

SURGICAL CASES IN THE GAYA HOSPITAL.

From Notes by ASST.-SURGN. H. C. SEN.
BY SURGN.-LT.-COL. R. MACRAE.

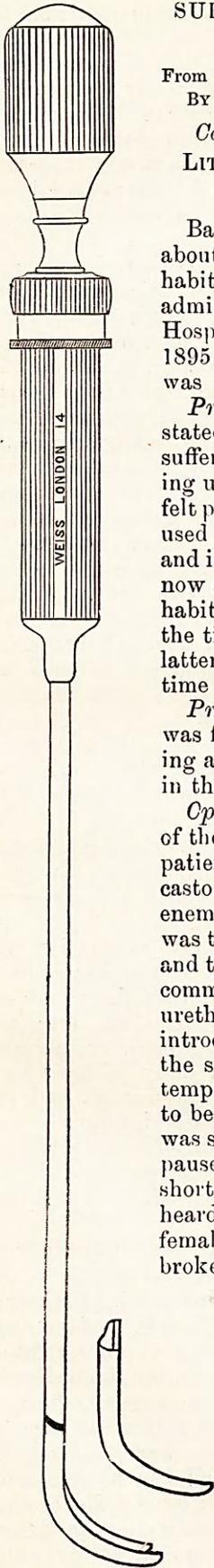
Case No. I.—ATTEMPT AT LITHOLAPAXY FOLLOWED BY LATERAL LITHOTOMY.

Bathoo, a Hindu male adult, about 20 years old, and an inhabitant of Gaya district, was admitted to the Gaya Pilgrim Hospital on 20th November 1895 for vesical calculus. He was a cultivator by profession.

Previous history.—The patient stated, on admission, that he was suffering from difficulty in passing urine for the last eight years, felt pain in micturating; the urine used to pass sometimes in drops, and its stream suddenly stopped now and again. He was in the habit of squeezing his penis at the time of voiding urine, and latterly the anus prolapsed each time the urine was passed.

Present history.—The patient was fairly nourished. On passing a sound a stone could be felt in the bladder.

Operation.—On the evening of the 20th November 1895, the patient was given a dose of castor oil, followed by soap-water enema the next morning. He was then put under chloroform, and the operation of litholapaxy commenced. After dilating the urethra, a No. 14 lithotrite was introduced into the bladder and the stone easily caught. On attempting to crush it, it was found to be very hard. The instrument was screwed home, and then a pause was made, when, after a short interval, a loud click was heard, and it was found that the female blade of the lithotrite had broken about an inch above its bend. The lithotrite was withdrawn, lateral lithotomy performed, and the stone and the broken portion of the lithotrite removed. All bleeding was stopped by bichloride of mercury douche (1 in 2000). The wound was dusted with iodoform, and dry boracic lint applied, and the



whole secured by antiseptic cotton and a suspensory bandage. The legs of the patient were tied together, and he was ordered to be quiet in bed.

For the first four days after operation, the patient's temperature ranged between 99.4° F. to 103° F. There was no subsequent rise of temperature.

The urine passed through the wound till 4th December. On the 5th December he passed a few drops of urine through the urethra. It continued to increase every day, and on the 17th December the whole quantity of urine passed through the natural passage.

The wound was dressed regularly with iodoform and boracic ointment. It healed rather slowly, and the patient was discharged cured on 28th December 1895.

Remarks by Surgn.-Lt.-Col. Macrae.—I think the above case deserves record as illustrative of one of the dangers to be kept in view in the performance of the operation of litholapaxy. I have seen several cases recorded by various surgeons, in which the blades of the lithotrite were said to have bent, a nasty accident rendering the withdrawal of the instrument difficult, and causing injury to the soft parts. I have never previously heard, nor had a similar experience in my own practice, of a case in which one of the blades snapped off as is shewn in the illustration I send herewith. The lithotrite was quite new and used for the first time, and Messrs. Weiss & Co. agree that it may possibly have contained some flaw. But in justice to these excellent instrument makers it must be said that the stone was excessively hard. It was an oxalate of lime or mulberry calculus, not very large, somewhat spherical in shape, and $1\frac{3}{4} \times 1\frac{1}{2} \times 1\frac{1}{4}$ and $3\frac{3}{4}$ in. circumference in its long diameter. I think it likely that stones will occasionally be met with which cannot be crushed in the bladder.

Case No. II.—OPERATION FOR RADICAL CURE OF RIGHT INGUINAL HERNIA.

By SURGN.-LT.-COL. R. MACRAE.

Daloo, a *goala*, aged about 40, and resident of Gaya district, was admitted to the Gaya Pilgrim Hospital for right inguinal hernia on 5th January 1895.

Previous history.—The patient stated that he was suffering from reducible right inguinal hernia for the last eight years.

