AJMERE MISSION DISPENSARY.

OSTEO-CEPHALOMA OF THE HUMERUS.

By J. Husband, L.R.C.P. and L.R.C.S.E.

A boy belonging to the mochi caste, named Dewta, aged 18 years, was brought to the Mission hospital and dispensary, Ajmere, from the native state of Bikaneer, with a large swelling on the upper part of his right arm.

Medical History.—The boy states that up to five months ago his general health was good. At that time he noticed a slight enlargement at the top of the arm, unaccompanied by pain, hard to the feel, red in appearance, and it felt hot. The swelling continued to increase; but, until the expiry of another month, no pain was felt. At this time his friends had him cupped, several ounces of blood were removed; and the swelling then increased from the tip of the shoulder to the elbow-joint. He now began to suffer severe pain which prevented him from obtaining refreshing sleep. The actual cautery was now applied, which, the patient states, had the effect of considerably lessening the swelling, and as long as the wounds were discharging of alleviating the pain. When the wounds had all dried up the swelling and redness greatly increased, and the pain was severe. He was afterwards treated by a native doctor and several *hakeems*, but without any relief to his symptoms. In this state he was brought to the hospital on the 23rd September 1873.

When brought to the hospital, the tumour measured 28½ inches round its thickest part; and the weight of it was so great that the patient could with difficulty raise his arm from the bed. The swelling was very severe, but at several points, there was a semi-fluctuating feel. The pain was severe and of a lancinating character, and several tortuous vein ramified over the surface of the swelling. Although the case was seen by several surgeons, no positive opinion was given as to the nature of the disease. It was evidently beyond surgical interference, and the only indication that presented itself was to administer opiates, which had to be given in very large doses. In a fortnight after his admission, the tumour began to ulcerate at several points, and the patient died exhausted in a few days afterwards. At the *post-mortem*, the bone was found disintegrated; there was spontaneous fracture at its middle, and large masses of cancer were found in the surrounding muscles. The shoulder-joint was completely disorganised, but the elbow-joint was found healthy.

Ajmere, *January 24th*, 1874.

ARRAH DISPENSARY.

A CASE OF STRANGULATED HERNIA SUCCESSFULLY TREATED BY INVERSION.

By J. H. Thornton, M.B., *Civil Surgeon, Arrah.*

A man named Dhoree, aged 42, was admitted into the Arrah dispensary on the 4th of December 1873 with strangulated hernia. The rupture (oblique inguinal hernia, right side) had appeared 26 hours before his admission, and the patient and his friends had made many attempts to return it, but without success. Severe pain in the part came on during the night, and finding him getting worse his friends brought him to the dispensary early in the morning. The Sub-Assistant Surgeon then attempted to reduce the rupture by means of the taxis with the assistance of chloroform, but he was unsuccessful. I saw the patient at 9 A.M. He was in great pain and distress, there had been no action of the bowels since the hernia appeared, and hiccup and vomiting had already set in. I ordered the foot of his bed to be raised and supported at an angle of 45,° and I directed that he should be allowed to remain in that posture, and that no further attempts to return the rupture should be made. The result was that in about twenty minutes the hernia disappeared, reduction having taken place spontaneously.

Remarks.—This mode of treatment is mentioned in most surgical works in connexion with the taxis, but from my own experience I consider that manual interference is seldom required and very often does harm instead of good, while the treatment by inversion alone will succeed in most cases and cannot do harm in any. The *rationale* of inversion is simple enough. By placing the body of the patient in a partially inverted posture, the intestines gravitate towards the upper part of the abdomen, and thus draw the ruptured portion back into the abdominal cavity.

DINAPORE DISPENSARY.

PROFESSOR LIEBRICH'S OPERATION FOR CATARACT.

By Surgeon-Major J. E. Tuson, M.D., F.R.C.S.

In continuation of my paper on Liebrich's Operation for Cataract, I venture to publish three more cases operated on since that article appeared in the December number of the *Indian Medical Gazette.*

Case I.—Hossain Ali, aged 58 years, Mussulman, admitted into the Dinapore Dispensary on the 15th November 1873 with cataract of both eyes. On the 17th November the right eye was operated on by reclination, but the lens rose up again in the vitreous, and obstructed vision. On the 6th December I performed Liebrich's operation by extraction, and section of the cornea at the lower third or fourth. The case did remarkably well, and vision was restored in the right eye. On the 20th December the left eye was operated on by the same method, and perfect sight was obtained. The man left the dispensary on the 19th January 1874.

Case II.—Toorjun, aged 56 years, Hindoo, has complete cataract of both eyes of five years' standing. I placed this case at the disposal of Dr. Staples, A.M.D., at his request, who performed Liebrich's operation slightly modified, and which modification will be noticed further on. On the 4th December 1873, that officer operated on the left eye, and after an interval of 15 days the lens of the right eye was also extracted. Sight was restored in both eyes, and the man was discharged on the 19th January 1874. In this man's left eye there was a dropsy of the capsule as well a cataractous lens.

Case III.—Rugu Ram Jewany, aged 67 years, Hindoo, was admitted on 4th January 1874 with double cataract, quite blind in both eyes for the last two years. Right eye had been operated on by a native, but with no good result. Operated on by the same method, sight restored, discharged well.

Remarks.—The great advantage of this operation is that the incision of the cornea appears to heal very rapidly without any untoward results. The line of union becomes so beautifully blended that it is almost impossible, after a short time, to discern the line of incision. Several of my cases have quite astonished me about two or three months after operation, as I could hardly discover the cicatrix in the cornea. It appears like a broken pane of glass invisibly cemented.

In Dr. Staples' modification above alluded to, instead of cutting out in the lower third of the cornea as in Liebrich's, he makes the incision close to the periphery, but yet avoids the cornea and sclerotic junction. The advantages he claims are, that the resulting cicatricial line is entirely removed from the visual axis, and that there is greater facility in extraction, while the wound being still in the cornea, the danger of inflammatory complication is not increased.

Acknowledgments.

The Lancet, Nos. 21, 22 of Vol. II of 1873, and Nos. 3, 4, 5 and 6 of Vol. I of 1874; *The Medical Times and Gazette*, Nos. 1228 to 1231; *The British Medical Journal*, Nos. 680 to 684; *The Medical Press and Circular*, Nos. 1823 to 1827; *Gazette Medicale de Paris*, Nos. 2 to 7; *La France Medicale*, Nos. 1 to 12; *The Philadelphia Medical Times*, Nos. 107 to 112; *The Edinburgh Medical Journal*, February; *The New York Medical Journal*, December; *The Canada Medical and Surgical Journal*, January; *The Dublin Journal of Medical Science*, January; *The Calcutta Magazine*, Nos. 1 and 2; *Records of the Geological Survey of India*, Vol. VII, Part 1; *The North-West Herald*, No. 63; *The Pioneer Mail*, No. 35.

Notices to Correspondents.

It is particularly requested that all contributions to the "Indian Medical Gazette" may be written as legibly as possible, and only on one side *of each sheet of paper.*

Technical expressions ought to be so distinct that no possible mistake can be made in printing them.

Neglect of these simple rules causes much trouble.

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