

Sir Joseph Fayrer's "notes of interesting cases in the Medical College & Hospital (at Calcutta)", Volume numbered '7'

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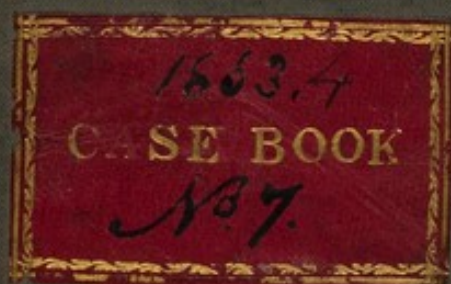
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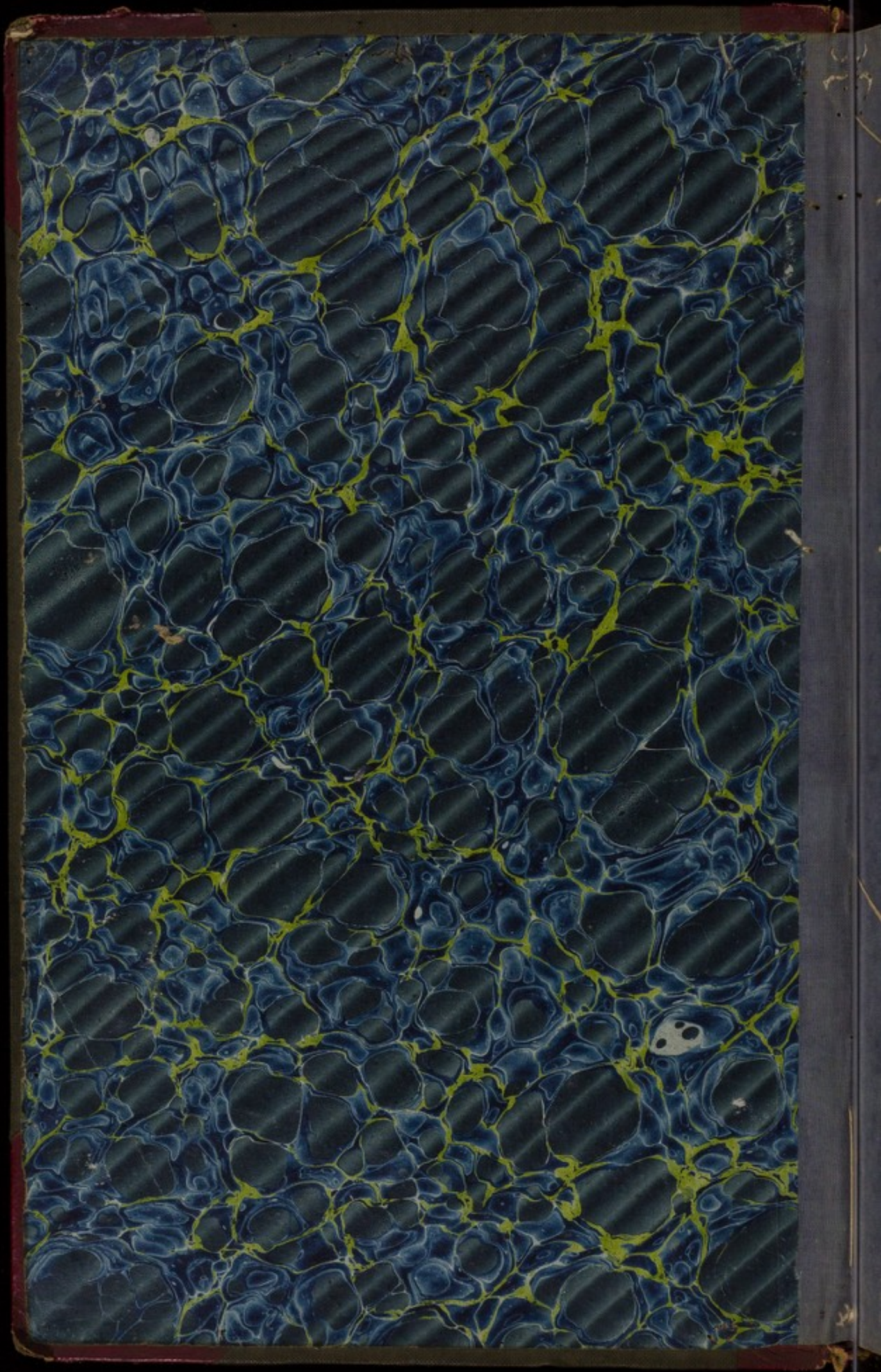
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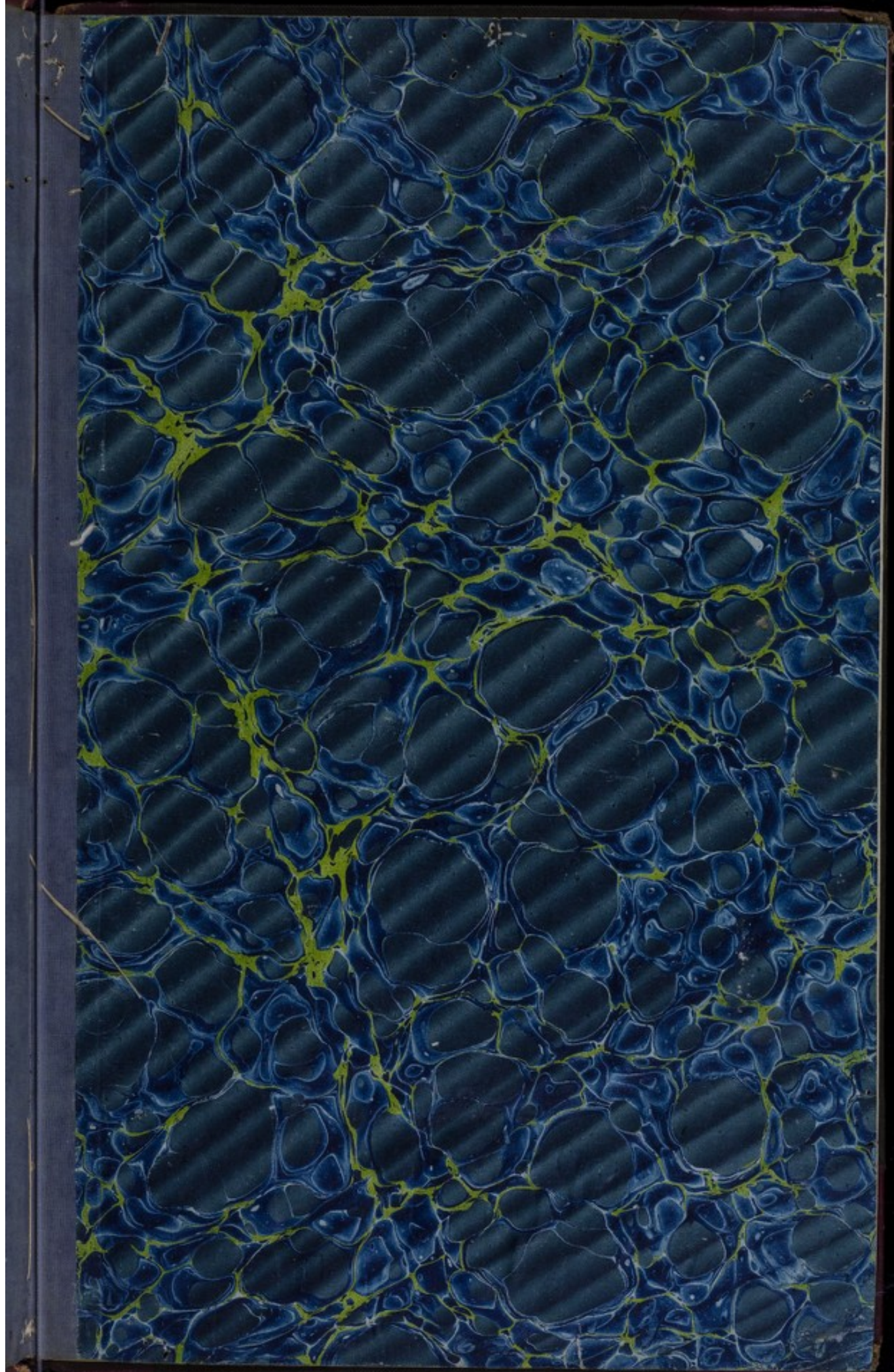
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Index:

Month.	No.	Cases.	Pages.
November	1	Removal of Superior Maxilla	1
"	2	Lithotomy Lateral.	4-7
"	3	Perineal Section Stricture	7
"	4	Injury to Brachial Artery	9
"	5	Hare lip Operation Infant one day old B.	
"	6	Case of Pyæmia Anterior from leg wound	15
"	7	Removal of Mammary gland	18
"	8	Fissure of the Anus -	21
"	9	Protrusion of Intestine	22
"	10	Carpus of the Hand	25
"	11	Gun shot wound Anus: and penis	26
"	12	Hare lip.	29
December	13	Mammary Tumour.	32-35-93
"	14	Thorn in the foot	37
"	15	Double large leg disease	38
"	16	Hammock	40
"	17	Artificial Anus.	43
"	18	Hare lip	47
"	19	Tumour of neck.	48
"	20	Removal of part of Lower Jaw	50
"	21	Iliac Abscess	55
"	22	Monkey bite	58
"	23	Fatal Burn.	61
1854 2 January	24	Lithotomy Median 2	65
"	25	Rhinoplastic Operation	71-83

Index.

Month.	No.	Cases.	Pages.
January	26	Purpurul Peritonitis.	76
"	27	Furuncle Scrotis.	77
" 3	28	Lettingby Lateral 3	79.
February	29	Potter's Labors. Forceps.	87
"	30	Perineal Section.	89.
"	31	Tracheotomy X	97
"	32	Artery tumor removed	101
"	33	Incised by dissection & H. needle of end	105
"	34	Amputation at Shoulder joint	107
"	35	Gum Abscess of Thigh.	109
"	36	Suppuration in Orbit extending to Brain	111
"	37	Tracheotomy in a child. X	120
March	38	Cancer of Rectum	125
"	39	Perineal Section & amputation of the tumor	129
"	40	Nerve Excision?	133
"	41	Encysted Tumor of Neck	137
"	42	Home lip & Scrotal tumor	139
"	43	Comp. Fracture of right ankle	143
"	44	Atresia Oes.	149.
"	45	Dislocation subacromialoid	152
April	46	Amputation at Shoulder joint	157.
"	47	Amputation of Thigh	162
"	48	Scrotal tumor removed with the ^{Removal} amputated	166.
" 4	49	Lettingby Lateral 4	167
"	50	Tracheotomy in a child X	168
" 4	51	Dislocation Ununited of Eye ball	189

Index.

Month.	Date.	Particulars of Case.
Nov. 9	9	<p>Removal of Sup. Maxilla.</p> <p>A young healthy looking Knicker name of Walter. In his 20's has been attending as an out patient for some days with a tumour of the upper jaw pushing forward the cheek. about the size of an orange It is of 8 mos. growth and is in- creasing. There is a cicatrix on the skin just about the corner of the lower lip and by a healing some time ago. It is not very hard but it does not feel of a cephalic or bony nature like a distended antrum. A needle passed into it appeared to touch a cartilaginous growth.</p> <p>I removed it this morning first cutting away the anterior part of the antrum to see that it was not merely antrum finding that the antrum was full and the bone softened. I took away the bone leaving the floor of the orbit - but leaving away all the rest of the upper jaw. That was my purpose however. but it cleared</p>

Month.	Date.	Particulars of Case.
		Removal of Superior Maxilla
		without ligation, a plug or two of wood being used to stop the venous bleeding in bone - He took chloroform, but it affected him only partially. The wound was brought together with sutures. He left and wrote me detached at first but I found it necessary to bring the incision up to the inner ^{canthus} of the eye.
Nov	10	He is doing very well. Wound in face appears to be healing. No hemorrhage. Slight fever back of the mouth.
	11	Some swelling, took out the cork washed out the mouth. He is doing well, no fever. Not much pain.
	14	He is doing well. Some swelling of face, no fever. No danger healthy work doing with the sal. Chloroform. The facial wound has quite united.
	15	He is doing well. Dismissed that last of the ligationes -
	16	He is doing well.
	17	The wound in the face has perfectly united and the patient is practically healthy. He is doing well in all respects.

Month.	Date.	Particulars of Case.
<i>Removal of Superior Maxilla</i>		
Apr	18	He is doing very well. The cheek has lost all its swelling, and the surface of the wound is granulating healthily. The wound in the face has perfectly united.
	21	He is doing very well. Wound has looked looks healthy. Continue the regimen. He has full diet - seems to be rapidly regaining his strength.
	24	The wound has nearly cicatrized. He may go out when he pleases.
	27	Discharge & Admitted Apr 9. Operated on 9. Discharged 27.
July	12	I saw this man a few days ago. The cavity left by removal of the bone had contracted unexpectly - and in all respects he was very well. He complained of uneasiness of the bone near the inner canthus of the eye. I thought that the bone was increasing in size but it is not yet apparent - I told him to come again.

Month.	Date.	Particulars of Case.
		<i>Lithotomy lateral</i>
Nov.	16 th	<p>An elderly small habituated looking Bengall aged 50 years named Hany was admitted on the 16th Inst. suffering from suppurating stone. The clunk of the calculus was distinctly heard as the first passed. The bladder was inspected on the table and in the morning again for the calculus. None was felt. The bladder was left to be suppurated and dispoised of. After unavoidable manipulation he was removed from the table.</p> <p>The morning 17th The stone was again felt. The point of the Inst. standing at 12 o'clock entered in the urethra. It appeared on the internal bed of the left side anterior surface of the bladder. Whilst Dr. P. was commencing it he felt it move as loose. I then cut 1 min. on the lateral surface.</p> <p>Staff. The perineum was very deep. The prostate large - very profligate but reached for opening into the bladder & consequently felt no stone - with the touch of water as I with drew my finger & introduced the probe, I passed a small oval flattened calculus. About the size of a small bean. Probably another with the</p>

Month.

Date.

Particulars of Case.

Lithonax Calceol

Lithonax Calceol perhaps to some like
 a small crystal in it - The weight of the
 Calceolus 37 grains. It appears to have
 been partially grasped by the bladder
 when it seems to have been inserted
 & removed - He suffered a good deal
 of irritation from the last attempt
 to put the stone down as the table
 had had considerable power at it. He
 responded to the stone again. He being
 free from pain. It was removed better
 to reach it at once - He lost very
 little blood during the operation

15. He appears to be doing well. He had some
 pain yesterday. But passing a tube into the
 bladder some he did to the urine, which appears
 to have been inserted. and relieved pain.
16. Left pain today, some pain, but thought
 the worm of. Some rather dry. It is
 slightly hot. Continue the same treatment
17. He has rather a dry tongue. but he has
 no pain. slight of pain. & a small
 amount of discharge from the urethra.
 He is in rather a debilitated condition
 at present - He has no spirit at
 all time, and milk has not
 with a little more. Next time occurring
 He has had a painful swelling of the
 right knee joint in 2 days from

37 grains



Month.

Date.

Particulars of Case.

Lithotomy Suffer.

- 18th He is ~~not~~ in a satisfactory state. His pulse is very full & pulsatile. Some are open. and urine flows freely through the wound which looks healthy. But his knee is much swollen & very painful. - Frictions to the knee & apply some liniment. - Increase his stimulants: - see my notes on addition -
- 19th He is wandering. Pulse very full & pulsatile - Knee put very much swollen - Cont: Frictions to the knee & apply liniment - Stimulants as before - Bladder not pumped paper urine pass both ways -
- 20th He is very low. pulse 120 - urine flows freely. through wound as on 19th but there is no other urine - His knee much swollen & very painful. - I hear suppuration. - Pulse & pulse support - Abdomen & other symptoms but no power.
- 21st Still very low. pulse rapid & pulsatile. Urine very low. wandering but he knows what I say. Knee much swollen & very painful. Continue all. - plan of stimulants. - The Bladder is not pumped urine pass both ways.

Month.	Date.	Particulars of Case.
Nov. 14 Khalani Ship Surge		<p><i>Spiral Section</i></p> <p>A man named James <i>James</i> aged 40 from Bombay admitted on 9th Nov. with spiral hernia of right side and stricture. I supposed that the nature was of that first importance for he passed his urine 3 drops & so much distressed heat distress from the difficulty in passing water as well as the frequency. I attempted to pass, but found that nothing would enter the bladder. He followed the operation the same but instead of being attended with hemorrhage - I made several attempts without success -</p> <p>Then using I put him under Chloroform & with the aid of a small metal rod passed me of Sympson's force & staffs into the bladder. I then divided the stricture in the usual manner it was in the usual place just in front of the bulb & about 1/2 an inch in length - passed a tube into the bladder & urine was passing with the bleeding & the operation was completed without delay & difficulty.</p>

Month.	Date.	Perineal Section. Particulars of Case.
Nov	15	He had some hemorrhage yesterday which required I : Don't expect him to stop it - urine is flowing freely through the tube - In Luer.
	18	Removed the tube yesterday - and this morning I passed a catheter - he is doing well -
	18	Had fever yesterday. but seems to be doing well today. urine passes freely by the wound - no heat today
	19	Doing pretty well.
	21	Slightly febrile. no heat at the wound well -
	23	Doing well -
	26	Doing well. passed in stool yesterday
	27	Passed No 9
	29	Passed No 10. urine by catheter passed No 9
	30	Passed No 9
Dec	4	Doing well. wound closing. paper water to the ways.
	6	Had a fever yesterday. Set him home. urine p & v. urine in urine.
	10	Passed No 9. He is doing well. wound healing -
	13	Doing well. wound closing. No 9 passed easily
	16	wound closing. Some heat at the wound. He passed a good stool. (Page 12)

Month.	Date.	Particulars of Case.
		Injury to Brachial Artery -
Apr	18	<p>James O'Keefe, aged 30. an Irish Sailor, with red hair, of fair complexion, the skin slightly made, admitted into the hospital on the 12th Oct. last at 3 1/2 PM with the following symptoms:</p> <p>The patient was under the influence of liquor. but was quite sensible!</p> <p>"He had a stab in the inner side of the right arm just over the course of the Brachial artery at its upper third. It was about 1/2 an inch in length. The probe went deep down striking in the muscle - There was a constant dribbling of dark red blood. No pulsation of the Brachial Artery as the wrist - of the same arm. There were several other superficial cuts on the palm of the right hand. In ecchymosis or any swelling about the wound - on the 13th a very faint pulsation was perceptible in the right radial pulse.</p>
Oct	14	<p>Pulse same as yesterday. Temp: same natural - Complained of pain in arm. Thirller when electric shock is touched along the wound. Numbness of the fore</p>

Month.	Date.	Particulars of Case.
		Referring to Practical Anatomy
		arm. hand and finger especially of thumb fine and well perf. Rapid Conduction of the Nerve -
Oct-	15	Same as Saturday. true scaly m. at the inside of elbow -
"	16	Sensation of little finger. ring and inner half of mid finger natural. In pulse at the wrist. (a) giving fairly perceptible, temp: natural.
"	17	Same.
"	18	Extreme sensitiveness of part just above the wrist. as the the end of a nerve is touched - pain in arm left. In mid pulse at wrist
"	19	On radial half of prepuce sensitive but ulnar half numb. In other respects the same -
"	20	Pulse slightly more perceptible
"	22	Pulse slightly more distinct extreme sensitiveness of part above the wrist of continuation, but it is less than it was before. Numbness of hand and arm much diminished - the prepuce & thumb & all points



Month.	Date.	Particulars of Case.
		Injury to Brachial artery.
Oct	22	Sensation returning in the back of the thumb and forefinger - slight numbness in the arm & fingers, some numbness of Biceps - Pulsation of Brachial artery more distinct down to the wrist -
	25	Arm stronger than some 3 fingers & ecchymosis disappearing.
	29	Much better.
	31	Wound healed.
Nov	1	Sensation & action improved except in the thumb & forefinger which are numb & 1 more -
	9 th	He can close his fist. but not strong. Anterior teeth like a small thread at the wrist - He has regained the strength of foot he lost. When he looks much blood of the mind. It is said that at first the flow of blood was in reverse -
"	18	His arm still is weak and somewhat atrophied - still more numbness & inability to move the fingers
	24	Discharged - Fore finger still numb - Arm weak. Patient has been in bed

No 3 Continued *himself* Case Book.

12

Month.	Date.	Particulars of Case.
		<i>Perineal Section</i>
Decr.	15	He is doing very well wound nearly healed
"	25	He is well
Jan	1	a sinus still open, but it is closing - has a large indurated mass
Jan	11	The Perineal wound all but closed. His health being good I operated in the usual way with a plug in suprapubic region. He is, I find, a spirit drinker so I told him some more.
"	17	Plug taken out yesterday afternoon - suppuration being free - a pain came - On the morning pain left this morning
"	21	He is very well. In taking of hernia to descend. Wound healing. He has a large indurated sacred perineum to obviate contraction of the rectum. The perineal wound is all but healed

Discharged
cured 22nd
Dec 4

Month.	Date.	Particulars of Case.
		None lip
Nov	19	<p>This afternoon with Mr Waller I operated on an infant born yesterday for hare lip. The distortion was very great and the palate soft & hard cleft throughout. I united the edges with two wire sutures & the upper with one needle.</p> <p>The child  look very little blood  the lip was not reflected from the underlying maxilla on right side & there difficulty in the left. The edges were 'repacked' by a curved instrument and the corners held with wire forceps. The child bore the operation well.</p> <p>20 I hear that the child is doing well & no tension on the wires & needle.</p> <p>26 Saw the child with J Waller. find that the needle had cut into wing out. The wound had united & no future fear. The skin here is I removed it. This is half the needle was not removed earlier. Child is well.</p>

No 5

Case Book.

Month.	Date.	Particulars of Case.
		<i>Have left infantile</i>
Dec	3	<i>I have seen my self.</i>
"	13	<i>The child is perfectly well kind perfectly healthy top mounted It can keep the rattle in keeping steam to work</i>
Feb	20	<i>The child died some time after 4 Dr. Ambrose</i>

Month.	Date.	Particulars of Case.	Note Book
		Case of Pyaemia entered per page 185 - No 6	
Nov.	21	He gradually grew weaker and sunk. Yesterday at P.M. at 8 p.m.	
Post Mortem		Body much emaciated. Right pleura contained a quantity of thick turbid matter, fluid, with patches of yellow lymph here & there floating, and adhering to lung and pleura - Lung collapsed half - small hypostatic emphysema. For the retention of blood with small sub-pleural emphysema. Small cavities, some containing broken down disorganized & fibrinous fluid. Many small like small patches of lymph in pleural cavities - The lining of the lung otherwise healthy. The lower pulmonary small abscesses, and bronchitis from time to time. One abscess large contained much mucous yellow fluid - One or two patches in the spleen. None in walling which was cut into. Presented the appearance of a caseous mass mixed.	

Case Book.

