was ligatured in two places  and divided - The posterior  scapular artery was small  it was divided and ligatured.  St. 10 ounces of blood were  lost during the operation  but he became very cold.  He died after it -</p> <p>March 30. This morning I had him  by me at bed with a perceptible  pulse. It is worth 7  I remark that there was  an enlargement of the  axillary glands</p> <p>31 He seems the only half. Pulse -  better - Tongue clean &amp; moist.  A small portion of the artery  the flap is hanging</p> <p>April 6 He died yesterday had small pulse</p>



No 40

CASE BOOK.

121

Month.	Date.	Particulars of Case.
		cheesellary Tumors, Parotids,
April	6	He sank punchhausten, the pulmonary inc reaction never though set in - There was no P.M. Examination



Month.

Date.

Particulars of Case.

Radical cure of Hernia

12th of November at night  
on the 24th - No pain at shining but the pulse was 148 - Complains  
of some pain over the umbilical shadow part of the patient - In appetite  
however was fair & discharge healthy -

On the 25th - The patient was examined under chloroform, the external  
swound being enlarged the finger could be pressed underneath the  
pubella into the joint itself - Another opening was made on the  
external side - Complains of the lower third of the thigh improved by  
the modified circular operation - The too compressed limb being then  
examined the joint seen to have been opened - The encrusting cartilages  
were beginning to be eroded - The semilunar cartilages nearly gone -  
Cervical ligaments were soft - & there was extensive suppurations  
around the joint both above & below - The testis were impellated  
& hard -

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the discharge  
D -

in him

in him  
is returned

18 He is quite cured apparently

26 The Hernia never returns



The patient named Ismael Hajer. 36 years old - a Mussulman  
Khalasee was admitted on the 2nd Oct 1868 for inflammation of the right left  
hip joint - It was caused by a cut wound on the inner side which <sup>he</sup> ~~had~~ <sup>had</sup> ~~been~~ <sup>had</sup> ~~place~~ <sup>place</sup> by falling against a log of wood about 25 days before and  
followed 3 days after by the swelling of the joint & fever of about a week's  
duration - At the time of admission the knee was pretty much swollen &  
painful & fluctuation was perceptible at the anterior & upper part of the  
joint. It ~~had~~ <sup>had</sup> ~~not~~ <sup>not</sup> ~~communicate~~ <sup>communicate</sup> with the  
joint itself. The leg was ordered to be fermented & put on Macbrides  
splint this being being costly (rather) - a dose of Castor oil was  
administered - On the night of the 3rd the swelling gave way & a large quantity  
of pur & flaky substance having come out - the knee however was still  
very painful & so foulard lotion was ordered to be applied over  
& a grain of opium three times a day externally  
things began to wear a fair aspect - the swelling diminished - pain  
became much less and he was apparently recovering - but his  
pulse rose almost every evening to about 100 & recurring from  
100 to 120 although there were no distinct shivering fits up to the  
time - The opium & (t.d.) was continued  
on the 10th October at 12 at noon he had a distinct shivering fit his pulse  
being 120 - the opium continued besides which a measure of rum  
was ordered -  
On the 11th pulse 114 - no shivering. On the 12th Had no distinct shivering  
fit but a tendency to recur the pulse being 118 -  
On the 13th - There was no shivering. Appetite good - bowels regular - pulse  
124 in the evening -  
On the 14th - The pain above the patella increased - <sup>pulse 124</sup> the former wound was  
opened & about 12 ounces of thick healthy pus let out - In the evening  
he felt much relieved - the pain being less - & the pulse was reduced to  
110 -  
15th - Pulse 97 - no shivering - ~~no shivering~~ - pain much less -  
little free discharge from the wound -



On the 16th 17th and 18th - He felt pretty well - the pain & swelling less  
discharge diminishing - the pulse continuing all this while below 100  
on the 19th - the discharge much less - pulse below 100 and the pain  
much less so that he could bear pressure over the patella pretty well -  
on the evening however the pulse rose to 106

On the 20th <sup>with increasing</sup> the pulse rose to 120 - the skin was warm - but  
the pain in the joint did not seem to have increased - at  
12 in the noon however he had a shivering fit -

on the 21st - He had slight shivering - his pulse being 120 -  
on the 22nd his bowels being costive he was ordered a Cathartic  
Enema - had a shivering fit at night -

On the 23rd - The pulse was 120 - no shivering - the wound on  
examining with a probe did not seem to communicate with the  
joint - The opium was continued beside which he was admin-  
istered morphia at night -

On the 24th - No distinct shivering but the pulse was 148 - Complained  
of some pain over the internal lower part of the patella - his appetite  
however was fair & discharge healthy -

On the 25th - The patient was excised under chloroform, the external  
wound being enlarged the finger could be passed underneath the  
patella into the joint itself - another opening was made on the  
external side - Amputation <sup>at the</sup> lower third of the thigh performed by  
the modified circular operation - The ~~limb~~ amputated limb being then  
examined the joint seen to have been opened - The encrusting cartilages  
were beginning to be eroded - the semilunar cartilage nearly gone -  
crucial ligaments were soft - & there was extensive suppuration  
around the joint both above & below - the tissues were infiltrated  
& hard -



Month.	Date.	Particulars of Case.
		Radical cure of Hernia -
March	29	Operated this morning in the usual way with the plug and ligatures on a Sailor named Benjamin Rauldy aged 45 years. A healthy looking the weather beaten man. The hernia is a direct one and does not come down into the Scrotum. He has had it 3 <del>times</del> <sup>years</sup> and it forms a prominence as large as a hen's egg - Dr Bruce was present at the operation.
April	1	Removed the plug yesterday. he seems to be very well today - my little discharge magnifying glass well preserved -
"	4	He is very well
"	8	He is now well. Made him stand today. As for the hernia is retained
"	18	He is quite cured apparently
"	26	The Hernia never returns partially



Month.	Date.	Particulars of Case.
		<u>Neuralgic Herpes</u>
April	26	Stomach gradually descending but not so much as it did before the operation - He is improved but not cured - wound a trap
May	10	I operated again this morning setting the plug further into the canal this time than the last
"	11	Unwell. No pain. Not much pain. I have seen no one bear it so well as this man. Nothing now, nor at the operation has he complained, a shiver & trembling of pain - already suppuration is commencing
"	12	Suppuration free - I took out the plug. This is a small pus & plug
"	15	Wound unhealthy, not much suppuration - He is very remarkably well. His respiration keeps up.
"	25	It seems the pulse increased this time - He can't sleep - wound a trap -
June	8	He is quite cured maybe discharged



Month.	Date.	Particulars of Case.
April 29		Fracture of the humerus by striking
		<p>A boy named Rhoda Price aged 18 years admitted with an injury to the shoulder joint - he had a fall 20 days before admission &amp; the shoulder joint has been painful and useless since receiving the blow. The left shoulder broader and rounder than the other. The elbow points somewhat backward, and the head of the bone appears prominent in front of the brachial process - On grasping the shoulder there is distinct crepitation &amp; effusion of fluid. On grasping the head &amp; neck of the humerus the proper &amp; abnormal distention &amp; crepitation is felt. The sulcus of the Bicipital tendon is deepened and the shoulder flattened &amp; broader than natural. The bone is evidently split at the tubercle acromion - the part is put up with a small pad on the axilla.</p>



Month.	Date.	Particulars of Case.
		<p>Fracture of humerus longitudinal          The arm the bone to the side          and pad on either side of the          head of the bone to keep <del>the</del>          the split ends as much as          possible in their places.</p>
April	4	<p>The boy is an epileptic &amp; has          frequent fits - and has          intermittently since          The arm is put up. band to the          side and a pad on either side          of the shoulder to keep it in          position.</p>
"	7	<p>Spoke him much worse this          morning. Spasms sinking. The fit          not constant - &amp; there is interesting          heat of the skin. pulse is feeble;          not rapid - The right side of          the body is in a constant - muscular          spasm or tetanus. - He left          his mother's side (but when          the surgeon arrived he knew          the left arm was</p>



Month.

Date.

Particulars of Case.

Shae abscess - Death.

April 4

This morning I had a P.M. in the bed of a tall powerful Finnish sailor named Isaac Thompson, aged 40 & was admitted on the 9th/64 with septilemia & fever coming from the mouth & throat. He was attacked by modifiable disease.

4 July/65

Port and sent to the S.P. Hospital in recovery he returned to the Hospital looking very weak & stooping, much emaciated & rigid - I readmitted him on the 17th July. and found that he had pain on the afternoon & evening pulse - he could not maintain that he had signs since the small port - he returned the abdomen completely. I found that there was fulcrum - hardness & pain in the right ~~hypochondrium~~ side upon I put him under chloroform the I made an incision in the right side of the chest: Exp: Some of the blood and turning away the Pulmonary & Intestines - & searching through the Shae found a large abscess.



Month.	Date.	Particulars of Case.
		<p>Shae also</p> <p>Collection of pus - &amp; more, after this was evacuated he appeared to have regained his strength, however he was much better, took his food &amp; free from pain -</p> <p>The temperature had always a tendency the way down -</p> <p>He had abdominal tenderness &amp; gradually went away the sharp costate &amp; neuralgic - He had also symptoms of a suppurative character -</p> <p>He drank in the matter of the thing</p> <p>P.M. - 4 April - 8 p.m.</p> <p>Body much evacuated -</p> <p>Abdomen of course healthy except that there was some inflammation of the Peritonium Suprapubic &amp; umbilical -</p> <p>Discharge of the abscess which lay in the right - Shae from</p>



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CASE BOOK.

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Month.	Date.	Particulars of Case.
		<i>Shae alias</i>
		<p> <i>was much distressed &amp; the</i>  <i>peritonitis lay under the</i>  <i>He had much pain &amp; was</i>  <i>in much distress of the</i>  <i>pain of Peritonitis -</i>  <i>The small intestine</i>  <i>was ulcerated - so was the</i>  <i>but there was no communication</i>  <i>with the &amp; abscess.</i> </p>



Month.	Date.	Particulars of Case.
		Fracture of head of humerus
April 7		<p>He remains perfectly insensate: I strongly suspect the will turned to be a brain abscess <sup>in the <del>right</del> <sup>left</sup> of brain</sup> &amp; my opinion of it is embolism. - I fear the skin about the axilla &amp; above the head of the bone have been injured &amp; and for the boy was admitted in fair health 20 days after the accident and notwithstanding his saying that he had felt before the accident) improbable that the may have occurred in the manubrium to which the head of the bone was exposed in disarming it.</p> <p>Mr. Spurr has caused phlebotomy of the axilla of the bone. - Dr. Mylitta and Dr. Caused humerus the humerus detached and washed through the heart of a dog who was acting with the humerus &amp; I suspect that the entire</p>



Month.

Date.

Particulars of Case.

Fracture of head of humerus

April 7. I have supposed it to be a case of immediate embolism through the heart the ordinary effects of blood poisoning have supervened to the brain - I suspect we shall have an opportunity of seeing tomorrow - I diagnose an abscess in left hemisphere - probably some injury perhaps occurring in position of the head of the bone. No fracture being suspected through the brachial groove

8 P.M. at 8 p.m.

The fracture was peculiar it was slightly oblique at the superior neck - but a vertical portion of bone had been thrown out - only I think in the period when it had been struck at the time of the accident; & as the patient was sleeping - and the thumb the soft part of the neck of the



Month.	Date.	Particulars of Case.	Diagnosis
April 8		<p>Fracture of neck of humerus</p> <p>exactly the situation of the fracture - the end of the bone drawn upwards &amp; rounded representing the tubercle.</p> <p>There was the the became and the tubercle neglected the bone is the Kephala very common in the large humerus head - In specimen in column is skull to account for the ph. The fracture was in place just above of permanent wound found some splinters of wood with it in the surface of the left hemisphere particularly - The brain substance sound</p>	<p>Dec 11 P.M.</p> <p>no union back has remained broken</p> <p>new bone developed probably by the humerus which appeared to have been stripped off - the the humerus when the accident happened</p>



Memo

Hislaring aged 19 years - a resident  
of Jorasanko - was admitted into the  
M. C. H. on the 14<sup>th</sup> Dec 1903 -

" Had a tumour on the right side of  
her neck extending from below the lobe  
of the ear to the middle of the neck - for  
the last 3 months - The tumour was very  
painful movable & not adherent to  
the skin - It was as large as a child's  
fist - General health poor - looks  
anemic - Was operated on the 19<sup>th</sup>  
Dec - The tumour was a compound  
one consisting of several gland-like  
lumps beneath the skin & large one

Death  
Pill

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Memo

Kislariny aged 18 years - a resident  
of Gorasanko - was admitted into the  
M. C. H. on the 14<sup>th</sup> Dec/13 -

" Had a tumour on the right side of  
her neck extending from below the lobe  
of the ear to the middle of the neck - for  
the last 3 months - The tumour was very  
painful moveable & not adherent to  
the skin - It was as large as a child's  
fist - General health poor - looks  
anemic - Was operated on the 19<sup>th</sup>  
Dec - The tumour was a compound  
one consisting of several gland-like  
lumps beneath the outer & larger one

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Month.	Date.	Particulars of Case.	Death Place.
April	8	Fracture of neck of Humerus	
		<p>Fracture. There was no abscess. - There was much congestion of the choroid plexus &amp; more fluid than natural in the ventricle. -</p> <p>The brain was completely dead but no abscess found. -</p> <p>The vessels were apparently healthy and we could find nothing peculiar in the semi-circular of the middle of the brain. I think it was due probably to some cause originating after the accident. Much clotting in the sinus.</p>	



Month.	Date.	Particulars of Case.
		Radical Curvy Impurel Hernia
April	17	<p>A man named Martin Martin  <sup>635</sup>          native of Gibraltar. Fair complexion          red hair. Admitted in the April          with a rupture of the left          side. He has had it          and it was caused when working          on board ship. The ring is large          and the appearance is very thin          lax. The abdomen of wall greatly          appears so. The hernia as yet          does not protrude beyond          the stern of ring. But it has          a large tumor in the canal.          He is a healthy looking man          in this respect.</p> <p>I operated with the usual          woundings this morning. Dr.          Smith said the operation.          He bore it well without the pain.</p> <p>18 He is sufficiently &amp; has had          a restful night. but is now</p>



Month.

Date \_\_\_\_\_

Particulars of Case

Particulars of Case.

Radical Cerebral Infarction

Ch. & well - No more great abdominal  
tension

Chenitarnony, a Hindoo, aged 27 years, was admitted into the Medical College Hospital, on the 25<sup>th</sup> of August 1865, with an ulcer on the external side of the Os Calcis of the right foot, of 5 months standing. The ulcer was of a circular form about one inch in diameter, it had to the bone, which was rough & denuded. After his admission poultices were applied to the part - and Iodide of Potassium given internally. On the morning of the 31<sup>st</sup> of the same month, the necrosed bone was gouged away, by making an incision, about a finger's breadth in front of the ulcer, extending from above from a point on a level with the tip of the external malleolus, downwards, and another at right angles to it, extending beneath the heel, from before backwards and turning out the flap backwards. The hollow thus made was about an inch and a half in diameter and three fourths of an inch deep. No artery, no tendon was of consequence divided. The articular joint is patent.

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Stimulating

Before  
20-9-22.

22/10

Drugs well. Bird here today, however  
does not come down

26 Keep well - wound all that healed.

John

3

He seems quite cured  
discharged

o

Discharge



Chentamony, a Hindoo, aged 27 years, was admitted into the Medical College Hospital, on the 25<sup>th</sup> of August 1865, with an ulcer on the external side of the Os Calcis of the right foot, of 5 months standing. The ulcer was of a circular form about one inch in diameter. ~~it had laid bare~~ <sup>it had exposed the bone, which</sup> it bled to the bone, which ~~was rough & denuded~~ <sup>it had laid bare</sup>. After his admission poultice was applied to the part - and Iodide of Potassium given internally. On the morning of the 31<sup>st</sup> of the same month, the necrosed bone was gouged away, by making an incision, about a finger's breadth in front of the ulcer, extending from above, from a point on a level with the tip of the external malleolus, downwards, and another at right angles to it, extending beneath the heel, from before backwards and turning out the flap backwards. The hollow thus made was about an inch and a half in diameter and three fourths of an inch deep. No artery, no tendon was of consequence divided. The articular joint is patent.



Month.	Date.	Particulars of Case.
Radical cure of Infected Hemorrhoids		
Before discharging him		
20th		well - no very great abdominal tenderness. No suppuration and a dose of opium. He drank water.
26th		The plug was removed on the 20th April - no suppuration some abdominal pain. He is now very well - discharge of suppuration keeps up.
29th		Very well.
8th		The wound has all but healed the suppuration is perfect and the wound seems - he is then a trapper the mean time.
8th		Had an attack of pain in stomach, purging, probably indicating last night.
20th		Very well. Died from today, hemorrhoids came down.
26th		Kept well, wound all but healed.
3rd		He seems quite cured.
5th		Discharged.

Before discharging him I made him examine a plug of wood & the rest of a shoveling machine in mind & try it - it was very good.



Month.	Date.	Particulars of Case.
		Double amputation of the legs.
April	25 <sup>th</sup>	<p> Jewell aged 21, a tall  powerful young Englishman, a  Railway Guard, at the Street  Line - had been in a railway  accident - came from Australia  with horses, - was admitted  at 8 P.M. on the 25<sup>th</sup> with both  feet crushed to pieces, He had  tried to step on to a Railway  Engine in motion - he got stopped  and he fell under the engine  which passed over both feet  crushing them to pieces - &amp; commencing  the skin in other case -  He had been brought in on  Engine from Chingda &amp; 0  Miles from Leicester - the  accident having occurred  about 5 P.M. - He is said  to have lost very much blood </p>



Month.

Date.

Particulars of Case.  
Double Amputation of the legs

April 26. at the time and on the way down  
 he was suddenly collapsed &  
 flanked. Consciousness  
 I knew, but sensible and  
 able to speak when spoken to.  
 After consultation with several  
 medical officers present (Dr. Miller  
 Butler, Dr. St. Lawrence & others)  
 I determined on immediate  
 amputation as it seemed that  
 to remove the crushed feet  
 offered the best chance of saving  
 the state of his system. I found  
 further effusion of blood  
 which was stopping further  
 circulation of the limbs.  
 accordingly after his throat  
 was held up with the  
 bottle. I continued further  
 the chest - but put him  
 in the chair - and I



Month.	Date.	Particulars of Case.
		<i>Amputation of both legs</i>
April	26.	<p> injured both legs &amp; modified  ligaments - small blood vessel  tear the legs bleed freely -  The left leg was amputated  about the middle the right  about the junction of the bone  &amp; the head of the -  Reaction commenced under  the operation, he bore the  operation well &amp; the Chloroform  suspended his pulse which was  quite perceptible after it was  over. When I left him at  11 P.M. - the pulse had risen  &amp; he was much stronger  Gave him his opiate  26. P.M. Pulse 140. When awake, he  is quite conscious - by tickle  excite coughing - Throat - Intestine  and rectum. Breathing is the </p>



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CASE BOOK.

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Month.	Date.	Particulars of Case.
		Amputation of Right Arm
26.	5 PM	<p>Strunkland: Fracture - fracture.  R. 2:30 AM  Wound depth 3 1/2 in. deep.  Pulse rapid &amp; much stronger  Ther: in action 104 - skin  brown. Swelling gone -  Has taken considerable amount  of food. No hemorrhage  as he was admitted in Dr.  Parker's office in morning  met Dr. V.  Let him have another dressing  change to night if he refuse to  Bepten to be properly done  in small fragments.</p>
27	8 AM	<p>He had a tolerable night. Has no  fever. Pulse 120 - Temp: of Rectum  102. Temp 104 - Deep discharges  with little pain. Look upon him of  anterior flap of lip is coming  together. His limb had been  much bruised - the muscle much  lacerated. - Continue in protecting  bandage, until cured</p>



*No. 44*

CASE BOOK.

139

Month.	Date.	Particulars of Case.
		<i>Amputation of both legs</i>
<i>April</i>	<i>28<sup>th</sup></i>	Had a good night - Pulse 108 - finner. Then in axilla 102 - stumps look well. The right is shrinking a little in the first flap - when I turn much bruised there - Then in evening the later flaps of legs came with the right - killed in the whole he is doing very well
	<i>29<sup>th</sup></i>	Had a good night, slept well got a turning to the left - he takes 12-14 eggs daily. Pulse 108. but has a headache still. The 102 in axilla - Discharge coming in the stumps. Stumps look well except in right. When turned flap is partially shrinking - continue the same food. He has opening around the brim of the - taking the relief which the nurse has still for a while longer. Perhaps he has been a while rested in the evening

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Month.

Date.

Particulars of Case.

## Fracture of Scapula

- April 23 A girl named Annakenna aged about 18 admitted with fracture the right scapula. - The crepitus can be distinctly felt - and there is a good power in the shoulder. - with great pain in motion. This girl was in the hospital about 3 or 4 hours also with the fracture. She is now gradually getting on and is now a prostitute. She is of white skin.
- " 28 Very well in pain when first bandage applied round throat. - The fracture was caused by a fall from the top of a two storied house.
- May 1 It is difficult to keep the bandage in its place. She is very restless. but she seems well & free from pain when quiet.
- 6 Very well
- 12 Very well



Month.	Date.	Particulars of Case.
		Fracture of Scapula
May	15	She appears to be doing very well. Is free from pain. She is - Her appetite has improved in part she is a foolish almost half-witted creature
May	24	She is discharged apparently quite well —



Month.	Date.	Particulars of Case.
		<i>Amputation of both legs</i>
April	30	He is doing pretty well. Pulse 108. Temp 102. Stomach looks fairly good. A few ligatures came away from right leg. Bone exposed. Look healthy. Nutrition advancing. Bone healed - the middle of femur protruding a little - stitches better. Bowels are rather loose & irregular.
May	1	Pulse 108. No fever. Temp 102. Bowels less relaxed. Has taken his food well. The Stomach looks well. With the exception of a small sloughing portion on the right. The ligatures are beginning to separate. Continue all as usual.
"	2	Pulse 108. No fever. Bowels more regular. Taken his food well. I did not see the legs opened today. (The discharge is fast).
"	3	Has fever this morning. Came on at about 8 p.m. was cool at 7-8. Temp in axilla 108. Pulse 120 - The Stomach does not look so bad. But the medulla



Month.	Date.	Computation. Particulars of Case.
		Amputation of both legs.
May	3 <sup>d</sup>	<p>The right fibula is protruding &amp; a portion of bone is denuded of periosteum - The discharge from both stumps at this time looks tolerably healthy but a peculiarly stercoraceous odor. The crest of the left tibia has come through the intermuscular of the anterior flap &amp; the sloughing portion of the distal end of flap has separated. - I fear Osteomyelitis is commencing - The complexion of face in the back from frost &amp; vinegar chapped. Bowels move regular. Patient has good spirit &amp; sleep well. There has been a dry string somewhat at S. 2. Sate bleeding for the last two days.</p>
	4	<p>P 120. Ther: 104 (no fever). Stumps look well in all parts. But there are very much pain. I fear Osteomyelitis is commencing - The medulla is in the way. Bone punctum is in the wound. No cure. - I think Dr. Smith</p>



Month.

Date.

Particulars of Case.

## Narrowed Nephritis

Sept 1 - This morning I operated on a  
 Patient - Scrotal tumour of a different  
 name - Character to those we generally  
 meet with, and which, so far as  
 I know, has not yet been described.  
 Age 18 years  
 Bengalee  
 The tumour was about the size  
 of a small Coo. nut. and of a  
 nodular appearance on the surface.  
 No very soft and smooth shu-  
 telled and compressed between  
 the finger & thumb - The surface  
 fluctuation of fluid immediately  
 under the skin surface, the  
 integument was very distinct.  
 and it conveyed the impression  
 of being a cellular structure  
 filled with blood or serum.  
 The precise position of the  
 same pathological condition  
 it is in a smaller degree and  
 it did not present the nodular  
 appearance on its surface  
 but rather irregular than nodular.



May 7

CASE BOOK.

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Month.	Date.	Particulars of Case.
		<i>Narrowed nephros</i>
May 1.		<p>The integument over the inguinal canal on each side, and also over the upper part of the femur presented a swollen undulating appearance and communicated a sensation of fluctuation when pressed. Under these were seen 10 convoluted vessels filled with blood - These bled in pulses according to the position they lay in when he stands up - - On puncturing the nodular swelling like surface of the scrotum - a quantity of pale pink fluid was poured out as this was entering &amp; steamed rapidly over the surface of the scrotum and when collected rapidly formed a pale pink but firm coagulum - 8 &amp; 10 20</p>



Month.	Date.	Particulars of Case.
		<p><i>Narrow Elephantiasis</i></p> <p>May 1. A quantity, 10 pieces of the plant collected in a few winter pine thickets. The top of plant stopped readily in preparation. The top of it seemed to affect him much as the top of blood would have done — as puncturing the skin with a needle they caused the same description of pain. The growth of this tumor has been similar to that of the primary Elephantiasis and has been attended with periodic fever — The patient a lad of 18 years appears in fair health — he has had one or two paroxysms of fever since he came in. The legs his feet were more painful at these times &amp; that it was swollen. In 17 and 18 appeared</p>



Month.	Date.	Particulars of Case.
		<p><i>Neuroelephantiasis</i></p> <p>May 1. It is to be much affected. I punctured the 2 Carmin &amp; Grains in 2 different occasions - &amp; sent the fluid to Babos Laming, Jall day for analysis - I secured the same again, &amp; to collect again rapidly, for the surface suddenly became tinged as blue. It had except for the full pink color, all the appearance of blood, a few clots &amp; leucocytes. The corpuscles under the microscope were sharp of the red - &amp; I did not observe that there was any increase in the white of the specimen. I placed under the microscope.</p> <p>The boy is not affected with elephantiasis of the extremities &amp; his spleen &amp; liver appear</p>



Month.

Date.

Particulars of Case.

Nervous Elephantiasis

May 1 free from disease - skin not  
 anemic & as the whole appears  
 to improve with the exception of the  
 local disease, and the periodic  
 attacks of fever, very poor health.  
 He does not seem to be aware  
 that there is anything peculiar  
 in his case but that it is very  
 much the same as the ordinary  
 Leontine tumor -  
 I have seen 2 or 3 such cases  
 before - one operated on by Dr.  
 Partridge some years ago - another  
 in my wards some months  
 ago who had it in a more  
 incipient stage, in the former  
 the scrofulous humors being  
 affected, and who left the  
 hospital only a few weeks  
 sight of - There is evidently  
 a very peculiar modification  
 of the ordinary tumor



Month.	Date.	Particulars of Case.
May 1		<p>             Received Neoplasia Scroth              I removed the tumor on the 11              May, in the usual way. The              first incision into the psoas              and <del>psoas</del> Scrothum was followed              by dissection of psoas fluid and              arterial blood. But as I cut              deeper it began to assume the              usual appearance, the pulsating              structure evidently being near              the surface. There were two              or three small large arterial              branches to the above the psoas              by the sides in the Peritoneum              which were ligatured in the              usual fashion.              The tumor was removed              in about 2 1/2 hours              and about 12 ligatures applied              It weighed 1 lb 10 oz after           </p>



Month.

Date.

David Stephantian

Particulars of Case.

and shrink much after removal  
 so much as almost to obliterate  
 the cellular appearance.  
 On reexamination after removal  
 the structure was found to be  
 simply a morrified form of the  
 usual Stephantian. The mass  
 adjacent to the surface dilating  
 into numerous interlacing  
 intercommunicating sinuous  
 cells. These owing to the  
 contraction had shrunk in  
 much but they could be followed  
 with a probe traced to their  
 extremities. The interprimus was  
 dry than most others. How the  
 vessel were related to the  
 structure I cannot say as  
 the specimen was not injected  
 in order to trace the vessels.  
 but I suspect not unlike  
 ordinary ductile tissue



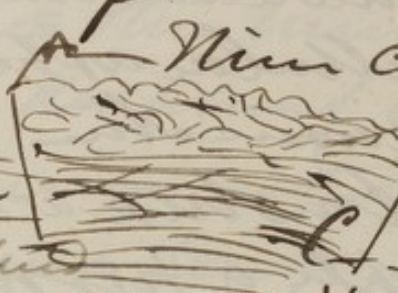
Month.

Date.

Particulars of Case.

## Nodoid Elephantiasis.

May 1

My idea of the structure is this - 
 The nodoid elephantoid tissue underneath - The testes & tunica vaginalis were quite healthy - & not enlarged. They were of course preserved - The dissection is kept in the museum

in

2 He is doing well. In hospital in Paris -

Directly after the operation the inflammation appeared in the internal upon the inside & then I made a piccure in through the fashion the defect side I could detect nothing peculiar in the structure



May

CASE BOOK.

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Month Date

Particulars of Case.

Stomachic

There the infir  
was like there  
erotion

of all out  
ent of the

swelling in  
belong  
holy

Sew town  
in the pain  
well station  
well not  
heym  
at which  
used to  
The  
Fibule  
is  
and

There

by the side of the  
The fence used to

- 4 A dog bitten by Sabia - a pill has given - dog died
- 5 Dog bitten by Sabia - a pill given - dog died

Sabia - pill given - died

died

died



In an account of the Malabar  
& Caffrari Coasts up to Bombaim

"Of Christians here are not an  
inconsiderable number. There are  
also those Elephant-legged St  
Thomases, whose the unbiassed  
enquiries will tell you chances to  
them in two ways: By the venom  
of a certain Snake, for which

The Jangies or Pilgrims furnish  
them with a Factitious Stone (which  
we call a Snake Stone) and is a  
Counterpoison to all deadly bites;  
if it stick, it attracts the Poison;  
& put into milk, it removes  
itself again, leaving its virulence  
therein, disarmed by its greenness.

as also by drinking bad water  
(to which, as we to the air, they  
attribute all diseases) when they travel  
over the Sands, & then lying down

when they are hot, till the ~~cuticle~~  
cuticle at night is in a cold sweat  
which penetrating the rarified cuticle,  
fixes the humours by intercepting their  
free course on that side, not to be  
remedied by any panacea of their Esculapian  
Sectators; it is not much unlike the Elephant  
trunk Arabum" p. 53 of Dr John Freyer's New  
account of East India & Persia 1698



The Dabone killed dog in  
without period for 7 minutes 4.

3 hours -

The B. Furcator - for 4-28 to 10 days

The Coker for 19 months to 44 months

The Dabone killed fox in without period

for 35 seconds to 90 seconds.

The B. Furcator - 17 months to 26-18

The Coker 34 seconds to 15 minutes

Report -  
7 deaths

fine in black  
impaired tracks  
left



Day

Foul

Coke - B. 77 - S - Ahn B. 77 - S

Number		minutes		Time	Seconds
28	10 days	7	13 minutes	26 " 18	50
13	53 hours	88 minutes	1 minute		60
24	4-28		7	26 minutes	
19	3 days			17 minutes	seconds
21	5 days				100
32			50 seconds	1.55 minutes	
44		66 minutes	34 seconds		45 minutes
26 minutes		75 minutes			35 seconds
30 minutes		3 hours			90 seconds



Dog.

