

A MIRROR OF HOSPITAL PRACTICE.

CASE OF TRAUMATIC TETANUS TREATED WITH CONIA. RECOVERY.

BY SURGEON-MAJOR C. S. WILLS, C.B., A.M.D.

THE following account is abridged from notes of the case furnished by Baboo Suresh Chundra Sircar, L. M. S., Graduate M. C. B., who called me to see the patient.

Tarini Churn Sircar, æt. 45, a man of rather strong constitution, though not muscular, had a prick of a sharp-pointed bit of bamboo, about two inches long, at the root of the third toe of the left foot underneath. In the attempt to extract it the stick broke and a fragment was left behind, which caused some inflammation. The broken fragment was removed three or four days after the accident, and the wound shortly healed up. About a fortnight later tetanic spasms were first perceived, and Baboo Sircar was sent for. He says, "I found the jaws locked, though some power of deglutition was still retained; the spasms were frequent and pretty violent; the trunk, however, did not very markedly bend itself; the muscles of the extremities were greatly affected, and the abdominal recti were stiff and in constant spasmoidic contraction." The Baboo prescribed tincture of Cannabis Indica and spirits of chloroform; also chloral hydrate and bromide of potassium internally, and the icebag to the spine. He also ordered the patient gunja (*Cannabis indica*) smoking and opium (called *gooly*) smoking. This treatment relieved the patient of all spasms, and he had slept well, but he stated that he did not feel comfortable. Bowels constipated, and he had a calomel purge. After a lull of two days the tetanic spasms returned with greater violence than before, and were as frequent as could be. The same remedies were at once administered, but this time without any effect. Chloroform inhalations were then used, which gave him a little relief. The Baboo thus describes the man's state just before I saw him: "The spasms assumed so violent a character, that no one could witness the agonies of the patient without being deeply affected, the patient was in quite a deplorable state, the cries of agony were most telling, the poor man was much exhausted, and could utter words most indistinctly and with much difficulty, but he retained the full powers of the senses. He could scarcely swallow, and liquid food was therefore injected through the rectum. He was gradually becoming low, and little hope of his recovery was now entertained."

The above very fairly represents the case when I saw the patient. He was lying on his back on the floor, with his knees well drawn up and every muscle strongly contracted. As his bowels had not acted for some time, they were cleared out by a castor oil and turpentine enema; nitrite of amyl ordered to be inhaled, and 2½ grains of watery extract of Calabar Bean given internally every third hour for two days, but without any marked benefit, except that the inhalation of the nitrite of amyl allayed the spasms and relieved the pains temporarily; I then ordered the following:—

Conia	4 grains
Dilute sulphuric acid	8 minimis
Distilled water	½ oz.—mix.

15 minimis hypodermically injected every four hours. This was successful. In the words of the Baboo, "The second injection produced a marked effect in diminishing the spasms and in procuring a good sleep. The fourth injection caused a rather deep and profound sleep, almost verging upon stupor." The conia was then injected every 12 hours, the spasms ceased altogether, the bowels acted naturally and the man made a good recovery.

Barrackpore, 22nd December, 1882

ETAWAH DISPENSARY.

A CASE OF SCALP WOUND WITH SLOUGHING—THE CALVARIUM BEING LAID PERFECTLY BARE FOR ABOUT A SPACE OF 5 SQ. INCHES.

BASHEE, a Hindoo female, aged 30 years, was brought by the Police, on 31st August 1882, for admission and treatment in the hospital. She was said to have fallen down a well and have struck her head. On her admission, the scalp with the periosteum over the frontal and part of the parietal bones was found stripped off, the edges were sloughing, and maggots were crawling about the wound. Her senses were not perfect, and she could not answer, and did not seem to understand when spoken

to. Her head was washed with Carbolic lotion, and Carbolic oil dressing put on. There were very little hopes of her living. She was fed with nourishing soups and milk, and tonics were ordered. For some time after she was troubled with diarrhoea, but it was checked by a few doses of Dover's powder.

The wound was becoming clean and granulating, the bare bone did not show any sign of necrosis.

Within a fortnight granulations spread over and covered nearly the whole surface of the exposed skull. At this time she was dressed with Borax ointment (a compound of bazar borax and simple ointment). The lower end of the wound was situated between the eyes, and showed some signs of erysipela-tous inflammation. The eyes, especially the left, were highly inflamed, and there was extreme photophobia and pain in the eyes. Her senses became perfect, and she took her food well. A fortnight later on she was able to attend the Court, and on the 29th September was sentenced to be imprisoned for a week.

After the lapse of the sentence on the 6th October, she was re-admitted into the Dispensary hospital. The granulations were progressing, only two small and separate exfoliations occurred in the frontal bone, about the size of the forefinger nail. On the 27th October the exfoliated bones were detached and grafts of skin were put on the head from the arm over the granulating surface, but the grafts did not become attached as the flow of pus was excessive. Her left eye became atrophied before the inflammation was subdued, and the right cornea became opaque. In other respects she was in perfect health; her appetite was good, she digested food properly, spoke rationally, and was eager to go home.

