

into the abdominal cavity and be lost; and as the fimbriate extremity attached to the ovary by one of its fimbriæ grasps the ovary by all its fimbriæ only under the stimulus of impending rupture of the Graafian vesicle, it follows that impregnation should be rather an exception than a rule after coition. Besides, if impregnation take place frequently in the ovaries, as it is supposed to do in works describing the physiology of generation, it will be by one of two methods: 1st, the arrival of the spermatozoon at the fimbriated extremity of the Fallopian tube, and the rupture of the Graafian vesicle being always simultaneous; or 2ndly, the fimbriæ grasping the ovary at each time the spermatozoon reaches the fimbriated extremity, besides grasping it at the time of rupture of the Graafian vesicle. The first is extremely improbable, and the second is never found to be the case. Granting, as some physiologists believe, that the spermatozoon has some way or other reached the ovary, is it capable of penetrating the serous and fibrous structures that cover the ovary? Its tenuity and size, which is  $\frac{1}{3000}$ th of an inch, make this impossible. It is an established fact that in all extra uterine pregnancies, the chorion and the placenta are perfect; this was well illustrated in a case of *ventral extra uterine* pregnancy which occurred in June 1870, at the Obstetric Institution attached to the Jamsetjee Jeejeebhoy, Hospital, Bombay; supposing, then, that impregnation having taken place in the ovary, the ovum dropped into the peritoneal cavity, and developed, I should feel curious to know where that ovum got its chorion from? It must have travelled the Fallopian tube after the impregnation before it entered the peritoneal cavity. It is evident, therefore, from what I have said, that impregnation cannot take place either in the uterine cavity or in the ovaries, but in the Fallopian tubes.

The Fallopian tubes are two trumpet-shaped mucous membraned canals, situated one on each side of the fundus of the uterus, narrow towards the uterus, gradually widening towards the ovaries. The mucous membrane lining them is thrown into longitudinal folds, and has a ciliated epithelium. These cilia were supposed to produce by their movement a current from the ovaries towards the uterus, thus accelerating the passage of the ovum towards the uterus, and retarding the traject of the spermatozoon towards the ovaries. The microscope shows us that the cilia produce no such current in one particular direction; their free unattached extremities waving to and fro, tend to drive off from them any foreign body, provided that that body be small enough to be affected by their movement. The movement of the cilia affects the spermatozoon alone, being a very small body,  $\frac{1}{3000}$ th of an inch, and enhances the vibratile movements which are inherent in it. The ovum, being a larger body,  $\frac{1}{120}$ th of an inch, is not affected by the cilia, but is propelled towards the uterus by vermicular contractions of the canal. When a spermatozoon enters the Fallopian tube, its vibratile movements are vivid and aided by the cilia; it moves towards the ovaries, but being so very insignificant, it advances but very slowly. While this is going on, should an ovum enter the Fallopian tube as it fills up the whole diameter of the canal, in passing towards the uterus an intimate contact with the spermatozoon cannot be avoided, and impregnation is the result. What changes follow it I pretend not to decipher; but there is general turgescence of the parts, secretion of cellular elements goes on in the uterus and ovaries; a peculiar albuminous secretion makes its appearance in the Fallopian tube, which gives a covering to the impregnated ovum. The vermicular action of the canal of the Fallopian tube becomes now more marked, and the ovum is propelled onwards into the uterus and there developed.

Now a question will arise, if impregnation take place always in the Fallopian tube, how is the fact of extra uterine gestation explained?

Very seldom does the *ostium internum* of the Fallopian tube become occluded before the impregnated ovum has entered the cavity of the uterus by a tense membrane organised from the cellular structure secreted after impregnation. When the impregnated ovum, now rather enlarged, is brought to this aperture, the membrane though yielding is not broken through, and offers by its elasticity a considerable obstacle; then the contractions increase in frequency and intensity until the fibres of the tube become exhausted and remain quiescent, the stretched membrane now recoiling gives an impulse to the ovum in a contrary direction *viz.*, towards the ovary; this impulse serves as a stimulus to the muscular fibres of the Fallopian tube in the same direction, and the ovum is carried easily towards the ovary, and when it reaches the *morsus diaboli*, it drops down into the peritoneal cavity. This kind of reverse vermicular action is not without analogy. The act of vomiting, and some cases of incomplete inversion of the uterus, and many other examples should not be lost sight of. If the ovum in its passage towards the ovary be arrested in the tube we have tubal extra uterine gestation; if it be developed in the peritoneum or abdominal cavity, the ventral.

