

## A Mirror of Hospital Practice.

THE MAYO MEMORIAL HOSPITAL, NAGPUR.

*Notes by Assistant-Surgeon KALI KRISHNA GHOSE, House Surgeon, of a few important cases of Operative Surgery treated in the Mayo Memorial Hospital, Nagpur, C. P.*

IN 1884 and 1885, a total of 226 major operations were performed. Some of these were formidable, and many were of an important nature. The following brief notes of a few of them may prove of interest:—

*Excision of superior Maxilla (left) by Brigade-Surgeon J. F. BARTER.*

This was performed for a malignant tumour of a year's growth, which occupied the antrum and extended into the cavities of the mouth, nose, and orbit, destroying and pushing out the left eye ball from its socket and causing great deformity. Sir W. Fergusson's incision was adopted; the whole of the upper maxilla, together with the orbital, nasal, and palatal processes, the left nasal bone, a portion of the septum nasi, and the eyeball, all which parts had become disorganized, were removed. The flap was secured by hare-lip pins and silver stitches. Union by the first intention took place. About a month after the operation, a swelling was perceived at the frontal sinus and bridge of the nose extending towards the roof of both orbits; it rapidly increased, and it was evident that the tumour had recurred. An incision was therefore made above and along the entire length of the left eyebrow joining a vertical incision from the bridge of the nose upwards. The triangular flap of skin having been reflected downwards and outwards, the whole tumour was removed partly by enucleation and partly by dissection. It was found attached by a pedicle to the base of the skull; the exact point was not determined. The margins united by first intention so nicely that nothing but a thin line remained. This man was discharged well in two months, and two months afterwards it was known that he had remained so; he has since died from other causes.

*Second case of Excision of the superior Maxilla by Brigade-Surgeon J. F. BARTER.*

This was performed for a tumour of 1½ years' growth in a cachectic girl of 16 years, and was confined to the antrum. Fergusson's operation was again resorted to, and the entire left superior maxilla was removed. Union of the external incision by the first intention took place, and when the girl left hospital in less than two months, there was but little trace of the line of operation. She was married six months afterwards, and so faint was the external trace

of incision and so slight the deformity, that her husband was unaware of her condition until after the marriage, when she showed him her mouth.

*Ligature of the common Carotid Artery (right) for secondary hæmorrhage by Assistant-Surgeon KALI KRISHNA GHOSE.*

The patient fell from a height against the pointed end of a crowbar, inflicting an ugly wound in the neck; he was supported by enema, as the œsophagus was wounded, and liquids flowed from the mouth out through the wound. On the seventh day, whilst the House Surgeon was in the ward, a gush of arterial blood spouted from the wound, which had sloughed, and the patient was instantly collapsed. As it was found impossible to secure the points of the bleeding vessels in the midst of sloughing tissue, the common carotid artery was exposed by incision in the usual way, and was secured at the spot where it bisects the angle formed by the anterior edge of the sterno-mastoid with the omohyoid muscle. The operation was perfectly successful, and the patient left the hospital in less than five weeks quite well.

*Excision of a large sarcomatous Tumour of the Scrotum by Brigade-Surgeon J. F. BARTER.*

The testes and cord in this case had become absorbed, and the patient, an emaciated old man, was so weak that he had to be kept up by stimulants, strong broths, &c., yet he did very well, and left the hospital cured in three months. The tumour was of three years' growth, and weighed 23 lbs. after removal.

*Amputation at the left Shoulder Joint by Assistant-Surgeon KALI KRISHNA GHOSE.*

This was performed for traumatic gangrene of the arm, the result of crushing of all the tissues under a heavily laden cart a fortnight previously. On the man's admission gangrene had already destroyed the arm, and had encroached upon the tissues of the joint. Amputation was immediately performed, and notwithstanding the very unpromising nature of the case, the patient made an excellent recovery, and was discharged well in less than two months.

*Amputation at lower third of left Thigh for traumatic gangrene of the leg by Assistant-Surgeon KALI KRISHNA GHOSE.*

This was the result of a shell explosion which had shattered into pieces the bones and soft tissues of the leg up to the knee. This case (an old woman) was brought in a state of collapse at midnight three days after the accident, and the amputation was performed the next morning under extremely disadvantageous circumstances, as soon as the patient had rallied a little from an almost moribund condition. The patient, however, made a good recovery, and left the hospital in two months.

