

to the suitable equipment of the *Vega*,* arranged by Captain Palander at Karls Krona, and, above all, to adjustment to the climate of our dietary, which was settled on the ground of the experience gained in the expedition of 1872-73, and, after taking the advice of its distinguished physician, Dr. Envall.

The dietary is shown in the following table:—

No. 1, Sunday.

Breakfast.—Butter, 6 ort; † coffee, 10 ort; sugar, 7·5 ort.

Dinner.—Salt-pork or dried fish, 75 ort; sourkrout, 75 ort; preserved or fresh potatoes, 12 ort; preserved vegetables, 5·5 ort; extract of meat, 1·5 ort; raisins, 5 ort; rice, 50 ort; brandy or rum, 2 cubic inches. ‡

Supper.—Butter, 6 ort; tea, 1·5; sugar, 7·5 ort; barley-groats, 10 cubic inches; cheese, 12 ort.

No. 2, Monday, Wednesday, and Friday.

Breakfast.—Same as No. 1.

Dinner.—Preserved meat or fish, 1 portion; preserved potatoes, 12 ort; preserved vegetables, 5·5 ort; preserved leeks, 1 portion; extract of meat, 1·5 ort; brandy or rum, 2 cubic inches.

Supper.—Same as No. 1, without cheese.

No. 3, Thursday.

Breakfast.—Same as No. 1.

Dinner.—Salt-pork, 1 lb.; peas, 10 cubic inches; extract of meat, 1·5 ort; barley-groats, 2 cubic inches; brandy or rum, 2 cubic inches.

Supper.—Same as No. 2.

No. 4, Tuesday.

Breakfast.—Butter, 6 ort; chocolate, 10 ort; sugar, 7·5 ort.

Dinner.—Salt-meat, 1 lb.; maccaroni, 15 ort; (or brown beans, 10 cubic inches, or green peas, 1 portion); fruit soup, 1 portion; brandy or rum, 2 cubic inches.

Supper.—Same as No. 2.

No. 5, Saturday.

Breakfast.—Same as No. 4.

Dinner.—Preserved beef-steak or stewed beef, 1 portion; preserved or fresh potatoes, 12 ort; preserved leeks, 1 portion; fruit soup, 1 portion; brandy or rum, 2 cubic inches.

Supper.—Same as No. 2.

Every man besides had served out to him daily 1½ lb. dried bread or flour, ($\frac{2}{3}$ wheat and $\frac{1}{3}$ rye), 3 ort tobacco and 2 cubic inches vinegar, and weekly 1 lb. wheat-flour, 30 ort butter, 21 ort

* The Voyage of the *Vega* round Asia and Europe, from June 22nd, 1878, to April 24th, 1880. By Professor A. E. Nordenskiöld. 2 vols. 8vo. Published in London by Macmillan & Co., 1881.

† Swedish 1 lb. = 100 ort = 425·05 grammes. British 1 lb. avoirdupois = 7,000 grains = 466·6 grammes. Therefore, 1 ort = about $\frac{1}{14}$ ounce avoirdupois weight.

‡ 1 Kanna (Swedish) = 100 cubic inches (Swedish) = 2·617 litres (French).

salt, 7 ort mustard, 3 ort pepper, and 2 cubic inches vinegar. Besides what is included in the above list, "multegret" (preserved cloud-berreries*), mixed with rum, was served out twice a week from the 15th February to the 1st April. I would willingly have had a larger quantity of this, according to northern experience, excellent antidote to scurvy; but as the cloud-berry harvest completely failed in 1877, I could not at any price procure for the expedition the quantity that was required.

There was purchased in Finland instead a large quantity of cranberry-juice, which was regularly served out to the crew, and much liked by them.

A Mirror of Hospital Practice.

GUNSHOT WOUND OF HEART. PATIENT SURVIVED 42 HOURS AFTER INJURY.

BY SURGEON G. F. NICHOLSON, M.D.,

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POOR DIL, a resident of Bahadur Killi, a short distance from Peshawar, was shot through the chest about 9 o'clock on the night of the 9th March 1886; he was brought to the Egerton Hospital at 6 o'clock the following morning, and was then almost pulseless, had extreme difficulty in breathing and occasionally coughed up blood. Shortly after admission to hospital he rallied slightly; but remained very low till death took place at 3 o'clock P.M. on the 11th March.

There was a circular wound on the posterior fold of the left axilla, half an inch in diameter, and evidently leading to the lung, blood and air escaping through it. The bullet, a round one, was felt on the right side of the chest immediately underneath the skin, and was extracted through a linear incision; through this wound too blood and air escaped. On *post mortem* examination the course of the bullet wound was found to be as follows:—Through the 7th rib on the left side, some pieces of which were found in the left lung, then through the left lung, left and right auricles of heart, through the right lung, and finally through the fifth intercostal space on the right side. Blood was found in large quantities in both pleural cavities, and about one ounce of blood-stained serum in the pericardium. There were two long rounded blood clots extending from the wounds in the right and left auricles into their corresponding ventricles; the lower portions of these clots were almost quite white.