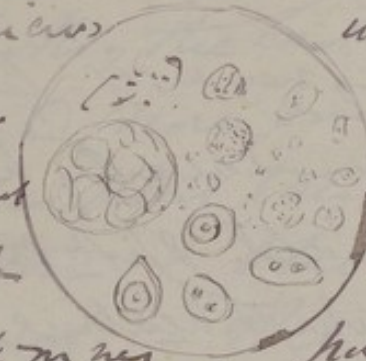
16

Month.	Date.	Particulars of Case.
		<p>Post Mortem / <i>Pyeloma</i> Case continued</p> <p>Mr 21 The spleen & kidneys were very slightly affected. The shape of the disease in this case appearing & have fallen in the liver & lungs. The liver was diseased, the Peritonitis at the end, and the pulmonary cavity in double disease (a section was made) Dr. Whistler's appearance in this case -</p>

No. 2 continued Case Book. from page 6

Month.	Date.	Particulars of Case.
		<i>Lateral lithotomy</i>
Nov	22	<p>He died yesterday - P.M. 8^{1/2} M. 22nd M.</p> <p>Lungs healthy & Crepuscular throughout -</p> <p>In Pleurisy - The left hypochondriac region.</p> <p>Heart & Pericardium healthy - much</p> <p>discoloured cloth in the ventricle &</p> <p>pericardial & Pulmonary arteries -</p> <p>Liver. Firm, perhaps slightly fatty.</p> <p>Spleen and Kidneys healthy -</p> <p>Bladder much thickened & the</p> <p>internal Columnate of. with much</p> <p>inflamed. An abscess in right lobe</p> <p>of prostate. Left about two thirds</p> <p>divided in the prostate in suspending</p> <p>ligament & the bladder -</p> <p>more than ulcerated and suspending</p> <p>in membranous portion. The ureter</p> <p>split in the right place & urine</p> <p>passed in a fold of peritoneum not</p> <p>in the fold -</p> <p>A collection of pus in centre of</p> <p>left Prostate - as the Pericardium</p> <p>had broken down into pus.</p> <p>(in show) depth here found</p> <p>full of pus - pus also under</p> <p>peritoneum. Muscular tissue &</p> <p>other details healthy.</p>

Month.	Date.	Particulars of Case.
No. 7	23	<p>Removal of Mammary Gland.</p> <p>A woman named Taaramony Dapic aged 35 years admitted on the 23rd Nov. with a tumour in the left mamma. It is in the centre involving the gland & somewhat retracting the nipple. It is hard heavy & painful. No tenderness on the skin but generally, her insipidus. She has had it for 6 ^{months} and it came suddenly without much pain.</p> <p>The glands in all are unaffected. She is not very strong and has a feeble pulse. The heart & lungs are healthy and she seems in tolerable health.</p> <p>This morning I removed the growth involving the whole breast & laying bare the pectoral muscle. Small ligaments (24) were removed.</p> <p>The tumour was about the size of a large orange flattened</p>

Month.	Date.	Particulars of Case.
		Removal of chlamydia gland
Nov	23	<p>and it seemed to consist of a fibrous and granular substance with patches of yellow deposit - and hence a white film tissue. Hard and firm but like the scutellum. Not like I am inclined to doubt its truly - nature. Further perhaps it is an granular tumour -</p> <p>The microscopical appearance here represented quantitatively of the whole. Not large number all - 4 or 5 perhaps club shaped but the others, in one or two specimens were distinct. Quantities of granular matter.</p> 
	24	Dry well. no bleeding. slightly painful
	26	Dry well. Ligatures mostly come away. Is slightly painful. Saline -
	27	Dry well. no pain.
	28	The ligatures have all come away but two. Dry pretty well
	29	Better in all respects. Discharge more healthy. no pain -


N-7

Case Book.

20

Month.	Date.	Particulars of Case.
		Removal of Mammary Glands
Nov	30	Dry well. Sympoms all away. entire hoar hair gone, & ducts & tissue scab 1 - loose -
Dec	2	Slight erysipelas bluish attending to back - August. hist- wash - In Fri. sun + tender wound looks well
"	4	Dry well. wound healing
"	7	Dry very well - Cut Fri. Chond.
"	12	Wound nearly healed.
"	16	A small spot still unhealed but rapidly healing -
"	21	Still a small spot unhealed
"	29	Discharged cured
		Admitted 20 Nov
		Operated 23 - "
		Discharged 29 Dec

Month.	Date.	Particulars of Case.
		<i>Frustrations</i>
Nov	24	Divided a large uterine pressure of the rectum to day in an American Lady. just above the rectum - she has had, & has, internal hemorrhoid. - The pressure has been divided before the puli- tricked with Nit. acid. She has had two children since the birth, the last that she has suffered, now some months - she has great pains with a profuse motion. & she at times passes blood. - She is healthy & in good condition, about 25 years of age -
	26	Dr. Williams says she is better - has less pain - no bleeding - Bowels not yet moved.
Dec	10	Dr. W. tells me that she is much better, no pain, but some trouble from the recurrence of an internal hemorrhoid - Remained unaltered days after the first operation
	19	Remained 3 small bleedings she is much better in all respects

Month.	Date.	Particulars of Case.
		<i>Protrusion of Intestine into Uterus -</i>
No 9	24	<p>There is a very curious and interesting Case in <i>Pastor's</i> ward, admitted 3 or 4 days ago - A peasant Miller about 48 to 50 years of age had hernia of the right side of moderate size, he says, which used to descend into the scrotum: he went to a friend, non-professional - also made two incisions, one over the protruding intestine, the other over the testicle. The result of the incision has been protrusion of the intestine - of the other forming the testicle, making a most rare complication - - The operation was performed two months ago and he</p>  <p>but has been protruding about a month - but he does not interfere with work. He suffers little pain & is in excellent health, but has much inconvenience. The local matter is constantly rising at orifice A. The protruding gut is smooth & red has all the characters of a mucous membrane although it has</p>

Month.	Date.	Particulars of Case.
Apr	24	<p><i>Portulaca oleraceae</i> - <i>Portulaca oleraceae</i> - <i>Portulaca oleraceae</i>.</p> <p>been so long exposed. It became more exposed than he thought, and it has the same color as the plant of stone. - The thumb with a nail at A. The finger at B & pressed together indicate a septum. - The distance between the plant of a fruit in a paper after a short time at B. - All after having a yellowish, which appears that is probably a egg down. - A fine's flower of the Sashim water that is mass Stone. - Intestine is - up on the - cal value - It is that the large intestine. - The anterior wall simplified away - the ends of the tubes pressing themselves down and presented the greatest apparent marked at A & B. - The remarkable position in the</p>

Name - Ramdhane Sutt -

Age - 72 years -

Former residence - Sonatish near Mogra
Lohi s. - - - - - Baghuzar.

Duration before admission about $2\frac{1}{2}$ months
Admitted on the 23/12/63

Name - Chintamny -

Age - 12 years -

Residence - Kossipore -

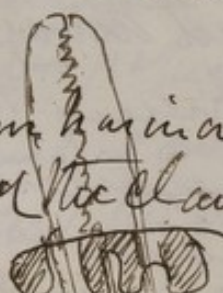
Durative before admission - 4 years -

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Month.	Date.	Particulars of Case.
		Protrusion of Intestine out of Orbits -
No	24	<p>There is a very curious and interesting Case in 8 Parturition, admitted 3 or 4 days ago - A peasant Knitter about 48 to 50 years of age had hernia of the right side of moderate size, he says, which used to descend into the scrotum, he went to a friend's house for medical aid.</p> <p>rel. Name - Chintamony. Age - 12 years - of his Residence - Kossipore. the duration before admission - 4 years -</p> <p>On in in in</p> <p>about a month - before the next.</p> <p>It is in excellent health, has much merriment. The local matter is constantly passing at orifice A. The protruding Int is smooth and has all the characters of a Membranous Intestine although it has</p>

Name	Age	Form	Color	Size	Cell

Month.	Date.	Particulars of Case.
Apr	24	<p><i>Protrusion of Intestine & Anterior Hernia.</i></p> <p>Seems so long exposed. It became more enlarged when he started, and it has the same color as the other hernia of the same kind. - The thumb introduced at A. The finger at B & pressed together indicate a septum. - The intestine is the color of a fruit in a paper after a short time at B. - All the local matter pressing & yellow, at A. Hence it would appear that the protruding part is probably a part of the colon - dragged down. - It could well be the sigmoid flexure as it is in the right side of the abdomen and it holds so much water that it may well be the transverse colon. - It could be the small intestine & fluid would not keep up with it. - But the color value - It would appear that the large intestine has protruded. The anterior wall stripped away & the ends of the tubes pressing themselves down and presenting the crested appearance marked at A & B. - The remarkable position in the</p>

Month.	Date.	Particulars of Case.
		Artificial anus
		Case all that the man is in good health. no Constitution of Artifice the mucous membrane of the gut is a good one and some like as this I had just left the abdomen. The man is well nourished. makes proper quantity of water - Also the turning of the intestine - The Intestine is clung adhering at the margin and the is found fixed -
Apr	27	He seems the very well, no change since last report
Dec	9	Man is in the same state
	24	It has proceeded more - He has had some disturbance in it - does not look so well
Jan	6	P. is getting clumps made in it
	12	The tumour has increased somewhat P. applied the el. acc. as the gentle pressure today - 
	13	Very well
		Page 78

Month.	Date.	Particulars of Case.
		<i>Phymosis Congenital.</i>
Nov	26	Operated this morning on Mr. James, a young man (English) aged about 28. for Congenital Phymosis. The operation was in fact adherent to the flaps - stitching the edges. His medical opinion with him was there was no danger of the Prostate He took Chloroform given by Dr. Bonne (I) - and lost my little blood and iced water to a Saline opening tomorrow morning.
"	27	Very well. No pain except very slight - iced water - aperient.
"	28	No swelling or inflammation but little pain. Bonnet open.
"	29	Less pain. No swelling. went to sleep - Came up & walked both ways - iced water & etc.
"	30	No pain. He is able to sit up -
Dec	2	Very well
	7	He is able to step & walk steadily without pain, wound cicatrizing.
	14	The wound has nearly healed. The adhesions subsiding. He walks about as usual. - He was married.
	24	

I saw him
afternoon to
Sunday last

No 11

Case Book.

26

Month.	Date.	Particulars of Case.
		<i>Gunshot wound. Amp; mid finger left hand</i>
No 26	26	<p><i>McDaly aged 36 yrs Irish three high well looking man says he has a delicate throat - has nearly been to Europe for change - yesterday shooting down the river at Sauger. Monday his gun was empty placed his left hand on the muzzle of the barrel and pulled the trigger to explode as he thought of a cap and he was startled like - the barrel was loaded, he is not sure whether with BB or smoke shot. but the charge went through his hand - the entrance hole in the palm not larger than if made by a bullet. In the wrist at the back of the hand a good deal torn - For instantaneous cure the mid finger (left hand), was much swollen. but there is still some swelling of the hand except that the tissues were</i></p>

Month.	Date.	Particulars of Case.
Nov	28 th	<p>much lacerated and contused. The string the back of the hand torn. Altho' the hand was much bruised and blackened and the adams joint was effused. It was usual. J. D. Partridge Shiner a money receiver to all sorts of small items as the time were not broken. and the joint not actually fused. I accor- singly under Orl: admitt'd J. D. Shiner, admitt'd J. D. removed the thick purulent cutting of the skin. Metacarpal bone without - among the joints - applied two ligatures to divide the hand. Dressed with ice of water.</p> <p>The hole in the palm is left - but it is hardly possible that it may be closed.</p> <p>27 slight hemorrhage during night. Hand wound turned out cloth. Applied a ligature.</p>

Case Book.

Month.

Date.

Particulars of Case.

French Woman

Nov

28

Arm pain in the night. No bleeding
Arm puffy - Irrigate with
iced water dropping from a rubber
syringe -

29

Arm somewhat puffed - rather
painful. Suppuration coming in
Pulse 84 - Irriged (rightly) earlier
he had some last night -
on the whole, so far he is doing
well

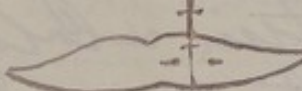

30

Discharge more profuse. Hand very
sensitive. Fore arm puffy but no
sign of spreading ed of the inflammation
up the inner part of the arm

Dec

2

Last night he was restless & wanted
his hand about - he is irritable
and today he has had two
sharp attacks of severe pain
very much blood - I bled
out all - dried the septum
left between outlet and about
puffing - I put a distal
branch having tied it - He
is very weak - up to last night
he was doing very well
But today I am (page 30)

Month.	Date.	Particulars of Case.
		Hare lip
Nov	27	This morning I operated on a Dr. Jameson's last named boy, now aged 18 he had lip; a simple fissure with no cleft palate - I united it with Horse hairs. I passed the edges with a simple  curved holding holding the corners of the lip with a pair of forceps - 
"	28	Union evidently taking place.
"	29	Union appears complete -
Dec	2	Took out the Sutures. perfect Union has taken place.
"	4	He is nearly quite well.
"	5	well
"	7	Discharged cured.
Admitted Nov 27.		
Operated " "		
Discharged Dec 7 th		

Month.	Date.	Particulars of Case.
		Smash wound.
Decr	4	<p>Doing very well until this morning when he had an another attack of 2nd degree hemorrhage. not so profuse. Opened the wound. No bleeding from internal organs - hemorrhage stopped - applied R: Fin & Cold. - The surface of the wound healthy -</p>
"	5	<p>In return of hemorrhage - doing well.</p>
"	6	<p>Doing well. wound looks healthy in better spirits</p>
"	7	<p>Doing very well. mind healthy. Slight hemorrhage in palm. No bleeding - appetite as fresh as before</p>
"	9	<p>Wound healing rapidly. General health improving. Is able to walk on the ground with cane in a sling</p>
"	10	<p>Doing well. wound contracting rapidly</p>
"	15	<p>Wound on palmar aspect has</p>

Month.

Date.

Particulars of Case.

Gunshot wound.

Decr

15

closed. Mark on the back of the hand is rapidly closing. He is taking less time if. which he was taking before the accident occurred. He goes out for a drive wearing the hand and is doing it in perfect health. Simple water dressing —

"

26

Said him today - wound healed. Fingers still stiff - recommended liniment.

"

21

Very well. wound looks clean and discharging. Less discharge - water dressing

He quite recovered & shortly after resumed his duty as a pilot.

Wander

I said him about 15 Feb / 64
The cicatrix good but the
pupae still stiff.

Month.	Date.	Particulars of Case.
		Mammary Tumour
Decr	5	<p>Removed a tumour about the size of a walnut, protruding and retracting the nipple from the right breast of a Lady of about 34 years of age. Mother of several children. The tumour about 4 years of age. The breast much atrophied on either side. And on the right protruding only from the tumour. It was two or three small ones the result of external application & irritation. The tumour is of 6 months growth & is a creamy cancer some pain and swell - No affection of adjoining glands.</p> <p>Incised it by a tumour curved incision about two inches long below the nipple and dissected it away. In Aug 4. It was necessary to remove the nipple from within as it was involved by</p>

Month.

Date.

Particulars of Case.

Summary Summary

retained. One vessel as large as

Name of Patient

Amelia Rodriguez an East Indian girl aged 4 years was admitted into the Med. Coll. Hospital on the 9th December (11 a.m.) 1866. with five punctured wounds on her forehead. These wounds are said to have occurred about half an hour before the admission by the child's falling on some gravel is from a height of about 20 or 22 feet. A piece of brain is said to have protruded through one of the wounds & the frontal bones appears to have fractured in several places. The child was insensible from the time accident occurred to 2 P.M. of the same day.

*is removed desirable. Then
once under Chloroform - then
Jungah 12.*

Amelia Rodriguez

McAllister

Decker

21st Dec 1863

Amelia Rodriguez an East Indian girl aged 4 years was admitted into the Med. Coll. Hospital on the 9th December (11 am) 1863. with five punctured wounds on her forehead. These wounds are said to have occurred about half an hour before the admission by the child's falling on some gravel from a height of about 20 or 22 feet. A piece of brain is said to have protruded through one of the wounds & the frontal bone appears to have fractured in several places. The child was insensible from the time accident occurred to 2 p.m. of the same day.

Patient named Kader hattu aged 23
resident of Woola was admitted in the
Medical College hospital in Dr. J. Fayrer's
ward on the 16th Dec 1863, for an encysted
fatty tumour at the root of the neck at
its anterior aspect between the origins
of the Sternoclydo Mastoid Muscles -
The tumour is perfectly smooth and
round and about the size of an
orange - Its origin can not be
traced to any injury or any inflammatory
signs -

Name -- Thomas Phillips
Age -- 57
Occupation -- Writer
Residence -- South Collingwood
Race -- Portuguese
Religion -- Roman Catholic
Date of Admission -- 3^d Feb. 1863 - 7 $\frac{1}{2}$ Am.

Had chancres about the age of 10 years —
it was not followed by any secondary —
symptoms — About 6 months ago he had some
sore throat — with some enlargement of
the Cervical glands — the difficulty of breathing
came on suddenly in the night of the 2^d —
February — with peculiar wheezing noise attending
respiration — Has had no symptoms of laryngitis

Present symptoms — Emaciated — no signs of tubercles
Difficulty of breathing — with a sense of suffo-
cation — though not in the extreme — some enlargement
of the thyroid gland — & thickening of the trachea — about
the larynx extending down the trachea — voice
hoarse — some difficulty in swallowing — pulse
regular — pulse pretty good —

1/26 Feb

6 pm -

Very restless - pulse feeble - extremities cold -
countenance livid - is almost insensible -
respiration almost stopped - & tracheotomy
performed with immediate relief -

Memo

Shahk Papa, a Mahomedan Male
aged about 32. inhabitant Jessore. ...
occupation. Farmer. Came into the
Hospital on the 14th December 1853. with a
Tumour on the lower jaw of about
7 years standing.

It came of itself. never suffered
from Eoth. disease, Four years after
the commencement of the disease
when the tumour was about the size of
a small orange it ^{was} once opened by a Quack
and that opening still exists. through which
there is constant draining of thin fetid
purulent fluid. suffered from fever
occasionally; Since, September last. the
Tumour has been increasing fast. and
he has got some additional sufferings.
There is now too much pain on the
part, he is getting weak. at present
the tumour extends from a little below
the angle of the lower jaw at the
right side to an inch or an inch & half
beyond the symphysis of the Chin at the ^{other} ~~side~~
below it is ~~limited~~ bounded by the ^{supr} ~~side~~
bisor.

borders of the lower jaw bone and above it is
limited by the Gum. The last Molar tooth
of the right side at the lower jaw is pushed
outside its socket. & the 2nd & 3rd Molars
are loose. The tumour is hard on surface
& there is constant draining of purulent
fluid through the surface as already
mentioned. has got no enlargement of Spleen
or Liver. looks healthy in other respects.
For the three successive days since his admission
he was treated with Quinine & Iron & on
the 18th Decr. the Tumour has been
removed with the part of the lower jawbone
leaving as far as the angle of the bone
at each side.

Memorandum

Case. Shark
Bait.

Tumour of the
Lower jaw

Removed

19th Decr 1873.

Henry Huntley

Terms

Tuition and School Fees — £25. per annum
 Boarders, including Tuition & School Fees £90. per annum
 Ditto under 13 years of age - do - do £75. per annum

There are three vacations in the Year: a short Spring vacation commencing about the 20th of April; a summer vacation of about six weeks, commencing in the last week of July; and a Christmas vacation of about four weeks, commencing a few days before Christmas Day.

The Tuition and School fees are apportioned between the three School terms, and are payable in advance; all other School Accounts must be discharged within one month after they are delivered - Applications for shares to be addressed to the Secretary; all other communications to the Head Master, The College, Clifton Bristol. Information may be obtained in London from J. H. Dakyns Esq. Treasury Office, Middle Temple - The Grammars at present in use are Kennedy's Elementary Latin, and Woodworth's Greek Grammar.

Preparatory School.

A Preparatory School will be opened in connection with the College on Wednesday 15th of April next. It will be under the immediate supervision of the Head Master, but with separate School terms, Boarding House and Play ground. Boys will be admissible at the age of six years and may remain in it till 13 if the H^d M^r approves. The Tuition fees are £12. 6s. a week for boys under 8 - and £16. for boys over 8 and under 10 if they are nominated by a shareholder of the College; if not so nominated there is in each case an extra charge of £4. per annum.

For boys over 11 the Fees are the same as in the College. The charge for Board is £42. per annum; for a Day boarder £12. per annum. No extras. Further information may be obtained by application to the Head Master or the Secretary at the College.

Clifton College Comp^d Limited

February, 1863

CLIFTON COLLEGE

President

The Right Hon^{ble} the Earl Dacre

Visitors

The Lord Bishop of Gloucester and Bristol
 Vice President -

His Grace the Lord Archbishop of York

Mr. Jordan Brakenridge Esq. Joseph Cookson Esq. The Rev. W. D. Gilbert Esq. Dean of Bristol C. Sir Arthur William St. John Esq. The Rev. Dr. Girdlestone Canon of Bristol The Rev. James Heyworth The Rev. Dr. James Hunter of Pembroke College, Oxford.	Matthew Duckport Esq. Thomas Hill Esq. William Henry Goodenough Esq. M. P. Philip W. Skinner Esq. Arthur Dingley Esq. Arthur Davis Esq. The Rev. Dr. Whewell Master of Trinity Coll. Cam.
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Council

The Rev. John Guthrie Canon of Bristol Chairman
 Will^m Hen^{ry} Halford Esq. Junr. Vice Chairman

John Bates Esq. Francis Blake Esq. M.D. Francis Bonus Budd Esq. Lieut. Col. Bask George Cooke Esq. The Rev. James Heyworth	Thomas Louisa Jenkins Esq. Joshua Sanders Esq. John Addington Symonds Esq. M.D. William Gale Esq. Esq. Treasurer Henry Sidney Wadsworth Esq. Esq. Alfred Cox Esq.
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This College has been established for the purpose of providing for the sons of Gentlemen, a thoroughly good and liberal education at a moderate cost.

The religious teaching is in accordance with the doctrines of the Church of England.

The Head Master is alone responsible for the discipline and general management of the College, the whole being under his immediate superintendence; and he is, in all respects, invested with the same powers and liberty of action, as are enjoyed by the Head Masters of the great Public Schools.

In the lower forms of the School, the course of instruction is the same for all Pupils, and such as to give a sound elementary knowledge of Latin, Greek, English and Arithmetic. The upper portion branches into two departments, of which the Classical has special reference to the Universities, and comprises all the subjects usually taught at a Public School, including French, German, and Mathematics; in the second or mathematical department, the amount of Classical work is diminished, while greater prominence is given to Mathematics, Modern Languages, English Literature, History and Composition &c. Every facility is afforded consistently with the requirements of adequate education, for the direct preparation of Candidates for the Indian Civil Service and Military Examinations, without the intervention of a Private Tutor, or sacrificing the advantages of School discipline. — Drawing forms part of the syllabus work.

The proportion of Masters to boys is unusually large, as, independently of all teachers of Mathematics, Modern Languages, Natural Philosophy, and Drawing, there is at least one regular form Master to every 25 boys, or if the whole staff be included, one master to every 14 boys.

The general constitution and discipline of the College are based as nearly as possible upon the model of the great Public Schools. The buildings and play ground occupy a space of about 15 acres of ground on the outskirts of Elyton in the immediate neighbourhood of Dorchester Down.

The College was opened on Tuesday the 30th of September 1862. The Head Master receives Boarders

into his House which is constructed on the Rugby plan, with private studies distinct from the sleeping quarters.

The Boys are admitted on recommendations of Shareholders. The Shares are £25 each and confer the perpetual right of nomination.

Head Master

The Rev^d John Percival C. M. A.

Late Fellow of Queens College Oxford, Double First Class at Moderations, First in Classics and First in Mathematics at the final Examination. Junior Mathematical University Scholar, and for the last two years an assistant master in Rugby School.

Assistant Masters

The Rev^d J. H. Stokoe C. M. A.

Late Exhibitioner of Lincoln College Oxford, First Class, man in Classics, Final Examination. Deputy Theological Senior Prigeman, Late Assistant Master at Uppingham School.

C. E. Blackadder Esq^r M. A. (eldest Son)

Late Scholar of St John's College, Cambridge, and Assistant Master at Cheltenham College

H. E. Dakyns Esq^r B. A.

Scholar of Trinity College Cambridge

The Rev^d M. H. Beggie M. A.