Cobra —

B. F. — 9

~~Foot.~~ —



About 1750 - this prescription  
taken from 'Bates Dispensatory' -  
popular medical ~~text~~ reference of the  
last century

20/8/70 Lr.

A pleasant afternoon occupation for the early-  
English apprentice, was to go out into the fields, as the  
spring days came on, and gather Female Vipers,  
bringing them home. All Alive! and here is what they  
did with their gatherings.

Vinum Viperum, Viper Wine.

Rx. Live female vipers, gathered in the spring time,  
℞.vj; best Spanish Wine or Canary, ℞.vj; digest  
them (the vessel being stoppt) without heat for six  
months, then strain out for use. Some make it by di-  
gesting the vipers excoriated (and casting away the  
Bowels, Heads, and Tails) in the Wine aforesaid  
for some days.

It is a most celebrated thing against the Lepus  
Grecorum, or Leprosie, the Elephantiasis Barrennes,  
Plague, &c, and prolongs life. Dose ʒiij or ʒiv twice a day  
for some considerable time.

Pharmaceutical Journal for May/70 - p. 693



Dear Father  
This night  
Come in wife  
some day  
Look at Paul  
15. P. 9. of the  
report, which  
please return  
Yr Wm  
30/8/20

30/8/20



Rupell

- A dog bitten by a cobra - 2 Tansore pills given  
dog recovered. - Recovered
- Another dog bitten by same snake, had no pills  
1 and recovered. - Recovered
- Two chickens bitten by same snake died but liv-  
-gued for a long time. - Evidently the poison was  
defective Died
- 
- 2 A Gabria hit a Rabbit; - pill given and rubbed in.  
The Rabbit died Died
- 
- 3 A dog was bitten next day by the same snake -  
1/2 a pill given - symptoms of poisoning, but he re-  
-covered. - This snake had bitten frequently before  
it bit the dog Recovered
- 
- 4 A dog bitten by Gabria - a pill was given - dog died  
Died
- 
- 5 Dog bitten by Gabria - a pill given - Died. Died
- 
- 6 A dog bitten by a Gabria - pill given - Died. Died
- 
- 7 A dog bitten by Cobra - pill given - no symptom of  
poisoning - Dog recovered Recovered
- 
- 8 Chicken bitten by Cobra - pill given - Death retarded. - Died
- 
- 9 Chicken bitten by Cobra - it died - pill given - death  
retarded - Died



Russell

a dog bitten by a Cobra - <sup>2 Jangor</sup> - I suppose killed him.  
dog recovered - recovered

another dog bitten by same snake, had no fells  
1 & recovered. recovered

Two children bitten by same snake died but  
lived on for a long time. Evidently the  
poison was ineffective (died)

2 a Daboon bit a rabbit - killed him and  
trapped him - the Rabbit died (died)

3 a dog was bitten next day by the same  
snake - he killed him. - I suppose young  
but he recovered. The snake had bitten  
himself before it bit the dog (recovered)

4 a dog bitten by Cobra Daboon a full grown  
snake - dog died (died)

5 - dog bitten by Daboon - a full grown - died  
(died)

6 a dog bitten by a Daboon full grown  
died (died)



7 a dog withy Coker - full price - no  
symptoms of poisoning - Day recovered recovered

---

8 Chickens withy Coker full price - (died)  
Dehydrated

---

9 - Chickens withy Coker - it died.  
Is here ~~Dehydrated~~ (died)

---

10 a dog withy Coker - (Cauty + recovered)  
2.5 miles

---

11 a dog withy Dobria - Cauty + recovered  
2.5 miles - died

---

12 - Dog withy some Dobria Cauty  
died in an hour - symptoms of poisoning  
but recovery took place

---

13 Dog withy Dobria - Sold and recovered  
died

---

14 - Dog withy Dobria - Sold and recovered  
symptoms of poisoning  
but recovered

---

15. Dobria withy. acid and recovered  
symptoms of poisoning



XV<sup>n</sup> Day 10th of Dobra - Acid applied  
Symptoms - but recovered

---

XV<sup>n</sup> Same as before. Many Snake Bites  
No - Symptoms recovered

---

XIX Day 10th of Dobra - Acid applied  
Died

---

XX Day 10th of Dobra - many more  
acid applied - died

---

XXI Day 10th of Dobra - Acid applied  
Died in prison

---

XXII Chelva 10th of Dobra - Acid  
applied Died.

---

XXIII a day 10th of Dobra - Acid  
applied - died

---

XXIV Day 10th of Dobra - Acid applied  
Died

---



XXV Check letter of Coleridge and  
undiscovered - revised

---

XXVI - Another Check letter of Coleridge  
Coleridge revised the manuscript  
upplied

---

XXVII A Check letter of Coleridge - and applied  
had revised

---

XXVIII a paper letter of Coleridge  
with an introduction to the work  
had revised

---

XXIX Lydell applied to the friends  
to demand the price from the publisher

---

~~XXX~~ Lydell applied to the publisher  
by a Coleridge - no effect - I had revised

---

~~XXXX~~



Language full Amara vulgar

Case I - woman bitten by Cobra. Two pills  
from 1<sup>st</sup> 10 men after bite - when  
und related  
recd - - In fact not usually

---

II - Soldier bitten by a ~~poison~~ snake  
probably not ~~poison~~ ~~poison~~ Virginian  
3 Pills given - he recd

---

<sup>iii</sup> a man bitten by a Cobra in the toe  
with given. Giving a frog applied  
recd

---

~~IV - a man bitten by a snake, name not given~~

~~V - a man bitten by a snake Cobra.~~

Pills given after several hours  
he recd - Indirectly not a  
by poison bite

---



Tanjore pill - Human Subject.

Case I. - Woman bitten by Cobra - Two pills given  
1<sup>st</sup> 10 hours after bite - wound dilated - woman recovered  
Evidently not seriously ~~skipped~~ bitten

---

II. Lepay bitten by a snake - probably not poisonous  
(Virgen Pamba.) 3 Pills given - he recovered -

---

III. A man bitten by a cobra in the toe - pills given  
Sine of a frog applied - recovered.

---

IV. A man bitten by a cobra - Pills given after  
several hours - he recovered - Evidently not a very  
poisonous bite.

---



May

CASE BOOK.

152

Month.	Date.	Particulars of Case.
		<p><i>Neurodermatitis</i></p> <p>beginning here and there the surface of a contracted skin like that in the <u>unmarked</u> section</p> <p>My house surgeon, Baboo Moneysall Dutt has given me the following account of the case - Patient's name</p> <p>Age - 18 Years.</p> <p>Residence -</p> <p>Name. He states that he has noticed swelling in the right groin both above and below Pampart's ligament since infancy. but cannot recollect precisely how long -</p> <p>Note There was no swelling in the Scrotum and penis, and the swelling in the groin did not increase. He remained stationary and he was in this respect well until about 2 years ago, when he began to suffer from periodic fever, at which periods the right testicle used to swell and become painful. The penis always preceded the fibula staff - the swelling in the right groin used to become larger and painful - at the same time there was no hypertrophy of the scrotum - The penis used to</p>



Month.

Date.

Particulars of Case.

## Acute Elephantiasis

used to remain for 3 or 4 days, when the fever left the swelling subsided with the pain. This state of matters continued for <sup>several</sup> years when he first noticed that the lower part of the scrotum became thickened & irregular in surface. Gradually the whole scrotum & subsequently the prepuce assumed this appearance - Satif when he used to get from these swellings became tense, and on scratching them a fluid oozed out.

From the above it would appear

1<sup>st</sup> That the "venous anastomosis" preceded anything in the groin - From the commencement has been increasing and at each periodic attack of fever it becomes more tense and full - which abates when the fever has passed away -

2<sup>d</sup> That he was subject to nodular elephantiasis of the scrotum & prepuce for the 3 years previous to the scrotum attaining its present



Month.

Date.

Particulars of Case.

## Nevoid Elephantiasis

15 July Swollen & Cured - Neappearance  
 1st - 2d in ordinary cases.

May 2 } peculiar appearance

32. That the peculiar hypertrophy of the  
 scrotum commenced at the lower part,  
 and gradually extended upwards

4<sup>th</sup> That at each attack of fever these  
 tumors swelled became more tense  
 and painful, and a thin serum  
 was exuded from the  
 scrotum & watched as that period

8 He is very, very well, no pain  
 in bleeding. The first changes  
 in the body is to be done to day.

5 - He is very well. No pain  
 in bleeding

6 Has had slight fever. but on the whole  
 is very well

8 He has slight fever occasionally.  
 Drums full - ordered a purgative.

9 Much the same.

12 He is now in remarkably healthy, he has  
 no pain

15 - He is very, very well.  
 29 Wound nearly healed



Month.

Date.

Particulars of Case.

*Lateral lithotomy*May 3<sup>rd</sup>

Dr. Time 1


Pain 1

discovery

Mistake

A man named S. S. Adams - 45 years of age <sup>born 1847</sup> admitted in the 1<sup>st</sup> week with the symptoms of stone in the bladder from which he has suffered 4 years. On finding the stone large and large - it could also be felt to be of considerable size though the rectum.

Castri-ali



The urine is slightly albuminous. Contains phosphates. but as the calculus is causing pain, it is better to remove it.

Removed it by lateral section this morning. and it was with some difficulty that I seized it - as the bladder seemed contracted around it - when I injected two 3 ounce full of water.

The calculus was oval & 2 inches long & 1 inch wide. It was covered with a thin layer of mucus.



Month.	Date.	Particulars of Case.
		<i>Actual lithotomy</i> —
May	3 <sup>d</sup>	7 Gruple phosphate, —
"	4	Doing well, no pain, no urine flowing but through the <del>anus</del> tube
"	5	Doing well, no pain, no urine flowing but through the tube
"	6	Seems to be doing perfectly well. No pain, no fever, urine clear and healthy, tube taken out this morning.
"	7	He seems to be doing well, has no pain, urine flows freely.
"	8	He continues to do well, urine still opaque by the wound — but is healthy & continues
"	9	He continues to do well, has no fever, no pain, urine still opaque entirely by wound
"	10	Doing well
"	12	Doing well, but no urine by urethra
"	13	Doing well
"	15	Urine beginning to flow by the urethra
"	16	No urine by urethra all by wound.
"	18	Doing well.



Month.	Date.	Particulars of Case.
		<i>Lateral lithotomy.</i>
May	19 <sup>th</sup>	He was very well, and looked very healthy, but he had rather white and soft in picture - he left the hospital with his friends —
		Discharged —



Month.	Date.	Particulars of Case.
		Amputation of both legs
May	5	Pulse 112 - h 720. Looking much has pain much. but the attention is most unusually not a surprise Then 104 - <sup>left</sup> Right stump looks look so well. None of the crest of the tibia come through - Surface of soft part looks shining Discharge not well elaborated. Membrane protruding, but apparently not diseased. Left stump looks better. Change the room. put him in the theatre where he will have more air. He takes his food well.
"	6	Pulse 120. Stump looks slightly better on the whole not so bad - Membrane protrudes & part of the bone are denuded of peritoneum but apparently healed - Bones still have tendency to looseness -
"	7	Pulse somewhat slower. Looking improving. I saw the stump today - h 80. It tells me this was <sup>very</sup> <sup>in</sup> <sup>the</sup> <sup>middle</sup> <sup>of</sup> <sup>the</sup> <sup>day</sup>







Sept 4

Month.	Date.	Particulars of Case.
		<u>Amputation of both legs</u>
May	10.	Pulse 108. - in house this morning - bones moved up perceptibly. Stools kept. was suppurating. I could not see the stump exposed.
"	11	Stumps look well. Inguinal veins then still 102 to 104 - Pulse 108 to 110. Stools & suppurating stools. I advised P. to keep the Specie XX - of Mrs. St. with the Specie p. - for p. p. & h. h. h.
"	12	He is still very loose in the bowels & weak. but the stumps are looking as well as they did yesterday. The Specie: have been followed stools. & permit. This was not attended with the stumps today.
"	13	Pulse 108 to 121 - Then 100 - Has had 7 stools. still loose - I have had some sleep. I saw him for P. today - needed then the last & private exhibition the same. The stumps look much as yesterday.
"	15	He has been more & up perceptibly since yesterday. but the stools are still loose. He is very weak - he 110. But he is better. I did not see the stumps exposed.



On the 17 June I saw him in the Ambulatory Hospital as I saw before  
 improved - Stomachs nearly healed. Some complaints all the  
 appetite & spirit - where I saw that on 12 September - but still  
 John King as hospital go. I saw him on 12 September - but still  
 & July. He smiled in Ambulatory in the "Museum" today - the  
 Ambulatory in the "Museum" today - the Ambulatory in the "Museum" today - the

Particulars of Case.  
 Computation of both legs.

He looks better than formerly. Bones  
 named only three and simultaneous  
 motions - Pulse 120 - tongue moist.  
 but coated - no fever - He takes his  
 food badly - He says the Opale is  
 not much better. I did not notice  
 Stomach -

He is much better, stools more constant  
 and less frequent - Stomach looks better  
 Pulse 120 - no fever - He takes his food  
 better

So far he is very good. Pulse quite  
 stomach very irritable. Stomach looks  
 well but not rather pale. Diarrhea  
 has better but has returned - D.V.  
 named Bristle & Mupham once stomach  
 irritability of stomach better. Diarrhea  
 somewhat less - P - 120 - Num 102 -  
 Stomach looks well but flabby.

Diarrhea. Specimen of a Dysentery -  
 Character continuous. He is weak  
 P 120 - Num 102 - 103 - Stomach looks  
 well but flabby & weak. I have  
 recommended that if possible he should  
 be sent to sea  
 He was removed to Bannockburn for  
 change of air



Month.	Date.	Particulars of Case.
		Perineal Section.
May		<p>John Price aged 28 years, an English Surgeon once from Jamaica. Went healthy young man. was admitted on the 5<sup>th</sup> May 1865. He states that about 2 years ago he had gonorrhoea and afterwards he had Rheumatism for which he was treated in the Hospital. At that time his change continued throughout - A fortnight after leaving Hospital he suffered from swelling of the testicles, from which he recovered by tapping - Says he never suffered from retention of urine but that the stream became narrower than natural - About a month ago he noticed a small swelling in the perineum to which leeches were applied but without good effect. It increased and a month later he came into Hospital. The swelling had the night of the admission.</p> <p>The perineum - On passing in hand it was found that the structure was like L. No 3 - very irritable and bled profusely he was pressed firmly but in such a manner to make the passage of urine.</p>
May	7.	Perineal section was performed
	9 <sup>th</sup>	<p>The tube wound &amp; a small vessel was exposed - The wound had a good tendency to healing - He had been slightly feverish.</p>
	10	<p>She passed urine yesterday, passed a full sized milt today</p>



No 29

CASE BOOK.

163

Month.	Date.	Particulars of Case.
		Perineal Section.
May	11	He is doing well. no fever. Paped a full sized instrument.
"	12	doing well. Paped a full sized inst.
"	13	Doing well. wound healing. Paped full sized
"	15	Do. Do
"	16	Do
"	18	He is doing well. wound healing. Full sized inst. paper easily.
"	24	Wound nearly healed. Full sized inst. Paped
"	26	Doing well in all respects.
"	29	Wound nearly healed.
June	1	He has better this morning. Subm.
"	3	Free from fever. doing well.
"	8	Doing well. wound still paper by the wound.
"	19	He is doing well. wound nearly closed. Paper a good stream. Full sized inst. has been frequently. I looked & injected with Iodine a few days ago - a syringe of 1/2% Iodine - it is doing well.

9-199



Month.

Date.

Particulars of Case.

## Fatty tumor removed by Ecraseur

May 18 A native named Buckstone age 42 years  
 residing  
 Soufriere admitted yesterday with a large fungous  
 tumor hanging from the posterior  
 and inner part of the thigh right.  
 The tumor is of 12 years growth. and  
 came where a tooth bite formed was.  
 The tumor is about the size of a  
 small coconut the pedicle  
 much of the fold of skin containing  
 some of the tumor.  
 I removed it with the ecraseur  
 and found great difficulty in  
 dividing the skin in fact it was  
 impossible to compress into the flesh  
 it and was obliged to cut it  
~~at~~ on the tumor side of the  
 growth. the skin was compressed  
 by the tumor to the whole of the  
 the cuticle of the buttock  
 as the case was. I saw it  
 he could not be large from the  
 tumor all blood was arrested.  
 and the tumor perfectly removed.  
 leaving a white lapped wound.  
 The tumor was a fatty one  
 24 He is very well and comfortable  
 June 18 Discharged - wound nearly healed



Month.	Date.	Particulars of Case.
May	27	<p>Myeloid Tumor of Lower jaw</p> <p>This morning I helped Dr. Partridge remove a tumor from the right side of the lower jaw of an English Police Sergeant named Roney - aged 48 years - a healthy looking man &amp; somewhat inclined to the corpulent. The tumor was situated between the angle of the jaw and the second molar tooth. It was about as large as an orange and encroached on the mouth pressing up the tongue and sublingual gland. The latter also was hardened. It projected slightly downwards, but not laterally on the anterior surface of the tongue. It was like lime and free excepting from pressure which it has been rapidly increasing during the past 3 months is becoming troublesome - He speaks &amp; swallows well - but its increasing size &amp; pain - except the bulging of the jaw &amp; the pain under the chin &amp; throat -</p>



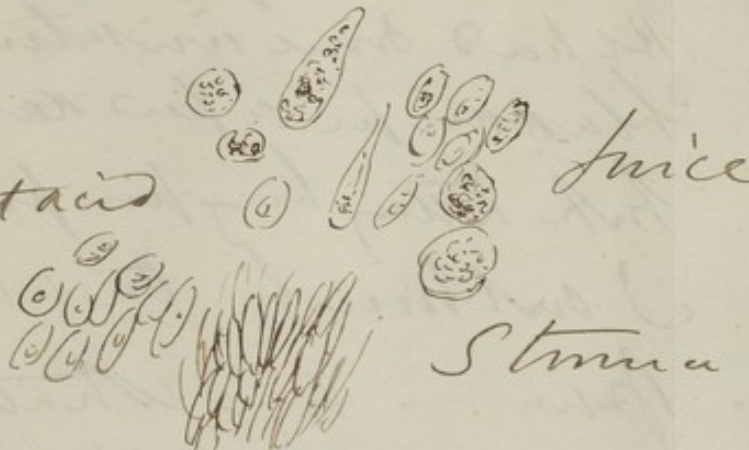


Month.	Date.	Particulars of Case.
May	27.	<p>Myeloid tumour of lower jaw</p> <p>She is a healthy looking woman and has no appearance of cachexia. The tumour began to enlarge after the removal of one of the teeth some 5 or 6 months ago. It has grown very slowly until within the last few months. The skin over it is unaffected.</p> <p>It was removed by an incision made vertically from the lower lip to chin - then along the margin of the jaw for about 2 inches. The flap turned back, a tooth taken out, and the bone sawed across with the teeth saw - in two places so as just to include the tumour - which was about 2 or 3 cm from the bone itself, but a few mm from the periosteum. The specimen when removed and during the dissection the history of the patient was made. The patient's general health was also improved and was good. The weight of the specimen</p>



Month.	Date.	Particulars of Case.
		Myeloid tumour of lower jaw.
		<p>             Hand also was removed as it was              hard &amp; evidently diseased —              The tumour was enormous              but easily removed by ligatures              of which at least 20 were used.              The flaps were then brought              together with wire.              The tumour was evidently a              growth from the lower jaw &amp; was              found after penetration of the              jaw &amp; was firm and dense              a section of it was exactly like              an osteosarcoma in colour and              consistency — a firm white              with granular appearance &amp;              fine &amp; dense granular rolled              appearance that in most              respects chance — As I suspect              it a distinct piece of wood              of white bone appearance —              Under the microscope              presented all the appearance              of the fibro-plastic tumour              I observed in the myeloid           </p>

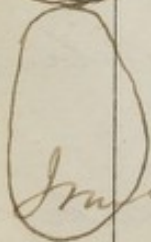


Month.	Date.	Particulars of Case.
July 20		He is walking upon the ground holding my wife's arm. He is well. With a catata of gums & throat a sharp brown band of gum is seen between the lips & teeth.
Aug 1		My child summer of lower jaw of Papill oval cells. Can dated to Nuclei - granular matter & large granular cells - See nucleus the cell in large & in some apparently numerous - No Stroma counted of the summer fibro plastic - the cellular structure - mixed with true fibro, no doubt from the peristoma
		
		As for the operation well under chloroform. It lasted about 1/2 an hour - No Sp. blood was noticed.
May	29	He is very well. wound is making in firm - in healing
	31	Dry well wound nearly healed
June	3	He is very well
	8/7	Dry well wound quite healed.

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Month.	Date.	Particulars of Case.
		Calculus in bladder
May	31	<p>Dr. [unclear] on</p> <p>A <del>head</del> named Shokh Hillar seen</p> <p>aged 32 years admitted on the 22<sup>nd</sup> May</p> <p>complain of pain in the groin - he has</p> <p>been ill for 6 years. Appears in good</p> <p>health. free from pain - urine</p> <p>healthy.</p> <p>on the 24<sup>th</sup> May I tried to crush it</p> <p>with the lithotrite - but the stone</p> <p>seemed too large -</p> <p>He had some irritation in the</p> <p>bladder for a few days after this</p> <p>but today being free from it when</p> <p>I examined the usual colour of</p> <p>urine had returned and</p> <p>was acid. Calculus partially</p> <p>crushed with the lithotrite -</p> <p>but not -</p> <p>shows brown haze in introduction</p> <p>of tube.</p> <p>He has had some brown haze -</p> <p>shows pain but this morning with</p> <p>some ceased &amp; he appears the day after</p>





Month.	Date.	Particulars of Case.
		Calculus in bladder.
June	3	He is in peace - no abdominal pain no more hemorrhage. tube taken out - he appears to be doing well.
"	8	He is doing well. The wound is healthy - some paper sutures by the wound.
"	19	He is doing well. The wound is healing. The urine comes chiefly by the tube. but he passes some of phosphate urine - the urine is not too acid.
"	26	The wound is nearly closed. & quite healthy. he is in better health in fact. many as well as possible.
July	2	He is very nearly well admitted 22 <sup>d</sup> May - Operated 30 <sup>d</sup> May Discharged



Month.	Date.	Particulars of Case.
<p>May 29.</p> <p>The old Lady was blind of late</p>		<p>Strangulated Umbilical Hernia</p> <p>I was asked to day to see an old lady named Mrs. <del>Benn</del> living in Rutland and about 60. very stout &amp; with Strophantosis of the legs. Her son said, who was suffering from a tumour in abdomen &amp; in part pain. I went with Mr. Waller and all paid her suffering from all the symptoms of Strangulated Umbilical Hernia. The tumour was as large as a child's head irregular &amp; very tense. She has had hernia for many years, but of lately it has troubled her much. It protruded the day before yesterday and since yesterday the most symptoms have been coming on. The bowels have been constipated. She has passed some peculiar matter probably from the tumor bowels. She has been vomiting, and passing small stools. Day yesterday. The tumor was so thick &amp; kept the umbilicus. After that was involved in the swelling</p>



Month.

Date.

Particulars of Case.

Strangulated Umbilical Hernia

The abdomen was flat & painless and there were 3 or 4 prominent conical swellings to the right of the umbilicus, very tense and discolored - black, but already forming showing that strangulation of the intestine had taken place. The tumor was hard and must be a deep red. Strong pressure was applied in the direction of the hernia. Local applications had no effect.

We sent her off to the M. C. Hospital immediately - and under Mr. J. operated. I could not see the lower edge of the intestine as the abdomen was so prominent. As I incised the intestine of fat above, in a straight cut the line about 3 inches in length - then the tumor the intestine was very thin. I came down in the form of intestine almost immediately with a quantity of omentum and an incipient stage of gangrene. There was either no force or a small way up the line - I opened - I found the structure to be intestine, very pale



Month.

Date.

Particulars of Case.

Strangulated Umbilical Hernia

and dividing it in two or three places with a blunt pointed bistoury a mass of Omentum was very much condensed in the hernia a greenish tinge and small blood vessels the small intestine distended with gas and of a dark almost black appearance was seen near the hernia. but not perhaps absolute dead - protruded - The mass of the Strangulation was distinctly seen when the healthy intestine was drawn out It was returned with much difficulty and the wound stitched with wires - a hot poultice applied Strangulation was repeated - The hernia was very large for the neck must have been very small especially with the prolonged manipulation of the intestine The hernia was difficult to return During all the circumstances the Surgeon of the Fleet - The Hon



Month.	Date.	Particulars of Case.
		<p>Strangulated Umbilical Hernia          treated strangulation. The emigra-          tion state of the Omentum          and intestines with the stricture          the operation of the opening of the          peritoneum. It is not clear that the          emigration was any. The          operation appeared to offer the only          chance of life - we deemed it right          to try the last chance - which had          when had recourse to 12 hours          fasting and when offered a better          chance of success.</p> <p>She died about 2 hours after          the operation -</p>



Month.	Date.	Particulars of Case.	Ref.
May 31 Shoba Bayer	31	<p>Fibro plastic, a day old tumor of back</p> <p>This morning a healthy looking Hindu named Shob Chandra Shoba aged 35 years was admitted with a tumor on the back of the neck protruding in the scalp. About the size of a large orange. It has been there for months and is growing very rapidly. He is an otherwise healthy looking man and felt no distress like a fatty tumor. The skin perfectly healthy. Immediately over it - I removed it by the usual method dissecting it out near the surface. It was full contained a cyst of blood which bled like an aneurism and the skin healed. - This was very the result of a blood pressure I suspected. The rest of the tumor concerning the</p>	Ref.



Month.

Date.

Particulars of Case.

Who plastic tumor of back of neck

and had a firm white appearance  
about the circumference of the tumor  
tumor of the neck under the

microscope it consisted of a loose  
stroma and numerous  
cells of an oval shape.

On comparing a section a myxomatous  
area was obtained (which contained)  
these cells



June 1 He is slightly feverish but  
there is no bad symptoms.

- 3 He is doing well. his arm has  
come away. he feels well and healthy
- 8 wound healing. patient in good health

- 18 He is discharged cured —  
wound nearly healed  
vide page 270



Month.	Date.	Particulars of Case.
		<p><i>Symer amputation of foot</i></p> <p>May 28 A slight build looking under 40 &amp; 234  name Kylos Ch: Dap. was admitted on  the 15<sup>th</sup> May with disease of the  ankle joint: He had had rheumatism  a long time and applied many  different applications which caused  ulceration &amp; exposed the tibia - the  bone anterior end of which he-  cured &amp; finally opened into the  joint - I treated him many days  with the foot at rest in a splint -  but he made no improvement  and as the pain became very severe  &amp; his constitution was suffering greatly  therefore I removed the foot  by Symer's operation in the oblique  position being the narrowest part  of the tibia - The joint was opened  &amp; disease commencing in the  constitutions -</p> <p>31. He is in less pain &amp; the constitutional  disturbance is diminished</p>





Month.	Date.	Particulars of Case.
		<i>Spermio amputation of the foot</i>
June	1	has the flap broken on the it was pulled through at the heel. He has no power. The bottom that is showing is forming a line of amputation
"	3	Part of the heel flap is separating but no line of amputation yet formed
"	7	Stump showing. SPP partly detached from bone - He is feeble. But has pulse in wrist - pulse 80. Then 99° - Stimulant - SPPS M: and sent to the surface -
"	8	Much the same
"	10	Stump showing - Nerve exposed & in the heel flap - true probably a collection of pus in the Caly - examined by me & another day - He is feeble he has stimulants & food permitted. The weak these amputations are apparent
"	11	He is now - very low
"	12	He died yesterday of asthma



Month.	Date.	Particulars of Case.
		<i>Amputation of right hand</i>
May		<p>Leopold Mary aged 12 years Russian:  admitted in the 3<sup>d</sup> July 1864 with  stomach disease of right breast - after  1<sup>st</sup> March great part of the cartilage  was removed. but no permanent  good result. Stomach &amp; suppuration  sprung out &amp; was retained &amp; were  healing with strength - All means  lost. Condition of patient here  was tried with no result - and as  her strength was failing, on the  24 May I amputated the whole  arm from the shoulder by rectangular  flap.</p>
June	13	<p>She is very well. There is still  some discharge from one corner  of the stump which has otherwise  healed. Her power of head &amp; in  tempore. But she has a  sluggish stomach &amp; as the  upper &amp; lower limbs require the  arm to be kept in a splint.  She takes Cod liver oil &amp; morning  dinner with a bottle wine</p>
	29	<p>Constant tendency to discharge from one  corner of the stump which has otherwise  healed. I used actual chloride of lime</p>

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Month.	Date.	Particulars of Case.
		Lateral Lithotomy in a child.
June	10	<p>A little Hindoo boy aged 2 1/4 was admitted on the 4 June with symptoms of stone in the bladder from which the father says he has been suffering for the last 2 years. The child looks healthy &amp; in good condition.</p> <p>The child's urine is and he is a resident of</p> <p>This morning I opened by the lateral section and removed a uric acid calculus of the size of a small pigeon egg - a piece was chipped out &amp; the rest and a little piece was used with the forceps the stone being scraped at once I conclude it must have been done with the same of lithotomy as he was brought up -</p>
	11	<p> Dry well urine flows both ways. No pain last night - since this morning</p>
	12	<p> Has had pain since yesterday. Is now better &amp; urine healthy - looks well - <sup>rather pale</sup> urine flows both ways - no pain localized -</p> <p>Satur - a dry Calcutta</p>
	19	<p>Child is now doing very well. Urine healthy &amp; in good condition.</p>



Month.	Date.	Particulars of Case.
June	22.	The child is not in good health. has been tending to fever. When I was in the d. hospital - or when - or I think
"	23	Child is much in the same condition as yesterday.
"	26	The Father at my recommendation took the Child home. to try change in change of air - It was in poor health & the wound not healing but it had no other bad symptoms The wound flows but though the wound. & the wound had come by weather - but the wound is thickened. —

Discharged

Amalgam

The weather has been very  
at the 90-92° very damp  
much fever about



Month.	Date.	Particulars of Case.
June 4		<p> <i>Syngangrene, Embolism - Amputation leg.</i>          Golmudhun Hendor peasant aged 25          resident of Raj-ba lub-pne Tillah Drahob          admitted into my wards not June 65.          with <i>syngangrene</i> of the lower two thirds of          the right leg - which increased after          an attack of fever - He was very          black and shaggy and separating a true          of demarcation having completed the          separation of the soft parts - In 10 or 12          hours, which were however being          he died - The Peritonitis was ad-          hering to the surface of bone in a thickened          &amp; nodulating form - He had up to the          time when admitted, but his spleen          was still slightly enlarged &amp; he was          weak and anemic - He had been          for a few days after his admission          and in the presence of the dead part          covered in a white - as soon as possible          when he was free from pain - after          taking some medicine - I separated          the bones - finding back the soft parts          he could not be lifted - There was          in and some of my bleeding the bones          were vascular but looked yellowish          some dried. I had to separate the          surface of the posterior flap - he made          the surface of the anterior flap - and       </p>



Month.