NOTE.—That a man should live over forty hours after such a grave injury is very remark-

* Cloud-berry = *Rubus chamæmorus* (Linnæus).

able and important in a medico-legal point of view. Bryant mentions a case recorded in Circular No. 3 of the War Department of Washington, in which the right auricle was wounded, the patient surviving 50 hours.

PESHAWAR, 7th April, 1886.

CIVIL HOSPITAL, AMRITSAR, PANJAB.

BRIEF ACCOUNT OF RECENT INTERESTING SURGICAL OPERATIONS.

BY ASSISTANT SURGEON MULCHUND.

I. Glandular tumour of neck.—Nagaliya, a Mussulman boy, aged 10, admitted on 19th August 1885, with the following symptoms:—He had a weak anæmic and delicate constitution; long dark eyelashes, slender extremities and all other strumous appearances. No hereditary tendency was traced.

It was reported that the swelling on the child's neck had appeared for the last 18 months; though small at first, it went on gradually increasing. The friends tried all sorts of remedies, but to no effect.

The tumour on palpation felt to be composed of a number of enlarged hard smooth glands; they were movable and separate from each other and occupying the whole space of the anterior and posterior triangle on the right side of the neck. In size it was that of a fist, the clavicle bone formed its lower, the trapezius muscle the posterior, and the sterno mastoid muscle the anterior border.

The operation was performed on the 24th under antiseptic precautions: an oblique incision was made on the tumour, and after careful dissection the tumour was exposed and removed together with several small glands, the largest measured $3\frac{1}{2}$ " long, 4" in width, and $1\frac{1}{2}$ " in depth; it was composed of a number of small glands. The wound was sutured and dressed antiseptically. It healed by first intention, there having been no rise of temperature; patient took his discharge on the 12th September, quite cured.

REMARKS.

1. Removal of scrofulous cervical glands without the least difficulty.
2. No danger from the subclavian artery and other deep-seated structures of the neck.
3. Union by the first intention.

II. Extravasation of Urine; Cock's Operation—Futteh Singh, aged 50, was admitted on the 30th June 1885 with the following symptoms.

He could not evacuate his bladder, urine coming in drops with much straining and difficulty. The bladder was full and distended, reaching to about the level of the navel. The perinæum and scrotum, &c., were swollen, and

showed all the signs of infiltrated urine. A small quantity of the urine was drawn off by a catheter with the greatest difficulty, which was very offensive and mixed with pus. There was a big swelling in the perinæum, and on examination per anum, a large abscess was found behind the prostate gland, which probably had opened into the bladder. The temperature of the patient was very high. On 20th July, the operation of perinæal section was performed by passing in a large straight bistoury through the centre of the perinæum right into the bladder, the opening was extended by a to-and-fro motion with the upper edge of the bistoury, which gave exit to a large quantity of pus (about a pound and a half), the bladder was fully cleaned out with repeated injections of weak carbolic lotion and a lithotomy tube put in and tied; deep incisions were made into the scrotum and other infiltrated parts. In the evening the temperature went down and the patient appeared comfortable. The bladder was washed 3 or 4 times every day with carbolic lotion, all swelling disappeared, and the patient was relieved to a great extent; till on the 25th the scrotum sloughed and the mortified portion was snipped off the next morning. The bladder as usual was washed out with carbolic solution.

On 7th, urine became clear, and there was no smell or any matter in it; the temperature had also daily gone down, and the patient improving in every respect. The wound was getting well, and urine coming both ways. He left the hospital almost cured on the 17th July 1885.

III. Large Tumour of Breast.—Bhagoo, aged 50, resident of Lahore, was admitted on 25th September 1885, and reported that two years ago, a small tumour about the size of a gallnut appeared on the left breast, an inch above the nipple, without any symptoms of inflammation. The tumour went on increasing gradually till it reached the present size of a big melon. He tried all sorts of irritants and blistering drugs, scars of which are still visible on the tumour, but to no benefit, and, as a last resource, came in here for treatment, as he was much troubled by its heavy weight and pressure on the cardiac region. The tumour measured 11" from above downwards and 14" transversely, extending from the lower border of the clavicle bone to about the 7th rib from above downwards, and from the middle of the sternum to the anterior border of the axilla up to the insertion of the pectoralis major muscle, occupying the whole left half of the anterior part of the chest.

It was soft, fluctuating, and movable; the skin being separate from the tumour and the neighbouring glands were not affected.

The operation was performed on the 26th without the antiseptic spray. An elliptical incision was made across the tumour from above downwards.