Late Scholar of St Peter's College Cambridge

C. H. Wright Esq^r B. A.

Scholar of Lincoln College Oxford

Monsieur H. De Candolle. (French)

Herr Liepmann. (German)

E. A. Praeger Esq^r (Drawing)

Mr. Thomas (Writing Arithmetic &c.)

11 June 1864

My dear Fayer.

The patient died yesterday
about two o'clock without
convulsions. More when
we met; and with many
thanks for your kind and
ready assistance I am
Yours very truly
Admiral

Ans: Hip-joint.

Cochran Surgical Dictionary
latest edition. The number
of cases recorded is stated

the 139 —

Nonfatal	Mortality per cent
139.	91.
139	65.46.

The cause of the disease is not
ascertainable in all these cases,
but in 102, where it has been
recorded, 62 were from
injury - 40 - from disease

No. of cases	Fatal	Mortality per cent
Injury - 62	47	75.8
Disease 40	21	52.5
<hr/> 102	<hr/> 68	<hr/> 65.46

~~at 65.46 per cent~~

ad extremos morbos

utrima vixit

Earliest - Mace N. Penabill 1773

whether suppurating or may with-
out that present a better chance
of recovery. In the treatment
have at least been successful
in relieving the symptoms
which manifested for the cure
of suppurated abscess within
the bone. It should be re-
membered that the disease
is a virulent one, the fatal
complications of internal
phlebitis and pyæmia
imminent, & therefore
treatment, the effectual
must be adopted early.
The more as much as effected
has little effect on the disease
but the power which accompanies it must

The following facts in reference
to osteomyelitis have been
recorded as far back as the
17th Century - In "Les Corps des
administrateurs Royal de Saint
Cosme (J. L. Petit). This is
imperfectly recorded by a student
named Dancy -

"A man aged 30 years received a
blow on the anterior part of the
tibia where it is covered only
by skin. It was a contusion
became yellow & appeared
in the blood & terminated in

resolution. About the 7th day
he was attacked in the face
and irregular shiverings -
At last he died - & he
was examined & an abscess in
the brain was found (My
thoughts that this man was
Malpighi's because he became
ill) They opened the
skull and they found an
abscess in the cells of the
parietal which had caused
the "commotion".

the bone. The diagnosis: gelip-
sized inflammation in the
Cancellae will be removed
highly probable. When this
separation has proceeded
to any great extent, ampu-
tation of the Member is
wisdom if the diseased
bone is extensively indicated
or, if the surgeon is unwilling
to proceed to more radical
measures, it may be a question
whether the use of the trephine

disintegration of parts connected
with the testis. It is perhaps
the only case where pain in
the bone, accompanied
with the ordinary symptoms
of acute suppuration, differs
from the ordinary signs
of retention, a persistent
mischievous, induces a reasonable
suspicion of this affection.
In which the surface of the
bone is a few inches in
length. The periosteum is found
separated, or separating from

2^d case
At the Surrey Hammer an
Engineer used a ball in the
lower part of the leg - ^{fracture of bone} They could
not extract the ball. he died -
They found suppuration in
the marrow & also in
the liver - It is ~~probable~~
probable say Vidal that
the lungs were not examined
with care - for where metastasis
abscesses exist in the liver
it is ^{rare} rare that the lungs
do not contain them -
Vidal de Cami

G. Holmes. P. 629 vol III

in Habues Sm

The symptoms of this grave affection are exceedingly obscure, It, like other strumous and acute affections of bone is often accompanied by diffuse inflammation of the soft parts, which then masks the deeper affection. I do not know of specific symptoms in the separation of the ~~bone~~ or recession of the vertebrae from the rest, accompanying diffuse pain in the bone. And not caused by effusion on the internal surface of the latter. After amputations,

A prominent bony mass
is often seen projecting from
the ends of the bone, and
^{proves} the existence of a
certain extent of inflammation
of the medullary tissue;
but this need not necessarily
have affected the bone
so extensively as to deserve
the name of Osteomyelitis.
In fact, this affection is
 seldom recognized before
death —
To obviate this formidable
danger ~~from~~ and to remove

He hunted on the
a many principles
Finally meaning
in the question of
running the
the case, an hunter
whether in running
Cases would be
held to be another
intended. of py-
Rena had set in
it should not be
proportion had much
the last of the
of distance inspection

Due notes come in full
all the time & keep the
Usual time 1866
of the third part
a part of my
let paper in
substantial cases
that the
particular the
hampers of the
number & attempt
to remove him from
the source of infection

Month.

Date.

Particulars of Case.

Mammary tumour

retracted. The vessel as large as
a radial artery & I suppose for
a moment a two & two other ligaments
were applied - The wound was
brought together after dressing
had ceased with loose hair.

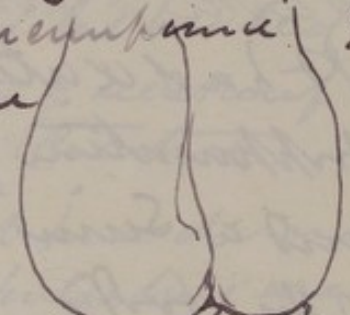
The tumour was of a papular
claudular & cystic nature
it was a good deal broken down
& suppurating from irritation
and had contracted a sinus
in the ^{round the} stem & nipple - I did
not examine it microscopically
but there is no reason to suppose
it is other than innocent.
In view of growth. Metastases
& ulcer of course depending
the health & spirit. Shey is
constant - vomgance rendered
the removal desirable. Stomach
more under chloroform - then
May 12.

Month.	Date.	Particulars of Case.
		Summary towards
Decr	6	Day very well. nervous system still - no bleeding beyond slight oozing at night - very little pain. Takes her food pretty well.
	7	Had a restless night & pain over the body finally - her husband Dr. P. gave her Dr. J. XX - & opiate. Her nursing done. Colic again - I put on a large blister round the head - which tomorrow is well. Took out the stitches to let discharge escape - Dr. Watson came over - Paul with Dr. J. Dr. J. XX @ 3 - Bleeding tonight - Tormentation
"	8	Still some tendency to dyspepsia. Ref: Dr. Watson. Big sea in Port wine - Dr. Watson came over.
"	9	Much better. blood nearly faded. I can feel the discharge from the head healthy - Dr. J. on the interior - from the head healed.

Month.	Date.	Particulars of Case.
		<i>Mammary Gumm.</i>
Dec	9.	She had Coliculus & Empyema last night - & operated this morning. Had a post night, has no pain - Painful D. at 3 P.M. of breast not returned -
"	10	Wound looks well, but the Empyema blush has been extending on the back, more white of skin, and it - Repeat negative strength - D: Dm: mm x ✓ Ten die - Draught not taken yesterday as breast acted well -
"	11.	Very well, wound healing rapidly still slight tenderness on the right hand to spread. Ref: negative. & some blood of deep red & white.
"	12	Very well. Still the blush spreads on the back - Colic: C: p. v. lat: p. 10 Haust. injer - Pain - with D. Dm: D: Dm: mm x ✓ 4 to 6 -
"	13	Breast has improved. Dm: clear. P - 104. Blush still spreading off wound & skin. Change the wound. She had an April fit today P. found her symptoms. She is improving but doing well.

Month.	Date.	Particulars of Case.
		<i>Hamman's Disease</i>
Dec	15	She is much better. Wound about free - wound healing. Impure Clear. P. 85. Appetite good. Sleeps well. She changed her room the day before yesterday.
	18	Sitting up. Quite Convalescent. One corner of the wound still open. But very healthy.
	22	Wound all but healed - sitting up. Complains of heaviness - pain about the Cicatrix.
	25	Went out for a drive. Is better. Requires purgative medicine occasionally also taking, Lassar's Food.
	28	Much better. Leaving House.
Jan	1	She is well - was out yesterday when I called.
"	3	Wound healed. There is a cord like vein running vertically below the wound. as this is hard thickened & consolidated. - Healed much more. P 86

*Month.	Date.	Particulars of Case.
		Worm in foot-
Dec	7	<p>This morning I removed a spine of the date palm from a frog mark. It had penetrated just at the root of the 2nd toe and to a considerable depth. It had been there, he said for one month. I succeeded in making an incision in the skin, the original wound, and passing it with a pair of forceps.</p> <p>It had created a good deal of inflammation just about the point and a sinus opening in the back of the foot.</p> <p>Size of the spine spine.</p> <p>The man left the hospital soon after the operation.</p>

Month.	Date.	Hydrocele	Particulars of Case.
Decr?	6 th	Gradual Chunder Panni aged 45. Fukerman. admitted this day He has double hydrocele which is of 5 years duration on the right side 3 years on the left. He has had no fever in connection with the hydro- cele. The scrotum is nearly symmetrical. It is nearly like a sac. Subcutaneous circumference 22 1/2 inches Transverse 22 1/2 " Vertical 15 1/2 " 	
		He is a small but healthy man. The hydrocele was tapped and inspected this morning - with strong I: Iodine. made Iodine had been applied - about 3 or 4 in each. The right side continued.	
At	Pint - 03	Dr	
Sept	4 - 1 - 2	Spide stand	
	2 - 2 - 3	Colours improved	
What	6 . 3 - 5		
	flourish -		
?	Has some lesser pain in scrotum		

Month.	Date.	Particulars of Case.
		1736 Cradle
Decr	10	The tumor arising on the right side of the stomach. It is not all the tumor. I suppose the tumor is all of it.
"	12	The pain occasionally is low & does not last. Absorption is commencing.
"	15	The tumor is diminishing. All constitutional disturbance gone.
"	18	It is diminishing (1/3).
"	22	It is diminishing.
"	29	It is half the size.
Jan	3	It has contracted even more. But I expect it - I tapped it again. I took out the right side about 8 ounces of dark viscid fluid & injected it with again. The left side was swelling. I had a machine a two way compress. It will not move it. He is in good health.
"	13	It is much reduced.
"	16	Discharged. Tumor reduced to less than 1/4 the original size.

Month.	Date.	Particulars of Case.
		Hæmorrhoids -
Decr.	3	<p>I operated two large internal piles for Mr Bartlett senior R.C. a stout healthy gentleman of about 55 years of age. 40 years in India. He had also large internal piles he has had them for many years and they have frequently caused him much trouble from bleeding. Lately he has lost much blood and when I said to him he was much exhausted and debilitated by hæmorrhage. I found the piles protruding and bleeding freely.</p> <p>But as it had been applied with the food small this time.</p> <p>I treated with Dr. Mercier's ointment. having explained the risk. I persuaded him to try - passing a curved needle through the base of each</p>

Month.	Date.	Particulars of Case.
		<u>Hæmorrhoids</u>
Decr	9	He has been doing well. The bleeding had quite ceased. The pain had not been very severe after the first 2 days - Last night he had another sharp attack of bleeding - when it stopped with cold acid propeur. This morning I find him weak with a quick pulse, but no sign of any internal bleeding. The bowels loose. The pulse separated & weak & very abundant in the blood of last night.
"	11	Dr. Macnamara tells me he is doing well.
"	13	He had slight hæmorrhage yesterday after some loose stools the result of our indication in diet (Rice & Lemon juice). Now he is doing well. He looks well. Take more wine.
"	15	I hear he is doing well. has had slight hæmorrhage with loose stools.
"	23	Write to say he was quite well.
April	14	I hear that he is in excellent health.

Month	Date	Particulars of Case.
Amputation as Hop Smith		
May	31	<p>Doing very well. Discharge slight but still continues. He takes his food well & sleeps well - sits about the ward when supported.</p> <p>1. With discharge from the outer sinus & the cicatrix is a denudation but there is no tenderness in the stump & he is in good health.</p> <p>4. Doing very well but with Onchocera - Discharge slight & he takes his food well.</p> <p>6. Doing well. Not discharging - Photographed.</p> <p>10. The sinus has changed & I find the surface has ulcerated to the size of a 2 anna bit - He has had diarrhoea from eating improper food washing his hands with soap and water & use of oil - Chalk medicine administered but he is not better.</p>



14 He is doing very well. Discharge slight but still continues. He takes his food well & sleeps well - sits about the ward when supported.
 25. He is doing well. Discharge slight but still continues. He takes his food well & sleeps well - sits about the ward when supported.



Month.	Date.	Particulars of Case.
		<u>Artificial Anus.</u>
Decr	10	<p>Mr E — aged about 36. Ct. gk. I saw him this morning at 10 o'clock with what was said to be an abscess in the left groin — In the seat of the urinary tube. In the higher upper — haps. The swelling was small. The skin round it red and very painful. Pusulent matter started with yellow odorous airy it — Bone had been acting pretty regularly. No pain in abdomen.</p> <p>From 10 minutes ago after a long ride. he had a swelling there. Bone became painful & the swelling had supplicated. He had also been. The外科 surgeon made an incision and the thing was air escaped. He bled him for a time and applied them to become closed. He was suspected as this would be an abscess into</p>

Month.	Date.	Particulars of Case.
		Artificial Arms
Decr	16 th	<p>Receiving communication from the sub. but the idea was. The line abandoned.</p> <p>A few days ago he had pain of arm & it opened again.</p> <p>I had no doubt from the appearance of the discharge after smell, but to make certain, I injected a solution of Candy into the sub and found that it came out through the opening. I made local matter before it - but not of matter having come from the skin, and there is a considerable sinus under the tender skin surrounding the opening -</p> <p>It is clear that there is no opening into the large intestine behind the sigmoid flexure I recommended an opiate to allay the intestinal causes</p>

Month.	Date.	Particulars of Case.
		<u>Artificial anus:</u>
Dec	10	Of the operation and that he shall be removed to some place where he could be under close observation. He is not in immediate danger as the gut is clean & adhering to the parietes, and the sinus leads directly to the surface. As the bowel is also quite patent, and he eats otherwise good, I see no reason why this should not contract.
"	12	The discharge is free through the opening & the sinus is explained with success with it. Proctitis.
"	13	Said there a sinus about fecal matter today. He is a little better.
"	15	He has been easier. The skin left unplugged. Fecal matter still passes.
"	16	Much easier. Left fecal matter passing through the wound - which looks inclined to contract. He rests on his back.
"	18	Increasing to contract. No fecal matter since yesterday.

Month.	Day.	Particulars of Case.
		Autopsia (Amus)
Dec	1	Rather more discharge. much gas passed. but very little fecal matter He is in much better spirits -
	2	Syringed out the wound with solution of Condy -
		From the Hot Journal.
	22	In low spirits but no change for the worse
	23	He returned to General Hospital today where he came under Dr. Beaton's care -
		He has passed no fecal matter through the wound since 23 rd -
		In low spirits. Under the Dr. is closing.
	24	Did not see him today -
		Doing well. wound still open but tending to contraction & some of health improving.
		Still well. strong & bright.
		Appear the strong & bright in health in good.
		It is now contracting. & since becoming depressed
		went away in charge to Singapore

22 Feb Had a letter saying he is much better at the hospital
a probe will be sent to him -

16 April He came to see me a few days ago - He says
had quite closed she was very bad but now she is better

He called again about 20 May - some pain but would
not be there

No 18


Case Book.

47

Month.	Date.	Particulars of Case.
		Hare lip.
Dec	13	Operated for hare lip this morning and Hunter had aged about 24. healthy. for Hare lip as usual in day previous accompanied by cleft hand & soft palate & alveolus - The cleft extended into the nostril - I pinned the edges as usual. holding the corners with silver forceps - & sutures with a sharp point of bistoury. used of 5-horse hair - 3 deep - 2 superficial 1 deep & 1 superficial in palatine. The other 2 deep - one superficial in the lip -
	14	Healing - uniting.
	16	It has united with the slightest irritation from the horse hair sutures.
	18	Healed of ^{nostril} apertures still in.
	19	Took out the sutures as they may be out -
	21	Discharged.

Month.	Date.	Particulars of Case.
Decr.	16	<p>Tumour of the neck</p> <p>This morning a young healthy looking Bengali, aged about 28 named Kader Nath presented himself with a soft tumour at the root of the neck just between the insertion of the Sternomastoid dipping under the manubrium of sternum & extending upwards nearly to the Cervical Cartilage. It was movable & a great ulcer. I dissected it out from under the superficial fascia - stopped under the Sternomastoid & under the sternum. but lay in a firm sheet of fascia - There was little hemorrhage. The arterial vessels (very small ones) were tied - and the wound after its surface had been sprayed with i. o. sin. & powdered with horse hairs - The cavity left after the tumour was removed was very deep. Much more than could be wrapped in flannel. The dead bird - Page 62</p>

Month.	Date.	Particulars of Case.
Decr	18	<p>Tumour of Lower Jaw</p> <p>This morning I removed fresh part of the lower jaw of a native named Shokli Bappa aged 32. Small but not unhealthy looking man. The tumour has been growing about 8 years. It occupied the bone from the canine tooth of the left side across to the opposite side at the angle - felt like a shell of bone & in some places soft bluish as a firm mass in the right cheek it had been inverted and a sinus had formed out of which purulent matter issued in profusion. The face was much distorted. The tumour being about the size of a man's fist. The articulation on each side seemed quite unaffected - The hand in the neck unaffected.</p>

Month.	Date.	Particulars of Case.
Decr	18	<p><i>Summary of Lower Jaw.</i></p> <p>Removed it this morning in the following manner -</p> <p>Divided the bone up without cutting the marrow - In the anterior with much care, left side -</p> <p>But through the bone with forceps</p>  <p>and I did. Removed away the soft parts - keeping near the bone -</p> <p>Removed the bone just behind the articulation - Leaving thus about $\frac{1}{3}$ of the whole bone -</p> <p>Impure blood poured by Dr. Keuthen with the instrument - Several vessels were tied - It did not lose much blood - but became very hard and white</p>

Month.	Date.	Particulars of Case.
		Removal of lower jaw
Decr	18	<p>The Surgeon notwithstanding the extensive attachment of the ball removed it -</p> <p>knives edges of the wound together with the best hair sutures, and stuffed the Cavity with lint</p> <p>2 P.M. Found him low - copious of blood all morning. Plugged a small vessel with a bit of wood and tied two shins -</p> <p>Started him troops falling back on the right of a lightness through it - and had a piece of apple of alex. & Ferri -</p> <p>Have sketched on the skin on the the microscopic appearance of a part of the tumor - which was soft & smelly - like Brown substance in appearance</p>
"	19	<p>Pulse better but he is still low.</p> <p>12 - Skin warm. He has swallowed some Milk Eggs</p>

Month.	Date.	Particulars of Case.
		Removal of lower jaw.
Dec	19	and a little Brandy & water. In more pleasing. But he seems much depressed Let him have small quantities of food & stimulants frequently - The tongue is kept forward with the ligatures.
"	20	Pulse improving. Announced the last wound with the mouth with Chlorodyne Iodine. He has taken some milk, Sago & wine.
"	21	Much better. Several ligatures come away - Found him drinking Sago & Milk - Took out the ligatures of the tongue as there were now in ten days to retract.
"	22	More ligatures come away. He is stronger. Taken his food pretty well. In lower. Dropsel has now in tendency to fall back.
"	23	Getting up in bed. He is doing very well.
"	25	Dine, well - Taken his food well. Wound appears to have united. Two ligatures still remain attached.
"	26	Two ligatures came away. He is much better. In the evening.
"	29	He is very well. Wound nearly healed.

Month.	Date.	Particulars of Case.
		Mineral of Lower Jaw
Decr	29	Found a small Saliva flows through it in one or two places. Much contracted & some granularly healthy.
Jan	1	The day before yesterday I prepared the edges of the wound of the upper jaw. The Saliva had drawn away bringing them together with a little assistance. He is doing remarkably well. The cut seems healing. The wound is small & has fast closed. The cheek is contracting the edges from the taking his food well. Soft food, has some power in the last of food left - Hole in the cheek has closed.
"	3	Took out the needle. The wound has partly closed, where it was applied. The rest is continuing to be mended under the skin. He takes food. Takes his food & is beginning to wash the face of food against the upper jaw.
	6	He is nearly well. His family is giving him strength.
	10	He is much stronger & better in all respects. His hand with which he has wound in the cheek quite closed.
	15	He is much better (P 64)

Month.	Date.	Particulars of Case.
		Liac Abscess.
Decr	18th	<p>Peter, Richard, aged 4 yrs & Indian had badly looking - admitted in the hospital. He is emaciated & plethoric in the hip. There is much fulness in the right side of the abdomen. The right side of the abdomen is tender & the patient complains of pain in the hip. He has been ill for 20 days & has lost much weight & his health is very poor. He has been treated with bloodletting & has been kept in bed. He has been given opium & has been given calomel & has been given castor oil & has been given purgatives & has been given emetics & has been given stimulants & has been given sedatives & has been given anodynes & has been given all the remedies of the art & has been treated with all the resources of medicine but he has not improved & he is now in a dangerous condition. The right side of the abdomen is very tender & the patient complains of pain in the hip. He has been ill for 20 days & has lost much weight & his health is very poor. He has been treated with bloodletting & has been kept in bed. He has been given opium & has been given calomel & has been given castor oil & has been given purgatives & has been given emetics & has been given stimulants & has been given sedatives & has been given anodynes & has been given all the remedies of the art & has been treated with all the resources of medicine but he has not improved & he is now in a dangerous condition.</p>


Patient named Shait
Agir. aged 16 yrs. re-
ceived a large lacerated
wound on the inner
aspect of his right
knee joint by the kick
of a horse of a horse.
This took place on the
10th of April 1864. Admitted
10th of April 1864. $3\frac{1}{2}$ joint
exposed for which accu-
tation of the ^{thigh} joint is per-
formed this morning.

Month.	Date.	Particulars of Case.	
		<i>Journal of Lower Jaw</i>	
Decr	29	Went to Spina. Saliva flows thick it in one or two places. Much contracted & bone granulated. Heath	
Jany	1	The a. the ca. the sa. them to he is The ar Sunder Ochee. He take has no left - close	Patient named Shait Asfir - aged 16 yrs. re- ceived a large lacerated wound on the inner aspect of his right knee joint by the kick of a horse of a horse - This took place on the 10 th of April 1864. Admitted 10 th of April 1864. 34. Joint exposed for which ampu- tation of the thigh - forearm this morning.
"	3	Dise. Lump a. The re under Saliva le map upper	
	6	He is in fang.	
	10	He is much stronger & better in all respects. Wound with him & no wound in throat quite closed -	
	15	He is much better (P 64)	

Month.	Date.	Particulars of Case.
Decr	18 th	<p><i>Shac also.</i></p> <p>Peter, Richard, aged 14 yrs 5 Indians had badly broken - admitted on the 18th. The left thigh is crushed & fixed in the hip. There is much pain in pain over lower part of abdomen. Left iliac region - sitting very back with lumbar region - No pain in the spine. He has been ill for 20 days. Has had repeated vomit & purg. - improving his health. Food -</p> <p>Structure could be brought by placing one hand on abdomen near Ant-Sup: Spine & iliac & the other on lumbar region some side.</p> <p>17 I made an opening for antiseptic drainage of abscess - lumbar abscess near to the same. Result - found out to be 16 of the pus lying in hollow of lower rectum internal iliac abscess. which appeared to have been broken up & absorbed in the per-</p>

Month.	Date.	Particulars of Case.
		<i>Mac abscep</i>
Dec	17	<p>No bone was not exposed. but the finger appeared to rest on the humerus - as far as the finger would reach. I applied a large Canth - extending from the front - onto abdominal Canth. Puncture & incision had been made and by the pins. Wounded as the Canth. & the joint.</p>
	18	<p>He has been much easier since the operation. Discharge free. He takes Linnæa Berg. Linn. - P. urine good and - no fever no heat at the wound. He is doing well.</p>
	20	<p>Discharge free. He has no fever good appetite. Doing well. Apparently in constitutional disturbance from opening the abscess.</p>
	21	<p>Discharge free. No fever. Healthy. He is much better in all respects.</p>

Month.	Date.	Particulars of Case.
		<i>Mac abscess</i>
Dec	22	He is doing well. Discharge more healthy Left his nose - Took his food well Bowel act well. he has no pain
"	23	Doing well,
"	25	With the pus there is a clear discharge - wound is presenting healthy. Alice is in all respects much better -
"	26	Improving day. Discharge less - No pain
"	27	Doing well. Discharge diminishing
Jan	1	Had pain yesterday but wound looks healthy, no collection of pus looking let him have Iodoform & Saline
"	3	No return of pain. he seems to be doing very well
"	6	No pain is doing well. wound healing.
"	9	He is doing well - No return of pain
"	13	Wound closing with granulation with Oxy. Sulph.
"	17	Wound almost healed. he is doing very well
"	22	The boy is quite well
"	25	Discharge & cured.