Date.

Particulars of Case.

Emphysema, amputation of leg

June 4

Dr. R. had divided the 18th part of the  
on the Emphysema would have done

The constitutional disturbance was  
very slight - considering how much  
he must have suffered - Pulse  
80 to 90 -

The Emphysema  
by embolism  
and came  
from -

He had the  
operation well under  
control - is today very  
satisfied with the  
result -

June 20  
wound is healing to clear look the  
doctor has found some small  
foci

22 He is doing well

26 wound looks clear - she is very  
well - but the stands at 102° - still  
in the week

28 He is doing well

July 5

He is healing satisfactorily - she is  
well

13

8  
The leg is well  
healed - the wound is  
well healed

Aug. 10 Dr. R. has divided the 18th part of the  
on the Emphysema would have done  
The constitutional disturbance was  
very slight - considering how much  
he must have suffered - Pulse  
80 to 90 -  
The Emphysema  
by embolism  
and came  
from -  
He had the  
operation well under  
control - is today very  
satisfied with the  
result -  
June 20  
wound is healing to clear look the  
doctor has found some small  
foci  
22 He is doing well  
26 wound looks clear - she is very  
well - but the stands at 102° - still  
in the week  
28 He is doing well  
July 5  
He is healing satisfactorily - she is  
well  
13  
8  
The leg is well  
healed - the wound is  
well healed



Month.	Date.	Particulars of Case.
June		Railway Accident. Amp: Foot from the leg
		<p>Deenobundoo Bose, aged 20 - Resident of Serkeachur. Clide East Bengal Railway ad mitted into Dr T's wards on the morning of Tuesday 13<sup>th</sup> June. at 8 P.M. with a severe accident to his left foot. He had fallen off a ballast cart while in motion. The steel leg of the cart rested in a chair and he was dragged along the ground. The heel of foot of the cart was almost ground to pieces - The right foot was also much injured the integument being scraped away the rough ground -</p> <p>The injury of the left foot was so severe the tissues so much bruised about the ankle - that I thought a better chance of escape was offered by amputation of the lower third of the leg than by Syme's amputation at the foot.</p> <p>I therefore performed the operation the usual flaps - The wound had been much lacerated the muscles only torn the skin only much lacerated. I sutured the wound with a ligature - I sutured as I happened the ankle joint.</p> <p>21 - He is doing pretty well. There has been some swelling of the arm the</p>



No 59

## CASE BOOK.

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Month.	Date.	Particulars of Case.
		Amputation of the railway accident,
June	21	flaps - the tissues about the heel the left foot has also sloughed leaving bare the tendo a scabber discharge from stump is pretty free - Pulse 120 - Temp 102 -
"	22	Discharge much as yesterday
"	25	He is doing pretty well
July	8	He is doing very well. Stump healing
	14	He is doing very well.
Aug	4	He is now very well both wound stump healed
"	19	Left leg up in bed - in fact he is well. Stump has healed
"	24	A small abscession wound formed in the thigh through a sinus - but for this the stump is quite healed. The wound on the right leg is also cicatrized Discharged a few days later



Month.	Date.	Particulars of Case.
		<i>Perineal Section and from page 163</i>
July	20	The wound still discharges a few drops of urine - & there is still some intermittent discharge. But he is himself in the hospital - The full sized Bismarck is kept daily
	21	Said for a small dressing in passing the perineal opening. He is finally improving - Suppuration has too long been -
Aug	4	He has had intermittent fever. The wound is healed - any to enter S.E. wound - The wound looks well
"	10	He is improving in general health. The wound is healing. The urinary discharge has ceased.
"	19	Wound nearly healed. but still a woman in the ward. He has been taking Phosphate of soda. He has been taking the diluted mineral acid.
		He left the Hospital cured when discharged.



Bricux Beau, a French seaman, aged 20 years  
was admitted into the Medical College  
Hospital on 28<sup>th</sup> December 1865. Says that  
while lifting up a spar on board the ship,  
about a month ago, he perceived a swelling  
in the right Inguinal region, attended with  
pain. Has never had experience of similar  
swelling and pain in that region before.  
He was operated on the 1<sup>st</sup> January 1866. for the  
radical cure of hernia. Free suppuration  
taking place, the plug was removed on the  
morning of the 4<sup>th</sup> instant. Has had no fever -  
After the operation and is now doing very  
well.

10<sup>th</sup> Jan 1866.

Doval Lippelose  
Drs



Month.	Date.	Particulars of Case.
		2 <sup>d</sup> Case of amput. leg Railway accident.
June	14	<p>Bottom Chinaman Doff. aged 24. a healthy young Burmese Hindu family. Burmese of Takongachia - was admitted on the 14 June /65 at 11 am with a compound fracture of the middle bone of left foot - which was almost completely crushed by and lacerated by the wheel of a Railway carriage. The left hand was also injured. The metacarpal bone of the little finger being crushed -</p> <p>Amput. of leg at lower third. by rectilinear flaps &amp; of the little finger &amp; metatarsal bone were performed the same day. The wounds as in the other case were much stretched &amp; torn out of their sheaths. It was therefore not possible to attempt to save the foot - - feeling when informed of a large vessel near -</p>
-	21	<p>He has had some pain &amp; pressure on the stump extending up the leg. but is improving. 120 - June 102</p> <p>24 June have all come along</p>



Month.	Date.	Particulars of Case.
		Close amp. leg:
June	22.	Purp. suppuration. Some sloughs came off today from within the flaps. I saw a portion of the end of the bone is exposed.
	23	Wound, pulse 120 - Discharge clean -
	24	Discharge very profuse and bulging up the leg. An ulcerated spot has formed in part of the end of the bone & that can be seen denuded - He ate food & drink - He has some good diet & wine -
	25	He is better today, less pain. Pulse 120 but soft. Discharge less profuse.
	26	Much the same. Pulse 120 - but soft - Discharge profuse - I saw him with another woman procure of him
	27	Much the same, made a second counter incision opening in the leg.
	28	No worse but suppuration still very profuse
P-207	30	He had a violent fever the night of 28 & 29 I saw him today - he has some R.V. - 4 grains. I heard of some



Month.	Date.	Particulars of Case.
		<i>Hammond of Alberta</i>
June	19	D. Portridge dissected on a large apt. full of clear fluid from the white matter of a healthy looking testis removed.
3 years growth.		Remained good - 35 years. It was as large as a small melon. and then returned clear fluid. Remained at the bottom of the testis and was removed. It filled the testis. - One was kept to the testis.
	21	in, left.
	24	He saw the very first. suppuration. In fact -
July	2	Very well - wound healing.
	5	Very well - Subcutaneous.
	20	Very well. wound will not heal.
	28	He is taking up the wound in cicatrized - He is in good health. He was unchanged quite well shortly after.



Month.	Date.	Particulars of Case.
		<p><i>Hydrocele of the testis</i></p> <p>June 19 A young Bachelor presented himself with a tumour nearly filling the space of the scrotum (I think left leg) It was tense &amp; fluctuating, but there was no pulsation. It came of itself some months ago causes pain, lameness &amp; weakness. Introduced a horned needle and a quantity of clear straw fluid - recommended a blister, a some string &amp; drain the applied. The puncture healed soon, and I did not see him again.</p>



C. Annoset aged 60 years was admitted  
at 7 P.M. on the 25<sup>th</sup> Feb. with a strangulated  
inguinal hernia - Stated that he has got  
a reducible inguinal hernia for the last  
8 or 9 years - Did not notice at first how  
& when it came down - It used to descend  
on standing & coughing & go up when squeezed  
upward - Once during the whole time it  
was slightly strangulated (incarcerated) so  
that it remained on the scrotum from  
12 a.m. to 6 a.m. next morning when it  
was reduced itself - This is the third time  
that it has come down & he is unable to  
push it upwards - It descended at 8 P.M.  
on the day of admission - The hernial  
tumor was a small one, there was no  
constitutional disturbance & not much  
pain - Taxis tried but not successful.

The whole night & the next day the patient  
was strictly watched when at evening the symptoms  
supervened - He was operated at 9 P.M.  
on the 26<sup>th</sup> Feb.



Month.

Date.

Particulars of Case.

Hæmorrhoidal Prolapse

June 19 A young Bengallee presented himself with a tumour nearly filling the space of one (I think left leg) It was tense & fluctuating, but there was no pulsation. It came of itself some months ago causes pain & uneasiness. I introduced a hooked needle and a quantity of clear flaky fluid - recommended abstinence & some strong & warm the applied. The puncture healed in a few days I did not see him again -



Month.	Date.	Particulars of Case.
		<u>Ligation of Femoral Artery. Elephantiasis</u>
June	22	At Dr. Favocis (Superintendent & Surgeon of the Alipore Jail.) I today, assisted by Prof. Pastore, placed a ligature on the right femoral artery about 4 inches below Poupart's lig.
Born		in the case of a woman named Robin Hagarah aged 45 years - a small
Hoochly		but otherwise healthy looking man
Chate		He has frequent attacks of Elephantiasis
Mozza.		and the leg is in a hopeless
Hindoo		affected condition from a troublesome
Shop-keeper		He asks to have the limb amputated
In Jail		He has sought other treatment
employed		but he is now in pain - he therefore
in Press		the opportunity a good one for the
Date of Enlistment		Operation - The leg below the
31 Oct - 1881		knee only and the foot unaffected
admitted to Hospital		the following are the measurements
21 June 1885		before the operation - The leg is
		from 18 to 20 inches - The thigh is
		20 inches - & the knee 18 inches -
		He has a considerable deposit of
		fat in the subcutaneous cellular

Handwritten notes in the left margin:  
 Handwritten notes  
 before the  
 Elephantiasis



Month.

Date.

Particulars of Case.

Ligature of Femoral Artery. Sepsis.

born with a slight man. He has  
suffered from Sepsis for 7 years  
in the last 2 years. At Birmingham  
2 1861

William Scott was  
July 1865 into this  
inflammation about  
left ankle of three  
inflammation came  
the part affected was  
was injured. There  
~~some~~ diffuse redness  
it was very painful  
it fluctuated in size  
On the morning of the  
was made near the  
tibial muscle, but  
A big poultice was  
on the 21<sup>st</sup> the incision  
whereupon some the  
from the sheath of the  
muscle.

...the piece of the  
Femoral vein - which was up - but  
or dark looking as I expected



## Radical Cure of Inguinal Hernia.

The following method of Operating for the cure of Inguinal hernia I have found to be more simple and successful than ~~any~~ <sup>that</sup> I have hitherto practiced. It ~~has~~ <sup>has</sup> also, so far, ~~been~~ <sup>been</sup> unattended with any dangerous ~~consequences~~ <sup>consequences</sup> and tho it has failed, in some cases, to give complete relief, it has improved the patient's condition enabling him to control the hernia some times by the aid of a truss. It appears to have also, ~~the~~ in addition to simplicity, the advantage of not requiring the patient <sup>to</sup> ~~stay~~ long in his bed. The treatment seldom extends beyond a month or 5 weeks and the latter part of that



not receiving any important  
The only disagreeable result that  
I have observed, and that  
only on one or two cases, was  
Inflammation extending towards  
the throat between the abdomi-  
nal muscles. Giving rise to  
irritative fever, and exhausting  
discharge. but this has not  
interrupted life & quickly  
subsided as the counter  
incisions being made to free  
it to the pus -

Shuffling of the integument  
as the seat of the operation  
occurs beyond the death  
a minute portion of ~~the~~ <sup>it</sup>



Where the ligaments are tied.  
and in no case have I seen  
patients to a dangerous  
extent, nor has hemorrhage  
~~in any case~~ occurred. It is  
difficult to understand how  
the Spigature artery <sup>always</sup> escapes.

The object of the operation is,  
as in the other method, to in-  
sert a portion of the  
intestine of the Scrotum  
into the Inguinal Canal and  
secure it there. But I must  
state my impression that the  
success of the operation does  
not depend so much on the  
retention of the incarcerated  
Scrotum within the canal



as in the formation there of  
a quantity of endothelium &  
cicatrix tissue in that situation  
I have frequently remarked  
that the success of the case did  
not depend on the incision  
removing in the canal, for  
I have seen successful results  
when the incision had  
completely healed - & I  
have also seen the converse  
often. My impression of the  
operation is that it is not  
very often successful, but  
not infrequently the cause  
and that we are unable  
to speak so positively as to  
the result: as we are in  
other operations, & much



depending on the accident of  
how the undation may be  
formed not in a short undation  
and the circulation <sup>may</sup> hold form.  
The chief element of success  
appears to me to be in introducing  
the plug well into the canal  
the end of it pressing against  
the internal ring - Much  
also depends on subsequent  
creeping, and care on the  
part of the patient; not by  
any premature effort or  
over exertion to force ~~it down~~  
~~again~~ the instrument which  
the proper cicatrization  
is a ~~disincomple~~ -



The instrument with which  
Spouts are made in the time  
of the wood about 6 inches  
in length. rounded ~~and~~ at  
the end and lengthways.  
in circumference about  
equal to a man's thumb.  
It may be made of any wood  
strong is perhaps the best but  
any wood will answer the  
purpose. At the puncturing  
end it is pierced ~~slightly~~  
obliquely & threaded with a  
small & strong rill, the  
strongest kind of lignum  
rill will answer the purpose



These ligatures before being used  
should be well waxed -

A needle made of strong & stiff  
copper and inserted into a  
handle, with an eye at the  
point - through which the  
ligatures in the plug handle  
be shaped - The curve of the  
needle amounts to about half  
a circle - In addition to this  
a small piece of hard wood  
rounded ~~and~~ about 1 1/2 inch  
in length, and 3/4 of an inch  
in diameter is inserted to the  
ligatures, when the  
operation is about being completed



The mode of operation is as follows -  
The patient is prepared by having  
the bowels opened the night  
before - The perineal section  
is made, & the bladder emptied.  
For the purpose the operation  
which may be performed under  
chloroform if the patient  
is afraid of the pain.

The fore finger of the left hand is  
then introduced within the  
external abdominal ring.  
pushing up the ~~cost~~ <sup>cost</sup> ~~is~~ <sup>is</sup> ~~very~~  
- motion of the scrotum -  
having pushed it as far into  
the canal as possible



The needle is threaded with  
neither silk ligatures, and  
being held in the surgeon's  
right hand is gradually in-  
sinated along the palmar  
aspect of the left forefinger  
until it reaches the extreme  
end of the incision. It  
is then pushed boldly through  
the tissues lying over the finger  
and comes out very far from  
the <sup>a little below</sup> a line extending from  
the ant. sup. process of the  
thumb to the other - The needle  
<sup>that brought</sup> is unthreaded and withdrawn  
again threaded with the



Second ligation the process  
is repeated. taking care to  
make the 2<sup>d</sup> ligation through  
the tissues subsute at  
the same point as the first -  
~~the~~ Subjoining ~~the~~ the  
ligatures not at the same  
position as the independent  
There is rarely effected by  
drawing the yielding integument  
over the point of the needle  
until it comes at the  
normal point of exit =

The needle is again withdrawn  
and now the plug is



dismounted with the placename  
the paper was and is tied  
tightly in the center of the  
two ligatures being firmly  
knitted over the small piece  
of wood described in the  
purpose - The plug, it is to  
be observed should be well  
oiled and ~~well~~ introduced  
in the left prepuce is  
with the same -

Most lately I have the habit  
of using a various sized plug  
fitted to the size of the abdominal  
ring in each particular case  
but I find this is better



necessary, and now I see  
but one play, which I have  
described. The object being  
to make & support the <sup>unwounded</sup>  
wound the <sup>unwounded</sup> of the  
canal - and to keep  
any lateral pressure -

The subsequent treatment  
is equally simple - when  
the inflammation makes its  
appearance either by the hole  
of the plug, or at the point  
where the ligament are tied  
the plug should be withdrawn  
The inflammation is then supplied



So had, after the opening  
away the discharge & deepening  
the tumor with simple dressing,  
and a Specie bandage,  
the patient kept completely  
in the recumbent posture.  
The bowels did not act for  
several days after the opening,  
and the patient thought  
he would by violent straining  
if they should be so - an  
Operate is desirable after  
the Abscess is transparent  
the patient - when to measure  
the action of the bowels



It frequently happens that  
there is retention of urine  
this - is evidently punctured  
or if necessary. The catheter,  
abdominal tenderness  
requires but punctation.  
and if any inflammation  
of peritonitis present itself  
present to be done of this  
but this in my experience  
is extremely rare -

In ordinary cases. The wound  
heals rapidly and all that  
is needed is careful dressing  
to prevent entrance of the bacteria



The patient should not walk  
until the wounds are nearly  
closed - and then only with a very  
loose pad and bandage -  
When the wounds have completely  
closed, a dress should be worn  
and it should not be left off  
for some months when she has learned  
that cicatrization is complete  
& the tissues well firm.



Radicalism  
of human  
nature



William Scott was admitted on the 17<sup>th</sup> of July 1865 into this Hospital, with an inflammation about the inner side of the left ankle of three days standing. The inflammation came on suddenly of itself. The part affected was not bruised or otherwise injured. There was on admission ~~some~~ diffused redness about the joint: it was very painful on pressure, and it fluctuated indistinctly under the fingers. On the morning of the 19<sup>th</sup> July an incision was made near the tendon of the posterior tibial muscle, but no pus flowed out. A big poultice was applied to the leg, and on the 21<sup>st</sup> the incision was extended, whereupon some thick pus flowed out from the sheath of the posterior tibial muscle.

Percy Anst. Bass  
Dresser 1<sup>st</sup> Surgeon's  
Ward.



body hot. bowels moved twice. left upper eyelid was swollen. a small swelling was perceptible a little in front of the wound.

On the 12<sup>th</sup> the eyelid was much swollen, in fact it prevented her from opening that eye. had a shivering fit in the morning. was quite conscious and answered questions rationally. fluctuation being felt in the swelling on the head an incision was made and a collection of matter let out. Then on extending the former crucial incision a little of the bone underneath about half a rupee in size was found denuded & in the centre of this denuded portion there was a depressed fracture involving only the outer table of the bone. A piece of bone was trephined when some, thick pus that had collected between the bone and the dura mater gushed out. The cancellous tissue of the bone was also infiltrated with pus.



Memo.

The patient named Goura a Hindu female 10 years old was admitted into the Hospital on the 21<sup>st</sup> of August 1865. 9.30. P.M. for a fall from the roof of a two-storied house producing Colles' fracture of both forearms, a confused wound about an inch in length in the scalp near the left parietal eminence and a few abrasions on the face. The fractured bones were set and put on splints, the wound of the scalp dressed with water dressing, the abrasions dressed with white of Egg. She was also ordered a soothing draught of Tincture of Hyoscinum and Camphor water. On the day following she became a little feverish. She was ordered fever mixture & next day she was quite free from fever. Things went on nicely, the wound of the scalp was progressing when all of a sudden, on the 3<sup>rd</sup> of September she had an exacerbation of fever and on the next day the wound of the head became inflamed, consequently the fever mixture was resumed after clearing out the bowels by castor oil - on the 5<sup>th</sup> there was an intermission of only a couple



of hours after which the fever came on again with much shivering. On the 6<sup>th</sup> the fever continuing unabated cold was applied to the head and a powder of Pulv. antimony Co. - Gr. v. Hydrag. c. creta Gr. and Sod & Carb. Gr. v. was ordered every 4 hours. There was some discharge from the head - appetite impaired - complained of headache - but she was not drowsy.

On the 7<sup>th</sup> the powders were stopped, she having had 5 or 6 stools. and a mixture of Nitric ether and decoction of Cinchona was ordered every 4 hours rather to appease the mother's solicitations than from any expectation of actual benefit to be derived from it.

On the morning of the 8<sup>th</sup> a crucial incision was made in the former wound down to the bone - during the day she had shivering twice but was quite sensible.

On the 9<sup>th</sup> she had a shivering fit at 3 p.m. her pulse became full and bounding and quick - became drowsy and talked deliriously - had 2 stools - took her food badly.

On the 10<sup>th</sup> - Had a shivering fit in the morning - much discharge from the wound -

It is looking inflamed - Nitrate of Silver lotion applied round the wound -

On the 11<sup>th</sup> she was not quite conscious -



body hot. bowels moved twice. left upper eyelid was swollen. a small swelling was perceptible a little in front of the wound.

On the 12<sup>th</sup> the eyelid was much swollen, in fact it prevented her from opening that eye. had a shivering fit in the morning. was quite conscious and answered questions rationally. fluctuation being felt in the swelling on the head an incision was made and a collection of matter let out. Then on extending the former crucial incision a little of the bone underneath about half a rupee in size was found denuded & in the centre of this denuded portion there was a depressed fracture involving only the outer table of the bone. A piece of bone was trephined when some thick pus that had collected between the bone and the dura mater gushed out. The cancellous tissue of the bone was also infiltrated with pus.



Month.

Date.

Particulars of Case.

Ligation of Femoral artery. Elephantiasis.

Wm. C. W. a short man. He has  
suffered from Elephantiasis for 7 years  
is a native & resident of Birmingham  
and is a Prisoner for 5 years since 1861  
and half. He - <sup>Consequently</sup> <sup>substance of skin without any</sup> <sup>calves</sup>  
he placed him under chloroform  
and I operated as follows - an incision  
beginning about 2 1/2 inches below  
P. Lig. just where the Femoral heat  
ceased the felt. This continued  
down for 2 1/2 inches or 3 inches to the  
base of the inner margin of the  
Sartorius - Just divided the skin  
Sartorius, fat - next the femur  
in a direction - a small vessel which  
bleed freely but soon ceased to flow.  
The edge of the Sartorius being spread  
I drew it outwards & the inner  
edge of the wound in the opposite direction  
with strong spatulae & exposed the  
Orbital of the vessels - This I carefully  
divided over the artery with a sharp  
scalpel - then passing the edge of the  
Femoral vein - which rose up - but  
in dark looking as I expected



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

Ligation of Internal Hemorrhoids.

I carefully introduced the point of the ligation needle between the two - and having drawn the silk through knotted it firmly - There was no pain any little bleeding and the edge of the wound was brought to follow with ~~the~~ blue wires. In place of that placed over the wound - an allony hemorrhoid for the length of the post-space operated side - 96 - inner side 97 - outer - 97 - The wound was then washed in cotton in formal bandage & he was raised first - a mile per hour - The operation was over at 1 1/2 P.M. 22<sup>nd</sup> June

7 P.M. He is the same person - The 22<sup>nd</sup> June he is a little tender <sup>98</sup>. It was about 8<sup>th</sup> before the operation. He operated by feel much warmer on the surface than the skin. He complains of numbness & pain in the area



Month.

Date.

Particulars of Case

Signature of Ferns (Lephantiasis)

June 23<sup>rd</sup> In and out in a state of rest.  
Plenty of bulk. water of drink.

" 23

7 PM

He seems to be doing very well.

the of the limbs, the  
and the acilla are  
nausea & vomiting -  
fever, hives, skin.  
The hands & arms  
more than 1/2 an inch  
inches in circumference  
is good well - the  
the bottom -

The man's health is good, but  
he is not in such good  
condition as when he left  
hospital. This can easily be  
accounted for:

Yours sincerely

J. Lawrence.

He is not very much  
matted in appearance  
- face. He is in a  
of the mind looks  
self-mistrusting, and seems  
of himself to that kind

-

25

Drugs well. No fever. Pulse small. Temp.  
97° - Cephalic still more - was  
much troubled in the night by some  
burning pain in some of the limbs.  
In all respects the  
better well - at 11 PM



Month.

Date.

Particulars of Case.

Signature of Fernora (Lephantiasis)

June 23<sup>d</sup> - In and in an opiate gentle.  
Plenty of milk. water of milk.

" 23  
7 PM

He seems to be doing very well.  
The temperature of the limbs, the  
Sond and the areola are  
all 99° (The mammae are not) -  
He has had no fever, no pain.  
The port and leg have shrunk  
greatly. Port more than 1/2 an inch  
by about 2 inches in circumference.  
He has taken his food well - Drk  
off some of the cotton -

6 PM 24 - Ther: 98 - all over - Port & leg much  
shrunk & shrunk in appearance  
pinkness, in face. He is in very  
very, very well. The wound looks  
particularly well - nothing to do  
apply the cotton of flannel to the limbs

25 - Doing well. no fever. Pulse small. Ther:  
97° - Leg shrunk still more - was  
much troubled in the night by some  
burning pain in some of the limbs.  
In all respects the  
Porter well - apply to the wound



Alipon Nov 9<sup>th</sup> 1865

My dear Fayrer,

I have just been questioning  
the man whose artery you  
tied. He says the fever comes  
on as frequently, but not so  
severely, nor does it last so  
long as formerly; he also

Y



says that the pain in the  
leg which always comes on  
before the fever has changed  
its position from the thigh  
to below the knee since the  
operation. The leg appears  
to me somewhat less than  
before the operation, but the  
difference is scarcely perceptible.

K



The man's health is good, but  
he is not in such good  
condition as when he left  
hospital. This can rarely be  
accounted for:-

Yours sincerely,  
Jy  
J. Fawcett.

→



Month.	Date.	Particulars of Case.
		Ligation of Femoral Artery. Elephantiasis.
June	26	He looks well. No fever. Her 97 ly still diminishing - temperature natural. His powerful at times along the inner aspect. The wound, he says, is painful, but it looks perfectly well - slight discharge from about the ligature, but the rest of the wound is healed -
"	27	Doing well. Still lachrym in the leg. There is still swelling round the wound. slight suppuration along the ligature. The foot is a little oedematous - not much diminution in size since yesterday. No fever pulse quiet. Therm 97° - 98° Soft & sleeps well
"	28	He is doing very well. Look at the distances. The wound has healed up the ligature - Foot has diminished since yesterday much - Her 97° - He feels well - looks well in all respects
	29	He is much as he was yesterday The foot perhaps slightly oedematous

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Month.

Date.

Particulars of Case.

Leticia (Lithomy) is a child.

June 24 Henry Huntington. from Brazil - aged  
 1 Year 8 months - has had 12 months  
 of stone for 8 months - irritable bladder  
 Urinated frequently & constantly dribbling  
 He is a delicate child & has during  
 the last month had been so much  
 worse than her former condition  
 to the Hospital. Dr. Bridport  
 and Dr. Spence - and the treatment  
 is not in any good health - the  
 medicine & steam are unavailing.  
 It is the child's own response  
 much constituted not at all  
 might be best to attempt urine  
 by running the stone - Dr. Parker  
 Dr. Bridport.

Calculus, Imp.  
 pore were acid  
 coated with  
 phosphates.



254  
 Rains

On May June 24, I removed it under  
 Dr. G. Thelater of me in  
 on May in an all hand opening in  
 the prostate re-usable. The calculus  
 was 254 from in weight -  
 irregular & covered with a coating  
 of phosphates - Some was very  
 white from have since the  
 fracture which the child has well  
 Dr. Bridport & Dr. Parker  
 the staff



Month.	Date.	Particulars of Case.
		Lataal Withotony in a Chief, English.
June	25 <sup>th</sup> 8 <sup>1/2</sup> P.M.	Letter from Dr Bird saying that he is very well. "He is bright - and has passed some water by the urethra. namely the urine - he had been previously long retained & appeared to be doing well."
"	26	I received this report today from Dr Bird. "The little patient continues to do well. no fever this morning. He has passed a good night."
"	27	No report today up to 7 <sup>1/2</sup> P.M.
"	28	This report today from Dr Bird. "The little man goes on well. He has had no fever since I wrote last - His stomach continues to move but with little help so than before." I suggested in my report of 2 P.M. that it is at the time -
"	29	No report today -
"	30	No report today -
July	1	No report today.



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## CASE BOOK.

198

Month.

Date.

Particulars of Case.

Lateral lithotomy in an English child

July

2<sup>d</sup>

Report from Dr Bird - "The little man is doing excellently well. and unless something very unusual turns up the case will prove a very successful one. He makes water (naturally) much less seldom his appetite is good. The wound looks healthy & he is happy."

6 No report - Since the 2<sup>d</sup> I conclude he is doing well -

8 Report from Dr Bird today. The little fellow is doing well. The water has ceased to pass through the wound. He is in good health & spirits and is fairly convalescent.

13 Report from Dr Bird today telling me that since the third day after the operation the urine has been flowing freely through the urethra but he does not say whether the wound is yet closed - The child appears to have done well in all respects remarkably well - He came to see. Wound healed him excellent health. I should send him

He returns with the same Dr. Bird.

18.



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CASE BOOK.

199

Month.	Date.	Particulars of Case.
		Permeal Section
Aug	15	He is dug well now. but has had some small last report & some days ago I had him a small retention of the upper part of the - He has also another commence of permeal and has written within the same paper but - No 9 can be seen in the case. The wind is probably closing.
Sept	3	Work closed - a new set - small health improved. Dr. changed - some alacant







Month.	Date.	Particulars of Case.
Signature of General Artery. H. H. Montague		
June	30	He is doing very well. Pulse met- storic. Temperature by nature and it somewhat increased in size since yesterday - The ligature is still firm. He says he is free from pain in the leg, and that in all respects he feels well -
July	1.	Could not be better. The leg still aching and is wrinkled, and pain in the rif. before the bandage is reapplied - The ligature is still firm -
"	2	Steadily improving. Ligature still firm. It has made a good hole in the leg. The rest of the wound healed - Leg still slightly ac- -ching - Rubbed it again with oil. In every way he is well
"	3	Doing well. The leg still aching Ligature still firm - When pulled it gives pain in the knee and inner side of the leg -
"	4	Does not the same. Ligature still firm. Made him try to walk a little -

Thermometer has  
been wrapping  
some my dress



Month.

Date.

Particulars of Case.

Ligation of Femoral Artery. Hemorrhage

July

5

He is doing very well. The ligation is still firm. Made him walk again a little to-day. his leg is very weak & painful yet - but his mind is much diminished in size.

u

6

It is a bright to-day since the operation. The ligation is still firm. The leg is healed all round it - Leg still slightly decomposing. The general health has gained flesh. He was made to walk a little but the leg is rather weak.

u

8

I did not see him yesterday. He is now very well to-day. Made him walk about the room. The leg is healed & still he requires support. He has a voracious appetite & excellent health - He is much stronger than he was before the operation. Let him have the leg and foot rubbed with Iodine & head anointed.

u

9

Doing very well - walks about more easily. He keeps about the same size, sometimes a little larger sometimes smaller. - Signature  
J. H. Smith M.D. Made the first band round



Month. Date. Particulars of Case.

*Ligature of Femoral Artery, Elephantiasis.*

July 10<sup>th</sup> He is very well, & after muzzling the leg around the tumor. The ligature was in place & the tumor is healed close round it.

The following is the gradual change in the shape & size of the leg since the day of operation.

