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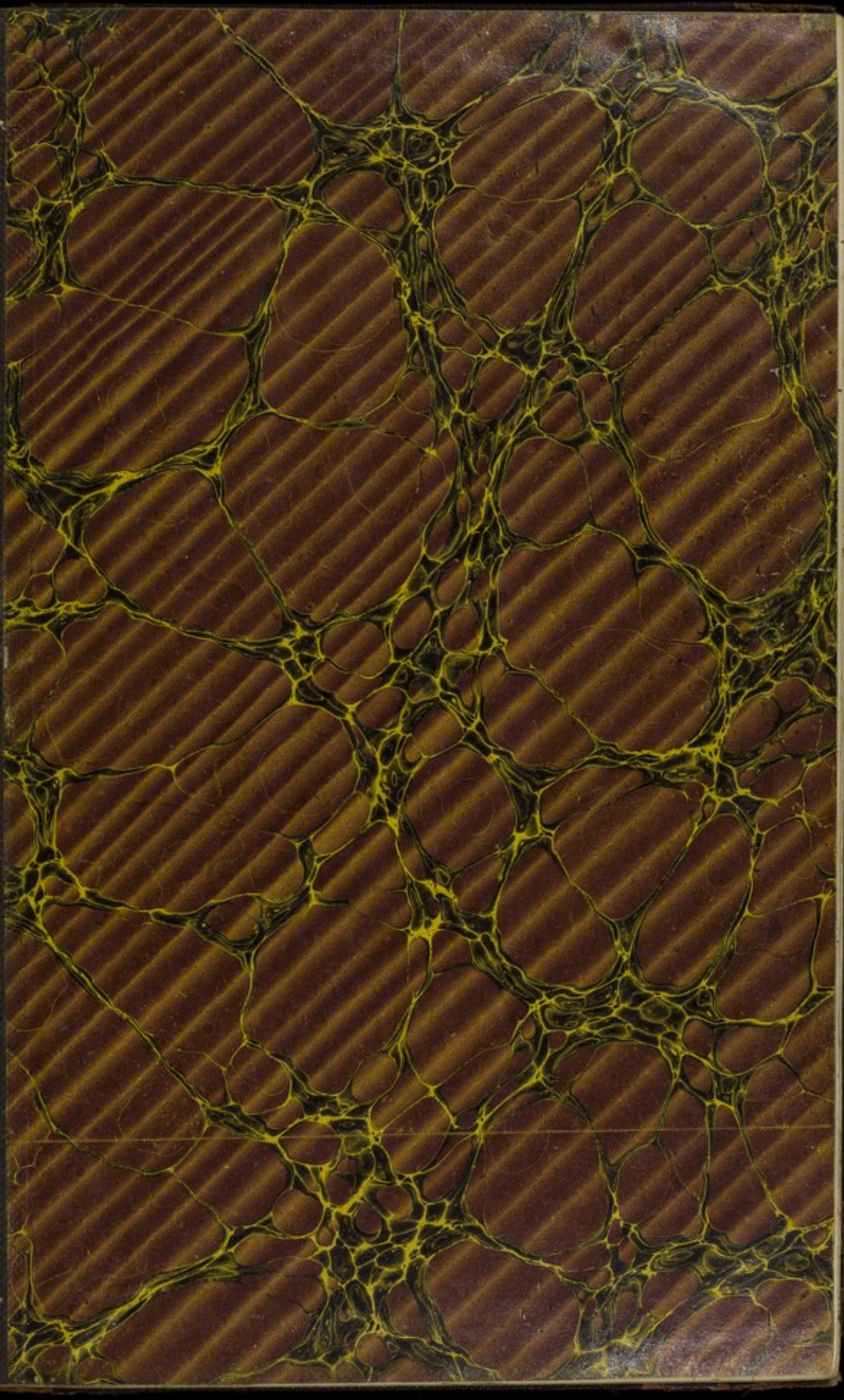

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The Hayes Gift.
June 1st 1916

Notes of interesting Cases in the Medical College Hospital Commencing October 1862. in the First Surgeon's Wards. Elsewhere.

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Month	Date	Cases	Pages
		Perineal Section. continued from page 184	
May	24	He is still as restless and irritable as ever & very much alarmed. He has been wearing a gum elastic catheter for some time, but it cut a small hole that had been in the Section. I tried the sound to be worked out & inserted with Lot: Gum Sol: & the silver catheter fell easy to be passed & tied in situ	
May	31	Mr D. Lucas's absence. I have seen him the last 2 days. He is much the same. Small collection of matter at the bottom of the Section which should have opened. He has also a small sinus through which pus oozes, about the perineal section wound. I have taken out the gum elastic catheter & shall keep it out & take a zeton & keep up the irrigation. I have recommended the present relief of the bladder with the silver catheter & an injection of fifty grains of Boracic Acid into the bladder. as there is some inflammatory matter passing through. His appetite keeps fair. Bowels clean. Slight hæmorrhage at times when I pass catheter. Bowels pretty regular. The sinus as the rest of the parts still has a foul smell. but I cannot find	

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Month	Date	Cases	Pages
		Perineal Section	
May	31	Pt. complained to the house. Pt. complained of inconvenience with the motion. Pt. "the pulse down with touch the Catheter — He is an excitable irritable & timid man. Pt. urging I could not pass a catheter, to take the urgent N.S. injection — Pt. had bin Pt. in Pain: p. 111 bed: There is good cut a hard stricture. The largest instrument passed with ease.	
June	1	He has less discharge this morning but he is rather weak & does not bear rated well	
June	6	He is better. Upper Drain nearly closed. Discharge from the bowel being in Section. He is as fortunate as can well not have expected in anything else and favorable for home	
"	10	Irritable & restless as men allow nothing to be done. but he is not worse. upper Drain better. Lower as much as before. Drains unstable & Bromide fluid bein. a little Ipecac in Pain. a mild Opium for irritability & restlessness	
"	16	I have seen him again since this 23. Dr Webb being ill. he is no better. Drains discharge freely	

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Month	Date	Cases	Pages
		Perineal Section.	
		and he will do nothing. To day I suggested that the perineum should be divided again - failing that - that he should keep a silver catheter in the bladder for some time. He will not allow injection to be used - & insists on wearing in front a plaster catheter like Mr Lane's after injection	
June	24	Since Dr Webb has been ill, I have seen him occasionally. He remains in the same state & will do nothing not even allow the silver tube in the bladder.	
"	30	Made him see the Dr for advice & remains in the same state	

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No 1. CASE BOOK. Perineal Section

Month	Date	Particulars of Case
		Perineal Section
Oct	2nd	I struck a Seaman aged 42. a light complexioned healthy man, was admitted on the 27th August 1862 with Stricture. being otherwise free from complaint. Pad of the Staff Division lost from frequent struggling, and the orifice of the urethra which is where the pressure was, is contracted so as to admit with difficulty a No. 2 Catheter. This he considered to be his chief complaint. On passing the instrument however, I found that he had a much rigid & obstinate Stricture, just in front of the bulb. After 6 days an instrument. No 3 gum probe passed me comfortably. Many previous attempts having been made invariably followed by severe constitutional disturbance. Thus preceded by rigors, vomiting, agony distress & pain all over the body. On a two more attempts were made to dilate the stricture on one occasion No 2 was passed but it caused a good deal of hemorrhage & much constitutional disturbance. I therefore determined to divide the stricture and have left him quiet for three days. I did so in

Month	Date	Perineal Section — Particulars of Case
		On the 30th Sept. introduced with some difficulty the medullary sound formed staff, on which I divided the structure which I found very dense. It was very deep, and the superjacent tissues very placid, but in the way and somewhat embarrassed the operation. When the prostate was reached without much difficulty & very little blood lost, the ligature only being exposed in the upper part of the wound. Passed the curved tube into the bladder through the wound. Sound then to drain. H. Wm
Oct.	1.	He slept well. has no pain. has had no fever. says he feels easy. the urine limpid & clear flows freely through the tube, no bleeding of consequence. He says he feels pain in the chest, perhaps rheumatic.
"	2	Took out the perineal tube and used instead a catheter, but as it caused pain I desisted. He has no fever and seems to be doing well in every way. Bowels not open since the operation

Month	Date	Particulars of Case: Perineal Section
Oct	3.	Has had no fever – Pulse 80. Says the wound is painful and that he had headache after the attempt to pass the first yesterday. I took out the perineal tube and passed a No 4 Catheter with some difficulty into the bladder. It caused a little bleeding & pain. Bowels not open since the operation. Let him have a teaspoonful of Epsom powder. A lot of wet lint on the wound and keep it clean – The ligature came away
"	4.	Had rigors yesterday after passing the catheter. Wound looks healthy. He says it is painful. Urine clear. P. 80. Passed No 6 early this morning.
"	5	Doing very well. had no fever yesterday, but says he has difficulty in keeping down his food. Wound looks well. Passed No 6 with ease to day. Urine quite clear & flows past through the wound & through the urethra – He has liquid plain diet. and a little Port wine. Had an enema last evening to assist the Epsom powder. He is the most irritable patient I have ever seen, most intolerant of pain

No 1

CASE BOOK.

Month	Date	Particulars of Case
		Perineal Section
Oct	6	Passed No 6 with ease. has had no fever. Urine clear. doing well in all respects.
"	11	I have been absent for 5 days. but I find he is doing very well. No 8 passes easily and without producing any disturbance his general health is much improved the wound seem the flaunches contracted a little. I thinque enlarged it slightly with a bistoury —
"	12	He is doing very well. passed No 6. 7. 8 with ease Had slight constitutional disturbance yesterday after passing the bougie. But on this day he is much better
"	13	Passed the same instrument again to day. no fever. no pain. in all respects much better
"	14	Passed No 6. 7. 8. this morning. The perineal wound has nearly healed. he makes a full and free stream. has no irritation or frequent desire to pass urine. in all respects is much better.
"	15	Passed No 6. 7. 8. 9. The wound is closing. no urine passes through it now.
"	16	He is doing very well. complains of a little

No 1

CASE BOOK.

Month	Date	Particulars of Case
		Perineal Section
Oct.	16th	irritation in right testicle. The wound is rapidly closing, no urine passes by it. Instruments No. 7. 8. 9 passed with the greatest ease.
"	17.	Complains of acute pain in the right testicle and pain in urine passes freely, full stream. Did not pass the Catheter this morning. Allied the painful part to be wetted with Solution of Am: Hydroch: ℥iv. Sp. Vol: ℥i: Liquor. Vol ℥i Aquae ℥xiii
"		
"	18	Testicle much swollen & painful extending up the cord, wound in perineum looks healthy. Granulations stationary, Apply Cup: Sulph: Passed No 7. 8. 9 this morning
"	19	Testicle still painful and swollen but in other respects he is doing well. Urine passes freely. There is a little difficulty passing the instruments since the testicle swelled. Solution of fermentation attended
"	22nd	Swelling & pain in scrotum better. Passed stools, pain in bowels. had an anodyne No 7. 8. 9 passed easily
"	23	Doing very well. No pain. Instruments up to 9 passed easily

Month	Date	Particulars of Case
Oct		Perineal section.
Oct	24	The perineal wound has nearly healed. No 8 passed without difficulty. He is free from pain or fever. The only trouble he now has is the tendency of the orifice of the urethra to contract. He keeps it open with a small elastic sticking plaster —
"	25.	He is nearly well. He has a hernia on the right side which troubles him. No 8. & passed easily. Wound nearly healed. Is able to walk a mile.
"	27	He is doing very well. The structure appears quite cured. The contraction of the orifice is the only trouble. The contraction of the urethra is dilated —
"	28	He is quite well. The stream is full & passes with the greatest ease. His health is rapidly improving. He is to have a silver tube for the orifice
"	30	He says he is quite well. I recommend him to remain for a short time to have an instrument passed occasionally.
"	31	Passed No 9. He is quite well now —
Nov	2.	He keeps quite well & stricture complaint that he has hemorrhoids which to prolapse of rectum — intention to be operated on —
Nov 2nd Hospital 69 Days from admission to recovery 34 days	3.	He is perfectly well & the structure & the perineal wound are quite healed. Operated on him to day for prolapse of rectum

see page 31

Month	Date	Particulars of Case
Oct		Scrotal Tumour.
October	4	This morning I removed a Scrotal tumour from a man named Radha Bullub Hazra: aged 24 years. He was admitted on the 28th Sept. has had the growth for 6 years and is subject to repeated attacks of fever, during which it enlarges and becomes painful. Some time ago he had ulceration, probably syphilitic, of the prepuce. The prepuce remaining is thickened hard and infiltrated. Removed it in the usual manner, by dissecting out the penis, and then the testes. There was a large hydrocele on the right side. About 20 ligatures were required. The parts were dressed with water dripping after the operation. The weight of the part removed was 1 lb. 10 ounces.
"	5	He is doing well. No fever. No hæmorrhage. Apply cold water. Ordinary diet.
"	6	Doing well. Rather feverish. Pulse quick. Cut tongue clean.
"		
"	12	He is doing very well. Stools been about for 5 days
"	14	He is doing very well.
"	16	Granulations healthy. Cicatrization commencing

No. 2

CASE BOOK.

Month	Date	Particulars of Case
		Scrotal Tumour
October	17	He is doing very well. The sutures are granulating & contracting. His general health is very fair - He takes his food well
"	18	~~Outside swelling hot & swollen and painful extending up the cord - Wound in Perineum looks healthy. Granulations exuberant apply Cup. Sul. — Passed No. 7 & 9 again this morning —~~
"		
"	19	~~Outside still painful & swollen. but in other respects he is doing well. Urine passes freely. There is a little catch in passing the instruments. Pain has been~~
"	19	He is doing very well. Granulations are healthy and healthy —
22	22	Healing rapidly.
"	25	Doing well. Cicatrization commencing.
"	28	Nearly well.
"	31	Doing well
Nov.	3	Cicatrizing healthily.
"	6	Doing very well.
"	9	Doing very well
"	13	Doing very well
"	21	He is doing in satisfactorily

Month	Date	Particulars of Case
		Scrotal Tumour.
Nov.	25.	He is doing well.
Dec	6.	The cicatrix is gradually forming
"	10	The wound has closed. The skin is drawn over the testes and forms a pouch. A cicatrix is formed. He has a small portion round the root of the penis still uncicatrized.
"	14	Discharged Cured —

Admitted Sept — 26. — 5
Operated on Oct 4. 31
Discharged Dec 14. 44
In Hospital Total Days 80 —
Weight of Tumour lbs 1 " 10 ounces

CASE BOOK.

Case 5 continued from page 15

Month	Date	Particulars of Case
		Abortion
November	8	She is very weak. Hardly speaks when spoken to, has a yellowish look to her face. No fever. Pulse 128 compressible. Tenderness over pubis and lower part of the abdomen but she says she has difficulty in locating pain on the abdomen on touching it. Bowels not opened today. Stimulant mixture every 3 and 4 hours. P.W. Douche. Immediately with Intrauterine tube, hot water, vaginal tubes. Enema of Sapodentin 1 oz. Injection of Morphia. No change except perhaps rather more collapsed. 9 P.M. Sinking. Pulse barely perceptible.
	9	She died at 6 A.M.
		No P.M. But I have no doubt that the lining had been giving way in the tubes & the appendages & that the peritoneum became secondarily affected. Her yellow look, low condition, rapid pulse, abdominal & pelvic tenderness, pain & pain in the limbs & the general condition of the muscles generally, all indicate blood poisoning. Her mental imbecility & her inability to take food & retain it were also additional & strongly contributing circumstances in causing fatal result.

Month	Date	Particulars of Case
		Enchondroma of Neck
Oct	14	This morning I assisted Mr Partridge to remove a Tumour from the neck of an elderly native woman. It was pendulous from the left side of the neck, uneven shaped, nodular and heavy, not painful, of about one year's growth. It is entirely detached from the neck hanging by a duplicature of skin, descending as far as the sub-jacent cartilage. The old woman health is not affected by it, and she has been informing her duties as a servant.

The tumour was of the following dimensions and weighed a weight 4 lbs. long diam: 1 ft 6 in transverse diam: 1 ft 4 in

It was removed by a few simple incisions through the neck, several arterial branches were ligatured & the wound brought together with sutures. Not much blood lost.

The tumour is evidently enchondroma but the centre of it ossified, a section was made with a saw. The skin was perfectly movable over it & it was not painful. It consisted of cells & stroma. Fibro cartilage & bone. The vessels supplying it branches of the thyroid probably were numerous and rather large. When removed the supplying of parts were secured.

Month	Date	Particulars of Case
		Enchondroma of Neck
October	15th	She seems bad. wound oozing serum blood slightly – Neck adematous about the wound – Pulse feeble. She seems a good deal depressed by the shock of the operation.
"	16.	She is better to day. Odem is considerably, no bleeding.
"	17	The old woman seems much the same today
"	22	She is weak but doing well, ligatures have come away. wound granulating
"	25	She is doing very well. Takes her food and sleeps well. has no fever. wound discharging healthily, only the ligatures, but we think when the bones the tumour, have come away.
"	27	She is doing well. The wound is healing slowly. but healthily.
"	28	Has fever to day & yesterday, but the wound up to the present is doing well.
"	29	She is better to day, no fever. wound is healthy
"	30	Doing very well.
"	31.	The ligature has not come away. The old woman felt slight rigors during. but the wound looks well
Nov.	1	Doing well
"	3	Doing well. wound contracting. ligature ends are separated.
"	5	Doing well, wound contracting fast
"	17	She is very nearly well. ligature came away on the 8th
	17	Discharged Cured
		Admitted Oct 14 Discharged Cured Nov 17
		Operated " 14 In Hospital Days 37.

Month	Date	Particulars of Case
		Scirrhous Tumour
Oct	18	Removed a very dense Scirrhous Tumour from a Native named Beparmohun Singh (Beparee) aged 35 years – Resident of Beerbhoom. The growth is of 4 years standing and is rapidly increasing with personal attacks of pain (by pub days); but has had no fever for some days, and appears in good health, except for an eruption of a peculiar form on the legs. He was admitted on the 17th & shaved on this morning. He struggled very much during the operation. Bleeding profuse from several large vessels. About 25 to 30 ligatures applied. The tumour after removal & draining weighed 15 lbs. but in it were many large hydatid cysts. The entire tumour before removal must have weighed fully 5 lbs more. The testes were healthy, the cords a good deal thickened, and the tunica vaginalis a good deal thickened – The size of the tumour was about that of a large adult head.
"	19	No bleeding. Fever risen, skin dry & warm, pulse 132. Tongue moist – a little saline medicine and plain diet – Dressing not to be removed yet.
	22.	Doing pretty well. Part. swollen & bound with lint & [illegible]

Month	Date	Particulars of Case
		Scrotal Tumour.
Oct	24	He is doing well. Healthy granulations commencing pattern but unexpected. Not a bad symptom. The sutures & ends are a good deal inflamed. Some operation probably collection of pus in the tumor capsules. Water dressing & food diet.
"	25	He is doing very well.
"	27	He is doing well. Wound bandaging tied on contracting
"	28	It is not contracting. The bandage is doing good. His health is improving.
"	31	He is doing well. Cicatrization going on favorably
Nov	3	Going on very well. It is contracting rapidly and his health is good
"	6	He is in very fair health. The granulating surface contracting under pressure, and will soon be reduced to the natural size, apparently —
"	9	Contracting rapidly. Doing very well
"	10.	very well
"	11.	He is doing very well. has a good appetite.
"	15	Contraction going on
"	18	Doing well.
"	21	He is getting on very well.
"	26	Doing well
Dec	5	Doing well. Cicatrix gradually forming
"	8	Doing very well. It is nearly healed
	13	He is nearly well.
Dec	20	Discharged Cured. a small sp. of medicating gas
		Admitted 17th October
		Operated on 18th "
		Discharged Cured 20 Dec. Tumor weighed 15 lbs.
		In Hospital 65 days

Month	Date	Particulars of Case
		Abortion.
Octr	23	Mrs Harper aged about 37. Has had 13 children 3 abortions 11 children living. Lost her husband about 3 months ago. She has for long been subject to protracted fits of melancholia and partial imbecility. Taking little or no food and sleeping badly. restless and frequently violent. It is said that she has been so for years, that she is worse when pregnant. women particularly after the birth of the child.
		I was sent for this morning. She had miscarried. I found her in bed with a piece of tissue like substance between her legs attached by umbilical cord. very little haemorrhage or no pain. It had passed away almost unnoticed.
		The Scandinavian did not follow. and on attempting to remove them after 2 hours. I found that I was unable to introduce two fingers a sufficient through the os sufficiently to bring them away, as they appeared firmly attached. Continuous no bleeding. I left her antiseptic injection ready and made the patient lie with hips raised in cold, and for use if any haemorrhage should occur. I have ordered a small dose of Opium & dilute acid. Sol. She is weak and irritable from long mental and physical illness.
"	24	7 am. I find that the Scandinavian has passed away during the night at about 12½. I gave her two 20 grain doses of Sol. after 9 am.

Month	Date	Particulars of Case
		Abortion
Oct	24	She is rather low this morning. but she has had no hæmorrhage. beyond what attended the rupture, no fever. & no pain. She seems much more rational & collected. but is unable and takes food. Administered wine & Chicken broth occasionally —
"	26	Doing well. She is weak from not taking discharge slight. no pain —
"	27	Much better. pulse rather feeble. She is beginning to take her food better & indulging more rational than she was,
"	29	She is doing well. but is weak from the very copious & frequent to take food.
"	30.	She is better. this week. the midwife says the discharge is less. & not so offensive. I had given her a solution of Chlorides since 5th 11 ℞ to disinfect the passages occasionally. Let her have some Chicken as a change, wine & food when she can be got to take it. She has slight abdominal uneasiness —
Nov	1.	She had some bad symptoms yesterday rigidity of head & spasms in fingers. She has had a tolerable night. She is taking Infusion of Digitalis & Camphor. Bol. Calomel. Potassium & Bicarbonate. Respiration shallow & laboured
	2	Very low this morning. Dullness in left hypochondrium & slight enlargement thereof. Since the essential precautions — Stimulant. Spasms in hand & arm. Feel not prompt

Month	Date	Particulars of Case
		Medullary Sarcoma in Spermatic Canal.
October	29.	A man named Ram Nath. aged about 40 to 45 years. Native of Lucknow. occupation unknown. was admitted this morning with a tumour in the right scrotum. It is hard. about the size of an orange. nodulated. and lies in the spermatic canal. There is no testicle perceptible in the scrotum on that side, but the scrotum is thickened. & on the other side there is only a cele. He says he has only one testicle. but thinks he always had a small lump in the spermatic canal of the right side. About 4 months ago this began rapidly to swell. and to the increasing swelling and the lancinating pain that have sent him to the hospital. He is not a strong looking man. but there is nothing remarkable in his appearance. He complains only of the tumour. Otherwise he is well. He had fever 3 years ago. & another 4 years ago. Not better. would indicate that he is not consumptive. & that the left testicle should
		I removed the tumour at once.
		Made an incision in the axis, 5 inches long. stripped the fascia in a direction & pushing my finger under the cord. which did not appear in the least thickened I tied it firmly with a double ligature. and then dividing it. I dissected the tumour downwards and dissected it out. applied lime water

He is married, has no children. until lately sexual powers were perfect. He has no complaints

Month	Date	Particulars of Case
		Medullary Sarcoma Thermantic Canal
October	29	dry lint and a bandage. No ligature but the one on the cord were needed. The tumor was about an inch and a half in diameter, it presented a fungoid color with yellowish spots, the point here and there pain. but not so painful as sometimes and at former times Medullary Cancers generally (as I have seen them) The cut surface bulged out in a convex form - It was full of juice. & some of it I scraped with a knife & presented under the microscope the following appearance. A variety of oval and round cells a  nuclei. with double nucleated cells and granular cells in great profusion. It is evidently a Carcinoma, and is apparently one between the Hard and Soft varieties - It is remarkable that the man health should be so little affected -
"	30.	Slight oozing of blood. dressed the wound which looks well. Pulse 70. skin cool. tongue moist & clean. he appears to be doing very well.
"	31	A blush of inflammation along the edge of the wound. slight discharge from about the ligature. He has no fever. tongue clean pulse natural. Apply strong solution Zf. to Zi. of Acetate Pot. to the wound. keep the wound clean. Let the urine pass through

No 6

CASE BOOK.

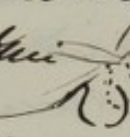
Month	Date	Particulars of Case
		Medullary Sarcoma in Spermatic Cord.
November	1	A good deal of discharge from the wound, smell fairly marked after it. Poultice. Good diet.
"	2	Discharge diminishing, more healthy. He is much better since the operation. Take in more solid food. Let him have it.
"	3.	Less discharge and less inflammation & pain but still there is a good deal of smelling about the wound. Poultice. Liquor Hyd. Solution.
"	4	Appears to be doing well. Skin cool, tongue clean and moist. Much pain. Discharge somewhat diminished.
"	5	He is doing very well. The wound looks healthy. Slight discharge, ligature not yet come away.
"	6	Wound looks healthy. Discharge free, kept up by the ligature which has not yet come away. Poultice. & Diet as usual.
"	7	Wound gradually healing. Discharge less. Ligature not yet come away.
"	8	Wound looks well. Dressed and injected hydrocele this morning. Iodine Tr.
"	9	Does well. Wound closing but ligature still there. Sentinel quite worse, pained after the hydrocele injection yesterday.
"	10	Does well. Sentinel slightly pained.
"	11	Wound nearly healed but still the ligature has not come away. Normal health. Seems good. Takes food well.