Grant Medical College, 15th October, 1870.

[The writer seems to lose sight of the fact that the outer layers of the ovule when it leaves the Graafian vesicle may contribute largely to the formation of the chorion.—EDS., I. M. G.]

## A WEEK'S PRACTICE IN THE SAHARUNPORE DISPENSARY.

By A. GARDEN, M.D., *Civil Surgeon.*

*October 1st.*—There remained in hospital seven patients, as follows:—Calculus vesicæ 3, calculus urethræ 1, compound fracture 1, remittent fever 1.

**CALCULUS VESICÆ.**—Male, aged 24; duration of symptoms 3 years; sufferings bad for 12 months; general health good.

*September 17th.*—Lateral lithotomy performed, a calculus extracted, weighing 210 grains; dimensions, 1.25" × .9" × .75". An hour after the operation there was rather free bleeding from the wound, which was stopped by pressure applied to the wound. On the 18th the urine came by the wound and urethra. At 9 p.m. there was free arterial bleeding from the urethra, this was controlled by pressure. Astringents were given by mouth.

On the 19th the urine passed entirely by the urethra, and there was much straining as if, to use the patient's language, he still had a stone in the bladder. The urine was tinged with blood. This was produced, no doubt, by the formation of a clot at the mouth of the bladder. Directions were left that if the hæmorrhage recurred, *the wound should be freely opened and a tube introduced into the bladder*, and the wound plugged. On the 21st the urine came through the wound again, tinged with dark blood, washed away from a clot. A small clot also came away. On the 10th day the urine came entirely by the urethra. On the 16th day a small quantity of blood escaped by the urethra: this was controlled at once by pressure. It followed immediately on the action of a purge. The wound was healed on the 20th day, and he was discharged, cured.

**CALCULUS VESICÆ.**—Male, aged 6; duration 2 years. On June 15th the Sub-Assistant Surgeon operated, but failed to reach the bladder, the staff having been removed before the prostate was reached with the knife. As after a considerable period he failed either to enter the bladder or re-introduce the staff, the operation was postponed.

On September 17th he was placed on the table for the second time. The urine still passed by drops through the first wound, the tissues around being hard and fibrous. I made my incisions on the left side of the raphe in the line of the first

incision, and readily extracted a calculus weighing 320 grains; dimensions  $1\frac{1}{2}'' \times 1\frac{1}{2}'' \times 1''$ . The urine was passed by the urethra first on the 6th day, and entirely on the 16th day. He was discharged, cured, on the 20th day. The only complication was the occurrence of two or three paroxysms of Feb. Int. Quot.

In all cases of second operations for stone, as well as in those cases where a sinus has been left after lithotomy, I make the incision on the left side, through the cicatrix left by the first operation. The wound invariably heals up well, and as quickly as any others.

**CALCULUS VESICÆ.**—Male, aged 40; duration of symptoms  $1\frac{1}{2}$  year; general health good; lateral lithotomy was performed on the 30th September, 1870, by the Sub-Assistant Surgeon, and a stone removed, weighing 46 grains; dimensions  $7\frac{1}{2}'' \times 6'' \times 4\frac{1}{2}''$ —urates. Urine first passed by the urethra on the 5th day, and entirely so on the 13th day. He was discharged, cured, on the 19th day.