Date	A	B	C	Remarks
June 22	Inches 10 $\frac{1}{2}$	12 $\frac{1}{2}$	64.	
" 24	10 $\frac{3}{8}$	11 $\frac{1}{8}$	13 $\frac{1}{4}$	
" 25	9 $\frac{3}{4}$	11 $\frac{1}{8}$	12 $\frac{3}{4}$	
" 26	9 $\frac{5}{8}$	10 $\frac{3}{4}$	12 $\frac{5}{8}$	
" 27	9 $\frac{3}{4}$	11	12 $\frac{5}{8}$	
" 28	9 $\frac{1}{2}$	10 $\frac{3}{4}$	12 $\frac{5}{8}$	
" 29	9 $\frac{3}{4}$	11	12 $\frac{5}{8}$	
" 30	9 $\frac{3}{8}$	10 $\frac{3}{4}$	11 $\frac{7}{8}$	
July 1	9 $\frac{3}{8}$	10 $\frac{3}{8}$	11 $\frac{5}{8}$	
" 2	9 $\frac{3}{8}$	10 $\frac{1}{8}$	11 $\frac{5}{8}$	
" 3	9 $\frac{1}{8}$	10 $\frac{1}{4}$	11 $\frac{3}{4}$	
" 4	9 $\frac{3}{4}$	10 $\frac{5}{8}$	12 $\frac{1}{4}$	By tape in the night
" 5	10.	10.	11 $\frac{3}{4}$	
" 6	9 $\frac{1}{4}$	10.	11 $\frac{5}{8}$	
" 7	9 $\frac{3}{8}$	10 $\frac{9}{8}$	11 $\frac{5}{8}$	
" 8	9 $\frac{5}{8}$	10 $\frac{1}{2}$	11 $\frac{1}{2}$	
" 9	9 $\frac{5}{8}$	10 $\frac{1}{4}$	11 $\frac{3}{4}$	
" 10	9 $\frac{1}{2}$	10 $\frac{1}{4}$	11 $\frac{3}{4}$	

Intake & excretion in 19 days from the operation.

A. <sup>Inches</sup> 1 -  $\frac{1}{8}$

B = 2 -  $\frac{1}{4}$

C = 2 -  $\frac{1}{4}$

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" 11 Much the same as before still open



Month.

Date.

Particulars of Case.

*Polypus Nasal Death.*

June 21

about 1916  
14 years

A Boyatti lad named Begkumtoma Doy  
aged 19 years admitted at the 21<sup>st</sup> of  
June with symptoms of a large  
polypus in right nostril of 14 years  
standing. He had been an out-patient  
the W.S. had attempted to remove  
the polypus but it bled so mu-  
chly & he understood that he lost  
it & he and a friend came later  
and brought up to me. - He said  
looked healthy & the throat & the  
nose - The right side of the  
nose was distended & protruding  
in face - The polypus was in  
leathery substance in the left  
I removed it in the ordinary  
way with the probe & it resulted  
in the most extraordinary bleeding  
much like the polypus a curved  
artery than anything else.

Patent  
discharge

I injected (cephalon) I injected  
& observed the result & that no



Month.	Date.	Particulars of Case.
June		<p><i>Polyposus Nasii. Death.</i></p> <p>2nd great loss of blood issued he remained  in the bed &amp; there was no return of  menstruation. The play was continued  on the 8<sup>th</sup> day. <sup>June</sup> There was no crying  but nothing more - He began  to have some to vomit -  not long. The face swelled and  a frothy matter issued from the  mouth. - It was mixed with  strawberries and strawberries  &amp; I have administered - He became  bored with the sun - on the  27<sup>th</sup> he had a fit something like  inspiration. The H. S. applied  mustard powder &amp; poultice to the  throat - with the largest diet - he had  he found the work of the stroke  &amp; found no respiration.  28 I saw him the喘咳 still  &amp; I saw the pain with the  breast. Found the blood</p>



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## CASE BOOK.

206

Month.	Date.	Particulars of Case.
		<i>Polypus Nose. Death</i>
June	18	and a wife kept for some months in this way I find him as good as mad as it was reported here that he had died madly - The health has been very intense & insolation and many spec- ies present. I cannot help attributing the death in some first others - the true cause is very clear - It is improbable that a man should die from the immediate cause of any death - The true is marked as being used in the of medicine than as by you. It is also improbable that the man should may have attended to the contents of the cranium - However it is a case to be in mind with reference to the removal of polypus - The history of the former kind. but only apparently successful
June	22	an eye damp.



Month.	Date.	Particulars of Case.
		Amputation of leg and part of hand
July	1	He seems better this morning. He has discharge left. - I have recommended that he should be taken to Banuelope for change of air -
"	2	He looks very well. I suppose his purpose. He went over the tuba he quite over way - a great many sent in the and stop. He and he looks well. He is in good health.
"	3	He is much as yesterday
"	5	He is rather better
"	8	He is better today - hand looks well and the leg also looks better. The wound is closed for about 2 inches
"	12	He is improving
"	14	He is now doing very well hand nearly healed.
"	16	Doing well. but I fear a bit of the end of the leg will require
"	20	Doing well. but I think
Aug	4	Part of the leg is healing but the the wound is well



Month.	Date.	Amputation of Right - Lower third of - <small>Particulars of Case.</small>
July 1.	1.	<p> <i>Mrs Kellett - aged 45 - admitted in the</i>  <i>house - She called out of a window</i>  <i>in the night in mistake &amp; the fall</i>  <i>fractured a violent injury to the head</i>  <i>of the left foot - on June 30 "Symptoms</i>  <i>of gangrene set in - This may prove the</i>  <i>cause of the a rapid pulse - rather</i>  <i>continuous. My tongue - by some</i>  <i>kind of anophthalmia. Gangrene of foot</i>  <i>complete &amp; white of a rapidly spreading</i>  <i>from Dr P's case - Amputation.</i>  <i>Immediate amputation was decided on</i>  <i>on the 1st of June - She was - putting</i>  <i>on her the amount of what her husband Capt</i>  <i>of a ship - who had not been home for</i>  <i>for two days - all the last time -</i>  <i>She had 3 children home. They have</i>  <i>understood a few days ago. In the</i>  <i>evening she had had much anxiety.</i>  <i>Dr P - proposed amputation of the</i>  <i>lower third of - (She said only -) as the</i>  <i>lower third of - I suppose was in the</i>  <i>the head - I should have supposed</i>  <i>that it with silver wire -</i>  <i>She has the operation well</i> </p>



Month.	Date.	Particulars of Case.
		<i>Amputation of Thigh.</i>
July	2.	The hamoface. but the lobulation and aneurism, and the pulsation not and feeling over 120 - Sis not deep to day - The white. invisible & complains of little or no pain. Did not sleep well last night -
"	3	Surgery returned in the stump and she died about 4 am. Scurvy in the face death. has trouble in the head part of the time



Month.

Date.

Particulars of Case.

Acillary tumor

July 5 - Mrs nursing a healthy fosterling  
 age 2 1/2 son of Madame Dan Clapier the  
 nursing started himself with a tumor  
 she felt at the left axilla lying under the  
 Chamisso fold of the pet: major & also  
 under the edge of the scapula.  
 The tumor was insinuated  
 firm & elastic felt like a  
 little nodule cystic front.  
 It is 1/2 inch in diameter  
 he says - and at times is  
 very painful. It is not  
 increasing. Mrs. is  
 of my other disease & he  
 cannot trace it to accident  
 or injury -

Examined it with forceps  
 made a deep phloidal flut  
 I determined to remove it.  
 Spent time in the phloidal  
 making a long incision by  
 the edge of the pet: major.  
 I exposed the tumor  
 partly by dissecting head  
 by tearing I removed a cluster



Month.	Date.	Particulars of Case.
		acillay <del>Drum</del>
July	5	<p>of transverse glandular          furrows. 3 or 40 in number          in the ring of a large walnut-like          the acilla under the furrows          under the claudet &amp; inflex          the neck. Small round          are divided into 2 when          the whole was removed the          acillay &amp; subcapular          were well preserved. The          acilla being complete of the          section of the - before the          open a transverse line          are much broad - The whole          mounted.</p> <p>The Clavus of the throat          being the same as found          of 14 ounces. The transverse          was under the oral and          round. The subcapular gland</p>



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Month.	Date.	Particulars of Case.
		Admission
	5	And when cut into looked like Gland - which on dubbing was
	6	He is very well. no bleeding - some spins - no power
	9	He is very well no power - there is a thin mucus oozing from the wound.
	10	The lips are all come away today - there is a thin discharge & he has had slight power. but in the whole is very well. I observe that the pulse in the wrist of the affected side is less than half the calibre of that on the other side
	12	Discharge healthy. He has no power and very well.
	14	Wound is healing rapidly - no discharge he is very well
		Discharge healthy. wound healing
	18	Discharge healthy
	20	He has had dyspnoea, & the chest is much more than - no power

with application of Argent: Subst to the surface - He is better  
but more discharges - there have been more of the same, and the  
discharge is very healthy



Month.	Date.	Particulars of Case.
		Hand lip
July	5 <sup>th</sup>	Demonstrated Kang. and 17 Years a Tombooy. Inspectum. admitted with hand lip of lip and general with purpura interst. and dark spots. The incisor teeth also twisted laterally and purpura. Removed the root purpura tooth and the incisor incisor under the lip and the interst pared the edge, and the of horse hair interst
	6	He is doing well. The wound interst. and the wound 
	8	He is doing well. wound interst.
	10	Took out the horse hair. and removed the interst. The wound is doing well
	13	Doing well in all respects
	4 <sup>th</sup>	Discharged cured



Month.

Date.

Particulars of Case.

*Lightning Journal*

- July 12 The foot seems much smaller today  
 made by measurement it is 1/2 an  
 inch smaller. - It is shrunken.  
 He walks well now without a stick  
 says he feels much better the leg  
 much lighter. The lightning is  
 still quite firm -
- " 13 Did not see him today -
- " 14 He is doing well. The lightning came  
 away today with a tolerably strong  
 puff. The leg & foot are still  
 smaller than they were, and he  
 walks with scarcely any lameness.  
 He is indeed much improved.  
 The reaper himself for most  
 part -
- " 15 Doing well. The bull opening for  
 the lightning is already contracting. -

Date	A	B	C	Remarks
July 11	9 3/8	10	11 7/8	
" 12	9 1/4	10 3/8	12 1/4	
" 13	9 1/8	10 5/8	11 3/4	
" 14	9	9 3/4	12	
" 15	8 7/8	9 5/8	12	



Month.	Date.	Particulars of Case.
		Ligature of the Femoral Artery
July	16	He is doing well. The legharlem bandage with an ordinary Colles bandage & the swelling is still apparently abating. The wound left where the ligature came away is nearly healed.
"	18	I saw him yesterday with Mr D. N. He is doing as well as ever. Did not see him today.
"	20	He is doing well. The bandage has been tight and he has been walking a good deal. The legs swelled in consequence a little. The wound has healed all but a small point - He is incapable of getting from his place - a pain in the leg to walk perfectly. He still has a little pain in the point that turned down the inner side of the thigh to the knee.
"	22	He is doing well. Wound quite healed by a little incision made since he has walked about so much.



Month.	Date.	Particulars of Case.
July 12		<p><i>Amputation of the upper third of Scapula</i></p> <p>On the morning of July 12<sup>th</sup> at about 7 o'clock a Lascar named Wazood-deen aged 26 years - a healthy looking young man, <sup>26</sup> about <del>30 or 35</del> years of age, was admitted - On the morning of the 11<sup>th</sup> at about 6 or 7 AM. he was aboard the and the steamer was in tow of a large sailing hawser being manfully to assist Couplet his vessel and made it to pieces. The crew much &amp; intently here &amp; need to a help - but still adhered to the crew - The Carpenter tied a bandage cloth very tightly round the lower third of the scapula to control the hemorrhage &amp; he was brought up to Calcutta - He arrived at the Hospital at 11 AM.</p>



Month.	Date.	Particulars of Case.
July	12	<p><i>Amputation of the Thigh.</i></p> <p>Mentimed. He was a very good  sensible - He marked  the leg in a full and proper  in a small bucket and was  bed - The right thigh was  hard brown and was  in a very good state  of the - The right thigh was  the same as the left  but in a very good state  I consulted with Dr. Chenevix  who recommended that  amputation should be per-  formed immediately - but  at the junction of the middle  upper third of the thigh  because after amputation  it would be the same as the  amputation of the thigh</p>



Month.

Date.

Particulars of Case.

Amputation of the thigh.

A night before - The patient  
 was so low that suspicion did  
 not appear reasonable, and  
 accordingly I amputated as the  
 directed - The muscles  
 were red and healthy but  
 flaccid & non retractile -  
 They were cold & bled but  
 little the femoral & cranial  
 bled. Ligatures were applied  
 to all bleeding points & an  
 ointment - He had taken much  
 Stimulant after admission  
 & the pulse returned a little  
 & was about 132 when the  
 operation was performed - He  
 bled well under chl.  
 and lost. I may say he bled.  
 No bleeding or need to have  
 been any purpose at the  
 time and after the accident



Month.	Date.	Particulars of Case
		Amputation of the Thigh
July	13	<p>             In these accounts we notice              appeared on the 1st of the day              He remained long; with the              being respiration suspended              On coming out about 3 3/4              hours after the operation - he              remained for a few minutes              with the respiration suspended              at about 11 - 12 hours              4 hours after the Amputation           </p>



Month.

Date.

Section of right elbow joint

July 12<sup>th</sup> - A Sicilian named Romani aged 22  
 was a Hindu was admitted  
 on the 5<sup>th</sup> May 1865 with disease  
 of the right elbow joint. - He  
 had had pain in the joint after  
 fall - applied some irritating  
 ointment as the suggestion of a  
 native quack - this caused  
 violent inflammation, with  
 - swelling & discharge into the  
 joint. - His general health  
 was not badly bad - emaciated  
 and weak his pulse was  
 frequent & full - I put him  
 on a course of treatment that  
 the elbow at rest in an angular  
 position. - His general health  
 improved, but the discharge  
 of the joint proceeded -  
 the probe passed into the  
 capsule, & into the synovial  
 membrane.  
 After consultation with Dr. P.



Month.	Date.	Particulars of Case.
		Excision of Ulcer Joint-
July	11	<p>I determined to excise the joint and on the 11 July at 8 P.M. I performed H. incision - Ulcer here looked small with tiny hook. - Head of rad. hum. olecranon articular surface of ulna removed. Articular surface of humerus also sawn off - The Contalaps were amputated &amp; the synovial membrane converted into a flat tissue mass - All this was removed the joints joined into the articular incision on the 12nd day etc -</p>
	12	<p>radial &amp; ulnar incision in way - bone exposed - in turn - readmitted &amp; in a stage of splint &amp; cotton pad - rest on a pillow</p>



Month.	Date.	Particulars of Case.
		Excision of Elbow joint -
July	13.	Better arm kept band in place all the evening - her head and part of the transverse the last seen the morning - No fever - Discharge healthy & in healthy -
"	14	Very well. Arm at rest. No distension of the "driving way" of the intestines - Part looks healthy. Discharge healthy - No fever. The Dr. says is much rest on a straight splint in anterior aspect of arm - and a piece of lint on the wound.
"	15	She is doing well. The wound healthy. the discharge not profuse and there is a tendency to heal. There is no constitutional disturbance all the ligatures, and all the intestines have been removed.
"	18	She is very well in all respects. The wound is healthy - Discharge less - She is free from constitutional symptoms



Month.	Date.	Particulars of Case.
		Excision of White Throat
July	20.	She is doing very well. Wound healing - no pain, no suppuration and no change - Commenced papine lotion today -
-	22	Doing well. She is in good health. Papine lotion. Smith's ointment.
-	24	Had pain this morning. Wound looks flabby -
-	26	Has had much attack of shivering. Some of the wind has been taken. She is weak but much better today - 5 grains of Iodine as I have
-	27	She is better in general health. but the wound has suppurated much. Shreddy lymph & purulent suppurations. The wound much opened out. - Have on the pain has ceased. Some things will improve - but Iodine & starch
p 234	28	A little better today wound more healthy
July	31	
Aug	26	



Month.	Date.	Particulars of Case.
July	18	<p> <i>Quins's Testis Semis Operation</i>              Jose' Silva a Madeira sailor              and <del>36</del> 40 years admitted on the              14 July with a hard swelling              &amp; inflammation on the right side              of the testis - with a strongly              broken pyrexia &amp; tenderness              The hardness was dense as              leather - it emitted from              a cluster which appeared to have              formed a firm head connected              with the testis - he speaks              little English &amp; is very untidy              So day, after continued pulling              the purposed Smith's leucine              became clear &amp; florid - I              operated - I dissected away              diseased skin and a quantity              of unresplendent tissue from              the scrotum - in which I had              to by some small vessels           </p>



Month.	Date.	Particulars of Case.
		James Lister. Symplicia Operation.
Aug	18	The testicle lay at the bottom of the scrotum. When I cut the skin I found the testis appeared to have formed the peritumour. The structure was very soft & I was assisted by Dr. Collier. - Dr. Collier & the owner of the scrotum brought together the skin and a web cloth applied.
"	22	He has had hemorrhage & the wound had the spread & the cloth turned out but he is now doing very well.
"	24	Yesterday he was better & well. This morning I found him with a large amount of suppuration. The scrotum is swelling & the testis is enlarged. - Made for incision but not much pus & suppuration. Cellular tissue. - Made for incision & put home again.



Month.	Date.	Particulars of Case.
		<i>From Sister</i>
Inf	26	Synpula has returned. Man increased - further - Phineas kept in bed - Bone & sinuses not palpable - no fever
	27	No more Synpula returned - actives all around -
	28	Better strength & appetite - Pulse
P-232		Drugs better - continue all
These 31		She has had no return of fever but
remains		staccate & depressed much of the
day & night		skin of the whole body & the man.
The case		has been changed by elevation to
exam of		her face & protruding nose with
Abund		leathery granulation. She settles
		her dress now stopping - No hair
		- these men still maintain the
		man the same time in a
		patch of granulation
		Her dress is still a white solution
		& spirit but 2x & y and hit at
		84 x @ 35 - with spirit - She has
		times & quater around







Month.

Date.

Particulars of Case.

Latrodectus

Inf 21- He smelt gradually with the symptoms  
of mania which commenced  
after the operation - no urine  
was secreted and the mind  
was perfectly dry - He became  
sullen & the pulse quick & full.  
mechanical matter, especially small  
shavings of wood.

Inf 22 P.M. at 8 am -

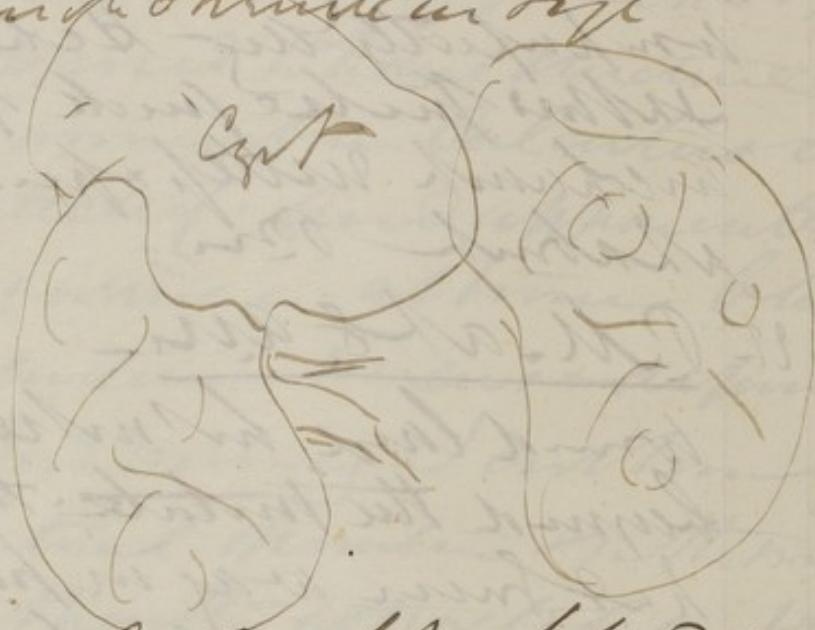
wound large but not returning  
beyond the incision. the mother  
had been way in pain & was  
now well up to the neck -

The blood was thickened &  
impure - water irregular  
but not much altered -

The kidneys were in an advanced  
stage of degeneration. Contractions  
critical but more irregular  
state of appearance of the kidneys  
interior look on a low &  
fatty degeneration - Both kidneys  
contained cysts - The right kidney



Month.	Date.	Particulars of Case.
July	22	Right hand a Cephalite upper extremity as large as a large orange - Heavy left hand smaller size - Both more or less in size



More than the size of blood and  
there determining complete loss of  
position & the arm being secured  
by a rapid set in of which  
he shrinks -

The operation was performed to relieve  
him from extreme suffering & the  
shortened his life but in doubt  
it is not to be true the patient  
in such a case the chief chance  
of life & escape him from the  
torture







Mon. Date.

Particulars of Case.

The legs diminished as follows: A  $1\frac{1}{8}$  - B  $1\frac{1}{2}$  - C  $1\frac{3}{4}$  -  
 No. 9 1865 - Dr. Favens antea. I have not been searching the man where I have last seen him.  
 He says the man comes in so frequently, but not so closely, as he used to do. I have  
 long as formerly, he also says that the man in the leg which always comes in to see me  
 I have has changed the position from the thigh below the knee since the man was  
 the leg appears to me. I never had left hand for the operation, as he has been  
 is scarcely perceptible - the man's health is good, but he is not in the best of  
 condition. And now he left the hospital - Mrs. Cummings to accompany him.  
 Dr. Favens antea. I have not been searching the man where I have last seen him.  
 He says the man comes in so frequently, but not so closely, as he used to do. I have  
 long as formerly, he also says that the man in the leg which always comes in to see me  
 I have has changed the position from the thigh below the knee since the man was  
 the leg appears to me. I never had left hand for the operation, as he has been  
 is scarcely perceptible - the man's health is good, but he is not in the best of  
 condition. And now he left the hospital - Mrs. Cummings to accompany him.

Discharged from Hospital  
 in the jail. he was  
 by is about the size  
 I had said it - the  
 since 15 lbs. last report.

	A	B	C	Remarks
16	9 $\frac{1}{8}$	10	12 $\frac{1}{4}$	
17	8 $\frac{7}{8}$	10 $\frac{1}{4}$	12 $\frac{1}{4}$	
18	9 $\frac{1}{4}$	10 $\frac{1}{4}$	12 $\frac{3}{4}$	
19	9	10 $\frac{3}{4}$	12 $\frac{1}{2}$	
20	9 $\frac{1}{8}$	10 $\frac{1}{2}$	12 $\frac{1}{2}$	
21	9 $\frac{1}{4}$	10 $\frac{3}{4}$	12 $\frac{3}{4}$	
22	9	10 $\frac{1}{4}$	12 $\frac{3}{8}$	
23	9	10 $\frac{1}{4}$	12 $\frac{3}{8}$	
24	8 $\frac{7}{8}$	10	11 $\frac{7}{8}$	
25	9 $\frac{1}{4}$	10 $\frac{1}{8}$	12	
26				
27	9	10 $\frac{1}{2}$	12	
28	9	10 $\frac{1}{4}$	12	
29	9	10 $\frac{1}{8}$	12 $\frac{1}{4}$	
30	9	10 $\frac{1}{8}$	12	
31	9	9 $\frac{7}{8}$	12 $\frac{1}{4}$	
1	9 $\frac{1}{8}$	10	12 $\frac{1}{4}$	
2				Dr. change
3				
4				

was presented at the meeting of  
 the medical association.



Month.	Date.	Particulars of Case.
		<i>Finger Lesion.</i>
Aug	31	He is improving - all the finger come away - granulation looks tender healthy - pulse rather quick & full and Decort: Bone & laminae Anomima which he has been taking Some time since. I am sure for the order - with the turn of foot, and Stomach - Disposition Balm & ointment
Aug	4	The wound are healing - the wound he is much better -
	6	He is gradually improving. Last the Chambers & straps of skin that have been put on & adhere in the perianal area immense - Ref in the Bowel - not yet - here
	10	Brought me of the loose flaps of skin now curling inward by contraction, together with the wires -
	15	The wound are slowly cicatrizing in the whole the is doing well. General health the same & improved



Month.	Date.	Particulars of Case.
		Furms Lister
Aug	24	He is in fair health and the wound all slowly healing. An Icticle is now protected in
	25	Drugs will be all right the wound slowly cicatrizing.
Sept	7	He is doing well - wound slowly healing. Weather very unfavorable
	17	Wound now nearly cicatrized. Good of health again.
Oct	18	Discharged Cured



Month.	Date.	Particulars of Case.
		Excision of Wound -
Aug	4.	The stitching has ceased & the wound is now inclined to heal. but there is still some pain.
"	6	The legging to creature again: but I fear any further attempt - partial ankylosis has taken place - In which the union was not complete & was impossible to achieve before motion in the new joint.
"	10	The wound is now healing rapidly & papine motion is practised daily but I fear the air has the joint partially ankylosed from the irregularity of motion - whilst the skin was alternating.
"	15	Papine motion being done the joint is now in a state of both flexion & extension. Inflexion. The wound is healing rapidly. In the whole the case is doing well.
"	19	Wound healed. Leg gradually gaining power & motion in the joint.
"	24	Wound nearly healed. Considerable motion in the joint.



Month.	Date.	Particulars of Case.
		Excision of Elbow joint.
May	29.	The wound have nearly healed and motion is gradually being restored - On May 28th my visit - May 29th the temperature the hand fever - also motion of the hand - partial ankylosis took place - with passive motion the loss of motion of the joint & day there is nothing to be feared from this having been a little better than last yesterday - from motion & rest today
Sept	7	The wound has perfectly healed and my Lord motion is very gradually restored to the joint.
	16	a small thin brown fund at the back of the elbow - found it - this is from over exercise -
	30	very fair motion.
Oct	23	There has been a very little motion - when I find she has pain out



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Month.

Date.

Particulars of Case.

Amputation of leg.

Aug 11 - Rec. wound is slowly contracting. The wound is very unsatisfactory. The wound is all but healed. The wound is all but healed. The wound is all but healed.

10

He is doing well. In a fortnight the skin has to separate - it is separating the former from the new.

15

The skin is separating from the bone. The bone has not yet separated but it is gradually becoming so.

19

Bone is still coming away. He is doing well in all respects.

22

Small very large skin sepsis has formed and today we have a large abscess. The wound is all but healed. The wound is all but healed. The wound is all but healed.

26

Has been painful. Since the removal of the sepsis the wound is all but healed. The wound is all but healed. The wound is all but healed.

7

The wound is now healing. The weather is very unsatisfactory.



Month.	Date.	Particulars of Case.
Aug		<p><i>Immune of Arnee and (Partially)</i></p> <p>This morning I examined half of the lower jaw of the left half, involved in a large cystic tumour of 7 diam. smooth. The patient is a woman aged 30 - Her father has been near Dacca has had children. She began after the removal of the teeth along the line of the jaw &amp; hardening &amp; swelling - The is great heat &amp; the tumour is not so hard as the tumour of the jaw. It is probably a combination of cyst &amp; myeloma. The cystic part is the most prominent - The whole is the same - There is a small amount of the tumour at the angle of the jaw being the removal of the tumour - with the rest of the tooth -</p> <p>The Immune are large and are a common - The mouth</p>



Month.

Date.

Particulars of Case.

Summer of 1861 (Parker's)

Aug.

was increased the upper jaw  
 compressed - proper amount of

The whole  
 had been  
 as it were  
 up to the  
 half the  
 round  
 around  
 the whole



The body of the blood. The  
 maxillary - In the throat  
 present - with some  
 number of spots of white.

The lips were pressed forward  
 the margin of the lower lip to the  
 chin - and up to the bridge  
 of the nose the margin of the  
 lips the line was then carefully  
 dissected out -

11

7 The incision was made of the  
 is myself. The teeth were  
 with - the front of the  
 the side of the throat then a good  
 pulse

10

The same the day will be kept well



Month.	Date.	Particulars of Case.
		Immune of Lancet and White etc.
Aug	15	She is doing very well. all the lymphatic abscesses have come away. She is sitting up in bed least part of the in air in bed most of
-	19	Wound has healed and there is no smell.
✓	23	She appears well again She left the hospital 2 weeks any later & returned to the home



Month.

Date.

Particulars of Case.

Incipient Elephantiasis due to in a fine European.

Aug.

7

Mr. G. B. A. <sup>Amstern</sup> Engrs Engineer of the  
 Cuttack Circle Coma Bengal. Age 38 years  
 10 years in India & 1 month. No disease  
 stout muscular very healthy looking  
 man. Mr. Guttman committed me  
 about a year ago for hydrocele of the right  
 side. Which had recently made its appearance  
 and after an attack of intermittent fever  
 to which he had been subject for two successive  
 seasons. There was also then slight  
 thickening of the scrotum which made its  
 appearance during the first season  
 when he suffered from malarial fever.  
 I stopped the hydrocele simply as he  
 was unable to spend time to undergo  
 the radical cure. At that time I  
 attributed the swelling of the scrotum  
 to the disease only. Mr. A. has continued  
 to come in the Cuttack Circle since last  
 year and has had another sharp attack  
 of intermittent fever in April last.  
 Which was again accompanied by  
 thickening of the scrotum. He has also  
 had other occurrences of the scrotal  
 thickening.



