

course such a tongue only pointed to ulceration or catarrh of intestinal mucous membrane or glands.

The liver was affected in many cases, and I certainly concluded that *during* the course of an attack of chronic dysentery, hepatitis supervened far more frequently than the existence of this disease was observed previous to dysentery making its appearance. When I speak of hepatitis, perhaps I am using the term not quite correctly, but at any rate in accordance with the nomenclature of diseases in Indian hospitals. Hepatitis was the name we assigned to a condition involving some enlargement either upwards or downwards, pain on palpation, and slight increase of temperature—a subacute form, with probably for aught we know a point or two of suppuration. In these cases of hepatitis, however, abscess which was unmistakable, only twice occurred. To both I have alluded.

Tympanites was a common accompaniment of chronic dysentery, and in most cases caused considerable distress or discomfort. I always readily relieved it by an enema of Sp. terebinth, Tinct. assafœtid, and soap and water, combined with perfect rest in bed.

Abdominal pain was best relieved by sedative enemata of Liq. opii sed. and solution of starch to 2 ounces.

The plan of treatment I adopted in nearly every case when first sent into the ward was to give by the rectum the following simple enema at bedtime:

R	Pulv. Ipecac. ʒi
	Liq. Opii Sed. m. xl.
	Rice starch solution	ad	... ʒj.

There was never any difficulty in retaining this small quantity, which caused only a little nausea, and no vomiting or discomfort. This enema was repeated every other evening with pulv. ipecac., gr. 20, by the mouth on the intervening night until the motions were reduced to three or four in 24 hours, and free from slime and blood. Afterwards the looseness was generally cured by a dose of mist. cretæ co., night and morning. I only had one case which resisted all ordinary treatment, and this I have referred to at length.

Many cases of a mild form were readily cured by *taking care* the patient stuck to milk-diet only, with rest in recumbent position. No medicine was needed.

The line of treatment I carried out was to give, by enema, large doses of ipecac. combined with opium, and there is no doubt the good results were very materially aided by most careful dietetic measures—milk and things made of milk—until all symptoms of the disease had disappeared, and, subsequently, very gradual change to more substantial food, such as chicken broth, plucken, fish, and meat.

I cannot doubt that the treatment of dysentery at Poonamallee was greatly aided by the excellent hygienic surroundings of the patients—a magnificent airy hospital, an equable temperature, excellent water and, not least, attention to orders by the medical subordinate, and such attention was always shown most carefully by Assistant Apothecary Pereira whilst I was in charge of the dysentery ward.

BELLARY, May, 1887.

A Mirror of Hospital Practice.

SURGICAL WORK IN THE STATE HOSPITAL OF KASHMIR.

BY A. MITRA, L.R.C.P., L.R.C.S.,
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DURING the Punjabi Year 1943, corresponding to twelve months from May 1886 to April 1887, 1,200 surgical operations were performed at the State Hospital of Kashmir, of which 86 were major, and 1,120 minor, operations.

Anæsthesia.—Whenever anæsthesia was required it was obtained by the use of chloroform. Cocaine was used as a local anæsthetic in operations for cataract and in some cases of circumcision. In only one instance chloroform threatened to produce a fatal result, which was averted, however, by stopping its administration and having recourse to artificial respiration.

Dressing.—In most cases strict antiseptic precautions were taken. In the surgical wards of this hospital, Listerism was seldom practised before. Having observed during my student-days the most excellent results of antiseptic surgery in the first Surgeon's wards of the Medical College Hospital and subsequently in the wards of the Edinburgh Royal Infirmary, the very scene of Listerian labour and victory, I have grown to be such a staunch advocate of Listerism that I am afraid to open an abscess except under antiseptic spray or irrigation. My over-scrupulousness excited mirthful comment, and often disgust among my assistants; but I am happy to say, that they themselves after observing the results of antiseptic surgery do now practice it as carefully as myself. I take this credit of proselytizing my assistants and dressers entirely to myself, and hope that antiseptic surgery will live in Kashmir long after me.