**CALCULUS URETHRÆ.**—Male, aged 30. Came to hospital on the 6th August 1870, with retention of urine of 5 days' duration. For a month previous he had been suffering from symptoms of stone in the bladder. The fundus of the bladder could be felt externally, a little above the umbilicus; countenance anxious; sufferings intense; had not slept for four nights and days. On grasping the penis a calculus was felt impacted in the bulbous portion of the urethra; this was confirmed with the sound. As after some time I could succeed neither in bringing it forward or pushing it back, I was compelled to relieve the sufferings, to open the urethra in front of the scrotum. A small calculus was readily removed, followed by a very large quantity of urine. The wound had not healed up at the commencement of the month.

It is hardly necessary to remark on the extreme frequency with which calculous disorders are met in this portion of India. Lateral lithotomy has been performed over 1,000 times in this dispensary during the last 22 years. No account has been taken of cases that could not bear operation, or in which small calculi have been passed by the urethra, or been removed after impaction. Stone in the bladder is essentially a disease of the poor, ill-fed, ill-clothed, badly-housed, and of those who are much exposed to vicissitudes of life and weather.

**ORCHITIS.**—European, male, aged 28; was admitted suffering from left orchitis, consequent on gonorrhœa. An abscess formed at the upper part of the scrotum which was opened on the 7th October. The man was in very bad health, having suffered much from fever and dysentery.

**FEBRIS REMITTENS.**—Female, aged 80; sent in by the Police, having been found by the road-side. She did well, and was discharged, cured, on October 6th. Such cases are common, but unfortunately not so the favorable termination. Poor starved wretches, without means and without friends, they lie down by the road-side at last to die! Found by the Police, they are sent to the dispensary as their only refuge, and as a rule simply to swell the mortality.

**COMPOUND FRACTURE.**—Male, aged 60; admitted on 26th September, 1870, with compound fracture of tibia and fibula—of the right leg—at the upper third, which had been produced three days before by a blow from a *lathee*. There was much swelling, the skin was red and tense, and there was great pain. There was a wound, the size of a four-anna bit, external to the crest of the tibia; there was slight febrile action.

The leg was placed on a Liston's splint, and the wound sealed up with carbolic acid and chalk. On the 3rd day the dressing had to be removed, as there was considerable discharge from under the margins. A poultice mixed with carbolic acid was applied. On the 12th day there was little or no discharge, and all swelling and inflammation had disappeared. The case did well.

We now pass to the consideration of the daily work. (See p. 49.)

**NEURALGIA.**—Female, aged 40; has suffered much from fever, for eight days; has had great pain in both ears, accompanied by deafness. With the otoscope nothing abnormal could be seen. Otagia would be the more proper term. Cases of deafness after fever are very common.

**PLEURITIS.**—Male, aged 25. Pain in left side of chest, and dry cough. Had fever on the first day. In former years nearly every case of pain in the chest was diagnosed, or rather written down, pleurodynia. Struck by the very large number of cases in which, in making *post mortem* examinations, I have found old pleural adhesions, I have insisted of late on a more careful examination of all cases of pain in the thorax, with the result of increasing the number of cases of pleuritis, and diminishing that of pleurodynia.

**CALCULUS VESICÆ.**—Male, aged 8; duration one month; calculus detected with sound. As the child was suffering from fever and enlarged spleen, the operation for removal of the stone was postponed.

**FRACTURE.**—Male, aged 11—An example of the extreme carelessness and callousness of natives. A month previous he had fallen and broken his left thigh, about the centre. The bone had united, with the ends over-riding to the extent of  $1\frac{1}{2}$  inch, and the foot completely everted. When told the nature of the case, the mother seemed quite content that it was no worse, and went her way.

October 2nd.—In-patients, remaining 7, admitted 0, total 7.  
Out-patients, old 60, admitted 33, total 93.

**Out-patients.**—Fever 4, fever and dysentery 2, cephalœa 2, icterus and anasarca 1, neuralgia 1, debilitas 1, dyspepsia 3, pleuritis 1, otorrhœa 1, dysecœa 1, odontalgia 1, hæmorrhage from socket of tooth 1, gonorrhœa 1, furunculus 3, tinea capitis 1, syphiloderma 1, sublaxatio 1, abscess 1, ulcers 2, sloughing ulcer 1.