Month	Date	Particulars of Case
		Medullary Sarcoma removed from Inguinal Canal
Nov.	12	Wound healed all round the ligature still firmly adherent.
"	14	Ligature still adherent. but he is doing well
"	15	Ligature still adherent. all round it the wound has healed. he looks well
"	17	Ligature came away yesterday. wound has all but healed — Testicle is within hand. but the hydrocele is quite cured by the injection — He voids his discharge
"	18	He is well.
"	19	Discharged Cured —
		No appearance as yet of any return of the disease — The remaining testicle was slightly thickened after the operation for hydrocele which is permanently cured —
		Admitted October 29. - 3
		Operation October 29
		Discharged Nov. 19. 19
		In Hospital Days 22.
		This man returned to Hospital in July 1863. with a large tumour in the Canal & the abdomen hard as stone. the mesentery here in a scirrhous state. Cachexia well developed. He died soon after he left Hospital

Month	Date	Particulars of Case.
		Perineal Section for Fistula & Stricture
October	29.	A Bengallee named Indo Narain Giree (Midnapore) aged 25 years admitted this morning with Stricture and Perineal fistula. 3. through which the whole of his urine passes. This is the result of Gunshot & consequent stricture & perineal abscess. He looks healthy and fit to undergo the operation immediately in he is anxious to get rid of it as soon as possible – An instrument can be passed into the bladder without much difficulty but it cannot pass in front of the bulb. Divided the stricture, the kidney being behind the perineal sinuses. Introduced the curved silver tube and tied it in the wound
"	30.	Urine flowing freely through the tube, no bleeding, no inconvenience or fever – Change the lint and the tube, and keep the tube still in the bladder taking care not to let it press against the wall of the bladder –
"	31.	Took out the tube. He is doing well in all respects.
Nov	1.	He is doing very well. passed No. 8.
"	2	Doing well. passed No. 8 again. There is a good deal of purulent discharge from the wound –
"	3	He is doing well. Instrument passes easily. Discharge diminishing
"	4	Discharge persists but he is doing very well
"	5	Passed No. 9. Doing very well
"	6	Passed No. 9. Discharge persists but doing well

Month	Date	Particulars of Case
		Perineal Section for Stricture & Fistulae.
Nov.	7	He is doing very well. Passed an instrument as usual.
"	8.	He is doing well. Found a small abscess in his side by the thigh opened it.
"	9	Improving rapidly
"	10	Doing very well
"	11	On close examination I detected 3 sinuses leading from the ~~[illegible]~~ wound by the side and thence all open, and applied lint to the wound they looked well. No 10 passed easily.
"	13	Doing very well
"	15	The wounds are all looking healthy; there is much less discharge, and no pain passed No 9. There is a tendency to contraction at the seat of the divided structure.
17	17	He is rapidly improving
"	20	He is doing very well
"	21.	The wounds have nearly all healed. The urine flows entirely through the urethra.
"	26	Wounds nearly well. Stricture quite cured
Dec	6	Wounds all but closed. Been up and walking to-day. Let him be discharged.

Admitted October 29. 3
Operation " 29. 30
Discharged Cured Dec 6 6
In Hospital 39 Days.

Month	Date	Particulars of Case
O.		Haemorrhoids external and internal
October	31	A stout-healthy looking man named John Hagland a native of Sweden aged 37 years. Ship "Ind Harris" — Admitted with large protrusion of bleeding internal haemorrhoids a large and small external. External haemorrhoids nearly as large & continuous with the internal are in a state of great tension and causing much pain. He says he is quite well in all other respects. Bowels open. With a curved needle (Wood's) I passed a double, doubled, silk ligature through each of two inner haemorrhoids at their base and tied them tightly strangulating them perfectly — with strong curved scissors I next removed the external folds. pretty skin  pretty mucous membrane. There was a good deal of haemorrhage at the time but it soon ceased — He struggled much under the Chloroform, making it very difficult to complete the operation but it appears that he was unconscious of any pain
Nov.	1.	He is doing well no bleeding, no pain. he had both slightly yesterday but they have ceased.
"	2	Doing well. complaining of a little pain

Month	Date	Particulars of Case
		Hæmorrhoids.
Nov.	3	He is doing well. Discharge free. Has taken a good deal of Pharmacie castor oil & splinter. The ligatures have not yet come away, on pulling them a quantity of discharge came away. Bowels open. with a good deal of pain —
"	4	Does not look quite so well, countenance rather sallow. pulse quick - a good deal of pain & discharge from the rectum. but the ligatures have not yet come away - Bowels not open. Had been sent in a syringed enema of warm water - Chicken broth & tea.
"	5	Sallow complexion. pulse 104. Had two stools yesterday after meal at 4 P.M. Tree Mentha Juniper - He is pain in abdomen Bowels were relieved yesterday but not thoroughly. Repeat Ol: Ricinii - Immediately - Ligatures Came away. Dark discharge from the rectum Beef tea. Port wine 2 P.M.
"	6	He is much better to day, Bowels relieved but not freely Pulse quiet. Tongue clean less fever - Repeat Castor oil but have taken and Quinine Mixture. He appetite not good. Beef tea. Port wine -
"	7	He is doing very well, bowels open less pain
"	8	Improving rapidly. Hopeful termination of his disease.
"	9	Doing well
"	10	Doing very well.
"	13	Walks about, is much better
"	17	He is better. but has slight cough and also one day meat - apply Solomon Bottles

Continued at page 53.

Month	Date	Particulars of Case
Nov.		Strangulated Inguinal Hernia.
November	1	Henry Churn Shore aged 50. Stout healthy looking man resident of Bally, admitted this morning with urgent symptoms of strangulated Inguinal Hernia on the right side – he has had hernia 18 days about a year, it has not trembled since and has not been down yesterday when walking. It remained down & soon passed into the present state. Pain. Constipation. Retching stretching about the umbilicus. tympanites. vomiting & great depression. Such was his condition on admission. Efforts had been made to reduce it by taxis but it had not seemed desirable to prolong them on the morrow completing his fourth. tense & rigid. The symptoms becoming aggravated some urgent. The patient calling loudly for relief.
He has also the testicle on that side enlarged especially the right one sometimes it aches the second hernia inguinalis. He had syphilis by. chancre and was tapped at the Cheadle Hospital and complained some time ago.		
		I operated under chloroform. Made first a cellular tissue & cut through a small external branch bled. Stopped to tie them. found the stricture very high up as far as the pupil would reach. at the internal ring. divided it with blunt pointed bistoury & then with some trouble returned the hernia without opening the sac which remained adherent on the scrotum

Month	Date	Particulars of Case
		Strangulated Inguinal hernia. Operation.
November	1	5 P.M. He is much better. his bowels have acted three times. he has vomited several times since the operation, but the pain about the umbilicus is much relieved – Pulse quiet 80, no heat of skin. He has sipped wine three times. Had 2 grains of Opium after the operation – Repeat it and with it fomentations as he has still some abdominal tenderness – Milk & Egg nour.
"	2	Stephenell. Has less pain. the tense is little some on that side of the abdomen. He had Chlorodyne to stop the vomiting which cleared after one dose. He looks much better –
"	3	A good deal of pain about the wound and in right side of abdomen the skin has a brawny hardness and reddish blush. Tongue dotting dry. No general peritoneal pain. bowels have not acted again. Vomiting has quite ceased – Effervescing draught. Poultice to right hand. Fomentations. Argent: Nit: 3iss 3j paint on red patch – Milk & rice diet
"	4	Has a good deal of pain, & purulent vomiting discharge from the wound. P. 120. Tongue dry. No tenderness of abdomen. Bowels dull, meteorism. Rectal enema. Poultice. Omit opium
"	5	Not doing well – Spirit limp. pulse rapid and intermittent. No pain in abdomen but much tympanites – Breathing hurried. Wound sloughing. Fetid dark discharge

No 9.

CASE BOOK.

Month	Date	Particulars of Case
		Strangulated Inguinal hernia
Nov.	5.	and Sac. Intestine not perforated with pus effused under it — The Sac visible at the bottom of the wound looks black. I leave a suppuration. Ordered Mur. Ammonia. Brandy every 4 hours. Bowels not relieved, ordered Castor Oil 3iv. Enema — Inflammation of abdomen
"	6	He got weaker rapidly and died at 3 P.M. yesterday. No P.M. Body removed by friends.

Death in this case appeared to result from Suppuration in the Sac.

Admitted Nov. 1
Operated Nov. 1
Died Nov. 6
In Hospital Dec. 6.

Month	Date	Particulars of Case
		Perineal section
Nov.	2	A Mahomedan named Sheikh Fiak aged 40 years, admitted this morning complaining of pain in perineum, scrotum and lower part of abdomen.
Nature of the disease.		He has had stricture for 2 years, lately the passage of urine was much obstructed he had been acute pain, distension of bladder, dribbling of urine, pain & swelling of the perineum.
		On examination I find that the bladder is distended, the scrotum & abdomen red, on the point of suppurating. The perineum inflamed and infiltrated. He is low, pulse quick, suffering from great constitutional disturbance.
		Tried to pass a catheter failed to introduce the smallest. Internal urethrotomy, hard stricture, with false passage, laceration, pock in front of the bulb.
		Under chloroform I dissected down to the stricture laid open a large abscess and with great difficulty among the infiltrated thickened and altered state of the parts found the passage - laid open the stricture, and introduced a curved tube into the bladder. Having also passed a pill sized catheter down to the tube to become the seat of stricture was divided

Month	Date	Particulars of Case
		Perineal Section.
Nov.	3	He is much better this morning. pain all gone, urine flowing freely through the tube. Bowels moved. Indoe fuel. Stool moved — keep the tube in. Milk diet: fomentations if needed
"	4	Took out the tube. and tried to pass a catheter but did not succeed. He is doing well. no pain. Swelling of Scrotum much diminished Discharge free. he feels. appetite good
"	5	Tried to introduce the Catheter again. enlarged the channel a little, and succeeded with some difficulty. he had slight pain yesterday Swelling of Scrotum diminished.
"	6	Friday. He removed the catheter himself. the urine has passed among pus through the urethra and looks healthy. Salvia
"	7.	Much better. urine flows freely chiefly through the urethra. passed No 8
"	8	Profuse discharge. but he looks & feels very well. he says the urine passes entirely through the urethra. the wound looks healthy.
"	9	Appears to be doing very well. urine passes freely
"	10	Doing well
"	11	Passed No 9. He is doing well.
"	13	Doing very well.
"	15	Urine flows clear, and freely through the urethra. Perineal wound is closing rapidly a few drops of urine pass through it and urethra.

Month	Date	Particulars of Case
		Perineal Section
Nov	17.	Wound rapidly healing. Urine flows freely through the urethra. Has had Diarrhoea since yesterday – Chalk Mixture
"	18	Very well. – Pd 1½d p diem p os
"	19	Complains severely of pain. Diarrhoea continues. Use Chalk mixture & pill have not checked it except at the time. Plumb acet p os Opii p os & Sig 4 hrs Flannel bandage & Injecting Stoppers
"	20	Rather better. 6 stools during 24 hours. Continue food & Medicine in the same yesterday
"	21	Rather better stools numerous but more consistent – The wound is healing and urine flows freely through the urethra only –
"	22	He is much the same, stools better if anything
"	23.	Diarrhoea continues. Let him have Hi: Opii & Acad hul: Aromat: mixt – tinctur – Flannel bandage & Injecting stoppers – his stature & the wound are doing very well
"	24	Diarrhoea better. but he is weak. Wound still improving –
Dec	3	Diarrhoea continues obstinately under is much reduced. All astringents have been tried. Dilute acid. Lead – " –
"	5	He died this day at 1½ P.M. quite exhausted No appearance of any other disease

Ex Hospital 34 days

No 11

CASE BOOK.

Month	Date	Particulars of Case
		Prolapsus of Rectum – Continuation of Case No 1.
November	3rd	This morning he brought the gut down by straining at stool. It now about the size of a large orange. very livid & congested. The sphincter is dilated and loose folds of skin around the orifice. Under Chloroform I returned the protruded gut, and then with a strong curved scissors clipped a large fold of skin & mucous membrane round the anus. introduced a piece of lint oiled and put him to bed
"	4	Has some pain. but appears doing well.
"	5	Doing well. has occasional pain. Bowels have not been acted
"	6	Says he has had a great deal of pain last night but he looks well. Tongue clean – Bowels not acted upon – Fomentations. Injection a little relaxed
"	7	Had oil this morning. says the pain in the lower part of the rectum is very severe but he looks well
"	8	Bowels slightly acted – pain still severe but he looks well.
"	9	Doing well. has pain. but no bad symptoms
"	10	Much better. bowels pretty relaxed
"	11	Doing very well. pain when bowels act
"	13	Nearly well
"	15	He says he is very well. but thinks the part in the perineum. when he walks a few yards stool – Doing all this time the mitten has been very troublesome

Month	Date	Particulars of Case
		Prolapsus of Rectum. –
Nov.	17	He is doing well. Still has pain.
"	18	He is doing well. I passed No 9 into the urethra followed by a little bleeding but took subsequent hard symptoms
"	19	He is doing well.
"	21	The gut protrudes slightly at stool, not nearly so much as before, and the wounds are still unhealed. It is thought probable that when excavation is complete the treatment will be complete
"	23	Passed a No 8 Catheter his urethra is quite sound. The wounds in the rectum are healing; he is doing well
"	25	He is doing very well
"	26	He is doing well. The still some pain.
Dec	5	Doing well from out on leave
"	11	Complaining of a little cramp but he says the prolapsus seems much better.
"	14	He says he feels almost well. The intestine protrudes slightly, and the wounds are not quite healed
"	17	Nearly well
"	27	He seems very well. The gut descends a little after stool, are apparently, not quite healed.
Jany	16	He is still in Hospital. Slight prolapsus still. Was Tannic acid injection
Jany	17	Discharged very much relieved

No 12

CASE BOOK.

Month	Date	Particulars of Case
		Removal of a piece of bamboo splinter from the hand. —
Nov 2	3	A young man named Ram Narain Pottayee aet 23. came this morning for relief from a painful condition of his left hand. A week ago he ran a piece of a chick a little bit of bamboo ~~[illegible]~~ of thin size into the hand just at the root of the thumb. It penetrated by the side of the ball of the thumb broke off & remained buried there. It suppurated and a small quantity of matter escaped. but constant pain remained. He has had certain symptoms of a spasmodic character for the last two or three days. he bends, does, lumbago well enough. but when he straightens them they become cramped & he cannot again use lumbago are loose, the flexors pull the fingers into a shape on their palmar surface. The whole hand supplied by the Median is affected but not the elbow. he has no spasmodic action in the arm or in any other part of the body but he feels a pain in the shoulder of that side. and he has some rigidity of the jaws he can only partially turn the mouth. he is a healthy looking fine fellow & well developed I made an incision in ~~the tumor~~ a cyst & seized a large splinter the probe came out of the wound I extracted the above bit of bamboo. he felt relief immediately even sounds pleasant to see it extracted. Sent him home giving Pot: Iodide and fifty drops of Opium immediately

No 12

CASE BOOK.

Month	Date	Particulars of Case
		Removal of a splinter from the hand —
Nov 2	4th	He is not so well. Spasms continue in the hand. has had spasm in the back also and some slight rigidity in the jaws. He sleeps but is frequently disturbed by spasm. The slightest touch throws the arm into a state of spasm. Ordered. Tr Cannabis ℞ x - Chloroform ℞ x every 4 hours. Effects of first dose very observed - Subcutaneous injection every 6 hours - Milk & Sago diet: Poultice with opium on the hand to arm - Another small bit of splinter removed from the wound: As the source of irritation seemed to be in some laceration of nerve the branches the median I determined to trace what the effect of section of the trunk of the median alone the injury would be. Placed tourniquet on the arm and divided the median nerve just above the annular ligament - It appeared to produce very little if any change the spasms still continued. and very little disposition to follow: — At 2 P.M. I visited him again when he had quite recovered from the chloroform. he said that the pain was gone but that he is such a constant sufferer from the spasms that the hand seems to him. He states however that since the morning the contractions have been

No 12

CASE BOOK.

Month	Date	Particulars of Case
		Removal of Splinter from the hand. Extreme Spasm. Division of the Median Nerve
Nov.	4	less severe than the last one. and certainly he seems better than before the operation. He has had an Enema. Opium pill. and two doses of Chloroform mixt. Hemp mixt. Continue these and let his hand be frequently fomented with poppy heads —
"	5	He is better this morning. Slept pretty well. The rigidity about the neck and jaws long. The spasms in the hand continue. but with less violence & frequency. Continue the Hemp & Chloroform — Enema.
"	6	Has much pain in the arm. but the spasms are not worse. The hand remains rigidly contracted. complains of pain in back. but it is probably pain from the rigidity of pad. the head seems well. the tongue is white & natural. Repeat Enemas. Sag & bran. Continue Chloroform & Hemp. Poultice to hand and arm. Pill &c. bed.
"	7	Pain & rigidity of hand not the same, less frequent irritability. No pain in back & jaws. Continue hemp & Chloroform. Poultice hand and arm. Same diet. He slept a little last night
"	8	Not worse. pain in hand & rigidity of fingers rather less. Spasms neck jaws & back. Same. Continue the same treatment = The wound is beginning to suppurate — poultice

Continued at page 37 —

No 13

CASE BOOK.

Month	Date	Particulars of Case
Nov.		Operation for radical cure of Inguinal hernia. Symes.
Nov.	5	A man named Dominatte Shreco aged 25 admitted on the 15th Oct with Inguinal Hernia right side, enlarged testicle, thickened scrotum and inguinal lymphatics, perhaps also sac, and ulceration of scrotum. The hernia descends when he stands, or makes the least straining. The ring is large enough to admit two fingers. He has had hernia 8 years. it was caused by straining at work. has never worn a truss. He has been under treatment until 8 days for the ulcers in the scrotum. They are healed well so I introduced a plug and tied it there with two silk threads in the usual way
"	7.	Doing well. Pain but not severe
"	8	Doing well suppuration beginning
"	9	Suppuration free. Removed the plug. Dressing and bandage as usual.
"	11	Doing well. a small bit of the epididymis has sloughed. but the discharge is healthy. The usual dressing and bandage to be applied
"	13	Doing well
"	15	Discharge less - wound healthy
"	17	Doing well
"	18	The hernia came down yesterday when he was straining about the hospital. Reintroduced the plug
"	19	A good deal of pain something like inflammation of scrotum perhaps slipped down, removed plug

Continued at page 41

No 12 continued from page 35

CASE BOOK.

Month	Date	Particulars of Case
		Removal of Splinter. Division of Median Nerve.
Nov.	9	He is not worse. The discharge from wound. Did not sleep last night. Bowels open. Omit the bromide and chloroform. Opium at night. Continue diet as usual
"	10	He is much the same as yesterday. No increase certainly in the spasm. Repeat the Sinapism and the Chloroform Liniment — which was found slightly irritating. Diet the same. Continue the opium.
"	11	A good deal of discharge from the wound in the wrist — which can be traced down from the wrist and about the thumb. He says he feels better. There is less spasm. but still the fingers are firmly clenched in the hand. He takes his food pretty well. Bowels acted by enema. He was seen asleep during the night, but he says he had a bad night. He looks reduced and anemic, p. 100, but he has not to anxious a look as before. Continue the poultice, Chloroform and Hemp. Enema at same diet. Q.H. 2 h.
"	12	Feverish. Made sinapism on thumb and at the wrist. Give calli a pinch of pus. Continue all as yesterday
"	13	Better. a piece of splinter like the other came out of the wound. Discharge less. Spasm less on the whole — no fever — Bowels open — food. Let them have an opiate. Continue all else as before

continued on page 40

Month	Date	Particulars of Case
		Scrotal Tumor.
Nov.	7	Removed a Scrotal tumor weighing 134 pounds from a man named Mohamath Dosh aged 45 healthy & vigorous. He at times suffered from the usual fever. He has had it 6½ years. The left arm & hand are also slightly affected.
Hydrocele sac included about 9 years ago.		
Circumference of Tumor. J. 29 inches L. 26 " C. 34 " N. 18 "		Tumor held by clamps. No internal bleeding. Partially split the penis by accident in exposing it with an amputating knife. Stitting up the scrotum in Direct. 16 Sutures were applied. Hydrocele on right side, none on left. Testes natural, & only slightly enlarged
"	8	He is doing well. No fever. No bleeding
"	9	Doing well. Do not dress the wound to day
"	10	Doing very well. Dress the wound
"	11	Wound looks healthy. He is doing very well
"	13	Doing very well
"	15	The discharge is healthy, contraction is going on rapidly - wound in fair healing by granulation. General health good
"	17	Doing well
"	19	Looks rather pale & flabby but on the whole is doing well
"	21	Doing well.
"	26	Contracting rapidly & healing.
Dec	6.	He is doing very well. Wound rapidly closing in the parts.

Month	Date	Particulars of Case
		Scital Dunnr.
Dec.	11	He is getting on admirably the wound with perineum has nearly healed. the testes are being covered with the cicatricial tissue.
"	13	He is able to walk about the wound. The wound is closing rapidly —
"	22	He is nearly ready to go out —
Jany	1	Has had slight pain - Sat down hard Dunnr He is very well on the whole —
"	10	He is very nearly well. a few small spots are not healed. he is anxious to have it in capital health.
"		Discharged cured

Admitted Nov. 16th - 21
Treated on " 7th 31
Discharged cured Jany. 10th 11
In Hospital Days 63 63.

Month	Date	Particulars of Case
		Radical Cure of Hernia Sinc.
Nov.	8	A Mahomedan named Rupuk Bolah. 35 years old a Lascar was admitted on the 7th Nov. with Inguinal hernia right side. He has had it 4 years. Caused by lifting a heavy weight - has never worn a truss - has worked as long as he could, but the protrusion is so great that at last the circumstance has driven him to the hospital. The sac is widely dilated three fingers pass - when he stands a large volume of intestine descends. He is in good health. I operated this morning. a plug with three threads, as usual. Sent him to his room.
"	9	Doing well.
"	10	Faecal. has pain about the plug -
"	11	A good deal of tenderness about the threads
"	13	Doing well. slight discharge. Took out the plug yesterday -
"	14	Doing well. no pain
"	15	The Discharge is rather profuse wound looks healthy, and on the whole he is going on favorably.
"	17	Looks very well. Discharge less - Been a little sick passed no flatus.
"	18	Doing well. No pain. pus discharge.
"	21	The Sinus formed has healed. Discharge still from the inoculation. The hernia seems quite cured.
~~Dec.~~	~~1~~	~~Discharge cured fitted with a truss~~

No 13 CASE BOOK. Continued from page 36

Month	Date	Particulars of Case
		Radical Cure of Hernia (Sac)
Nov.	19.	Has Sac accumulation after the plug was removed. It appears that what he was supposed to be a normal protrusion is something connected with the testicle and could not be returned — Appears that had abscess which has been very quiet —
"	20	No pain. Drop as usual.
"	22	Hernia Scrotum still swollen and discharging but otherwise he is well
"	25	He appears quite well. Wound healed. Hernia does not descend when making exertion.
"	26	He walks about. Hernia not come down
"	28.	He has a trip and appears quite well. Made some left a weight — that hernia does not descend — He is discharged apparently cured.

Case 15 Continued 5 months

Admitted.	7th Nov.	
Operation.	8th Nov.	8 am.
Plug removed.	12th "	8 am
Wound healed	21 "	
Discharged cured	28 "	
In Hospital	22 Days.	

Dec 12 This man returned today. The hernia has not descended. Was readmitted.

Month	Date	Particulars of Case
Nov		Radical Cure of Inguinal Hernia, Gross -
Nov	8	Ram Brumho Bhuttacharjea. age 21 years. Residence Nimtollah St Calcutta - Hindoo, Cook. admitted 13th October 1862 with Inguinal hernia of right side - Has had it two years - He has also enlargement of testicle, chronic, thickening of Scrotum & Guinea Filaria & sac. The Immediate attribution is a loose Mt. He is subject to pain at times -
Military Pensioner have been entered earlier in the book		The hernia descends on any effort being made, and he is accident to the right side - I operated with plug and threads on the 14th October. The plug was removed on the 17th Oct when suppuration had taken place - On the 4th Nov the wound had quite healed the inguinal skin has come down. but the Canal seems plugged. the hernia does not descend. He is now having the testicle shaved & heated with Iodine and is much reduced in size. The cough & sight of this trouble caused much inconvenience and added to the difficulty of treatment
	10	He is now under treatment for chronic enlargement of the testicle. he seems quite cured of the hernia
"	13	Hernia came down again partially yesterday when coughing. pertinacious made left than formerly

Month	Date	Particulars of Case
		Radical cure of Hernia. Signe –
Nov.	16	Hernia descends just below external ring. but it is easily replaced with a pad & bandage. –
"	17	Reintroduce of the plug.
"	18	Doing well. No pain.
"	19	Free discharge. plug has passed through the inspiration. Removed the plug. Dressed as usual.
"	20	No pain. Dress as usual.
"	22	He is doing well.
"	25	Hernia keeps up. A good deal of enlargement of testicle still remains. – Wound looking
"	30	The hernia appears to be well retained
Dec	6	He is apparently cured
Dec	13	walking about & straining at stool Hernia came down again yesterday
"	23	Operated again today. The first time the enlarged testicle and thickened parts relapse a good deal. The plug could only just enter the ring
"	24	Suppuration just passed. Removed the plug.
Jany	1	He is doing well. In consequence of the suppuration Hernia has not yet descended. but he is carefully bandaged
"	7	Still weak. but doing well
"	9	He is discharged today with a truss. so far the hernia is retained

No. 12 continued from page 37.

CASE BOOK.