Month.	Date.	Monkey bite	Particulars of Case.
Dec 5	18th	<p>A man named "Alison Sabin" aged 40 years. light complexioned healthy looking man. was admitted in a state of intoxication with a lance wound on the left forearm and on the palm of the right hand and on the leg. inflicted by a large male monkey obtained up at a house somewhere in the Mission of Calcutta.</p> <p>He says that he was peeling the annual sprayer tree and inflicted the wounds without provocation.</p> <p>The wound on the palm is very severe. It has divided skin fascia and by the deep laceration fascia - also lacerated muscle. A piece of the bone was just below the point. The Brachial artery has just escaped. but the radial artery has been  injured.</p>	

Month.	Date.	Particulars of Case.
		Monday, etc.
Dec	18 th	<p>The 1st can hard have been done as high up, the wind apparently blowing over the area higher than the byre water of the vessel.</p> <p>15. Radical protrusion found felt & there is a small protrusion passing over the edge of the ladder higher up in the wind which I am apparently no longer present in the other area — wind is still blowing.</p> <p>2. Wind in garden of night & wind in garden of night. Deep with further the wind in the fore area is too clean. Deep it in the water. In no protrusion as it is. It has no power.</p> <p>2. Wind stayed in area, but the edges together with 3 more hair values as the edges were becoming irritated. In power.</p> <p>22. A good deal of pain & redness. Further August 18th 1868. 1868</p>

Month.	Date.	Particulars of Case.
		<i>Monkey bite</i>
Dec	23	Arm inflamed and swollen - puslike
"	25	A good deal of inflammation suppuration in the arm in arm. Edema of hand & forearm then tends down itself. He has no pain -
"	29	Dr's well, hand painful. In radial pulse. Arm by wound itself
Jan	1	Dr's well. Wound healing
"	6	Wound healing, arm itself of pre-arm returning.
"	13	Wound well
"	22	Still a small portion incised gradually regaining power of the arm but cannot yet supinate
Feb	2	Wound well
"	11	Wound nearly healed. Still some numbness & stiffness about the diction, in rotation
"	24	Wound healed but arm still
March	10	Weak & numb Dr's changed dress. Arm still weak than wrist

In radial pulsation

Month.	Date.	Particulars of Case.
Decr	23	<p>Burn. Fatal.</p> <p>An East Indian girl aged about 18. Slight but healthy, admitted into the hospital at 3 1/2 p.m. She was in bed the misprudent caught fire and before she could be extricated she was much scorched. The Spines of the Thorax Back - arms - legs - inner part of the thighs. the marked but the abdomen had escaped. She is said to have been very hard on her skin when admitted. The Dr. on duty Porters The Madam Hamilton directed a dressing to be applied Cotton & lard mixed. He saw her 2 or 3 times in the afternoon. and placed a blanket over her. Some delay occurred & the Cotton soon to have been small in quantity. For stimulants or artificial heat were applied at 5 P.M. Porters The Madam Hamilton (the nurse) attended her again. She was restless & in pain but she says her pulse was pretty fair - at 7 Porters & Miss Lake sent Dr. Hayes. Said her - attended her most this night & Dr. Hayes & a Nurse</p>

Month.	Date.	Particulars of Case.
		Fatal Burn
Decr	23	<p> mildew - I saw her shortly after at about 8 - She was then cold collapsed pulseless. She had on a turban & was winded. I saw a small part of the trunk & limbs described as I have described. on the back the skin was as the it had been baked. & in many places the epidermis had peeled off in extensive plates. She sank from collapse from the extensive surface injured - She was very imperfectly healed - & I consider the Babes did make. Haulda acted by impeding in not seeing her needed nursing or not visiting her properly after she was healed - In rubbing stimulants and applying artificial warmth and by hot bottles, blankets. The case would probably under any circumstances have been fatal. but the ordinary means were for some ^{some} minutes fatal collapse will not be deemed to </p>

Month.	Date.	Particulars of Case
		Summary of Week
Dec	26	He is better & wound accumulating heat has - the still comes further back
"	29	He is closing in nicely
Jan	1	Day with wound closing
"	3	Much discharge, tendency to wound but still escapes - The deep part just above sternum is still very great
"	7	Slowly gaining strength
"	9	Not so well tonight. The pain in the chest & in the side is increased - He has had some pain in the side & in the chest He has had some pain in the side & in the chest - He has had some pain in the side & in the chest
"	10	Much as yesterday
"	12	Improving: no pain. wound looks healthier
"	15	Better
"	18	Wound nearly closed.
Feb	2	Discharge cured

No 20 Continued Case Book.

64

Month.	Date.	Particulars of Case.
		Removal of tumor said
July	21.	He is nearly quite well. He has been photographed - An abscess has formed just over the end of the divided jaw, but it is nearly well. He is stout and strong -
"	23	He is nearly well -
Feb	2	Doing well. Small bit of bone extruding from remainder of jaw
"	12	He has got quite fat & strong. There is still a scale of bone to separate -
"	19	Inserted a small splinter gland through the sinus in the stone. It had been keeping it down - It is the way with which the artery had been compressed - the other jaw then
"	24	The sinus is disposed to close, but there is apparently still some fluid in it. He is doing well
	26	Discharged cured

Month.	Date.	Particulars of Case.
Lithotripsy, median		
Jan'y	2	<p>Mr. W. Anderson aged about 45. Short healthy and well nourished. of rather florid complexion. muscular and inclined to corpulence -</p> <p>Was good health otherwise but for 10 years has been troubled with Calculus. I examined him some months ago with Dr. Richter found that the back near the neck of the bladder perhaps just in front of the Prostate there was a stone. The end of the stone dated as hard as it is papered. The urine papered. but it is a constant annoyance and source of pain. It troubles him when he sits down the cannot walk. has not been able to do so for years - He passed his last stone some years ago - a small Calculus which he says was black & rough. I suspect he has prostatic Calculi. but there is no other evidence that I know of. Was healthy. some health good</p>

Month.	Date.	Particulars of Case.
July	2	<p><i>Leftistomy scedon</i></p> <p>This morning I operated. He was placed under Chloroform by Dr. Macnamara & Dr. R. Dr. Beaton assisted me. I examined him with a speculum and found the stone in the same place. He had indeed had a stone - but I did not find it. Made an incision in the Perineum down to a good depth cutting against the stone and got at it with some difficulty apparently lodged in a pouch of the rectum or Prostate. I extended it with a pair of narrow forceps like sweeping forceps and found the stone was acid. Crushed and compressed it under the edge of a large Marble Stone was rather sharp pointed but it did not last. I did not</p>

Month.


Date.

Particulars of Case.

Anthony Adams

injected the tube, but missed the
Membranous portion dividing the
triangular ligament. The tube
appeared to me like in a sort
of position in the Membranous
portion, or in the prostate -


D. B. assisted me in making
up his st. piece with the tube in
the rectum. Preventing any chance
of its being pushed out of place

The Perineum was deep
& muscular. & the
was consequently  deep - Placed Perineal tube in wound

6. Mr. *Anthony Adams*
July 2 Doing well. No more hemorrhage
in perineum. Urine flowing freely
through the tube -

" 3 Doing well. No bleeding. Looked
out tube with a syringe & quantity
of healthy urine passed - P. 80.
In perineum.

4 In perineum. Urine flowing freely
through the tube

Month.	Date.	Particulars of Case.
		<i>Mellan Lithotomy</i>
Jan'y	4	Took out the Duke and the Lut. Mellan and looks quite healthy. Paped in No 9 Catheter into the bladder using the urethra. The urine passed through it--
"	5	He is doing well. Paped urine both ways - wound looks healthy. Paped No 6 with much ease--
"	6	Paper nearly all his urinary urethra. is in good health & spirits. Paped No 10 easily. The Calculus weighs 128 grains nearly $\frac{3}{4}$ of  " Iola
"	7	Doing well - urine passed all by the urethra. Paped No 10 a little blood - Dr had no doubt quite ready in passing probably from accident
"	8	Did not pass the duct. on he passed a little blood yesterday. Doing well on all other respects.

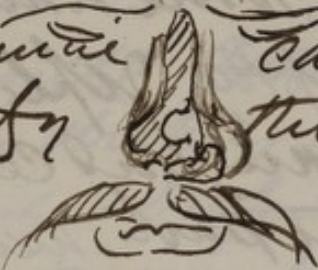
Month.	Date.	Particulars of Case.
		Median Suture Wound -
July	9	Doing well. Slight discharge no urine passing out of the wound which is becoming healed. He says he has passed the best of his life since the morning that he has passed for it was -
"	10	Did not see him today -
"	11	He is still in pain yesterday but is doing well today -
"	13	Wound healing. He is in comfortable health.
"	16	I have not seen him for a day and find him looking much sharper attitude of intellect restless - He has had bedsores. I used a lotion - of Hydr. N. M. 3iv O. R. 3iv Aper. R. 3iv
"	18	Much better, wound rapidly healing Denticle much improved
"	22	Wound healthy, contracting, denticle better. His general health better He has not for a while been so well.

No 24

Case Book.

70

Month.	Date.	Particulars of Case.
Median Ecthyma.		
July	24	He is doing very well. The wound has nearly healed - The testicle is still enlarged but it is not painful.
July	27	He goes to his office regularly and is nearly well.
"	7	Wound of him all but healed. Testicle (left) is better but still much swollen. An abscess has formed under the scrotum.
"	23	Dr. J. D. Macnamara has been sent for to see him. He is asleep in the scrotum but not the testicle. He would not let it be opened - He is now quite well.

Month.	Date.	Particulars of Case.
		<u>Talichastham onestum Rhinoplasty.</u>
Jan	6	<p>A Sikh Sonar named Heera Singh aged 35 has his nose that off at Doolcepre in Oude in 1837. The entire upper except a small piece of left ala and a slip of the septum free. The lower then a thin laminated bone exposed.</p> <p>This man I subsequently measured with a bone 20 lines of length.</p> <p>At the upper edge the skin did not touch the bone. The alar part, however, a small membrane caused by a swelling of cartilage of the nose.</p>  <p>He was admitted in the ward after a few days preparation. I intended of cutting out a piece of skin from the forehead replacing it. Close to the Pericardium. and, after the bleeding had ceased adapted</p>

Month.

Date.

Particulars of Case.

Rhinoplasty -



it to the upper edge of the cheek - The only difficulty was in adapting it to the upper part where there was so small a cut surface to fit the reflected skin into. I incised the middle portion of the old ala & the Septum. Stretched the skin tightly with bone hair. I did not apply the reflected flap until bleeding had ceased. While in the position the vascular tissue rather here - and a few ligatures were needed.

Now well present
on the Main Entrance.

Superior Room

218m.

Dr. Chace

~ Puttore

Mr. Hays

& the Housekeeper & Dr. Hays

present

Month.	Date.	Particulars of Case.
		<i>Alvin Mastic</i>
Jan	6	Said him at 2 P.M. He need nose sensitive & warm. No bleeding in hair. Patient quite tranquil
"	7	Nose warm & sensitive. No bleeding he is doing well —
	2 P.M.	Doing well. Nose warm & sensitive
"	8 th	Doing well. Sensitive warm. Bornele have acted - He need nose is rather puffy - he has no hair
"	9	Doing well. Night discharge in places - sleeping in bed and adhe- ring closely. - Draped in warm.
"	10	Draped the wound on the forehead. It is covered with lymph & is apparently inclined to the well. - The nose is living & apparently has adhered - Bornele him. Sleep well. Take his food
"	11	Doing well
"	12	Took out some of the sutures adhesion seems to have taken place
"	13	Doing very well

Month.	Date.	Particulars of Case.
		Rhinoplastic Operation.
July	15	Doing well. minor seum pin the central portion of the forehead wound is bare - free & fresh, but living - all mind & healthy
"	16	He is doing well
"	17	He is doing very well
"	18	Doing well. wound on forehead granulating, adhering more or firm
"	19	Doing well. new nose beginning to shrink somewhat.
"	20	Doing well. wound on forehead contracting
"	22	Doing very well. I applied some strips of sticking plaster to the forehead and a pad to keep the nose to one side
"	23	To day I find him desponding the day very well. He asks to have his nose taken off again. It is probably only to the extent of an having been impeded by the pad - removed the pad.
"	24	He is more contented to day and is doing well

Month.	Date.	Particulars of Case.
Jan ^y 10	10 th	<p><i>Præputial peritonitis.</i></p> <p>This morning I saw Dr. Keaton & learned the boy of Mrs. Dodd aged 27. Who died at 1.20^{am} of the same day of Præputial disease - She had been confined of her first child on the 2^d Jan^y at 11 am after a long & painful labour which commenced on the night of the 31st Dec. The first stage was much protracted & the os was rigid - having been done the anterior lip descending in front of the head. It yielded somewhat to two or three doses of castor oil & mag. sul. The 2^d stage was not much delayed. I ruptured the membranes when they appeared as the substance of the vagina. The child was asphyxiated when born & deced in about 1/2 hr. with warm but little pulsation & a little of respiration. Slight inflation - She lost my little blood. The mucous surface of the perineum was slightly infl. The following day pain & throbbing came on & it increased with local tympanitis. The treatment</p>

Month.	Date.	Particulars of Case.
		<i>Perineal Peritonitis</i>
		<p>Wm. Lecker. Formantation - Opinion - I suppose saw her with me - One scute on the morning of the 10th at 1-25 - 9.11 at 10 1/2 am.</p> <p>Peritonitis. Placenta with lymph visible a partial layer equally on. Intestines partially stuck together - Cervix of uterus round the uterus ovaries contained a quantity of puriform lymph. Uterus red & perhaps somewhat inflamed externally seen where placenta had been stuffed with coagula - No prominent infiltration or sarcomatous or other inflammation.</p> <p>In abdomen a mass of white lip of 6 or slightly cradled - but all due to the nature of liver spleen & kidneys nothing great remarked.</p> <p>Head - Death seemed to have been healthy pulse rapid 120 to 140 Had no vom or feces</p>

The child died in the 232 day at 5 1/2 pm.
 In Decem 1882 and at Formantation

Month.	Date.	Particulars of Case.
		<i>Amputation</i>
July	17	I performed Spina Operation this morning in resection of the vertebrae in an old man of 74 named D. Amputation The vertebrae were found to be the results of straining of 40 years - The tubular vertebrae had also protruded through the Spina Aliaque. I performed the usual operation & brought the edges of the integument together with three wire sutures.
"	18	A good deal of swelling. Apply cold water.
"	19	Doing well. Up swelling.
"	20	Discharge running. Up pain.
"	21	Doing well.
"	22	Signatures have given way but is healthy -
"	24	He is doing well. Wound healing.
"	26	Wound healing rapidly.
Feb	2	Doing well. Wound nearly healed.
"	5	Discharge cured.

Month.	Date.	Particulars of Case.
		Artificial Anus.
Feb	13	The Clamp applied yesterday is not causing any pain.
"	14	Blade of Clamp almost closed Anus immediately swollen. In pain. In constitutional disturbance.
"	20	Dr. P. informed me that he passed fecal matter by anus. The Clamp was removed on the 15 th . In all effect. The Anus remains much the same size.
"	23	The Clamp has been withdrawn again to divide the Septum still further.
"	27	He is very well. Great part of the Septum is destroyed & the protrusion has sunk a good deal.
March	5	On arising this morning I found he was away from hospital last night.

No 28

Case Book.

7

Month.	Date.	Particulars of Case.
		<i>Lateral Lithotomy.</i>
July	18	This morning I operated on a boy named Chintarnony aged 12 years in stone. He was ad- mitted yesterday. Has been suffering for 4 years. He has lost part of the right. Limb from recumbent when a child & the head of the femur is displaced upwards. The limb is shortened in proportion. He walks well and is in the whole pretty healthy No stone felt except on pressure to the groin. He had the first discharge yesterday but being held this morning I operated by the lateral incision. On stone was very difficult to extract & the pelvis and urethra the orifices narrowed in making the difficulty. The wound was not peculiar and having flushed it with

Month.	Date.	Particulars of Case.
		<i>Attesting</i>
July	18.	<p> The incision and winking h. Change the pump I find I could not discharge them without great difficulty. The stone was 3 lobed and covered with nodules It is covered with a thin layer of tissue. It is lighter the incision is not only much necesses some of the same membrane came away with it. I fear there must have been considerable laceration of the Prostate & of the urethra ^{ureters} & tissues generally. There was not reception of urine. 19 He is doing well. no pain in bleeding. urine flowing freely. </p>

length

270 grains




Month.	Date.	Particulars of Case.
<i>Littlesbury</i>		
July	20	No fever. no pain. urine passing freely. Look out the hole. wound looks healthy.
"	21	He is doing well. slight hypogastria pain. Bowels open - urine passes partly by the urethra, partly by the wound. He has been slightly feverish but is slightly so.
"	22	Passing urine this morning chiefly by the wound. He appears to be doing well than no pain or fever.
"	23	Doing well. urine passing chiefly by the wound. no pain.
"	24	Most of the urine passing through the urethra - The boy is doing very well -
"	26	He is doing well. wound looks healthy. urine passes both ways.
July	2	He is doing well. water passes chiefly through urethra.
"	5	Boy well
"	7	Boy well
"	13	No urine now passes by the wound.

Discharged cured on the 20th July 1864


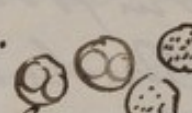
Month.	Date.	Particulars of Case.
		<i>Amputation at Hip joint</i>
May	21	Yesterday his skin was rather hot Ther 102 - pulseration moderate and not taking his food - Last day Mr P.T. prepared out a small collection of pus from the inner angle. He has made a small sinus at each corner. He is otherwise strong he is doing well. I prepared out some clear serum placed from the inner angle
	23	He is now very well from the inner sinus clear serum placed is prepared out. From the outer a small quantity of healthy pus Pulse - skin - bowels - appetite all good
	24	Doing well - both sinuses open. Two spots of deep ulceration on the cicatrix -
"	26	Doing well. Sinuses still open. He seems very well in all respects.
"	30	Slight discharge. Serum from inner sinus. From external one a few drops of pus from one of the big patches of ulceration on the cicatrix - He walked today with support - a he sits up in bed Satis - sleeps well

From back
page 42

Month.	Date.	Particulars of Case.
		Rhinoplasty Operation.
Jan	28	He is doing well. wound on the forehead contracting. One still exposed
Feb	2	He has been away for a few days - He is doing well. wound on forehead closing. One nearly covered. One looks well
"	5	One well
"	10	He is doing well. The forehead wound heals slowly - There is much less secretion of mucus from the nose than before.
"	15	He has lost his appetite lately and he has had a swollen leg of foot - matter forming. I made a small incision in the
"	21	a small scale of bone exposed from the forehead - He is doing well by has lost well. and he has no change - There is slight inflammation on the left angle of jointing the head nose
"	24	Going on well. wound contracting.

Month.	Date.	Particulars of Case.
		Rhinoplasty operation
July	29	<p>The wound on the forehead is now closing rapidly and the bridge has united so close that it is hardly necessary to tie side A. - The nostril is still kept open. There is much less secretion of mucus than there was.</p> <p>There is a little shaking of the nose now the day when it is touched by the hand it feels like an electric shock. The forehead whence it was taken at the same time.</p> 
March	3	<p>wound on forehead healing rapidly. He is in better health, much less head-ache occasionally.</p>
	8	<p>He left beyond his residence at Guadalupe in order. The wound on forehead rapidly closing. He promises to return in Oct. next.</p>



Month.	Date.	Particulars of Case.
		Mammary tumour.
Feb	1	<p>I find that ^{just above the} in the upper part, the cicatrix i.e. the lower half of the nipple a little place has healed it looked prominent & discharges serum & ichthyous matter tinged with blood. but not painful. It came just as a bird's mark. Now fluctuated some of discharges. I incised it on the 26th Jan.</p> <p>Stands in the axilla slightly enlarged. It looks more prominent. She is still looking very well. Microscopic appearance suspicious -</p> <p>I recommended it the  watched for a day or two. I think of not healing that it should be seen.</p>
	2	<p>Examined it again today. again found suspicious cells. some double nucleated ones.  I recommended a consultation. with a view to removal of the entire nipple & growth. & it speaks to the husband very good specimen of mammary cancer.</p>

Month.	Date.	Particulars of Case.
		<i>Thurman's Tumour</i>
Feb	3	Examined it again today by Caspelly with D. Ford and we came to the conclusion that it is malignant - recommended the early removal on the 6th
"	6	With aid of D. Ford and Postage I removed it. Took away the entire nodule and all traces of gland which were much atrophied, with a some suspicious looking cretaceous like tissue about the nodule, including the creation of the process of the hairy incision about 8 inches in length - 5 lymphatic lines removed - brought the edges of the wound together with the tumour removed also a large gland from the apex of the nodule lying in the albuginea bag - This was followed by sharp haemorrhage which was not controlled by pressure kept up until the evening. The wound kept in the labile all night - with pressure in the

Month.

Date.

Particulars of Case.

Deliveries by forceps.

July

1

At midnight ^{31 Jan} I went with Dr. Manac to see an American woman who had been in labour 3 days. (aged from 25 to 30 years) Painable & unproductive; pulse 140. Tongue becoming dry. Abdomen tympanitic. Prolapsed labour in fact - The water had passed - the head was well down in pelvis & scalp protruding above of the vulva. with a small fleshy clitoris. The vagina could not pass - an osman had been given.

The forceps were applied and with some difficulty the child was removed. A low head apparently some time. Instead of danger accompanying it. The child was large - It was her second labour. & there was no distortion. She was a stout but not very strong looking woman. living in a lower roomed house in an unhealthy neighbourhood - with many people about her.

I advised forceps in the uterus were sitting evidently unequal to the delivery.

2

I heard that she was smiling

22

I heard from Manac that she had not died

Month.

Date.

Particulars of Case.

Perineal Section.

July

12

A man named ^{Charles} Harrieh ^{Mumford} aged 35-
admitted on the 2nd of July 1864 - with the
interference of the penis & the presence much
the same of adenomatous on one side and
enlarged on the other. A sinus extending
from one side of the penis in front of the
scrotum into the urethra through which
the urine passes.

Some time ^{3 years} ago he had from a
ulceration of urine & coming a snake
made an incision into the penis in
front of the scrotum. The result has
been the present sinus.

I found that on attempting to pass and
not. it is united from behind the
scrotum at a thick, hard sinist
structure through which I cannot
pass anything.

To day under chloroform I inserted
the perineum with the curved
bone & opened the tube & entering
carefully in the central sinus
opened the urethra. I then
having first ascertained that
no matter would pass into the bladder
passed a small sized gut perineum.

Month.	Date.	Particulars of Case.
		<i>Perineal Section</i>
July	1	Not torn & from under and in it divided a dense cartilaginous structure. The whole within the same extent being involved. I then passed a well sized duct into the bladder and returned it there. He did not lose much blood. I then examined all the thickened integument. Under are a two small vessels & placed him on bed. With the penis wrapped in wet lint.
"	2	Doing well. No fever. Discharge rather dry thin. Drove out the Catheter —
"	3	Doing well. Passed large duct.
"	5	Doing well, but rather painful. Discharge dry —
"	7	Doing well. No fever —
"	9	Discharge moist. No fever. Some pain by wound —
"	10	Discharge moist. Is taking. In urine. Discharge.

