I enlarged the wound, and searching with the hand inside the abdominal cavity, I followed the bowel down to a point where I found one coil glued to an adjacent coil by inflammatory deposit on its surface and so contracted, in an hour-glass manner, at their points of adhesion, as to render the lumen of the tube quite closed to the passage of its contents. Above this point there was visible distension and obstruction, while below it the bowel was empty and flaccid and much less inflamed. On bringing this part outside the abdominal cavity, I carefully separated the two coils and peeled off the constricting lymph bands. This produced no immediate visible effect in diminishing the calibre of the bowel though tension was diminished. With the bowel between two fingers I pressed the semi-solid contents along past the now relieved site of constriction, but this did not effect the condition of atony into which the intestine had passed. I removed the cannula and stitched up the opening with catgut suture, and then proceeded to return the bowel inside the abdominal cavity, which was a matter of some difficulty from its size; and had I not been able to relieve and diminish it to an appreciable extent by the cannula in the way described, it would have been evidently necessary to have opened the bowel and stitched it to the abdominal wall in order to relieve the urgent pressing symptoms arising from a powerless and over-distended bowel.

The subsequent progress of the case was briefly as follows:—The night following the operation warm water was given every hour by mouth containing a drachm of whisky, and on the subsequent days one ounce of peptonized milk every two hours, the alcohol being continued and increased for some time. Liq. Morphinæ in xv minim doses was also given as required. The temperature remained subnormal until the end of the third day when it arose to 99·2, but for the first day after the operation it was under 97°. There was nothing passed by the bowels until the end of the third day, when two motions were passed, a glycerine enema having been given some hours previously. A scanty motion was passed daily after this until the sixth day, when she had eight motions followed by three in the night. This showed that the peristalsis of the bowel was now asserting itself markedly, and may be taken as an index of the probable time the bowel takes to recover itself after being rendered powerless by prolonged distension as the subsidence of the distensions was simultaneous with the free action of the bowels. From this onwards, the action was less free, becoming gradually reduced to two motions in the day. In a fortnight the case was feeling convalescent and was only delayed by the slow union of the abdominal wound which was retarded by some suppuration between the edges.

LARGE ABSCESS OF LIVER.

By FEROZDIN MOZEROOF,

ASST.-SURGN.,

Civil Hospital, Gujranwala.

A man named Lall Din, aged about 32 years, a tanner by occupation, was admitted into the Civil Hospital of Gujranwala under my treatment on 12th June 1901.

Previous history.—The man said he has had dysentery about 10 months ago, which continued for about two months. His motions were very frequent, small in quantity, containing mucus and blood, and passed with great pain. He took ordinary medicines of dysentery and was cured of it. But fever began which ran almost to 105 a day, he was very restless in fever, lost much flesh with great pain and distension of the right side of his abdomen. The fever lasted for about a month, but he lost a great deal of flesh and there was loss of appetite. The skin became tinged yellow, his bowels were very costive and urine very high coloured, and his abdomen began enlarging. He felt great palpitation on the slightest exertion, was unable to walk, stand, or do any manual labour for a short time. About two months before admission he felt no pain in his side. He had no fever at all, he was still losing flesh and he developed a dry cough which troubled him most after food, and at night so much so that he was unable to sleep in a lying position.

State on admission.—The man is greatly reduced and hectic looking. His pulse is small and wiry, and 85 in a minute. His breathing is about 28 a minute and there is rough breathing on back and bases; urine is very high coloured. Sp. gravity 1028, contains bile, salts and pigments and crystals of urates. His skin is rough, dry and scurffy thrown into wrinkles. His muscles were soft but wanting in tone. The man generally looking exhausted and worn out with diseases; abdomen was greatly distended, but distension was more on the right side than on the left; a tape measure from the seventh dorsal spine to the xiphoid cartilage showed a difference of $\frac{3}{4}$ of an inch in excess on the right side. The liver was distinctly enlarged, it reached as far as the umbilicus below. To the mammary lines above, it extended beyond the xiphoid cartilage on the left side. The spaces between the cartilages were very much widened; about two inches was the space between each of the cartilages in the lower part of the thorax. The spaces in ribs were correspondingly widened. Fluctuations were distinctly felt. The side was bulging distinctly. The man's temperature was kept and recorded very carefully, but never a rise was found in it. There was no jaundice on admission. But skin was of a yellowish hue. The man has no vomiting, nor has he ever had it since he has been sick. The veins of abdomen, especially of the right side, were very much enlarged and distended with blood. The spleen was slightly enlarged, and bowels were confined for the last four days.