Month.	Date.	Particulars of Case.
Aug	8	<p>Incipient Syphilis in Scrotum - In person          within marked power. He again consulted          me on the 12<sup>th</sup> July with the Scrotum in a highly          excited state - The papule distended also          by acute oedema - The hyalocoe had also          formed again - Purgatives &amp; diuretics          lotions with puncture relieved the oedema to a          certain extent, but the tumour still remained.          I then tapped and injected the hyalocoe          with Dilut. Iodine on 18<sup>th</sup> July last - The          result was the removal of the fluid          in the tunica vaginalis, but the thickness          of the scrotum still remains - I believe          there can be no doubt that he is the origin          of incipient Syphilis of the Scrotum          In the more prevalence of the thickness          the persistence and gradual increase          in its size when considered in comparison          with the protracted residence in that          part of James Burgaf where this          disease most prevails, there can          leave in my mind no doubt as to          the specific nature of the disease -          Under these circumstances I          recommend him at once to          leave Burgaf and on the best          chance of radically curing the disease</p>



Month.	Date.	Incident <sup>Particulars of Case.</sup> <del>Heppanbrater</del> of Seestrom.
Aug	8	Indorse him to proceed to Europe on Medical Certificate for 15 Months - The treatment has been in addition to that for 10 months, when of amiable disposition - Lead - & internally Potash Iodide -
Sept	4	Recd a letter from him from Sweden - one saying that he is no better - has had another attack of melancholia. Seestrom & that he has made up his mind to lay aside his studies. He went home by post steamer in October



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

Myeloid Tumour of Jaw

Sept 8 The tumour has continued  
but a tumour as large as an  
egg from elastic. rather red-  
dish brown & encroaching, 1 1/2 inches  
into the mouth has formed.  
He expressed his anxiety that  
nothing disease should be the  
last warning. His words  
indicated that the tumour  
was connected with  
originated in the soft tissue  
of the bone over the  
bone itself —

24 It has increased the size of a  
large egg. Yesterday I performed it  
dissecting away the tumour which  
had the attachment to the inner  
plate of the bone in the middle of  
the lower jaw. The tumour was  
the size of a large plum. It was  
dissected from the bone and the  
cavity of the mouth again closed.  
The tumour was a greyish red colour  
of all sorts of shape



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Month.	Date.	Particulars of Case.
		<i>Amputation of left hand</i>
May	15	She remains in a neglected state of health her stomach. Mr. Hunt, purchased a bag of corn there is a fine at one angle of it - another in the inner angle of the right humerus. and stomach - and in cases leading to the (Pleurisy) Abdominal point - She is carefully nursed. John C. Hunt with her in a long period.
Apr	15	She is much better. The stomach is healed. She now has the blood from circulation. - Swims & mingles about the other joint - meaning considerable contribution of this - substance. - The latter, and her inf.
Sept	24	Her stomach is healed - but she still in a poor state of health & the left abdominal point is almost dead. Injured by stomach. She is unable to feed herself - or take food in a manner -



Month.	Date.	Particulars of Case.
		<u>Amputation of right hand</u>
April	9	<p>She has been in hospital since. The stump has healed. But the left &amp; third joint has advanced much in a state of stum disease. Joints lead from it to small parts of the arm and pre-arm. The joint is much swollen and partially ankylosed. There are open granulating ulcers on the arm from such sores lead to the diseased bone. Her general health having improved. I determined to make an attempt to preserve the left arm. tho it is rather hopeless in its diseased state.</p> <p>The hand too is wasted and finger contracted.</p> <p>The account of the operation is contained in the next book.</p>



Month.	Date.	Particulars of Case.
		Abseper Shuath of Post Kibristum
Aug	23	An Englishman named J. M. Scott aged 28 years was admitted at the <sup>17th July</sup> with some pain in the left leg above the ankle - pain running up the foot - a small incision was made in the 19th July a deep seated abscess of pus was found I made an incision carefully down to the center of the pus & then of the abscess discovered a small quantity of thick pus - the wound immediately closed & is now very well the wound is now discharging about the joint.
"	24	He is now well. With some discharge about the joint & slight redness - He is somewhat of a healthy man. weathering in health but in the ankle has been very well.
Sept	2	He was discharged cured of the swelling of the ankle & leg which



Month.	Date.	Particulars of Case.
		<i>Asmucle and Stephantasis</i>
Aug	23	<p>A young man named Jakowia Sedzkiar was admitted on the 7<sup>th</sup> Aug with the morbid Stephantasis &amp; big Asmucle -</p> <p>on the 18<sup>th</sup> I tapped, and withdrew about a pint in all of blood from the Dura &amp; basilar. I then injected each with 3ij of strong R: Iron. This was followed by the usual symptoms of pain, increase of swelling &amp; separation of blood which in course of time began to resorb. He had also sometimes an attack of pain of the n. in my distal rim at present &amp; pain finally owing to the long continued S. E. but the distal rim was not affected much by the pain.</p> <p>To day as the pain has now, passed away, &amp; the distal rim has subsided, the vision of eye. I removed it by the ordinary method of hemorrhage.</p>

21 ounces



Month.

Date.

Particulars of Case.

Asynucle and Asynucleon.

May 23

I found the Asynucle Asynucle  
thickened, but the Asynucle  
the Asynucle was injected - in the  
left side there was still a small  
cavity of considerable size but it  
was filled with a gelatinous body  
lymph. The whole was broad  
and deep a piece of Asynucle  
The right can (Asynucle) was almost  
obliterated but in the Asynucle  
aspect of the Asynucle there was  
still a small cavity containing  
some gelatinous lymph like that  
on the other side - This was in  
a further state of Asynucle  
Asynucle.

The Asynucle Asynucle weighed  
about 2 lbs. - and the Asynucle  
blood was not very Asynucle.  
about a Asynucle Asynucle  
Asynucle - The Asynucle  
Asynucle Asynucle.

24

Asynucle Asynucle

3

Asynucle Asynucle


17

Asynucle Asynucle Asynucle  
Asynucle Asynucle Asynucle



Month.	Date.	Particulars of Case.
		<i>Hydrocele and Nephritis.</i>
Sept	24	He is very well
"	30	He is very well but rather hoarse.
Nov.	4	He is still in the hospital, very well. The creatine has nearly formed but health is good He was discharged subsequently cured.



Month.	Date.	Particulars of Case.
Aug	23	<p><i>Amputation of right leg.</i></p> <p>Kallee M<sup>rs</sup> Corlie aged 55 years was admitted on the 18<sup>th</sup> August with a Comp: Fract: of right leg about 18 inches above the ankle. It was caused by a bale of hemp falling on the leg. The bone was put in place when admitted, but before 10 AM on the morning of the 19<sup>th</sup> the leg had been re-anched - The soft blood had within very great.</p> <p>There was a ragged wound on the ant. aspect of the leg. The bone exposed was not deemed as that part of the femur - but just above the ankle the tibia was fractured &amp; separated -</p> <p>The joint was preserved -</p> <p>The phalanx was also fractured -</p>  <p>The joint &amp; some time since the marked symptoms began slight fever. But after this there became more marked - Dec 10<sup>th</sup>. Did change into health, and well.</p>



Month.	Date.	Particulars of Case.
		Amputation of leg
Aug	23	<p>Schv. and tubes necessary in the medi- on the 23 I was decided to remove the leg as the bruising is extending. Pulse becoming more rapid. The constitution of disturbance become more marked - and all the indications of impeded Pyæmia present.</p> <p>I amputated by my own method on inclining the tibia &amp; small ligaments were applied as by my little band.</p> <p>On by an examination found the more simple impurities than I supposed. Hoffmann's dressing in the medicine was applied &amp; became coming. Osteomyelitis commencing. But on the 24th <sup>and then</sup> <del>and</del> an abscess above the fracture</p>



Month.	Date.	Particulars of Case.
		<i>Amputation of the leg</i>
Aug	24	He is pale (108) Dr. pulse white pulse was 120 - he was in hemorrhage -
a	25	He is much worse. Delirium some Dr. pulse white, pulse pale and rapid. He is much worse. Dr. pulse not so rapid as meaning - He pulse clear amputation of the leg - Stimulant - He sank rapidly and died at about 9 PM -



Month.	Date.	Particulars of Case.
		Myeloid tumour of jaw
Feb	25	He is very well. I met him walking in the staircase of the hospital with his face bandaged up. he says he feels very well. & that he felt the last operation very slightly.
	30	Dr R tells me he is very well.
Oct	12	I find that the wound has healed but there are two suspicious hard lumps at the bottom of the wound.
Jan	15	Saw him again. He is in excellent health but the tumour is - turning rapidly and involving the entire jaw & sub maxillary gland.
	29	The tumour is rapidly increasing involving the other gland.
April	11	It has extended upwards & now is rapidly involving the neck and entire lower jaw. I do not beyond any probability of removal.



Month.

Date.

Particulars of Case.

## Reverend Elephantiasis—

Aug

Bahadur, a Mahomedan aged 32 years. Resident of Calcutta, admitted on the 26<sup>th</sup> Aug 1865 with the record from Elephantiasis of one year growth. Since this time the enlargement of the scrotum has been progressive. It was coming on he says at the time of full moon - May which time the scrotum increased. It was 15 days before admission in the scrotum became madly red and swollen - burning hot and sore and giving rise to a free discharge - which was attended with some relief. On admission the patient weighed 140 lb. and was 25 years. and the right side of the scrotum was larger than the left. Both had the peculiar nodular appearance & the tissue integument when pressed here & there a quantity of pale redish fluid.

The tumour was removed by excision (in 4<sup>th</sup> minute) & weighed 1<sup>3</sup>/<sub>4</sub> lbs. The patient took about a pound of blood. 15 ligatures were applied. The skin was distended with



Month.	Date.	Particulars of Case.
		Reverend Shephard
Aug	24	<p>Noted with the Reverend Smith in a morning related case            In these the first demand being            the first was removed            this continued for much time after            the second was removed</p> <p>" He is doing well. In fact gradually</p>
Sept	3	<p>He is doing well</p>
	8	<p>He has had pain &amp; has been            down in the hands, but the            character of the same being            in fact - He is taking some            of the same with the other            and so on</p> <p>" Very badly. Swelling in both            shoulders. I hear Phlegm.            He takes medicine &amp; so on</p>
	17	<p>Pain still continues he is            ind. but altogether much            better than he was</p> <p>" Good &amp; better</p>

24 Sept. removed to the



Month.	Date.	Particulars of Case.
		<u>Necrosis and removal of part of Os Calcis</u>
Aug	25	Christammy, a Hindoo, aged 27, was admitted on 25 <sup>th</sup> August with a protuberance in the outer side of the os Calcis of the right foot. The protuberance was the size of a small lemon (about 1 1/2 inches) and at the bottom of it a black portion of bone. The bone was in fact dead, much discoloured & blackened. I performed the amputation of the bone.

- u 31 31 August by making an incision as represented in the above sketch and then finding that the dead bone which was not quite detached with healthy bone was removed. This was rather hard & unprofitable than was expected, but it was ultimately successful. No bleeding of importance occurred - Nerves of course were divided - The peroneal tendon was exposed



Month.	Date.	Particulars of Case.
		Division of Joint of Os Calcis
		united but not divided
Nov - 30	3	He has had fever & the center Joint of the flap reflected to expose the bone has sloughed. No discharge in future
	7	He is doing well. The wound is granulating healthily - but the flap has sloughed away -
	11	Healthy granulation everywhere
	12	Granulations not so healthy
	17	Granulations more healthy. It is slowly healing -
	19	Not making much progress. The weather is unpropitious.
	20	It is looking healthy & is contracting
	24	It is closing rapidly.
	28	The wound is closing in by granulation
Oct	13	Wound has contracted much. It is gradually closing in
Nov	4	He is still in hospital. The wound is quite healed

Nov - 30 The wound has very nearly closed. He has been called to bed - with very little opportunity. He is well & perfectly



Month.

Date.

Particulars of Case.

## Resection of left knee joint

August 31 A young man named - Lokul  
 age about 18 years. Caste Chumar, Residency Chutnah  
 was admitted on the 2<sup>nd</sup> of August -  
 He was one of the immigrants on board  
 the Ship "Eagle Speed", left off the  
 Poy Muttah sands on the 23<sup>rd</sup> Aug.  
 He, with others, was in the sinking  
 ship - and made his escape by  
 floating on a spar hanging in the  
 water for 24 hours among the  
 exposed portion in the spar in  
 the water. He received an injury  
 to the left thigh about 3 1/2 inches

He says he above the knee joint - and a  
 was 4 days before he was able to  
 in an island with him for  
 before he was brought on shore. The wound  
 looked up in about 1/2 inch and a half  
 that all that towards the knee joint - as the  
 time he had no food - it had been caused by a piece  
 he would of sharp wood or a large nail  
 to walk - it was a dirty wound. Dirty cut.  
 that time the knee he was admitted he was  
 in considerable pain. The



Month.	Date.	Particulars of Case.
		<p>Resection of the knee joint</p> <p>Wound was swollen &amp; stiff -  He had fever some after admission  and the discharge <del>of a</del> thin yellow  color looked very much acid -  Came sister from the cavity of the  knee joint a piece the bursa  about the joint.</p> <p>The pain &amp; swelling increased  &amp; the fever daily in the afternoon  became more severe -  In examining the wound under  obs. it was found that the  finger passed downward &amp; for-  wards towards the patella  the edge which was not perceptible  but it was doubtful whether the  finger actually entered the joint  it appeared as the the synovial  membrane was still undisturbed  the swelling &amp; state the nature  of the discharge a yellow thin  fleshy pus - together with the  crustaceous substance made it</p>



Month.

Date.

Particulars of Case.

## Resection of the left knee joint

Sept 2

only too probable that the joint was opened  
in the morning of the 2 Sept - or upon  
a morning in the night. The paper  
sailed at once into the front the  
patella being on the paper.

The tissues were thickened and  
the cartilage of the patella still  
felt polished and smooth.

He is a small slightly built  
ind. of rather feeble constitution  
with some creases in the  
neck that look as if he the scan  
of storm. When he is unable  
to stand very <sup>thin</sup> account of thin  
than that they seemed where  
he was an infant. —

In other respects he seems  
troubly healthy —

In consultation with Dr. P. S. Dr.  
Francis & others it was decided  
to perform a revision of the  
joint - in presence & assistance  
of the State - men the other



Month.	Date.	Particulars of Case.
Apr	2 <sup>d</sup>	<p>             In the joint being opened. exposed              suppurative matter in the              bone. There is at this time the              skin - in the Hospital and              taking the further public could              him into consideration, little              chance of saving his life if              the <del>the</del> operation is performed              accordingly as they are supposed              the operation is written by Dr. Hastings              Dr. Francis, &amp; others. Boston              Spital Church, Rox. May 1<sup>st</sup>.              I made an H incision the              long incision in the outer &amp;              inner side of the joint, well              back to allow me with              discharge - about 1/2 inch to the              bone space - The temporary              incision was made near the              the Patella - The flaps were              then reflected. The joint being           </p>



Month.	Date.	Particulars of Case.
Sept	2	<p>Reunion of the left bone joint  to the right bone joint in the tibia.  The Crucial lateral ligament was  severed and the leg bent back on  the thigh so as to bring the bone  the end of the bone.</p> <p>The skin was then cut across  the back of the joint and a piece  removed, which took away all  the cartilage leaving healthy  bone on each side of the joint.</p> <p>The ends of the bone  were not removed to an  extent that the joint was  all the cartilage - the  ends of the bone were  placed in apposition to see how  they fit together in a short  all bleeding points were  then secured. They were  very much swollen, the muscles  and the edges brought together  with the wire stitches - the wound</p>



Month.	Date.	Particulars of Case.
		Excision of left knee joint
Sept.	2	<p>little blood. <del>the</del> but he was lying on the table owing to the number of small bleeding points tied - The outer part of the operation was done rapidly - probably within 5 minutes. Heels were then placed on a Stanger's - Splint. Notable with a roll piece of gauze for keeping the wound - and a piece of wet lint placed on the wound &amp; the patient joined.</p> <p>7 P.M. Pulse 140 - skin slightly hot - tongue moist - no bleeding. Knee looks rather puffy. He calls out loud if it is touched - somewhat disquieted. Refuse touch the old wound - and ice to the wound - &amp; ice. He had me after the operation.</p>
Sept.	2	<p>Pulse 130 - Temp: 103° in rectum. He is the same patient &amp; had some</p>



Month.	Date.	Particulars of Case.
Sept	3 <sup>d</sup>	<p>Admission of the patient</p> <p>Sleep. Some more - his expression is good - eye bright countenance peaceful - The discharge from the wound is profuse &amp; thick &amp; purulent - His also keeps the appearance of the wound altered - changed &amp; thickened with Candy - Let him have ice water application and plan -</p>
4 <sup>th</sup> Jan.		<p>He is said to have been present in the afternoon yesterday - pulse 140 - then 100 - He slept well however last night - his pulse is now 120 - Some more, &amp; expression of countenance natural skin not red hot - then 103° - Discharge profuse - investigations come away - they were still all around - Bupren 2a 1000 - He had 2 1/2 lb of Dimble but the result of saline medicine profuse, he had chalk mixture - the wound has ceased</p>



Month.	Date.	Particulars of Case.
		Examination of the knee joint
Sept	5.	The discharge is very purulent & yellow, somewhat frothy, several ligatures came away this morning. He had fever yesterday afternoon pulse 120 then 106 - Pulse this morning 120 - then 104. Temperature - Countenance a little anxious. Respiration natural. is not hurried in proportion to the pulse - The wound has not partially healed but a considerable part of the dressing incident has united. He takes no food since Friday - In evening the wound to the leg & measure.
"	6	He looks depressed and milky. Pulse 124 to 118. Respiration 32. Then 108. Discharge purulent & acid. Hearty pur. Chills the dressing on night to be kept with the splint pads. - The heart & lungs sound natural. But he has a Scurvy look. He has had no sleep at all this time - But he is



Month.

Date.

Particulars of Case.

Season 7 New York

Sept 8 Sunday yesterday afternoon - 100  
800m. I was informed that he had been  
a week since I had been that he  
had also been coughing - I have  
ordered Myelitis & Pyaemia are  
letting in - He has also had two  
a three loose motions when he had  
some chalk motion in response  
to the diet & some on Friday

" 7 He is reported to have had a severe  
onset of protracted vomit & diarrhoea  
yesterday at 1 PM - followed by  
sweating - His pulse this  
morning is 110 - then 102 - Respiration  
30 in the minute - Countenance  
looks somewhat dispirited - Inspire  
in the chest - Discharge very profuse - when  
in the chest - all cut out - and for  
looks a little but a red white but  
in the chest - the whole - were that  
in the chest - yesterday I should have  
been in a case - He has been in a case



Month.	Date.	Particulars of Case.
		Decision of the knee joint
Sept.	8th	He is much the same. Discharge Slightly purulent but not unhealthy - Pulse 116 to 120 - Then 102 - Temperature normal - Administered the trinket at the joint - The articular fluid has subsided considerably as all the articular fluids in themselves out; The knee I observed was about $3\frac{1}{4}$ inches in a pack and redness on the surface - Gently rubbed the trinket and supported the knee with a plaster - He has a tendency to Drunkenness - Continue the medication - He
	30th	He has that he had to re-open the leg some time the last he is taking some - The weather is much unfavorable the most part of Sept. the weather than what there is probably nothing more unhealthy -
"	9.	Pulse 100 - Then 98 - Temperature tendency to Drunkenness at night -



Month.	Date.	Particulars of Case.
		Excision of the knee joint
Sept 9 <sup>th</sup>		<p>The discharge is as purpose as ever. The sutures have all cut themselves out. The ligatures have all come away. The outer trunk of the wound broke. On the 9<sup>th</sup> I see that the ends of the bone are again apart. I took the time off the splint - bandaged it - &amp; placed the bone in position as near as I could by a spread pressure from the foot. - The boy is said to have had another rigor yesterday. Replaced the leg on the splint - bandaged &amp; the wound supported by sticking plaster.</p>
" 10		<p>He had two rigors yesterday, one 8<sup>th</sup> in the morning, one in the afternoon. Pulse 138 - then 104 in the evening. This morning - pulse 120 - then 102. Respiration 40 - nothing remarkable in the chest sounds. The discharge purpose. He has had a rigor this morning. And all</p>



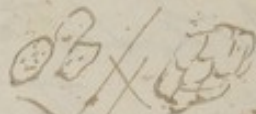
Month.	Date.	Particulars of Case.
		<i>Review of Bruce print</i>
Sept	11	<p>He is reported to have had sexual, &amp; is  shivering for yesterday since the  morning his pulse rose to 160 -  Ther: 108 -</p> <p>This morning found the pulse 124  Ther: 99 to 100 - The discharge  infinite so profuse. Wound  more pronounced - The state  is not very so well -</p>
"	12	<p>Pulse 120. Temp: 99 to 100 - His  eyes are redder than they were  and his breathing is hurried. More  than yesterday. The wound looks  badly. It is pouring more &amp; the  discharge is redness. history  &amp; profuse - He had signs again  yesterday - Consultation with  Dr. &amp; Dr. Colles, &amp; it was decided  that we will wait until  tomorrow before deciding whether  amputation may be tried</p>
3. P.M.		<p>I spent time much on the  same condition. His breathing  is more</p>



Month.	Date.	Particulars of Case.
		<i>Tumour on back of the neck</i>
Sept 8		<p>At page 54 will be found the summary history of this case - He was admitted on 31 May last - 3 months ago, operated on that day and discharged apparently cured on the 18<sup>th</sup> June. He was readmitted today with the tumour reformed in the same site, the cicatrix stretched &amp; a purulent sinus the size of the pen &amp; annular piece - He has a richly cachectic look &amp; I fear that the nature of the growth will prove to be more malignant than I had feared - Having considered myself that we had enough -</p>
9		<p>I removed it this morning &amp; obtained pus containing a sept of blood which I sent to the structure of the tumour. The sinus also gave a large piece of integument had the same as it was in the state</p>



Month.	Date.	Particulars of Case.
Sept	9.	<p> <i>Immune at back of the neck</i>  I still think it to be myeloid  but I hear there is little chance of  being radically removed &amp; the  constitution apparently is now  becoming affected so he has a  mild cancer look about the face  many by others were refused  the very weak after the death  The first map of the tumor  was like cutting through a pear  and softer - Ducts &amp; but the  innermost microscopic of the  interior the appearance of rapid  cellular development -  The cells being rather similar  round in groups - a perhaps  more cells but the walls  were not distinct </p>



" He is doing well so far -



Month.

Date.

Particulars of Case.

Immortal-back of the neck

Apr 17 He is Murphyville. One at health

The patient named George a Irishman  
 aged 25 years. was taken into the Hospital with a Compound  
 fracture at the middle of the Fibula of his right leg. On the  
 evening of the following day he had slight fever and much  
 pain in the wound. On the 24<sup>th</sup> suppuration commenced.  
 In the part - From the 25<sup>th</sup> instant up to the 28<sup>th</sup> there was no  
 thing remarkable. On the 29<sup>th</sup> the wound had a tendency  
 to granulate and to heal. From the 30<sup>th</sup> August up to the 18<sup>th</sup> September  
 there was nothing to be noticed but the commencement  
 of an ulceration at the lower part of the wound. On  
 the 19<sup>th</sup> the ulceration was stopped. Pulse 106. appetite  
 pretty well. On the 20<sup>th</sup> some tendons were found to slough  
 at the upper part but the wound otherwise was healthy  
 looking. On the 22<sup>nd</sup> no sloughing and wound was healthy  
 from the 23<sup>rd</sup> to the 25<sup>th</sup> wound was clean & healthy  
 the wound was clean & healthy

M.L.V.

up in an advanced stage of delirium  
 The wound is now rapidly  
 in the same place again, and as  
 a Swan Egg & ulcerating - looks  
 very malignant indeed and

7.37



Memo

The patient named Hasanee a Mahomedan  
Aged 25 years. was taken into the Hospital <sup>on the 20th August 1864</sup> with a Compound  
Commenced fracture at the middle of the Tibula of his right leg. On the  
evening of the following day he had slight fever and much  
pain in the wound. On the 24<sup>th</sup> suppuration commenced  
in the part - From the 25<sup>th</sup> instant upto the 28<sup>th</sup> there was no-  
thing remarkable - on the 29<sup>th</sup> the wound had a tendency  
to granulate and no fever - From the 30<sup>th</sup> August upto the 18<sup>th</sup> September  
there was nothing to be noticed but the commencement  
of an ulceration at the lower part of the wound - On  
the 19<sup>th</sup> the ulceration was stopped. Pulse 106. appetite  
pretty well. On the 20<sup>th</sup> some tendons were found to slough  
at the upper part but the wound otherwise was healthy  
looking - on the 22<sup>nd</sup> no sloughing and wound was healthy  
from the 23<sup>rd</sup> to the 25<sup>th</sup> wound was clean & healthy  
on the 26<sup>th</sup> there was some burrowing of pus on the foot.  
on the 27<sup>th</sup> there was much discharge & the ulcer looking  
somewhat foul. From the 28<sup>th</sup> September <sup>up to</sup> the 17<sup>th</sup> October  
there was nothing worthy to be mentioned; sloughs were  
found to separate but the ulceration did not stop -  
On the 18<sup>th</sup> the Tibula was exposed; it was rough and  
denuded of its periosteum to a long extent. About 3 1/2 in  
of it was taken off by Dr. Partridge - on the 31<sup>st</sup> wound  
was flabby looking - On the 1<sup>st</sup> November it was seen  
that the pus burrowing under the skin on the foot.  
on an incision being made, some pus and  
dead tendons were let out - on the 2<sup>nd</sup> November  
the lower third thigh was amputated at its lower  
third according to the modified Circular method  
of Dr. Fayrer. There was not much bleeding  
and 9 ligatures were engaged to tie the bleeding  
vessels. This day the patient took his food well but  
remained sleepy - on the 3<sup>rd</sup> instant Pulse was



was 100 - Temp. 100° took his food pretty well and  
slept in the night - on the 4th pulse was 112, Temp.  
102°. no shivering - there was no discharge after  
the removal of the dressings - bone somewhat  
tender - on the 5th pulse 92 - Temp. 100° no shivering  
on the 6th pulse 96 - Temp 99° - no discharge from  
the stump.

John Chandler M.D.  
Surgeon -



Month.	Date.	Particulars of Case.
		<u>Immortal-back of the neck</u>
Apr	17	He is very well. In health improved - all the ligaments come away & the wound healing rapidly
"	19	It is going rapidly and satisfactorily
"	21	It is closing very rapidly & is perfectly healthy - he is much improved in health.
"	24	He is very well.
"	27	It is creating rapidly.
"	30	It is healing rapidly & well.
Oct	2	It is healing well.
"	23	On my return (I have been away) and he has been - without wound ill but healed - & has been getting the disease.

7.37  
 July 8<sup>th</sup> He was admitted a day or two ago in an advanced stage of Tetanus. The wound is going rapidly & in the same place again, where a Swarm of Ulcerating - Forks has not been made and



Month.	Date.	Particulars of Case.
Sept	13	<p>Excision of Bone Joint - (P. 269)</p> <p>Pulse 120. In very feeble. Temp 100° -  Sweats are very copious. Is in the  knee and the surface of the  wound which has opened up  since yesterday. The tongue  is still moist. The tendons  are in the center -  He is very tired. Respiration is  50 in the minute. Breathing  harsh. - he expects to die  in future - Abdomen rather  tender - He is saying  in <del>the</del> wondering when I push  and his voice has a peculiar  low muffled tone -  The urine drawn off by catheter  is Sp Gr 1013 - contains much  chlorides. No albumen in dark  bilious. He says to the physician  that he is dying - he says  C. &amp; J that temp: would not  be well. as it would not  prevent death -</p>



Aug 1

CASE BOOK.

274

Month.	Date.	Particulars of Case.
		Examination of the patient.
		I stated that unless I saw one pump in the right direction, <del>that</del> I thought he might have 2 1/2 days or so - I supposed my opinion that in both lungs - I saw the blood and the presence of subcutaneous in blood poisoning - in dead tissue -
		He was not aware that he had both so well marked signs of pneumonia - in the lungs -
Sept	13	On leaving my lecture. A doctor reported that - during the last hour between 1-2 - and 3 PM he has been very low. Pulse very weak, breathing very hurried - & that he died with hemorrhage of the lungs at 3 PM.
Sept	14	Post Mortem at 9 AM. Lungs pale in front - inverted behind - many patches of dead tissue - with the microscope



Month.	Date.	Particulars of Case.
		Post Mortem Examination of a case
14 Sept.		<p>Third - They were chaff of the size of a 4 to 8 arm piece -</p> <p>Wght place contained some recent lymph -</p> <p>Heart small - flabby - Pericardium contained more fluid than natural both auricles. Both ventricles contained blood clot - striking about the vessels, but not to a great length - In this respect the heart healthy -</p> <p>Liver some echymosed but otherwise healthy - no suppuration.</p> <p>Spleen natural -</p> <p>Kidneys looked fatty &amp; degenerate - but not by any means much.</p> <p>Bone section showed that they were partially, but not wholly, ossified.</p>



Month.

Date.

Particulars of Case.

Rephining -

Sept

13

Gowra a Hindoo girl aged 10 years was admitted on the 21 August 1865 at 9.30 P.M. on account of injuries sustained in a fall from the roof of a two storied house. She had lacerations of the pre-auricular & a contused wound about an inch in length on the scalp near the left parietal eminence and a deep abrasion in the face. The lacerations were put up on iodine & spirits - The wound of the scalp & there was also slight abrasion of the integuments of the scalp were washed with cold water - The abrasion in the face was washed with albumen - She was ordered a diet of gruel & rice & Comfrey. The next day she was feeling better. The next time was ordered. The next day she was again free from fever. Things went on well - the wound of the scalp was now closing. She was then 3 days. She had a continuation of fever & she was



Month.	Date.	Particulars of Case.
		<p>Injury to head &amp; extremities -</p> <p>On the 1st day the wound of the head inflamed, consequently the power in the arm was <del>lost</del> resumed after cleaning out the bone &amp; with Castor Oil. On the 5<sup>th</sup> there was an interesting point a couple of hours after which the power returned with shivering - On the 6<sup>th</sup> the pulse continued unabated, cold was applied to the head &amp; the 10<sup>th</sup> ordered powdering.</p> <p>P. Anus. V. H<sub>3</sub> A: C: Cut. p. 1 &amp; 2 Soda Carb. L.V. right arm. - There was some discharge from the wound in the head.</p> <p>Complained of head ache - very distressing &amp; pulsatile but not drawing - on the 7<sup>th</sup> powder discontinued, she had 5 or 6 stools - a medicine bottle &amp; a decent binocular were ordered &amp; 4 hours before to release the mother &amp; children.</p> <p>There was very expectanting actual haemiplegia the arm &amp; foot -</p> <p>On the 8<sup>th</sup> a crucian incision was made through the anterior end from the bone to the present day discharge - During the day she had two rigors but was quite insensible.</p> <p>On the 9<sup>th</sup> she had a rigour at 3 P.M. the pulse became pulse Sunday 11.</p>



Month.

Date.

Particulars of Case.

Injury to head &amp; Throat

and neck. became rather drowsy and talked incoherently, had two stools - took her food badly.

On the 10<sup>th</sup> had a strong pt in the morning much discharge from the wound - which looked suppurated - angry. Whattey's ointment was applied all round it -

On the 11<sup>th</sup> Sept she was very particularly anxious: body hot - bowels purged three times, left upper eyelid swollen - a small swelling perceptible in front of the wound - On the 12<sup>th</sup> the eyelid was much swollen in fact it prevented her from seeing things. - Had a strong pt in the morning & was quite anxious answering questions laboriously, she was unstable and screaming if touched. an incision was made & the pus expressed some matter evacuated & it was remarked that a piece as well as a splinter existed in the skull. and it appeared very probable that matter was very near the bone as well as near it - & the dressing was applied - on evening the



Month.	Date.	Particulars of Case.
Sept		<p>the piece a Smiley was followed - and did not have the best position as being appearing to forward to me at first under the bone. another incision was made &amp; more pus evacuated -</p> <p>The wound since opened for some time &amp; but pain &amp; swelling returned and she gradually sank &amp; died in the 4<sup>th</sup> of Sept.</p> <p>P.M. Post mortem the skull &amp; brain were found in the space of the Brain &amp; Membranes. Chole in central sinuses. Large yellow patches of brain tissue &amp; cerebrospinal fluid. Large patches of small vessels in extent like putrefying blood clot. The whole long time by decomposition. Several dead yellow patches - Pus and small pieces of brain tissue seen.</p>



No 83

CASE BOOK.