She continued in this progressive state of health for a month and half more—the granulating surface was contracting and becoming covered with new skin, on which hairs began to grow. The area of the granulating surface now measured about 2 inches long by 1½ inches broad. Unfortunately she had a very bad diarrhoea about the middle of December, which went on unabated, although all sorts of astringents internally and enemas were given. She grew very pale and anaemic, and had an eruption of hemorrhagic spots on her hands and legs. She died on the 23rd December 1882.

A CASE OF INTESTINAL OBSTRUCTION SUCCESSFULLY TREATED BY ASPIRATION AT THE ARKAH DISPENSARY.

Under Surgeon-Major J. O'BRIEN, reported by Assistant-Surgeon NRITTOGOPAL MITTRA.

A HINDU male æt. 30, named Sheuraj, was brought into the dispensary on the morning of the 19th November, suffering from symptoms of intestinal obstruction. He stated, that about five days ago while passing stool he got a sudden attack of severe pain in his abdomen. The bowels have not been moved since. Previous to this he had always enjoyed good health. On admission he was found in a miserable state; the abdomen was hard, tympanitic and painful to the touch; he had vomiting, hiccup and an anxious countenance. The tongue was foul, and thickly coated all over with a dry white fur. There was no rupture.

A soap and warm water enema was ordered. This brought away a few hard scybala from the lower gut, but when repeated in half an hour, the injected fluid came out clear, carrying literally nothing with it.

He was ordered opium with belladonna every 3rd hour; in the evening his temperature was 100°, the opium with belladonna was ordered to be continued. Diet to consist of a very small quantity (about 8oz.) of milk and sago in 24 hours. Hot fomentations to the abdomen every 4 hours.

20th.—Temperature in the rectum 101°F.

in the axilla 100°F.

Pulse hard and wiry, 110; tympanitis greatly increased.

Evening temperature, 103°F. Pain less but other symptoms unabated.

21st.—Morning temperature, 101°. Pulse small and wiry, face anxious, tongue dry and heavily furled, tympanitis much increased. The convulsions of the small intestine were distinctly mapped out over the front of the abdomen: slight jaundice. Vomits generally after food. Belladonna and opium to be continued, and fomentations every 4 hours.

Evening.—The patient's state is most unpromising. Temp. 102°. Tympanitis, if possible, increased since morning. Aspiration with a fine needle tried over one of the most prominent

convulsions of the intestine. A good quantity of gas escaped and the belly softened. The needle finally got blocked up with liquid faeces and was removed.

22nd.—Jaundice deeper, but tympanitis continues to be relieved: still no passage of wind by the anus: vomiting and hiccup less, pain less. As it now appeared that the urgent symptoms had subsided, and as the bowels had not been relieved for nine days, it was deemed advisable to give an aperient. A draught of plain castor oil was accordingly administered at 8 A. M.

Evening.—Had three stools four hours after the oil without pain.

23rd.—Tympanitis has entirely disappeared: no pain. The patient had stools last night. The stools were semi-liquid and of a muddy color.

5. P. M.—Temp. 99°; continues to improve; vomiting stopped. The patient was discharged cured on the 1st December.

Judging from the symptoms the case was plainly one of intestinal obstruction; but what was the exact cause of the obstruction it is hard to determine. The aspiration of the highly tympanic intestines on the afternoon of the 21st was followed by distinct relief, and apparently enabled the muscular fibres of the bowel to recover their peristaltic power, so that the dose of castor oil given next morning acted at once and gave immediate relief. Dr. O'Brien tells me that he has tried aspiration in many cases of obstructed bowel, but though he has never seen it promote a cure as in this case, the operation has certainly never been attended with evil consequences of any kind. In a case of obstruction, which occurred in the Burdwan Hospital last year, he aspirated the tympanic intestine every day for more than a week. The patient was so much relieved by the first operation, that he begged to have it repeated. The patient, however, was taken from the hospital by his friends and afterwards died at his home.

Arrah, the 19th December, 1882.

SELECTIONS FROM THE RECORDS OF THE INDIAN MEDICAL DEPARTMENT.*

Fort William, the 29th Nov., 1786.

MESSRS. JAMES ELLIS, Andrew Williams, and John Fleming having met this day at Mr. Ellis's house in consequence of an order from the Hon'ble Governor-General and Council, the following letter from the Secretary is laid before them by Mr. Ellis.

To Mr. James Ellis, Physician-General, as Director of the Hospitals.

Mr. Andrew Williams, Chief Surgeon.

Mr. John Fleming, Surgeon of the Hospital establishment at Head-Quarters.