**ICTERUS.**—Male, aged 24; duration eight days; has suffered much from fever; no pain in the side, no enlargement of the liver, conjunctivæ deeply yellow, urine high-colored, bowels costive. This condition is very common at this time as a sequel of repeated attacks of fever. They have become much more frequent since the variation in the temperature of the day and night has become greater.

**ANASARCA and ASCITES.**—Female, aged 12; has suffered much from fever and dysentery; no enlargement of the liver or spleen; pale and anæmic; there is œdema of the hands and feet, and a small accumulation of fluid in the belly, of 8 days' duration. Cases of dropsy after fever, especially in children, are exceedingly common; as a rule, they recover rapidly under the use of iron and quinine.

**NEURALGIA.**—Male, aged 20. Complains of great pain in right side of the head, of two days' duration, with complete loss of hearing, and some dimness of vision; no history of fever; ascribes it to the effects of a thunderstorm. This note is very meagre. I did not see the case myself.

**SLOUGHING ULCER.**—Male, aged 5 years; two months ago an abscess formed on the right side of the scalp, and was allowed to burst of itself; an ulcer resulted, which has recently commenced to slough at the margins; maggots also have bred in it, the result of want of care and cleanliness on the part of the parents. Ulcers and sinuses about the head and face, following abscess, are very common affections amongst children at all seasons, but more especially in the hot months and rains. As a rule, the parents are extremely careless. The existence of maggots in the wounds is also very common from the parts becoming simply fly-blown, as is the case in *ozœna*.

October 3rd.—In-patients, remaining 7, admitted 0, total 7.  
Out-patients, old 54, admitted 49, total 103.

**Out-patients.**—Fever 8, fever and splenitis 3, cephalœa 1, icterus 1, diarrhœa 1, debilitas 1, dyspepsia 1, rheumatism 1, lumbago 1, otorrhœa 2, otitis 2, dysecœa 1, *ozœna* 3, ulcus

cornæ 1, conjunctivitis 1, anthrax 1, furunculus 1, favus and tinea tarsi 1, lichen 1, scabies 1, odontalgia and caries dentium 9, subluxatio 1, sinus 1, contusio 1, morsus canis 1, foreign body 1.

**OTITIS and OTORRŒEA.**—Common as these affections are at all times amongst natives, during the present season they are more than usually so. Taking the relative numbers alive at each period of life, all ages seem to be equally affected. Of the 4 cases admitted to-day the ages are 1½, 6, 40, 60. Three were recent cases coming on after fever. In the child aged 1½ year the discharge was chronic, having lasted a year, and aid was sought, not on account of the discharge, but of maggots which had bred in the ear. These affections are entirely the consequence of want of proper food, exposure, and insufficient clothing—circumstances for which, unhappily, there is no chance of a remedy, as a rule.

**OZŒNA.**—Three cases of this painful disease were admitted, making 4 in 3 days. Three were females and one a male. All were adults, aged 30, 32, 46, and 50 years. In all both nostrils were affected, and in all there were maggots. In one case it was the second attack. One of the most trying symptoms is the frontal headache.

**FOREIGN BODY.**—Male, aged 40. The barb of a large fish-hook had become embedded in the anterior surface of the left index finger close to the palm. I pushed the point on, nipped the barb off, and withdrew the hook.

**FAVUS and TINEA TARSII.**—Female, aged 11 years; duration two years; ulceration of the margins of both eyelids, no eyelashes; on the scalp several patches denuded of hair, with yellow favus crusts at other parts. This is a common disease. The disease of the hair follicles of the eyelashes was, we may presume, favus. These cases are most unsatisfactory to treat, as they are most irregular in their attendance. Without exception, I believe the patients are weak and ill nourished.

**LICHEN, CHRONIC.**—Male, aged 40; duration one year; a papular eruption on the backs of the hands and arms and on the chest and abdomen; great itching, varying much in intensity; the follicles seem to be the part chiefly affected; much out of health. I give this case as an example of the class of skin disease. This class is very common, giving full ten per cent. of the total patients treated in 12 months.