280

Month.	Date.	Particulars of Case.
		<p>Injury of head &amp; hip. (P. 281)</p> <p>The heart beat normal from 1st to 2nd but there was no embolism of the large pulmonary vessels. The lower &amp; upper extremities were all healthy.</p>



Month.	Date.	Particulars of Case.
		<i>Latual lithotomy.</i>
Sept.	18	<p>Baboo Ram aged 45 (say 55) from  Pyradanpa, Lilla Buraseth, a  cultivator, peasant. was admitted  on the 13<sup>th</sup> Sept/65 - with symptoms  of stone in the bladder. The chief  pain seemed to be felt in the  perineum just behind the  scrotum. He has been suffering  from symptoms of gravel for the  last 15 years - and has  repeatedly passed small calculi.  The urine never seemed to be  stopped by all the other symp-  toms of stone were present.  The urine contained mucus,  pus, alkaline &amp; albumen  histology per se - added  min. Nat: phosphate &amp;  spin. &amp; phosphate of lime.</p> <p>18 This morning I removed the  stone by the lateral operation.  The stone was like the kidney.</p>



Memo

Aga Alley - aged 28 years - admitted on the 22<sup>nd</sup> Dec & was operated on the same day

Has had a tumour on the outer side of the arm at its upper part - for the last 18 years. It has been growing all the while slowly, but for the last 3 months, the growth is somewhat rapid. At about that time, a small ulcer formed which bled 6 or 7 times, each time he lost, he says, a lb of blood. Tumour was as large as a middle sized bad fruit, consisting of 2 lobes an upper and a lower. The former was of a recent growth. The tumour removed by oval incision at its base. The whole tumour clipped off. Many large vessels showed out in it; quantity of blood lost amounted to a lb. more than 25 ligatures applied. The cut cut off, but still the skin was brought together by sutures to stop bleeding.

left the arm off - It

had no pain the tumour operation

No pain and looks very

no fever, some pain

se from swelling arm checked

He is very well - when he is well he



Memor

Aga Alley - aged 28 years - admitted on the 22<sup>nd</sup> Dec & was operated on the same day

Has had a tumour on the outer side of the arm at its upper part - for the last 18 years. It has been growing all the while slowly, but for the last 3 months, the growth is somewhat rapid. At about that time, a small ulcer formed which bled 6 or 7 times, each time he lost, he says, a lb of blood. Tumour was as large as a middle sized ball fruit, - consisting of 2 lobes an upper and a lower. The former was of a recent growth. The tumour removed by oval incision at its base. The whole tumour clipped off. Many large vessels showed out in it; quantity of blood lost amounted to a lb. More than 25 ligatures applied. The ~~rest~~ cut off, but still the skin was brought together by sutures to stop bleeding.



Month.

Date.

Lateral Lithotomy

Particulars of Case

Sept 18 - The stone was oval flat & soft - partly the water came off - I washed 3 times -



19

He is very well, has had no pain, some paper pus, though the wound is healthy after the operation. No hemorrhage -



20

Very well, no pain, no fever, some paper pus, wound looks healthy - temperature 76.5  
 appetite - urine clear -  
 bowels open.

21

Very well, no pain, no fever, wound looks healthy, some paper pus, though it -

23

He had a little hemorrhage from nursing efforts & cupping trials - it was checked with ice - he is very well

24

He is very well. some paper pus, the



Month.	Date.	Particulars of Case.
		<i>Actual History</i>
Sept	25	He seems very well, wound looks quite healthy. No urine yet passed by urethra.
"	27	A few drops of urine come by the wound yesterday. — He is doing well in all respects.
"	28	Wound looks very healthy. a few drops of urine come when he coughs, he says. thinks the urethra —
"	29	He is doing well in all respects. but in my next number the urethra — much the urethral channel
"	30	The urine is coming more freely by the urethra. the wound is quite healthy. he is doing well.
Oct	2	He has been a little feverish since yesterday. but the wound looks well. paper water passed & a few drops — I am, & Dr. Williams
"	22	I have been absent since the 3 <sup>rd</sup> of Oct. but I find he was discharged. came before I returned



Month.	Date.	Particulars of Case.
		Radical cure of Internal Hemorrhoids
Sept	20	This morning I operated on a
admitted		Mahomedan named Nagebooleh
15 Sept		aged 32 years - He had a large
1865		scrotal hernia of 5 years standing
He is the		<del>cause of</del> Cause not stated.
making fog		The hernia was very large admitting
		fully 3 fingers - <del>hemorrhoids were</del>
		I operated as usual with the
		plug and guttae - He lies
		well in the chloroform
"	21	Doing well. no fever. no pain
"	24	He is doing well. Took out the plug
		yesterday - Discharge pretty free. low
		fever -
"	25	He is doing well. no fever. no pain
		discharge moderate
"	27	Doing well -
Oct	2	Doing well
-	23	Has been absent but on return found
		he has been discharged -



Month.	Date.	Particulars of Case.
		Peculiar pulse in Chelmsbury.
Sept	24	<p>This morning at 10<sup>minutes</sup> to 4 am I attended at the birth of a male child of mature size &amp; development. The mother being a young American lady of 17-18 months married - She is stout strong &amp; healthy - She is always so - No unpleasant symptoms during pregnancy, which has been the full period -</p> <p>Labor commenced she said at 11 PM of the 22<sup>d</sup> I did not see her till 7 PM of the 23<sup>d</sup> when she was fully dilated - During the period of labor - She is found to be contented &amp; a steady head -</p> <p>Her pulse was full but intermittent say 6 &amp; 8 - a moderate beat without any regularity in the intermissions -</p> <p>Her labor went on slowly. She had moderate contraction.</p>



The venous rapid growth of the abdomen

Month.	Date.	Particulars of Case.
		<p>Regular pulse during parturition.</p> <p>Up and down, stimulating, the first stage was completed the umbilical nodule at 12. midday of the 24<sup>th</sup>. The child was born at 10 A.M. of the 25<sup>th</sup> - 19 nearly 4 hours later.</p> <p>The child was quiet &amp; peacefully nursing when born - but at the first inspiration a cold shiver on the face brought on a shivering. I observed that the femoral pulsation was about 120 to 130 &amp; that they were not like the maternal pulse. There was no abnormal heavy work in any evidence of heart disease - The child sat up at 4 hours - During the day when the pulse was 120 to 130 &amp; the mother's pulse was 80 in the morning &amp; 120 to 130 in the afternoon.</p>



Month.	Date.	Particulars of Case.
		Strangulated Inguinal Hernia
Sept	26 <sup>th</sup>	<p>An Irishman named Charles Anosette aged about 60. a small but healthy looking man, Clerk in the Revenue Dept., admitted on the 25<sup>th</sup> at 7 P.M. with symptoms of strangulated Scrotal hernia on the right side. He has been the subject of hernia for about 8<math>\frac{1}{2}</math> years. It used to protrude and reduce of itself, and that it appeared to cause him once or twice incarcerated if does not appear that he ever had any serious trouble with it until now. The symptoms when I saw him at 9 am of the 26<sup>th</sup> were intense. The hernia was irreducible. Much constipation. He had vomited once or twice. There was pain at the neck of the hernia. but not much umbilical pain. Intestines no abnormal tenderness. Examination had been admitted &amp; the feces was in the rectum.</p>

I had been down two hours when he came to the Hospital at 11 o'clock when he was bathing.



Month.

Date.

Particulars of Case.

Strangulated Inguinal Hernia

Sep 26 He was in no way larger than  
 was old. Large - in moderate size.  
 I directed these measures be  
 repeated - ice to the tumor.  
 At 3 P.M. I received a report that  
 he was in the same state. Pulse rate  
 and axis had failed -  
 At 7 P.M. another report stated  
 that the symptoms were more  
 marked. That he was sitting  
 low - that he was vomiting  
 stercoraceous matter & that the  
 tumor was more painful -  
 I went to the Hospital & assisted  
 by Surgeon Major Fogg, R.A. I  
 operated. The structure was  
 at the external ring. This I  
 divided with the hernia knife  
 and then without opening the  
 sac. I reduced the hernia - He  
 was immediately relieved



Month.	Date.	Particulars of Case.
		Strangulated Hernia -
Apr	26.	An Opate was seen and he was put to bed. Many the Anesthetics & ligatures were needed. And the wound was then brought together with wires -
"	27.	He is much better. Sleep well all the bad symptoms have passed away.
"	28.	The wound, excepting where the ligatures were, has healed by direct union. He had a tetanus-like spasm last night which has acted freely on his bowels. He is very well in all respects. No more pain, no fever - When the dressing was removed a few drops of blood serum oozed out by the side of the ligatures. but the rest of the wound had united -







Month.	Date.	Particulars of Case.
Oct.		<p><u>Amputation of Thigh.</u></p> <p><u>Notes by Dr. J. P. R.</u> Ismael Hapi 36 years old - a Mahomedan Klapie was admitted on 2 Oct/65. with an inflamed swollen left knee joint. It was caused by a wound on the inner aspect of the knee which he received 25 days previously falling against a log of wood. 3 days after that accident it was followed by swelling of the joint with fever of about a week's duration - at the time of admission the knee was swollen and painful. Fluctuation was perceptible at the upper and anterior part of the joint - I aspirated &amp; did not communicate with the cavity of the joint - the leg was promoted &amp; placed on one of Dr. J. P. R.'s splints - a splint was used from as he was amputated on the 12th of the 3<sup>d</sup> the swelling subsided a quantity of pus &amp; blood came out - the knee was still very painful but not so swollen.</p>



Month.	Date.	Particulars of Case.
		Amputation of the Thigh
		Stim was applied - Stim was given intermittingly -
		Thump began to wear a fair aspect, swelling diminished, pain lessened and he was apparently doing well, but his pulse rose almost every evening to above 100 to 120. There were no distinct rigors up to this time.
Oct	10	at home of this day he had a sharp rigor pulse 120. - Stim continued & Stimulant.
	11	P-114 - no shivering.
	12	Incubency to rigors - pulse 118 -
	13	No rigors - appetite good - bowels regular. pulse 124 in evening
	14	Pain above the patella increased p 124 - the old wound was opened and about 12 oz of pus let out. In the morning he felt much relief pulse 100 -
	15	P-97 - No rigors - pain much less. free discharge from the wound



Month.	Date.	Particulars of Case
		<i>Amputation of the Thigh</i>
Oct.	16.	17-18. He felt pretty well - the lower part swelling less. Discharge diminishing - pulse below 100 -
"	19.	Discharge less - pulse below 100 - pain much less - could bear pressure on the patella. pulse went to 108 in the evening.
"	20	Pulse 120 skin was so warm as to feel hot - increased at noon & had a rigor.
"	21.	Had a slight rigor - pulse 110 -
"	22	Had a rigor -
"	23	Pulse 120. No rigor - He would be examined with a probe and not seem to communicate with the joint.
		I have been absent since the day of his admission until now
"	24	No distinct shivering. pulse 114-8. pain over the patella very severe - Discharge healthy -



Month.

Date.

Particulars of Case.


Amputation of the thigh-

Oct 25 I examined from under the skin  
the wound very enlarged. The suppurated  
part under the patella - & the part  
below it the opening - of the abscess  
was made to give vent to collection  
of pus about the joint - The  
joint was greatly inflamed  
discolored & very painful. - I determined  
on immediate amputation  
and accordingly I performed  
the modified Circular -  
The bone was divided about the  
middle - The lower part of the  
thigh was much infiltrated  
and hardened. The muscles  
were firm & adematous &  
did not retract when divided.  
On examining the part after  
removal I found that the  
cartilages were rapidly disintegrating  
peeling off the ends of the bones.  
The lower lunar cartilage  
was free the medial ligament



Month.	Date.	Particulars of Case
		<i>Amputation of the thigh</i>
Oct	25	Wound & disintegrating. Collection of pus existed about the joint & spread up by the side of the bone - the tissues above and below the joint were infiltrated and hard -
Oct	30	He has done pretty well so far, since the operation. All the lymphatics except the femoral, have come away. The flaps have a faint bluish, mottled adhesions. But there has been a profuse thin purulent discharge from the stump - The lower clasp & impure & become thick - but pulse is coming down from 130 to 120 - to 108 - The temperature is about 101 -
"	31	Discharge free. Pulse about 105 to 120 - Degree moist - The soft parts are doing well. Bone still exposed.



Month.	Date.	Particulars of Case.
		amputation of the thigh -
Nov	3	The ligature on the Femoral artery came away today - It was the last of the ligatures - The discharge is still free. rather thicker. & more has dark <sup>yellow</sup> color - The soft parts look well. But the bone is still doubtful Pulse keeps above 100 - to 120 - then 100 - to 102 - I suppose clean & must take him for a faint -
	4	The pulse keeps from 120 to 180. but he has no little increase of temperature. The discharge is less in quantity & thicker. all the ligatures & some of the sutures have come away - I suppose clean he takes his food well this day
	6	Pulse diminishing. 90 to 100 - 110 - Discharge thicker & more healthy. on the whole he appears the day well in the line. I hope may be discharge also
730	7	He had a rip. yesterday. Examined the bone and had a part exposed.  The part is pro- -truding. I fear suppuration is forming in the wound



Month.	Date.	Particulars of Case.
		Death from injury to the head
Oct		<p>A young Hindoo woman about 25 years of age - was brought into Hospital on the Oct. said to have fallen from a ladder, a demand.</p> <p>She was insensible, her pupils were natural, her respiration natural. Pulse feeble -</p> <p>She was treated with Emmetic Co to the head. Strictly regulated support - (It is to be observed that there was bleeding from the left ear) - The mind insensible. The limbs were contracted especially the left one, the arm and leg being tightly flexed &amp; contracted with rigidity -</p> <p>In status. Pupils natural &amp; for the most part responsive to light - The gradually more the legs became contracted &amp; she died without ever being sensible - a short time after.</p>



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## CASE BOOK.

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Month.

Date.

Particulars of Case.

Death from injury to the head

injury having occurred, but no  
 death to the last & died in the  
 days after admission.  
 I diagnosed the case as death  
 laceration of the brain substance  
 in the right side.

Rt. Chamber unruined.  
 Brain computed in two places  
 blood effused into & into  
 lacerating the substance of the  
 right cerebral lobe in the  
 surface of the sigmoid matter.  
 All the rest of the brain appeared  
 the base & cerebellum healthy.  
 There was a fine fracture a  
 fissure in the temporal bone of the  
 left side which passed through  
 the ear and accounted for the  
 bleeding. The extravasated blood  
 in the right hemisphere accounted  
 for the other symptoms.  
 Other viscera not examined.



Month.	Date.	Particulars of Case.
		Perineal Section
Oct.	18 <sup>th</sup>	<p>Robert Paisley, a powerful West Indian negro, aged 29, was admitted on the 29<sup>th</sup> Oct/65 with urinary fistula &amp; structure protruding from the bulb. - The fistula opening in the perineum just behind the Scrotum - He had been here on permanent discharge from the institution for the last 5 or 6 months, and appeared to have been here 3 months ago he had pain which continued for six weeks - an abscess formed then the fistula - The rest of the penis was become swollen and had become markedly thickened - The urine which had been passing chiefly by the fistulous opening -</p> <p>On the 23<sup>rd</sup> Oct - The swelling in perineum of the Scrotum, in the penis was laid open &amp; a deep seated abscess - Section of penis was made - The fistula was not opened &amp; no communication with the abscess appeared to exist.</p>



Month.

Date.

Particulars of case.

## Perineal Section

- Oct 26 On the 26<sup>th</sup> Oct. On something having introduced, somewhat a healthy discharge arising from the urethra I passed a No 3 <sup>Bougie</sup> ~~stiff~~ ~~stiff~~ with great difficulty through the middle portion of the urethra which is tightly contracted, down to the perineal opening to the fistula.
- " 27 <sup>on the following day</sup> and ~~then~~ having placed him in the lithotomy position I widened the structure <sup>slightly by a No 3 not a bougie</sup> by keeping as long as possible in the median line. I ~~cut~~ <sup>the urethra</sup> dividing part of the structure at the same time. In the last part of the operation beyond the fistula I was obliged to divide the prostate & cut by snip with a scissor. I found very little difficulty & having completely divided the last contracted structure to the extent of 1 1/2 inches. I passed a curved tube through the urethra



Month.	Date.	Particulars of Case.
		<u>Perineal Section</u>
Oct.	28	into the bladder. When a quantity of clear healthy urine escaped. Removed the tube after 48 hours and then with ease passed No 8 into the bladder, kept it there for an hour
No	2	He is doing well. The gum paper is in the bladder with great ease & the urine flows freely - He has had some slight hemorrhage, but is easily stopped by pressure - He has been slightly tender towards my foot today he is very well in all respects -
"	4	Wounds are healing. No 10 passed easily today
"	5	Passed No 10 with much ease
"	8	Passed No 10 - urine begins to pass by the urethra
"	11	Doing well. Wounds healing
"	18	Doing well. He has had dysuria but is better.



Month.	Date.	Particulars of Case.
		Perineal Section.
Nov	23	He is very well. The Dysuria has gone. The wound in the perineum is healing & the perineal wound is closing. He still passes some urine by it.
	30	He has had a small right testicle. Lumps - Inflammation - In May I injected <i>Trinca vaginalis</i> - then off an cure a very severe - He also had the operation.
		The wounds have all healed. He has a small right testicle. He passes a full sized stream - No 10 - a 12 paper easily.
Dec	1	The swelling of the testicle is subsiding. The perineal wound is closing. No 10 or 12 paper easily.
"	8	He is nearly well.
"	28	Still a drop or two urine. The perineal opening. In the other respects quite well.
Jan	4	He is very nearly well. Discharged in good condition.



Month.	Date.	Particulars of Case.
		<i>Amputation of the thigh.</i>
No.	2 <sup>d</sup>	<p>This morning I amputated the right thigh, at the lower third of the modified circular, of an <sup>Mahomedan</sup> <del>Armenian</del> named Hossimess who was admitted in the 10 August. having sustained an injury which the femur was completely broken &amp; remained. He lost his blood for a time - during my absence, it recurred &amp; a large part <math>\frac{2}{3}</math> was removed by Dr. Porter &amp; he again died after a time but for the last few days he has been worse. The mischief has extended the whole femur is necrosed and the tissues of the prob. thigh under the skin - a large open <sup>leg</sup> wound also looking sloughy &amp; in pinkish sloughing. as he is evidently sinking under it &amp; unable to support the mischief so I in the morning divided the whole leg at the junction of the knee</p>



Month.	Date.	Particulars of Case.
N <sup>o</sup> 7.		Amputation of the Thigh
		<p>Joint. It was accordingly I suppose          as the surgeon better to remove the          limb about the knee as offering          the best chance of preserving life.          It was accordingly done the wound          made extensive - I must have          washed &amp; rubbed properly. The          muscles were very flabby &amp; the          blood immixt with the water.          The spleen in fact is somewhat          enlarged per - Inalaria, I suppose          by the time we needed it as all          men the smallest bleeding points          were secured - I know that          the medulla of the femur had          a very dark reddish appearance          that it bled profusely a thin watery          blood - which obliged me to keep          the stump open longer than          otherwise I should have done</p>
"	4	<p>He seems as yet to be doing well          no fever &amp; the pulse is strong          than before the operation. He          says he feels better since the          limb was removed</p>



Month.

Date.

Particulars of Case.

Amputation of the thigh

- Mr 6. He is pretty well this morning  
The stump is very tender neither bone  
is at all firm still - hope of  
wound have united - Discharge  
tolerably healthy he takes his  
food pretty well -
- 7 Stump tender. Discharge free. Ligatures  
still adherent.
- 8 Pulse under 100. Much the same in  
other respects.
- 11 Bone has putrid and from the middle  
of the flap - middle - putrid - but  
not receiving. Peristalsis is stopped  
there is a ring of the end of the bone  
Pulse keeps below 100 - he takes  
Dinner his food well. At present  
he has no signs of osteomyelitis.  
Dinner his food well.
- 18 Dying pretty well. Much the  
same in last report.
- 23 Two with Drunken - Subjunctive

24 Mr Deod - yesterday of Schenck from Drunken  
Subjunctive -



Month.	Date.	Particulars of Case.
		Radical cure of Hernia
No.	5	<p>a man named Seng — <del>aged 40 to 50</del> <sup>aged 40 to 50</sup>  was admitted on the 22<sup>nd</sup> Oct with inguinal  right <sup>side</sup> hernia of <sup>a month</sup> <del>years</del> standing. The nodule  of moderate size —  on the 26<sup>th</sup> Oct a plug into the Canal and  leamed off there in the old way manner  on the 28<sup>th</sup> Oct it was removed as the upper  extremities purpose — Bowels opened  by an enema.</p> <p>6 He is doing well the hernia does  not descend. There is a thick  mass of exudation in the Inguinal  Canal — The wound looks healthy.</p> <p>8 Doing well in all respects.</p> <p>18 He is quite cured the Hernia  does not descend or anything or making  efforts — The Canal is filled with  a thick exudate substance  he is waiting for a trip.</p> <p>2 Distressed perfectly cured</p>



Month.	Date.	Particulars of Case.
		Amputation of Thigh.
Mr.	8 <sup>th</sup>	<p>He had 3 or 4 days yesterday - but looks better this morning. The pulse is 132 - Skin cool - Examined the bone carefully - Soft parts look well - Bone demands of peritonitis for <math>\frac{1}{2}</math> to <math>\frac{3}{4}</math> of an inch below white st. (the peritonitis is in front). The dull aprotundus; mid is detached from the bone as far as the peritonitis is. but it bleeds &amp; does not appear to contract. Had a consultation - R. C. &amp; I. - we gave him till tomorrow. When if the inflammation is not marked amputate at 14 1/2 - will be cured.</p>
	9	<p>He had 3 or 4 more marked signs <del>the morning</del> yesterday. Pulse rising to 140 - He is now 8 hours low pulse over 120. but he is cool &amp; his respiration is not unfavorable. we had a consultation - Putrid Smith. Shendenbally, Cullen. we determined that amputation</p>

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Month.	Date.	Particulars of Case.
		Medullary disease near the neck of bladder
M.	7 <sup>th</sup>	<p style="text-align: center;">april 30</p> <p>A man named D. M. Caste Windsor was admitted on the 2<sup>nd</sup> of March with distension of the abdomen. The tumour extending 2 inches above the umbilicus - The appearance was that of an over distended bladder and the history seemed to point to that. He had a fit of retention - partial relief - and ever since the tumour has been increasing. He has at length come to me by Dr. Churchill's introduction. I was proposed a full sized Catheter. which entered the bladder at all events was misplaced and with it - a catheter - a Dr. Williams' pipe, as the Dr. who had him. He was transferred to me I proposed a full sized cath which seemed to enter the bladder the meeting with some obstruction near the neck - and as my position in it would not be kept appearing to press against some firm substance I suppose actual hemorrhage followed. The tumour did not diminish. &amp; he was constantly complaining</p>



Month.

Date.

Particulars of Case.

Memorandum, disease of rectum &amp; bladder

Nr 7 Clear urine. Each attempt to pass the catheter which seemed melted near the neck of the bladder & to enter & cut as one in the right of the neck the with a little difficulty passed through me into the bladder, was followed by, sometimes a little clear urine and always by profuse return of hematuria which was arrested by ice. The tumor felt protruding at first. I thought it might be a collection of blood in the bladder & put a hot injection had no effect & the dark color of it was made to enter further than the neck - & immediately the return a shivering & shivering & shivering felt just before the site of the prostate, but much fuller on the right side. The swelling was fluctuating - The man was a thin but not remarkably long man & of no particular importance



Month.

Date.

Particulars of Case.

No 7

Metastatic disease of Neck & Bladder  
 When we could expect from the disease  
 extension of the bladder - I assumed  
 the blood & urine under the microscope  
 but could find no Cancer cells. He  
 I diagnosed Metastatic Cancer or  
 follicular Cancer in the bladder  
 filling it with tumor blood &  
 Cancerous deposit - or Cancerous  
 tumor to obstruct the bladder -  
 He got some more symptoms  
 of peritonitis & perineum & he died  
 in the morning of the 6<sup>th</sup> Nov.

Post Mortem 7<sup>th</sup> Nov 1865 & 8<sup>th</sup>  
 on reflecting abdominal walls.  
 peritonitis was found & the  
 vesicular tissue behind the pubis  
 about the left kidney down to the  
 pelvis was infiltrated with tumor  
 The Bladder was enormously  
 distended with tumor & was  
 much thickened - Behind it &  
 between it & the rectum was  
 a large semi-circular mass



Month.	Date.	Particulars of Case.
No 7.		<p>             The anky disease of the bladder              and closed the bladder behind              the prostate. It was connected              with the neck of the bladder &amp; in              - acid was thus connected with              the ureter - the canal of the ureter              there were two openings inserted              into it - near the neck, into which              the Catheter had entered &amp; from              came the profuse bleeding - The              Catheter had also entered the              bladder as far as the Prostate              caused by the cancer would admit              &amp; the inflexion of the neck of              bladder had been when the              violence of the distension became              the pressure of the Cancer              The Kidneys were              in the cancer              were much              impacted              Rectum              &amp; the ureter              Cancer, isolated.           </p>





Month.

Date.

Particulars of Case.

## Salvage Lithotomy

M 8 a Hindu named Modan Doss <sup>45 to 50</sup> years  
 admitted on the 1st with symptoms  
 of stone in the bladder <sup>5 months</sup> duration  
 as smoking him the stone was felt  
 lying on the fundus of the bladder -  
 He had no fever. urine clear. no alluvium  
 no deposit beyond a little mucus.  
 After days rest & an aperient he  
 opened the bowels purgative I operated by  
 the lateral section on the morning of  
 the 8th M. The perineum was very  
 narrow & deep - The stone was extracted  
 without difficulty - but the operation  
 was followed by troublesome hæmorrhage  
 from a deep transverse branch -  
 profluvium - ice - injections of cold  
 water had to be used throughout  
 the day & yet he lost a quantity of  
 blood - & bled at 1 1/2 P.M.  
 from the bladder half full of  
 clots - I made of profluvium till he lay  
 up constantly. ice & water were used  
 though a large Catgut suture would  
 be returned so long as caused no  
 irritation





Month.	Date.	Particulars of Case.
24 Nov. He needed last night. of Schaeffer's.		Salaal 10/10/10
P.M. Mr. Gladstone showed that he was very well.		Hept from at 3 1/2 P.M. - per per - hemorrhage -
25 Nov. - The Sadness was shown. 11		No hemorrhage during the night he is doing well. urine pale, but the ways - at present nothing more than doing well. no return of the hemorrhage - urine pale but the ways -
		He has been. but is per per pale & the urine pale but though the wound which looks healthy -
		Wound doing well. urine pale but thick. but he has had a quantity of the Inver & day pale. He is taking for the Salaal experiment to the morning & evening in water. some 1/2 of the per per
		He has been about doing states 10 hours dose of Quinine - the wound is doing well. urine pale but
		He has nearly had 7 per per Salaal from the latter way. & the Salaal being to the per



No 88-307

CASE BOOK.

314

Month.

Date.

Particulars of Case.

Amputation at the Hip-joint

No. 9

as the hip offered the best chance of life as the head of the bone being affected and as suppuration is probably going on he has no chance without it. — Accordingly the limb was removed by ant. post. flap. At the hip-joint the bone was disarticulated with little difficulty. Collected some Chl. sp. Part of the mass of the vessel & sent the limb & flaps — He lost perhaps  $\frac{3}{4}$  of blood as the hemorrhage was immense — about 30 oz. when he was needed — He bore it well. His pulse after he was put in bed was not higher than before the operation.

— 10 Had a <sup>one</sup> rig. shortly after the <sup>operation</sup> temperature higher than natural Pulse deep up to 120 to 130 — Shins look well — no bleeding Respiration 35 — at 2 P.M. —



Month.	Date.	Particulars of Case
		Amputation at Hip joint
No	10.	<p>             Eye took ill and the hurried              healing with occasional slight              trouble we fear mischievous of a              serious nature <sup>may</sup> have occurred              the lungs — Stomach to              good maintenance — well.              Urine —              Section of the bone presented              a most beautiful and instructive              illustration of the disease.              The membrane the putridity in a              solid &amp; robust healthy condition              to be above in putridity throughout              its whole length with few little              spots with a cyst the pyogenic              membrane occurring here              &amp; there. This is very instructive              as it shows that Osteomyelitis              in the tubular bone may              be taking place in the middle              when the putridity has been              the healthy           </p>



Month.	Date.	Particulars of Case.
		Amputation at the hip joint
Nov	11.	Spent time much worse than morning Pulse very rapid. Body in a state of tremor. Heart very rapid. Amputation disrupted. Great activity perfect imaginations. Still takes her food stimulant. well - Intubate hearting and hand hearting intubate chest. Particulars common he examined her too far to be continue stimulant. Spent time can be no doubt that the lungs are much improved Pulse 104 - 140 with tremor. Intubate Share in under the lungs are much improved. The stimulation stroke the chest
	12	He died last night - Pulse 140 & tremor - all organs totally healthy except the lungs which are small & streaked with patches of suppuration - Pleura contains blood from suppuration



Month.	Date.	Particulars of Case.
		<i>Stabismus</i>
Nov	23	<p> with a walk; and I operated this morning on a young English lady aged about 26. In consequence of Stabismus of the right eye. The distortion dates since her 2<sup>d</sup> year, probably had its origin in distention. She is well and strong. The eye is rather weaker than the other &amp; the convergence is hindered, but there is no "squint". When the left eye is closed she has perfect vision in it - &amp; it is very doubtful whether the right eye is not also worked the same or many circumstances it may happen the so-called times it also squints. </p> <p> I directed the internal rectus with a suture - cutting the tendon raised on a hook - in order to disengage it in position - The eye was held by a suture with a span of 10 this paper. The best without shaking </p>



Month.

Date.

Particulars of Case.