Present history.—The man was in fairly good health at the time of admission; there was a right inguinal hernia which was said to be reducible all along.

Operation.—On the evening of the 6th January 1895 a dose of castor-oil was given to the patient followed by castor oil enema the next morning. The pubes were shaved, and carbolic lotion applied to the part. He was then put under chloroform,

and an incision made along the right inguinal canal, cutting down upon the sac, which was dissected out; its neck tied with catgut ligature and the fundus excised. The pillars were brought together by ligatures and the skin sutured. The wound was dusted with iodoform and dressed with boracic lint, and covered with antiseptic cotton; the whole being secured by a spica bandage.

From the day of operation, *i.e.*, the 7th January, till the 15th, the temperature varied from 98.4° F. to 102.2° F. On the 15th an abscess which formed on the right scrotum was opened. From the 16th the temperature became normal, and the patient rapidly improved. The wound which was all along dressed antiseptically healed, and he was discharged cured on the 3rd February 1895. At the time of his discharge from hospital, there was no impulse at the ring.

Remarks by Surgn.-Lt.-Col. Macrae.—The patient was seen by me after several months, and a permanent cure appears to have resulted.

Case No. III.—SCIRRHUS OF BREAST.— EXCISION.

By SURGN.-LT.-COL. R. MACRAE.

Bhimlo, a Hindu female, aged about 36, Brahmin by caste, and an inhabitant of the Gaya district, was admitted to the Gaya Pilgrim Hospital for scirrhus of left breast.

Previous history.—The patient stated that she was mother of four children, all living, the youngest being six years old. About two years after the birth of the second child, *i.e.*, about 15 years ago, she first noticed a small hard swelling in her left breast which slowly increased to its present size. There was no pain for the first nine years, but since the last six years she noticed pain in the affected mamma. There was milk in the diseased breast, and she suckled her children regularly.

Present history.—The patient was fairly nourished. There was no cancerous cachexia. Three axillary glands of the affected side were slightly enlarged. The left breast was hard and was of the size of a cocoanut. It was ulcerated, said to have been caused by the application of certain medicine prescribed by a barber, who promised to cure her without operation.

Operation.—On the morning of 2nd December 1895, the patient was put under chloroform, and the whole of the left mammary gland was excised. All bleeding vessels were secured by pressure-forceps. The skin was sutured by iron wire and horse-hair ligatures. A drainage tube was put in, and the wound dusted with iodoform and dressed with boracic lint. The left arm was bandaged to the side of the chest to prevent its movement.

From the day of operation till the 6th of December, the temperature varied from 99.6° F. to 103° F. From the 7th there was no more rise of temperature. The wound was all along dressed antiseptically, and it healed rapidly. She was discharged cured on the 31st of December 1895. At the time of her discharge from the

hospital, no enlargement of the axillary glands could be felt.

Case IV.—AMPUTATION OF LEG FOR OLD EXTENSIVE ULCER OF FOOT AND CARIES OF TIBIA.

By SURGN.-LIEUT.-COL. R. MACRAE.

Kisnua, a Hindu boy, aged about 16, by occupation a cultivator, and an inhabitant of Gaya district, was admitted to the Gaya Pilgrim Hospital on the 16th September 1895 for extensive ulcer of right foot and caries of tibia.

Previous history.—The patient stated that about a year ago he noticed a small pimple on his right foot, which ulcerated in about a week, and gradually extended and covered nearly the whole foot. There was an ulcer on the lower and front of right leg.

Present history.—At the time of admission the boy was in a bad state of health, weak, emaciated and anæmic. The ulcer was indolent with raised indurated margin, and occupied almost the whole of the dorsum of the right foot. There was extensive caries of the lower part of right tibia.

As the patient's health was bad, he was given, for more than a fortnight, iron tonic, with plenty of nourishing diet. The ulcer was dressed with iodoform and boracic ointment. His health improved rapidly, but there was no change in the ulcer; so amputation of the leg was found to be necessary.

Operation.—On the morning of the 4th October the patient was put under chloroform, and amputation of the leg below the knee-joint was performed by the anterior and posterior flap method. The flaps were sutured with iron wire and horse-hair, and india-rubber drainage tube put in. Iodoform was dusted over the wound and boracic lint applied, the whole being secured by antiseptic cotton and bandage.

On the second day of operation, the temperature rose only to 100° F. Since then there was no more rise of temperature. The patient made steady improvement, and the wound healed rapidly. He was discharged cured from hospital on the 10th of November 1895.

Case V.—AMPUTATION OF LEG FOR NECROSIS OF TARSAL BONES AND OF SOFTENING OF THE LOWER PART OF RIGHT TIBIA AND FIBULA.

By SURGN.-LIEUT.-COL. R. MACRAE.