Month.	Date.	Particulars of Case.
		<i>Perineal Section</i>
July	12	He is doing pretty well. In p.m. today Pain is somewhat swollen to extent of a catheter being passed
"	13	Doing well. Passed No 10 cath into the bladder —
"	14	Doing well. No pain.
"	17	Passed but doing well
"	21	Doing well.
"	24	He is asleep by the tubes. He has been passed. Further Large dark shaped cath wound beginning to flow through the wound.
"	27	Appearance this morning well. Passed a No 10 today.
"	29	Slowly improving. Swelling is quite pained & swollen. The tube is healing. Passed No 11 The perineal wound is closing
Aug	8	Wound paper through & down on Pubis. pass the tube & keep it in for a time in perineal wound
	13	Doing some what better

Month.	Date.	Particulars of Case.
		<i>Perineal Section</i>
March	21	Urine ^{now} more better drawn. but still a few drops of urine pass through it - On the whole he is very well - Pass No 10 occasionally
"	27	Urine a bit better. but urine with blood
April	4	The urine & urine is clear. the perineal wound is closing - Pass pulled out but kept in -
"	16	The urine has passed again but on the whole he is improving the perineal wound is closing & the urethra admits a full sized instrument -
"	29	He is better. a counter opening was made in the ^{superior} prostate. Thus the perineal wound are gradually closing. It is a large and passed easily -
May	14	Urine passing easily, made on the urine has not passed. Urine in the bladder. Urine enters the bladder. There is a false passage in the urethra which makes passage of urine into the bladder very difficult.

Month.

Date.

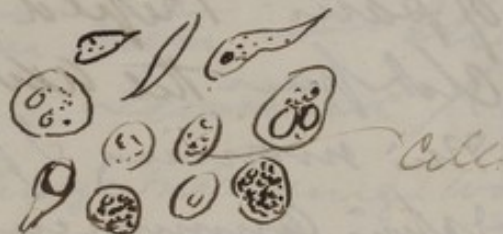
Particulars of Case.

Mammaries tumours

Feb 7.

She slept a little last night.
Indice 100 - She is still in the
tub as there is a tendency to
vagina -
Under the microscope the following
appearances

From the axillary gland
From ~~the axillary gland~~



From tumour.



From tissue about tumour



"

f

Dis. with. & other peculiar. black
and hard. In: Indice. Still in
suble. - Absent.

Month.	Date.	Particulars of Case.
		Mammary Glands
July	9	Bonnie dear. Sleeps well. breast tender well. bluish tip. Suffer- ing from wind again in stomach - She later. Wants of Paine Mayer
"	10	Doing well. Yesterday evening I found her in a good deal of pain. Prepared a large cloth from the all day band This morning I find her feeling better. - The heart wound looks healthy - Pulse rather fine - She takes her food pretty well As I have looked at the wound at bed time all signs of red bluish and the wound fine
"	11	Doing very well. All the ligatures came away this morning The wound also more recovered She is improving in all respects. Discharge more healthy & free - Dear. Porter - Bonnie continued. It must keep clean

Month.	Date.	Particulars of Case.
		Summary Summary
Jul	12	Kept well. Discharge profuse. but healthy The wound appears to be healing rapidly.
"	13	Wound healing. Her appetite has improved somewhat since noon and she was complaining of pain in the shoulder - It looks well the - The pulse is perhaps rather thin - She has been taking Iodine for the last
"	14	Discharge subsiding, wound contracting In all respects she is doing well - She had a very good night last night -
"	15	Moved into the new room and in an arm chair a little today - The wound is healing.
"	17	A good deal of pain in the wound - but both took well most were solutions of sulphur. Practical plans insisted by the doctors, friends.
"	18	Pain better.
"	19	Continues to do well. wound healing
"	22	Doing well. but still complains of pain.

Month.	Date.	Particulars of Case.
		Mammmary Glands
Feb	21	Had pain yesterday, breast feels well and is left painful
"	24	She is improving. wound, cicatrizing slowly. now a two inch spur is painful as the penetration of the ribs was influenced in part then - She is sometimes hysterical. but on the whole very well
"	27	Is very well. wound slowly cicatrizing and left painful. There is a tender spot in the middle of the wound on the side as the penetration of the ribs was painful. Can there be any indication of returning suppuration outside. That it will be so soon a later - I am sure there can be no doubt but I hope it may be deferred.
"	28	Left hand - wound slowly cicatrizing. Has a tendency to tetanus. & is slightly painful this morning. She is taking medicine
March	1	There is a hard swelling forming at the lower & posterior part of the scapula. On squeezing it a small fluid escapes from the swelling wound. which is closing. The other wounds also look well

Month.	Date.	Particulars of Case.
		<u>Rachetomy</u>
July	3 ^d	Thomas Phillips aged 57 - Portuguese
7 th am.		Thin delicate looking man admitted
	3 ^d July	with symptoms of Jaundice.
		The nurse states that he informs him
		that he had Chancres when 18 years of age.
		It was not followed by any secondary symptoms.
		About 6 months ago he had one throat
		with enlargement of the cervical
		glands. - Difficulty of breathing came
		on suddenly on night of the 2 ^d of July
		with wheezing respiration.
		<u>Present symptoms</u> - Emaciated -
		Difficulty of breathing with a sense of
		oppression. but not very common.
		Some enlargement of the glands about
		thyroid gland & larynx. Voice
		hoarse. Difficulty of swallowing - at left axilla found
		one or two hard enlarged cervical
		glands. - He was noted to have
		an increase of liver & spleen.
		Circle: It was to throat -
July	4 th	He did not improve much after
		but still with relief at 2 ^d of 8 th of July
		I found him better - when called

Month.	Date.	Particulars of Case.
		<p><u>Tracheotomy</u></p> <p>extremities cold. Pulse very feeble - Countenance dusky respiration very feeble and laborious - He seemed to be sinking as much from exhaustion as from dyspnea</p> <p>Tracheotomy was performed without delay. The trachea was immediately & readily entered by unaided & intelligent hands large Thompson's incision being made. There was very little bleeding as I carefully divided between the veins -</p> <p>The operation was followed by great relief. Not very much so, but of the next day he was much relieved. He was quite comatose & could not speak.</p> <p>" He has been improving, and is now much stronger</p>

Month.	Date.	Particulars of Case.
		Rachetony
July	"	He has some blood spit to the nose & mucus out - In nose to the throat externally sprayed with strong solution of acetic but internally - There is some mucus expectorated through the tube, but he is much better on every way
"	12	He is much better in all respects. Smelling of Rachea diminished. In throat less - very well -
"	13	He is improving daily
"	15	Still progressing favorably -
"	17	Improving
"	21	The Rachea has been blistered & the throat is subsiding
"	24	More the same. There is no change in the throat -
"	27	He wears a small tube but cannot speak with it out - He is keeping more in the same condition. Less smelling about the throat - less pain
"	29	More the same, he cannot get me to take his tube

Month.	Date.	Particulars of Case.
		<i>Rachestony</i>
March	3.	Much the same - Cannot do nothing the twice -
"	10	He is getting more pale & has been in swelling. is able to take but very little food. I secured the meat yesterday in the Lungs & he & could see them the Spigmas - my observations - There is much thickening & hardening about the Lungs & trachea - I make it a carcinomatous report -
"	13	He is getting weaker - more difficulty in swallowing - more thickening about trachea. I feel satisfied there is carcinomatous report about the Lungs & trachea & trachea Bogda's examination - I carefully the stomach pump -
March	16	He died last night of asthma - Pne. ab & Lung Cancer in both Lungs & trachea - The lungs were fused. The latter the same about the same. Since continued small small abscesses. Lungs & trachea & trachea. Lungs Lungs - sent to Museum.

Month.	Date.	Particulars of Case.
		Artery Summer.
July	12	A girl named Raphaela Hindoo girl aged 3 1/2 years admitted 10 th July 1884 from Jessore with a large tumour filling the left axilla projecting the arm from the side. Flattening the rib on that side. Interfering with the circulation through the artery or veins.
at birth the		The tumour as large as a small Coco nut, elastic & lobulated said to have been unaccountable since it appeared been of the size but prominent dark blue size of a date nut an osseous had been previously an incision made primarily by a knife. It appeared to sit under the pectoral muscle on front & under the scapula behind. At its neck it appeared to be connected with the axillary veins. but neither the artery nor the veins appeared the capnary in the neck looked well and strong. The entire tumour. The following days the tumour was there as before & a steady increase

Month.	Date.	Particulars of Case.
		Axillary tumour
Feby	12	<p>The pulse not affected, no numbness - in a ^{the} affected side - The child in good health.</p> <p>I removed it this morning aided by Dr. Pontrage. Mr. Hays - Dr. Beaton & Mammara Jr. - I made a vertical incision in along the junction fold of the Axilla - then a transverse one & shaped the part of tumour - Some small arterial branches were divided & ligatured. The tumour which proved to be a cystic (Cyst - several loculi of which were filled with clear serum. Some had small septa & the attachment of a pedicle through the skin. The the Axillary artery & large veins exposed. A double ligature was applied and then divided.</p> <p>The artery - Median nerve & vein being exposed - I observed that a large nervous branch was divided lying against</p>

Month.

Date.

Particulars of Case.

At My Dinner

The side of the thorax - The whole of the
cavities was exposed. Some pieces of the
Pectus major & some of the Ribs
were necessary divided - Not much
blood lost - about 100 grains in
all having been applied -

The child of one the operation well
and was in the stable school &
in the morning.

The Dinner Party collapsed from
spring some of the cells turned out to be
a Compound Cyst. I put 200 grains
in cells about the size of a wallnut



13 The child is doing well. Facula yesterday
after the operation. The cavity filled
with bloody serum. This was pressed
out - some a Child's brother. Diet.

14 The child is doing well. There is a profuse
serous discharge - No hemorrhage
the liver -

Month.	Date.	Particulars of Case.
		<u>Atillary Tumors</u>
July	15	No fever - doing well. Discharge pte, more profuse - takes food well -
"	17	Has slight fever yesterday evening Discharge less - Child doing well
"	18	Has Diarrhea. wound looks pale. has stomach doing well. all the lymphatics but we have come away - Mucous: C. D. Pin
"	19	The Diarrhea turned into a violent Cholera - which is very violent put into the Child died in a few hours
		<u>Tumors in Intestine</u>

Month.

Date.

Particulars of Case.

Inverted by an oval & by an oval of end
 I have recently had a case of enlarged
 testicle and line of artery accepted by
 an oval and by an oval, the end.
 It is the same patient Mays & L.
 aged about 40 in whom I operated
 for Fureur & left testis about a
 year ago - The cicatrix of that operation
 is reduced to a white line perfectly
 immovable, and the testicle is
 reduced to the size of a pea. I had
 been preparing for long when I
 operated of the struma had been
 too much enlarged -

He came to me again with
 chronic orchitis & right testicle
 * on July 20th and a collection of fluid in the
 scrotum in part of the testicle -
 The swelling of the testicle was
 much reduced by pressure with
 the finger & then I passed a seton
 of two threads of silk through the
 cyst & having put around a
 mantle (3 in x 3 in) of down
 flannel. This was followed by a
 good deal of & a more operation
 pressure. But it was necessary
 an inflammation subsided
 & with the flannel

Month.	Date.	Particulars of Case.
		Inserted by Hyscull
Feb		<p>The cyst of the Hyscull was cured - Some thickness of the cyst remained.</p> <p>The hyaline of the cocle was next tapped & repeated with equal parts of 2:3 of disinfectant - The sac filled again & was slowly absorbed -</p> <p>He kept at work in the field the smelly decomposition & in all respects made no improvement - He says that since the operation a year ago he has had freedom & that while power is perfect.</p> <p>I saw a second case of Hyscull after the end, combined with the thickness of the America bapiride, on the inner side (with) it was 3 months standing & not attached to any particular cause. The patient - a healthy gentleman of about 35 to 40 years of age. I recommended injection of the but it was postponed.</p>

After removal successfully inserted by Dr. Shrivore

Month.

Date.

Particulars of Case.

Amputation at Shoulder joint

Feb

22

A woman named *Droherie* aged 35
 Hinder - was admitted on the 14th at 7 P.M.
 She had fallen at 5 P.M. of that day from
 a roof ^{30 feet} in height and fractured the left
 arm in 3 places. The olecranon - the
 joint at mid with upper third - and
 across the surgical neck. The fracture
 of the neck was compound. A wound
 4 inches long which had bled profusely
 and was stopped after much plugging
 There was a second small wound
 communicating with the middle portion
 The shoulder was much bruised.
 The olecranon had escaped - tho' hard
 it is difficult to understand.
 The upper arm was just below the
 olecranon clavicular articulation about
 an inch long.
 She was at once strapped when
 admitted and not until this
 morning - hours after the accident
 could we with any chance of safety
 interfere - as her pulse was then
 not perceptible as the worst
 but the body was getting warm.
 She had much reaction at the shoulder
 and the swelling was escaping from the
 lower wound - arm looked as if
 in violent inflammation ^{very} ^{much} ^{increasing}

Month.	Date.	Particulars of Case.
		Amputation at Shoulder joint.
July	22.	<p>The arm was removed at the Shoulder joint this morning, her pulse being perceptible, but it appeared to offer the only chance for her life.</p> <p>The outer flap was made with a scalpel across the deltoid - The inner with the long cutting -</p> <p>Many ligatures were applied at least a dozen - The head of the bone, broken right off at the surgical neck, was then packed with the Simpson's and dissected on it was found the broken end of the joint & much bruised - It was, in fact, impossible that I could have survived.</p> <p>She was so bad in the table that, but almost feared she would not live. Dr. Parker & Mr. Hager used Brandy, but water & brandy were plentifully applied.</p> <p>I painted the surface of the stump with 2 Dr. Min: heper closing the flaps with wire sutures. When I left her, the pulse was perceptible - She never rallied & died at 2 1/4 P.M. of 23rd July</p>

Month.

Date.

Particulars of Case.

Gun shot wound.

July

14

Boykants a boatman aged 25.
a healthy young man, was admitted
into my wards on the 14 July 1864, by
1. am. with a gun shot wound of
right thigh.

He was pulling his oar in a boat a
Scuttman stepped on top of the Cabin
with a gun loaded with ball. It
was at Saugor Island - as we said -
The gun went off in the Scuttman's
hand. and the ball entered his
right thigh in the outer aspect
justifying where with wind thrust,
and emerged about the great
trochanter halfway between it
& the Ischial tuberosity - It
had knocked off & comminuted
the tuberosity of the great trochanter
The gun could not have been
more than a few feet from the
patient when was pulling the
2^d stern oar - The distance
was much ^{larger} ~~smaller~~ than the
width, fully twice the size, this
was well marked

Month.	Date.	Particulars of Case.
		Gun shot wound.
Feb.	14	The track of the ball can be followed from the exit & the comminuted bone could be felt. a small detached portion was removed - nothing loose, but not detached. Wound dressed with water dressing.
"	21	Properly kept here. Satisfactorily both wounds are quite healthy & granulating. Suffer all symptoms - General health good - free from pain. He had slight fever at first but it soon passed away.
"	27	Today I made an incision over the tracheotomy and removed some pieces of bone - There are several others loose but not detached. I found the wound very near the point. I can feel the neck of the femur above the tracheotomy. But in other respects he appears to be doing well.
"	29	He has a coated tongue, but in general is apparently doing well.
March	1	Has fewer returns during the last day or two, wound looks dry - He is improving & is ten days

Post 127

Month.	Date.	Particulars of Case.
		Suppuration in orbit in
Feb	23	<p>indeed a crop to the other side - The brain was displaced and in contact with it was a product of purulent lymph - The optic nerve. The 3rd 4th 5th & 6th nerves. & the Cerebrum & cerebellum were all bathed in pus - The dura mater nerve also lay imbedded in purulent lymph The medulla was displaced and in the anterior portion of it - coming in from the Sylvian fissure inflammation had extended into the substance where it was broken down & purulent - The rest of the brain except on the surface and at this spot was healthy & firm. The bone near where the purulent lymph was purulent lymph lay was displaced & the dura mater pushed away This appears to have been a case of suppuration extending from the face to the orbit - Though the sphenoidal fissure with the (perhaps in the)</p>

Month.

Date.

Particulars of Case.

Symptoms in Feb -

Feb

23

Ophthalmia serena, involving the conjunctiva & the membrane. There is the substance of the cornea itself - The symptoms very light were -
 macular - occasional slight
 paralysis of right side chiefly
 of the arm - twitches & restlessness
 of the left side - Unmistakable that
 there was no paralyzing
 the eye - of the 3 2 4 5 & 6
 nerves. They lay bathed in pus
 but were not affected. The pupil
 responded to light - The membrane
 of the eye were unaffected.
 There was slight paralyzing
 the face but very slight.

He had been ill for some time,
 not understanding cause, but I had seen
 him on the 15th Feb. with Dr Mac-
 namara when he had a carbuncle
 swelling of the left side of the face
 the upper lip very much swollen
 & infiltrated with pus - he made
 incision & let out much pus -
 I did not see him again until the

Month.	Date.	Substantive in orbit Particulars of Case.
		<p>morning of the 19th July. when I was asked by D. M. how long she had been absent from town. Up to that time, D. M. had been in the 18th. he considered her much better.</p> <p>I found him at 11 p.m. of the 19th emaciated, with dilated & the pupils contracted. The left eye injected and looking prominent. The Roman found out an empty phial (3 ii) of Dr. M. & said his master had taken a dose of bed time. and again at 8 p.m. that morning. That he got out of bed walked to the other side of the room and helped himself - in both times to about 1/2 of the bottle. He said moreover, that he was in the habit of taking the medicine & that he had several times brought it from the apothecary. He produced about a dozen cups - 3 i & 3 ii phials</p>

Month.

Date.

Suppuration in orbit -

marked tenderness which he thought
had existed.

I immediately ordered an anesthetic
Zinc Sulph. and the stomach
pump was applied. The stomach
being thoroughly washed out -
on examining the eye chief and
manipulating about the nose
nose and eye - I detected fluctu-
ation below the eye. on the right
made an incision 1/4 in. above
3/4 of an in. - a probe passed to the
back of the orbit - a similar in-
cision over the lachrymal (one
I succeeded to more pus - & an
exploration was made later
through the temporal muscle
to look for pus there. but there
was none - I consulted Dr.
Parton. we decided that
that the right leg and arm
especially the arm seemed
weak, in fact paralyzed, that
they were not moved when
pinched - & no sign of power

Month.	Date.	Particulars of Case
		Suppression in the chest
Feb	23	<p> suppression was manifested in them. This became soon more apparent as the case progressed. We used stimulating measures strong coffee & Ext: Belladonna for 24 hours - that he should be frequently moved by speaking to & applying cold water to the face - but no influence. </p> <p> Made the day the symptoms of Opium poisoning rather pronounced. The pupils dilated The student became less he made more semicircular movements and he said that the rest he mentioned a response to what was said to him. He however soon passed into a state of insensibility - with occasional stertor - twisting of the left side. Slight distortion of the mouth. But the respiration </p>

Month.

Date.

Particulars of Case.

Suppuration in the orbit

Feb

23

Contentment for the pulse for.
towards the eye, the 22^d the pulse
for smaller & weaker. the respiration
more hurried & stertorous & he died
at 1-20- am of the 23^d

The bowels had responded to purgatives
laxatives, and the bladder had
acted spontaneously -

He retained the power of swallowing
& took a quantity of broth in

The Diagnosis was fully
established by the P.M.

The remarkable points in it
seem to me to be the uncommon
situation of the mischief from
the base to the orbit -

The fact that the movements of
the eyeball and the pupil
were unaffected notwithstanding
that the nerves - 3 4th 6th Oculi.
and of 5th were bathed in pus,
may well probably not be attributed
to much pressure there,

The paralysis (paraplegia) of arms

Month.

Date.

Particulars of Case.

Supposition in the orbit -

must have been due to the pressure of the abscess in the anterior part of the head to be on the Cornea structure.

The 9th was also pressed on a little in inflammation pro-
-ducti and was partially affected.

The condition of the sinuses and the vision of the eye being then in a state of intensity.

The most remarkable feature in the case is that he was able to walk about before that day & that by morning he had walked across the room and helped himself to his

Porri - In doubt the eye had been in the orbit is further back in some time and some evidence appears to be in favor of it: in the Sunday says she observed in some days that he was

Month.

Date.

Particulars of Case.

Suppuration in the orbit

located in the right eye. The
 Central Cornea caused by the same
 we precipitated the pus during in
 one way - but the fatal
 termination more rapid than
 would have otherwise been the case

The case is one of extreme interest
 and rarity —

Month.

Date.

Particulars of Case.

Rachetown

July.

25th At 5 PM called to see a child age 1 1/2
(Mr J P Hunt child) a beautiful healthy
boy - I found him almost asphyxiated
face livid. skin cold. Pulse feeble
lips blue - stern tender on the
I tried at each effort at inspiration.
He had been sick for 2 days. Some
throat & pneumonia - much difficulty
of breathing at night - Mrs Hunt
& Missal had sprayed his throat
with the extract of blue 20 grains & more.
He had been better the day after it
but on the evening he woke from his
sleep - suffocating - & in this
state I was summoned. I had
him bring in some more -
He had had some pneumonia
specac: Munk & further -
I put him in warm bath - Inspiration
sharper. more specac time.
The suffocating ceased -
The pneumonia - Missal
applied the oil of clove was Rachetown
I prescribed it - at 6 1/2 to 7 1/2
Candle height - with some difficulty
He seemed rapidly a warm man
in comparative ease -
on the 26th the breathing was

Month.	Date.	Particulars of Case.
May		<p>Perineal Section <i>see page 92.</i></p> <p>Rube pruritus occurred on subsequent occasion. but they closed under the careful nursing of a full sized Collyer No 10.</p> <p>All was discharged cured in the 9 Augth 1864</p>

Month.	Date.	Particulars of Case.
		Mammorrhoea continued
March	1.	I expressed my strong suspicion to her husband that this is a return of the disease. It may be an inefficient abscp. indeed I think. She is much depressed in spirits.
"	2	She is in better spirits today. But the lump is still there
"	3	In better spirits. Lump of anything smaller
"	5	Lump perhaps a little diminished. There is also a soft spot near the inner end of the wound which is suspicious -
"	7	The hardness & tumour in the axilla increasing & very hard - Up tonight today. But it is the seat of frequent throbbing pain
"	9	Pain less - General health not worse. Hardness of tumour much the same - Began to take Cod Liver oil 3ij - yesterday - It has been done - its up - wounds are healing
"	10	There is a puffiness swelling about the wound. Very suspicious of abscess

Month.	Date.	Particulars of Case.
		Summary Summary.
March	10	The pain was commencing yesterday. The discharge is thin, but not particularly unhealthy. The swelling in the axilla is perhaps not quite so large today. Her general health seems satisfactory. She takes a drive both up & down in my wheel of course.
	13	The swelling is now a little more in both places. discharge. Her general health is the same. Her general health is the same. Her general health is the same.
	15	Much the same. In the axilla some discharge perhaps.
	21	General health improving with suppuration about the tumor. On Sunday 18th I incised the axillary swelling and pus issued. There is a watery looking pus issuing from the pus by swelling about the incision. Generally. There is free pain. There is a hard swelling under the right arm of right clavicle.