Month	Date	Particulars of Case.
		Removal of Splinter, section of Median Nerve
Nov.	14	Much better this morning. No pain. Spasm of hand left. Wounds look healthy, Discharge healthy & diminishing
"	15	He is much better, less pain, less spasm, wounds look healthy. Bowels open. Slept well. Apply Solution of Opium lotter wounds under Sutta Indica, instead of poultice. Omit Chloroform & hemp. Let him have 2 grains of Decimetane a day, and forbid diet.
"	17	He is improving rapidly, wounds look healthy. Fingers are still contracted but spasm much less. Continue the Decimetane & diet. Opiate at bedtime
"	18	He is doing well. The wounds are healing fingers still contracted, but no pain. Continue the opiate & food. Decimetane gr. ½ at bed time.
"	19	He continues to improve.
"	20	Walking about the ward he is much better
"	21	Wounds are healing, and he looks well enough. The fingers are still bent on the palm of the hand.
"	22	He is rapidly getting well, his hand is still contracted thus
"	23	Wounds are nearly healed. He can open the fingers slightly by the action

Month	Date	Particulars of Case
		Removal of Phalanx & section of Median Nerve
Nov.	23	after Rubber Bandage - but still the remains contracted as the palm - his general health is good. he is very anxious to get out
"	24	Hand some open to day, he is doing very well
"	25	Continues to improve.
"	26	He can almost quite open his hand today. in all respects he is improving. Having been much reduced, he is rapidly regaining his flesh & strength —
"	27	Can almost quite close the hand. he is much better in all respects.
"	28	Hand nearly straight - wounds in the hand quite healed. take off the splints that on the wrist - is healing.
"	29	Doing very well. So far as we know.
"	30	The wrist wound has nearly healed and he is regaining the use of his hand more & more daily
Dec.	1.	wound nearly healed. has complete complaining of pain in left chest & pleurisy stitches —
"	3	Discharged to attend as a out patient until his hand has quite regained its strength
		Admitted Nov 3
		Discharged Dec 3
		In Hospital 31 days.

Case 13 Continued from page 41

CASE BOOK.

Month	Date	Particulars of Case
		Inguinal Hernia Same –
Nov	28	He is doing pretty well. The swelling in the Scrotum has much diminished and the Canal seems to be well plugged
Dec	5	The wound has healed. The hernia seems entirely cured. It does not come down. When he walks or cughs – applies a truss as usual
"	7	Discharged Cured.

Admitted	Oct	15
Operated	Nov	5
Hernia Came down	"	17
Reapplied plug	"	18
Discharged cured	Dec	7
In Hospital	Days	44

Month	Date	Particulars of Case
Nov.		Double Inguinal Hernia. radical cure. Lynn.
November	10th	Obey, Married, age 25 years, Residence Bolobaria, a peasant. Hindoo. admitted 10th Nov. 1866 with a large Inguinal hernia on each side. The sac is so large that nearly the whole of the viscera can be introduced. and large quantity of intestine descending include the scrotum to the size of a potato head. It appears that the hernia became congenital & that they occurred soon after birth. he is Married says he is twenty years old, and that the protrusions occurred within a month of each other. He is otherwise a healthy looking stunted boy. During sleep he lies on his back. The hernia are reducible but with difficulty & pain. the sac is so impossible to keep them reduced.
"	13.	Lynn's operation performed on the right side a large ploughboy used.
"	16	Plug removed. suppuration free.
"	17	Doing well
"	18	Discharge free. but doing well.
"	19	Discharge profuse. Pain is much less & the tumor is reduced.
"	20	He is doing well. Discharge profuse
"	23	Wound healthy. Discharge free. he is doing well.
"	26	He is doing well. wounds are healing
Dec	5	Wounds are healed. hernia does not come down. He is to have a brace

Month	Date	Particulars of Case: Double Inguinal Hernia Operation on left side Scrotum –
Dec	11	The right side seems quite cured the testicle is drawn up into the Canal. the hernia does not descend with any effort to make it do so – Applied the plug to the left side then morning. the swelling was less on the right side was –
"	12	Doing well.
"	13	Discharge commencing, and there is a good deal of pain
"	14	Discharge free. no escape inflammation
"	15	Removed the plug, a good deal of discharge and inflammation under the wedge on which the ligatures were tied.
"	17	He is doing well. the discharge is purulent but healthy
"	22	The discharge is very purulent from the Scrotum. he is rather low.
"	24	Has Diarrhoea, discharge purulent – is weak – Stimulants & Nutrients
	25	Diarrhoea left.
Jany	1	Discharge & Diarrhoea both better – He is doing well – neither hernia descended at present.
"	7	Doing well. wound healing. no return of hernia.
"	20	Off to Ireland well. no descent of the hernia

Month	Date	Particulars of Case
		Turning. Elbow presentation
Nov.	13	At the 13 Nov. I was requested by Babu Bindraban Kurmafa S.A.S. to see a native lady, who had been in labour for some time, & had a shoulder presentation. I saw her at 12 p.m. The labour had been going on for some time apparently from the pains accompanying nearly two days. The membranes had ruptured at 7 a.m. – 5 p.m. when I saw her – the pulse was good, her temperament mind hysterical. On examination I found the elbow in the vagina & head down the back, the palm looked to the symphysis. The os was fully dilated – introduced my hand with the very greatest difficulty as the uterus was tightly contracted over the child and after long trial & much pain & fatigue got hold of a foot during my efforts, when I was obliged to withdraw my hand the other hand slipped & I mistook for a foot, came down after further trial I succeeded in turning the child and when the feet were fairly in the vagina, the pains declined the child, a short delay occurring with the head. The placenta followed shortly – The child was dead but showing no signs of injury –
I left the woman doing well. P. 84. 20

Month	Date	Particulars of Case
		Journey in Arm Case
Nov.	13	No hemorrhage - recommended on Parole
"	25	I have not heard of her until today Babu Prosono Comar Mitter informed me that he had been to see her and that she had perfectly recovered. She appears to have had no unfavorable symptoms after the operation and her recovery has been very rapid, for she is reported today as fit for duty.

No 19 CASE BOOK.

Month	Date	Particulars of Case
		Inguinal Hernia & Gonorrhœa
Nov	16	To day I operated per Dr. Simpson, on a Prisoner Emaciation, in Aliipore Jail Hospital for Inguinal hernia. used the plug & ligature, after Gonor, the ring was of moderate size. He has double hernia caused by straining at work some years ago. He wears a truss. His age is 40 years. He is a healthy looking spare but muscular man.
"	18	5 P.M. Took out the plug. It has been in since 4 P.M. 16th and this time is not any improper retention, took out the plug as he is restless and has some rather severe pain in abdomen. Bowels have not acted. He has had a Pill xxx last night.
"	20	He is reported to be doing well.
"	23	Said him. Inoculation has come down, but there is a good deal of ~~inoculation~~ condylomata on the Canal. Inflammation free. He has had a slight attack of Dysentery & pain lately - for which he has had Dover powder & castor oil.
"	29	The wound has nearly healed. Discharge much diminished. The Canal seems thoroughly plugged. He says he pulls on the hernia would not come down. His general health is much better - keep on the plug and bandage

Month	Date	Particulars of Case
		Inguinal hernia, Some,
Dec.r	7	Dr Simpson informs me that he is quite well. He descends to the house.
"	14	Called at Jail Hospital to see him. Mr D informs me that he has been discharged cured, wearing a truss.
"	28	Saw him today. His hernia seems cured but he has been readmitted with Dysentery
March	18	Dr Shirine who has succeeded Dr Simpson tells me that the hernia came down about 2 months after the operation. He resumed his work, without a truss, as the Press. He is accounted a fine in his appearance —

Month	Date	Particulars of Case
		Haemorrhoids continued from page 24.
Nov.	18	I noticed on last report that he was complaining of heaviness in the ~~left~~ right arm and leg. In night had a sudden attack, like an epileptic fit in which he is said to have been much convulsed. Features drawn to one side. Countenance livid. It came on suddenly. He called out was convulsed & then passed into a state of insensibility. He recovered slowly and after the attack, when I saw him, he was much as before. Bowels & mict. - Pulse 88 - Tongue clean - Arm and leg much as before the attack. Leg more affected than arm - There is no concentration in. No paralysis of face or tongue Pulv: Jalap: Co: ʒi. Hydr: Chlorid: gr v - xl. Hot pediluvium. Mustard poultice to leg - What is the matter? He has always been healthy. Never before had fits. Refer to the dyspepsia from after the operation - Nervous shock. Inferior pulse. Is this substitution?
"	19.	He seemed well, and had been perfectly well since the fit yesterday. Slept well. No increase of paralysis - At 12 to 4 he had another fit. Not so severe as

Month	Date	Particulars of Case
		Holmwood's case continued
		as that of yesterday. He appears more blanched but retains some amount of vivacity in the right side. It passed off in 1/4 of an hour. I said him directly after. Pulse 80, skin cool, tongue clean - no alteration in countenance, intellect perfectly clear. Right arm weaker and right leg so weak that he is unable to move it. He was lying on his left side, when the fit came on suddenly like a cramp in the side & leg & arm.
		He had had Pulv Jalapae 30 - Sedativi & tonics. - Hot pediluvium, mustard poultice to leg & feet - Injections of enema also immediately - Must all stimulating food. Milk left limbs & bathing. Indulge & Chamber and have the morning.
"	20	He has had several fits since Saturday but so severe but they have left him weaker and his arm and leg more powerless. They affected the right side. Came on suddenly without warning and did not render him insensible

Month	Date	Particulars of Case
		Hammond.
Nov	20	He had 3 fits in the day after 2 P.M. and two in the night – He has no pain. no confusion of thought. head quite clear. he looks quite well. but for the weakness in the legs & arms – Purge him again. Potass Br. – Bis in die. Ext: Belladonna fl 1/4 4 lat. Tincture Inc – Blister to arms – Mustard poultice to spine – (Sunday)
"	21	Better today, no fits yesterday, I have the right pupil is slightly more dilated than the left. Is this Belladonna a disease? He has taken 5 pills of Belladon. He has a little more power in the arm and leg. he can put more than but cannot move the fingers. Let him have 2 leeches on the thighs keep the bowels open: Cont: Belladon: Repe: Mustard poultice to spine Light diet – of Chicken broth an egg – He looks more cheerful today –
"	22	Had a slight fit of spasm yesterday but no unconsciousness. yesterday at 10 p.m. arm and leg still weak, but in other respects he seems well. Apply 2 leeches to arms. R: Bicinchon Ext. Mustard poultice. Continue Belladonna. No improvement on yesterday

Month	Date	Particulars of Case
		Haemorrhoids
Nov	23	No return of the pt. but he has headache especially of the back of the head & left side. Apply leeches viii to the temple (Brodie) Castor oil ℥ss - leeches ij to anus - No improvement in arm & leg - Continue Belladonna - Pupils act well & are equal in size Pulse 84 - Abdn. cost. Impr. clean He is in bad spirits
"	24	Pulse 76. full but compressible, Tongue slightly coated, Bowels moved twice by the medicine. Pupils equal and natural. Arm and leg much as they were - No return of the pt. but slight twitching in the arm & leg - Pain in head better - Headache to arm - Cold to head. Appearance of bowels do not act. Continue Belladonna and the usual diet.
"	25	Pulse 76. as yesterday, still some pain in head. Tongue coated. Bowels open. He is much depressed in spirits. Speaks very weakly. Omit the leeches today - Cont. pil: and diet. Apply cold to the head. Arm & leg much as yesterday -
"	26	Pulse 76. full but compressible. Arm and leg as yesterday. He is still dozing answers when spoken to, Tongue says been very weak

Continued at page 67.

Month	Date	Particulars of Case
		Plastic Operation for Hypospadias
Nov.	19	Abraham Elias ob 29. a healthy young Jew presented himself with Hypospadias. The urethra last inch of the urethra was open as the result of too much of the prepuce having been cut away & left partly the urethral wall, when he was circumcised in his infancy. He says it causes him much inconvenience. Pared the margins between the blades of a pair of forceps cut them off & then brought them in apposition on a catheter. Made him pass water into the pus the operation and told him to abstain as after the operation as long as possible — 4 sutures were applied, stars,
"	20	He was obliged to pass water during the night — part through the catheter & part drops through the wound. Still he is instructed to apply ice constantly and refrain as long as possible from passing water. It looks well
"	21	Passed water again last night. He says a few drops got through after too much between the sutures. A few drops of pus oozed out from dressing. Took out the catheter — cut some strings, and kept it as clean as possible — He is on moderate dry diet.

Month	Date	Particulars of Case
		Hypospadias
Nov	22.	It has been bleeding last night. pus statement. pus oozes from the lower part of the wound. urine has been passed - keep on the sutures and draw off the urine with Catheter - Apply ice —
"	23	It bled again last night - part has united. part suppurated. urine flows from between the sutures. keep ice applied
"	24	Took out one suture. part has united.
"	25	Did not interfere to-day
"	26	Removed the sutures. part has united part is raw. kept it together with sticking plaster. passed a Catheter to draw off the urine
"	27	A very small portion only has united - the rest is raw & granulating. Apply strapping & keep the Catheter
"	28	I find that - the whole wound has opened out this morning.
Dec	1	It has totally failed. the edges are granulating. quite separated —
"	2	He was discharged at his own request —

No 17 continued from page 48

CASE BOOK.

Month	Date	Particulars of Case
Jany		Double Inguinal hernia. Radical cure -
Jany	20	He is apparently cured. but still the impulse is strong on straining. Nerve can be no doubt human. that has much improved. and it may be that with time. the cure may be permanent.
"	21	Discharged at his own request

Admitted Nov — 10.
Operation left side " 13
Plug removed " 16
Operation left side Dec 11
Plug removed " 15
Discharged cured Jany 21.
In Hospital Days 73.

CASE BOOK.

Month	Date	Particulars of Case

Month	Date	Particulars of Case
		Perineal section - Impalpable structure
Nov.	22	A Spaniard named C. Orliana aet 28 years admitted on the 19th Nov. with retention of urine for which he is unable to account. He is steady, temperate (looks so) and had not any symptoms that he knew of the cause of it — He has recently recovered from a sharp attack of Depending in Italy thus speak — Had gonorrhoea years ago, but months that he had in Andalusia for 2 days before the retention occurred he had a pulling of weight and pain in the bladder & the urine fell short. The hot bath & sedatives, & the catheter were tried by the H.S. on admission, no dist. could be passed the instrument bled profusely. Was finally by the aid of bed pressure & morphia the urine dribbled away & the bladder was relieved. On the 28th I tried to find such a found a stricture at the membranous lig. Just behind under the pubes but could not succeed. The instrument bled profusely when touched. He was relieved by frequent water. I added hot fomentations, put

Month	Date	Particulars of Case
		Perineal Section.
		ce to stop the hemorrhage. a pound of Opium was then given an aperient, with tow fomentation
Nov.	22	I found when visiting in the forenoon Condition: Bladder relieved by constant dribbling, he is in much distress from his uncomfortable Condition — tried the sounds again without success. Mr Paterson tried — he thought that altho the stricture is nearly obliterated it was better to leave the permanent tube the distress — according he consented fully understood the risk of Obliteration & while Mr Paterson was holding a probed staff upon the stricture it suddenly passed I dined at the written intimation and found that that there was stricture upon, in the usual place, but upon opening the bladder introduced the perineal tube, found the bladder contained empty — added a full dosing Opium
		I should add that there was no enlargement of the prostate, the

Month	Date	Particulars of Case
		Perineal section.
Nov.	22	Section felt in the urethra membranous bands accept it - the result of previous disease
"	23	He feels much better since the operation, the urine flows freely through the tube and all the irritation has gone - He had an opiate last night and slept pretty well. I leave the tube in the wound and give an opiate at bed time. He had some uneasiness in the abdomen yesterday, which was relieved by fomentation - Plain diet - Bell Nasal
"	24	Took out the tube, but could not pass the catheter without causing much haemorrhage. He is doing very well. Slept well. Bowels regular.
"	25	Doing well. Urine passes freely both ways. He feels much better. Could not pass an instrument as it bleeds so freely. Let him alone just as he is
"	26	He is doing very well. Urine passes both ways - Passed a No. 6. & 9. with ease -
"	27	Doing well. Attempt to pass instrument by blood. Did not succeed -
"	28	Instruments passed easily to-day - He is in all respects doing very well.
"	29	Wound contracting. Instrument passed easily.

Month	Date	Particulars of Case
		Perineal Section
Nov.	30	He is much better in every way. The large deep instrument passes with ease. He passes water both by the wound and urethra. but the wound is contracting rapidly.
Dec	2	He is rapidly improving.
"	5	Passed full sized instrument - The perineal wound is closing - the urine flows chiefly through the urethra.
"	7	Doing very well. The wound is healing. very little urine flows through it. he is greatly improved in health.
"	9	Nearly well
"	10	No urine passes through the perineal wound. He is very well
"	11	Very nearly well. he may go out on leave. Discharged Cured
"	12	Attends as an out patient. Urine and stool passed naturally

Admitted Nov - 19th
Operated on " 22d
Tube removed " 24 (48 hours)
Urine flowed entirely by urethra Dec 10
Discharged - " 14
In Hospital Days - 26

No 22.

CASE BOOK.

Month	Date	Particulars of Case
		Retention of urine & Dislocation of Shoulder
Nov.	26	This morning a Baboo called and asked me to accompany him to see his Father an old man of 75 who had dislocated his shoulder and was at the time suffering from retention of urine. He had previously been in good health. I found an old man, Mother Mohun Chatterjea, lying doubled up on the floor of a small room in a Bungalow Calcutta house, both his right hand numerous dislocated forwards, and complaining at the same time that his bladder was distended. Catheters had been tried but the urine had drain away. They said, and what I saw, confirmed it, that a good deal of blood had follow the catheter. With small trouble & under chloroform I reduced the dislocation, he had displaced the bone in reaching behind him for a lota. A very remarkable hard and obstinacy the case evinced in holding his elbow. When the bone returned it did so with an audible snap. I placed a bandage round the chest and told them to keep it in position for 3 weeks at least. I passed a prostatic catheter easily as an average 8-9 with ease and drew

Month	Date	Particulars of Case
		Retention of urine and Shoulder dislocation
Nov.	26	Of a quantity of clear urine. The pain all thro' the prostate was most hard in their expression of fortitude — He first attempting to introduce the Catheter. a good deal of blood followed but with a little care & warm water passed. The prostate was somewhat enlarged, and the urine drawn off with the perfect relief to the patient. He expressed more satisfaction in having his bladder relieved, than on having his arm placed in its natural position. I was much surprised to find that the dislocation was so extensive. I found that from the ground position, the head of the bone passed into the axilla, and then with a considerable exposure of the socket — which rendered simple reduction. Dislocation in the Shoulder —
		℞ Ether Nitric ℥iij
		Spt Vinip: ℥ij
		Ad Olei — ℥j
		Aq Camphor: ℥viiiss
		M Cap Magnitudine — & friction to the abdomen
Decr	12	I have not heard of this patient again except that he did well

No 8 Continued from page 58.

CASE BOOK

Month	Date	Particulars of Case
		Hæmorrhoids. a a a
Nov	26	and taken no little food, was sick yesterday worse after taking it. he looks dull and heavy. understands what is said. but says nothing, points to his head when asked if he has any pain. Continued Q & C. again — Pg advice Blister to back of neck shave Calomel gr iii every 4 hours — Must be watched The pupils are natural. The tongue lolling protruded to the right side slightly, speech is setting worse. So there also is pain in the Cerebrum.
"	27.	He is dull to day doesn't reply when spoken to - protrudes the tongue to the right side more and lay past the same, pulse as yesterday - Bowels not open - Has taken very little food - Let him have Oil if does not operate. Calomel gr v Infusi C 3i repeat the blister on the back of head - And the purgative with an enema. He is, I fear, worse to day — Pupils I should note are regular & respond to light. Continue the Calomel.
"	28.	Much the same. if any change he seems a little more comatose. he either cannot or will not speak. protrude his tongue when told. a little straighter than yesterday right pupil slightly more dilated than left. both respond to light - Bowels open

Month	Date	Particulars of Case
		Hommelinds.
Nov	28	Mouth slightly affected. he has taken 36 grains of Calomel. Bolus has been pretty well. Takes little or no food but lemonade. Urine passed freely no albumen in it = I forgot to mention yesterday that a slight bruit was audible with the first sound at the apex. The heart's action is weak. He has a little heavy cough. Jaundice still whether he has or attends to Jaundice. Discontinue the Calomel. Bowels open to day. Apply 2 leeches to the arms. Send an ounce of Castor Oil to the night nurse.
"	29.	He is worse this morning. he lies quite insensible, neither speaks nor moves. Has passed both urine & fæces. The bruit with the 1st sound of the heart is more distinct. His eyes both slope. pupils natural the r. to rise. Pulse 78. & full but very compressible. Skin cool & moist. The function of nutrition and of organic life seem to go on undisturbed. but the nervous system is fearfully involved. The tongue as the sun is down. Apply a poultice. Open the bowels. Drop the blister.
	29	
at 1 P.M.		I went to see him & was informed that he died a short time ago

No 8 continued CASE BOOK.

Month	Date	Particulars of Case
		Pneumonia
Nov.	29	It appears that he became worse after the morning visit. His pulse is said by the dispensary to have become very hard - 30 in a minute. The face gradually became congested and livid, and at about 12½ he died.

Post Mortem at 8 P.M. Nov. 30th Nov.

Body stout well developed, a thick coating of fat on abdomen, in mesentery surrounding kidneys, & in large quantities covering the heart. Head. Scalp natural. a small patch terminus in vertex. On opening the skull, & dura mater the anterior surface of the left hemisphere adhered firmly to the skull by medium. The dura mater was detached & simple a few effusions under it. The Brain had a darkened appearance, and bulged from the presence of pus in an abscess which was evidently not very far from the surface.

On making a vertical incision through the part of the left hemisphere an abscess full of thick yellow pus & tissues disorganized by softened broken down brain substance, presented itself. About the size of a large walnut. At immediately the lenticular nucleus which was also partially pulled with pus. The rest of the brain

Month	Date	Particulars of Case
		Hæmorrhoids.
Nov.	30	Pelv. continued — was healthy as was also the medulla oblongata. The membranes except the arachnoid at the one spot covering the cerebellum perfectly healthy — Thorax. Lungs healthy. Pleuræ healthy. Heart large and very flabby covered with fat. The valves are all normal. but the col. cusp of the right semilunar valve has lost the inner surface of the semilunar white fibrous deposit of phosphate of the substance (~~[illegible]~~ covering of the endocardium. The cols. meet in a healthy & especially the are described & W. King as these contribution the right contain) consisting into fibrous tissue. the membranous fibre having entirely disappeared. This is probably the cause of the heart being in imperfect closure of the bicuspid valve — Abdomen — Liver healthy. but healthy no deposits. Intestines healthy — Kidneys congested but very healthy — Spleen normal in size but not firm of with a dark venous

No 8 Continued

CASE BOOK.

Month	Date	Particulars of Case
		Haemotoxin
Nov	30	Lasting Notes of Convulsion - the Reflexes completely recovered - no suppuration. The cause is caused by removing the haemotoxin had quite recovered and the fit was quite accidental —
		Operation performed — October 31
		Pulse increased (104) — Nov 4
		~~Much better — Nov 6~~
		~~Hepatic Sensation of fullness — " 7~~
		Shivering fits (2) — Nov 5
		Lightness came away — " 5
		Much better — " 6
		Hepatic Sensation of fullness — " 7
		Apparently well, out walking " 13
		Complained of weak sight in eye " 17
		Had violent convulsive fit of right side " 18
		Lost eye sight, remained weakness of mind.
		Had another but milder fit " 19
		Had several more fits during night " 20
		Affecting left side only, not affecting consciousness.
		Right pupil dilated — " 21
		Slight fit - " 22
		Turned head to the left side (p 76) " 23
		Great depression & drowsiness (Brought to the bottom) " 25
		Gives no answer when spoken to " 26
		Protrudes tongue to right " " 27
		Pupil (right) slightly more dilated than left " 28
		Quite unconscious weaker since (p. 76) — " 29
		Pulse 30. no starter. Dividing of carotid artery death 12 p.m.

CASE BOOK.

Month	Date	Particulars of Case

Month	Date	Particulars of Case
		Attorney Dr Webb
Dec	1	Saw Dr. Webb extract a calculus by the bilateral incision, from a man about 30 years of age. The stone was 12 ounces in weight and size as large as a hen's egg. Owned with Phosphates – Gloves fully are born to take it away and small bruising & bleeding took place. He was very low after the operation but rallied.
"	6.	Dr. Webb informed me the patient died that he died the following day of exhaustion.

CASE BOOK.

Month	Date	Particulars of Case

Month	Date	Particulars of Case
		Tetanus, Section of Posterior Tibial Nerve
Dec	2	Mr Partridge this morning, divided the Posterior Tibial Nerve in a case of Tetanus in a young Hindoo, caused by a thorn wounding the heel last of August for which he was admitted yesterday. He has had trismus for 3 days. The parts are highly contracted & the pulse 120. —
		He died the following day. There was no accumulation of the spasms & he died exhausted. I think the Tetanus had continued too long. The spinal cord had probably become vitiated into a state of continuous action & the nerve itself had become the seat of permanent change
		I operated on a similar case in Central Jail on the 7th July 1863. The wound was a contused one. He had been 19 days when Tetanus set in. He was brought 3 days later. Tetanus speedily developed. — The wounded region the seat of 2nd Jne. I divided Post. Tibial nerve above the wound but opened it. He had also Chloroform & Bicup. He died on the 3rd day after the operation. His death was rather sudden

CASE BOOK.