Karamali, aged about 50, a Mahomedan male, an inhabitant of Gaya district, was admitted to the Gaya Pilgrim Hospital for necrosis of tarsal bones of right foot, on the 17th November 1895.

Previous history.—The patient stated that he was suffering from a large unhealthy ulcer of right foot for one year.

Present history.—The patient was anæmic and emaciated. The ulcer of the foot was large, occupying the whole of the dorsum and inner side of the right foot. The tarsal bones were necrosed. As there was no hope of the ulcer healing, amputation of the leg was found neces-

sary. Before operation he was given iron tonics and good nutritious diet, with plenty of milk.

Operation.—On the morning of the 30th November 1895, the patient was put under chloroform, and amputation of leg below the knee was performed by anterior and posterior flap method. The flaps were sutured with iron wire and horse-hair ligatures. A drainage tube was put in, and the wound dressed with iodoform and boracic ointment.

From the date of operation till the 4th the temperature of the patient ranged between 99.2° F. and 103° F. From the 5th December the temperature was normal, and there was no subsequent rise. The wound was all along dressed antiseptically, but it healed very slowly.

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PUERPERAL CONVULSIONS DURING DELIVERY: CRANIOTOMY: COMPLETE UNCONSCIOUSNESS LASTING FOR 7 DAYS: RECOVERY.

BY DR. B. H. NANAYATY, *Teacher of Surgery and Midwifery, B. J. Medical School, Ahmedabad.*

THE following notes of a case of puerperal convulsions will, I trust, prove of great professional interest to the many readers of your journal owing to the unusual nature of some of the symptoms therein recorded.

Some time ago I was hurriedly called in to see a Bohra woman, suffering from violent puerperal convulsions. She was a young, well-built woman of 23 years, in her tenth month of pregnancy. On enquiry I found that this was her second labour, and that her first one was natural and at full term.

Symptoms.—At the time of my visit, she was lying in a state of partial unconsciousness, which was shortly after followed by a violent fit of convulsions, which, beginning in the facial muscles, soon extended to the trunk and the extremities. Her features were then distorted and violently convulsed; her eyes red, bloodshot and prominent; the tongue swollen and slightly bitten by the teeth, whilst frothy mucus slightly tinged with blood covered her mouth. Soon after, the upper and lower extremities were convulsed, and the hands and arms, which at first were rigidly fixed with the thumbs clenched into the palms, as well as the lower extremities were thrown into rapidly recurring convulsions.

Indeed the convulsions at times were of so severe a nature as actually to bend the body backwards into the form of an arch (opisthotonos).

These convulsions generally came on at intervals of about 20—25 minutes, and in the intervals at times the woman was able to regain some consciousness. There was no œdema or puffiness about the face or lower eyelids, but there was just a little œdema of the lower extremities due no doubt to the pressure of the gravid uterus on the inferior vena cava.

Examination of the urine showed the absence of albumen or any other abnormal ingredient.

On examining the abdomen the uterus was found to have reached almost as high as the xiphoid cartilage and fetal heart sounds were distinctly heard. The labour pains had evidently not begun, and the os uteri was found to be undilated.

Treatment.—Ice bag was applied over the head, and two drops of croton oil were immediately placed upon her tongue; and the following draught ordered every 2 or 3 hours until the convulsions subsided:—

R Chloral Hydrate grs. xx
Pct. bromide 3ss
Syrup simplicis ʒii
Aquam ad ʒi
m. ft. haust.

Under the above treatment the convulsions were kept almost entirely under control till the afternoon; but on my visiting the patient again in the evening, I was told that they had begun to recur with perhaps the same severity as before.

I then deemed it advisable to keep her under the influence of chloroform, and the timely administration of a few whiffs generally succeeded in warding off the attacks. In this manner a few more hours were passed, and it now became evident that the uterus must be emptied of its contents.

Vaginal examination at this period showed that the os was dilating and that it could now admit within the cervix uteri the tips of two of my fingers, but the membranes were yet entire. A little later on, the os being fully dilated, an attempt was made to extract the child by forceps, but owing to a slight narrowing of the conjugate diameter of the brim and a firmly ossified head of the child (which was larger than usual) it could not succeed, and it was decided to complete delivery by craniotomy, to which the husband of the patient consented after a long delay.

My friend Dr. N. Mody having kindly administered chloroform (for the convulsions otherwise were yet severe) the operation was accordingly begun and completed without any special difficulty, in the usual manner.

The case evidently was one full of danger and anxiety, for the patient remained in a state of entire unconsciousness for a period of complete seven days. The temperature continued normal throughout except on the first three days when it ranged between 101 and 102° F., and it is satisfactory to note that though consciousness was in complete abeyance the patient was able to swallow soups and milk which were regularly administered to her.

After treatment.—The vagina was regularly syringed out for the first few days with Condy's fluid and water, and as there was retention of