Strabismus

At the art that Ophthalmia. The eye seemed  
the immediately much improved  
in position - I put in two stitches in  
the conjunctival corner - meaning  
saying the work carefully to ascertain  
that no membrane remained in the eye  
There was little or no bleeding and  
the cornea was not injured

On 24 I received the report from Dr. Waller  
"He will be pleased to hear that the eye  
is doing well; the effused blood almost  
disappeared. The incision apparently  
wholly united, entire absence of pain  
and as regards the position of the  
eye ball I think undoubtedly after  
much improved"

26 Day well. Eye a little inflamed  
in pain - some irritation about  
the ligature round the knot  
The eye is steady & straight,  
but the other eye I think  
is not so well



Month.	Date.	Particulars of Case.
Feb 10 <sup>th</sup>	28	<p><i>Strabismus</i></p> <p>She is certainly much improved but there is still a squinted or dissipated eye in which I am not at all sure - I have recommended that the other eye be done - The operation of blood in the operated eye is unbalanced - The cornea is injured - The filling of the posterior chamber small papilla on the inner side -</p>
		<p>The eye now seems perfectly well all the same - It appears to be perfectly straight - The distance is difficult to say and eye squint with the eye I operated on the other eye in the same way as in the last - and after the operation both eyes seemed quite straight -</p>
July	2	<p>The eye looks perfectly straight - no inflammation, no pain - I have not seen it since the last time -</p>

The right eye is better than the left - & there is a faint cloud on the left eye but it is very much improved - & there is no squint in the left eye -



Month.	Date.	Particulars of Case.
		Radical cure of Hemorrhoids.
Mr.	10	<p>Edmond Bettingbrooke aged 33. a Purser aboard a ship, was admitted in the 20 Sept. 1865 - suffering from an internal - curable of hemorrhoids on the left side - about ten months previously he had received a kick on the left side from which was followed by swelling of the part &amp; after the discharge of the same to the - when this subsided a protrusion of the size of a walnut appeared, which gradually descended to the scrotum - when he applied the iodine form into the orifice of the hemorrhoid was done &amp; in a while - I was returned by simple treatment - He subsequently had an attack of dysentery, he went out &amp; returned and was readmitted on 30 Oct. and on the 10<sup>th</sup> Nov. he was operated upon the radical cure of hemorrhoids - in the evening plug a ligature.</p>
	13	<p>The plug was removed &amp; the on-charges were seen.</p>



Month.

Date.

Particulars of Case.

## Radical cure of Hermin

Jan 13 He seems quite well and free from the headache  
 " 16 He comes to my room - when walking along the  
 He is still to be put to bed - some affluence did not

Original (No lower - the disease  
 has - a small portion of the  
 which is a true cancerous growth  
 Bone. Curious

8 He is doing well. The bones  
 were opened by yesterday's  
 at 2 am. The wound  
 is healing. & the inflammation  
 is well upon the canal.

There is very little discharge  
 and in all respects he is doing  
 well

He is very very well.

The inflammation appears to  
 have come down - but he is  
 still in bed -

8 Wounds nearly healed. Inflammation  
 has come down - but not the tumor

14 Original. I think the tumor

26 Wound healed. Inflammation has come



Month.

Date.

Particulars of Case.

Excision of Os Calcis

No

27

Brepper's notes. - The patient named Satouree aged 25 years, a Mahomedan Masha, was admitted into the Hospital on the 24<sup>th</sup> Nov. for Caries of the Os Calcis of the left foot. On admission he said that he had never suffered from Syphilis; but that about a year before he had an attack of Rheumatism in which he was salivated, that the pain in all the joints subsided except in the left ankle joint: this was followed shortly after by a small pimple on the sole of the foot close to the heel which shortly left a small ulcer. This ulcer had been gradually extending and was at the time of admission about an inch in diameter - A small piece of bone had come out of the ulcer with the discharge.

On examining the ulcer it was found to lead to a piece of bone beneath the sole felt softened. The sole of the foot was flattened anteriorly, and bulging posteriorly. (Part of the Os Calcis was evidently gone)

It was decided to remove the Os Calcis as the bone alone seemed the affected - the ankle joint, not being affected. 1<sup>st</sup> 27<sup>th</sup> Nov. 1865. On the table on the 27<sup>th</sup> Nov. 1865.



Month.	Date.	Particulars of Case.
		<i>Examination of Os Calcis</i>
No	27	<p>It was ascertained that he had a Condyle  mammum - with pit 5 mm. at apex - and  he had also an aneuric look -</p> <p>Chloroform was very carefully given -</p> <p>The Os Calcis was then removed by making  an incision round the heel commencing over  the tubercle of bone &amp; carrying it round to the  corresponding point on the opposite side  The flap of the sole skin is then turned  round. &amp; the length of the bone exposed  a vertical incision was then made over  the "Indus a miller" - &amp; being divided  down to that thickness the insertion of  the Indus was then divided -</p> <p>The bone was then disarticulated  from the Articularis - &amp; when the man  awoke &amp; the articularis was  of the bone - it was found that there  was an aneurism - The bone pieces  were read in the division - The  corresponding points were  marked by small white chalk marks  The bone when removed (it came  away in two pieces) was found</p>



Month.

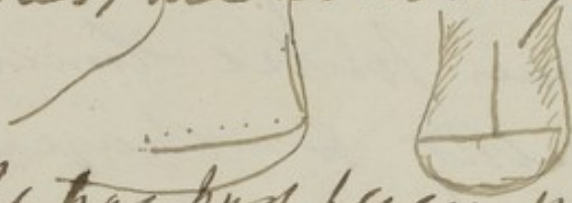
Date.

Particulars of Case.

Excision of the Os Calcis

Ma 27 The patient and mother of the  
child let him perform exercise with the  
to it. - There was considerable  
pain & met with perhaps the  
internal plantar vessels & ligaments.

29 He has been <sup>not</sup> <sup>very</sup> well since  
the operation - no bleeding -  
very little discharge & the lips  
of the wound, which is surrounded  
by wires, are adhering.



But he has had fever - is weak  
and has been sick many nights.

30 He is weak - the pulse is weak and  
but the pulse was very rapid & strong  
before the operation - no signs -  
The foot looks well - Open the  
vertical wound with the finger  
to see the bottom - injected with  
a solution of Carb. - He has some  
pain here -

Dec 1 The foot looks well - but he is weak & has



Month.	Date.	Particulars of Case.
		Excision of the Os Calcis.
Dec	1.	His pulse remains near 100 - up to 130 The discharge is more profuse than when Temp: on admission 103 -
"	2	He has had less pain. His pulse is quick and weak - 104 - Temp: 101 - to 101 - Foot now by swelling - with a bloody cell - Pained with the cure: but - Discharge free - a profuse one.
"	4	He has less pain. Inspiration more free since - and takes healthily Discharge healthy - <del>Discharge</del> Foot swollen by less swollen - Give him the Iridin Cit with -
	8	He is slowly improving for the last 3 days he has had Diarrhea - for which he has taken astringents. The discharge healthy - the swelling less -
	13	He is now pretty well. Discharge healthy - Swelling of foot less today. But he has a haemorrhage today - Diarrhea



Month.	Date.	Particulars of Case.
		Examination of the Os Calcis
Dec	13	- He takes Sennapowder & Iron - which partially restores the strength which is always weak at night - He still loses his memory & walk - He found with the Hesperate head as the apex is still there
	14	Drunk now - Drank beer & water but not wine. Foot better well
	18	He drank beer & water wine. but the more he will drink. There is a dis- tinct swelling in some of the tarsal bones When the foot is rubbed and motion is withheld between the bones
	19	During last 3 days he has been much worse. He is in a state of stupor. The pulse is small & - fated with a rapid pulse. The foot is now of a deep purple color - The pulse is - but heart of blood is faint Chancous patches & Stomach P 331
	20	He became suddenly worse and died last night - symptoms of Chloric heart.



Month.	Date.	Particulars of Case.
		<i>Peripneumonia</i>
Decr	11.	<p>At 6 P.M. I was sent for (Dr. Smith) and found a young Native woman age 18 h. 25 - in a state of stupor. Temp 101° pulse 120 - 130 feeble. Peripneumonia which had been going on some time before it is said at 9 A.M. of the 10th. The face was presenting, the hands and feet were cold. The patient was in a state of collapse. I was well done. Dr. Smith. She had had Gravidity. Blood was not of course drawn off. The symptoms of peripneumonia were all present. I instructed the nurse to watch the pulse and to see that the patient should be kept warm. The head was withdrawn, the arms were held out. The Gravidity came away almost immediately. Water was taken for 1/2 pint. The patient was kept warm and some other measures were applied.</p>



Month.	Date.	Particulars of Case.
		<i>Pericarditis</i>
Dec	"	<p>The commotion lasted in. 2 days  13-8-10 minutes. In the afternoon  After nine pm - Ice to the head &amp;  Lapse of neck - vomit after 6 pm  <del>and after the trunk</del> - Some con-  siderable amelioration - Up to the  partial consciousness but she  was very tired and slept about 11  PM. I had no opportunity  to examine the urine -  I did not see Chapman. She  was so weak I thought that I  thought I could do no good.</p>



Month.	Date.	Particulars of Case.
		<i>Removal of the Breast (Scirrhus)</i>
Decr	4	Paddo a Hindoo woman married and has two children - age about 40 to 45 - admitted in the 4 <sup>th</sup> Decr. with a tumour in the right breast - very hard - of 2 years growth. It was hard heavy - and painful. It had been treated by nature about 5 months ago - with leeches the leech bites ulcerated, and partly the tumour sloughed. There is still an open wound of a sluggish nature surrounded by a thin fluid oozes - the tumour involves the whole breast in its hard.
Decr	8	On the 8 <sup>th</sup> the whole breast was removed no attempt was made to bring the edges together in the dressing of the wound was so far apart - no dressing was used - but small dressings were used. Dressed it with water - and soap - I should state that the glands in the axilla were not enlarged.
Decr	15	The wound is healing healthful all the ligatures have come away - she is in a very fair condition. Her husband and her own family.



Month.

Date.

Particulars of Case.

## Removal of Abscess per Scintillus

Suppuration of Throat making its appearance - Abscess. Int. present.  
 Suppuration - Stimulants & Nutrients  
 - immediately looks well.  
 It is not working so well. It looks  
 dull & sluggish. No contraction  
 the suppuration is better - Continue  
 Stimulants - Keep the bowels  
 open -

During the last two days, she has  
 been worse, inflamed. Improve day  
 on this night - hand looks enlarged  
 & red - temperature 101.5° of water  
 pulse 98° - She is suffering from  
 dyspnea & I suspect some effusion  
 into the Thorax - percutaneous per-  
 foration & try to see the position of the  
 Chest - She has Stimulants  
 heretofore -

She is very low today. Pulse small  
 & feeble. She is cold to the touch. She  
 was under in the night - Give Stimulants.

31 - She died last night -  
 P.M. Improving health - Throat healthy - Heart mostly plugged with  
 clots of blood in the left side of the heart - left ventricle empty -  
 when it black clots - Heart flabby - Liver & Gall bladder no



Month.	Date.	Particulars of Case.
		Widow of 80 Calves
Dec	20	<p>P.M. at 8 P.M. Body pale and anemic. Lungs healthy pulled out part - but here &amp; there patches of ecchymosis showed that pyæmia purum was beginning. Spleen was slightly hypertrophied congested &amp; anemic. The heart natural in size, had a white patch on the surface of the left &amp; right ventricle. Right valve healthy, but contained brown coagulated clots in ventricle and auricle which when washed the pulmonary vessels.</p> <p>Instead of the lungs &amp; nodules with a solid deposit - accounted for the murmur -</p> <p>Liver large fatty &amp; friable -</p> <p>Spleen large &amp; soft.</p> <p>Kidneys fatty &amp; shrunken.</p>



Month.	Date.	Particulars of Case.
		Rupture of urethra. Rupture of pelvis.
Decr	11 <sup>th</sup>	<p>Probly Sir John Garrigue aged 45 to 50 years a small feeble looking man, admitted on the 11<sup>th</sup> Decr. He had fallen from his cart on to his right side and the heavy laden cart had passed over his pelvis. There were some contused wounds on the left groin and anterior aspect of right thigh and had much bleeding from the urethra. Simple dressing was applied to the wound and the night he suffered from retention of urine which was relieved by Catheter. In the morning of the 12<sup>th</sup> Decr I saw him. Bladder was relieved by Catheter. In the day there was constant dribbling of urine tinged with blood, his pulse was weak.</p> <p>13<sup>th</sup> The Catheter would not pass. It was arrested in a false passage a rent in the posterior part of the bladder &amp; a quantity of blood &amp; urine was expressed. The attempt to pass the catheter - on examining the perineum it was found the sphincter a section was made in the rectum. The tissues were found the infiltrated with blood and urine - on opening the posterior rectal wall the transverse perineal was seen the lower &amp; the lower blood was withdrawn into a sac - small loose bits of blood were turned out from behind the lacination - a bent tube was introduced &amp; much blood was passed through it - -</p>



Month.	Date.	Particulars of Case.
		Rupture of uterus - Death -
Dec	13	at 3 1/2 PM. - The operation was performed in the morning. The pulse became imperceptible; blood came escaped through the tube. The abdomen went into stercorant state and. Mortality in abdomen & peritoneum.
	8 1/2 PM.	Pulse imperceptible - No blood from the wound - Some flowing through the tube. Abdomen distended - The stercorant state from day here and one injection of Ether Sul. 3 1/4.
		Anapetida 3 1/4 Brand 3 1/4 Lys. Calid 3 1/4 V. J.
		2 Measures of Brandy - 1 added and 1 added gradually until and and at 4 1/2 AM. of 14 1/2
		Post Mortem Examination, etc.
	8 1/2 AM. 14 1/2	
		The cellular tissue of the pelvis was found to be in a softening state from inflammatory action. The softening had extended over the whole of the abdominal wall. The neck of the bladder was in a state of softening.
		The uterus had been torn & situated behind the triangular ligament - Not much softening in part of the triangular ligament - There was fracture of pelvis in both sides - body of pelvis & pubic arch being fractured through the upper & lower branches.

There was some peritonitis, but the lymphatics were not inflamed in its surface



Month.	Date.	Particulars of Case.
Dec	19	<p>Removal of Tumour from neck under Sterno-mastoid muscle &amp; Anterior Thyroid gland.</p> <p>This morning I assisted Dr. Antrovi remove a tumour from the neck of a female slave of 18 years - named Astarney.</p> <p>The tumour was irregular in form compressible and lobulated. lay just under the ear and occupied the upper lateral right. region of the neck. From the touch black brown growth and of rapid develop- ment - in the day within 3 months. It is suspicious of cancer. but her general health is not so much as the constitution indicating that disease. The tumour lay under the Sterno-mastoid and was immeasurably attaining under the muscle of fascia &amp; in of a firm &amp; compressible consistency. He was admitted in the Dec but had been in the power of cancer Dr. P. deferred operation until the day - I saw that it was so much indurated that it was not lay</p>







Month.	Date.	Particulars of Case.
Dec	19	Removal of tumor from neck in the upper part of the neck was performed - the tumor was removed. The skin left was replaced and sutured the wound at the back of the neck as well as those beneath the surface - The wound was kept to the skin with the wound pad and bandage applied -
Dec	21	I did not see her yesterday - Today she has been found that she has had rashes. The skin there is a good deal of pain. but the nurse says as well as only be expected
"	22	She is doing well
Dec	26	She has had erysipelas and is not doing so well. Saturated with - She has been taking - or medicine -
"	28	She is weaker and has been out. but is recovering.
Jan	4	Dr. Colles reports me that she and V. Shannon yesterday.



Month.

Date.

Particulars of Case.

## Removal of a large Fibroplastic tumour

Decr 22<sup>d</sup> - A Mahomedan named Agha Ally  
 aged 28 years. Resident of Delhi.  
 of the Army admitted this morning with a large  
 of size

lobulated tumour on the left  
 arm situated over the triceps. It  
 was very painful, very lived  
 and one of the lower lobes had  
 sloughed and since due to frequent  
 attacks of hemorrhage - The tumour  
 had shown the pulsing humbling  
 of a fatty tumour - The veins in  
 it and all about it were tortuous  
 enlarged and full of blood.

It was evidently the cause of  
 great suffering and weakness of  
 from the frequent hemorrhages  
 It was planned over the bleeding  
 surface with antiseptic which  
 promoting with the blood had  
 acted as a temporary haemostatic.  
 No doubt in the long run



Month.

Date.

Particulars of Case.

Removal of the tumor

Dec 22 Found no history of cancer. He is 48 years of age and has lately been the source of great misery. I placed him on the table where he lay in a recumbent position and in the presence of Dr. Francis - Cornish, Walter and John H. Chapman (also Dr. Smith). I removed it by an oval incision round its neck which was slightly crustaceous & dry. I did not attempt to remove skin and all appeared moist. The hemorrhage was very profuse but I dissected the growth rapidly away. I sponged the large vein. Arterial spurts as I saw in - about 25 to 30 by which more blood was applied & the wound with hemostatics together as the integuments were up elastic with wires. He lost about 20 ounces of blood.



Month.

Date.

Particulars of Case.

Removal of Fibro-Plastic Tumor

Dec 22<sup>d</sup> He was attended after the operation but soon rallied -

Mrs. H. & I. give an idea of the  
 size and shape of the tumor  
 in profile - One examination  
 by section of a piece they  
 show the structure of a round  
 tumor of the kind of cellular  
 white & rather tendency to fibrillation  
 in the arrangement as it would  
 bear some resemblance in the direction  
 than another - It also showed  
 a fibro-cellular structure & the  
 "juice" he had a piece brought  
 of oval nucleated cells - I did  
 not find any large  
 cells - I am naturally inclined to hold  
 it as a typical specimen  
 of the fibro-plastic growth



Month.	Date.	Particulars of Case.
		<u>Chemical Fibroplastic Tumour</u>
Dec	26	He is very well - The wound has united nearly all by first intention and small pieces <del>have</del> and legum. have been removed. In face - no constitutional disturbance
"	28	Very well in all respects
"	31	Wound healing. It has dried out a little since the skin here remains but it is quite healthy
Jan	4	Wound has nearly healed -
"	13	Wound all but healed - He is in excellent health & spirits
"	17	Discharged - Cured - wound all but cicatrized -



Month.	Date.	Particulars of Case.
		Dislocation of head of humerus downwards.
Dec	25 <sup>th</sup>	<p>On the 24<sup>th</sup> I saw a boy name of <del>Antony</del>  aged 15<sup>1/2</sup>. Influx penicillated was called  "Unbrus Cotarius". The humerus was  dislocated 2 to 3 inches. protruded  space between ant. Sup. &amp; Sp. H. &amp; Indurated  much enlarged. - humerus could be  rotated &amp; moved without much pain  he was able to rise and stand, bearing  his weight on the affected part. -  The history is confused. Two months  ago he was in good health - but it  appears that he is a debauched  lad &amp; smokes hemp. Two months  ago at some festival he danced  incontinently for 2 hours. and while,  as it is supposed, under the influence  of Ganjah, fell or slipped down stairs -  He was put to bed, probably in a  state of extreme muscular relaxation  and it would appear from the  statements of his friends, that he  has been lame ever since. - Certainly  he has got about and has moved the</p>



Month.

Date.

Particulars of Case.

## Dislocation of the Femur

Dec

25

limb pretty freely altho' much in-  
convenienced by its length and position.  
Having been brought into the theatre  
and placed under the influence of  
Chloroform, extension and counterex-  
tension of the limb was made in  
the usual manner, the patient  
lying on his left side - At the same  
time a towel was passed under the  
thigh and round the neck of an  
assistant by whom the limb was lifted  
directly upwards - the foot being  
rotated and the upper extremity  
of the bone manipulated a slight  
snap was heard and to all appear-  
ance the limb resumed its original  
form - On removing the extension  
apparatus the trochanters on both  
sides were found to correspond and  
the knees and ankles to be almost  
in apposition - There was however  
still a slight increase in the length  
of the right extremity and as the  
effect of the chloroform wore off this  
became still more marked and



Month.	Date.	Particulars of Case.
		Dislocation of the femur
		<p>The <del>last</del> joint remained in its dislocated position. - It was again replaced in the same manner, and a long splint, as for fracture of the thigh, was applied.</p>
Decr	26	<p>The splint and bandages were removed this morning - the limb was found elongated to about an inch beyond its fellow - The head of the femur had evidently been approximated to the acetabulum, but was not retained from want of the natural muscular support and perhaps from partial obliteration of the cavity. A further attempt at reduction would have been made, but the boy, a self-willed and besotted young beast, objected. His father and friends also represented that his partial lameness was much to be desired as it would enable them the better to control him. He accordingly left the Hospital.</p>



Month.	Date.	Particulars of Case.
		Gunshot wound
Decr 28 <sup>th</sup>		<p>D. C. Palmer - came to the nursing with a wound in the left foot - He had a few hours previously been handling a "Monte Christo" pistol and holding it vertically, the muzzle pointing downward, it went off - The ball, size of a pea, entered between the 2<sup>nd</sup> and 3<sup>rd</sup> metatarsal bones, without fracturing any bone - There was a small uncl<sup>d</sup> hole at the summit of the foot, in the softest membrane - I put him under chloroform (Dr. Beaton<sup>th</sup>) and examined the wound &amp; completely with the common probe - Relation: probe in a very loose (retrograde) the wound bled down towards the sole of the foot &amp; then back towards the heel. but blood did not after much time &amp; a syringe was used to draw out the blood - The probe only gave the feel of being in the soft part of the foot but no bullet could be found - I used but not published any more &amp; I please, we can</p>



Month.	Date.	Particulars of Case.
		Gunshot wound of Foot
Dec	28.	No fever. no swelling very little pain except when the foot is on the ground. There is slight profuse sanguinolent discharge from the <del>foot</del> wound - a slight stitch and it - some spots about the center of the sole of the foot tender. Have been wounded or punctured all round the foot - a thin green scab
-	31	He has no pain. There is slight discharge from the wound & the foot is edematous about the ankle. But there is no pain
Jan	24	He has been walking not lately care of himself - went to a firing party not inflamed - he has had severe pain. Made a counter opening through sole of foot & evacuated some pus. - 24th Jan - He has been better - he has been taken South & returning - 24th Jan



Month.	Date.	Particulars of Case.
		Gunshot wound of foot
Aug	4	<p>London and to find the ball yesterday when he was under the gun by Dr. Payne, but could not succeed.</p> <p>6 He has no fever. but then collects from compression - Discharge is he. being more free from the wound. It is painful all round it. but especially in front as the way of the bone. He took some more substantial food &amp; a little sleep yesterday.</p>
Aug	9	<p>Supposition more purpose. He is collecting has a cough &amp; some trouble - a little of the way of foot -</p> <p>Took him under the (Dr. Payne) - I made per incision in the foot where the bone - found the bullet. trying under the third of metatarsal bone where it had broken &amp; stopped. The ball had passed between the 2nd &amp; 3rd metatarsal bones &amp; had become lodged by the middle. I was not much surprised - reflecting - the history of the wound &amp; the operation.</p>



Month.	Date.	Particulars of Case.
		Lammatic Itamun in a child
Dec	28 <sup>th</sup>	I was asked to-day to see a little boy - an Armanian. He is aged 4 - of remarkable intelligent and serene manner & unusually well grown for his age - about 14 or 16 days before had had the left thumb & by falling out of a carriage. and the wheel passing over the tip of it - The thumb had been slightly bruised - I found that the nail had become detached, and that a new nail was already growing & pushing the old one forward - There was some inflammation & the nail was messy - He is in all other respects in excellent health - I removed the dead nail, and I was quite loose with my finger and thumb. It appeared that towards the end of the thumb the nail bed looked somewhat purplish & red.



Month.

Date.

Particulars of Case.

Rheumatic Deliriums in a child

Dec 28

I dropped it with cold water - The child cried a little for a short time then fell asleep but was soon awake. He went out with his mother that evening to his Grand Father's - under the wind was unwell at 4 P.M. - It appears that whilst at his Grand Father's he became restless and restless. Complained of pain in his throat. He was taken home - He went to sleep but about 3 AM he started up, having been restless during the night & struggled & called out in great pain in the neck - I saw him at 4 AM & by the 29 AM the symptoms were very serious - he <sup>had</sup> started to walk in the afternoon but was very weak. The morning the next day was very bad & he died at 11 AM. He had been



Month.

Date.

Particulars of Case.

## Dermatological Lesions

Dec

29

Attacks of <sup>gonorrhea</sup> spasm & the face around  
the mouth & nose - I started my  
my <sup>gonorrhea</sup> to the father and son  
I had a set skin after me -  
I had - 2: Conclusions # 11

Chlorine # 11

Mucilage 8. 8. 8.

I had a skin of the face  
oil: I had a skin of the face  
He was bathed in water and  
I had a skin of the face

I had a skin of the face  
I had a skin of the face  
I had a skin of the face  
I had a skin of the face

I had a skin of the face  
I had a skin of the face  
I had a skin of the face  
I had a skin of the face



Month	Date	Particulars of Case.
Jan	10	From third wound of foot
	15	The wound looks clean & the symptoms generally are good -
	15	It looks very well and is rapidly closing
	15	The wound is healthy & contracting.
	15	The cough is better. The general health improving. I stopped it with
	15	the skin plaster -
	15	Wound looks healthy & is contracting rapidly. Some of health improving
	15	He may go out for a drive.
	20	Doing well but there is some redness about the foot & the shoe & that some discharge
	20	Leaves off plaster. use only water dressing
	20	The wound is closing & the granulations are healthy.
	20	The wound is closing. he has some
	20	discharge to stoppage today because
	20	of it -
	20	He came to see me the wound
	20	is very well
	31	Wound healing. looked abundant granulations with slight redness.

7th as the wound has no more healing. Both are  
 at the same time for the same reason



Month.	Date.	Particulars of Case.
		<i>Frammentary Letters</i>
Dec	29	<p> <sup>from 4/5</sup>  attacker of Spahr &amp; the face around  the Indian's eye - I stated my  impression to the Father and said  I would let him give me -  I said - 2: Camellia. # 11  Oleum # 11  Mucilage 8. 2. 2. 2.  3. 2. 2. 2. - An ointment of Turpentine  oil: simple &amp; see to the eye -  He was bathed in warm water  and put to bed -  I saw him in 3 hours with the  Ointment &amp; he decided then to leave  of the end of the thumb might offer  a chance of improvement - I was  more immediately present. I  saw him &amp; the eye - I saw him  (He had also had a Catarrh of the  eye continued - There was a  tendency to the eye - I saw him  in 10 days from when I saw him  and he was well and 8 months </p>



13106

CASE BOOK.

350

Month.	Date.	Particulars of Case.
		<i>Hammond Deland</i>
Dr 30		<p>Admitted on the 31<sup>st</sup> at 14 PM  The same day we after some hours  have been at the office for the  in charge of the child of the agency  the present relatives</p>



Month.	Date.	Particulars of Case
		Sam. Ant. Wm. of York
July	13	The Affected person has been free since wound looks healthy. The swelling the foot has also subsided. But the color of the skin there & the smell in the wound have decreased & decided. Dr. Porter & Payne had seen the man. he determined to remove the leg - under Chl. I removed it & a great part of the metatarsal bone which I found the cause - The first Phalanx of the metatarsal was displaced - the cartilage was broken - I saw it was not much hurt.
	14	Doing well. no fever. no hemorrhage wound looks healthy - Dr. Porter & Payne water. His cough is troublesome at times - he had 45 drops of Bistly last night - & I found him a cough most of the day.
	15.	Wound looks well - <sup>little</sup> the swelling cough is troublesome. His cough is swollen & the sole looks red. Continue with dressing. Spate has



Month	Date	Particulars of Case.
July	18	gun shot wound of foot The wound looks clean & the symptoms generally are good - It looks very well and is rapidly closing The wound is healthy & contracting. The cough is better. The general health improving. I stopped it with Pickering's Plaster - Wound looks healthy & is contracting rapidly. Some of health improving He may go out for a drive. Doing well but there is some redness about the foot & the shoe & that some discharge leaves off plaster. use only water dressing 4 days The wound is closing & the granulations are healthy. The wound is closing. he has some pain to the point today. He cannot sleep - He came to see me the wound is very well Wound healing. Much abundant granulation at the point of exit.

July 28 The wound has no more healing. He has  
at his mother's house for some days

20 March 29/18 I shall a small 1/2 inch scar

29

31



Month.	Date.	Particulars of Case.
		<u>Amputation at the Hip-joint</u>
Jan'y	15.	<p>This morning at 8<sup>h</sup> &amp; 9. a.m. assisted by Dr Partridge who cut out the femoral artery - Dr Smith who managed the limb Dr Cornish - Dr Rafter <sup>H. Brown</sup> and my Assist. Baber &amp; Spal C. Roy &amp; the dispenser - I amputated the right-lower extremity of a young man named Motie, Hinder, 25<sup>1/2</sup> years at the Hip-joint - I made the anterior &amp; posterior flaps - Entering the knife <math>\frac{1}{2}</math> &amp; midway between the ant. Sup. spine &amp; Infer Achil. the point entered at the end of the scutum - Opening the capsule of the joint it transfixed the limb. Dr Rafter pressed the limb the hip joint was further moved the wind lig. &amp; mortals also divided with the point of the Cutter - The head of the bone elevated and the knife passed behind the trochanter the posterior flap was cut - the limb being disarticulated in about 30 seconds - The bleeding continued all time, including the femoral vein, which I fully</p>



Month.	Date.	Particulars of Case.
		Amputation at the Hip joint
Jan'y	15	<p>                     About 12 by a nurse were applied - He was very bad the pulse - about mid-when put in the cold mud bath. in the operation very bloody - into a deep an artery - in the pulse - 1/4 of an hour - he had walked as a very feeble mind had a neural pulsation defect in the will as fear from the disease mental in the last had to me that the disease was rapidly advancing that it hardly admitted of further delay &amp; no remarkable prospect of any other improvement                 </p>

Memorandum

of the Hip joint operation Case.

The patient Motie, a hindu male, aged 25 years, a resident of Jorasankore was admitted on the 6<sup>th</sup> Oct. 1865, for a swelling on the lower 2/3 of the thigh. He stated that the swelling appeared about 7 months before. He seemed to attribute the swelling to the entrance of a thorn into his knee about 5 years ago - a piece of which he said had not been extracted. A month before admission he had a fall on the affected part. On admission the lower 2/3 of the thigh was swollen; the glands of the groin were hard and the pulsation of the Femoral artery was distinct. A month before admission he had applied a blister to the swelling the ulcer of which was visible. The Patella was pushed downwards and inwards and the swelling was entirely above the joint.

when put in the cold mud bath. in the operation very bloody - into a deep an artery - in the pulse - 1/4 of an hour - he had walked as a very feeble mind had a neural pulsation defect in the will as fear from the disease mental in the last had to me that

the disease was rapidly advancing that it hardly admitted of further delay & no remarkable prospect of any other improvement



Month.	Date.	Particulars of Case.
		Ambulation at the Hip joint
Jan'y	15.	<p>This morning at 8<math>\frac{1}{2}</math> a 9. a.m. assisted by Dr Partridge who exhibited the Femoral artery - &amp; Dr Crini</p> <p>Apr. 13. I am in a good way with the hip, posterior &amp; middle &amp; inner. with the 2 capsules, the inner the hip, the inner with the head of femur the joint</p> <p>made very unassisted in about 30 seconds - The bleeding continued all day, including the femoral vein, which is fully</p> <p>have found that the the constitutional condition was certainly better than when he came in - The more emancipated he had lost the appearance of constitutional a patient suffering from advanced cancer -</p>



Month.	Date.	Particulars of Case.
		Amputation at the Hip Joint
Jan'y	15	<p>           About 6 years since appeared. He was very bad the hip pulse. about mid-when put in the            On admission, the measurement of the rule small bones.            knee joint above the Patella was in the squaring  <math>14\frac{3}{4}</math> inches, in the middle 15 inches very bloody            and above <math>13\frac{1}{2}</math> inches. into a deep an-            The tumor continued to extend, the artery —            patient suffered with fever for a few incision was            days, the pulse was scarcely made without the            perceptible at the wrist and on 1/4 of an in-            the 15<sup>th</sup> of January, 1866, amputation of the            of the Hip joint was performed. He had walked            The Small radial pulse as a perceptible            is probably partly compressed, and had a            When amputation was performed radial pulsation            less than one third of the defect in the            limb remained unaffected, well as fear            and it was spreading rapidly from the disease            He was kept so long before incision in            Amputation as he was so very much that            week, &amp; he appeared to cheer to me that            was, &amp; was over the level of the            slope for the disease was rapidly            extending that I hardly admitted            of further delay &amp; no remarkable            progress was made in the  </p>



Date.