Month	Date	Particulars of Case

Month	Date	Particulars of Case
		Cerebral Congestion
Decr.	3.	This morning at 7 A.M. I was sent for to see Mr Sabbins C.S. I found that he had attempted to commit Suicide by hanging himself with a red silk handkerchief from the crop rope attached to the Sunstick in his bed room & just at the foot of the bed in which his wife was sleeping. It appears that at 6 A.M. he was restless, having previously, during the night slept well. Mrs S. fell asleep expecting him to go to sleep again. She awoke at about 6, and found him suspended from the punkah, knees on the ground. He was fully dressed. Mr Harrington & a servant cut down & the handkerchief was torn, and was then quite insensible. They lifted him on to the bed. His breathing returned but hard & stertorous. I saw him a few minutes after 7. he was on the bed, perfectly comatose. The breathing stertorous pulse slow and full. The conjunctivae & lips were red with capillary congestion & extravasation. The face was very livid and tumid to a degree. There was the livid mark of a cord round the

Month	Date	Particulars of Case.
		Cerebral Congestion

neck, above the larynx, which was unopposed. The air escaped freely in and out of the tracheal tube – I immediately tied up his left arm and opened two veins from which the blood flowed pretty freely. The stertor became less. His face became less livid. The pulse became fuller and as the blood flowed, weaker. I took about 2 pints. I should think. At the same time cold douches were applied to the head, and hot water to the feet – The cold douches with ice were kept up for some hours. Enemas were given. Infusion of Senna & Senna tea made. Dr Copeman & Dr Mann – He remained for many hours quite comatose. The stertorous breathing went on pretty well. The pulse began about 11 p.m. to intermit and from the stertor & flapping of the cheeks he appeared to be choking to end. The same measures were persevered in – and about 2 a.m. He began to rally. The pulse became better & more regular. The breathing less stertorous

Paparanga	240 grs	Uric acid	18th Sept	5th Oct	Cured	
Calcutta	180 grs	do	9th Nov	24th Nov	Died of Erysipelas	Had a very operation & healthy - [illegible]

He was admitted into the medical college hospital in 1st surgeons ward on the 10th of Sept. and urine submitted to chemical examination and very small amount of albumen detected in it. On the 11th of Sept. the lateral operation of lithotomy was performed and the calculus drawn out entire. It was of an irregular oval in shape measuring about an inch and half in its long, and little more than an inch in its short diameter. After the operation was over, no bleeding took place, and the patient suffered only for a day from slight fever. Now passes

established.

Memo.

The patient named Woozir Sheck a Mahomedan, aged thirty years, by occupation a chaprasee, an inhabitant of Meehinpoor Zela Nuddea, a strong and healthy man suffered from vesical calculus for the last thirteen months. At his sixteen years of age he had been taken ill with dyspepsia and pain in the abdomen under which he suffered for upwards of six years, but which was cured without administration of any medicine After that period he remained in a healthy state, until two years ago, he now and then passed high coloured urine with occasional pain in the urethra. This was especially the case when he passed urine after walking during the heat of the day which, by his occupation, he was often obliged to do. At first micturition took place in full streams, but for the last eight months it took place with unusual frequency and often by drops. About six months ago he was examined by a medical man at Nuddea, and stone detected in the bladder:-

He was admitted in the Medical college hospital in 1st Surgeons ward on the 10th of sept. and urine submitted to chemical examination and very small amount of albumen detected in it. On the 11th of Sept. the lateral operation of Lithotomy was performed and the calculus drawn out entire. It was of an irregularly ovoid in shape measuring about an inch and half in its long, and little more than an inch in its short diameter. After the operation was over, no bleeding took place, and the patient suffered only for a day from slight fever. Now passes urine off from the wound & the urethra - On the whole he is doing remarkably well -

Gungabersaud Lookerje
Dresser.

Memo

A Mussulman named Abdoo-
aged about 34 years. was
admitted into the 1st Surgeons
Ward Medical College Hospital
on the 6th July 1866. He had a
Compound fracture of the Tibia
& Fibula at the junction of the
lower with the middle thirds-
caused by the falling of a
tree about 7 seven days before
his admission - During the
accident a portion of the Tibia
protruded through the wound
which was replaced by simple
extension - The leg inflamed
good deal. Constitutional
disturbance soon followed -
& was succeeded by shivering
fits accompanied by fever-
The Pulse ranged between - 96 to
128. Temp. continued

fluctuations between 100° & 104°
on the 12th July. Amputation
was performed below the
tubercle of the Tibia — The
soft parts anteriorly were
infiltrated with lymph - posteriorly
they were healthy - The Bones
too were healthy - - Since
the amputation he had no
Bowel complaints - Goes
all along treated with
antiseptics -

Ray Medical Benevolent
16th July 1866 -

in a section of this new, soft, big cancellous material, there was visible, under the microscope, a great number of rudimentary Haversian systems, which doubtless would have advanced in time to the formation of true bone. Had the patient survived the fracture long enough, perfect osseous union must have been established.

Beyond some fatty degeneration of the neck of the femur, and shortening, there was no disease inside the capsular ligament. The interarticular cartilages and round ligaments were healthy. I hope you will go and see the specimen. It will be in my room on Monday.

Yours truly

J. Ewart

21st July 1866.

Memo.

The patient named Bashoolly Chuson Mookerjee came into the Hospital on the 17th June with strangulated inguinal hernia, of the right side to which he has been subject for the last 5 years. The gut came down at 6 p.m. and was introduced into the abdominal cavity by an incision at 11½ p.m. - The man had his gut down before, this 3 times in the 1st time he reduced it himself - in the 2nd time it was reduced by Dr Sellar and in the 3rd time by Dr Daily —

Memo

Name Jacoordays Mooche - Age 25 years admitted in the 1st Surgeons ward on the 1st of August 1866 for Hematocele.

The patient noticed a swelling on the right side of the scrotum for the last 5 years and used to get fever, once or sometimes twice in a month - with each attack of fever the testicle - enlarged - The size of the right side of the scrotum, is as large as a cocoanut - on tapping about 2 pints of reddish-brown fluid left out - The scrotum then did not entirely subside - The tunica vaginalis seemed to be thickened about 1/2 an inch & on the 11th of August - operation was made - The tunica vaginalis opened, old clots turned out and the thickened sac dissected off from the testicle -

33	13th Sept	Bebookan	50	Farmer	Papalanja	240 grs	Nitric acid	14th Sept.	5th Oct.	Cured
34	6th Nov 1886	Meddun Doss	40	Labourer	Calcutta	180 grs	do	9th Nov.	24th Nov.	Died of Erysipelas
35		Bushseroodeen	6							
35	1884 2nd March	Bujheeroodeen	35	Farmer	Jobbadanja	210 grs	do	6th March	20th April	Cured

Had a very narrow foramen - there was much bleeding & operation stopped by constant digital pressure - lungs slightly healthy - heart adherent at the apex of the left ventricle by old bands of adhesions to the pericardium - Cardiac wall thickened & thinned at that portion & at its ventricular surface there was decolorized clot laminated slightly adherent & moulded to a fossa or depression about the size of a 2 anna piece - atheromatous patches on the coats of the aorta - Bladder contained 2 or 3 small calculi - Bladder thickened otherwise healthy

N.B. All the patients were residents of Bengal.*

~~The composition of the stone is not very correct for, I fear, in some it was judged by the mere sight & appearance of the stone & not by any chemical examination~~

Causes of death

No of cases	No of deaths	Per Cent. of death	Pyæmia	Peritonitis	Dysentery	Uræmia	Erysipelas	Suppuration	No Bad Nev.
35	12.	34.28	3	2	1	1	1	2	2

111111

G. Paul Chunder Roy Chs.
Hona Surgeon. 1st Surgeon's Ward.
Med Coll. Hospt. Calcutta

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Lithotomy Operations performed by Dr Fayrer

No.	Dates of admission	Names		Age	Occupation	Residence	No. of stone	Composition	Dates of operation	Dates of Result	Result	Remarks
	1859											
1	11th Nov	Shoolee	H	60	Servant		2 Calculi size - 100 gr & 96 gr	Uric acid	12th Nov	18th Dec	Cured	Lateral operation ~~of bladder performed~~.
2	1860 30th April	Shiste Bhuee	H	26	Farmer		360 grs	Dr. Coated with phosph	5th May	17th June	Cured	Do
3	21st Nov	Jittarah	M	12	None	O	949 grs	Uric acid	24th Nov	17th Dec	Cured	Do
4	1861 16th May	Hakeem Olla	M	50	Farmer		800 grs	Do	18th May	16th June	Cured (Died of Diarrhoea & small affection)	Do ~~Died of Diarrhoea & small affection~~
5	25th May	Gostum	H	27	groom		217 grs	Phosphate of lime	27th May	3rd July	Cured	Do
6	1862 10th Feb	Nazrudhun	M	40	Farmer		162 grs	Uric acid	10th Feb	7th March	Died	Median Operation. 26 small calculi of different sizes extracted from the bladder - 2 were mulberry shaped. Much thickening & induration between bladder & rectum & a large collection of pus - Prostate enlarged & filled with abscesses. The whole
7	9th April	Sreekunthe	H	32	Do		100 grs	Do	10th April	29th April	Cured (Died)	
8	12th May	Nobin	M	12	None	O	150 grs	Do	12th May	17th June	Cured	Lateral Operation. {Bladder into pouches large enough to hold a large size calculus. May contained 98 calculi from a pea to a grain in size similar to those in the bladder. Bladder thickened. The urine of a deep red colour. Kidneys healthy.
9	18th July	Lattan Meer	M	24	Do		1271 grs	Phosphatic	19th July	16th Aug	Died 7th	Post mortem. Do. Stone very heavy & rough with lamellar shaped crystals. Ab. ½ oz. Abnk 4 oz of pus in the right pleural cavity. Pelvis of both kidneys contained numerous calcareous particles - Left kidney thickened & ulcerated shrunk & softened & containing pus in its substance. Bladder much thickened & ulcerated & compromised with the rectum by a small opening. 8 oz of pus in the left thigh & pus behind the pelvic fascia extending up to the diaphragm.
10	21st July	Haneef Mond	M	65	Labourer				22nd July	25th July	Died 3	of Dysentery.
11	26th Dec	Nafore Chunder	H	35	Trader		Plumbago		26th Dec	27th Dec	Died 4	Median Section. (What was the Cause of death?) X X
12	1863 25th Feb	Mark Domon	M	65	Farmer	Sohilpore	225 grs	Uric acid	27th Feb	28th March	Cured	Lateral Operation. Stone flattened & tuberculated. Prostate much enlarged
13	2nd March	Reeday	H	82	Servant	Calcutta	576 grs		2nd March	6th March	Died 5	Do. Encysted in upper fundus of bladder & extracted with great difficulty. Risk of suffocation about the neck & subperitoneal collection before operation. The bladder enlarged & thickened in upper half. Prostate a good deal {bruised. Suffocation had taken place & extended of the kidney on the right side underneath the fascia. Sections shows inflammation
14	25th May	Bedanath	H	9	None	Bally	21 grs	Do	25th May	15th June	Cured	Median Section 3. Brought for retention of urine. Found a small oval mulberry shaped stone. Tissue was infected in the membranous portion of urethra. Stuffed back into the bladder in attempting lithotomy. Prostate not much diseased.
							22 grs					
15	6th July	Dhonojoy	H	2½	None	Calcutta			6th July	18th July	Cured	Median Section 4. Calculus was found imbedded in the membranous portion of urethra about the size of a bean
16	8th July	Soorendro	H	3	None	Do			8th July	8th July	Died (Subsequently Cured)	Do 5. The stone could not be extracted as it was wedged above the neck of the bladder. It was removed on the 6th Aug with difficulty
17	6th Aug	Nadbunk Bysee	H	11	Schollboy	Do	120 grs	Uric acid coated with Phosphates	6th Aug	19th Aug	Cured	Lateral Operation -
18	12th Oct	Andyttu	H	25	Priest	Mugra	1620 grs	Do	12th Oct	29th Nov	Cured	Do - Urine was purulent & pus contained mucous.
19	27th Oct	Lobby Canto	H	60	Farmer		418 grs		28th Oct	2nd Dec	Cured	Do An old man with prostate much enlarged
20	4th Nov	Ramchand	H	50	Do	Bhowanipore	230 grs	Phosphate	4th Nov	9th Nov	Died 6	Do. Died with symptoms of peritonitis - No Post mort. Pelvis lined. X
21	11th Nov	Ramoy	M	45	Labourer	Calcutta	37 grs		14th Nov	21st Nov	Died 7 Cause	Do A small flat stone - Heart contained decolorized clot of blood - Spleen & kidneys healthy - Liver somewhat fatty - A large collection of pus about the middle of the left psoas muscles - Femoral veins healthy. Bladder much thickened. Right lobe of prostate full of pus - Right testis {Pink contained pus - Pus under the right psoas muscles. Lungs slightly congested posteriorly.
22	1864 8th Jan	Chuntemoney	H	12	Schollboy	Do			18th Jan	18th Feb	Cured	A thin lobed stone with spicules on the surface. Probably of oxalate of lime
23	17th April	Meenay	M	30	Farmer	Hooghly	32 grs		17th April	26th April	Died 8	Do - The abdominal cavity was covered over with a layer of purulent lymph - Lower portion of descending colon was displaced. It lay on the anterior surface of bladder & was adherent to it. A Perineal tumour sloughing - Cellular tissue between bladder & rectum sloughing - Lungs healthy - Both lungs studded with tubercle at their apices. Bone undergoing softening
24	29th Aug	Bagaunt	H	42	Do	Pandooah	360 grs	Uric acid	3rd Sept	20th Sept	Died 9 Pyæmia	Do. Right pleura filled with serofurulent fluid. Right lung contained at its base & posterior surface gangrenous portions from the size of a lemon to a dollar
25	10th Sept	Shaik Nazum	M	32	Servant	Mahesfore	480 grs	Do	11th Sept	9th Oct	Cured	Do
26	2nd Nov	Shibos	M	60	Dacoit	Calcutta			7th Nov	7th Nov	Died 10	Do Bad kidney Pelvis filled (Why died the day?) X X
27	1865 5th Jan	Dewick	M	28	Farmer	Nuddea	222 grs	Do	8th Jan	11th Feb	Cured	
28	25th Jan	Ramchander	H	41	Porter	Calcutta	336 grs		27th Jan	4th March	Cured	Had varicella shortly in the Ward, but ~~[illegible]~~ recovered.
29	25th April	Godadhur	H	48	Servant	Do	930 grs	Uric acid	3rd May	8th June	Cured	Lateral Operation
30	22nd May	Shaik Hillaledeen	M	32	Farmer	Dongoion	360 grs	Do Coated with phosphate	24th May	4th July	Cured	Do
31	7th June	Bhobotarom	H	2½	None	Hooghly	130 grs	Do	10th June	25th June	Cured	Do
32	14th July	Cappy	H	60	Raiber	Do			20th July	24th July	Died 11	Do Died of Uræmia - No urine secreted after operation - Considerable hemorrhage during operation - Kidneys much diseased - Right one had a [illegible] at the upper part about the size of a small orange - Left one had several small cysts - Kidney shrunk & very fatty - Bladder thickened & ulcerated - Wound healthy healing - No infiltration of urine - Other organs healthy

Right lung hepatized - knots dilated & hepatized -
Left one shrivelled - Heart thickened ~~[illegible]~~
Red inflamed patches in the Vascular tunics near
Stomach - One fungiform yellow abscess in branches
near the opening of the right Ureter - No calculi
either in Kidneys or bladder - Cellular tissue surrounding
the neck of bladder inflamed & [illegible] Hard

Post-mortem examination

On removing the scalp, a circular opening about the size of an eight-ounce bottle, was found on the anterior portion of the left Parietal bone. & looked just as if that portion of the Skull had been replaced. The Dura-mater corresponding to that hole in the Skull was deficient, its margins were ulcerated & the rest somewhat congested. On separating the membrane from the brain there was found a thick layer of pus covering the surface of the cerebrum above an inch & half around the seat of injury. The brain substance was destroyed to the depth of about two (2) inches. There were no special

of tone found. The destructive process did not however extend either to the Corpus striatum or optic thalamus, but the left ventricle contained about an ounce & half of fluid. The remaining portions of the brain substance were generally softer than in natural. There was found a thin layer of extravasated blood on the under surface of the anterior lobes & right half of the middle lobe, lying between them & the dura mater. No fracture was detected in any other portion of the skull.

17th May 1865

Brojo Mohun Roy, aged 30 years was admitted in the Medical College Hospital on the 28th Jany 1866.

Has had discharge from the Urethra for the last 2½ years

Has observed diminution in the size of the stream of water he passes for the last 1 year till at present it comes in a stream about the size of No 1 Catheter. Sometimes it falls in drops & had retention of urine twice last month but it was relieved of itself. Catheterism was tried but not successfully –

Has fat Hydrocele of the right side for the last 3 years.

29th – The right testicle swollen the sac filling up. Had slight fever yesterday – Bowels costive

30th No 3 Catheter was tried but not successfully – Passing the water in very fine stream sometimes in drops. The stricture is cartilaginous & is seated in front of the membranous portion of the Urethra

1st Feby – No 3 Catheter was tried again this morning but it could not be introduced – Hydrocele getting smaller, no pain in it.

2nd No fever – complaining of some pain on the Urethra – no pain in the Perineum

3rd No 3 Bougie passed with much difficulty – There was much bleeding from the Urethra – no fever – some pain on the Urethra –

6th No fever – Pain on the Perineum – Passes water more freely than before

11th Stream of water very fine yet. Bowels not moved since yesterday – no pain on the Perineum. Catheter tried but still unsuccessful.

13th Bolt's Dilator passed easily & the stricture dilated afterwards by No 9 – No 12 Catheter afterwards passed without any difficulty – There was some bleeding but not so much as in former occasions – Pulse 80. –

6 PM

Pulse 88 not much pain – slight oozing of blood from the Urethra – Passed water in good stream – the urine clear

14th 8½ Am Pulse 96 – Skin not hot – Tongue moist No 12 Catheter passed.

14th 6 PM. Pulse 88 – no bleeding passed water in good stream but much pain on the Perineum – no fever – no shivering no stool today.

15th 6 PM. One stool by the injection No 9 Catheter introduced this morning without difficulty

No shivering - no pain in the perineum - no bleeding - slight purulent discharge from the urethra Pulse 84 passing water in good stream

16th P.M. Pulse 88 - No 9 catheter passed with ease - no bleeding some purulent discharge from the urethra - no pain in micturition Bowels costive

17th No 8 catheter passed this morning with a little difficulty - appetite failing - purulent discharge 4/5.

19th No 10 + 11 catheters passed easily no purulent discharge from the urethra - passes water in natural stream - no pain in micturition no fever appetite good.

22nd No 10 catheter passes easily every day - no more purulent discharge

26th No 12 catheter passes easily passes water in good stream Hydrocele going down - still some fluid in it. Water drawn off to the extent of 1 pint & the sac injected

27th Had slight fever last night slight pain in the scrotum it is filling up - no stool for 2 days

28th 2 stools - scrotum has fallen it is hard & painful

6 P.M. Has not fever since 3 P.M. the fever came on with little shivering the scrotum big & painful.

1st March. No fever today the swelling going down

2nd Passing water freely - Pain & swelling of the scrotum much less.

Memo.

Mohun Chunder, a hindoo boy, aged 10, was admitted into Dr. Fayrer's Ward on the 14th May 1866 with Compound dislocation of the wrist.

Six days before admission, he fell whilst climbing a Mango tree from a height of about 30 feet.

On admission the Radius and Ulna (right forearm) protruded through a wound on the inner aspect of the wrist, to the extent of half an inch. The protruding bones were denuded of periosteum and there was a very fœtid discharge from the wound. The ends of Radius and Ulna were saw off; the bones reduced into their place, and the arm put on a splint. Before admission he had fever for four days with slight rigors. He continued improving after the operation, and now the wound is almost healed and he possesses considerable motion of the wrist.

John M. Thompson
Dresser

with not much
variation of the
pulse, temp.
resp.— till a
few hours before
death — till
noon of 31st when
temp. began to
fall: pulse resp.
remaining in
them came rapidly
& he died at 4½
P.M. — with labored
breathing slow (48)
resp. — ~~4~~

Got no rigors after
after operation —
but a much sensation of cold
at about 10 A.M.
of 31st &
tongue remained
pink throughout,
generally dry — but
sometimes was

evening of
× & at ~~11 P.M.~~ 30th
he got slightly de-
lirious with temp.
104 ⁰ F. P. 152 &
Resp. 68.

observed worse in
this latter change.
Bowels were acting
well at first: but
they got loose by
morning of the 30th
when the abdomen
got tender: & tym-
panitic in the
afternoon & as
the peritonitis
proceeded, resp.
became groaning
& irregular —
Bowels became
confined since
30th midnight —
Kidneys were all
the while acting
~~properly~~ — & the
urine of 30th con-
tained no albumen
no phosphates, but
some bile pigment
turns slightly acid
test-paper with
Sp. Gr. 1010.

^ freely

no symptom of diffuse infl.n was observed except some pain in the ~~left~~ axillary infraaxillary & infra scapular & the scapular regions, where pots were ~~applied~~ on the p. m. Eg.n observed quite blue.

P. M. Eg.n 16 hrs after.

Bloody serum in left pleura & pericardium - Fibrinous clot in right heart - left heart with dark pitchy blood - Right pleura filled with white puriform ~~liquid~~ fluid.n a patch of gangrene at base of left lung about 1½ inch square - & a few in this & a great many in the left lung, were the patches of yellowish white tuberculous-looking infiltration, which in some was diffluent & pulpy in centre, thus in their circumference - which not a few of them broken, contained dark central nucleus with diverging streaks from it. Axillary vein (left) not at all inflamed - neither its branches nor its trunk the subclavian -

× The which surface of the lung was adherent to the pleura & the adjacent lobes by not thin, shaggy, soft, straw-colored ~~lymph~~ layer of lymph -

temp.e 101-2 ax.

The fever, before the operation (on 27/5/69) had began ~~from~~ morning of 25/5/69. ~~subs~~ ~~subsid~~ & heightened by the last rigor at 5 P.m. 26th, subsided 4 hours after the operation: & the patient felt quite easy at 5 P.m. 27th with a temp.e 98.8 ax. ~~since~~ ~~not at the~~ & he remained well till midnight. But then began the fever (Temp.e ~~from~~ 102.a - 104.o ~~gradually~~ higher in the smaller hours after midnight - with pulse 130 - 140. & resp.n 50 - 68. Hab. breathing in ~~the~~ 12 hours after operation continued with

Name - Khetter Mohun Dey.

Age - 40.

Resident of Calcutta - Shib Pakuro lane. near mint.

Occupation flour grinder.

Married.

admitted on 18th Sept. 1884 - 7 pm

Has been suffering from constipated bowels for 6 days previous to his admission - Cannot attribute any cause for it - used to vomit several times a day - had no pain - was in good health previous to the attack - Previous to the commencement of the disease (ie) 6 days before admission, he had had soft stools & vomited 8 or 10 times - This state of things remained for 4½ hours - had pain in abdomen 2 days previous to admission

At the time when the pain came
intervened - vomited blood.
(4) 2 days previous this occurred

No. 25

Month	Date	Ce
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y narrow foreskin - There was much bleeding after
ibited by constant digital pressure - Lungs ~~highly~~ ...
... of the left ventricle

... discharge from
the urethra - Papes water in
natural at

Month	Date	Particulars of Case
		Cerebral Congestion.

and the pupils to respond to the light. He gradually improved - and about 9 P.M. he began to show further symptoms of reaction. He had been in the Nelson Infirmary for Sick & Injured Seamen, they brought him home, when the hotel was closing. At 9 P.M. He became violent struggled & struck his attendants. His wounds had not bled any afresh. I saw him & directed him by ice to the head ~~[illegible]~~ He went to sleep shortly after. I had ~~been~~ ordered pain the head and walked about the room, when he passed peacefully.