Operation.—On 13th June 1901, at 11 A M. The patient walked to the operating table, he was anæsthetised with chloroform, the area of liver dulness was very thoroughly cleaned, first with soap and water, then with turpentine and alcohol, half and half, and last of all with 1 in 20 carbolic acid lotion. All instruments hands of assistants were thoroughly washed and antisepticized. A spot was detected where fluctuations were very distinct. In this spot a large hypodermic needle was inserted and a syringe full of pus evacuated. This confirming that the disease was an abscess of the liver; a transverse incision about 3 inches long was made in the skin; this passed through the muscles till the organ (liver)

was exposed. Fine catgut sutures were passed through the skin of the wound and through the capsule of the liver. These were eight in number and abdominal cavity was thus completely shut. A knife was then plunged into the liver and pus welled out which, when all out was collected in a basin and measured **11 pints**. This was of a healthy kind, devoid of any smell. When all was out, a large drainage tube measuring 9½ inches was put into the liver through the wound. The end of the tube was sutured to the mouth of the wound. The patient was in a state of collapse, therefore 30 m. of ether was injected.

After treatment.—There was nothing special about the after treatment. He was given a mixture of digitalis and strychnia, three times a day and was put on milk diet only. He was also given a few drops of laudanum for the first two days. His temperature never rose above normal. On the third day his appetite returned; his quantity of milk was increased.

24*th June* 1901.—Tube shortened by an inch, stitches removed, much improved. Cough is less troublesome, wants more food, sleeps naturally.

28*th June* 1901.—No temperature above the normal; tube again shortened, complains of slight pain at the side of the external wound.

17*th July* 1901.—Cavity of the abscess much filled; only the track of the tube is left; tube shortened again.

20*th July* 1901.—Tube shortened again, patient walks about freely; there is no cough, has improved in health, is looking better, eats solid food (a mixture of rice and milk); bowels are regular, urine is natural.

25*th July* 1901.—Tube removed altogether and cicatrix supported.

28*th July* 1901.—Cicatrix painted with 10 grains solution of nitrate of silver.

6*th August* 1901.—Patient has no complaint of cough or pain anywhere, he is perfectly well, and he is therefore discharged cured.

Lesson.—The lesson from this case to be learnt is that very large abscesses of liver containing pints of pus can exist without pain, rise of temperature and vomiting.

CASE OF RHINOPLASTY.

By V. S. KELKAR,

1st class Hospital Assistant, Athni.

The following case of rhinoplasty may be considered to be of interest:—

The subject of the operation was this time a woman, named Shidhawa Kom Nada, aged 25 years. She was of Dhangar caste and was a resident of Jutt State—the native place of the woman treated in my last case who gave information to Shidhawa of her having a good and complete cure. This fact brought the present case of nose-cut for operation.

She was admitted into this dispensary on the 10th November 1900 as an in-door patient, *i.e.*, three months after her nose was bitten off by her husband with his teeth.

She was brought under chloroform on the 16th November 1900, and a suitable piece of skin of the forehead was removed by a scalpel with a tail towards the nose, on which it was twisted, and brought down and attached to the wound of the nose by means of silk sutures. The margins of the nares and septum were properly incised by a scalpel and adapted to those of the flap before the sutures were applied. The wound was treated in the usual manner; the nostrils were kept open by tubes of india-rubber for the purpose of respiration and exit of mucus, &c. The bleeding from the wounds on forehead and nose was checked by pressure and styptics. The connection of the flap at the bridge of the nose was cut on the 30th November after the operation.

The woman was discharged in a state "nearly cured" on the 12th December 1900. When the photo after operation was taken, the wounds of the flap at the bridge of the nose and on the forehead were not completely healed up owing to the patient hurrying off, on account of some urgent private affairs, to her native place.

The photo attached will show the state of the patient after the operation.

Lieutenant-Colonel W. P. Carson, Civil Surgeon for Belgaum district, when on his annual inspection of this dispensary, expressed his satisfaction after seeing the patient, which was on the 10th December.

I have great pleasure in saying that Mr. G. R. Joshi, Veterinary graduate, also lent me his help at the time of the operation as well as in after-treatment.

Treatment of Pertussis.—Just at this time of year pertussis seems to be very prevalent in some localities. This time in the year is certainly favorable to the prognosis of the disease. The little patients can be kept in the open air, and not housed in close rooms, which lessens the number of paroxysmal attacks of coughing as well as the severity of the attacks. The medicinal treatment is divided into the antiseptic, the anti-cartarrhal and the sedative treatment.

Yeo is convinced that carbolic acid inhalations is of great value in the antiseptic treatment of this disease. He places the child in the small room containing an open fire-place; a large iron spoon should be made hot from time to time and carbolic acid vaporized by putting a teaspoonful or two into the heated spoon. The atmosphere should be so strongly impregnated with this vapour, according to Yeo, as to make the atmosphere unpleasant to others. These fumes should be kept up night and day. As a spray for direct inhalation he recommends the following:—

℞.	Acidi carbol. ...	...	... ℥i	4
	Glycerini ...	...	... ℥i	4
	Sodii bicarb.	...	gr. x	06
	Aq. destil ...	...	... ℥i	32

M. Sig.: Use as a spray in front of the mouth of the fant constantly, so that he is compelled to inhale.

The urine should be under constant observation d above treatment and if any discoloration occurs the treatment should be suspended for twenty-four hours.