**SCABIES.**—Female, Eurasian, aged 10 years; eight days' duration; intense itching; papules and pustules on the fingers, and in the clefts, and on the legs. Itch is very common: more than the number of cases seeking relief would lead one to imagine. The people at large have become acquainted with the virtues of sulphur in this affection, and of that there is plenty to be got.

**ANTHRAX.**—Male, aged 50; eight days' duration, on the right infra scapular region; treated without incision as recommended by Mr. Paget.

*October 4th.*—In-patients, remaining 7, admitted 5, total 12. Out-patients, old 57, admitted 27, total 84.

*In-patients.*—Remittent fever 3, abscess 1, syphiloderma? 1. Of the three cases of remittent fever, two were moribund, picked up in the streets and sent in by the Police.

**ABSCESS.**—Female, aged 20; sought relief for a tumour of the back, of six months' duration. It had commenced of itself without pain or uneasiness, and had increased slowly. It only interfered with her comfort when lying down. From long application of neem leaf poultices, an eczematous condition of the surface had been induced; it was red, raw, weeping and cracked, as in eczema rubrum. At the base the circumference measured 20", and its measurements across from side to side were respectively 8" and 9", and it extended downwards from the lower portion of the left scapula. She was much emaciated, having lost flesh and strength during the progress of the

disease. Fluctuation was distinct. By a moderate-sized incision, about two pints of dark sero-pus were allowed to escape, followed by a quantity of thick, yellow, curdy matter. The structures forming the base of the abscess were much thickened. She did well. In dispensary practice examples of large abscesses are very common. I have never known any harm arise from free incisions; whilst the ordinary native plan of allowing nature to take her course most often leads to most disagreeable results in the shape of sinuses, &c.

**SYPHILODERMA?**—Male, aged 20. I find a note of interrogation after the diagnosis, as there is no clear history of syphilis; in fact, the man denies having had chancres. This is of course no proof of its not being a syphilitic case. At first I entered it as ichthyosis, but this would hardly be correct.

He has the peculiar physiognomy so often met with in leprosy:—hairs of the eyebrows stunted, thin, and few in number; deficiency in color of the skin at that part, with thickening of the skin, as also of that of the margins of the ears and alæ of the nostrils. On the right thigh, covering the middle ⅓th of the anterior, external and posterior surfaces, there is a large patch of skin, dark in color, rough and dry, somewhat scaly and cracking into more or less lozenge-shaped spaces, as in ichthyosis. At times the cuticle, which is dry and somewhat horny, peels off in flakes. He states that it commenced a year ago as a small vesicular patch, which soon dried up. Its condition varies at times: it is intensely itchy, and scratching is followed by a fluid exudation; but otherwise it remains as it is now. On the outer side of ankle there is another smaller, but similar, patch. If the patient's statement as to its commencement could be relied on, it would be a state of dry eczema, but natives as a rule can give no satisfactory history; and as the lower patch commenced without re-exudation, we may fairly conclude that the same was the case with the upper one, and that it is allied to pityriasis in its nature.

About 20 days ago another eruption appeared, commencing on the trunk and extending to the arms and legs. It is most marked on the loins, flanks, and buttocks, and on the outer side of the thighs. Its appearance was ushered in by burning and slight itchiness, and since then itching has been intense at times, especially at night. The eruption consists of papules and tubercles, raised about ½ line, varying much in size, and more or less circular; they are slightly flattened, with a shining surface and coppery dusky tint; no scales. In some parts where recent they are discrete, about the size of a quarter of a millet seed, but on the loins they have coalesced into patches and lines.

In spite of the denial of syphilis, the characters are so much those of a syphiloderma, (the inguinal glands also being hard and somewhat enlarged,) that the treatment ordered is anti-syphilitic. Under the use of pot. iod. and mercurial bath he rapidly improved.

