periosteum scraped off and the optic nerve divided as far back as possible; still the tumour reappeared after a lapse of six months. In Kashmir men and women constantly carry under their garments an earthen pot called *Kungri* filled with live charcoal to warm themselves up in winter. As a consequence thereof the abdomen and thighs, specially of men are marked with ugly striæ, but a more serious result of this practise is the frequent occurrence of cancerous growths produced by the irritation of the Kungri fire. I at first thought them to be simple ulcerative growths, but later on, the microscope revealed to me their serious nature. This illustrates how constant irritation may produce cancer; but whether or not in its production another factor, viz., predisposition or heredity plays any part, is a point which I have not yet been able to solve.

Amputations.—Altogether 55 operations were performed. This includes amputation of fingers and also of upper and lower extremeties at various situations. There was not a single death, a result due entirely to the use of antiseptics. In cases where suppuration takes place, I use calcium sulphide in frequently repeated doses, and it produces the very best of results. Cases of injury and accident are pretty common here. Several cases of serious accidents were received from the Murree Road works resulting from explosion of dynamite used for blasting purposes. During the mulberry season people of the poorer classes live almost on mulberry, and cases of compound fracture, fracture of the skull, &c., are very common. For depressed fracture of the skull, trephining was performed on four cases during the year.

Lithotomy. — Stone is not so common here as in the Punjab. In this hospital, Baboo Gopal Chunder Deb performed many cases of successful operation for stone which gained for it great popularity among the natives. I performed 5 operations all successful. In three I performed supra-pubic lithotomy, to which I am rather partial. I have not as yet been fortunate enough to go out of Kashmir and observe the recent operation of litholaplaxy which, from all accounts, seems to be the safest of all operations for stones.

Abdominal Surgery.—Lumbar colotomy after Amussat was performed in two cases. One was successful. Ovariotomy was performed in two cases for large ovarian tumours. In ovariotomy I follow in detail the directions of Keith of Edinburgh. The two cases, however, ended fatally, one showing symptoms of septic fever, another from dysentery, 20 days after the operation.

Excision and Resection. — These operations have to be frequently performed as caries and necrosis of bones are as common here as in England or other cold countries with variable climate. Excision of elbow was performed successfully in several cases.

Operation for fractured Patella.—A vertical incision was made over the broken patella and the fragments were exposed, each fragment was drilled obliquely, so as to bring out the drill upon the broken surface a little distance from the cartilage. Then the fragments were drawn together by means of silver wire. All the directions given by Professor Lister on this subject were strictly followed. I regret to record that the case did not fare well, as violent inflammation of the joint followed, in which condition the patient's friends removed him from the hospital.

Nerve-stretching for Leprosy.—Though in one or two cases visible improvement was observed in cases of Leprosy after nerve-stretching, in the larger number of cases the procedure fails to afford relief. I stretched the sciatic in several cases with but very little encouraging result.

Operation for the radical cure of Hernia.—In one case I used Spanton's screw, but with this operation in not a few cases failure follows the attempts at cure. In Wood's operation where the sac is invaginated until its fundus occupies the canal, and the canal sewn up, so as to retain the fundus in its new position, the operation is complicated, requiring much manipulative skill and not unattended by risk. The modification proposed by Professor McLeod, however, is one which is sure, simple and safe; so long as strict antisepsis is kept up. I was taught to perform this operation, practised it three times during the year, and was satisfied with the result.

CHUPRA DISPENSARY.

TWO SUCCESSFUL CASES OF OVARIOTOMY.

By Surgeon F. S. PECK, I. M. S.

Case I.—Guvenani, a married Brahmini, aged 45 years, was admitted into the dispensary for an abdominal tumour. Her history was as follows:—

She was married at the age of 16; first child born 3 years after marriage; second child born 4 years after the first; third child born 2 years after the 2nd; fourth child born 5 years after the third. After the fourth confinement the menses became irregular and painful, finally stopping two years after the last delivery. About a year and a half after the cessation of the menses, she perceived a tenderness in her left side, and, on pressure with her hand, could distinguish a hard lump like a cocoanut. At this time she remarked that her micturition became scanty, frequent, and painful. She also suffered every now and then from dyspepsia; otherwise her general health was not interfered with; at no time did she experience any difficulty in defecation. As the tumour increased in size the difficulties of digestion and micturition disappeared. On admission, she had the appearance of a healthy spare old woman of about fifty. Her appetite was good, bowels regular, and she had not suffered from fever. The abdomen was distended by a large

globular fluctuating tumour, slightly larger on the left side than on the right.