GENTLEMEN,

I have already notified to you the appointments to which you have been nominated by the Hon'ble the Governor-General and Council in pursuance of a new arrangement made by the Hon'ble Court of Directors for the reform of their Medical Departments and for the conduct of their military hospitals. This arrangement has been prescribed in a separate General letter from the Company, bearing date the 21st September, 1785; and in a paper transmitted with it entitled "Regulations respecting military hospitals in India;" an extract of the former, and a copy of the latter are enclosed, together with copy of a paper received from the Court of Directors and entitled "Forms and Regulations for the apothecary in charge of the Medicine Stores at the different presidencies in India. These are transmitted to you for your information and guidance.

You will observe in the regulations respecting military hospitals in India, that the Hon'ble the Governor-General and Council are desired to appoint an Hospital Board which is to

* In the Office of the Surgeon-General with the Government of India, there are a number of ancient looking volumes which contain the earliest records extant of the Indian Medical Service. They are called the "Proceedings of the Hospital Board"—the designation then applied to the governing body of the service. These proceedings extend back to close upon a century, the first volume being—"Proceedings 1786. Vol. 2." There are in all 291 volumes embracing a full record of the weekly meetings of the Board down to the year 1854.

The books are in an excellent state of preservation, and are written in a remarkably fine legible hand.

As these Proceedings contain many quaint documents of much interest, the Surgeon-General with the Government of India has kindly consented to the publication of selections from them. The accompanying papers contain the first of the series which will be continued in chronological order as time and opportunities admit.

N. W. BANCROFT,

Office of the Surgeon-General with the Government of India.

consist of the Director, Chief Surgeon, and Surgeon of the hospital established at Head-Quarters, for the purpose of directing the necessary regulations and arrangements for all the hospitals at the presidency."

It is the pleasure of the Hon'ble the Governor-General and Council that you form yourselves into an Hospital Board without delay for the purpose stated by the Court of Directors, and having considered of such regulations as you may deem necessary for your department, that you wait upon the Commander-in-Chief with them for his approbation, and finally that of the Board.

Mr. R. C. Birch has been appointed Purveyor, and Mr. Edmund Bengough apothecary in consequence of the arrangement made by the Company.

In obedience to the orders communicated in the above letter, they now form themselves into an Hospital Board and take their seats.

MR. ELLIS,	... President.
MR. WILLIAMS,	Members.
MR. FLEMING,	

Read the following papers sent to this Board by the Secretary to the Council:—

Regulations respecting Military Hospitals in India.

Having thought fit to reform the Medical Departments in India, and to place our military hospitals on a regular system, by which their annual expenses may be reduced and accurately ascertained, the sick and wounded properly attended to, and the gross abuses checked of receiving into the hospitals men with trifling complaints to the great loss and prejudice of the public service, the following rules and orders are henceforth to be established at the different presidencies.

1st.—With a view to give every degree of encouragement to men of professional abilities and integrity to prosecute the medical line in our service in India, We hereby direct, that at Bengal and Madras there shall be a Physician-General as Director of the Hospitals, with a salary of £2,500 per annum, and the Head Surgeon of every hospital where 8,000 men may be stationed in peace or war, shall have a salary of £1,500 per annum, and the Head Surgeon of all the other General Hospitals are to receive each £1,000 per annum. That all surgeons to regiments shall have the pay and emoluments of a Captain of Infantry upon their establishment, hospital mates, the pay and emoluments of a Lieutenant of Infantry upon their establishments, and regimental mates the pay and emoluments of Ensigns of Infantry upon their establishment. At the Presidency of Bombay the Physician-General as Director is to receive a salary of £1,500 per annum, one Hospital Surgeon with a salary of £800 per annum, the surgeons to regiments are to receive the pay and emoluments of Captains, hospital mates are to receive the pay and emoluments of Lieutenants, and regimental mates are to receive the pay and emoluments of Ensigns on the Bombay establishments.

2nd.—That the Governor and Council shall appoint an Hospital Board, which is to consist of the Director, Chief Surgeon, and Surgeon of the hospital established at Head-Quarters for the purpose of directing the necessary regulations and arrangements of all the hospitals of the presidency.

3rd.—That the members of the Hospital Board shall recommend to the Governor and Council the most able and deserving officers to direct and superintend the duties at each hospital, and are to be responsible for the conduct of those who may be appointed in consequence of their recommendations. When a vacancy of Surgeon at the head of any of the hospitals shall take place, the Hospital Board will recommend to the Governor and Council the most deserving Regimental Surgeon for the succession, the most deserving hospital mate to succeed the Regimental Surgeon, and the most deserving regimental mate to succeed the hospital mate. But although the most ample encouragement is hereby given to merit, yet it must also be understood that seniority and equal merits are to have the first claims to promotion.

4th.—That as the head Surgeons of the hospital are to be responsible for the conduct of the officers under their command, and that the business of their respective hospitals shall be discharged with skill and integrity, they are henceforth to have the power of suspending any of the inferior officers who may attempt to disobey their orders or prove negligent and inattentive to the public service. In which case they are to report the conduct of such officers to the Hospital Board, who are to lay the same before the Governor and Council to be confirmed or set aside as they shall judge expedient.