*Out-patients.*—Fever 8, splenitis 2, dyspepsia 2, debilitas 1, lumbago 1, hepatitis 1, bronchitis 1, otitis 1, conjunctivitis, caries dentium 1, pruritus 1, impetigo 1, syphilis prim. 1, parapsymosis 1, sinus 1, contusio 1.

**HEPATITIS.**—Male, aged 7; brought on account of jaundice, yellow conjunctivæ, clay-colored stools, &c., Said to have had a swollen belly for 15 months. The liver is very much enlarged. Did well under the use of nitro-muriatic acid and sulph. of magnesia.

None of the other cases seem to need special notice. Skin diseases had their representatives in pruritus and impetigo, both common affections.

*October 5th.*—In-patients, remaining 11, admitted 1, total 12. Out-patients, old 59, admitted 40, total 99.

*Out-patients.*—Fever 6, splenitis 3, dysentery chronic and splenitis 4, anæmia 1, rheumatism 1, contractura 1, ozæna 1,

anæmia 1, otitis 1, dysecœa 1, trichiasis 1, syphilis primaria 3, syphilis sec. 1, gonorrhœa 1, pruritus 1, hæmorrhoids 1, periostitis 1, abscess 1, sinus 1, incised wound 1, foreign body 2, odontalgia 4.

**TRICHIASIS.**—Male, aged 60; both eyes affected, left cornea opaque, little or no vision; right eye vascularity of the cornea; in turning of the lashes of both lids.

These cases are very common amongst natives in advanced life, but they rarely seek aid until sight is almost destroyed, and then even submit to treatment unwillingly, looking for a rapid restoration of sight by topical remedies alone. In the present case the man could only just get about.

**OZÆNA.**—Female, aged 17; duration eight days; commenced with pain in the head and epistaxis, maggots in the nostrils. The treatment employed in these cases is, first, to wash the nostrils well out with water and a little saline matter, and afterwards with carbolic acid; tonics being administered internally. If maggots are numerous, turpentine is injected. Condyl's solution is a most valuable topical remedy, and formerly I used it as such; more latterly, carbolic acid has been used in its place. To this class of cases belongs the case of *anæmia*,—female, aged 60; had suffered from *ozæna* 12 months previously, since then she has completely lost the sense of smell; great dryness of her nostrils. The loss of smell, we may conclude, resulted from the abnormal condition of the Schneideran membrane left by the *ozæna*.

**CONTRACTURA.**—Male, aged 33; had suffered from pain and swelling of the right knee-joint, coming on after fever, for six weeks; there is no pain now, or but little; he cannot extend the knee beyond a right angle; muscles of the leg much wasted; had been bled in the popliteal space for the pain. Such cases are by no means uncommon: natives dread anything in the shape of an unusual operation so much, that I have never resorted to rapid extension, but friction and gradual extension, as a rule, lead to most satisfactory results, as in this case.

**FOREIGN BODY.**—Male, aged 80; an insect had worked its way into his right ear, three days previously. Removed by injection.

**FOREIGN BODY.**—Male, aged 5; had pushed a grain of Indian corn (*mukka*) into his left ear; removed by syringing. The use of the syringe carefully applied is the only safe means in these cases. I have never known it fail; whereas probes, hair pins, &c., which are most often used, may produce great injury to the ear.

**SINUS.**—One or more of these cases is met with every day nearly, the result of abscesses left to burst of themselves. As a rule, they are never shown until, through length of time, the structures around have become hard and fibrous—in fact, until the barbers have failed to effect a cure. The shortest and simplest way is to lay them open, if this is possible.

October 6th.—In-patients, remaining 11, admitted 1, total 12.  
Out-patients, old 48, admitted 52, total 100.

*In-patient.*—Fever 1.

*Out-patients.*—Fever 14, fever and splenitis 4, fever and icterus 2, splenitis 1, fever and dysentery 1, diarrhœa 1, debilitas 1, hepatitis and splenitis 1, hepatitis 1, pneumonia 1, dyspepsia 1, rheumatism 2, lumbago 1, sciatica 1, otorrhœa 1, dysecœa 1, bronchitis 1, catarrh 1, odontalgia and caries dentium 2, orchitis 1, enuresis 1, conjuncts. phlyct. 1, pruritus 1, foreign body 1, syphilitic ulcer 1, abscess 1, sinus 1, fracture 1.