" 4 This morning I found him much better. He is partly conscious, replies in monosyllables - but ~~also~~ his head has been shaved & his wounds strapped up. Pulse very feeble. He has complained of pain in the second & left. Ordered perfect rest - to be watched by Mary & his attendants - a little bottle & a vermifuge at intervals. and if his head should get hot - ice to be applied immediately

Month	Date	Particulars of Case
		Cerebral Congestion
Dec	5	Today and yesterday he has been wandering. he is conscious at times. Says he feels very weak does not appear to recollect what has happened - To day he seems to remember that he is in the house of Mr H. Jones. Thought he was in Malta - Later repeated why his head was shaved, why he was bled. His head is now cool. Pulse 88. Sensible & Comprehensible. Bowels Confined. He looks more natural now than he did yesterday. He has had some cooling medicine & very light diet. Bath. "
"	6	He is much better. More rational. Pulse 84. Slept last night according to his attendants, not at all according to himself. Bowels confined - had an aperient draught. Urine dist. Mind not to be entirely in as it might be by back complaint and association - He does not remember what has happened, but talks freely of what happened months & years ago - Tongue coated. He remembers circumstances but confused as to details

Month	Date	Particulars of Case
		Cerebral Congestion.
Dec	7	His pulse is quiet at 84. his bowels are constipated. Appetite not good. he is restless, startled at noise. desponding and saying that he is dying we did not let him die. He has a great tendency to recur to our objections in our again, but otherwise he is rational in his conversation. sleep been quiet. Mind & anxious have been. & doubt if he appears to be worthy being too much
"	8	He is much the same to-day, restless and harping on his delusions. bowels confined. Ordered Calomel gr ii at 9. he carefully watched, he says we are talking of suicide
"	9	taken out for a walk this morning morning. but mind still depressed
"	10	He walked two miles. this morning he is anxious to return to his work. always harping on his delusions. He sits & sleeps well this night tell me & talks much in his sleep
"	11	He is looking better, and is perfectly rational on all points except; he still harps on his own delusions & says he had rather he died - He is much better. Mark round the neck very nearly gone. so much so that he is allowed to have a looking glass. for a few hours in the morning

Month	Date	Particulars of Case
		Congestion of the Brain.
Decr.	12	He seems rather more depressed than usual today, but physically he is doing well
"	13	Troubled by an inflamed blister on the foot caused by application when he was insensible. He is as depressed as ever
"	14	Blister inflamed. Dressed with water dressing. He general health improves, but the Melancholia continues
"	15	An attack of Spasm in bowels this morning with all respects resembles the same
"	16	Doing well. Foot better. Spirits still low.
"	17	The blood is almost entirely free from the congestive. The foot is better – Spirits still low
"	19	Doing well. Still in low spirits
"	20	In very low spirits having received letter from Mrs. T. saying he is not to return. Repeated expression of desire for death & prays that he may have another fit
	21	Rather better in a state more cheerful today
	22	Better. Is to take a ride tomorrow morning.
"	23	He expressed the service to day very low in consequence
"	24.	He is slowly improving
"	26	Much the same to day yesterday. He takes morning rides regd
"	28	He improves in health but spirits still low

Continued at page 104 –

Month	Date	Particulars of Case
		Amputation of Fore arm
Dec	6	A boy named Sall Mohun Nathu aged 13 years admitted 6th Dec. with Comp: Fract: of right fore arm and simple fract: of left F. A. The injury caused by falling from a tree a week ago. The right arm is slouching & inflamed. The tendons divided. Bones rough from the wound. Ends of the bones removed. Amputated in the upper third by modified circular. Made the flaps on the stump with the scalpel. & cut through the muscles with a long scalpel. Only one ligature applied. Just a trifle hæmorrhage & oozing. The boy is in a state of constitutional irritation. Injected freely & dressed with acid of Iodin & water.
"	7	Slightly feverish. Stump looks well. Keep on my pulse.
"	8	Stump swollen and painful. Not healing kept it wetted with Cold water. Bowels to be opened with an aperient
"	9.	He has had spasmodic twitchings of the left leg since the amputation. Today he has decided tetanus. but he is to live for amputation. Poultice stump & chloroform
"	10	The poor boy has expired after attacks of tetanus. Spasm. & decided tremors. Chloroform mix v. Sol: Morph: p. p. Inj 3 hourly Poultice

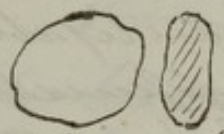
Month	Date	Particulars of Case
		Amputated Fore arm
Dec	11th	Delirium Spasmodic Tremens Incoherent - had been under Obl. The Spasm relaxed. Nourishment kept up during the day - pulse & stump. Wife is greatly sinking. Her pulse is so bad that I feel afraid to amputate again, doubtful would shorten at least of the work. Continue Brandy - Opium pill in 4 hrs & Sol: - also Spir Æth Sulph Dulcis
"	12	Died this morning. Spasm continued at 2 P.M. I was informed that he had died shortly before

Admitted 5th Dec
Amputated 6th "
Delirium Symptom 9 - "
Died - 12 "
In Hospital - 8 days

Month	Date	Particulars of Case
Dec.		Inguinal Hernia Spermi Varicocele
Dec	4	A fine stout healthy looking young Punjabi named Shabag Khan (unmitted) aged 22 years. admitted on Nov 3 Dec with Inguinal Hernia of left side. He says it small & the scrotum not larger than an orange. It is rather difficult to reduce. He says he has had it for several days. and that it came first during, a week after sexual intercourse Applied a small plug. The following morning I found that he had removed it by turning the thread with the pillow. he said the pain & inflammation were so great.
Dec	5	Reapplied the plug.
"	7	Discharge commencing about the thread. he is very important to have it removed.
"	8	In the last two days he has had frequent rigors purulent expectoration last night he says tinged with blood. There is a profuse purulent discharge from about the plug and thread. Took out the plug, and applied the pad and bandage.
"	9	Inspiration come down a good deal & swelling & more swelling - extends upwards
"	10	Doing well. There is a free discharge.

Month	Date	Particulars of Case
		Inguinal Hernia Lymphatic
Dec	11	Doing well. Surface painless discharge from the middle holes. Part of the Scrotum where the plug passed. has sloughed. Plenty of induration in the Canal — Pad & bandage.
"	12	Doing well, very impatient —
"	14	Swelling of Testicle diminishing. Ordinary leg Suspense. He is doing well
"	15	A good deal of Swelling of the Testicle he is doing well.
"	17	He is doing well
"	19	Doing very well. Swelling much diminished.
"	25	Swelling of Testicle and induration much diminished. Wound nearly healed
"	27	To sit up and walk about a little
"	31	Doing well. became a trifle. No return of the hernia
Jany	1	He is discharged to day at his own request became a trifle, is weak. Apparently the hernia is cured.

Admitted Dec 3rd
Plug entered " 4 (Removed 1
Re applied " 5
Removed " 8
Discharged cured. Jany 1
In Hospital 30 days

Month	Date	Particulars of Case
		Loose Cartilage in knee joint-
Dec.	7	This morning Partridge removed a loose Cartilage from the left knee joint of a man, American, named Carey aged 48. years who has been in hospital some time & was admitted on for Perineal section.— The Cartilage was felt at the inner side of the patella. When being fixed it was removed by an incision made over it with a tenotomy knife. It was a little as a hard dried button Cartilage or cuticle grey on the skin  He has had it for many years and it has often caused him much pain and lameness. Frequently he has fallen down on deck (he is a Sailor) from the pain caused by the falling under the patella. It sometimes disappeared for weeks but made its appearance again at the same spot. There was a good deal of hæmorrhage from arterial & venous branches.- The wound was closed with two wire sutures. Cured the knee with ice
"	8	He says he has had great pain all night. his knee is inflammed. and swollen, apparently a good deal of fluid effused into the joint.— But knee has been cured with ice.- He is to have leeches and fomentations. He has had opium

No 28 CASE BOOK.

Month	Date	Particulars of Case
		Loose Cartilage
Dec	9.	Pain and inflammation apparently less. Slept better last night —
	11	In less pain, but still a good deal of swelling about the joint, redness of the skin. Fomentation. He is taking Iam uprinced, Morphia chloroform Acetates —
	11	He had sharp rigors at 5 P.M. yesterday. The knee is less painful, but is swollen and red, particularly skin round the ligature points. I can feel a suppuration in the joint. His tongue foul. pulse 136. He has had 4 grains of Morphia since yesterday.
	12	Had rigors several times since yesterday. There is suppuration & pus in the joint = pus oozes out & bubbles up in presence. His pulse is much accelerated about 136. Tongue coated. He says he is very weak and has frequent ~~sweats~~ sweats = the knee is swollen and red, but not much pain except on pressure. He has had vomiting — I (in P's absence) recommended Soda water & Brandy, Beef tea, poultices. Discontinue the morphia during the day — and apply Lumbar Strapping abdomen

Month	Date	Particulars of Case
		Loose Cartilage
Dec	13	Acute Cystitis & Lymphangitis, no pain in knee, but swelling round the muscles was.
"	14	Pulse 120. Urine not so much coated. Left pain. pus oozes from the knee where probed - Continue poultice ...
"	17	He is weak. Discharge profuse. Appears to have punctured joint & pus abouts. Thigh swollen. Incision made on outer & inner part, but no pus escaped.
"	18	Pulse now 120 feeble - left pain in knee Discharge profuse. None from the incision. He feels very weak Poultices. Stimulants and Opiates
"	19	Pulse 120. Sores on buttocks have been worrying - Urine scant & Skin cool. Discharge from joint profuse - Bed sores are worrying him back.
"	20	Much as yesterday. P 120.
"	21.	Pulse sinking. Consultation. Bradcas. Thomas Pastridge. Amputation of thigh decided on and performed. by double flap. He became very low after the operation on the table. pulse hands imperceptible. Joint brute disorganized. Synovitis fine. Synovial membranes & cartilages

Month	Date	Particulars of Case
		Scrotal Tumour
Dec	8	Removed a Scrotal Tumour weighing after removal, when the fluids had drained away, 34 lbs. 12 ounces. Used a Pad to compress the neck, a suggestion of Dr Mackie. He lost but little blood – Dressing were found on the left side a large hydrocele, on the right the tunica vaginalis fully filled with serous matter and much thickened in its parts ossified. The man is a Bakkal aged 39 years of age. Pulse Jordoo. He has incipient Elephantiasis of the left leg. In Bhuttan in good health, except that he is subject to attacks of the usual fever. He had hydrocele for 10 years but it is only two years since he noticed the first swelling of the Scrotum due to Elephantiasis. The tumour was taken away by Mr Francis Surgeon of the Steamer "Calcutta" & assistant in the College of Surgeons in London.
"	9	A ligature removed after being past the [illegible]. He is doing well this morning in rather weak.
"	10	He is doing well.

Month	Date	Particulars of Case
		Medical Summary.
Dec.	11	He is rather low. pulse weak & depressed. but on the whole is doing well.
"	12	He is doing very well.
"	15	Wound has been dressed. He is doing well.
"	18	Wound looks healthy.
	31	Continues satisfactorily.
Jany	9	Doing well. gradually closing.
Feb	14	He is near healed
March	3	He has a small bit still uncicatrized.
"	21	He is very nearly cicatrized. I have not seen any case in which such a great compression has been exerted by the cicatrix as this. The spinal pulsation is much impeded by it. but no ill result appears to have produced. He has had no fever. I may remark since the operation.
	23	He asks to be discharged. Left hum. p. True is very little unhealed.

Nov. 26

Admitted Dec. 8th

Operated — 8th

Discharged. March 24th

In Hospital Days - 91

A good deal of delay caused by the latter part of the cicatrization which was tedious.

Month	Date	Particulars of Case
		Scrotal Tumour
Dec.	11	This morning I removed a Scrotal tumour (weight lbs 5 oz 7) from a Man named Madhub Chunder Dey aged 30 years. residently of Jyrampore admitted yesterday. He has had it for 5 or 6 years. and has incipient elephantiasis of the right leg. he is healthy looking but has occasionally attacks of fever. I used Dr Macleod's cord. and it ligatured admirably. The tumour was a pedunculated lipoma and about 25 ligatures were needed. and the vessels of the cord were numerous. The cord completely controlled them and in no way embarrassed the operation.
"	12	He is doing very well.
"	13	He is doing very well. Dressings removed.
"	15	He has been dressed and it is looking well.
"	18	Healing satisfactorily
"	31	Contracting by degrees —
Jany	9	He is doing well. gradually doing.
"	26	The foot is still uncicatrized. but it is steadily progressing towards it —
Feb	14	He is discharged cured to day

Admitted
Operated Dec 11
Discharged Feb 14th
Days after Operation
ended undressed 66 Days

Month	Date	Particulars of Case
		Loose Cartilage Knee joint - Continued from p 89.
Dec	21	Synovial membrane & cartilages diseased. The cartilage a dull color. lost its pearly appearance. dull color. bone exposed in some places. cartilage frayed in broad & shallow grooves - large & deep pitted pus extending up the thigh and down the leg. - The muscular tissues generally adherent & thickened & inflammation
"	22.	He rallied a little after the operation late one evening spoke. but he sank again and died at 1 P.M.

Operated on Dec. 7th
Died — Dec 22d
Duration Days - 15.

Month	Date	Particulars of Case
		Fracture of the jaw in two places
Decr.	11	A man named Hussein Ally aged 25 yr. fell from a height of about 5 or 6 feet and fractured his jaw between the left lower canine & first bicuspid, tearing the mucous membrane. Also the right angle of the jaw just behind the molar teeth. The deformity was very great. The central portion was drawn down & displaced laterally. The left side was dragged to one side. There was not much difficulty in reducing it; but it was very difficult to keep it in position. This was effected by a bandage & Cardboard Splint. There was a good deal of bleeding caused by the efforts at reduction.
"	12	The jaw is in place, but he complains that he cannot eat. Ordered him Beef tea injections and food to be injected through the nostrils
"	13	Doing well. but line of jaw slightly displaced
"	14	The line of teeth slightly irregular. removed the bandage. applied more wax round the teeth, and fresh splint and bandaged. with a bit of Cork
"	15	Partially displaced. bandaged him again
"	17	Doing well

Month	Date	Particulars of Case
		Fractured of the foot.
Decr	18	Doing well.
"	19	Removed splint and bandage. The foot is still immovable —
"	20	Doing well.
"	22	The foot is in good position doing well.
"	24	Doing well
"	26	Doing well. Urine commencing to come and appears numerous
"	28.	Removing the bandage found the foot has united firmly. Moves very slightly inwards but has, on the whole, done well. At his own request he is discharged today but he is to return on Saturday. The wounds are still round the ankle —

Admitted Decr 11th
Discharged cured Decr 28th
In Hospital Days 18

N° 32 See page 41

CASE BOOK.

Month	Date	Particulars of Case
		Inguinal Hernia, Same, 2d Operation
Dec.	14	Rupd Polak readmitted Saturday. The hernia has protruded, but much less than on the former occasion. Applied the plug as usual this morning.
"	18	Took out the plug, the discharge being purulent.
"	20	Doing well.
"	25	The wound has healed. He is doing well
"	28	Discharged apparently cured. He is cautioned to wear a truss, and not make any exertion for some weeks.

Readmitted Dec. 14th
Plug applied " 14th
" removed " 18th
Discharged cured " 28
In Hospital Days 15

Month	Date	Particulars of Case
		Amputation of leg modified circular
Dec	17	A Mahomedan named Shumsheer Porter, aged 25 years admitted at about 3 P.M. to-day with a severe Comp: Com: fracture of tibia and fibula of left leg. Caused by the falling of a log of wood somewhere near the Alipore bridge where he was working. The bone was split and comminuted for about 1/3 of the length. The anterior tibial artery was divided and there was a wound at the anterior part of the leg about an inch in length. The artery has been divided cleanly the split bone, and the blood had flowed freely – he had unfortunately lost a large quantity ere I saw him. I amputated (two months after of tibia for excision. Dog notes of the wounded artery.) by the modified circular making the flaps from without inwards and from behind forwards. The leg was removed in the upper third of just below the tubercle. The head & remaining portion of the fibula are movable. I feel much anxiety & allow attention to be directed up the member, because its health & safety & the health & life of the patient
18 Slept well in the night, but he is doing well & fair: his pulse is still 140 R. he asks for food

Month	Date	Particulars of Case
		Amputation of leg.
Dec.	19	Pulse 120. Image moist. In pain. Stump looks well.
"	20	Doing well. Discharge commencing
"	21	Pulse 100. Image clean. Stump looks well
"	22	Took out some of the sutures. Discharge more profuse. but healthy. Pulse 104. Image moist & clean. The appearance of his bowels are not clear.
"	24	Had slight diarrhoea yesterday is better to day & stump looks well. Discharge profuse
"	25	Stump looks very well, all the ligatures but one have come away. In pain
"	27	He is doing well. Image is clean & pulse 100. Stump looks well. but in one spot the edges of the fibula are pressing & causing ulceration.
"	28.	Discharge free. Sutures all separated & ligatures still attached. a piece of stone about the size of a 4 anna piece has slipped under the fibula. As the whole this he is doing pretty well.
"	29	Much the same to day.
"	31	Doing very well. but opened in a circular form, but it is alone doing well
Jany	1	So doing well
"	3	Doing well. a large bit of bone exposed back. apparently dead —

Month	Date	Particulars of Case
		Injury to knee joint
Dec.	17	Mrs R. Married Employer - age about 50. Stout healthy looking woman. Said to be of nervous hysterical temperament and just about the change of life. It transpires she was walking down suddenly by the side of a sick relative about whom she was anxious. Felt something give way in the left knee. She took good notice of it at the time. But it began to become painful soon after. and for so much so that she was quite laid up. She could not walk and any movement of the knee caused great pain. It does not appear to have swelled much - She had Martin's Splint & applied. but she remains unable to move the limb. The joint is perhaps slightly swollen. She cannot walk. but she can stand on the leg and attempt to use the joint is attended with sudden pain. Her general health seems not much affected. On examining the joint. we found that the ligaments are relaxed. There is lateral (but very slight) of the bones in the direction of flexion. The ligamentum patellæ is not altered & attached as usual

Month	Date	Particulars of Case
		Injury to Knee joint
Dec.	17	fails so. The patella is certainly more movable than natural. On pressing it down on the Condyles it is firm - and a distinct grating is heard. The Cartilages are evidently denuded & inflamed - The patient complains of pain. on the inner side of the knee there is a ridge nothing distinctly perceptible under the thick adipose tissues. On either side of the lunar cartilage displaced, or it is a case of long deposit. She is said to be subject to Rheumatism and was once laid up with a rheumatic attack in the shoulder caused by an accident I look upon this case as partly hysterical but that it is complicated with blood mischief going on in the joint, the Cartilages of the patella & femur are injured and the ridge is probably a long deposit. Dr Webb thinks it is the semilunar cartilage The actual Cautery was applied both on inner side of the joint. The leg placed in a splint and P.R. ordered for the pain

Month	Date	Particulars of Case
		Injury to Knee joint.
"	24	Dr Webb informed me last night that there was a good deal of pain & inflammation & the joint was much affected
Jany	13	The wounds are healing. The body pretty well, notwithstanding the confinement. and the pain in the knee is certainly better: tho' she still has pain but as she is rheumatic it may be due to Rheumatism. The patella seems firmer. The wounds are now healing
Feb	13	Saw her with Dr Webb. She is still unable to walk. but the knee is better. no falling of patella and less swelling of the leg & knee. wounds cicatrized. She has been ill Menses - smelling like sarsapilla - no doubt the healing Bro Bazar used it
April	2	I have heard that she returned to Dinajpur, that pain still felt in the knee joint. & that she was under the same circumstances before she came down to Calcutta.

Month	Date	Particulars of Case
		Perineal Section. removal of Calculus.
Dec	26	A man named Nufmehmud Biswas, aged 38 years presented himself this morning with a Calculus in the Urethra just in the anterior part of the Scrotum. He was bleeding his penis and in passing a small instrument the urine came away deeply stained with blood. The Calculus could not be extracted by forceps & the bleeding was to purpose to admit of his much tried. He had an hour passed down stairs but it was bleeding then. he knew what it was not. he says. due to the catheter. He has been in pain for some time. I introduced a full sized sound & pushed it back to the perineum where I cut it out. about the size of a pea. I now dilated the passage & introduced my forceps into the bladder. this was painfully filled with clotted blood. injected it & introduced a tube into the bladder through the wound.
"	27	He seems low this morning. Tube was removed from the wound as he became very irritable. Feverish & delirious. Pulse is very feeble

Month	Date	Particulars of Case
		Perineal Section.
Dec^r	27	Urine flows through the wound. I ascertained an inch & found stone lodged in the bladder. added ice to the Permanganate & Tinct Opii Opium mixture &c. Stimulating Mixture (Brandy).
	28	He died last night. pulse 150 very low he gradually sank. P.M. 48 hrs. Bladder thickened & contracted. Some lymph & pus on the mucous membrane where the bleeding had taken place — much thickening & infiltration of blood by the bottom round the bladder neck. Left kidney large — ureter as large as an adult's ureter. — left kidney double to 1/4 of its natural size. its ureter also enlarged. Liver rather large & fatty. — Stone shewed well round in calculi in bladder & prostate
		Admitted Dec 26th Died — " 27th

Continued from page 82

Month	Date	Particulars of Case
		Cerebral Congestion & & c
Dec 2	31	Consultation of Sir Duncan Gardner & Dr. Hedley advised patient not to attempt further exertion to travel except for a year. His foot has been inflamed again from walking in other respects he is better.
Jany	1	Much as usual. Foot healing.
"	5	He continues to improve. but his spirits are still low.
"	7	I have not seen him for the last two days but he is doing well. I hear
"	9.	I saw him yesterday. he was much the same. He sails to day for England in the "Bengal Fleuve"
Feb	4	Heard a report of his poor health. he was improving, but still depressed and very anxious with not perfect health
April	10	Hear that he is now living with his family at Rugby. that he is much better & takes with his sons and superintends his affairs. So let us search of what caused his illness.
June	11	The Home News of 11th May 63 - reports that he destroyed himself by hanging early on the morning of 8th May He was with his brother J. P. Gibbon Esq. The latter says he had retired in Dec last - since then he had been subject to extreme depression. The Jury found that he had destroyed himself while in an unsound state of mind -

Month	Date	Particulars of Case
Decr.		Fractured leg.
Decr.	28	Hammond an English Jockey age 18 was dashed violently against a post by his horse swerving when at full speed. The left leg was broken in two places and much bruised, a quantity of blood effused into the cellular tissue. His right hand was also injured. The metacarpal bone of thumb broken at its articular extremity with phalanx. His ~~right leg~~ left eyebrow also cut as the result of mental angle — Placed the limb in a Mr Butyer's splint. Put hand in a ball of lead — put a silver stitch in the eyebrow — Applied mucilaginous lotion to the leg.
"	26	Had pain in the stomach yesterday from his head. It was relieved. Some Bowels have been moved by oil
"	27	Complaining of pain in the head and cough. Sensibility in the expectoration. but he has not had hitherto. He had certainly a cough at the time of the accident — Smooth Cough Mixture occasionally. Swelling of leg much decreased. Keep it wet with cold water — Admitted at Mr Butyer's splint —
"	28	He is doing well. Cough easier.

Month	Date	Particulars of Case
		Fractured leg.
Dec	31	Adjusted the splints yesterday. Placed the leg in side splints - swelling considerably reduced on the whole he is doing well. his cough is better - the hand is nearly well -
Jany	1	He is going on well. Rather restless and sleeps poorly. Appetite pretty fair. Cough better.
"	5	He is doing very well
"	7	He was dangerously ill yesterday. I did not see him to-day.
"	10	Union is commencing. Removed and adjusted the splints to-day he is doing very well
"	13	Bandaged the leg anew to-day. The bones accurating but they are not yet firm
"	15	The leg is getting gradually firmer
"	20	Bones have united but not quite firm as yet.
"	25	Removed the splints found the bones united in good position but still not quite firm. put the leg up again. He is keeping his health very well.
"	28	Removed the inner splint. The bones are nearly firm
Feb	4	Placed him on a stretcher bandaged the limb still slightly flexible
"	7	Strengthened the bandage by rewetting
"	10	He is sitting up. leg feels firm

Month	Date	Particulars of Case
		Fractured leg
Feb	14	Removed the starched bandage. found the leg is still slightly flexible. reapplied the splint - he is recommended to take full diet - and usual quantity of wine & beer. He is then very good and reduced by the confinement. but he says he feels pretty well and has a tolerable good appetite - he says he feels the bone still move in a certain time like it. this I think must be a deception for the flexible I can not detect any fracture or movement of the ends of the bone in each other.
"	19	Examined the leg. It is very nearly quite firm. he lifts it fairly from the bed. no flexion is perceptible on manipulating it. bathed the leg. and poured water over it. applied the splints again. his general health keeps good
"	22	It is still a very little flexible but it is gradually consolidating. reapplied the splints after cold douche operation. Recommended him to move about a little
March	2.	He had the splints removed entirely still slight suspicion of flexibility. first-day attenuation leg pretty shrunken in shortness

Continued on page 133

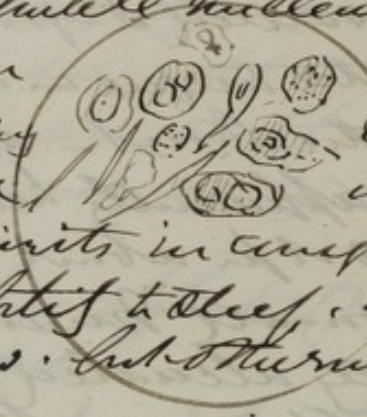
Month	Date	Particulars of Case
		Strangulated Hernia.
Dec.	27	An old Hindoo named from the South of India, aet 65 years, admitted this morning in P. bed with a hernia of the left side. Suffering from all the symptoms of strangulation. He was vomiting, bowels constipated, twisting pain at navel. Pulse rapid and feeble. A fatal case. Operation. All efforts taxis, ice, chloroform failing to reduce it. At 4 P.M. in P. ward I saw him. He said he had had hernia for years but that the present urgency is of 6 days standing. I found him low. Vomiting & suffering from intense pain. The neck of the tumour was most tense & painful. Put him under chloroform and operated. Sac very loose. I passed a director almost needless. Opened the sac & divided the strictured ring. Attempted taxis but could reduce no impression. Opened the sac: found it much thickened at the neck. Had to split the neck of the sac up. Impossible to return the gut. Bowel was much thickened, the peritoneum being also very thick. In the meantime the intestine the peritoneum covering the gut ruptured & split

Month	Date	Particulars of Case
		Strangulated Hernia.
Dec	27	and the muscular fibres of the sac could be seen. A quantity of deeply coloured (red) serum escaped from the under part of the sac when it was divided. The constriction seemed to be in two places, at the neck as the external and internal rings and all tissues were bleed to lay open. The intestine was much thickened reddened and ~~[illegible]~~ formed in places with lymph wounds not sloughy. Ordered Mist Opii p i 3 qqh hourly.
"	28.	In less pain. Vomiting ceased. but hiccup continues. Bowels have not acted but he feels as tho' they would act. Let him have some Castor & Olive oil & stop the vomiting. An Enema is sent the Opium as there is no pain. The skin also is cool. and his tongue moist. pulse feeble - 98 —
"	29.	Tongue coated and dry. Pain about the wound. Bowels have been partly relieved. Hiccup better. Pulse 98. feeble. He looks depressed. & still hiccups at intervals. The wound has united nearly the 1st intention.
"	31	Very weak. pulse feeble. wound partly healed but pus within a copious discharge - Tongue dry hiccup at intervals. abdominal tenderness. Bowels have been very relieved. Has had Opium & Chlorodyne
Jan	2	He died yesterday. Gradually sank

Month	Date	Particulars of Case Amputation Leg Continued
Jany	5	He is doing very well. a bit of bone has to separate
"	7	He is doing well.
"	9	He is doing well.
"	13	Improving daily - a bit of bone to come away
"	16	Bit of bone exfoliated two days ago. He is doing well
"	20	It is healing rapidly. Has healthy pus
"	23	Doing well.
"	26	Doing well. nearly healed —
"	30	Stump healed. Not quite the bone protruded is still granulating He is in capital health.
Feb	2	A small portion of the bone came still unhealed.
"	4	Nearly well - Set limb be fitted with a wooden leg.
"	9	It is all but healed.
"	10	Removed a little spicula of bone
"	11	All but healed.
"	12	Another small bit of bone came away
"	16	Nearly healed. wooden leg being fitted —
"	19	Wound healed
"	22	Wooden leg not quite ready) is rather lame not able to walk the very of very steel.
"		Discharged Cured Feb. 22?
		Admitted & Amputated Dec 17 62 —
		In Hospital Days

Month	Date	Particulars of Case
		Cancer of Tongue
Jany	7.	To day I assisted Dr Goodwin to dissect a cancer of the tongue in Mr J— Tongue in the B.N.A. — aged about 42. of spare & apparently healthy parents. He has had it for about 9 ian — it came first as a small "mucous tubercle" it gradually ulcerated, having been cauterized at times with Nit: acid. and now it is a large slimy looking one on the left side of the tongue reaching the anterior half of the organ extending to the left half side. The mucous membrane over the sublingual gland in that side is hardened & the gland is hard & hard. The tissues behind the tongue & on the anterior aspect of the throat and the submaxillary glands are slightly enlarged, it is probably from irritation. The ulcer has an elevated, ragged & slimy look. The tongue all round it is hardened. There is constant pain, pain and profuse flow of saliva. He complained of pain in the ears & when he swallows. Under the microscope it presented all the indications of cancer, proliferation of cells, granule cells, nucleate

Month	Date	Particulars of Case
Jany	7	Cancer of Tongue and double malleolus. Long form of Cancer Call in such. It has been increasing rather rapid of late and he is much depressed in spirits in consequence. Pain & inability to sleep, & at. he has become very low. but otherwise his health is good.



