

No. 401—A Hindoo girl of about 10 years of age was brought to hospital on 31st March 1877 by the Police, who had picked her up on the road insensible with burning heat of skin (temperature 104° F.); laboured respirations (fifty per minute), is pulseless, restless and moaning; bladder distended, body emaciated, no œdema, extremities cold. She died shortly after admission. Autopsy four hours after death. Body emaciated; height 4 feet 2 inches, weight 45 lbs.

Skull—Scalp bloody, meninges pink, pia mater injected.

Brain— $39\frac{1}{2}$ oz., firm rosy, section punctated with a good deal of red blood oozing therefrom, shewing active congestion during life.

Chest—*Right Lung* $6\frac{1}{4}$ oz., moderately collapsed, upper lobe pink, lower livid, but no serum on section. Pleura healthy.

Left Lung—5 oz., more fully collapsed and less congested than right, otherwise similar.

Abdomen—Peritoneum healthy.

Small Intestine contains two lumbrici and some green pult, coats thin and pale. Peyer's patches cribriform, some stained yellow.

Large Intestine contains formed fæces; red punctæ on rugæ of transverse and descending colon and arborescent injection of some venous radicles of caput coli; healthy.

Stomach—Large, contains some grey black mucoid pult; lining smooth and pale.

Liver— $23\frac{1}{2}$ oz., anæmic, healthy.

Gall bladder—Nearly full.

Spleen— $4\frac{3}{8}$ oz. firm, corpuscles conspicuous on cut surface.

Right Kidney— $1\frac{3}{4}$ oz., deeply congested, red blood oozing from cut surface.

Left Kidney— $1\frac{7}{8}$ oz., capsule strips easily, quite like right.

Pancreas—One ounce, healthy.

Mesenteric Glands—Normal; no fat in mesentery.

I treated it in the ordinary way,—cotton wool and bandages. This I continued for ten days without any apparent effect, or any likelihood that it would effect a cure. I hesitated to try Dr. J. Morton of Glasgow's treatment, seeing that the parents were very much interested in their child, and that I might excite fatal inflammation. I therefore dismissed the case. The parents then took the child to a native doctor, who diagnosed it to be a wart, and advised them to have it cut off. Fearing the knife they brought the child to me again, urging me to do something for him. I then resorted to Dr. Morton's views (whose lectures I had the pleasure of hearing).

On the 16th July I injected, by the means of hypodermic syringe, 2 mm. of tincture of iodine to 3 mm. of glycerine into the sack. On the following morning there was no change further than a slight colouration of the thin glazed skin over the top of the tumour. I used the iodine and glycerine again this time, using 3 mm. of the tincture to 5 mm. of glycerine, having previously drawn 15 mm. of the cerebro-spinal fluid by means of a second syringe and dressed it with cotton wool as before. I was called away that evening, and did not see the case till the third day, when there was a decided change in the tumour. The walls were much thickened, and elongated with a small opening on the free end, through which a fibrous cord of a greyish colour protruded, and on pulling it gently it caused extreme pain. The child took to the breast well; there was no fever, or other disturbance, so the operation gave no anxiety. I dressed it with carbolic oil for a day or two, and how to get rid of this appendage was the question now. I could not use the knife with safety, as there was a nævus round its base, which might give rise to troublesome bleeding. To strangulate it was in my mind the best line of treatment, which I did by means of prepared horse-hair tied tightly round the base of the tumour. This had the desired effect; the tumour sloughed off in two days, and left behind it an ordinary sore which healed in a few days, leaving no bad effect behind it, save a little thickening of the tissues.

From this case I am led to believe that there is no immediate danger of exciting inflammation of the cord, and its coverings, by the injection of tincture of iodine, if done with care. I would have no hesitation in treating a similar case in the same way. I am of the opinion that the sack or tumour should not be completely tapped, as this might lead to a serious inflammation, the iodine getting in a concentrated state to the covering of the cord, which might be avoided by leaving the tumour half full of its fluid. This may be of some practical use to some medical gentlemen, as it holds out the hope of a speedy cure. Equable pressure and bandages are very unsatisfactory. They

A Mirror of Hospital Practice.

SPINA BIFIDA CURED BY TINCT. IODINE AND GLYCERINE.

By DR. P. CAMPBELL McNIVEN.

A CHILD nine months' old, of Dhangar parents, was brought to me on the 2nd of July. The mother stated that he was suffering much from fever, and that he had had a swelling on his back since birth. On examination he presented an elastic tumour, the size of a hen's egg, over the upper lumbar vertebræ. There was no mistake about the diagnosis, as it was a typical case. I questioned the mother as to what she had done to it. She said that she had three times put a needle into it; water issued from the puncture, the tumour got less, but filled up again to its ordinary size in an hour or so.

worry the patient and disgust the surgeon. Whereas recovery is probable to result from the former, protracted pain and unsatisfactory results follow the latter.