*Evacuation by aspiration of a Hip-joint Abscess by Brigade-Surgeon J. F. BARTER.*

The patient was a scrofulous young man, and the case seemed at first obscure, but at length fluid was diagnosed around the joint; this was aspirated, and about two ounces of pus drawn off the first day, which gave immense relief. The wound was kept open until the cavity was thoroughly drained. He went away in two months quite well.

*Excision of a large Scrotal Tumour of 32 years' growth by Brigade-Surgeon J. F. BARTER.*

The tumour used to hang down to the knee, and the patient, a cachectic worn out old subject, carried it with the greatest difficulty. It weighed 20 lbs. after removal, the liquid portion having flowed away during the operation. The patient made an excellent recovery.

*Removal of the entire right lower Jaw by Brigade-Surgeon J. F. BARTER.*

This was performed for necrosis, the result of mercurialism, which had divided the bone into two pieces, causing large stinking sloughs in the vicinity and along the floor of the mouth. On admission the patient was so much worn out and the case looked so very unpromising, that the Surgeon hesitated to operate; but at the man's urgent request it was done. The bone was exposed in the usual way, the front portion first came away, and the posterior portion was removed by depressing the fragment, cutting off the attachment of the temporal muscle at the coronoid process, and then detaching the condyle by a few touches of the knife. The flaps were brought together by silver stitches and dressed with carbolic oil. The wound had almost healed, but septicemia resulted, and embolism suddenly ended his existence on the seventh day after the operation.

*Removal of a large sarcomatous Tumour, much bigger than a man's head, extending from the lower margin of the abdomen to the lower third of the thigh, inner side, by Brigade-Surgeon J. F. BARTER.*

The patient, a middle aged European woman, whose constitution had become shattered by the agonies she had endured, was anxious to have the tumour removed at all hazards. The whole tumour was removed partly by dissection and partly by enucleation; it was deep-seated, but not attached to bone. Unfortunately gangrene set in and the case proved fatal.

*Removal of a large sarcomatous Tumour, larger than a big coconut, from the right shoulder joint of a Mahomedan aged 70, by Brigade-Surgeon J. F. BARTER.*

This tumour was removed by one long incision, commencing from the top of the shoulder, and then by enucleation and dissection. It had deep attachments to the capsule of the joint. The patient got well in a month, and was dis-

charged. No recurrence was known to have taken place six months after the operation.

*Amputation at lower third of Thigh by Brigade-Surgeon J. F. BARTER.*

This operation was performed on a young scrofulous European woman, admitted for extensive necrosis of the lower part of the bones of the leg, followed by gangrene extending to the knee. She had a fall when at school about ten years previously, and was said to have sprained her ankle. It was a most troublesome case, as, owing to the bad state of health of the patient, sinuses formed in the stump, which required free opening and the drainage tube. The stump healed up in 19 weeks.

*Removal of a fibrous Tumour (size goose's egg) of 3½ years' growth from the left superior carotid region by Assistant-Surgeon KALI KRISHNA GHOSE.*

This was deeply-seated over the carotid arteries, and had some enlarged tortuous veins ramifying over it. It was a very critical case, and was removed by an oblique incision made over the part and by careful dissection. The deep wound left after the operation healed up in three weeks, and the patient left the hospital well. No recurrence was known to have occurred a year after the operation.

*Removal of alveolar processes of upper and lower Jaw, left side, for necrosis by Assistant-Surgeon KALI KRISHNA GHOSE.*

In this case the upper and lower jaws of a young girl had become necrosed, and the gums had become agglutinated to the cheek, as the result of quack treatment six months before for fever. The operation was performed by dissecting off the fibrous adhesions, and then removing the necrosed processes partly by the bone nippers and partly by the lion and the toothforceps and by gouging; the patient left the hospital apparently well in a little more than a month. She returned six months afterwards, as the adhesions had grown again, and she was unable to open her mouth. Dr. Barter made a T-shaped incision in the cheek, and thoroughly dissected out all the fibrous bands of adhesion from the internal surfaces. She got quite cured in nine weeks and has not since returned to hospital.

