

8th.			9th.			10th.			11th.			12th.			13th.			14th.									
A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.							
98	6	100	3	99	4	101	6	99	4	102	6	102	8	103	4	102	2	102	8	102	4	102	6	102	4	103	4

15th.			16th.			17th.			18th.			19th.			20th.			21st.								
A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.	A.	M.	P.						
101	6	102	4	101	8	100	4	100	6	100	1	101	2	101	2	100	6	101	6	99	5	98	2	99	5	died

Remarks.—It is remarkable these two cases of typhoid fever occurring within so short a time because since this jail has been opened, that is since November 1869, I only know of two cases having occurred. I do not pretend to say that no cases have been overlooked, but I do think that these are the only fatal cases. My attention has been particularly drawn to this point, as I was sent to the Rawal Pindee Jail in 1871 to investigate the fever there, and which was considered to be typhoid, and the intestines of prisoners dying in this jail have, during the time I have been in charge, been mostly inspected by me. Why the adult native population is so free from this disease can, as is suggested in Parkes' Hygiene, be only explained on the supposition that almost all the infantile population have had it.

I have written the reports of these cases from notes taken by Assistant-Surgeon Fattah Chand.

25th August, 1879.

CASE OF DISLOCATION OF LENS.*

By SURGEON HERBERT BOYD, M. D.,

14th Sikh Native Infantry.

Bailah Singh, sepoy 14th Sikh, was admitted into hospital on the 16th July 1879; age 30 years; service 8 years; caste Sikh.

History.—The man states that on the night of the 15th ultimo he went out of his hut to make water; on returning he stumbled in the dark and struck his right eye violently against his stick which he had previously placed in a hole in the wall to make a peg on which to hang his clothes. The pain caused by the blow was not at the time very severe, though he "saw stars."

Admitted to hospital on the morning of the 16th. The lens is lying in the vitreous humor completely turned back into a horizontal position. It appears completely detached, and is moveable on pressure on the outside of the eye. The lens is slightly opaque, only sufficiently so as to render its position clear without the ophthalmoscope. There is loss of sight, and he says scintillation in the eye and slight pain in the right temple. Tension of the eyes equal; conjunctiva not contused or inflamed; cornea perfectly clear. No ecchymosis of the eyelid; pupil partially dilated. Ordered Ext. Belladonnae to be applied round the eye, and the eye to be covered by a shade.

18th.—Lens has become opaque; the conjunctiva slightly reddened; pain in the temple increased: general health good.

Ordered blister on right temple, Sol. Sulph. Zinc. gr. ii. to ʒj to be dropped into the eye. Continue Belladonna. Pupil fully dilated.

22nd.—Pain has completely disappeared: conjunctiva inflamed, with the usual sandy feeling; no photophobia or increased tension. Continue Belladonna.

* This case has been placed at our disposal by the Surgeon-General, Indian Medical Department.—ED., I. M. G.

29th.—Bowels confined; tongue clean; no fever: no pain. Ordered calomel gr. ij Pil. Col. Co. gr. iv. at night Continue Belladonna: no change in the eye: nitrate of silver solution gr. i. to ʒj every four hours.

July 31st, present state.—There is no sign of any irritation in the vitreous which continues clear. The lens remains passive, the iris is fully dilated, cornea clear, and the only trouble seems to be in the conjunctiva, which may in part be due to the Belladonna. The man can distinguish fingers held at about 8 inches from the eye, but at three feet he cannot tell if the fist is closed or if there are separate fingers extended. There is no photophobia, and the general health is good. The lens has not been extracted as no material injury to the rest of the eye appears to be due to its pressure. The rupture of the back of the capsule would, in my opinion, render any interference more likely to do harm than good. The present treatment is "wait."

CASE OF OVARIAN GESTATION.

By SURGEON W. F. MURRAY, A. B., M. B.,

Officiating Civil Surgeon, Howrah.

The following are post-mortem notes of a case sent to the Howrah General Hospital for examination. As the possibility of appearances such as were presented in this case has been doubted by such authorities as Velpeau and Farre, they are sent for the favor of publication.

On the 26th of July I was called to examine the body of a native Hindoo female aged about 35 years. She was said by the Police to have died from the effects of poisonous drugs administered for causing abortion.

No marks of violence were seen on the body. Decomposition had already set in. No abnormality was observed in the condition of the internal organs excepting some hypertrophy of the left ventricle of the heart. The stomach, which was empty, appeared healthy, and from subsequent chemical examination it was found that death was not caused by poison. On removing the uterus and ovaries, the uterus and left ovary were found to be perfectly normal and healthy. On looking at the right ovary it appeared very much enlarged about 6 inches in its longest diameter by 4 inches broad and about 3 inches thick, of a dark purplish colour, soft and irregular to the touch. On section the structure of the ovary appeared to be in a state of disintegration and contained blood clots, imbedded in the centre of which was a foetus about 8 weeks old. Both Fallopian tubes were found entire, and in no way connected with the tumor. Mr. Harding, the House Surgeon, whom I called to see this interesting pathological specimen, was anxious to preserve it, but already putrefactive changes had so far advanced that the idea had to be abandoned.

Howrah General Hospital, 7th August 1879.

CASES REPORTED BY ASSISTANT-SURGEON RAM KISHEN

I.—SEROUS CYST OF THE FACE CURED BY A SETON.

Ashoorally, a Mahomedan male child, aged 5 years, of Kotana in the Meerut district, was brought to the Sonapat Dispensary on 9th April 1879—a scrofulous looking, anæmic child; has been always weak, suffering from diarrhœa, indigestion, &c. He is said to have a fluctuating tumour of the size of a lemon on the right side of the neck, a little in front of the angle of the lower jaw, since his birth, &c.: this had been increasing in size constantly, and was as large as an orange. Three days ago, at night, it troubled the child, and in the morning was seen by the parents, much enlarged, inflamed and painful, and the child got fever.