CASES OF GUN-SHOT INJURIES WHICH OCCURRED AT SHWEBO, UPPER BURMAH.

(Compiled from notes taken at the time by Assistant Apothecary E. MURPHY.)

By JOHN LUCAS, M.D., F.R.C.S., ETC.

CASE I.—Private W. D., R. W. Fusiliers, wounded in action on the 27th December 1885, at Zeedaw (three miles from Shwebo), the distance at which the injury was inflicted being about twenty yards. The bullet (a large, irregularly rounded piece of lead), entered below the outer third of the left clavicle, and made its exit at the lower part of the posterior margin of the deltoid muscle, passing through the humerus, about two inches below its neck, causing a compound comminuted fracture. The large vessels and nerves escaped injury, as also the shoulder joint, with the exception of a continuation of a splinter into it. Chloroform was administered, and an exploratory incision made, and the wound of exit was enlarged to permit of the removal of some loose spiculæ of bone. The wounds were then dressed antiseptically, and the arm placed on a splint.

The patient who was a very strong and healthy young man, suffered very little from shock, and there was little loss of blood from the time of injury to the completion of the exploratory operation.

28th.—The patient had a fair night rest, after a hypodermic injection of morphia (gr. $\frac{1}{2}$). The wounds were re-dressed. Evening temperature 100°.

29th.—Wounds re-dressed; had a fair night; wounds looking well; discharge being slight and sanious. M. T. 99°·4. E. T. 100°·4.

31st.—On removing the dressings, the discharge was found to be free and purulent, and had a slight odour. There was a considerable amount of swelling of the arm and tissues covering the joint. Some small sloughs were found in the anterior wound, and removed. The patient was restless during the night and wandered slightly. M. T. 101°·4. E. T. 102°. The wounds were syringed out with strong carbolic lotion, a drainage tube inserted, and dressed.

1st January 1886.—The patient had a very good night after a hypodermic injection of $\frac{1}{2}$ grain of morphia; felt no pain; discharge free, and without smell. M. T. 98°. E. T. 99°·2.

7th.—Quantity of discharge very great, though without any offensive odour.

The patient was much pulled down, though he took nourishment well.

A mixture of iron and quinine to be taken thrice daily, and 6 oz. portwine ordered.

20th.—Patient continued to do fairly well; it was subsequently reported that the wounds had quite healed, and that there were prospects of a fairly useful limb.

CASE II.—Private C. C., aged 32, R. W. Fusiliers, also wounded at Zeedaw on the 27th December 1885. The bullet passed into the right thigh, about four inches below Poupert's ligament, and about two inches external to the course of the femoral artery.

On examination the femur was found to be fractured near the surgical necks, the bullet could not be found, but was supposed to be lodged in the bone or in the soft tissues immediately behind it. There was a good deal of hæmorrhage at the time of injury, which was controlled by pressure, and the patient suffered considerably from shock. The patient was a sickly man, and had suffered much from fever when in India.

Stimulants were given to rally him from the shock, and wound lightly dressed.

The wound was about the size of a four-anna bit, and would barely admit the first joint of the little finger.

28th.—The patient had a fair night after the administration of a hypodermic injection of morphia. Pulse still feeble. M. T. 97°·6. Takes nourishment well. Dressings were changed; there was little discharge, but the whole thigh was immensely swollen. E. T. 99°·2.

29th.—The patient looked brighter this morning; had a fair night; pain not severe. M. T. 99°. E. T. 101°·2.

30th.—Patient very restless during the night; complained of severe pain in the hip-joint; discharge from wound free and purulent. Bowels moved once after an enema of warm water. M. T. 101°. E. T. 101°·4.

1st January 1886.—During the night severe spasms set in, in the injured limb, clonic in nature, and recurring every few minutes. During the spasm, the muscles on the outer side of the thigh were drawn up, and caused great agony. The swelling has much increased, and the discharge was very profuse, being jerked through the wound with each spasm. The patient's body was bathed in a cold clammy sweat, pulse feeble and wiry and very quick; face had an anxious, scared look. The muscles of the jaw and other parts of the body were quite free from spasm or stiffness. Dressings were changed. A hypodermic injection of $\frac{1}{2}$ gr. of morphia to be given every three hours. Stimulants and nourishment to be kept up.

2nd.—The spasms continued, and were more frequent, and were aggravated by the slightest movement of the patient himself or any one near him. The effort to take a drink would bring on a severe spasm. The patient continued thus to suffer great agony till 8 P.M., when he expired from pain and exhaustion. The tetanic