*Syme's Amputation of Foot for a cancerous tumour by Brigade-Surgeon J. F. BARTER.*

This was performed by a heel flap in the usual way on a scrofulous young woman. Owing to her bad health, it seemed doubtful at one time whether the flaps would unite, but the patient at length made an excellent recovery and went away with a nice firm stump. No recurrence had taken place, although more than twelve months have elapsed since the operation.

*Amputation at the lower third of Thigh for elephantiasis of the leg, performed by Third Grade Hospital Assistant KRISHNA PURUSHOTUM.*

This was performed at the earnest solicitation of the patient to get rid of his agonies. The leg was enormously swollen from elephantiasis and huge stinking sloughs occupied the foot and leg. He had also elephantiasis of the scrotum and of the right leg, and his general health was extremely low. But, notwithstanding the unpromising nature of the case, the patient left the hospital with an excellent stump seven weeks after operation.

*A case of Rhinoplastic Operation by Brigade-Surgeon J. F. BARTER.*

This patient had lost five years previously from syphilis the entire nasal cartilage and a considerable portion of the nasal bones, the deformity and rugged scars resulting giving the man a hideous appearance. Brigade-Surgeon J. F. Barter took a flap from the forehead, turned it downwards and stitched it to the stump of the existing nose and to the site of the parts which were wanting, the edges having first been freely pared. The new nose was supported with a plug of lint antiseptically treated, and it united at once. The columna was formed of a tongue of tissue taken from the centre of the upper lip. The gap thus formed was closed as for harelip. Skin-grafting hastened the closing of the forehead wound which left a scar of little importance. The man was impatient and left hospital too soon. He neglected to support the new nose with a plug as advised, and returned in a couple of months with the nostrils closed and the nose flattened out. The nostrils were then slit up freely, some fibrous bands were dissected out, the nose was raised with plugs, the twist adjusted and the man left hospital with a fairly good-looking and a useful nose which covered and hid from view the greater part of the scarred part of his face.

This was an aggravated case; there was nothing to support a large heavy flap and preserve its shape which lost its form on removal of artificial support and before the parts had contracted. A steady subsequent adaptation of plugs remedied this defect to a great extent, but not until the man had been three months under treatment.

*A case of Amputation of the Thigh at the junction of the middle with the lower third by Assistant-Surgeon KALI KRISHNA GHOSE.*

This was performed on an old man of seventy for an osteo sarcoma of seven months' growth, which had destroyed a portion of the bones of the leg and the knee-joint. As there was some bleeding from the wound after the operation, the clots that had formed were not removed and the flaps were stitched up with fine silver wire; the

wound was dressed with boracic lint and antiseptic gauze. Perfect union of the flaps took place without a drop of pus or constitutional disturbance of any kind, and the dressings were removed on the fifth day. This case is interesting as shewing the advantages of the antiseptic plan of treatment which is now-a-days adopted.

*Lateral Lithotomy in a child three years old by Brigade-Surgeon J. F. BARTER.*

This was performed in the usual way. The stone weighed one drachm and forty-two grains. The case is interesting, the stone being a large one for so young a child. Unfortunately, this hospital has not yet been provided with crushing instruments; the patient, however, did well.

*Lateral Lithotomy performed by Third Grade Hospital Assistant KALI KRISHNA DASS.*

In this case the calculus, which was removed from the bladder of a young man, weighed four drachms, and was found to have been formed around a slate pencil which the man admitted he had inserted into the urethra to relieve stricture six months previously.

During 1886 two additional cases of removal of the upper maxilla were performed. They are given here as offering something of interest: One was a case of sarcomatous tumour of 2½ years' growth, 7 ozs. in weight, in a young man. Brigade-Surgeon Barter removed the right upper maxilla with the malar bone and a portion of the zygoma, leaving only the orbital plate. He then found that the tumour sprang by a pedicle from the internal pterygoid plate of the sphenoid bone from which important spot he detached it with the finger nail. It had made its way into the antrum through the right nostril which was entirely blocked up, and it had pushed out the malar bone and the zygoma. The wound was dressed, and the patient had partly recovered from the shock: but suddenly he became collapsed, and died probably from cardiac embolism.