On palpation, fluctuation was felt in every direction, and on percussion, dulness throughout. The tumour appeared to be freely movable in its upper part. The abdomen, which had the appearance of an eight months' pregnancy, measured as follows:

Circumference at umbilicus, 32 inches.
,, below ensiform cartilage, 29 inches.

An ovarian cyst was diagnosed. The patient was given some santonine and castor oil with the result that she evacuated three large round worms.

Operation.—On the morning of 2nd December. All urine having been evacuated by a catheter, she was placed under chloroform, and an incision, about four inches long, was made in the median line of the abdominal wall, from just below the umbilicus, downward. The peritoneum was divided on a director. After all hæmorrhage from the vessels of the abdominal wall had been controlled by means of clamp forceps, the hand was passed into the abdominal cavity and the gratifying fact ascertained, that there were no adhesions.

Spencer Wells's trocar was introduced, and about eleven pints of clear glutinous fluid evacuated. As the cyst collapsed, it was withdrawn from the abdominal cavity without the exposure of omentum or intestines, there being not one single adhesion. The pedicle was narrow and thin. It was transfixed by a straight needle armed with stout carbolised silk, which was then tied with the Staffordshire knot. The pedicle was then cut through without hæmorrhage, the ends of the silk were cut off short, and the stump was allowed to drop back into the abdominal cavity. A small quantity of warm perchloride of mercury lotion (1 in 12,000) was poured into the wound and afterwards sponged out. The wound was brought together by six stout catgut sutures and a strip of gauze soaked in. An ointment composed of iodoform and vaseline (15 grains to the ounce) was applied over the line of incision, which was further protected by four thicknesses of boracic lint and some carbolic tow, a roller being applied over all.

12 *noon.*—The patient had quite recovered from the effects of chloroform, and only complained of a slight singing in the head.

7 *p. m.*—Complained of thirst, slight abdominal pain, and had vomited once. Had been taking a little milk. Ordered one grain of opium. Temperature 99·8°. Has passed urine once.

3*rd December.*—Vomited three times yesterday; slept at intervals; complained of pain and tenderness over the abdomen; passed urine freely; tongue moist and clean; no thirst, and is lying very quiet; temperature 100° F.; pulse soft and good.

4*th December.*—Temp. last night 99·6° F.
This morning 99·7° F.
Pulse soft and good; no vomiting; takes her milk well; passes urine freely. Still complains of abdominal tenderness. Dressing changed. There had been only a slight discharge of blood, it became evident that the sutures had been tied rather too tightly.

5*th December.*—Temp. last night 98·8° F.
This morning 100·2° F.
Pulse soft and good. The patient passed a very good night; bowels moved once; abdominal tenderness decreased; complains of feeling hungry.

6*th December.*—Temp. last night 98·4° F.
This morning 99·4° F.
Pulse good; bowels moved; no abdominal pain or tenderness. There was slight fever on the 7th and 8th, and some purulent discharge from the punctures made by the sutures. There was some superficial suppuration about the wound and slight pyrexia; but the patient made a good recovery and was discharged from hospital perfectly cured on December 21st.

Case II.—Rukhminia, a married Chamar woman, aged 36, came to the dispensary on December 5th, for treatment, on account of an abdominal tumour, having heard of the previous operation. Her history was as follows:—

She was married at the age of fourteen or fifteen; her first child was born about a year after her marriage, and she had, at intervals of about two years, five children in all, the last having been born about 8 years ago. After her last confinement, she felt some pain and swelling in her right side; but her menses continued regular. Some months later she perceived a definite hard ball in the side. This gradually increased in size, and as the increase became considerable, she experienced dragging pain in the abdomen, oppression of breathing, and general discomfort. She applied at the dispensary for relief on November 14th, 1886, and was tapped. She again became uncomfortable and was again tapped, July 18th, 1887. Her menstruation continued regular throughout. She menstruated on the third day after operation, but made no mention of the fact until she was discharged from hospital. Her abdomen measured 35 inches at the umbilicus, and 32 inches just below the ensiform cartilage. The abdominal cavity was occupied by a large, tense, globular tumour, fluctuating on palpation and dull on percussion, slightly inclining towards the right side. An ovarian cyst was diagnosed; and as the patient displayed great eagerness to undergo operation immediately, it was determined to do it that day, for fear she might change her mind.