The tongue left as
is shading in
- the lines inside
which were made
and were passed
needles.

To day after consultation Dr Jordan
passed ligatures round the base of the
tongue. diagonally. and along the
floor of the mouth. just dividing the
tongue back from the gum. two incisor
teeth were extracted at the
There was nothing much bleeding.
The operation was tedious occupying
more than an hour as I was very careful
to pass the needles & took care
to reflect the tongue from the
gum attachment
Before applying the ligatures the
isolating sutures were divided first.

Month	Date	Particulars of Case
		Cancer of Tongue
Jany	7	behind the posterior pillar on the side opposite to Mr Hilton's. It was done by cutting down to the bone and cut the course of the nerve. He lost chloroform from G. D. Pathridge to Martin, who at one assisted Dr Frodsie. The amount of blood lost was small & the oozing after the operation was checked by a solution of tannic acid. An opiate was given immediately. It was most difficult to get the hydrochloric passed in consequence of the difficulty of opening the mouth when the hydrochloric was passed. It was very difficult to be done properly. The tied & swollen condition of the parts of the tongue induced them to have the operation was completed.
	8.	He had a good deal of cough and oozing of blood. Checked by ~~[illegible]~~ applying strong solution of tannic acid. He vomited some decomposed blood. Pulse 120 – He looks pallid & weak but has less pain than before the operation.
	9	Doing pretty well. Pulse 120. Tongue looks dark & tied & hanging on surface

Month	Date	Particulars of Case
		Cancer of Tongue
Jany	10	A good part of the dead portion was removed by snipping away as the sign it caused some pain by dragging on the tongue, more on the part. There was a little oozing from the cut surface but the blood was dull & dead looking. Injected with Chloride of Zinc solution. Jaw very stiff & tetanic & required Bayley's Enemas. He sips a little milk. He looks better, is quite free from pain, and as the pulse is decidedly
"	12	The heater part included in the ligature has come away. The rest has a sloughy appearance as has the floor of the mouth. A small portion included in the ligature retains vitality. But the disease is apparently all gone. Applied Chloride of Zinc to the remaining part
"	13	Pulse under 100 and fuller. Some of the tongue came away. But it is evident that a large nodule of it is still attached to the ligature as the base of deep groove is cut as the base. Chloride of Zinc is applied to destroy some of it — He takes food better and is stronger
"	16	To day the piece of tongue came away. A small ulceration had been evidently

Month	Date	Particulars of Case
		Cancer & removal of Tongue

left unincluded in the ligature. He was secured to day by tearing a wire round the neck of it & dropped off without bleeding. Three days ago the ligature at the base and that in the pharynx the mortification came away, having cut through between them. They had torpid ulcerate the other. Thus. The cure of the tongue is supposed by the loss of Bell sentiment & had ordinary sensation impaired. Floor

The diagonal ligature came away later when the tongue was separated by the wire. The loss was a little larger than the other. Both these days ago & had been tightened by a screw & reduced to a very small span.

He is doing well. Pulse fuller & stronger. Countenance healthy. Eates & sleeps good better than he did. Cause of the ~~pain~~ pain corresponding to the site of the cancer in the tongue. There is still a cancerous patch & a lump a stand which can be felt through the floor of the mouth. It is just behind a part of the bone & stand. Strange

Month.	Date	Particulars of Case
		Radical Cure of Hernia
Jany	5	Nobo Coomar Sen, age 45 – Hindoo admitted into the 1st Surgical Ward on 5 Jan/63 with Oblique Inguinal Hernia of right side. Duration of the hernia before admission is stated to have been about one year. One and a half month ago he was operated on for the radical cure of the hernia by a native village barber but without success. The cicatrix is still visible. He says then a bola plug and an instrument with two prongs was used. The prongs were passed through the plug and then introduced after incorporating a fold of the scrotum into the inguinal canal. The ends of the prongs were secured from slipping by binding them with thread and the apparatus allowed to remain for one day after which removed. Tyrrell's operation for the radical cure of Hernia was performed on the 10th Jany/63. A small plug was used.
Jan	12	It was removed on the 12th as it had ulcerated through the skin and caused a good deal of discharge.
"	13	Pulse under 100. and fuller. Tongue moist. ~~Dropsical swelling – but it is no wonder this. A large hydrocele is still alive in spite of the hydrocele. A deep fissure is left of the~~

Month	Date	Particulars of Case
		Radical Cure of Hernia.
		~~as with the base Chloride & was applied again. He takes food better now & is improving~~
Jany	13	Doing well, inspiration down. Discharge free, no pain.
"	15	Doing well. Discharge healthy & less.
"	20	Doing well – a bad stay passed.
"	24	Hernia has a tending to come down again.
"	25	Removed dressing. The hernia has come down – wound and healing.
Feby	5	Wound nearly healed. Just the hernia down
"	15	Fitted with a truss. Discharged at
"	16	his own request.
		The Operation failed

Admitted Jany 5th
Operated " 10th
Hernia returned " 25th
Truss applied Feby 15
Discharged " 16th
In Hospital – Days 43

Month	Date	Particulars of Case
		Cancer & Lymphatic of Tongue
July	16	a lymphatic gland - It is not to be interfered with at present
"	19	Looks very clean & healthy. The affected spot on the fore surface of the tongue is increasing, and it seems to correspond to the submaxillary gland. At all events the pain below the jaw seems more from to feel - His general health seems much improved. The expressive countenance is more tranquil and his eye has not the expressive anxious look it had - He takes food well, has left off the morphia. Pulse natural. He cannot speak yet
"	27	Tongue nearly healed. He can speak very fairly, a few words in a minute or two. His general health seems much improved - expressive of countenance quite changed - but in the fore on left side of the tongue the disease is returning rapidly, a large ~~and~~ purple lump elevated. Tongue deviates to left side when protruded. It does not appear to involve the bone. Not the second tongue

Month	Date	Particulars of Case
		Cancer & Removal of part of Tongue.
Jany	28	Removed (by Dr Goodeve) the new growth connected with the floor of the mouth and the tongue. They seemed to separate readily from the parts, but in the floor of the mouth there was still some fatty infiltration which prevented us taking away the left side of the tongue but removed. The tongue remains less movable than the other.
Feb	5	Heard he is very well. Said him out taking a drive —
"	7.	I paid him visit. The last wounds had healed. The tongue has cicatrized — a livid looking cicatrix. There is now no fungoid looking growth in the floor of the mouth which the last was removed. He sails in the Steamer of the 9th. I taken a letter to Mr Paget — I believe that the disease will return and have no doubt will prove ultimately fatal — It may be perhaps protracted. Mr Spurgeon. I indeed that must involve parts of the gland. However he has gone away hopeful and good spirits.
June	18	Heard of his death in England. No Particulars

Month	Date	Particulars of Case
		Radical Cure of Hernia.
Jany	19	L. Humphry, age 26: admitted on the 19th with inguinal hernia of left side down as far as testicle. has had it for 4 years also gonorrhoea. Has long cured by medical appliances. The operation for the radical cure was performed this morning with a moderate sized strap under chloroform.
"	20	Doing well. Had a good deal of pain and a restless night: but he appears to sleep this morning. Some redness round the threads.
"	21	Some pain but no discharge yet.
"	23	Discharge free took out the stitches. No fever. no pain. he is doing well
"	24	Inoculation remains up. Slight discharge no fever. no pain. Testicle (on left) swollen.
"	25	Doing very well
"	26	A good deal of the inoculated stitch has come down. but he is doing well. The hernia is firm. Testicle is still swollen
"	28	Testicle still swollen. Hernia firm yet.
"	30	Wounds are nearly healed.
Feb	4	Fitted with a truss. Tested the hernia which appears to be cured. Let him walk about.
	9	In the night of the hernia testicle seems

Month	Date	Particulars of Case
		Radical Cure of Hernia
Feb	9	Swollen on that side wound healed He wears his truss –
"	15	Jumping. No return of hernia –
"	21	Went out on leave – Apparently cured
"	24	He is still in Hospital – a small spot where the ligatures were tied is not united – he says he thinks that part is now protruding –
"	26.	Discharged apparently cured –
		Admitted 4 Jany.
		Operated on. " 19th
		Stys removed – " 23
		Truss applied Feby – 4th
		Discharged cured Feby 26th

Month	Date	Particulars of Case
		Injury to head
Jany	20th	Last night at I was asked by Dr Bonnet to see Mr Bennett Aymit – who had been picked up near Lord Hardinge's statue insensible at about 7½ P.M. having been thrown from his horse – No one saw the accident: and as the horse is very quiet – the presumption is that he was knocked off by a carriage. A severe contusion in the upper & deep part of the parietal bone immediately – a very severe contusion on the right side of the head & on the right inner ankle, indicate great violence. I saw him at about 3½ P.M. He was insensible – skin warm – temperature equable all over – pulse 50 – moderately full – Dr B. tells me that it was much depressed & he was much depressed. Reaction has set in. He was uneasy. Lying about & making faint moaning. Left pupil natural – responds perfectly to light – right widely dilated and all but insensible. Right arm and right leg appear to be paralysed and relaxed. He moves the left arm and left leg, but the right seem quite motionless – notwithstanding the pinching the feet the left is immediately drawn out of the way – the right not responded

Month	Date	Particulars of Case
		Injury to head
Jany	20	unconscious. He was clutching constantly with the left hand at the pubes — some urine had been drawn off by catheter — He did not appear conscious, and made no reply or sign of intelligence when spoken to in a loud tone. He constantly snapped down when pressed over the head, & contained quiet. Shaved the head. applied cold. he has had an enema. Let him have catheter & drops ii. warm enema if necessary.
"	7 p.m.	Much the same. pulse about 80. Doubtful if he makes any movement — decided indication of stertor at times, but no puffing of the cheeks. Can swallow. has some beef tea from catheter all — Cold to head — warmth to feet — fresh air.
"	1 p.m.	Much the same. Red Mark on low thy day he appeared to notice his wife I find no change except that his pulse is slower — no hem. no excitement.
"	6 p.m.	Bromide have acted perf. not any better. perfect insensibility. faint stertor at times. Pupils left hemisphere unequal — right inferior contracted to a pinhole — right pupil widely dilated. but slightly fourth. No wound or depression or fracture of skull. no blood or fluid from ear. or nose. No injection of the membranes

Month	Date	Particulars of Case
		Perineal Section for Stricture
Jany	20	Bakur Mullick Mahomedan aged 35 peasant admitted 18th Jany 1863 - About 4 years ago had fever which lasted a month. 4 months later his husband the stream to diminish. It continued to do so until he passed water in drops. About a year and half ago two abscesses formed in the perineum, which did not heal, and have left fistulous openings through which little urine trickles. There are also stone stones communicating. Passed No 1 with difficulty -
"		This morning under Chloroform, aided by Dr Simpson of Dacca. I divided the stricture on No 1 grooved staff. - There was some haemorrhage during & after the operation.
"	21.	He is doing well. has had slight haemorrhage urine flowing freely through perineal tube. Slow a little hot, but he is doing pretty well on the whole
"	22.	Took out the tube & introduced a catheter No 8 - He is doing well
"	23	Dressing & other day, had Dr Sim 3 last night: urine passes freely. Took out the catheter. Passed a larger one but did not leave it in. He is doing very well & has no fever.
"	24	Passed No 9. He is doing well

No 42 CASE BOOK.

Month	Date	Particulars of Case
		Perineal Section for Stricture
Jany	25	Has fever to day. due probably to a suppurating wound in the cicatrix where the Bougie recently opened a small tumour. Urine flows through both passages. Passed a full sized Instrument
"	26	No fever. no pain. urine passes pretty clear through both passages. Dressed in the morning & polished as the tube & capillaries had all been removed –
"	27.	Doing well. No pain. No fever. Urine passes clearly by the urethra wound, wound looks healthy.
"	29	Does very well. wound suppurating healing urine passes clearly by natural passage Passed full sized Instrument
"	30	He is doing remarkably well. Urine flows partly natural passage wound superficially closing. Passed an Instrument as usual.
Feb	2	He is doing well.
"	4	No urine passes by wound. He is nearly well
"	7.	Wound nearly healed, full sized Instr passed easily
"	8	Wound cicatrizing. passed No 18
"	9	Discharged cured – to attend and return to have Instr passed.

Admitted Jany 25
Operation " 20
Discharged cured Feb. 9
In Hospital Days 23.

No 41 continued from page 123.

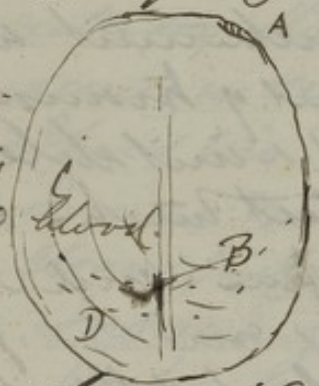
CASE BOOK.

Month	Date	Particulars of Case
Jany		Injury to head.
Jany	20	Nurse in attend: to watch the hour-glass. Keep ice to the head. Give him a little brandy occasionally. & keep all quiet as possible.
"	21.	It was reported to me this morning that he died in the night. He gradually got lower & became more feeble and finally died in the night.

P.M. at about 10 p.m. 21st Jany. The head only examined. There was an extensive contusion of the right side of the face & chin as shewn by ecchymosis also above right eyebrow & scalp. Face distorted. Eyes seal[illegible] & swelling. Calvarium & brain the dura & brain a quantity of dark blood and coagulated blood about 8 to 10 ounces escaped. This had come from rupture of the longitudinal sinus near its junction at the occipital protuberance. It was on the left side & was confined to the region of the direction of the force of the blow on the right side of the head. Under the arachnoid there was a delicate layer of blood as thin as silk paper covering the convex

Month	Date	Particulars of Case
		Injury to head.

Internal. The veins on the surface of the convolutions were also much ~~apparently~~ injected. The Brain was firm and healthy in structure. When cut into there were some vascular points but no extravasation. No blood in the ventricles. Minute blebs were not observed. No lacerating of the brain substance could be detected.
The skull was not fractured. Neither was there any depression.



A. Seat of injury to the forehead
B rupture of brain
C.D Extravasated blood

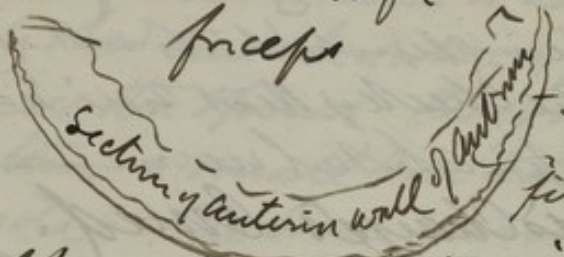
There was an extensive ecchymosis in the anterior cranial fossa of right side. but no bone broken
I have no doubt concussion would have been inevitable. This must have been rapidly followed by extravasation into the cerebral surface, chiefly on the left side, this accounts for paralysis of the right side. The cut alluding to right parietal region refers to the injury on the forehead.

Month	Date	Particulars of Case
		Perineal section for Stricture
Jany	22.	Went with Dr. Palmer to see a Baboo named Gopee Mohun Chatterjee in Bagh Bazar — aged about 55 years, stunted and in poor health from the effects of long suffering. He has had stricture for years. & is now worse than it has been. The Perinæum is hard and swollen. He is constantly attempting to micturate & passing a few drops at a time. He has come in from the district for treatment. He has cough & has had pain lately. No instrument would pass the stricture in point of tremendous ligament. Very hard & irritable. Bled freely from the slightest touch. Dr. P. put him under Chloroform. and I divided the stricture in the usual point & passed a catheter which with great difficulty I got through at — It was very difficult to get the tube into the bladder but I succeeded & the urine flowed freely. He was much relieved. Nothing much happened & I saw him 3 P.M. Dr P. visited me & attended twice
"	23	He is doing well. but there has been some oozing of blood during the night as they had no rest to watch him: but he is feeling much relieved

Month	Date	Particulars of Case
		Perineal Section for Stricture -
Jany	24	A little bleeding again yesterday. but he is doing well. urine flows through the tube quite clear. He has left hair. Took out the tube & passed a full size catheter.
"	25	Had a little fever yesterday. tongue looks healthy. slight purulent discharge from T. - says the urine burns him. Bowels not open - Ordered a dose of Oil. Inst. Mist. Dig. & Bras. & Dr. Hargrave. Passed a full sized instrument —
"	26.	He had fever yesterday after noon & was restless & wandering in the night. tongue dry & brown. Spirit given the morning free from fever. Tongue moist. p-120. urine flowing clear & freely - tongue looks healthy. Instrument passed with the greatest ease. He has been taking no food during the day yesterday - Ordered him Infus - P. Comp. & Tonic —
"	27	Had less fever yesterday. Rigors had none last night. bowels moved twice naturally. urine flows clear & freely. tongue looks healthy. pulse 120. head looks bad & depressed. but he has taken his food better & has heard 2 oz of P. Comp. - Instrument passed easily
"	28	Slight pain last night. Made three incisions into Scrotum for suppuration commencing - Pulse 112. Tongue moist tongue looks well. Urine free & healthy.

Month	Date	Particulars of Case
		Removal of part of Sup: Maxilla
Jany	23d	This morning with assistance of Dr Partridge Simpson of Dacca, Brown 8th, Carter 39th Infy &c &c I removed portion of upper jaw. Patient's name Ram Chunder age 25 sent to Hospital by Mr Spence C.S. of Hooghly. The tumor was on right side and had all the appearance of an innocent growth. The skin over it was quite healthy. The mouth not much encroached on, but the nose turned aside & the operation complicated by its extent on that side. I had previously probed a small fistula into the tumor & ascertained that it was hollow & the walls were thick. It appeared also that it had been there at Hooghly. Opened Maxillary Sp. Divided the upper lip into the mental and turned the cheek aside, preserving the anterior part of the tumor. I then felt my finger into the nasal opening of the antrum and adjusting a knife cut along the soft & hard palate & cartilaginous structure over the teeth until approaching the malar bone it became too hard for the knife. I completed the excision with cutting forceps removing as much of the bone as possible of bony nature.

Month	Date	Particulars of Case
		Removal of part of Sup: Maxilla
Jany	23	The bleeding from several small vessels was profuse. No vessel of any importance was divided. The face removed had an attached shell of bone and this was lined by a tough cartilaginous structure. Greater part of it could be cut with a knife. The rest divided by bone forceps



On the upper wall just at the inner corner of the cavity ~~an incisor~~ canine tooth was growing looking as this it was imbedded in the under surface of the floor of the orbit. This was removed with Doth's forceps — an incision had also been made in the orbit with the object of making a space to commence the incision in the alveolar process of the jaw which should be removed entirely.

" 24 A good deal of swelling of face. Took out the lint with alum. The cavity is stuffed & wounded at out

" 25 Face swollen. Slight oozing of blood. No pain. Wound in lip healed.

" 26 Doing well. Some oozing yesterday. No pain. No pain. Has a good appetite. Face still swollen.

" 27 He is doing well. Face less swollen. No pain

Month	Date	Particulars of Case
		Removal of part of Superior Maxilla
Jany	28	Doing well.
"	29	Took out the sutures, lips perfectly united. He is doing well in all respects.
"	30	He is doing well in all respects.
Feb.	2	He is doing well
"	5	He is almost fit to go out. He says that the cheek is that side has no feeling. upon which the wound was divided.
"	13	Discharged Cured. The cavity is immediately closed partly by contraction, partly by granulation.
		Admitted 20th Jany
		Operated 23 "
		Discharged cured 13 Feb

No 36 CASE BOOK. continued from page 107

Month	Date	Particulars of Case
		Fractured leg —
March	5th	He is doing very well. but as the union is not quite firm. slightly anterior-posterior flexion occurs. I placed one splint on the leg again. It is remarkable how very little thickening there is about the seat of fracture — The union is also very good probably good enough to allow of plain tissue
	10	removed the splint. The foot is rather edematous. a small sore has formed on the outer side. The knee seems nearly free he can walk with crutches very easily
"	13	Though the leg is partially flexible he leans on it. & the crutches the leg is improving. but he is not yet able to bear much weight —
"	16.	Leg gradually regaining strength and solidity. he walks with crutches putting the foot to the ground occasionally —
	20	The leg seems firm. but it is curved slightly posteriorly. no shortening beyond what is caused by the curve. I have recommended him to go to Newport for a sea
	31.	The leg is now quite firm. slightly curved backwards. but not laterally. He can bear a good deal of weight on it. He goes per exchange by the Kathleen steamer this evening —
April	23	He returned from Bonmahon yesterday leg much stronger
June	18	came to see me. quite recovered walks well

Month	Date	Particulars of Case
		Perineal section for stricture
Jany	28	Naked poultices. Pain worse of late Buy lea. Evening
"	29	Had no pain yesterday, but been low. Pulse 112. but feeble. Has hiccough. Urine more - but feel. Bowels moved 3 times. Urine drawn off. Clear healthy. Wound perfectly healthy but partly the section is frequent in doubt the cause, beyond retention of the urine. Dirge of the hiccough. Skin is cold & clammy. Countenance has a depressed look. Skin is low spirits, has complained of the hiccough & drinks. Naked poultices. Stimulants — Milk & Water Gruel & Sulphuric Phosphoric to stop hiccough. Plant 7 pond. Naked poultices to Injections. Good management at 8 p.m. he was much the same. Avoided continuance of some treatment — and. second also. Headache two more punctures the catheter Dr Fyler having been taken off. Dr Abbott & Dr Andrews attended in evening
"	30	No fever. Pulse 112. but feeble. He had an opiate last night & rei-

No 43 CASE BOOK.

Month	Date	Particulars of Case
		Remittent Fever
July	30	Convy. He looks depressed and pulse small but looks perfectly healthy. & the urine is pale yellow. Bowels perfectly Natural Character. No Sensation in stomach, but is not eating since yesterday. Wind. Port wine & port pennyroyal. Do Spirits unless he is very restless. No Bowels have a tendency to loose. — Hiccup at times, is troublesome. Said him again at 3 p.m. Found him much in the same state. Pulse feebler & very frequent. — Urine scanty. Urine morning. Wind wine & stimulants. Continue & nutritious diet. Beef tea & Bird broth frequently. He has not had it yet today as he feels had delayed preparing it
	31.	Had little sleep last night. Bowels have acted once. Pulse 112. Feeble. Stools are separating. Find urine plenty of Port wine & Beef tea. Urine clear.
July	1.	Pulse 120. Stools separating. Wind looks healthy. Has attendant drinks. Port & wine as usual. Made another Pennyroyal

Month	Date	Particulars of Case
July	2	Better. Pulse 120. but feeble. Tongue some all separated & tho' cannot be looked healthy. He is in better spirits. Takes food better. Bowels act. loose but not excessive. Heart sounds. Continue all. Dist. day morning.
"	4	Much the same. bowels both well. but his appetite & spirits are feeble. P. 120. Tongue clean. tender & dry. Bowels inclined to diarrhoea. He had an epistaxis last night. Continue same treatment. Add. Sup. Acetate of potash when diarrhoea threatens.
"	5	Did not see him. but had a good report this morning
"	6	Doing well: had slight fever yesterday but better well this morning. Urine better well. No 12 passed since into bladder. Tongue moist. but smooth & red tints. Pulse 108 - stronger than at wm. Has hiccup at times. Bowels opened twice yesterday. On the whole he is better
"	7.	A good report from the Baboo of him this morning
5 P.M.		Went to see him. Found him bad with rapid pulse 128. Tongue moist but flayed. says he has pain in right chest when he swallows. Is often need sputum. Bowels both acted

Month	Date	Particulars of Case
		Retention of Urine. Perineal Section
July	1	A man named Gurmo Chunder aged 35 years. Brought to the Hospital this morning with Retention. He has had Stricture for 4 years and disappeared last night. Bubbles Injections, Bore and hing and pain the Scrotum and Perineum full of urine. He made incision in the Scrotum and separated a quantity of urine. He is very low in appearance, pulse rapid & feeble, face low, countenance depressed, anxious. Scrotum flaccid, perineum distended. I put him under Chloroform & Catheter have tried to pass a fine Catheter without success. I entered the middle line and opened the urethra. Passed a tube into the bladder and let the urine flow. Made deep incision in Perineum, Scrotum and abdomen. Found bladder & surrounding parts infiltrated with urine. Washed with lime water. Beef tea and brandy. — Prescribed
"	2	Pulse 120. Tongue clean & moist. Very weak but Rheumatic. Prescribed food & stimulants. Bark & ammonia.