Particulars of Case.

Amputation at the Hip Joint

15 - About 6 years since appeared - He was very old the pulse, almost imperceptible at the wrist - when put on the table ~~was~~ did not look much longer. but in the whole he bore the operation well. He lost 15 ounces of blood & that chiefly from the femoral artery - & the femoral artery was severed and he was put to bed without blood & when I left him  $\frac{1}{4}$  of an hour after he was in bed - he had fallen insensibly - He was a respectable uneducated creature and had a constantly labile & irregular pulsation probably from some defect in the size of the vessel as well as from weakness of activity from the disease. He had improved somewhat in general health during the last few days - & it happened to me that I was present when the last chance of hope for the disease was rapidly disappearing that I hardly admitted of further delay & no remarkable marks of any ~~one~~ further improvement.



Month.	Date.	Particulars of Case.
		Amputation at the hip joint
July	15.	In consultation with the three members of the Council I determined to attempt the operation to attempt it and as we were all agreed that it offered the best, if not the only chance of cure I did it - tho it appeared probable that he might sink under the operation he bore it better than could have been expected & his condition after the operation was really very little worse in respect of strength than before it - I had him up 5 PM - 5 PM & found him with a pulse small & weak & a look of languor & <del>languor</del> & a look of stupidity, this may be due to anxiety which has been given him during the day attended with the operation - He has been closed & watched - Sleep has been rather but not other than usual in the whole, & from his condition is favorable - But tomorrow we find it attended with the same



No 106

Month.

Date.

Particulars of Case

Mortification at the hip joint

July 15 - I directed the same case be taken throughout the night - left Brandy & wine food - Soup - Milk & acid the forenoon - Smothered the bladder with the catheter -

The following is a short history of this case

16 Dec. 1844 - I sent me the following note this morning. "I made a dissection of the growth and of the catine together the femur. removed by me yesterday morning and on examination of the latter with the peristome involved in the disease and the former to consist of the brainlike variety of Medullary Cancer" -

July 15 - He slept at intervals during the night - (had an operation) some morning - I put out a quantity of blood serum from the tumor. Temperature - pulse full 128 - in some -

3 Dec. Pulse rapid & weak - Skin hot - He has taken some medicine fairly



Month.	Date.	Particulars of Case.
		Amputation of hip-joint
July	17	His temperature is dry. Pulse 120 - pulse Bowel have not acted. The stump still looks well - no bleeding, no discharge. Takes his food freely. His pulse was 140. Temperature 99 - Temp - 101 - Let him have an Enema - continue the morphine.
	18	He is much in the same state Temperature dry. pulse 120 - not taken this morning. I am finding the pulse per minute 140 or more and the stump better up to 104 - 108 - But he has had no sleep. He has some coming from under angle of wound. There is a rather discharge - washed it out with a Sprague & Lund's solution - and washed the stump more thoroughly of the constituted it - he had an epistemic hemorrhage with



Month.

Date.

Particulars of Case.

Amputation at Hip Joint - 355

July 19 He is much the same today. Wound red and dry - Discharge from the stump thin spotted - part has united by adhesion - Pulse 120 to 140. Swelling in the thigh shows a peculiar thrill - He seems to have something like a rigor yesterday. Bowels rather impeded - Takes his nourishment freely.

" 20 Some morbidities came away. Tongue still dry - Pulse 130 - There is swelling in axilla was 105 - P-140 - He takes his nourishment fairly - Had another sneeze. The Discharge is increasing. It is thin & white & foamy - Continue as yesterday.

" 21 Much as yesterday. Two morbidities came away. Bowels still unperfed. Had an sneeze - Is taking nourishment freely - Swelling in the thigh - Swelling - Discharge rather better. but still fetid. Wound stump looks pretty well. Tongue still quite dry - pulse 130 to 140. Temperature 104 to 105 -



with the  
McCluskey  
Date.

April 27<sup>th</sup> 1866 Readmitted my drug  
store - and a day we held the  
first ~~of~~ <sup>of</sup> the new ~~of~~ <sup>of</sup> the new

August 28 Dec.  
 Operated 1 Day  
 4 Phg and 4 "  
 Discharge 29.1  
 21

24	74
25	75

Particulars of Case.

Inguinal Hernia. Radical Cure

Learn Nixon aged 20. a short little  
French Sailor admitted 28 Decr 65  
says that when visiting a Spar on board  
ship about a month ago, he perceived  
a swelling in the right inguinal region  
attended with pain - the swelling  
enlarged but returned in nearly  
my effort. - He has a small  
scrofulous ~~scrofulous~~ <sup>scrofulous</sup> swelling.

The plus operation was performed on the 12 Jan'y. The operation having taken place the plus was

arrived on the 4<sup>th</sup> July. He had  
his Constitution of Austria  
and in the whole is very well

on the 18<sup>th</sup> the wound had nearly  
healed and he walked about  
with a pad and bandage on the  
arm - in excellent health  
spirits - The invalidation has  
remained up the arm of

Put him to the test today - Birmingham  
does not agree  
discharged - Cornell



Month.

Date.

Particulars of Case.

Inguinal Hernia Radical Cure

Jan 5<sup>th</sup> Godal on Oronah. aged 34. healthy  
 young man, admitted on the 5<sup>th</sup> / 1880  
 with a hernia of 5 years duration.  
 The hernia presented the appearance  
 and was intermittent. The admitting  
 officer for a large hydrocele, & it was  
 under my attention was called.  
 It was apparently a direct inguinal  
 hernia of the left side & filled the  
 & continued to the size of a child's head.  
 He did not think it was a hernia  
 & immediate operative effort.  
 it has gradually attained its  
 present size - There have been  
 no symptoms of strangulation  
 at any time - The tumor  
 I noticed the hernia without  
 difficulty & after feeling it was  
 reduced it. and immediately  
 proposed the radical operation  
 using a large plug as the first  
 & main repair. - The plug was  
 inserted on the 6<sup>th</sup> & 7<sup>th</sup> & 8<sup>th</sup> & 9<sup>th</sup>  
 & 10<sup>th</sup> & 11<sup>th</sup> & 12<sup>th</sup> & 13<sup>th</sup> & 14<sup>th</sup> & 15<sup>th</sup> & 16<sup>th</sup> & 17<sup>th</sup> & 18<sup>th</sup> & 19<sup>th</sup> & 20<sup>th</sup> & 21<sup>th</sup> & 22<sup>th</sup> & 23<sup>th</sup> & 24<sup>th</sup> & 25<sup>th</sup> & 26<sup>th</sup> & 27<sup>th</sup> & 28<sup>th</sup> & 29<sup>th</sup> & 30<sup>th</sup> & 31<sup>st</sup>



109  
 He returns to the Hospital a few days after had been  
 in bed - the hemia came down & was strangulated.  
 Dr. Keen performed a herniotomy & the disease  
 cured.

Radical cure of Inguinal (direct) hernia

The incision -

It is doing well. Discharge per  
 rectum - the hernia has not come down  
 when the bowels are full of the ing-  
 ding well. It has not come down

It is doing well. Hernia has not come down

In straining at stool it came  
 down again yesterday, & I merely  
 reduced it

Some more straining  
 & it came down again

He is doing well. Patient in good  
 health - hernia not down again

He is doing well. Hernia has not come down

He is doing well. The Hospital has  
 released the incarcerated



Month.

Date.

Particulars of Case.

Examination of upper jaw

July 20 This morning assisted by Drs  
 Postre-Cornish, Smith, & Philip  
 Smith. Growth & very Apert Babes  
 L.C. Roz - the other three are  
 & Dr. P. - Mr. Rafter H.S. being  
 Chl. I removed the whole of the  
 right sup: maxilla from a man  
 named aged 27 1/2 years.

The other jaw is also diseased in  
 a similar manner to the right  
 but I could not remove both  
 in the same operation as I found  
 the pulse weak and I feared  
 difficulty in breathing from the  
 soft palate falling back &  
 would shut off the  
 palate holes -

The disease is myeloid. res  
 of 1 1/2 years duration in the right  
 & now in the left jaw -

The face is flattened and the  
 nose almost level with the  
 face & the dentures are loose



Month.	Date.	Particulars of Case.
		Removal of upper jaw
July	20	<p> I removed it in the way. An incision through the center of the upper lip, laying open the soft part - Extracted an incisor with an incision from the angle of the mouth to the malacine. The flap turned up to the margin of the orbit - The eye being protected by a spatula. The facial artery &amp; vein were secured as well as some small branches nearly at the same proceeding further. The incision was very large &amp; the face - a cut was then made through the palate entirely, and another transversely. The bone pieces were then introduced into the mouth &amp; mouth of the palate closed - The orbit &amp; eye were well divided in the same way. Then the malacine was cut away. </p>







Month.

Date.

Particulars of Case.

Amputation at the joint

May 24 He is much the same. Much less  
 spirit - pulse runs below 120 - Temp  
 at 104 - But it is more equable  
 throughout the day. Discharge more  
 healthy - flaps look quite healthy  
 and with good formation.  
 Some more by action have come  
 away but the main mass still  
 remains - It taken before and  
 after well & has been well  
 formed pretty naturally - Continue  
 to observe - This is the 10th day  
 since the amputation  
 is in course. Pulse in the arm  
 is the same but the same. But the  
 temperature by Diarrhea - He has  
 been well & has been well  
 formed looks much the same fluid  
 has been below 120 - but  
 the temperature is very stable  
 now. The discharge is much  
 less than

The acetic acid was necessary - the thin tubercles  
 are standing up under the pulse process

He is much the same. Much less spirit - pulse runs below 120 - Temp at 104 - But it is more equable throughout the day. Discharge more healthy - flaps look quite healthy and with good formation. Some more by action have come away but the main mass still remains - It taken before and after well & has been well formed pretty naturally - Continue to observe - This is the 10th day since the amputation is in course. Pulse in the arm is the same but the same. But the temperature by Diarrhea - He has been well & has been well formed looks much the same fluid has been below 120 - but the temperature is very stable now. The discharge is much less than



Examination of the tumour of the thigh on the 14<sup>th</sup> January 1886

On making a longitudinal section of the growth, down to the periosteum, and in the medial line, it was found to consist of soft brain like material. The muscles and connective tissue ~~were~~ had been either displaced or <sup>partially</sup> destroyed by the development and extension of the diseased organism. A thin lamina of muscle in process of cancerous degeneration was interposed between the integument and the morbid mass. And only thinly expanded portions of connective tissue giving support to the nutrient or feeding blood vessels surrounded the provinces of medullary growth into which the general tumour was divided. The preparation has been injected to demonstrate this anatomical disposition of its constituents.

The juice, composing by far the largest portion of the growth, was almost exclusively made up of cell formations of a fusiform, angular, caudate or irregular character and all containing single or double nuclei and more or less granular contents. Some of these nuclei with their respective cells were observed to be undergoing constriction in their central portion preparatory to ultimate division and proliferation. Some were seen almost but not entirely divided; whilst others were inferred to have just undergone perfect separation from the apparent attachment or adhesion of their nuclei to their cell walls at the supposed point of division and from their close apposition at this part. There were many free nuclei situated in the granular plasma



No. 10  
A longitudinal section of the shape of the femur in its whole length illustrates healthy bone and periosteum.

Examination of the Lungs and other parts after death  
January 1866.

Lungs. Both organs were found to be studded with nodules of brain like substance. The greater number of these varied from the size of a pea to that of a kidney bean. A few were not much larger than a pin's head and two or three exceeded the size of a pigeon's egg. In the interior of the lungs, these isolated growths were spherical or spheroidal in shape from their having met with tolerably <sup>equal</sup> resistance to their expanding re-production on every side. On the surface they were flattened or button shaped from the mechanical pressure they must have been subjected to during each rhythm of the respiration.

Internally, the growths appeared to have commenced between the pulmonary lobules, and as ~~they~~ increased in size, to have pushed the contiguous air cells in every direction causing their complete destruction of those originally adjacent to the centre of the morbid mass, and compression and obliteration of those more distantly placed. Externally, the growths seemed to have originated chiefly in this manner, and also in the connective tissue interposed between the lungs and visceral layer of the pleura. But, here the production of new material has been mainly directed to the surface.

The acitidum was increased - the thin tubercles



2  
has in fact as far as possible from the vitally important  
cells. This compensatory process is well illustrated  
one mass as large as a pigeon's egg - suspended from  
the inferior margin of the middle lobe of the right lung,  
and maintained in position by the investing pleura.  
Though this cancerous mass has manifestly commenced in  
the interlobular structure at first displacing, then  
compressing and ultimately causing absorption and  
destruction of the parietes of many cells, yet the  
subsequent or later reproductions of new cell growing  
material has almost entirely taken place in a centr-  
ingal direction from the lung - in that line of  
section in which it doubtless met with the least vital  
resistance. The superficially situated nodules are  
covered with inflamed or congested pleura. The left  
pulmonary pleura is universally covered by a lamina  
of straw colored aplastic lymph.

At the base of this lung, a portion about the  
size of a hen's egg is consolidated - dead or dying  
from pyramic capillary embolism. In the centre there  
was a small accumulation of cancerous material  
and ~~just~~ a patch of pulmonary <sup>infiltrated with squires and</sup> tissue probably  
dead; whilst further on towards the periphery,  
the lymphous, was less aplastic in character.  
Round the circumference of this there was an  
intensely congested areola.  
The bronchial glands examined were



free from disease

The numerous brain like growths consisted of nothing but a granular matrix, free proliferating nuclei; fusiform, ovoid, elongated, crenate and a few endogenous cells with nuclei, and more or less granular contents. There was no tendency to fibrillation. The pyramic looking patch at the margin of the base of the left lung was infiltrated with more or less putrid masses containing a great quantity of granules.

Heart - This organ was small and fatty. The fat granules and small oil globules occupied both the exterior and interior of the sarcolemma. This degeneration was most advanced in the anterior wall of the right ventricle. There was a dark colored clot prolonged from the right ventricle into the pulmonary artery and its ramifications. A white dull colored ant-mortem clot existed in the left ventricle.

External Iliac Vein & Artery - In the external iliac artery there is a plug of red colored fibrine extending in an upward direction to the orifice of the circumflexa ilii. The corresponding iliac vein has a reddish colored clot in it.



tapering off at the proximal extremity - not so  
pinkish in appearance as that in the artery.  
Acetabulum and Ilium - The acetabulum is  
almost wholly denuded of articular cartilage  
and rather rough. On section this carious  
condition is seen to be quite superficial. The  
rest of the bones is perfectly healthy. A  
quantity of foetid pus was found in the  
pelvic cavity, just above the acetabulum  
and under the iliac fascia.



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Month.	Date.	Particulars of Case.
		Radical Cured Inguinal Hernia
Jan	23 <sup>d</sup>	Mr. Sykes, a gentleman of about 28 years of age. healthy but slightly relaxed fibre. Has had left Scrotal hernia for 11 years. He is now engaged in making a boiler at the workshop in helping our brother in board ship. The ring is large enough to admit the finger & the hernia comes down well into the scrotum when he stands up. He had a purgative yesterday 22 <sup>d</sup> and this morning decidedly Mr. Jones I treated with the small needle & plug. He had a stool without obstruction —
	24	He is doing well. Took 30 drops of Battley's <del>preparation</del> <sup>ing</sup> 5 hours — has no pain. Slept tolerably. No retention of urine — no abdominal tension — Is kept comfortable —



Month.

Date.

Particulars of Case.

## Radical cure of Syphilis Mercuria

- Jan 26. He had slight fever yesterday - but no marked symptoms  
 This morning I made him with a French  
 pulse 120 Imper Coated - Free suppuration  
 about the plug threads - Removed the  
 plug & applied a bandage - He tastes  
 the spruce as with - Bone & bone  
 intact -
- 27 <sup>yesterday</sup> Removed the plug <sup>this morning</sup> - he had  
 a restless night - pulse rather quick but  
 imperious at 8 AM. The discharge  
 free from the wound - The skin in the  
 & the skin - He is very well - The  
 urine was returned yesterday, but he has  
 passed it without any of yesterday  
 - Bone still exposed -
- 29 Doing well, had no success this  
 morning & to take Carter oil if he  
 is not relieved - bone looks  
 well -
- 31 Doing well, wound healing  
 the inflammation has quite come  
 down - but not the bone



Month.	Date.	Particulars of Case.
		Radical cure of Inguinal Hernia
July	14	Sheikh Derastorah, aged 40 years, was admitted on the 8 <sup>th</sup> July 1866 with Inguinal hernia <u>right</u> of nearly 10 months duration - Notes of the history of the case are appended - He was operated on on the 24 <sup>th</sup> July with the physiological plug. The plug was removed on the morning of the 17 <sup>th</sup> -
	24	He is doing well - the wound is healing and the hernia is at present firmly contained within the abdomen -
	29	He is doing well, wound nearly healed - Hernia does not come down -
	31	It seems quite certain the invagination is coming well up -
July	6	He appears perfectly cured -
	10	He is perfectly cured - & is kept to be presented to the meeting of the Society -
	14	Discharged cured







Month.	Date.	Particulars of Case.
		Radical cure of Impuyal Hemorrhoids
July	14	Shelkh & with the 8th of nearly 10 history of Hemorrhoids the plugs with the mm
	24	He is an and the h within the
	29	It is a healed Cure
	31	It is a invigor w/o
July	5	He appears perfectly cured —
	10	He is perfectly cured & is kept to be presented to the meeting of the Society
	14	Discharged Cured



Month 11 Date 1

### Particulars of Case

Particulars of Case.

was advised by his friend. to come here, as a  
last resource & take his admission into the  
hospital which he did accordingly, on the  
date above stated. He was operated on for  
radical cure on the 14<sup>th</sup> Jan-66. The plugs  
were taken out on the 17<sup>th</sup>, & he is now  
gradually improving.

[illegible]

March 5<sup>th</sup> 18

22

It is very true that this  
 is not. The human is very well  
 minute — I see Dennis, <sup>the</sup> <sup>the</sup>  
 My heart is small — but the  
 hand is very well







Month.	Date.	Particulars of Case.
		Myeloid tumour of neck
Feb	10-	He is sitting down, the tumour grows & nothing. From under the arm & the arm have been fully and mounted. He coming into any thing a smoke bag the tumour appears. The tumour to come soon after he left the hospital and was removed. Detention came in 2 days before his admission The pain in the neck was very bad and was a Pain in the neck.



Month.

Date.

Particulars of Case.

Noons injected with Iodine

Feb 8<sup>th</sup> Dr. Archer has had a small nevi on the  
 Center of the forehead for the last 4 or 5 years  
 which has been increasing lately and is now  
 the size of a pea on the surface resembling  
 a bright red spot. & no doubt it is larger  
 under the skin being considerably  
 indurated as well as prominent he wishes  
 me to remove it by cauterization

I injected it this morning with  
 a saturated solution of Iodine

Who knows  
 recall on the



the hypochondriae  
 i.e. A. the

injection almost immediately  
 subsided into the tumor, but  
 since the ink cutaneous cellular  
 tissue near to the hypochondriae  
 forming a patch of dead white  
 skin - I only used  $\frac{1}{2}$  a syringe  
 full of fluid. i.e. about 25 drops -  
 It was attended with peculiar  
 constitutional symptoms. Some  
 pain & white - he turned pale



Month.	Date.	Particulars of Case
July	8	<p>and nearly fainted. In some time  remained in a half seated, half  prostrated state. I wrote him lying  but him to be directed to water.  As the tube applied, to increase rest  - Admin of the circulation - in 3 or 4  min this came when I saw him  withdrawing the patch had turned from  dead white to vivid black. He  was much alarmed. In some time  he had remained cold &amp; half in-  sensible nearly all the day. But when  I saw him reaction had perfectly  set in.</p>
July	11	<p>He is very well. The head swollen  puffy - a red patch purple at  edge somewhat swollen. Having  pain nearly all price. He says he has  hoarseness &amp; rather of dysphagia  on account of pressure on rectum &amp; bladder  much. In swelling in orbit -  I recommend him to keep himself  in the house to have a lamp  in the room that is apparently improving</p>



Month.

Date.

Particulars of Case.

March 3<sup>rd</sup> The tumor has disappeared, a small "cyst" was  
 followed by pus, in an all portion of the bladder & bladder  
 stretched out at the top & head of bladder & bladder  
 "cyst" in the bladder

Rest of arms injected with Tannin.

13

He is very well. The dark area is  
 disappearing -

16

Do. Day. I find all swelling of  
 the prehead gone - all signs of  
 inflammation about the central  
 part of the prostate gone - a  
 dark spot indicating where  
 the capsule which is thro-  
 wing up is to come away.  
 The triangular patches  
 disappeared. But there is no  
 mark of it now. That the tumor  
 of the prostate is dead - it is  
 hard & dry - probably of the  
 surface of the skin has pointed  
 down into inflammation  
 without no pain. He is  
 in excellent health. Secum  
 removed from the top of it must  
 be taken with a wet leg or a portion  
 of it is thickened. But a portion. I hope  
 superficial with separate

23

His bowels feel as if they were  
 hard & black



Month.	Date.	Particulars of Case.
		Fibro nucleated Summer of 1867 -
30 Sept-1867.		<p>Mr. Cooper. C.S. - Am. - 39 - a stout healthy man. Graefian - Has had a tumor in the inner eye left eye for 18 months - It began as a small swelling over the eyelid &amp; was attributed to tight boots - After little trouble and gradually increased - Now the eye is out of health &amp; the tumor has become the size of a walnut - The tumor is purple and probably from the water increased &amp; rapidly assumed a fleshy appearance &amp; the thought had been told that it was a cyst - and became hard and cystic - When I saw it on Friday it was as large as a large nut - It was the</p>

30 Sept-1867. Mr. Cooper on his way home as he is from the hospital called to show me his eye. The eye is a well formed healthy eye & the eye is going away the disease.

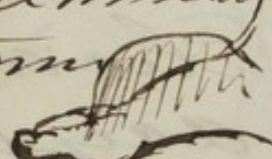


Month.

Date.

Particulars of Case.

Fibromatous? *mmmm*

Feb 4 toes nearly to the ankle joint. coming  
 Great deformity of the foot - the  
 dorsum of which was covered  
 with a soft pad -  
 in a mass of *mmmm* I found the  
*mmmm* with midclastic  
 the  skin found to  
 be very healthy but over the  
 upper part of the smooth skin  
 erupted from and evidently  
 worked in the disease -  
 there was no sign of any other  
 implication as appeared with the  
 skin - the tumor was painful  
 only from the irritation of pressure  
 and it was fluctuating probably  
 from the presence of pus at the  
 base which I could not explain  
 I immediately expressed my  
 opinion to Dr. Smith, who  
 brought him to me that there was  
 no cyst. That I concluded -  
 that a fibro-sarcoma perhaps



Month.	Date.	Particulars of Case.
		<i>Lithi nucleated tumour</i>
July	4	Myeloid, perhaps Measles tumour and I recommended its removal without delay. He agreed. (The woman thought that it was the measles though the following day - and she assented to Dr Smith & Chl Dr Partridge, I immediately making an elliptical incision on either side, I saw a much redder skin as possible. The incising all that was necessitated to keep & admit the tumour - I needed not - It had no adhesion beyond the areolar tissue under the skin - & the winded herself, & a splash longer lighted the upper lower part of the lower here burst forth



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Month.

Date.

Particulars of Case

*Tubercles? Immune*

Feb

4 with wries (Sider), the central  
 portion would not react  
 to the body of the immune  
 The body of the immune  
 The body of the immune  
 The body of the immune



The immune was a small  
 size of a compressed range  
 it consisted of a tolerably firm  
 substance. From the extreme  
 parts of the immune  
 The small body of the immune  
 was of a semi-transparent  
 consistent tissue. which  
 formed under the microscope  
 a mass of small cells or  
 perhaps nuclei were visible  
 some perhaps held together  
 by intercellular tissue  
 The immune  
 having the appearance of a  
 transparent white fibre



Month.	Date.	Particulars of Case.
Jul	14	<p>Fetus mummified. -</p> <p>The simultaneous part of the mummified body cut into blue paper Calves, for jelly, and some of the same color - The uterus part was still in the state where white &amp; creamy of cells - up the cells a mucus like the skin of some of the crabs covered &amp; some together in the mummified at the edge of the base and under the skin were some cavities full of black green chitted blood. This was probably recent rupture and had probably resulted from the pressure and irritation to which the part was exposed - They caused the fluctuation.</p>



Month.

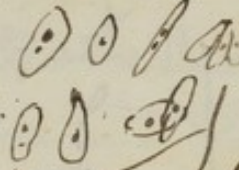
Date.

Particulars of Case.

Fibro medullary tumour.

Def 14 I examined the growth most carefully with  $\frac{1}{4}$  in power - the appearance here

The substance of the tumour is very soft and appears to me to be very vascular.  dense portion. Cells floating in fluid with dense portion

It was very long connected with the medullary matter under the skin.  Cells which seem to be from the left dense portion of the tumour

They had its adhesion to the skin about it was papillary tumour - in the whole regard of its structure, appearance, and rapid growth are very suspicious and I fear it is the same at least among the multiple fibrous tumours.

Dense structure



Month.	Date.	Particulars of Case.
March 5-10		blind, healthy, repaired to a manly eye - he could see a little in a few days -
April 19 <sup>th</sup>		a letter from him from Lodose saying that he would be healed - that there is a appointment in the country -
20 <sup>th</sup>		He came - see me in Calcutta He is in the country -
22 <sup>nd</sup>		He is in the country -
24 <sup>th</sup>		He is in the country -
26 <sup>th</sup>		He is in the country -



Month.	Date.	Particulars of Case.
		Radical cure of Inguinal hernia
July	7 <sup>th</sup>	A German Sailor named Schultz aged 45 <sup>+</sup> admitted on the 7 <sup>th</sup> July with Inguinal hernia right side. of 8 years duration caused by one exertion on board ship. He has worn a truss for 3 years. The hernia is about the size of a large egg & is almost constant. He is otherwise in good health. I introduced the plug on the
July	11 <sup>th</sup>	11 <sup>th</sup> July, and his suppuration has established I removed it on the morning of the 14 <sup>th</sup>
	15 <sup>th</sup>	He is in good health & suppuration well up - He is very well
	16 <sup>th</sup>	Doing well
	18 <sup>th</sup>	A good deal of suppuration but he is very well - I have acted very well with success
	20 <sup>th</sup>	Much better. Some portion of thrust came away yesterday - he is in the better



Month.	Date.	Particulars of Case.
		Radical cure of Hernial Retina
July	22.	He is doing well - Discharge left in place - The morbid material has come down but the hernia is still in place -
-	24	Improvement
March	5	The ventral wound has healed. The abdomen of me is still unchanged He is doing well in all respects
"	10	Wound has almost healed he is in good health The wound hernia is apparently cured
April	9	Discharged in good health. The hernia has not actually come down again. but I fear it will do so - as there is much to impede the cure I say that he thinks it came down partly one morning - This case will be recorded as Retained



Month.

Date.

Particulars of Case.

## Strangulated Inguinal hernia

Mrs. Jann. Muscular - aged 40 - Butler. Inguinal  
Admitted on 9<sup>th</sup> Feb<sup>y</sup> 5 1/2 Pm. with  
Strangulated Inguinal Hernia -

Had congenital Inguinal Hernia  
of Left side - it was always in the habit  
of coming down - but was never incarcerated  
before - The tumor it used to form was  
as large as a walnut, but the whole  
of it was reducible. The Hernia came  
down at 7 am on the day of admission  
& soon went up since then - Urgent  
Symptoms came on about 2 hours after  
strangulation, but he only came to the  
Hospital at 5 1/2 Pm. that evening -  
Operation was performed at 9 Pm.

The incision made was a pretty large  
one - The sac opened, but still the contents  
was irreducible. The intestines were  
drawn out from scrotum & exposed -

The half of the small intestine forming  
the hernial protrusion with the mesentery

After much effort half of the mass was  
pushed in & the remainder being  
gangrenous in patches, it was forced

that

Noting it was very great &  
I had to leave the room  
before I could accomplish

the  
Inguinal  
was  
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small  
hernia  
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time of  
tumor  
and  
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I  
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but  
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only



th.  
that the attempt to reduce it would  
cause rupture. It was found <sup>with the needle</sup> <sup>with the needle</sup>  
in several places & drawn out afterward

The hernia came down an hour  
after operation owing to the weakness  
of the Patient. The intestines were  
much congested, but were spinning  
of a purple color, with occasional  
black patches of <sup>doubtful vitality</sup> ~~shock~~ on the  
peritoneal coat

Died at 11 P.M. the same night.

P.M. Intestines (8 In.)  
ruptured & ruptured. Part  
had all but gone away, the  
peritoneal surface had changed  
the



Month.

Date.

Particulars of Case.

Strangulated Inguinal hernia

The accompanying history of the  
 Dupuy (Mr. Putnam) of a case of inguinal  
 hernia are interesting - The man was  
 brought in at a late hour. The  
 intestine (at least half of the small  
<sup>intestine</sup> int.) was in patches, almost gangrenous  
 in places. The structure which lay  
 in the stomach of my assistants  
 made the mapping of the intestine of  
 oblique & transverse - The stomach  
 was so tense that I found  
 the sac in the same position  
 when I used a director with  
 my case - As my the sac  
 look so suspicious I opened it  
 and examined the whole  
 intestine which was about  
 6 feet of small intestine  
 Mesenteries - None on the whole  
 I observed - The condition  
 of the intestine was very bad &  
 I had to leave the patient  
 before I could accomplish



Month.

Date.

Particulars of Case.

## Strangulated Hernia

July 9<sup>th</sup> The girl was so much distressed with gas that I pricked many times with a needle to relieve the tension -

The man smelt in about 3 hours from the operation - as I suppose from the incision where the man's hernia was made in & among the hernia. - And he has very dark skin. In about 10-12 hours the man would have relapsed - and all over the neck the return of the gas without opening the gut - which is that stage mostly from the people.



# CASE BOOK.

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Month.	Date.	Particulars of Case.



Month.	Date.	Particulars of Case.
		<p>The first was so much better          with her teeth picked          with a needle from          the tongue -</p> <p>The man took a great          from from the          and I suppose from the          where he was a man          from used in a          happen - And he          certain a          the man          him - not all          during the          without opening          which is          full from people</p>