Tumours.—12 Epitheliomas, 8 Sarcomas, and several fibrous fatty and fibrocellular tumours were excised. In one case of malignant tumour of the orbit, the operation was performed with all possible precautions to prevent recurrence, viz., the optic commissure was freely divided, the

periosteum scraped off and the optic nerve divided as far back as possible; still the tumour reappeared after a lapse of six months. In Kashmir men and women constantly carry under their garments an earthen pot called *Kungri* filled with live charcoal to warm themselves up in winter. As a consequence thereof the abdomen and thighs, specially of men are marked with ugly striæ, but a more serious result of this practise is the frequent occurrence of cancerous growths produced by the irritation of the *Kungri* fire. I at first thought them to be simple ulcerative growths, but later on, the microscope revealed to me their serious nature. This illustrates how constant irritation may produce cancer; but whether or not in its production another factor, viz., predisposition or heredity plays any part, is a point which I have not yet been able to solve.

Amputations.—Altogether 55 operations were performed. This includes amputation of fingers and also of upper and lower extremities at various situations. There was not a single death, a result due entirely to the use of antiseptics. In cases where suppuration takes place, I use calcium sulphide in frequently repeated doses, and it produces the very best of results. Cases of injury and accident are pretty common here. Several cases of serious accidents were received from the Murree Road works resulting from explosion of dynamite used for blasting purposes. During the mulberry season people of the poorer classes live almost on mulberry, and cases of compound fracture, fracture of the skull, &c., are very common. For depressed fracture of the skull, trephining was performed on four cases during the year.

Lithotomy.—Stone is not so common here as in the Punjab. In this hospital, Baboo Gopal Chunder Deb performed many cases of successful operation for stone which gained for it great popularity among the natives. I performed 5 operations all successful. In three I performed supra-pubic lithotomy, to which I am rather partial. I have not as yet been fortunate enough to go out of Kashmir and observe the recent operation of litholapaxy which, from all accounts, seems to be the safest of all operations for stones.

Abdominal Surgery.—Lumbar colotomy after Amussat was performed in two cases. One was successful. Ovariectomy was performed in two cases for large ovarian tumours. In ovariectomy I follow in detail the directions of Keith of Edinburgh. The two cases, however, ended fatally, one showing symptoms of septic fever, another from dysentery, 20 days after the operation.

Excision and Resection.—These operations have to be frequently performed as caries and necrosis of bones are as common here as in England or other cold countries with variable climate. Excision of elbow was performed successfully in several cases.

Operation for fractured Patella.—A vertical incision was made over the broken patella and the fragments were exposed, each fragment was drilled obliquely, so as to bring out the drill upon the broken surface a little distance from the cartilage. Then the fragments were drawn together by means of silver wire. All the directions given by Professor Lister on this subject were strictly followed. I regret to record that the case did not fare well, as violent inflammation of the joint followed, in which condition the patient's friends removed him from the hospital.

Nerve-stretching for Leprosy.—Though in one or two cases visible improvement was observed in cases of Leprosy after nerve-stretching, in the larger number of cases the procedure fails to afford relief. I stretched the sciatic in several cases with but very little encouraging result.

Operation for the radical cure of Hernia.—In one case I used Spanton's screw, but with this operation in not a few cases failure follows the attempts at cure. In Wood's operation where the sac is invaginated until its fundus occupies the canal, and the canal sewn up, so as to retain the fundus in its new position, the operation is complicated, requiring much manipulative skill and not unattended by risk. The modification proposed by Professor McLeod, however, is one which is sure, simple and safe; so long as strict antisepsis is kept up. I was taught to perform this operation, practised it three times during the year, and was satisfied with the result.

CHUPRA DISPENSARY.

TWO SUCCESSFUL CASES OF OVARIOTOMY.

BY SURGEON F. S. PECK, I. M. S.

Case I.—Guvanaui, a married Brahmini, aged 45 years, was admitted into the dispensary for an abdominal tumour. Her history was as follows:—

She was married at the age of 16; first child born 3 years after marriage; second child born 4 years after the first; third child born 2 years after the 2nd; fourth child born 5 years after the third. After the fourth confinement the menses became irregular and painful, finally stopping two years after the last delivery. About a year and a half after the cessation of the menses, she perceived a tenderness in her left side, and, on pressure with her hand, could distinguish a hard lump like a cocoon. At this time she remarked that her micturition became scanty, frequent, and painful. She also suffered every now and then from dyspepsia; otherwise her general health was not interfered with; at no time did she experience any difficulty in defecation. As the tumour increased in size the difficulties of digestion and micturition disappeared. On admission, she had the appearance of a healthy spare old woman of about fifty. Her appetite was good, bowels regular, and she had not suffered from fever. The abdomen was distended by a large