Month	Date	Particulars of Case
		Extravasation of urine. Perineal section
July	4th	Better. pulse still weak 138. Urine clearing. Slough separating. Urine flows through wound. He takes 6 oz of P.W. & Bonch. Ann. with B. Tinct full dose — Pulse 120 & full.
"	5	Better. pulse 120. Urine clearing — Slough nearly all separated. Urine flows freely. Passed a small but No 4 into the bladder. Left it there — Let him have P.W. 5. He food & medicine as usual. I should have mentioned that I divided a stricture, on the prostate, just behind the bulb.
"	6	He improves. p 120. Urine mixed with pus. Let him have as much as he can eat.
"	7	He is better. Slough have all separated. Urine mixed with pus. Pulse still rapid 124. Passed a larger catheter —
"	8	Does better. pulse still rapid. Wound healthy. —
"	9	Wounds look rather dry. Urine tending to dryness — Skin hot & dry. pulse rapid 132. Meantime I am glad he has pulmonary mixture. Let him have Quin. p ii to-day
"	11	He is doing well. Urine clear. p 120. Wounds healthy. Stitches come out of the

Month	Date	Particulars of Case
		Perineal section for lithotomy.
Feb.	11	Operated patient to-day with lithotomy and lithotrity
"	12	Granulation going on healthily — but he is weak. Feed him well — Pulse No 6. daily.
"	14	Has been daily, urinate both by surprapub. — Urine muddy to the [illegible] — Discontinue the catheter — Same pill in the same diet —
"	15	Does not make much progress. Wounds look healthy. but he gets hard fever daily — Take his food badly. Give quinine pill daily
"	18	Much the same, wounds look dry & have little action. tending to Diarrhoea. Omit all medicine — Give plain nourishing food
"	22	He is somewhat better. Wounds are gradually contracting, but the progress is slow — He has had a tendency to constipation.
"	23	Passed a catheter again, find it tight, the matter pus contracting. but the urine all flows from the perineum. Otherwise he is doing pretty well — Bowels opened with Castor oil — Continue same diet —
"	24	He is slowly improving — wounds look fair and healthy. but he is weak.

Month	Date	Particulars of Case
		Removal of Encapsted tumour
		Age 35 - T 40. Nothing Purpose
Feby	4th	A tall Jemadar Afghan named Ally Khan presented himself with a tumour on the back just under the lower angle of the right Scapula. It was very movable & elastic. painful when pressed. Removed it by incision. It was lying under Rhomboides & lying close to the skin & had vessels on large inland pulse was divided in the operation. The tumour was a encysted Cyst. had been inflamed & contained a quantity of pus. I dissected it out entire & stitched the edge of the wound together with iron wires.
	5	Very well. no hemorrhage. fever rather stiff.
	7	Part of the wound united. Purulent discharge from the lower part.
"	11	He is nearly well. sutures taken out yesterday. a small portion lower portion discharging thin pus.
"	14	wound nearly healed
"	15	a very small portion still unhealed but he is anxious to be out discharged.

Admitted Feby 4
Operated " 4
Discharged - 15 = 12 days

No 13 Continued from page 138 —

CASE BOOK.

Month	Date	Particulars of Case
		Perineal Section.
Feby	8th	This morning I saw him again. He has been very low. Pulse barely perceptible. No abnormal sounds in the chest. — Sounds of the bowels are clear. Stools healthy & this morning healthy urine. The tongue has a red smooth moist surface. He has passed urine a good deal of pus & blood collected in the mouth. Bowels have acted twice healthily. He is sinking but from what it is hard to say. He has no sign of Pneumonia or Pleurisy. His sounds are perfectly healthy. He has had Stimulants. At bed time he had a dose of Morphia. ½ gr: & slept until 2 a.m. Yesterday in anticipation of pain the Babu gave him a dose of Quinine. He has been fed as usual — Ordered Stimulants and hot bottles to the feet —
	9th	It was reported to me this morning by Babu Nil Madhub Bhattacharjee that he died yesterday at 10 AM. He informing me that his corpse says that he used to suffer much from pain of a burning character in the chest & throat —

Month	Date	Particulars of Case
		Tetanus
July.	21.	This afternoon I was requested by a note from Mr Ferris of Scott Thompson & Co to see Mr Thurnage who was said to be suffering from Tetanus. at No 5 Chapel I found a healthy looking Man of Sufficient size of fair complexion. reclining on a sofa. he was unable to open his mouth as he had pain in the neck & jaws. He had had some severe spasms in the neck & throat - he had been walking about in great anxiety in consequence - He had taken a dose of Oil & Injection since time before. it had operated freely 3 times. He was well last night except a slight cold. when he went to bed. he slept soundly. & when he awoke he found his fingers & all stiff. at breakfast he found his tongue felt tied & he ate. When I saw him he seemed. rational. his pulse & tongue not natural, nothing in food to account for it. He had not taken anything medical. His friends say he has been rather out of health lately. but that yesterday he was well - He is steady & trustworthy - He says that a few

Month	Date	Particulars of Case
		Tetanus
Dec	21	morning as he struck he felt a cold water poured over him & that after it he had some muscular pains in the back but these had passed away. His skin was cool & moist. Pulse quick, say 100. He could walk. Came out into the bright light of the veranda to shew himself. The sun at last shined. He was able to swallow & when the mucus collected in his throat it brought on spasms of the muscles of swallowing & coughing & breathing. D. Macrae also saw him. He gave him chloroform and child inhaling it. He had most painful spasms. He became tired insensible. Struggled out of bed. He had also spasms after the murder of the trooper at Mintime. The chloroform between relaxed him & when he recovered he was rational & said he felt much better. We asked Freeman to be respected. He to the spasms. D. Macrae gave him 1/4 gr of Belladonna.
	18 Mar	Saw him again. He had had spasms. Injected morphine

No 27

CASE BOOK.

Month	Date	Particulars of Case
		Tetanus
Feb	21	Morphia inj into the Hypoch. and thence kept to the Spine – Enema of Beef tea frequently – & Chloroform inhalations occasionally.
Feb	22.	He slept between the paroxysms having one or two of peculiar affect during the morning respiration. Whilst down there he had very severe pain & duration, he became livid pulse almost failed. He was with difficulty kept in bed – in his struggles. Whilst the spasms appeared confined to the Jaws. Tongue and muscles of the thorax & chest – the back was but slightly touched. The limbs & abdomen were not rigid. He had another violent spasm at 9 p.m. when Macrae was there and died in it.

This is the only case of Idiopathic tetanus I have seen in the Sunderland and it is my opinion to account for it. It did not escape my thought that Strychnine might have been the cause but the Clonic of the tetanus, beginning chiefly Trismus – extending gradually to the Rectus trunk – were against that. Death appeared to result from a combination of Asphyxia & Nervous exhaustion.

Month	Date	Particulars of Case
		Scrotal Tumor
July	23	A man named Robert Kipen Norkaya aged 38 years - very stout & strongly constitution with adeps residence of Mulgrave & Hoghly admitted July - 18th 1863 with Sleeplessness. Removed the tumor the 26th following in the usual way. There were no lymphatics the left testicle was small & about natural size - The right I could not find. Some incised & slightly contracted & the tumor in the white fibrous tissue. He had become very low on the table and found to prolong the operation - I therefore tied the cord - I subsequently dissected out the testicle and found the tubular structure distended and imbedded in a thick hard capsule. No lymphatics. 3 or 4 ligatures were applied - I was very careful & used the cord compressor but the hemorrhage was considerable. He was very low on the table & the wound made of his fat & prepared heart made me fear to prolong the operation -
The tumor was very firm & had no lymphatics & weighed about 3 or 4 lbs
"	24	Same day. Faintish. No hemorrhage - on the whole doing pretty well.
"	26	Dress the wound. He is doing well

Month	Date	Particulars of Case
		Scrotal Tumour
Feby.	27	He is doing well in all respects.
March	3	Sutures have all come away. It is granulating healthily.
"	9	He is doing very well.
"	13	Rapidly contracting. does well in every way
"	18	Making rapid progress
"	28	The wound has nearly healed. he is in capital health.
April	"	The wound has very nearly cicatrized. He had slight pain a day or two ago which seemed to be a little & was accompanied by a small spot of ulceration in the cicatrix but he is all right again. talks about leaving the Hospital in a few days. He is an intelligent lad.
"	23	There is a small spot still ulcerating. He is in excellent health.
"	28	Discharged Cured

Admitted Feby 18
Operated " 23
Discharged Cured April 28
In Hospital Days 70.

No 45 Continued CASE BOOK. from page 139

Month	Date	Particulars of Case
		Perineal Section for extravasation –
March	3	Wounds all healthy & he is gradually improving. but the urine still flows from the perineal wound – the catheter has not been passed lately & it causes much constitutional disturbance – he takes his food well
"	4	Passed a catheter this morning
"	5	– Passed a catheter this morning
"	8	Passed a catheter again. wound contracting
"	10	Wound slowly contracting; passed a catheter again
"	13	Slowly improving; wounds contracting by deposits of pus on the surface. but the scrotal hernia increasing –
"	18	Slowly improving – the wound in the abdomen has closed & the urine nearly ceases – Passed No 6.
"	21	Contraction & cicatrizing going on ~~[illegible]~~ slowly. The right testicle is closed. The left still opened. The abscess in the perineum is decreasing. His health is improving
"	28.	His general health is improving daily. The wound gradually contracting I pass an instrument occasionally to keep the urethra dilated
April	19.	The wounds have nearly healed. He has left shirt & sling. The testes are nearly closed in & the wound in the perineum is rapidly closing

Month	Date	Particulars of Case
		Perineal Section in Elephantiasis
April	19.	The wound in the anterior part of the scrotum, made to divide the structure there, has reunited, a day or two ago I repeated the edges & brought them together with three sutures, leaving a tube in the perineum. The edges have partially united but not satisfactorily — He is here now undoubtedly suffering in health and the depression in the perineum is most astonishing
"	23	The plastic operation has failed — But in other respects he is doing well
"	30	Perineal wound nearly closed.
May	4	Doing well
June	1	He is in excellent health. but there is still an opening in the Perineum. The testes have cicatrized and contracted as far as possible. but to their utmost limits: an opening is still left. This perhaps may be closed by bringing a piece of skin over it.
"	6	He is discharged today. He retains incontinently. to be relieved the perineal opening —

Admitted Feby — 1
Discharged June — 6.

Month	Date	Particulars of Case
		Amputation of Left Arm.
July	25	A healthy looking little native boy age
10 a.m.		10 years name Beepin Behary Bose.
		Residing at - Bee Bunge
		was admitted this morning with a bad
		compound fracture of the left arm. and
		a Collar fracture of the same wrist.
		He fell from a height on to a large stone
		where he had climed after a Bunch
		The humerus was protruding about 2 in.
		at the elbow joint in front. the bones
		have been dislocated. and the articular
		surface broken a crushed off in the
		fall. The bone was stripped of peri
		osteum. The arm swollen and in
		filtrated. pulse rapid. but otherwise
		the boy looked healthy. It did not ap
		pear. judging from experience,
		that there was any chance of saving
		the arm. & nothing presenting itself
		to keep it - I therefore amputated
		at the upper third. above the injured
		part. and found that it was
		necessary to apply the left thumb of
		ligatures. The boy did not lose
		much blood -
"	26	Doing well. No haemorrhage. Stump
		and upper part of arm rather swollen
"	27	Stump & Shoulder swollen. a good deal

Month	Date	Particulars of Case
		Amputation of Arm
Feby	27.	Profuse oozing and tenderness. Ordered it to be fomented and
March	1	He is doing well on the whole. but he has fever in the morning. profuse discharge. stump looks well. Dressing the stump — Rice Milk Diet — Salines when fever comes on
"	2	Boy has hard fever. Stump looks sloughy. profuse discharge — pulse quick. Usual ligatures came away — Continue as before
"	3	Some ligatures & vessels came away. it looks rather better. he still is feverish.
"	4	Part of the wound has a sloughy look. but on the whole the boy is better
"	5	Gradually improving. Stump looks somewhat better this morning
"	7.	wound looks better. less fever. takes his food pretty well
"	8	Does well
"	10	Image cleaner. no fever. Stump looks more healthy. wound contracting
"	13	Stump healing. General health improved
"	16	He left the hospital ~~the~~ yesterday without leave. quite nearly well.

admitted Feb 25
Amputated " 25
Discharged March 16. in Hospital 20 days

Month	Date	Particulars of Case
		Aneurism Thoracic
April	2d	Saw a Mr. today of a case of Aneurism of Arch of Aorta. Suspicion age about 40. He came a mad matter the day before in great distress - Dyspnoea. Wheezing of Chest - Dysphagia and a pain shooting to the back of the neck - He died in the night - after an fit of Dyspnoea but not any perceptible warning. He had been drinking for 2 days before admission - Heart natural & healthy all perfect. Aorta throughout dilated and measuring at the size of an egg - but somewhat elongated - The sac of the aneurism had an opening as large as a shilling through which the blood had passed and burrowing for a short distance opened into the Oesophagus - which was distended to the size of a shilling and stuffed with clot - The rest of the lining of the all but perfectly perforated by the same disease. - He had been utterly deaf & dumb. Double hemiplegia - but no hesitation or stuttering worth talking of. The actual consistence was disposed in my presence by Dr. Chambers before death and verified by the Pathologist

Month	Date	Particulars of Case
		Lithotomy
July	27.	An old man named Sketch Dunnan aet 69 years. accidently admitted this morning with acute thoughts was simply retention of urine. On passing an Instrument calculus was found. He appears in good health. No fever. very little pain. Prostate Considerably enlarged.
"	28	Removed a fluorspar stone tuberculated Cullenlus. by the lateral Operation. Wounds were effected with small difficulty the perineum being deep the prostate large & the bladder contracted. He lost very little blood. — 2 Min 8 ++++ 22
Mark	1	He is doing well so far. Urine flows freely through the tube. Urine white. No fever. Quite quiet. He has no pain
"	2	Took out the tube. Urine flows freely. He complains of no pain. Urine contents does not take his food very well. Respect the wound of. which looks healthy & not very clean.
"	3	Urine flows freely. Faints through nothing pulse 120. Urine contents. Drowsiness. no pulse. He asks for

weighing gr: CCXXIII

Month	Date	Particulars of Case
		~~Lithotomy~~
March	3	Injure food. bowels clean. but he is feeble. Continue same treatment. Fomentations. Remain at bed home.
"	4	He had a tolerably good night. Injure moist. Bowels open. urine flows freely. Pulse 84 - but feeble. He taken his food pretty well. P.O. ½ m by 4 hours
"	5	Is better this morning. He is with rather a tendency to diarrhoea. Let him have some Chalk and Catechu with Spiri Vinum Rectificatus. Urine flows freely - Injure moist. pulse quiet, but feeble - he is in good spirits, does not complain of pain in the region of the bladder this morning
"	7	The old man is doing pretty well, the wound is clean. Urine flows pretty freely both ways, and he is free from pain & fever. Takes his food pretty well. Has a tendency to diarrhoea and some Chalk & Opium - Take care he taken no irritating food.
"	8	Has diarrhoea, but otherwise is doing well. Urine flows partly by urethra, partly the wound - Chalk mixture
"	9	Much the same as yesterday. Still a tendency to diarrhoea.

Month	Date	Particulars of Case
		Amputation of Foot Syme.
March	1.	A healthy looking elderly man Mahomedan named Shyamy Mondul aged 54 years Resident of Calcutta admitted this morning with a severe injury of the foot (left). A carriage wheel had passed over it and lacerated the integument over the inner aspect of the ankle & crushed the inner malleolus. Partly the astragalus and the scaphoid bones. Leaving the ligaments in displacing the foot. ~~[illegible]~~ The injury was too severe to attempt to preserve the foot. Amputation by Mr. Syme's method was had recourse to. but owing to the laceration it is doubtful whether the flap will survive. Lyotheres were applied R: Pii mm xxx. Fiat mixtura diebus
"	2	He had much venous oozing in the night. The heel flap full of coagulum took off dress wounds with applied R: Tinct: Catechu. Difficulty in to take it down & it bled again
"	3.	The flap looks as this it were sloughing pulse 120 - Dyspnoea [illegible]
"	4	Tongue dry brown. very restless. - Stump sloughing [illegible] and P.W. Jp Mixture

CASE BOOK.

Month	Date	Particulars of Case
		Amputation of Foot.
March	4	2 hours. Q Decorticidum 3vi: Laud: lb: 3ii Ann: Cont 3i: Ether Sul. 3ii. Cede Majti & la Marne bum — Public.
"	5	He sank rapidly and died 4 days. The suppuration extended rapidly up the limb. The weather is hot and moist to S.E. Real acceptance of temperature in the last hot days a tendency in some other cases to unhealthy action. It is hard to explain the rapid & destructive course of suppuration. He by did not appear to have suffered from the accident — he bore the operation well. Lost very little blood, and was still a healthy looking robust man

Admitted March 1
Amputated " 1.
Died " 5. & over

Month	Date	Particulars of Case
		Lithotomy
March	2.	A healthy looking young man named Bedi a servant, aged 22 years. Native resident of Vizianagram, Cuttack, admitted this morning with stone in the bladder from which he has suffered for 1½ years. As he is in good health and suffering from the pressure of the stone. I have resolved at once to the lateral operation under Chloroform. The stone was very difficult to feel, being high up & encysted in the sup. pouch of the bladder. The perineum was also very narrow and deep. Owing to the difficulty of getting hold of the stone. The operation lasted some half an hour. He did not have much blood, and was conscious during the operation.
		2 P.M. Slight haemorrhage. Urine running through the tube. He is free from all pain & much pleased that the stone has been removed. Pulse quiet & little over 100. He has a faint tingling feel & is remarkably smooth on the lips papillae are obliterated & he to the tubes.
"	3	He slept pretty well last night. The

weighs stone 31 grs xxx
Uric acid
Contents of the Morphides

Calculus

Month	Date	Particulars of Case
		Lithotomy
March	3	Urine flows freely from the tube. Took out the tube. Stitches pulled from the wound. No bleeding. Tongue dry & smooth. A good deal of abdominal tenderness. Pulse 140 & feeble. Leaden 6 to pulse. Fomentations & pairing opium during the night. A little wine at intervals
"	4	Pulse weak. Not quite so rapid as yesterday. Tongue dry. He slept pretty well. Urine flows freely from the wound & looks quite healthy. Abdominal tenderness less but still present. Cont: Fomentations. Opii gr. i every 6 hours. He says he is hungry but he will not eat on account of vomiting.
"	5	He is rather better this morning. Urine passes by the wound. There is still abdominal tenderness. Bowels not open. Ol: Ricini ℥ss. Fomentations. Opii gr. ½ every 4 hours. He is anxious for food and has already taken some.
"	6	He is very low. Tongue dry. Pulse rapid and feeble. Vomiting & delirium. Very little urine passed. Scrotum swollen and apparently infiltrated with urine on left side. Made an incision

Month	Date	Particulars of Case
		Lithotomy
March	6	Take Stimulants freely. Fomentation
"	7	He died at 3½ P.M. yesterday
"		having sunk gradually —
		P.M. at 9 A.M. 7th March —
		Body short and well developed.
		On reflecting the abdominal wall. It was
		evident that suppuration had taken place
		around the bladder under the peritoneum
		The suppuration was extensive and extended
		to the right side as high as the thorax
		and around the pubes & penetrating
		down in the cellular tissue — The peritoneal
		reflection was not injured and the
		peritoneum was not inflamed on its
		visceral surface — The prostate was not
		necessarily injured. but the parts were
		much bruised. and there apparently
		extravasation had taken place — The inner
		surface of the bladder was ecchymosed.
		in patches but no laceration. the inner
		the mucous membrane was shaded
		There was an aperture in the bladder
		just above the ~~pr~~ opening into the prostate
		but it was apparently (post mortem) —
		The other viscera were not examined
		apparently being healthy
		Operation March 2d
		Death March 6th 3 P.M.

Month	Date	Particulars of Case
		Malignant tumour on face
March	7	An Hindu man named Butsahur Sudder 50 to 60 years age, tolerably healthy in aspect. was admitted on the March with a tumour of 2 oz bulbe consistency and of a mottled red and livid color. very vascular & painful if irritated the lower part of it overhung the lower part of the cheek. It occupied the greater part of the left cheek extending from the near the margin of the eyelid to the angle of the mouth. It appeared to have originally a wart and has been irritated by native applications. and gradually worn away, when the size of a pea - 5 years ago. I secured it by passing a series of ligatures through the base and tying them firmly. The growth towards bulbe and broke down under the ligatures - bleeding rather freely.
	8	Face round the tumour swollen & inflamed. Apply cold
"	9	Part only of the tumour appears to have sloughed.
"	10	Apply a poultice
"	13	Applied another ligature as it seemed as there is a pedunculated undivided.
"	14	The tumour is now strangulated and it is separating.
"	16	Wt - 1st poultice removed
"	18	Tumour separated yesterday, wound

Month	Date	Particulars of Case
		Malignant tumour on Face
March	18	has left a granulating surface. It is too early yet to say whether it is coming back in the scar
"	19	The surface of the wound looks healthy
"	21	The wound looks very healthy and is contracting. Water dressing —
"	27	The wound is quite healthy and is rapidly contracting. Her general health is much improved. At one edge of the scar. There is a dark line on the skin the tissue were beginning to ulcerate
"	28	Her is doing very well.
"	31	Rapidly contracting —
April	3	wound nearly healed. a small portion of the margin will require removal.
"	6	It is very nearly healed
"	15	Ligatured two small growths of a similar character that have made their appearance at the margin of the old scar. which is now quite cicatrized. The growths now ligatured are rather portions left behind in the first operation, they now grow. The old man is doing very well & is much pleased
"	22	The old man went out to day quite well — Admitted March. Operated — March 7 Discharged April 22

Month	Date	Particulars of Case
		Haemorrhage from Rectum. Operation.
March	5th	Sally Brown Nurse. aged 50 years admitted on 25th July with haemorrhage from Rectum — Has had internal haemorrhoids for 20 years, which bled at long intervals. The disease has latterly been increasing. She was much reduced when admitted. Examined with Speculum & found the mucous surface of the gut thickened and congested — by my usual Instructions — applied Nitr: Acid to the part that had been bleeding — The lower portion of the gut is almost obstructed by the enlarged haemorrhoidal state — and round the anus externally are several loose folds of skin & mucous membrane — On the 27th July a dose of castor oil was given — & then she had Opium as she had had it after the Nos: sufficient to allay pain: She remained free from haemorrhage & had the benefit of the oil. The effect of the Nos was to check for the time the haemorrhage, & allay pain. but the bleeding returned in a few days —
		On the 5th March I removed by ligature — circumscribing the loose folds of skin round the anus — & stuffed it with lint to arrest the

Month	Date	Particulars of Case
		Haemorrhage from Prostatic Operation.
March	5	Haemorrhage which was sharp. —
"	7	Took out the tube: the return of haemorrhage and an injection of Gallic acid fr. x @ ℥i — Good diet. some Quinine and Perchloride — He had retention of
"	10	urine, and that from the catheter requires to be used daily, but in other respects he is better
"	13	He has had no return of haemorrhage and is regaining his strength, looks healthy Appetite better Takes Quinine
"	16	He is much better in every way —
"	18	He is nearly well. discontinued Quinine and injections — wounds healed and no haemorrhage
"	20	Slightly feverish. Take Quinine
"	23	He is doing well in all respects
"	27	For the last few days he has been complaining of pain in the left side with a tender painful tumor — the pain is diffused also on the right side of the head — Nothing to be seen in the urine — Has had twelve 3. h. Mixture of Quinine Nitric — and Opium. Is better but still complains of pain & dizziness — He looks weak & ill. The urine is perfectly well

(continued at page 180.

CASE BOOK.

No 50 Continued from page 153.

Month	Date	Particulars of Case
		Lithotomy Continued —
March	13	The old man is doing very well. The wound is healing rapidly - Urine flows through natural channel. I find that it is absolutely passing a full urged urine. He has no Diarrhoea and his bowels are regular.
"	16	The old man is doing very well. The urine almost entirely passing the natural ~~Open~~ passage - a few drops occasionally by the wound —
"	18	No urine passing by the wound which has nearly closed. He says he is very well - has a tendency to Diarrhoea
"	20	The wound has very nearly healed.
"	21	He is quite well. The opening the wound has not quite cicatrized but no urine passes through it. He insists on being discharged. being quite well.

Discharged Cured.

Admitted Feby 27th
Operated - " 28th
Urine through wound March 3rd
Entirely by urethra - " 12th
Discharged Cured " 21.
In Hospital Days 23.

P.S. He did not leave the Hospital until the 23rd March he was then quite well

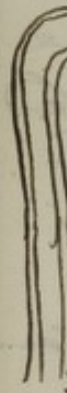
No 59

Month	Date	Particulars of Case
		Transposition of Viscera.
March	20	This morning I saw in the dead house of the Med. Coll. Hospital, the body of a middle aged woman, who had died of Ascites, owing to Cirrhosis of liver — with the heart on the right side — the liver on the left side, much diminished, the spleen on the right side; the Cardiac orifice of the stomach on the right side. The Colon on the left side & the sigmoid flexure Colon on right, a case in fact of complete transposition of Viscera. It had not been detected before death. The heart was felt beating on the right side, but had been considered to be pushed over from some cause not then ascertained — at least such was the statement made by the dresser. The woman was a Native.