Page 141

Month.	Date.	Particulars of Case.
Cancer of Rectum		
March	7 th	He seems to be doing pretty well. Bowels have acted and partly still wants under his control. Wound looks healthy.
	9	There seems the partial loss of power of sphincter - but he can to a certain extent retain the feces -
	10	He is, for the present, doing pretty well -
	13	Wound looks healthy. Partial loss of power in sphincter -
	21	Pretty well. Wound looks healthy but I fear some permanent injury & lasting inflammation of some days (now) standing with - continuation - He is far from being better in better health -
	26	Improving slowly. but the improved position still there
April	1	Improving.
	4	Has had dysentery & diarrhea but is better. has taken Ipecacuanha - has looked well
	15	Discharged from the hospital

Wound not quite cicatrized! Partial control of sphincter - but he can to a certain extent retain the feces -
 More the improved in health - & he can retain the feces -
 The cancer is -

Month.	Date.	Particulars of Case.
		Gumshot wound—
March	3	He is present. The wound of the wound day - but has been he stayed — He has no wound

Patient's name - Menoz - Duration of disease - 2 years -
 Age - 30 years -
 Residence - Halesowen -
 Occupation - Farmer -
 Disease - Calculus Vesicae -
 Patient was admitted into the hospital on the 17th of April 1864 and was operated for lithotomy on the same day. Previous health of the patient was good.

Number in the patient's register
 197 of 1864

21st April 1864

Thos. Lambell

Superior

consequently.

examination.

Prostate ves. contained portulaca of
 lobular pneumonia in advanced stage
 in August. 6 weeks hepatic
 in some patients age of 40 years
 white dead stone like the one
 of about Potchual spots in the surface

Memo

Patient's name - Menoz
 - Age - 30 years
 - Residence - Haleshure
 - Occupation - Farmer
 - Disease - Calculus Vesicae

Duration of disease - 2 years
 Weight of stone - 52 grains
 (including calculus)

Patient was admitted into the hospital on the 17th of April 1864 and was operated for lithotomy on the same day. Previous health of the patient was good.

Number in the patients register
 197 of 1864

21st April 1864

Thos. Lamball
 Surgeon

Month.	Date.	Particulars of Case.
Cancer of Rectum		
March	7 th	He seems to be doing pretty well but low
	9	Thru top of can the
	10	See note
	13	won top of
	21	Red hot c furn dun -cont shut
	26	Inv, pur
April	1	Inv L
	4	Has had dysentery & grippe but is better than before. Specimen has been well
	15	Discharged from the hospital

Wound not quite cicatrized! Partial control of rectum face - but he
now is improved in his condition - & his condition better than when
first came in.

Month.

Date.

Particulars of Case.

Gunshot wound—

March 3 He is faint. The surface of the wound dry - but pus can be squeezed from almost the base - He has no pain.

5 He is not doing well. Says that last 2 days - Injured day - Wound day - He is faint. but has a low pulse & feeble. No chest sounds of respiration except that heaving of right side is tubular - He vomes the food from stomach & pain - Skin red. But he is in a semi-conscious state. Intestines distended - Pus from wound. ^{4 in} Pus from wound in the morning.

6 Very low. Chest dull. tubular heaving on right side - and in some places at back. P.R. present. & somewhat.

7 He died at 8 1/2 P.M.

P.M. at 8 A.M. 7th

Max. Both lungs & aorta. Protrusion of contents of lobular pneumonia in upper stage. In August. 5-6 weeks of respiration in some places of the head of the white head bone like the one of a bone. Potentially up to the surface.

Month.	Date.	Particulars of Case.
		Gunshot wound of the right arm.
March	7	<p>Right arm did not collapse so well as the left. — One or two patches of plastic lymph on the ^{external} surface of the arm corresponding to the dead sulcus. Pleura otherwise inflamed. Heart: Both ventricles and auricles contained decolorized fibrous clot extending branched into pulmonary arteries & aorta. Lungs large but otherwise healthy & pleura the same. Back of wound deeply pitted with color.</p> <p>Bone head of impaled with pins about the broken trachea. Part of the Caput by means of incision along head of bone & force of blade. Contusion inflamed perishing. No pins in print.</p> <p>There had been no pain & he moved the joint ^{the day} before death.</p> <p>Pulvic bones also dead & impaled in the cancellated structure.</p> <p>General view. Skin & veins filled with corpuscles.</p> <p>Lungs, heart. Hip joint & other specimens sent to the Museum.</p>

Month.

Date.

Particulars of Case.

Perineal section. Perineal structure

March 2 A healthy looking Hindoo. Bengali named Sour Ladar. Aged 40 years. Admitted complaining of dribbling of urine. He says that a year ago he fell in his boat, on his perineum. lost much blood - and that 2 months later the rectum closed & as to allow that urine to pass, and by drops - It does so now apparently involuntarily, as he sat in the waiting room it dropped from him -

The examination. No instruments could pass - a hard swelling in perineum - under abd. I passed a bougie down to the urethra lay just in front of the membranous portion - Could then to it. found the rectum closed & a dense cicatrix like tissue, divided it as far as I could in

Month.	Date.	Particulars of Case.
		Perineal Section. Haemorrhoids.
March	2	in the middle line. & divides it - I then passed a pill wd put into the bladder & kept it there - There was considerable hemorrhage per aly some of which - and the following day he had considerable hemorrhage. when he was arrested by pressure and cold - with a ligature in two
"	3	No more bleeding. In evening urine passing through the Catheter
"	5	He is somewhat better. May he has had the Catheter in for two days. There is slight inflammation of mucous membrane. Took out catheter - tried Section - and further
"	6	Better today -
"	7	Improving.
"	9	Improving. Passed N: 8 with ease. Section looks healthy - wound do
"	13	Doing well. Wound looking well

Month.	Date.	Particulars of Case.
		<u>Perineal Section</u>
March	21	Doing well in all respects, wound flows both ways, wounds healthy
"	28	Doing well.
April	1	nearly well.
	13.	He was attacked with Cholera and removed to the Phymeria wards in the hospital where he died.
		He was found cured of the stricture & the perineal wound had healed - The friends took away the body, would not allow a Post.

Month.	Date.	Particulars of Case.
		<i>Amputation of leg</i>
May	17	- He came out last night - Pulse is still weak. but his general Condition is improving - The heavy granulation is somewhat more healthy - very little discharge, in view of any but drying away -
"	18	Pulse 108. Stump looks better - very little tenderness over the bone - very little discharge - It is rather inactive still washed with Sol. Argent. Pot. L & O 3i He persists for a while in the quiescent state in the hospital. Sits & sleeps well.
"	19	Much as yesterday.
"	20	Still the indicated time is rather sluggish. He walked in Court this morning. And seems in very fair health.
"	23	He went to the Sound heads for Oleum. a small part still indicated -
Sunday	30	Came back last evening. in good health & stouter. ulcer on back of stump & stump itself not quite healed. I think the Chl. Zinc has left a hard & callous state of the back. It however looks pretty well on the whole. He is not hampered. He is to go to his office tomorrow morning
June	2	Filled him with wooden leg. he has not yet done. The stump has not healed yet it is in the state

88
page

Month.

Date.

Particulars of Case.

Nervous agitation

March 4

Mr. H. B. — age about 28. sent to me this morning. note written in a shaky hand date correct. but from the "Byculla" instead of Bungal Club — I said here at 10 am. He was much agitated. said he thought he had just escaped a fit. and said that the state of great nervous tension and agitation he was in was he thought was due to the heat & that he should not be able to stand it. His pulse was 100. Pulse slightly increased. In quiet sleep 80. But he was in a state of extreme agitation & nervous tension. I pressed him closely at all points mental, moral, & physical that would have given cause to it. He had just taken a small quantity of Brandy to relieve the feeling of oppression which he felt. He took the name of Brandy receptively as his health. He had no appearance of drinking & no tendency to character habits in regard to wine & spirits. He looked as much the aspect of a person suffering from the nervous tension of alcoholic delirium. He was thinking of suicide & was not sure that it was a very other impropriety. I observed that he had lost flesh since I had last seen him. He is then to be the

Month.

Date.

Particulars of Case.

Nervous Opitatum

March 4th He was in fair health. Somewhat an
 appetite & sleep trouble - I observed
 that his wife had a somewhat opitatic
 look. Glancing towards me in sympathy
 from time to time as we talked -
 Her voice had a tremor, but not
 think more than I had observed
 in her on previous occasions -
 He said if he heard he had heard
 had paralysis. felt much better
 than. but he added a much better
 that he could not stand the heat
 & that he feared he would have to
 go away - I talked over and
 with him & suggested something
 but could elicit nothing further
 than that the attack was spontaneous
 came on in the morning when at
 his prayers. and that he had been
 out of bed some time.
 I prescribed.

Liquor Opitatic 3ij

Must Camph 3vi

No. 100 May 11th At the suggestion of

5 PM

I said him again he was somewhat
 less opitatic had taken half a bottle
 of Claret & was doing much better
 His wife in return was continuing
 that at which we were present
 to the effect -
 Continued him again the same
 in his habits.

Month.

Date.

Particulars of Case.

Murmuration

He had another son, whose name was Lee. He was also very
 fond of his daughter and was willing to attend to her. I then saw that in the morning
 and his son's interest. Now, both the mother and the son said that I should
 be better. - After he is better, he will still stay. He has been better
 since. - After 11 sailed of looking here. And he is better.

2. composed, depressed and apathetic.
 He had been in the same state.
 He is better. Keeps at home today.
 Bornech regular. No pain. No
 fever, but has a nervous apathetic
 look. He says he is very tired.
 Cannot remain in the same place.
 He says he is very tired. I am sure
 you to consider I will today.

Found him very depressed.
 He was apathetic. He had been in the same state.
 He says he is very tired. He says he had slept
 and that his appetite was pretty
 good. But he had a nervous, watchful
 and suspicious manner. He was
 looking at the eyes towards me. He was
 the hands to the head. He was
 himself as most uneasy. He said
 that had I been in the same state
 (address, recommendation, etc.)
 he would have been very bad for him. He
 determined to take of my decision.
 I am sure that I am very strong in
 the feeling habits and then told
 him that his symptoms to some extent
 resembled D. & P. but he assured me
 that he was not. He told me
 that he had been made in
 the case of his being to be very
 much. He had not a letter or a card.

Month.	Date.	Particulars of Case.
		<u>Excised Tumour near Parotid-</u>
March	11	A man named Sonatundofs aged 40, thin delicate looking person, an Indian, has had a tumour on the right side of the cheek for 8 years. During the last two it has increased and become painful. It is tense as the base is the compressed by fascia. Fluctuating. The her protuberance in front of the ear is about as big as an orange (small) - and very painful. I removed it this morning by dissecting it carefully out. There was considerably hemorrhage. and several vessels were divided. It slipped under the angle of the jaw but not under the deep fascia. The external jugular lay in the way but was dragged to one side. The wound about 4 inches long, was brought together with horse hairs.
		The tumour was a cyst dark colored rough & thickened. containing dark greenish fluid with cholesterol and portions of clots of fibrine. The cyst had evidently been inflamed thence adherent.
	13	He is doing well. Discharge coming & his skin came away today. He is slightly painful.

Month.	Date.	Particulars of Case
		Encysted tumour of Neck
March	15	He is doing well. Discharge healthy all the hyaline, but two have come away -
"	21	The wound has nearly healed. There is slight discharge & swelling, but in all respects he is doing well.
"	23	Nearly healed - may be out in a week -
"	25	Doing well. but a small collection of matter in the arm of - spread out by itself -
"	30	Wound healed but there is a small collection of watery pus which is spread out over a minute space -
April	4 th	Quite well. <u>Discharged cured</u>

Month.	Date.	Particulars of Case.
		Hare lip and Shephardian
March	13	Shere Khan 36 years old. Madras resident in Chandray. Admitted with Hare lip and Shephardian. 73 not standing. He has the usual periodic pain at intervals of 2. or 3 minutes. Pain comes on in the head. Filled by pain. Hare lip operated on winter of by horse hair sutures.
"	21	Hare lip quite well. Sutures removed 2 days ago
"	22	Returned the Shephardian of 50 years - Semi - Smutale state healthy. Presumed - about 10 higman applied. 100 days time to 1. 5
		He says that lately the tumor had ceased to grow & that he had no pain. but that if he frequently used serum he should - after which it was reduced in size. In the time
	23	Doing well. No hemorrhage - no pain.

Month.	Date.	Particulars of Case.
		Home Wp & Scutal Linnon
March	27	He is doing well in all respects
"	30	He is doing well.
April	4	He is doing very well. Left wound quite healed & very successful in appearance.
"	13	The wound is cicatrizing rapidly
"	28	Gradually closing in. He is in good health.
May	14	He is nearly well
"	30	Small portion still unhealed
		Discharged perfectly cured a few days later

Month.	Date.	Particulars of Case.
		Mammmary Tumour
March	23	At the whole she is improving. The swelling all round left, and her general health is fair. The latter contains a pus now - Her head kept pain during the last 3 days.
"	25	The swellings in both axilla and breast are less. Her general health seems still to improve.
"	27	Had some pain yesterday. The swelling under clavicle increased. Wound nearly healed. Pain & swelling less again today - She had increased the amount of sleep slightly than I - In making arrangements for moving & packing. She has been a good deal fatigued.
"	28	Less pain again today. Swelling under clavicle somewhat lessened. It about corresponds to the apex of the wound made by the removal of the rib & May flank.
"	29	Better less pain. Swellings decreasing.
April	1	Has moved to another house. She seems much better. Swellings all better. Wound all but healed. A little more in the form of a sinus.
	5	Large wound cicatrized well, and still a sinus. Pus pure & abundant but in all other respects better.

Month.

Date.

Particulars of Case.

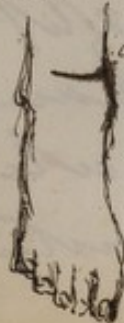
Crops: Ractum with ankle

March 21

18 stone
weight

Mr. Glauze a tall powerful and healthy man of about 27 years of age, reduced to emaciation, was taken in mounting his horse, the morning about 6 P.M. Private Sub House near the Cider Press - The horse, he says, put his foot in his ankle. I saw him at 8 1/2 P.M. He had been taken home. The fracture of the radius had been reduced by Dr. Woodhouse and the leg placed in a splint - a wooden side splint. He was quiet. He was recumbent and had a good pulse - Dr. Macneil & Dr. McMillan were also there. Dr. J. told me that the inner anal. was broken off the end of the bone probably through a wound about 2 inches long, tolerably clean, near the inner anal: a further part of the bone exposed at the bottom of the wound & a small artery & nerve were ligatured, not cut. Dr.

over the mouth
of the leg
about the middle



Month.	Date.	Particulars of Case.
		Camp Racine of ankle joint
March	21	- There had been some. But not a great deal of blood lost - a piece of lint was placed over the wound - Dr. Dr. remained all night with him & gave him some Opium -
"	22	7 Am. He is tolerably free from pain. But his arm is swollen & red placed the foot on a piece of lint & splint - brought the upper of the arm & some together & placed a pad over it - Applied cold water & reduced the inflammation & the swelling subsided. - Night rest - in evening minutes - He is not in much pain - no fever pulse quiet - slept a little
"	23	Head more free last night - slept fairly - by 2 AM pain in region of inflammation in leg - cold water constantly falling on it - Continue

Month.	Date.	Particulars of Case.
		Croup: Fracture & dislocation of ankle joint
March	24	Has had no pain. Leg beginning to swell. In signs of inflammation yet - The patient is the constant irrigation with ice of water - He had some morphine & Colapocin the last night. Taken light diet -
"	25	Much the same
"	26	For the leg for about 6 or 8 inches above the wound swollen. Pain in the joint. but not very severe. The foot in a good position. he has been moved by aid of gas machine. He looks very composed & tranquil but a friend Capt. S. G. - called today and said he was very nervous about himself - Continue the irrigation with ice of water -
"	27	Pulse 120. partly from reaction of emesis. Found that maggots were present forming about the dressings. Cleaned them out from an another bed. Found a collection of pus on either side. The worst one the worst: about 3 oz of pus escaped. Set on the other side. Some swelling of the leg, but the pain does not reach my height. Has had opium by morphine & morphine - Complains of what he called hysterical feeling on the chest

Month.	Date.	Particulars of Case
		Comp: Fract. & dislocation of ankle
March 26	27	<p>Examined the chest carefully. no abnormal sound - The striking pulse - the muffled one & other. no other signs. It struck me that there was also a yellowish tinge in the skin -</p> <p>Discontinued the dressing of head & water which certainly is far less well. as it has kept from escaping a skin & preventing escape tension & pain. Apply poultices. and let him have full allowance of green diet & Port wine -</p>
"	28	<p>Pulse 116 frequent, about 116. but somewhat excited when I felt it. Examined chest & abdomen carefully. nothing abnormal. Discharge from wound not very profuse but a good deal of serum discharge with the pus - back of the leg blistered from being sodden in the discharges and partly also probably from the suppurative applied yesterday in the mass -</p> <p>The food and liquid not more swollen than yesterday. The mischief does not appear to be abating upwards. He has taken his food and wine pretty well -</p>
"	29	<p>Pulse 112. Discharge free. Intestines healthy. no new collection. Blistered surface better. but in much pain. Had morphine last night. Dr. J. saw him in the evening</p>
"	30	<p>Pulse just over 100. Had a terrible night. no sleep. leg pain. The</p>

Month.	Date.	Particulars of Case.
		<p>Camp: Fracture & dislocation of ankle foot & ankle left swollen. Discharge dark dirty yellow pus covered the entire thing. Leg some coming away would swing - the lymph was the closed it at first in healing down at the skin over the broken part of the malleolus & swelling for about a line in breadth. Swelling seen on large at like drops in the discharge - on the whole has no motion must be regarded as one of some importance that of yesterday - His respiration is free. No abnormal a thoracic tenderness. He at times feels the quivering dyspnea - He was not yesterday but that was probably caused by some drop when he had taken. I have advised the dis- continuance of it - He later had but no further food & pain -</p>
March	8	<p>Pulse slightly quicker 26 x 4. Discharge clear. Pus more abundant than last night - Discharge free. No striking improvement. Leg left swollen. The swelling does not seem to be coming up. No still smaller and still - Changed linens - and in measure of them more.</p>
April	1	<p>Pulse 27 x 4. Discharge thin dark colored. Smelling up. He seems to have recovered a little vitality. No more motion but in very small</p>

Month.	Date.	Particulars of Case.
		Croup: Fracture and Dislocation.
April	2.	Pulse about 26×4 . Immense in knee. Swelling about leg. Discharge much as yesterday. Large Syringia drops collected in it. It is then soft & dirty color - no pain a small portion of the bone is visible in the wound. It looks red.
"	3	Pulse nearly 120. Inhaled prothen today to some purpose - Discharge much as yesterday, in the whole, so far, he appears to be doing well.
"	4	I did not see him today -
"	5	Pulse near 120. Discharge noted probably from acute fracture of tibia bone. No thoracic symptoms. No diarrhoea - Bone exposed & white, fleshy wound. Red in dark. but a part apparently necrotic it may be only superficial. Continued as usual.
	6	Pulse 26×4 - wound looks healthy. Discharge - thin. Immense dark color with a few syringia globules No chest or abdominal symptoms He slept well. Took his food well. Bowels act spontaneously. Grassie said him with us & appeared in all that is done. (P 160)

Month.	Date.	Particulars of Case.
March 21. Khoolna.		<p><i>Atresia Ois.</i></p> <p>A Bengali named Panchamundof, aged 21, admitted on the 13th March with closure of the mouth from the effects of Mercury administered 5 months ago for Syphilis. The Cheeks adherent to the gums and the lips closely adherent to the tongue. The mouth perfectly immovable. He is as thin as in healthy state having lived on fluids. The posterior part of the cheeks seem to be immovable & probably not adhering. This morning I divided the adhesion in front as I could. I passed a scalpel through them. Detaching the tongue from the Cheeks lips. The bridge of nose well healed cicatrices. thick & almost cartilaginous. I found that without dividing the adhesion of the mouth it was impossible to see the adhesion when he was speaking close & firm. Had the primary infection. I left the cut surface</p>

Month.	Date.	Particulars of Case.
		<i>Athysia Onis -</i>
March	22	unimpaired
Discharged cured on 16 April 1864.	23	Doing well. In much bleeding from the mouth. Fair. Discharge invariable - white with some blood; a tuft with teeth
	24	Doing well. In bleeding - wound stopped & improved - The cut at the angle of the mouth partly brought together with the use of a thread & plaster.
	26	Doing well. is able to swallow some solid food - The throat is much pain from the raw surfaces. advised him to keep his tongue constantly in motion.
	28	Wounded surface granulating healthy. He can take soft food - Wound has healed pretty fully & open his mouth with considerable freedom
	31	Doing well. Discharge healthy surface healthy
April	4	Wound has nearly cicatrized. he is much better than his mouth & moves his tongue very freely.
	8	Much better. Wound to be not
	15	Discharged cured on 16 April 1864

Month.	Date.	Particulars of Case.
		Mammary tumour.
April	23	Livens in scilla still open. In the all other respects she is much better. The large wound has perfectly cicatrized. Her health is improving & the stiffness of the shoulder joint is gradually yielding.
"	28	She is doing very well. The scilla is still open. but all the hardness is gone. The large wound is perfectly cicatrized and round it. probably from tension of the cicatrix. The integument is puffy. Look on the whole she is much improved and her general health is much what her friends say she is looking better than she has some time been. She goes with her husband in the steamer "Alphie" on the 3 ^d May.
May	3	Sailed for England this morning. Heard a good report from England in brief. Mr. Paves considered that she was recovering favorably.
March	9 th 1866	She is now in Calcutta again and in excellent health. Her skin looks well in all respects.