Operation at 2 *p.m.*—She was placed under the influence of chloroform and the bladder was emptied by means of a catheter. A four-inch incision was made in the abdominal parieties downward from a point just below the umbilicus. There was considerable hæmorrhage from the parietal vessels which was arrested by means of clamp

forceps. The peritoneum was then divided on a director. On introducing the hand into the peritoneal cavity, it became apparent that the anterior surface of the cyst was adherent to a great extent to the parietal peritoneum. These adhesions were broken down with the fingers. Spencer Wells's trocar was then introduced, and thirteen pints of clear glairy fluid evacuated. As the cyst collapsed, numerous omental adhesions were discovered. The slighter ones were torn through, and five catgut ligatures applied to six of the largest. The cyst was then withdrawn through the wound, and the pedicle exposed. This was thin and narrow, it was ligatured with stout carbolised silk tied with the Staffordshire knot, and divided with scissors. There was no hæmorrhage; the ends of the ligature were cut off short, and the stump was allowed to drop back into the abdomen. The peritoneal cavity was then sponged out with warm perchloride lotion, and there being very slight oozing only, the edges of the wound were brought together by six stout catgut sutures, which included the whole thickness of the abdominal parietes. The iodoform ointment was applied immediately over the incision with boracic lint and carbolic tow, over that again a roller was put on and the patient put to bed. A hypodermic injection of quarter of a grain of morphia was given before the effects of the chloroform had worn off.

9 *p. m.*—Has passed water once; temperature 99·6°; pulse small and weak; complains of pain in the abdomen.

6th December.—Vomited four or five times during the night; temperature at midnight 100°. The vomiting ceased at 4 A.M. Says the pain in abdomen is much less; slept a little during the night; tongue moist and clean; has passed urine twice. Temperature 99° F.; pulse soft and weak, 88°; is lying very quietly.

7th December.—Temp. last night 99·2°.
This morning 98·4°.
Pulse good; passed a very quiet night; no pain in the abdomen; complains of her back aching from the recumbent posture; no nausea or vomiting; passes urine freely. Dressing changed for the first time. It was slightly soaked with a little blood; but the incision had united throughout its length by primary adhesion.

The stitches were removed on the 9th, and the patient made an excellent recovery. On the 10th she commenced menstruating, and her menstruation was accompanied by slight pyrexia for four days. She was discharged cured on the 21st, sixteen days after the date of operation.

Remarks.—I have to thank Dr. Harvey for the loan of his ovariotomy case, without which these operations would have been impossible. The successful results I attribute almost entirely to the unremitting care and attention bestowed by Assistant-Surgeon Aghore Nath Bose on the cases. In a small mofussil dispensary, dependent on an ignorant mehterani, had he not done most of the nursing himself, it is unlikely that either case would have recovered. I am greatly indebted to him for the trouble he took, and also for the notes of the cases. Both the patients were kept on a strict milk diet for a week. The dressings were, of course, antiseptic, and all precautions were taken to render instruments, &c., thoroughly aseptic.

The second case presents a most beautiful example of a large incision into a cavity uniting by *bonâ fide* primary adhesion. Beyond a slight oozing, which must have occurred within a few minutes of the application of the dressing, there was not one single drop of pus, serum, or blood discharged into the dressings. This is the more remarkable, as owing to the numerous anterior adhesions, the abdominal parietes must have been a good deal disturbed during the operation. At the end of a week the cicatrix looked like a scratch with a pin.

The union of the incision in the first case was very much hindered by the tightness of the sutures; a good deal of swelling took place during the first two days, and this interfered with the apposition of the skin, and delayed the superficial union, although the deep parts united by first intention.

REMEDIES FOR UTERINE HÆMORRHAGE.—Dr. C. D. PALMER, of Cincinnati, read a paper upon the above subject at the recent meeting of the American Gynecological Society. His conclusions were as follows:

1. *Ergot*—In chronic hyperæmia and subinvolution; effects less marked in multiparæ.

2. *Digitalis*—In uterine hæmorrhage from cardiac disease; in atonic states, with weak heart and low arterial tension.

3. *Cannabis Indica*—Uncertain. Indications not yet defined.

4. *Bromides*—Sexual excitement and ovarian congestions.

5. *Arsenic*—Chronic endometritis; menorrhagia in young girls. Less useful at the climacteric.

6. *Gallic Acid*—The objections to the drug render it of limited value.

7. *Hamamelie*—For slight, long-continued flux, with dark venous blood, the hæmorrhage being passive, it is the remedy *par excellence*. This occurs in sub-involution, chronic endometritis, retroversion, and some fibroids.

TREATMENT OF CONSTIPATION BY FARADISM.—In the case of a woman who had not defecated for two weeks, and who instantly threw up all medicines, a city physician secured a passage by a few applications of Faradic electricity and kneading of the abdomen.