Month	Date	Particulars of Case
		Tracheotomy.
March	13	At 10½ P.M. I was sent for to see a child just sent into hospital by Dr Muckenzie suffering from symptoms of croup of the 48 hours. Inspiratory in the attack of sore throat and swelling tonsils. not Diphtheritic Dr C. informed me — The boy was 3 years old an East Indian of very fair complexion — had been ailing some weeks with congestion of the lungs — He was in great distress. Breathing much difficult — Face becoming livid & lips lost their red color. Spasmodic sinking in the throat above sternum and tracheal as the inspiration continued — Dr McC could not hear to listen the heart the pulse became feeble, and cyanosis with increased congestion commenced — No time was to be lost — I opened the trachea with some difficulty — owing to the imperfect light of the candles — The pent accumulated congestion & the struggles of the poor little fellow the veins ~~became~~ became engorged

Month	Date	Particulars of Case
		Rochester
March	13	Was about twice very purpose the tube being at length [illegible] and respiration being established. The bleeding ceased, and the man [illegible] and left his lungs full. The lips resumed their color. The distress passed away and he fell asleep. His pulse began to regain its strength & became perceptible. I may mention by the way that the respiration I secured the tube, all mucous & harm cleared, stitched the wound round the tube. I placed a piece of muslin over the tube passed a blunt probe down the tube with the hint in it to clean it out unnecessary. Steam burns with the steel & cured left it placed in heating tank. Gave instructions to keep the tube clear, to pass the probe down it properly and to give it a little more alcohol & chicken broth in small occasionally
"	14	7 p.m. I found the patient dying. It appeared in fact pretty much as I meant in it had all the appearance of a man having been asphyxiated. I learned the

Month	Date	Particulars of Case
		Tracheotomy —
March	24	tube and found that the lower end of it had become obstructed by viscid mucous & blood — now nearly quite hard. The Nurses in attendance say they cleaned the tube and repeatedly loosen & extract the fragments as fast as they formed through the natural length. They say the child seemed sufficiently to breathe with the exploding mucous & bloody discharge. The result that I also had a feeling of resistance from about the tube. This no doubt took place when the tube for the far obstructed as to prevent the free ingress & egress of air — and the premature convulsions & death occurred soon after. It is my unprepared — the chance of life afforded by the operation was thus lost by the tube not being properly cleaned out. A good Tracheotomy tube for children has yet to be invented. The double one leaves too small an aperture the single one liable to obstruction. This is the second case that has occurred in my hands of the same nature proving



Tracheotomy tube for children.

Month	Date	Particulars of Case
		Injury to Bladder & Urethra
March	15.	An elderly man named Cheers aet 64 years, admitted this morning with the scrotum much swollen & the penis edematous. Skin cold. Pulse scarcely perceptible: but the voice good, and quite clear in his intellect. He was thrown down and the wheel of a heavy carriage passed over him last night — his bladder was not full at the time he had made water about 12 hours previously. The wheel passed obliquely over the left groin & the hypogastrium pubis. He was picked up & carried home passed a small quantity of urine in the night. Clean & free from blood he says — He has pain in the abdomen & feel the wheel passed but the scrotum is cold and insensible. The perineum is also distended & cold and insensible. The scrotum began to swell about an hour after the accident and he describes the pain as burning. But at present he does not suffer much pain. He appears to be low. His voice

Month	Date	Particulars of Case
		Injury to Bladder & Urethra

and suspension of Countenance very fair. He has remained the right side. Alone down when the wheel passed over him.
Passed a Catheter. It entered easily enough but slowly as the point passed into a large and undefined cavity. Some clear urine passed from the introduced gum needle into the urinary. Blood serum passed out. (Not acid nor alkaline in reaction) Made incision in the scrotum and perineum. A large quantity of serum and black blood (as from flesh). Cut into the perineum when he comes in the same cavity with the blood stained urine. Found the membranous portion of the urethra passed in a curved tube. The bladder apparently empty. The scrotum & penis & adjacent serum & blood also. Lining thoroughly infiltrated with blood and urine and lying in the scrotum and upwards. The incision some folds of small intestine and omentum. The intestines are.

Month	Date	Particulars of Case
		Injury to Bladder & Urethra.
		unfortunately ruptured. an aperture lacerated, of about half an inch in length. The intestine had been down when the wheel passed over it & then was ruptured. The fleshy part of the rectum & the bladder I suspect has also been ruptured and the vessels giving rise to the great infiltration of blood under the deep fascia. The intestine being ruptured it was not deemed advisable to return it. A peasant of a stride man having offered assistance. He was accordingly left on the road the contents of the gut: my pint having been used. He seemed to feel no pain during the operation, except when manipulating the parts. Allowed him pints of ale & brandy to prevent oozing of blood. Stimulants frequently
"	16.	He died at 1 P.M. Radically drunk. and died from exhaustion.

Month	Date	Particulars of Case
		Post Mortem of Case 56
March	17	The body stout and well formed. Viscera healthy. The hernia had returned within abdomen. Much of the small intestine near the ring deeply congested & inflamed. No peritonitis. No injury of the bladder or its peritoneal surface. The pelvic bones were not fractured. On dissecting the perineum no deep extravasation of blood behind the bladder was found. The urethra was not opened except where had introduced the tube. The membranous & prostatic portions were healthy and the bladder was unruptured. The first extravasation of blood appears to have been in the tissues of the scrotum themselves and the shock no doubt was caused chiefly by the rupture of the intestine which was done when the wheel passed over the abdomen. The serous exudation that escaped with the horse's urine, was no doubt the hydrocele fluid extravasated from the ruptured sac. The urine itself was doubtful and stained with ~~[illegible]~~ acetic acid reaction. The urine appears to have been contained in the scrotum & fat.

Month	Date	Particulars of Case
		Amputation of Foot. Syme.
March	19	A man named Bikarie Native of Gya age 34 was admitted on the 15th Feb 63 with symptoms of disease of the right ankle joint. Limb bowed outwards & surface painful discharge and constant pain. The joint immovable laterally. The ligaments have disappeared. Surfaces of joint soft & pulpy. He attributes the disease to a kick from a Cow, had sight 5 years ago. He has suffered some a leg for 2 months. Until this morning his health has been so bad. So feeble and emaciated that no operation could be attempted. Pulse now has become extremely weak. but as there is no improvement and as the pain appears to be increasing he was put under Chloroform and the foot removed by Mr Syme assisted this morning. The joint was thoroughly diseased. Cartilages gone & in a pulpy & ad condition. Ligaments gone. There was no bleeding of importance. The art: & vent: tibials were not tied the blood could be felt pulsating downwards to the wound.
		After the operation some blood flowed from the wound.
"	20	No bleeding. Poured some arnica down out of the heel. It is cold

Os calcis so much softened that it gave way in paring the foot. Had to complete the heel flap.

Month	Date	Particulars of Case
		Amputation of foot. Lymphangitis —
		and looks as tho it might perish. Unshipped it and wrapped in cotton. He says he has left pain. Had some sleep last night —
"	21.	He is better. Has left pain, purulent discharge from the edges of the wound. Tongue & pulse better. He asks for food. Says he has good appetite —
"	22.	Special state much as yesterday. Bowels. Enema. Ol: Ricini 3iv. ds. Plenty of milk. Sup clarae — The stump is discharging tolerably healthy pus —
"	23	Discharge healthy. No pain. Tongue moist & clean. His general appearance is improved. Bowels acted yesterday
"	24.	He is doing well. Took out the sutures. The discharge is healthy. A small portion of the original one side is united where a small portion of the flap sloughed. His general health seems to be improving —
"	25	Doing well. Discharge healthy. General health improving — Continue enema
"	26	Doing well. Discharge healthy. Flap has united in great part. He looks well & bright. Pyrexia & muscular strength is better than he was. He takes his food pretty well. Bowels regular.

Month	Date	Particulars of Case
		Strangulated Hernia. Operation.
March	20	A man named Madhub Chunder Chattopadhya age 50 years, a Cook, residing Shib Sahai Lane - admitted on the 20 March with symptoms of strangulated hernia at 9 pm. He has had hernia (Scrotal) for 5 years. It has frequently been down and up. But yesterday evening it came down & he has not been able to return it. He has had symptoms of strangulation for some hours. Pain, vomiting, retching & tossing about the mattress. I find him lying about, vomiting & calling out for relief. —
		Inguinal - Muscular. Ice. A tense tumour which was about the size of a small head and very tense & painful at the neck. Not with no fever effects. At 9 pm Just before under Chloroform was operated. The stricture was at the external ring and after dividing that. The hernia with a little pressure returned without opening the sac. The aponeurosis of external oblique was tense & stretched like a tympanitic abdomen & on dividing it. The tension

Month	Date	Particulars of Case
		Strangulated Hernia Operation —
March	20	was returned with the slight prepuce — Patient in bed with his knees bent, pillowed — f ii of Opium administered —
"	21	Has pain. P. 120. Tongue moist, but white. No pain. Bowels still confined, vomiting has ceased. Let him have an enema of Lepid water & soap
"	22	Pulse 112. Bowels pulsy. Has yesterday slight pain, but none at present. He has no pain except above the wound which appears to have almost united. Let him have Milk Diet — Sutures taken away.
"	23	Pulse 98. Tongue moist. Wound looks well. Bowels open. Had slight pain yesterday. He has a cough & expectoration which he has been subject to for years
"	24	Some foetid purulent discharge from the wound. The feculent part of which has closed. Removed one or two sutures. Squeezed out the pus. — He had slight pain yesterday. Pulse 92 — Continue as before
"	25	Wound looks more healthy. Discharge healthy — Less pain — Expectoration less profuse — Cough troublesome
"	26	He is doing well. No pain — Cough better. Wound healthy Cough Mixture

Month	Date	Particulars of Case
		Strangulated Hernia Operation
March	27	The whole wound has opened out. but the bottom of it is looking tolerably healthy. He is much stimulated by his cough
"	28	He is not so well. had hæmorrhage last night. some clots in the wound. pulse 100. Drops opium. but he has an anxious & depressed look. and the wound has little action. Catheter Enema. P. Vomit. 2 oz. daily food diet
"	29	A little more hæmorrhage last night. He is low. but still I think may do well
"	30	There is slight hæmorrhage caused by cough. a discharge of pus looked as the upper part of wound. In other respects he is much the same
"	31	No hæmorrhage. a little matter collected. Rep. opium
April	1	Doing well.
"	3	Improving slowly. wound healing sluggishly. Cough rather better
"	6	He is doing well. wound healthy.
"	8	Doing well
"	9	Wound healing.
"	12	Doing well
"	16	Nearly well
May	2	Discharged cured. he was a trusty

admitted March 27 Discharged May 2
Operated " 20 In Hospt. 44 days

Month	Date	Particulars of Case
		Scrotal Tumour.
March	25	A man named Rettaro from Andorla aged 40 was admitted on the 27th May/68 with a Scrotal Tumour of 15 years growth. It is not very large, but is rapidly increasing with frequently recurring attacks of pain. He has had Nitrate applied to the lower part of it. The placid other integument about it may loose, but there are no lymphatics. He has had pain & frequently. Post-Mortem Could not be performed until today. I commenced it by having applied the clamp — owing to the small bulk of the part a portion of the spongy portion of it included in the clamp. and the spongy portion & urethra were injured — a small opening was made in the urethra. The tumour large would have been very painful small large arterial haemorrhage controlled by the clamp — 24 ligatures were applied, and lint pressed on the wounded spongy portion. The apices of the testes were adherent to the cicatrix of the scrotum No 17 Nicolas — Tumour weighed lbs 10 — 10 —

Month	Date	Particulars of Case
		Scrotal Tumor
March	25	He has a good deal of oozing of blood after being put to bed yesterday about 30 minutes ligatures were applied He did not lose very much blood — and seems to be doing well this morning
"	27	Doing very well: no more hæmorrhage the urine all flows through the natural channel.
"	28	Slightly feverish but on the whole doing well. He is to have a dressing today — Continue food diet & cod liver oil.
"	29	Doing very well
"	31	Doing very well
April	3	He is getting on well
"	8	Doing very well
"	16	Doing well contracting rapidly
"	19	Improving
"	30	Rather weak. Granulations flabby. but still doing well.
Aug	6	Discharged. He cured but perfectly circumcised but a small fistulous opening remains. He cannot let pass water to keep in an hot. on he leaves Hospital

Admitted Feby. 27th
Operated March 25th
Discharged Aug - 6th

Month	Date	Particulars of Case
		Amputation of foot. Squires —
March	27	He is doing well. is weak. but the discharge is healthy, and apparently the interior of the stump is sound — Cod liver oil and good diet.
"	28.	Stump is still doing well. discharge less profuse. but I am rather doubtful about the condition of the bone. His general health is much the same —
"	29	Much the same. Discharge profuse
"	30	Applied strips of sticking plaster.
"	31.	Much the same —
April	1.	Doing well as to the foot: but he is very weak
"	3	less discharge & less pain. he is slowly improving in general health.
"	6.	Doing well. The stump is healing. but he is still very weak.
"	8	Doing well. Stump healing
"	9.	Doing well —
"	12	Stump nearly healed. His bowels are regular. He takes his food well. but he is very much emaciated still
"	16	Health slowly improving. Stump doing well
"	19	Not so fully emaciated. but on the whole improving. The stump nearly healed. Takes his food well — Has a tendency to Diarrhoea which is kept in check

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CASE BOOK.

Month	Date	Particulars of Case
		Haemorrhage from Kidney —
March	28	He looks low and stupid says he has pain in the sides of the head. Tongue dry. Pulse feeble — Continue fomentations and Iron wine — Food and stimulants —
"	29	Better to day. Pain in head less.
April	1.	Still weak & complaining of pain in the side of the head & but in the whole. He breathes by is better —
"	3	He is better, but still weak. He may be discharged.
"	5	Discharged cured. but still weak

Admitted July 25th
Readmitted March 5th
Discharged. April 5th
In Hospital Days. 40.

Month	Date	Particulars of Case
		Perineal Section
April	7	This morning I sent the Rajah of Nattore to the Drs Webb and Macrae at Cossipore. He has stricture and a fistula at the root of the penis, dorsal aspect. He has been ill for years - and the immediate cause resulted from over pressure in - fatigue of urine. He is weak and irritable. a sensible man about 50 years of age. a fore & aft reduced by suffering and very irritable & vacillating. Constantly changing his medical advisers refusing to allow any instrument passed or to take Chloroform. He has passed gum & papaya water & such like consequently the urine. & a few days ago he had profuse hæmorrhage - with a little persuasion he took Chloroform and the urethra passed gum No 6 - 8 - Finally without letting him recover. introduced a fresh staff about No 8 or 9 - in size and in 1 d. W. divided the stricture in the scrotum. The passage was thus ~~and~~ There was very little bleeding a tube was introduced and 40 drops Battley given.
	8	Pulse 100 - urine opaque looks purulent. Vomiting stopped & pain. Feels easier

Month	Date	Particulars of Case
		Perineal Section
April	8	Pulse has been slightly obstructed in the night - Injected it - He had 40 drops of Battley at bed time -
"	9	Took out the tube and cleaned it. The first urine that flows is mixed with pus from the penis. That from the bladder is quite clear. Tongue & pulse good. He is still irritable and suffers pain in the stump of the penis. Bowels have not yet acted - he had been made clean of his offs. in the night. Accident happened - Glycerine & h offs to the scrotum & a dr. of aperient draught.
"	12	He is doing well, is still weak and very irritable in temper. Took out the tube this morning & kept it out - he has been straining on it & caused some blood last night. A catheter was passed yesterday when the tube was taken out & clean. His pulse is 84 - his tongue clean & moist. But he is very tired & has been painfully frightened by his brain friends. The wound is perfectly healthy and the urine clear -

Month	Date	Particulars of Case
		Perineal Section.
April	12	The swelling of the testicles & penis & the itching & pain in the thighs are all better —
	13	Urine has been flowing by the wound. A good deal of swelling & very pain. About 2 ounces of pus came from the bladder when the tube was reintroduced. His pulse is 88. Tongue Clean. He says he has been in the Surgery & that he does not sleep well — He is decidedly improved — He takes a Pill ℞ with 1 gr Ext Hyos & Opium.
"	14	Better. He has been tranquil. Urine flows through the tube
"	15	Did not see him Dr. Webb & Spottiswoode of Shire
"	16	Said he was quite well this morning. He has had fever for 2 days. A collection of dark colored pus formed in the scalp deep, near the root of the penis. Made 2 or 3 counter openings. Took out the tube, introduced from Elastic Catheter. He is weaker. Pulse 120 — but the wound is healthy & he has been very badly operated. His wound is the extreme misfortune — Ice poultices & plenty of P. & Q. & Br. Mt. —

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Month	Date	Particulars of Case
		Perineal Section.
April	25	Saw him this morning - he is better the tube has been taken out and the wounds are healing. A Gum elastic catheter is kept in the bladder and the urine flows freely through it. A purulent discharge still from the sinus above the pubis. Some lymph has been made round him. He looks better but his pulse is still quite over 100.
May	12	Saw him again this morning. The perineal wound has closed and the incisions in the scrotum. There is still a sinus at the root of the penis. pus which pass over. Passed No 4 catheter with great ease - He is better and stronger than he was. but is still irritable and weak - The Gum elastic catheter he has been wearing for some time is removed, and he is to have the silver not passed daily - Tonic -
"	24	I have seen him again yesterday & today in Dr Hobbs absence. The perineal wound has closed. The incisions in the scrotum are all healing. There is a sinus with the escape of matter at the root of the penis & some pain and some difficulty. The urine is healthy. His general health is much the same. weak. but we think some of them ought to be expected.

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Month	Date	Particulars of Case
		Amputation of Foot.
April	23	The stump has very nearly healed. He is slightly improved in general health. – He is troubled with loss of sleep.
"	24	Some small fragments have come away today.
"	26	He has had some Diarrhoea and is extremely bad. – The stump has healed. Ordered Sand bag frice. & Brandy with arrowroot. Opium & Morphia injection
"	27	He is very low. Dying. Severe Diarrhoea. The stump is quite healed.
"	30	He died of exhaustion. Stump healed. – Skin to be preserved in the Museum.

admitted Feby 15 –
Operated March 19.
Stump healed April 25.
Died of Exhaustion Apr. 30
In Hospital. Days – 75.
P.M. Body much emaciated
Intestines in Injury.

Month	Date	Particulars of Case
		Radical Cure of Hernia
April	11.	A French Canadian. name & Papineau aged 26: a stout healthy young man admitted July 25th with typhoid fever & rheumatic pain in thighs. – The fever was superficial. He has had inguinal hernia of right side for 5 or 6 years. on leaving his bed his does. He asked for to be operated upon for the hernia: which is not very large – comes down when he makes any effort & is increasing in size. On 11 April introduced a small drain in the usual way, tied with two ligatures –
		On the 14th day wound suppurating having commenced.
		The inoculation came down quickly. but a fecal fistula was formed.
		On the 20th April he was able to walk about with a bandage on
"	23	He is doing very well (functions nearly healed, no discharge. Hernia has not returned
"	27	Respective inspection about the wound. He is doing well.
"	30	~~[illegible]~~
May	2	~~Discharged cured~~ Doing well
		Continued on page 190

Month	Date	Particulars of Case
		Hydrophobia.
April	30	This morning about 8 a.m. I saw a case of Hydrophobia in Dr Chevers' Cells. A Bengalee aet about 20: had been bitten by a dog in the street about 2 months ago. There is a hard cicatrix in the outer ankle of the left foot. He was admitted yesterday. Dr C had prescribed a hot bath with a view to lessen the risk of suffocation during the paroxysms of tonic spasms. He was having frequent spasms and appeared in great distress with a horror stricken look. Pulse rapid and feeble. The effect of water placed in his mouth was to produce violent spasm in the pharynx. The sound of the splashing of a heavy shower outside had a similar effect. He had also repeated spasms resembling opisthotonus. He had no foaming at the mouth or expectoration of saliva. The veins modified by the tubes in the lined pipe were hard distended. His abdomen was also more distended than usual.
He had had frequent doses of Morphia & Opium, which had been injected &c. but in vain. He had also been sponged in his pillow. He died suddenly about 8 o'clock of the same day 30 hours

Month	Date	Particulars of Case
		Cystic disease of breast.
April	24	A woman named Kiporie aged 45 to 50 admitted on the 17th April with a ~~pain~~ swelling of a hard and nodulated character of the right breast. There are also two other fluctuating ones about the size of a orange with hard inverted edges and from the one a foul offensive sanious discharge. The breast is hard & nodulated but only after strong hardness of skin. She has had it for a year and the sores have been there for 8 ~~years~~ or 10 months. Her general health is feeble. pulse very small & weak. She has no pain and at no time has she suffered much pain in the breast. Her general health has been as poor that it was not noticed 24 April, but considered sufficiently well to bear the operation. She does not appear to suffer from any constitutional cachexia. There are no glands in the axilla or neck enlarged. The nipple is not retracted. After the greater part of the integument covering the breast is removed. There are no adhesions ~~[illegible]~~ to the thorax. I removed it under chloroform by two elliptical incisions & dissected it

If worn open with a lancet after cleaning discharge sanious fluid escapes

Month	Date	Particulars of Case
		Cystic disease of breast
		away from the pectoral muscle, which was exposed and atrophied — It turned out on dissection of a cystic character, the contents of the cysts being found in the situation. The sinuses, tented and purulent were carefully traced, cysts laid open & taken out in the action. On dissecting the entire breast after integument. The sac left could not quite be brought together with sutures. The upper part was therefore left to close by granulation — about 6 ligatures were required —
April	26	She is doing very well has not had a bad symptom, walking about the wards, dressed the wound —
"	27	No fever — wound looks healthy. —
"	30	Ligatures some sutures removed yesterday — wound looks healthy. She has no fever, in all respects is doing well
May	4	Improving in health, wound gradually healthy —
"	7	wound rapidly contracting — the patient is much improved in general health.
"	8	Sent to the Cap: Inf: wound rapidly healing
June	10	Discharged quite cured & in excellent health and spirits — admitted April 17th Operated April 24 Dis. June 10

Month	Date	Particulars of Case
		Radical Cure of Hernia
May	8	Made his stand without bandage or truss & cough. Impulse ceases on internal ring. He says he feels as if the same pain strong there now he is to wear a truss.
	12	Discharged. apparently cured. He is to return & show himself in three weeks.

Month	Date	Particulars of Case
		Perineal Section for Stricture
April	27	Meahgahn Age 32. Resident Amratollah Lane. Calcutta. Coachman. Admitted this morning with pain & hardness in the Perineum. He had formerly 7 Months ago. Still has gleet. 2 Months ago urine began to pass in small stream. For the last 24 hours he has been passing it in drops. a hard swelling to the left of & involving the raphe. Tried to pass an instrument. Urine would pass. Under Chloroform. cut behind the Perineum. The staff (Syme) being partially introduced into the stricture found the prostate going with difficulty & opened the stricture in well and freely by cutting in the median line where the staff would not pass. Introduced a tube into the bladder finding the entrance with some difficulty. The clear healthy urine passed through it. The patient is a spare healthy looking man apparently of 40 years of age.
"	29	Took out the tube passed a No 6
"	30	Passed No 8. Caused shight rigors & shight febrile symptoms, but on the whole doing very well.
May	4	Passed No 9 this morning he is doing well

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CASE BOOK.

Month	Date	Particulars of Case
		Perineal Section for Stricture
May	7	Does very well. wound closing. Passes no urine by it – Passed No 10 this morning with ease – he makes water in a full stream. He feels lots & sleeps well – All the straining and desire to make water gone –
"	8	Passed No 10 – He is recovering rapidly
"	9	Rapidly recovering – His health and strength much improved.
"	10	Passed No 10. He has a mucopurulent discharge. Let him have some Balsam Mixture.
"	15	Nearly well. wound almost healed. No 10 passes with ease
"	17	He is almost well, may attempt to out.
"	20	Quite well. Discharged cured.

Admitted 27 April
Operated 27 – "
Took out tube 29 – "
Dis.d Cured – 20 May.
In Hospital – 24 days.

Month	Date	Particulars of Case
		Wound of Tongue
May	1	Manuel Fernandez age 24 Naturally good a sailor. admitted today with a wound of the tongue & Chin. at 11 P.M. the day before he caught his foot in a coil of a Cable on board ship, fell on his chin and bit his tongue. The tip of the tongue has been bitten off. He had lost much blood from my point of view. A large clot had formed over the wounded surface. When removed a pharyngeal jet followed. A ligature was tied & forceps placed on the bleeding point. Ice & perchloride of Iron applied. No bleeding occurred afterwards. He fainted when being put to bed. Placed a wire stitch in the wound on the chin. A second Iron Bag given & wine to make up for the loss of blood.
"	4	Wound looks healthy. No bleeding recurred and he leaves at his own & my urgent request
	5	He returned to hospital and is doing well.
"	7	He is doing well. Wound is cicatrizing. Ligature came away two or three days ago. His speech is partially affected
"	8	Smoked a pipe & drank I think I was hoarse last night but it has stopped & he is better this morning
"	10	Discharged cured

Month	Date	Particulars of Case
		Dislocation of Shoulder.
May.	4	A man named . Native, aged 40 years admitted this morning with the right humerus dislocated downwards in axilla. 8 or 9 days standing. Has been suffering a month. It had been caused by Placed him under influence of chloroform and then with pulleys reduced it with much greater ease than I had expected. There was a remarkable sensation of crepitus communicated to the hand in manipulating the shoulder. Nothing have depended on it. He did not return to the hospital.

Month	Date	Particulars of Case
		Dislocation of Shoulder
May	8.	A Manilla Sailor. about 35 years of age presented himself this morning with an unreduced dislocation of the left Shoulder of 4 Months standing. The head of the bone lying forwards & under the Clavicle. The Deltoid completely atrophied all power of raising the arm gone. but backwards & forwards motion fairly good. – He says he has been in hospital at Bombay. but no good results. Has been under Chloroform & tried reduction with the pulleys but without success. The head of the bone has apparently contracted adhesions. & probably the glenoid cavity has altered in form. After Etherization for 2 minutes it appeared as this time were some motion. & there was a pitting. but the head of the bone had not & would not return to its natural position. Instead to keep him in Hospital he will remain under my care.
"	10th	Was the same for the Etherisation.
"	19	He left the Hospital.