**PNEUMONIA.**—Male, aged 40; under treatment for fever and ulcer corneæ of long duration. On presenting himself this morning, he has all the symptoms of pneumonia of the lower and front portion of the right lung; dulness on percussion, bronchial breathing, bronchophony, difficult respiration, quick pulse, dusky countenance, &c; he could hardly walk, and had

constant dry cough. As a sequel and complication of fever, pneumonia is far more common than is generally supposed, occurring in debilitated subjects unable to come to hospital. The patient in this case thought nothing of it, as he could get about in a way. The power of passive endurance in natives is at times astonishing. I remember a case last year of a constable, who after being on guard all night, died on his way to hospital. *Post-mortem* examination revealed extensive pneumonia of both lungs. It will be noticed how very large a proportion of the cases admitted are connected with fever; in fact, nearly every case is complicated with, or the result of, malaria. The case of sciatica, a male, aged 22, had but recently suffered from fever. Directly on this he was seized with pain in the right sciatic nerve, which gave him no rest by night or day. The subcutaneous injection of half a grain of morphine gave him almost immediate relief.

The case of *arthritis* is of that destructive form so common after small-pox. The patient, aged 1, had small-pox 2 months ago, and became very weak and much emaciated. Soon after, he had an abscess in the left fore-arm and inflammation commenced in the right elbow joint. He is nothing but skin and bone; there is a collection of pus in and about the right joint. On movement, there is distinct grating of the ends of the bones. The matter is evacuated, and cod-liver oil ordered. After small-pox epidemics these cases are very common, and in 4 cases out of 5, I should think it is the elbow that is affected.

The case of foreign body is similar to one of the cases previously mentioned, a child, aged 2, having introduced a seed of Indian corn into its ear.

October 7th.—In-patients, remaining 9, admitted 0, total 9.

Out-patients, remaining 45, admitted 30, total 75.

*Out-patients.*—Fever 5, spleen 1, anasarca 1, rheumatism 1, diarrhœa 1, dysentery 4, tonsillitis 2, dysecœa 2, ulcer corneæ 1, anæsthesia 1, gonorrhœa 1, *ozæna* 1, furunculus 1, pruritus 1, obstipatio 1, partus 1, caries dentium 2, ulcer 2, sinus 1.

The case of *partus* requires a word. A Mussulmanee, aged 16; she had been delivered 24 days previously of her second child. The delivery was natural, but was followed by hæmorrhage for 24 hours. Probably this was merely a very free discharge. She suffered from fever with stoppage of the lochial discharge. For this she was bled to 20 ounces from the feet. After this there was slight return of the discharge, which ceased on the 10th day; she was then cupped on the soles of the feet, and given an infusion of *amaltas*; but was not freely purged. She gradually got weaker and weaker. The husband's report, confirmed by one of the compounders sent to visit her, is that she is too weak to swallow or speak, with a rapid, almost imperceptible, pulse—in fact, moribund. This is a fair example of the hopeless cases frequently met with, and in which a cure in a few days is expected; it is also an example of *hakeem* practice.

The *anasarca* case is that of child, aged 5, following fever and diarrhœa.

The case of *ozæna* is that of an old woman, aged 70. It is the 4th attack. The first symptom was epistaxis, and great frontal headache; then serious foul smelling discharge. There is considerable erysipelatous inflammation of the bridge and *alæ* of the nose.

The next patient, I shall mention I saw only for a moment, when leaving the dispensary. The Sub-Assistant Surgeon failed to carry out my instructions to take an accurate note of her state; a female, aged 34; she complained of *anæsthesia*, of one year's duration. It is entirely unilateral to the left side of the body and limbs; there is a considerable amount of burning sensation; no loss of motion; she says it followed an attack of fever.