Month.	Date.	Particulars of Case.
		Dislocation of ankle
March	29	<p>Mr. S. Carlele, a stout powerful healthy young man, about 20 years of age, was thrown out of his buggy by the horse slipping. He caught his foot in the fall and dislocated the right ankle.</p> <p>I saw him within 3 hours after the accident with Dr. Brattle's assistance. The foot was dislocated upwards, a great prominence over the heel the inner malleolus, which could be felt distinctly, and below it was a part of the tibia, the prominence the tibia was broken.</p> <p>It is a very rare and peculiar form of dislocation. I have not met this before in my practice - I was reduced with the greatest ease under chloroform and put up temporary splint in the splint. There was a good deal of ecchymosis (redness) at the time. But this was not in the splint of the foot. I applied the ice water regularly. It was changed to warm if inflammation coming on cause much pain.</p>

Month.	Date.	Dislocation of ankle <small>Particulars of Case.</small>
March	30	<p>He seems to be almost entirely free from pain. Scarcely any swelling or discoloration - Iced water has been dripping all night on the foot - Re-admitted the bandages tillamine the foot. - To take a dose of oil keep perfectly quiet - and live light.</p> <p><i>Spiral in Vidal de Cassis. vol. II. P. 417.</i> <i>"Luxations sous astragaliennes. 2^e Luxation en dedans. — Elle est produite par des chutes sur le pied porté dans l'abduction et appuyant surtout du côté du talon, ou bien encore par un choc violent contre la partie externe de la jambe (Malgaigue).</i> <i>"Le pied est projeté fortement en dedans, dans renversement des bras sur de la plante; l'axe du tibia se reporte en dedans et en avant. En longeant le bord externe du pied, on reconnaît le Calcanéum et le cuboïde; au dessus de ces deux os se trouve un dépression continue à la place occupée dans l'état normal par le malléole externe et l'astragale. Au côté interne du pied existe la saillie de la malléole interne descendue vers la plante du pied; au dessus et en avant; une autre saillie plus prononcée formée par la tête de l'astragale. Sur le face dorsale du pied on voit le bord supérieur de l'os cuboïde avec une dépression en arrière et en dedans</i></p>

Month.	Date.	Particulars of Case.
		<p><u>Dislocation of ankle</u></p> <p>anide laisse par la projection de l'astragale en dedans - Cette lésion se complique souvent d'une rupture des tendons, d'une fracture comminutive du Calcaneum de l'astragale ou du Cuboïde.</p> <p>The above is the ^{most} accurate description of the accident I can find in any of my books -</p> <p>I find a notice of it also in Holman's of Hollman, and also in Cooper's Drawing last edition.</p>
March	31	<p>He slept well. At he took yesterday has started. Very little pain. Spent the bandages looked at the foot. In pain. Scarcely any swelling. In fact it is extraordinary how little he seems to have suffered from the accident.</p>
April	1.	<p>Doing well. no pain. But has no idea of plant.</p>
"	2	<p>Doing well. re-adjusted the splint. Foot is slightly swollen.</p>
"	4	<p>Doing well removed the splint - put on a bandage and. He has been sitting up since yesterday. Can bear a good deal of weight on the foot.</p>

Month.	Date.	Particulars of Case
		Dislocation of ankle
April	5	Doing very well. Can put his foot to the ground. Leg a little swollen from foot having been down. a good deal of pain in the leg. I advised him to bandage - take a little of the same ointment as before
	7 th	He can just walk is better than it - continue the bandage & ointment
	10	He walks with a stick. I advised him to keep some, not to rest any weight on the foot - went to Bally-Sung
	20	He has returned from Bally-Sung is doing well. Slight pain below the ankle. I advised him to - wear a boot strong on the outside & to use his foot much as he can
	28	He is quite well & walks without difficulty. There is a little swelling under the malleolus. I advised him to apply 2 Dr. Williams' - use cold ointment & support the foot with a strong boot to prevent swelling of the ^{ankle} the foot - Discharged

Month.	Date.	Particulars of Case.
		Removal of Stethall
May	14	Severe pain in riding head last night & most distressing & vomiting. In lower. Pulse quiet. Spurred by draughts - Hy. nigr. aq. Open - applied externally and at night in a minute
	17	One well. Pain in lower, & vomiting stomach ceased
	23	He is nearly well. Wound healed. Discharged a few days later

Month.	Date.	Particulars of Case.
		Comp: Com: Fract: Amp: at Shoulder joint.
April	1	Mr. George Gregory aged 23. Slavonian, thin delicate person. 2 Dept. to Super of Stamps. was admitted on 1 April /64 at 6 1/2 PM. An hour before admission he was thrown from his buggy - He fell passed over his left arm just above the joint and caused a comp: Com: fracture. There was an oblique wound on ant. outer aspect of arm just above joint. The wound was simply deep and laid in a splint -
"	2	Spurred him with a very rapid pulse and still suffering from the shock of the accident - the mind reaction had set in - Exam. wound found the bone much comminuted. Removed several loose pieces of bone & sent off the printed apper. and by tomorrow -
"	3	Still rapid pulse. arm swelling & becoming inflamed - Empire threatening - He has lost voice & then stomach
"	4	Empire rapidly spreading - arm swollen & red. up to shoulder joint. Found the wound & on the fore arm dark bulge - Arm swollen & red. up to shoulder joint. all the region of Empire. Pulse 140 - humbled with

Month.	Date.	Particulars of Case.
April	4	<p>Croup: Cere: Rad: Ansp: Shoulder joint.</p> <p>D. Fordone - Partridge & Chubbuly determined that amputation was the only chance -</p> <p>at 8 1/2 AM. I ansp. - at shoulder joint assisted by D. Partridge - he did not lose any much blood & there the operation pretty well -</p> <p>and stimulant - I painted the flaps in this case with 2 Bismuth as part of the stump. seemed to have become involved in the Bismuth action - about 8 ligatures were applied.</p> <p>6 PM. - He is in very pain. Pulse still feeble - but perhaps a beat or two better & fuller - Stomach invariable vomiting what he has eaten. but he feels better than before the operation. and stimulant - food soup. at bed time - Skiff 1/2 Camphor Syrup -</p> <p>5 - Still very low. Pulse over 140. In Drankson slept - says he has no pain. said there has been vomiting in the night - Stomach now dark brown discharge - Drankson 2</p>

Month.	Date.	Particulars of Case.
		Croup: Croup: Dactyno Croup: Dactyno
		Lead introduced - and - Pulpy Croup: Dactyno - Croup: Dactyno - Croup: Dactyno + Croup: Dactyno - Croup: Dactyno -
April 5	6 PM	Skin cool and appears to have been in a febrile state in the day. but is now normal. Pulse very rapid stable - Delirious - Cough Am. & x - with much sputum 3 or 4 times - some frequently I found the child very hot and in the evening 6 th Head at 10 PM last night

Month.	Date.	Particulars of Case.
		Comp: Rect: Middle part Continued from page 148
April	7 th	Pulse 29x4 - Insure clear. Bowels open No thoracic or abdominal symptoms - Takes his food well. 3 or 4 Stools of Port wine in the day - Wound looks well. Discharge a fleshy dark color fetid pus. I should think that some decomposition of the Castles was going on - Chaired his bed
"	8	He is doing well. Pulse under 120. Wound looks clear. Discharge of the same character - a large number of Symptomatic Globules - Continue all - 8 p.m.
"	9	Same as yesterday - Pulse said to have been over 140 - I counted 110 at 12 noon but that was after some short exertion
"	10	Pulse under 120. Discharge as yesterday wound looks healthy - He is looking better and more spirited. Changed in the interior of the bed
"	11	Just as yesterday. Discharge still profuse. Wound looks healthy.
"	12	Did not see him today -

Month.	Date.	Comp: Fact: Ankle joint. <small>Particulars of Case.</small>
April	18	Pulse 100 - He looks well - wound looks strong & healthy - not are the top of the malleolus broken, there is a pulsation of bone here - In charge his pulse in pain - examined with a probe but could not detect it worse.
"	14	Is reported to have had a very irritable state of stomach & bowels rejecting his food - I find him with the pulse faster than many at the same time & more painful. The surface of the wound is healthy but looks inclined to fester in future - a piece of sloughy tissue escaped from the lower part of the wound. The discharge is of the same character & pro- fuse. I rather more patient perhaps. I should be wary that the weather is right. There over 90° S.W. but wind blowing - He does not appear to be much any more part of the day now. He had some other small wounds & I saw last night let him see the left side of his leg

Month.	Date.	Particulars of Case.
		Comp: Fracture of ankle joint =
April	15	Better than morning. had no sickness yesterday - Discharge profuse. I have observed no syphilis in it for the last two or three days. Examined the wound with the probe a considerable surface is in exposure, but it is not probable yet to say how much is left open - date. The mischief appears the compound of the joint. Pulse about 120. When he saw him. he says it was 100 when he awoke -
"	16	Had a good deal of pain yesterday from the foot getting out of position. He is much the same this morning in all other respects as yesterday - Discharge or pulse as yesterday - Pulse in foot very much cleaner. Wound not doing
"	17	Much the same. In evening pulse 120 - 100 when he awoke, Discharge profuse. General aspect of mind & symptoms same as yesterday
"	18	I find his pulse 132. But his appearance finally is as yesterday. Still this. I presume from

Month.	Date.	Particulars of Case.
		<u>Amputation of Thigh.</u>
April	11	<p>Sheikh Asghur aged 18. a young Condemned was admitted on the night of the 10th April with severe injuries from the kick of a horse. He appears to have fallen & the horse's hoof stepped on him & wound on the thigh in the leg. Some minor ones, but the most severe part was the wound of the right knee joint. The intermuscular torn very & bruised. Mucous tenderness & the knee cap was about 3 1/2 inches of 2 1/2. The joint & directly injured but not so much. This is probable the bruised tissue will痊愈. He has had a good deal of pain & waiting discharge. Cold application & perfect rest.</p>
	12	<p>The joint carefully examined & through the bruise & injured tissue the joint can be felt & finger passing freely into it & the movement of the femur influenced. Discharge collecting just above the joint, but the fluids are clear & non-inflammatory with the D. Thieride</p>

Shank is doing
a common
pleasing young

Month.	Date.	Particulars of Case.
		<i>Amputation of Thigh.</i>
April	12	determined to amputate - I removed the limb at 9 AM, under chloroform of the modified method. Cutting the femur and suspending muscles with a simple scalpel The deep with a long knife. I removed one or more in depth as I found that I need in this case to get the posterior end of the femur off from the myoaponeurotic attachment. I tied all bleeding vessels. I removed all the veins, as well as arteries I brought the skin together with pins
"	13	Has pain. It came on yesterday Pulse over 120 - No bleeding. Some morit - Sweet - Cold applications and soap. Pulse died -
"	14	In pain this morning. The posterior part of the stump is suspended by a small artery - Over the nature during the operation, we observed the muscles discolored.

Month.	Date.	Particulars of Case.
		<u>Amputation of the thigh -</u>
April	15	The distance from all previous way - & the interior of the stump is exposed. Shows a somewhat doughy look - and the end of the bone (as usual) is secured. Peritonium separated for an inch or so. Membrane looks dark. May be living just under the surface - I noticed during the operation that in this case the Peritonium seemed healthy & adhered close to the section of the bone - None of the lymphatics in the smaller vessels came away today - He had slight fever yesterday. But has more now - pulse 100 - Diet food. Nutrients. Put him 2 AM. Keep the stump wetted with solution of Chloride of Zinc.
	16	Pulse 100. Tongue Clean. Had no fever yesterday. Took him for dressing. Stump Clean. Sanguine not returning - Continued as yesterday -
	17	P-100. Stump Cleaning. ^{has loose bone} Dr. Anker takes food fairly - works with him. Chlor. Food & wine as before

Month.	Date.	Particulars of Case.
		Amputation of the thigh
April	18.	Pulse about 100. Tongue clean - bowels regular. - Stump cleaning a large portion of bone denuded of its periosteum. - The state of the recently excavated and a canal is not discernible in the surface is black & that that is just the end of the canal -
	19	Pulse a little over 100 - Stump stump looks well - Sloughs separated by white all come away - A line all the bone has the periosteum adherent, in the middle the posterior it is denuded for some three two inches - day 2 Spinal dead. An instrument passed for full 4 inches down the femoral shaft is dead & putrid. I hear the white sharply the bone is necrosed. Glycerine injection - D.V. said man with me we would be here till tomorrow & then considered propriety of amput at hip joint. - The system is not yet much affected Pulse not over 100 - In Drunken & tongue clean with good appetite

Month.	Date.	Particulars of Case.
		<u>Strangulated Hernia with Scrotal Swelling</u>
April	12	<p>A Ruyelli named Sree Muthu Sadasayya aged 45 admitted this morning with symptoms of strangulated hernia. He has a scrotal Swelling about 80 lbs in weight. The latter he has had 8 years the former 20 years. He was in Hospital about 3 years ago under Dr. Parkes for strangulated hernia of same side & was operated on. The cicatrix of the old operation is very plain. It is difficult to measure the exact circumference of the swelling as the large size of the Swelling. He has had symptoms of strangulation many times before in some cases. He has now Swelling since ice applied. -</p> <p>The Swelling he says is twice the size now that it was when he was operated on 3 years ago.</p> <p>13. Symptoms of strangulation have disappeared.</p> <p>14. Discharge -</p>

Circumference
17 inches
35 inches
✓ 24 00

Month.	Date.	Particulars of Case.
		<i>Lithotomies</i>
April	17	<p>a Bayalle peasant named Meuzo Haden, aged 30 years husband of Halesobina Zilla Hough, admitted this evening with symptoms of stone. urine stops making. In the morning his urine is blood. he is in good health per per per pulse quiet, in pain. kept after catheter - as he seemed to get uneasy would probably have run away. being in good health. I determined, with Dr. advice, to operate at once. & this is after the manner -</p> <p>I performed the lateral operation from the perineum very narrow sleep - The Calculus proved a small oval stoned of urine Calculus. black & nearly smooth. weighing 50 grains. No phosphate deposit in it - & more in the urine. He lost a fair quantity of blood from superficial abrasions.</p>



Month.	Date.	Particulars of Case.
		<i>Letmotony.</i>
April	18	A good deal of hemorrhage during the day & night. A tube was introduced. He is still very poorly. The morning has no pain. urine flowing freely through the tube. worked the mass of stool out the tube.
	19	Tube 100 - Near in a little & 101. Fourth. Had more hemorrhage yesterday. It has ceased today. gave a large cold pump the bladder. The Babo's helped in tube and in the end. The bleeding has ceased & the urine is flowing freely. slight suppurative pain.
	20	More hemorrhage yesterday. tube introduced. It appears to come from the bottom of the wound. I worked out the wound this morning. It looks clean. I send some abscess especially over the bladder. He has had two doses of quinine 3 & 4 one in afternoon and last night. Bowels moved several times. Then 102 - in a little then 103

Month.	Date.	Particulars of Case.
		Croup: Rad: Middle tons.
April	18	<p>The wound looks more purged today by a little purgery & does not heat. I have tried antiseptic surface of leg. Some swelling & tenderness. I fear he is not so well. The looks suspicious of this thing going up the bone. - Discharge in the same way. The discharge is of the same character.</p>
	19	<p>Pulse 120. a little weaker. - had no pain yesterday. wound looks much the same. Discharge much the same. Swelling & tenderness of the leg somewhat less. I am not with the pulse in the bone yet. but the range of the probe is limited. & it causes pain & irritation to continue the examination. I am prepared now from the nature of the pyrexia.</p>
	20	<p>He is not so well this morning. Pulse 132. His stomach was very unstable yesterday. rejecting his food. The leg looks purged.</p>

Month.

Date.

Comp. Fracture middle foot.

Particulars of Case

and stayed. The new cicatrix gone
 of the last opening, made - is treated
 & admatoms - Fluctuation in the
 inner side of the tibia corresponding
 after removal of yesterday. This evening
 enter with the needle in presence
 Insure puncture discharge took
 place - Small burr Chloroform
 made an opening. Small burr
 escaped. I felt through the
 tibia in bone exposed. The
 opening about 4 inches above the
 wound. but I am not certain
 that the bone is sound & without
 standing - Examined the
 bones in the area of the wound
 as far as possible. They are mostly
 completely abnormally fine. The
 latter can be felt when the
 foot is moved. It is very remarkable
 in indicating that the ligaments
 are either broken or torn in some
 the state of the bone is very doubtful
 and the condition of the
 leg is above described. The
 rapid pulse in the leg is very
 rapid and my opinion that of
 great importance does not take

Month.	Date.	Particulars of Case.
April	20	<p>Croup: Racture ankle joint</p>
		<p>Place within 2 days - Amputation from the Condyles & 7th inch up on my knee is that the medullary cavity of the bone is involved - In this case the chance of systemic absorption is of course increased. I heard his liver & lungs carefully. but no abnormal sign or sound present.</p>
	21.	<p>Pulse over 120. Discharge profuse made an opening on anterior leg. as pus could be moved from that side out of the wound made yesterday. Third part of the fibula denuded. The bone of the foot quite & full rough - He vomited again yesterday. vomiting much like - I fear amputation is inevitable. The wound is spreading. The bones are necrotic from their nature. I hear can drink N. and the system is becoming infected. Thin rapid pulse. Pale complexion. profuse skin vomiting all indicate it - need to have a consultation then & return at 4th to decide</p>

Month.	Date.	Comp: <small>Particulars of Case.</small> <i>Fract. Ankle joint</i>
April	21 4 1/2 P.M.	Consultation. Macrae. Baillie Parkside - It was decided that amputation is the preferred mode
April	22 nd	Amputation one inch below the tubercle at 12 today. Dr Macrae Jr and Chalmers. Dr Pasteur held the artery. Dr Baillie the leg. I did the modified circular - a rotten flap from outside - about 8 ligatures 2 large ones. applied - dressing looks healthy - Bone cut through. The cancellated tissue looks healthy. Muscles dark but not unhealthy A good deal of venous bleeding but no hemorrhage. Seamed the leg - heard of blood taken circulated by nerves after a few days - Castles all within time a rapid healing and of skin & hair Dystrophy heard - death of the distal. Accompanying ulcers. Higher up puncture stopped by suture of the bone The distal healed in an

Month.	Date.	Particulars of Case.
April	28	<p>Amputation of leg. Amputated limb</p> <p>A man at upper arm and pad of hand and the middle of hand and wrist retained up the shaft - About 2 1/2 inches of tibia dead. The middle of the hand dead - but there was no attempt at a bone of the radius. The middle tissue had a very marked take while the middle bone. The middle of the bone between the bone. The middle of the bone separated & separated. The middle of the bone was only about 1/2 inch thick. The middle of the bone of the bone it is in fact that. The middle of the bone was broken at the middle of the bone. The middle of the bone was also separated & separated. The middle of the bone of the bone has been cut off but may find hope that the middle of the bone will close. An apparently in fact of the middle of the bone have occurred</p>

Month.	Date.	Particulars of Case.
		<i>Amputation of leg. Cramp: Fract. humerus</i>
"	23	7 am. Slept at intervals, last night had leg open & d. full dose - P. 120. But all yesterday & Sunday the night - he has been vomiting, clear mucous fluid mixed with bile - Mustard poultice - Injection of Anesthetics & Amputation of humerus - 11 1/2 inches - 1/2 inch - 1/2 inch - In bleeding in tension of the stump -
"	24	Slept last night at intervals - was disturbed all yesterday with vomiting Had nothing. Blue pill also began to act on the bowels & did not act. Mucous - This morning he is better & stomach up & inevitable returned much food yesterday afternoon - Pulse 116 - 1/2 inch - Open the stump - it looks well. serum discharge from it discolored by blood. He had a scabby border then morning & evening in chest & abdomen especially right & under on left side with some desquamation - In cough - In abdominal pain in tenderness

Month.	Date.	Particulars of Case.
		Amputation of leg
April	25-	<p>It appears that the vomiting continued yesterday at intervals, tho he kept down some food - kept sleek & - He had also some claudication water - Pulse 120 - It keeps as that since yesterday afternoon His skin is quite cool & I cannot make out that he is perspiring at any time in the evening - He has a depressed look & is despondent in the morning. Bowels acted, but not well after the same food - powder - Used a Castor oil & a sup with hyoscyamus & opium. He is better today. Champagne today than yesterday - Used a sup - Dressed the stump, it looks well. His pulse is 116 today. Remained two ligatures.</p> <p>5 1/2 PM Has been better today. Taken less food fairly. Leg vomiting - no pain. Pulse 116. Has been down to 108 - In better spirits</p>

Month.	Date.	Amputation of Thigh Particulars of Case
April	20	Pulse 100 - but pulse is hard & has a peculiar thrill - Stump looks clean & healthy with the dry half dead bone sticking out of it - He is taking his food well & continues all as yesterday
	21	Left foot looks healthy, inside of bone has healthy granulating peritonitis adhesion - the other is dressed in scissal incision, and a bullet probe paper only 10 inches from the incision - in dead bone cancellated bone medulla at that distance it seems the sensitive. I must be clutch the Nephritis. There is the chance that nature may limit the mischief there. Pulse 102, Stump clean. Bone is under skin has food well. In the whole he does not look so healthy there is a nasty thrill about the pulse
	22	Now the same except that - pulse is now 120 - Skin looks very
	23	Pulse now 130. peculiar thrill. & thin white to yellow granular (cutaneous) & comes

Month.	Date.	Particulars of Case.
		Amputation at H. Sp. joint
April	24	<p> Her pulse is over 140 this morning a long probe passes almost to the head of the bone - on touching the lining membrane it causes pain. - It is found to pulse has a peculiar thrill some still clear moist but the papillae becoming obliterated He has Diarrhoea - The H. Sp. joints of the limbs are perfectly healthy. Dry spots over the throat on either side, no abnormal or hepatic tenderness After consultation with Dr Chace & Partridge I determine to amputate as high - if my arm & bone were left to rot it would prove, of all diseases to take it out as the best plan & prevent any loss of blood. I then the femoral artery as the flap was made. before dividing the bone - on cutting through the shell we find the shaft </p>

Month.	Date.	Particulars of Case.
		Amputation at hip joint

Spoke of his made him appear and in the cancellated structure. I therefore kept the bone with a linen press and took out the ~~rest~~ remainder of the bone - The arterial pulsation bled freely - Died all bleeding. Drains 10 in all - Bought the

Captain J. L. Fraser
Age 37 years
Service 18 " of which
2 in Europe

Arrived in India end of
1846.

Regiment of 5th Grenadier
at Peshawar where he
suffered much from the
prevalent fever so much
so that he could have
gone home sick in '52

Let be washed
in 24 Nov 55 ~~absolutely~~

in a good stump
with the bone
in amputation
the bone as the
a part in character
may as the section
in place - On side a
big flap from behind.
The vessels, Dr. J.
- Dr. P. The rest -
bone chd: He lost
of blood as the rest
unless was a little
to the shoulder. Then
bone from the shoulder.

3 1/2 PM.
24 April

The H.S. reports. No bleeding p 132. Dr. J.
wrist - Dr. J. some little Sago. But the
drine, no pain, respiration pretty easy.
Says that he feels easier."

Captain G. L. Fraser

Age 37 years

Service 18 " of which
2 in Europe

Arrived in India end of
1840.

Beginning of his quarantine
at Peshawar where he
suffered much from the
prevalent fever so much
so that he could have
gone home sick in 52

Had he wished
in 1840 he would have been debilitated

During first month of residence (Calcutta)
had a troublesome attack of
Dysentery.

In hot weather of 46^{at before} had
a bad attack of fever &
proceeded to Hills on M C
for about six months

In hot weather of 49 had
another attack of fever at ^{Nakobah?}
& again proceeded to the
Hills on M C for six
months.

From beginning of 50 to
beginning of 53 quartered
at Peshawar where he
suffered much from the
prevalent fever so much
so that he could have
gone home sick in 52.

Had he wished

In 1854 Dec 55 debilitated

by four and a ten grass
sunder in India provided
house on the C -

~~Returned to India~~

~~Returned~~ Returned to India
at end of Octr 57.

Exposed to hot weather in
India till June 58 - ^{after full of C. alpe.} ~~at~~ till
suffered much from boils
but had no fever or other
ailment.

Joined Army (head In) in
April 59 & proceeded
thence to Simla where he
remained till June 1860

whence he proceeded to Calcutta
remaining there till Octr 60

Enjoyed good health
during the period of his stay
in Calcutta (say four months)

^{was then} On the completion of Can C's cold
tour of 1860/61, proceeded to
Simla & remained there
till Nov. 1862

In rains of 61 (Simla)
got some what out of sorts
with the bill over here
(which was very soon checked)
the activity of liver (?) or

In rain of 62 (June) again
got unwell - sedentary life
overwork & unhealthiness of
June at that particular
season the cause probably -

Symptoms - laminate pains
in shoulder, fatigue from
slight exertion &c &c.

Took a ten days walk
in the interior & returned
well.

Reached about with
C in C from Nov. 62 to Feb.

63 when proceeded to
Colacatta. Arrived in
good health apparently
in every way.

Indisposed to S. caribaea
on first arrival - soon
shook off this

Remained well till, it is
^{before} ~~the~~ the rain commenced
since which had been
continuously unwell -
till forced to take a ten
days trip to sea in end
of October. Symptoms

Growing faint, general feeling
of illness, lassitude - inability
from sense of fatigue to
take exercise - painful
sense of prostration & unfit-
ness for work only in the
morning & at intervals
throughout the day - and
constantly want to go
the stool without having
any diarrhoea or looseness
upon him.

This latter symptom

~~much aggravated on sea~~
trip.

Pain in anus very constant
and annoying - passage
of mucus & blood first
observed

Returned to Calcutta £31st 9^d
October and consulted
only Dr. Fagor

Month.	Date.	Particulars of Case.
		Amputation at H. Sp. joint
April	24	<p>His pulse is over 140 this morning a long probe passed almost to the head of the bone - no touching the lining membrane of canal pain. He is fairly a pulse has a peculiar quality more still clear & on</p> <p>The paper He has Dr of the br. Dr's Int no either a report After Lin Cham & to the spine and a br. it is crisp to take on to prevent the pain</p> <p>was made - before dividing the bone - on cutting through the below great to the center</p>

Month.

Date.

Particulars of Case.

Amputation at hip joint

Spoke of this made him apprehensive
in the cannulated structure. I therefore
sawed the bone with a chain saw
and took out the ~~whole~~ ^{unusually}
of the bone - The internal vessels
bled freely - Died all bleeding
about 10 in all - brought the
flaps together in a good stump
fastened them with one
suture - In amputating
I cut the nerve ~~as the~~
but over the point of insertion
point concerning the section
Anterior portion flaps - I made a
Crescentic flap from behind.
Dr. P. held the vessels, Dr. J.
tied them ^{one?} - Dr. P. the rest -
Mr. Hays, fine child: He lost
about 8 oz of blood at the time
and his pulse was very little
weaker after the operation than
before it - Some brain steam
not better.

3 1/2 P.M.
24 April

The H.S. reports. No bleeding p 132. Dr. J.
wrist - Dr. H. some little Sago - But the
wine, no power, respiration pretty easy.
Says that he feels easier.

Month.	Date.	Particulars of Case.
<i>Amputation at hip joint.</i>		
April	25	<p>He has had only one loose stool since the operation - No hemorrhage - Pulse 160. Skin hot - but moist. Thier: in axilla 106 - Temp. moist - and clear, turning to glaucous - No hepatic tenderness - Bowels of my late on other side strictured and on right upper than left - He is too weak to be examined on the back - Has taken soup and Brandy 3 M - Continue all</p>
"	26	<p>Pulse 132 - 140 - This morning. Skin cool & moist. Thier: in axilla 102. Temp. clear turning to dry in the centre. He says he has no pain. Bowels moved once yesterday - He has taken his food well, but rejected part of it. Is cheerful in food & spirits, smoking his hookah. The stump looks very well. From the other angle a dark watery discharge. Generally the discharge is healthy. Mrs. washed out the cavity & enemas with the uterine catheter. At 8 o'clock Home Braced 3 M. Food as yesterday</p>

No. 48
 It is difficult to account for the spermatozoa being - like acinus - seen
 near the a little further back. certainly, the prostate gland. no way of connection
 had been divided -

Month.

Date.

Particulars of Case.

Litter box

24

He died this morning -
 Cell - Intense peritonitis abiding
 full of lymph & intestines fixed
 together in all directions without
 the peritoneum cellular
 some upthrusts sharply & prominently
 Abdomen in Prostate of the
 right side - it had commenced
 2 weeks from back - but not in the
 least beyond hands - prostate
 not at all diseased - Bladder
 healthy - inside - Infection of
 the urethra had taken place before
 it was removed or set up peritonitis
 inflammation - Rectum not
 injured - Peritoneal fold not
 injured - In case healthy except
 that the lungs were healthy
 & the emphysema - the latter had
 just been of inflammation - lymph in
 them - Kidneys healthy - Liver
 pale pullets - no inflammation
 much blood in body Coagulation
 easily seen - 2 hours after death

instead of

In case commenced here

No 42 continued from page 175-

Month.

Date.

Particulars of Case.

Amputation of leg. Comp. Fract. Ankle

- April 26th He had a good night - slept nearly all night - Pulse 112. No fever. Respiration normal. Bowels not open. Had morphia last night as the stump was twitching. Irritability of stomach much less. Stump looks well. Slight thin mucus. Feet elaborated pus. Another ligature came away. Sores and feet better.
- " 27 Pulse rather quicker this morning 120. ^{probably agitation} Had a fair night. Bowels moved twice (with Drantosa) 3 ligatures came away - Discharge thin & free flow in the dressing. More bedding. Appetite fair. Stump looks well. Very tender & a slight black heel & knee - Irritability of stomach reduced. He had his usual dose of Morphia last night.
- " 28 His pulse quicker as we come in to 120 but it has been lower down to 104. Irritability of stomach gone. Took his food well. Slept well. Stump looks well. Discharge thin. But with unhealthy - only 2 ligatures now remain. The stump is very sensitive when handled & dressed. Morphia as usual.
- " 29 Pulse 120 - 124. Cut is same as before and it rubs away the day to 104 - Chest & abdomen seem natural in richness. Scales in food well.

Month.	Date.	Particulars of Case.
		Amputation of leg stump - Nail ankle
April	27.	Stump looks well. free from discharge. The last 2 ligatures came away & I removed 5 sutures. The flaps have united to a great extent - The stump is left tender to day - I was unable to move him as to turn his bed - Dressed the stump with strips of wet cloth. like strapping - He is in good spirits & cheerful of himself -
	30	Stump well, pulse well, Bowels regular. Had his morphine as usual. Pulse soft, but very extensible rises to 140 - then many when we count in. but it has been down to 104. The remaining sutures were removed to day. The flaps have united. The edges granulating. Discharge moderate & fetid, some constant. He has been taking Poterine wine intending instead of wine -
May	1	Pulse has been below 100. but when I count in. it went up to 128. Drains clear. Appetite & sleep good. Spirits good. Stump much less sensitive. When I rub prep over the line. by W. W. discharge & that healthy. The

Month.

Date.

Particulars of Case.

Amputation of leg Camp: Com: Dist:

May

1
 10 mi. The edges of the wound are quite clean - all the little superficial Staphylococcus of Chl: has been removed - I applied too strong a force separated - I observed as the back of the stump that is a little plug of skin I have found some away leaving healthy surface in doubt caused of the injury.

Chl: - It is another interesting - as the solution might have been better in this case the Dresser had found a small quantity of Bismuth solution of Prep. with the water which was the thing was water - & where the stump had rested in a thin little bit of skin had healed

2
 2 Feels well. Sleeps well and in excellent spirits. but the pulse has not been below 100 - I find it 124 this morning. He looks well. The pulse is soft.

The stump looks as well as it can look - but I do not enjoy him. The motion of the knee is good.

Month.

Date.

Particulars of Case.

Computation of Age.

May

2^d This has is suggestive of something more. The flap of the paper of miter and the edges are painfully healthy - Shapping - bandage.

3 He was restless and a well looking air change increased. I hear a faint, flaky look suspicious of the bone.

His many I had to 120 - I was some yesterday this time. I took to 108. by 104. the day. He says he feels well. But will sleep well. has no fever. and is in good spirits. and his pulse keeps up. I am satisfied there is some thing wrong. I took a pulse & then had the tube - it is gone and I hear a further it dead. In the morning for the return, a also on the return I cannot say. I had the better. The tube looking up is continuing.

In 2^d I am 8th & the die

4 Pulse still rapid 128. I examined no fever. - Stomach looks well. but pulse looks like bone dead & hear - part, I find the pulse here down to 94. still well. But will improve spirits.

8202

Month.	Date.	Particulars of Case.
		Manipulation at hip joint - <i>see page 179</i>
April	26.	The skin is not so promptly hot, the foot is less tremulous. The pulse is certainly much smaller. 160 yesterday. 142 - 132 today. His spirits are good. The discharge is becoming purulent.
	27.	Pulse 140 - Therm. axilla 102. Skin desquames. Thoracic sounds - bounding dry rales - upper right - side & mid sounds - Bowels open once. Stomach looks well. Discharge purulent but from the weakness of the cavity the joint is in the state of suppuration. Insects of weak Sol. Chl. Zinc. are ligatured away - I have the small food & some brandy with eggs as yesterday - I take Ther. in Axilla he says. he is said to have been slightly feverish in the evening.
	28.	He had fever but slight after 4 P.M. Slept from early this morning. Ther. was 103 in Axilla (inner report) Bowels opened once - Took his food well before the dinner came on - I had him Conf. P. 128 $32 \times 4 = 128$ - Impure Clean & moist. Within two days to 128. Ther. 101 - in Axilla - Stomach looks well. Discharge becoming thick well formed. And ligatured come away. And I think it is 4 bones

Month.	Date.	Particulars of Case.
		<i>Amputation at Hip Joint.</i>
April	29	He had pain yesterday at 14 hrs. Temp 103 axilla and could not take his food. But he is better than morning. I find him to ^{to} rest ^{rest} with respiration - P. 120 - to 128 - Sung sounds improving - Drugue clean & moist - Bowels moved once - Took his food pretty well before the lunch came in. Stump looks healthy Discharge improving washed it in yesterday. Out of a time came away He takes Soup. rice. Sugar Eggs & Biscuits & measures daily. -
"	30	Fever came on at 2 AM. He was well all yesterday. At present ^{same} there is slight heat of skin. Temp 102. Pulse 124 - Drugue slightly dry - Stump looks very well. 4 more ligatures came away. Unmolested and in two further Discharge healthy - & not profuse Pain in upper of ^{of} right chest respiration more natural on left side - He has some pain in the - Bowels moved twice naturally. Continued food and 3 in Bandy on hand - He is cheerful & in good spirits - wishes to be made well himself -
Page 146 May 1		He had no heat of skin yesterday. Another pulse decided to 140 - axill temp 103 Drugue clean. Mouth & moist

Month.	Date.	Particulars of Case.
		<u>Dislocation & Removal of the Eyeball</u>
April	27	<p> About 9 1/2 am. a man named Stephen Clark Age 35 Years a short Sailor by occupation & otherwise healthy looking man was admitted with a severe wound in the left orbit & upper lid. There was an incised wound extending nearly the whole of the upper lower lid. The lower lid was much swollen and the eyeball was completely protruded. The lining outside the lid - sloughed. The pupil was not seen & a large blood effused into the anterior chamber - He was pained & presented the appearance of his face he had lost a good deal of blood - The man has been a sailor but has been two years on shore. He pushed with a man this morning and as he saw the friendly antagonist, without any ground with them, attacked him and sent him a violent blow with a clasp knife - pen. which resulted </p>

Month.	Date.	Particulars of Case.
April	27	<p><u>Dislocation & Removal of eyeball</u></p> <p>in the wound - The eyeball was quite intended - The optic nerve traced on the sketch. The muscles of the inner side of the eye around completely had shrunk and with blood filled the cavity. behind the eyeball. I cleared in the orbit - and attempted to reduce the eyeball. As soon as it appeared the constriction of the ocular foramen I inserted with a teasing knife but only 1/4 of an hour before when I was ordered by Dr. Roberts I with the advice of him & Mr. Macnamara Optical Surgeon to the Hospital removed the protruding eyeball & stripping along the optic nerve external vessels a few structures. There was no hemorrhage. Applied heat to the face & face - & on the the carefully watched I could not at this time ascertain that there is any injury the walking member - He had walked out</p>

The divided
eye lids were
brought together
with Hirschman

Month.	Date.	Particulars of Case.
April	27	<p>Dislocation & removal of eyeball</p> <p>The sense of light & observing the impossibility of removing the eyeball the first tendency of the Doctor was the complete removal of the eyeball - with the probable exception - with the of the violence, the chance of inflammation - suppuration & loss of vision took place the complete removal of the eyeball. We deemed it better to remove the eye at once.</p> <p>The removing the eye ball afterwards showed the retina detached - The ball had evidently suffered great violence beyond the mere laceration of the cornea near it - It had raised & thrust the eye violently out of its bed. It then caused all the mischief</p>
	28	<p>Dr. Jones, my little son, is bleeding sleep tolerably.</p>

Month.	Date.	Particulars of Case.
		Dislocation & removal of eyeball -
April	29	No fever. Pulse 100. - Some pain. Found that he had some clot to some bloody serum which relieved him. Apply cold -
	30	Free from pain. Wounds look healthy. Asleep in morning. Fine 1/2 diet -
May	1 st	He is doing well. No fever. very little pain - Wounds of head uniting. Slight serum oozing from the eye orbit but appetite. Bowels rather impeded - Abdomen -
"	2 nd	Doing well pulse 100 - Complains of pain about the orbit & front of it then in about a hundred degrees down the face.
"	3 rd	Doing well from pain except at night - Bowels - Dinner
"	4 th	Doing well - Had some headache - P. 80. - Let him have milk diet
"	6	Complains of some pain. Let him While he is better. very little discharge
June	7	Complains of pain in side of head & brow - some in orbit - Pain in orbit - Keep him milk diet
Pass 156	11	Doing very well. L. Thiers
"	14	Has had some pain but no fever in better Apply serum

Month.	Date.	Particulars of Case.
April	30	<p><i>Hydrocele of the testis?</i></p> <p>I have a very interesting case in little R. M. - and of a fine stout healthy boy, about 6 months ago. A swelling began in the left side, the upper part of the scrotum. he was under it for some time. he considered it a mole, the testis. It increased & one day when the child was crying there was without impulse. He came to me. Cried & told me of the fluctuation of fluid but the impulse of spermia. I & J. put him under chloroform & I very carefully punctured the swelling considerable fluid clear, came out & the tension of bag returned. The bag it is to be observed inside the tunica. very prominent me, filled the space & as the impulses became nothing when he cried or coughed. Made many attempts to remove it. & my impression always was that the fluid went back slowly perhaps the fluid also. But it never seemed on this cutting & when fasting removed. & there was swelling</p>

Month.

Date.

Particulars of Case.

Hydrocele of cord with hernia.
An offshoot of a thick cyst left in the
Scrotum. my impression is that
there was hydrocele communicating
with the abdominal cavity by a small
perforation in the part of the intestine
that ascended - Could not tell how
to treat a truss, the hernia being so
immediately behind it - Then it
will be observed in all respects
the original hydrocele, the infant
had then there was a very distinct
impulse and the boy 4 years old
has not had it for the last 6 months.

April 30

Dr. Porter & I put him under
chloroform & tried to reduce it
but of the tumor returned
within the abdomen. I then
made an incision 1/2 inch long
in Scrotum & my fingers found
the cyst which came out
right & which might have been
the sac of a hernia. Dried off on
sawdust of clean ethyl fluid. & the
tumor soon of quite emptied
Cut off a small piece of the
sac which was much thickened
and covered the wound with a
wet cloth.

Month.	Date.	Particulars of Case.
		Hydrocele & end with hernia
May	1	There is some weakness of Scrotum & slight pain. The testis has been taken off. A kind of saline mixture with water to the Scrotum.
"	2 P.M.	Considerable pain. p. 140 - much redness of Scrotum & great tenderness. In Abdomen of pain - He has been sick several times but there is probably Cholera - I give cold water & Saline - In food.
	6 P.M.	Less pain. Life & ulcers. Some have added pus
"	3 ^d	Pain & tolerable night - In Abdomen & tenderness - Less pain. Scrotum swollen & very tender. Pain in the groin about the cord. Continue cold applications
	2 P.M.	High fever. Pulsating. Scrotum much discharge. Scrotum much swollen. The bowels have been moved 7 times since yesterday - Apply a poultice.
	6 P.M.	Much the same. A shade more in the bowels. In more action of the bowels
	3 ^d	Much swollen. Not quite so red. No sleep night. In more action. Scrotum discolored as the hydrocele

P. 200

No 46 continued from page 187

Month.	Date.	Particulars of Case.
May	1	<p>Amputation at hips met</p> <p>Pulse 128. Skin cool. Ther 100 - Borne home acted 3 times, but they say rationally, he has taken his food well. Small by a times came away of 2 left - All the furrows wound. The stump has nearly healed by slight discharge that heally that spread not from the hemorrhoid cavity is rather plain - The wound is strapped along the last 3 days continue all as before</p> <p>There was a violent storm of wind & rain last night - The weather was stormy at the wind S.E. Cloudy.</p> <p>2 He had slight pain yesterday & 3 stools, one diarrhoea. had some chills once time. Had no eggs today yesterday. I was then looking at the lower this morning. p - 128 to 130 - Skin became with sweat. Ther 98. Stump not hurt or well. (Squid) pull. Small steady lymph for the it was painful - The discharge from inside much as before. The bowels natural by a times</p>

Month.	Date.	Particulars of Case.
		Camp: at West point -
May	2	Came away. In the whole I may think he looks quite so well today - The camp weather seems like the breeze - The chest sounds out of sympathy, better notes up & down. Moist in upper part of chest up cephalum. I heard the same from 2 hours with the Lumen - That the the stump which has nearly healed but looks having quite united many times, but those coming along with the joint below the ligament moved
"	3	Had no fever yesterday & last night. Took his food well. Bone acted well. In morning I found pulse 120 6-128. Then 100 - In the night & clear still in the morning. Stump looks better. Healing - Discharge thicker
8 am	4	No fever yesterday. Ther: now 100. P. 124 - Discharge less profuse, but healthy. Stump looks well. Took his food well. Respiration sounds quite natural

Month.

Date.

Particulars of Case.

Amph: at Hsp. Smith

May 5th 8^{am} No pain yesterday, pulse increased in the evening. He slept well ate well & is in good spirits. The stump looking well no change discharging healthy. Edges where it has not quite unite of healthy granulations.

P. 120 when I put examined. Temperature 98° - 100° - Then 98° - Skin moist. Intest. in the chest. But has more expanded well. Some discharge from the discharge. It has been in the chest.

" 6th 8^{am} Pulse 120. Still after examination as yesterday. And no pain yesterday. Looks better & stronger. Intest. in the chest well. Stump looking well. Discharge diminishing. Healthy granulation can be felt pulsating by putting in anterior flap.

" 7 Saw him at 1 Pm. P-120. but he looks well. Has been in bed. I heard he has been down to 100 - Then 98 - Breasts regular. Intest. in the chest well. is strong flesh says he feels well. Discharge healthy.

" 8 Pulse has been down to 98. Discharge less. Then: 98 in two days without varying. No pain. Intest. in the chest well. The latter horse & strong this morning. Stump healthy in good discharge diminished & healthy.

Month	Date	Particulars of Case.
		Amput. at hip joint—
	9	In all respects doing well. Temp 98°. Pulse down to 104 - from 118. Discharge diminishing very healthy 2 stools, natural. Much better today. Takes food well. Strong flesh.
	10	Had two loose stools today. Nurse says the Thistles he ate too much yesterday. Put him on diet. Sage Beef tea & today. He looks pretty well. Temp 100 - this. Pulse 110. at 8 P.M. It has been much lower. Discharge healthy. But more what I notice to be fragments of indistinctly contage. Thistles nearly healed.
	11	Better again. Discharge less. In all aspects he is doing well. Let him have more food today—
	12	Doing well. Pulse down to 90 this morning. Found it 120. Temp: 98°. Discharge less. Appetite good. Bowels more natural.
	13	He seems to be doing well in all respects. Pulse rather pulse it fluctuates between 96 - 120. Discharge diminishing very healthy.
	14	Much better yesterday. Wound more healed. Discharge diminished. Temp 99 but night. Pulse is still pulse of 120 but he is doing well.
	15	Doing well. Discharge diminished. Much better today.

17 - Doing well. Discharge gradually diminishing. Appetite good. In better
18 - Wound nearly cicatrized. All but a thin, almost single communicating with
19 - Wound has healed. Except a sinus at center. Single communicating with the old
20 - Discharge well. Applied oxygen. Discharge well. In all respects
21 - Discharge well. Discharge well. Discharge well. Discharge well. Discharge well.
22 - Discharge well. Discharge well. Discharge well. Discharge well. Discharge well.
23 - Discharge well. Discharge well. Discharge well. Discharge well. Discharge well.
24 - Discharge well. Discharge well. Discharge well. Discharge well. Discharge well.
25 - Discharge well. Discharge well. Discharge well. Discharge well. Discharge well.

Month.	Date.	Particulars of Case.
		Hydrocele & Scirrus Cancerum 1855-
May	3 ^d	<p>2 P.M. Strained head & Painful - Irritated by hot bath. In P.M. skin about the face flushed. Pulse rapid. Scirrhus looks much the same. It is perhaps not so divided & red. but it is more swollen & the swelling extends up the neck. The right side dark & red as the left - I wonder if he has had a blow, but neither the doctor nor I noticed it in the night. Some tumour on Scirrus higher away from the scirrhus. From the neck - noted Scirrhus with the tumour.</p>
	3 ^d 6 P.M.	Better. no pain. has slept. Scirrhus less - Cont. Pustules -
May	4 th	<p>Better. no pain. has slept. Scirrhus still swollen & red. but he is better -</p> <p>5 P.M. Looking better</p>
May	5 th	<p>Had a little pain last night. Scirrhus with some swelling & inflammation today. It is marked and is painful - Slight humors & discharge from the cut. - He had a little more -</p> <p>2 P.M. In the P.M.</p> <p>6 P.M. Better than before but still discharge from the cut. -</p>

Month.	Date.	Particulars of Case.
		<i>Hydrocele hernia.</i>
May	6	Better. prominent discharge thin. but passed. Swelling up. rather much but in lumen. Some pieces of lymph removed out of the wound
"	7	A good deal of discharge. with flaking lymph. had a rest for night. no pain now. Some Pus - good food.
"	8	Discharge free. ^{large} place of lymph come away. Swelling much diminished. He is better. trouble of much with intention - Some time an alkaline solution and some Glycerine for external application -
	9	Swelling much diminished. Discharge healthy & less - Singly
	10	Doing well. Discharge free. Swelling much reduced.
	11	Much better. Discharge diminishing Testicle and much enlarged. He is improved health again.
	12	Better. Discharge diminishing
	13	Doing well. Swelling still remaining. few drops of discharge may & are for a while.
	15	Has a small sinus some the day of the lesser and remaining
	16	Still cold and dull -
	17	Better - Some Pus in the
	18	Doing well

24 He is well.

No 42

185

Case Book.

202

Month.	Date.	Particulars of Case.
		<i>Comp. of leg.</i>
May	5	His pulse is 128 this morning. But it has been as low as 100 this day. He looks in better. Tongue clean. Appetite and sleep good. But he is something out of sight. The discharge is of the lightest and unhealthy - when a piece of cure is put in - which should not cause all the swelling of pulse. By carefully keeping my finger down to the tube during the morning along with the pulse paper. He states that only part the marks are in line with the outer tube, not a line, not protruding, as the inflammation. The pulse I could not get at all.
"	6	He is better this morning. Very little discharge - no pain. Slept quite as usual. Pulse 120. But during the night it was 90. As the whole he seems better than he was yesterday.
"	7	P. 120. But it has been down to 90 at night. In all other respects very well. Very little discharge. Granulation edge of wound looks rather pale.
"	8	Pulse 120 - but it has been down to 100. Very little discharge. Line of granulation looks pale & wanting in action. But he says he feels very well & sleeps well. Bone is visible. He is taking Vin. I spoke to Dr. Macane about change of air in the room - he may let him be a little now.

Month.	Date.	Particulars of Case.
May	9	Amputation of leg Pulse 128. but it has been down 2- 940 - Granulations pale & healthy But body well. Since a dose of Gripes leaves off sleep & agitation by little discharge from the wound.
"	10	Much the same in all respects as yesterday. Gravel nearly the same. Dose of Gripes again today -
"	11	Line of granulations still healthy. But in the whole he seems in fair health. Discharge very slight
"	12	Better. but still the granulations look grey. Whence again int. light tended the line. The cell seems fairly sound. - I think I can feel a force where the dead bone is about separate
"	13	Rather more healthy action this morning He sat out in the sun yesterday White food - all the functions regular -
"	14	It looks healthier today. Granulations red. very little discharge. Pulse kept fine - He goes out for a drive this morning. Pulse still rapid 100 to 128. In fact at any time of day or night
<div data-bbox="207 1769 478 2105" data-label="Text"> <p>Done back to P 182</p> </div>		15 He had a urine yesterday. Which looks better. P. still fine. Applied some strapping plaster.
		17 Very well. Stump machine but very unhealthy -

Receipt for Ink

Gall nuts oz 2 superphos.

Sulphate of Iron oz 1 Horn Kussap-

Gum Arabic oz 1-

Clones - — oz 1/2 -

Quart bottle of water

Grind the Gall nuts
put the several ingredients
into the bottle and shake
them - the ink will be
ready in two or three days.