The other case was for a fibrous tumour of two years' growth springing from a young man's right antrum causing great deformity. The upper maxilla with the tumour was removed by the Fergusson method by Assistant-Surgeon Kali Krishna Ghose, the orbital and palatal processes being preserved. The flap was stitched up with fine silver stitches and dressed with Tinct. Benzoin co., and the cavity was stuffed up with boracic lint; union by the first intention took place, and the patient was discharged cured, and was photographed on the twelfth day after operation.

There is as yet no operating-room attached to this hospital, although it is hoped this want will be met soon; operations are performed in verandahs, and so wounds are open to contamination; Listerism is therefore impossible under such circumstances. All that is attempted is to adopt

the greatest cleanliness, washing of the parts, operator's hands and all instruments, &c., in carbolic lotion and to apply carbolic oil; latterly corrosive sublimate lotion has been substituted and dry boracic lint with corrosive sublimate gauze with better results; primary union is more certain, and the "sweetness" of the wounds is remarkable. Tincture of Benzoin is also found to be an excellent application for small wounds. The face wound in the case of removal of the superior maxilla last reported was closed with lint saturated with it, whilst the mouth cavity was stuffed with boracic lint. On the 4th day the benzoated lint was removed, when the wound was found perfectly healed.

#### ON SOME FORMS OF ALBUMINURIA NOT DANGEROUS TO LIFE.

THE gravity of albuminuria, as a symptom, has been differently estimated at different times, but gradually it has come, in recent years, to be known that albumen often appears in the urine, even in considerable quantity and very persistently, in persons free from important organic malady. Indeed, it may be maintained that some patients with persistent albuminuria are yet eligible for life insurance at little, if at all, above ordinary rates.

It is, therefore, important to know the characteristic features of these non-dangerous albuminurias.

DR. GRAINGER STEWART, in the January issue of *The American Journal of the Medical Sciences*, studies the following varieties: 1st, paroxysmal albuminuria; 2nd, dietetic albuminuria; 3rd, albuminuria from muscular exertion; and 4th, simple persistent albuminuria; and illustrates each with reports of cases which are markedly characteristic.

The diagnostic features of *paroxysmal albuminuria* are the sudden and copious occurrence of albumen in the urine with numerous casts, the process lasting only a short time and recurring at intervals with or without a perceptible exciting cause. The exciting cause, according to Dr. Stewart, is irritation of the kidneys from blood-changes. The treatment should be directed, on the one hand, to the avoidance or diminution of renal irritation; and, on the other, to the regulation of the hepatic function and of the chemical processes in the body. Happily, the attacks are usually of brief duration, and he has never known them prove permanently injurious.

*Dietetic albuminuria* is a variety which has long been more or less distinctly recognized. Some people suffer from it whenever they indulge in certain articles of diet. In some cases one kind of food, in others many require to be prescribed; cheese, pastry, and eggs are among the more common offenders. Of his group our present knowledge does not suffice to afford a satisfactory explanation.

Those cases of *albuminuria following upon muscular exertion*, Dr. Stewart is disposed to attribute to a general change in vascular activity. The principal indications for their treatment are met by rest, judicious diet, and attention to the general health. Those remedies which act upon the muscular fibres of the vessels deserve trial.

The features of *simple persistent albuminuria* are the constant presence of albumen, usually in small quantity, unattended by tube-casts, diminution of urea, by increased vascular tension, cardiac hypertrophy or other consequence of renal malady, persisting for a period of months or years, and little influenced by diet or exercise.

Dr. Stewart concludes his study with a consideration of the prognosis of these groups.

#### THE EFFECTS OF AN OVERDOSE OF COCAINE.

DR. W. E. RAMSDEN WOOD records in the *Australasian Medical Gazette* for August, 1886, the account of a patient in whom an overdose of cocaine produced some alarming symptoms of poisoning. The case was that of a man in whom an injection of three drops of a ten per cent. solution of cocaine was administered to reduce the pain of neuralgia from a diseased tooth. The next day, the pain being very severe, he sent to his chemist for a similar solution, and had three minims injected, but without the desired effect; he returned it to the chemist to make it stronger, which he did, making it twenty per cent. On visiting Dr. Wood, he again received four minims of the twenty per cent. solution, and within five minutes he became restless and inclined to vomit, and then began to feel the sensation of pins and needles in the left hand and arm, which rapidly extended to the right side. This was speedily followed by contraction and rigidity of the fingers, arms, and legs. There was also a tendency to opisthotonos. His pulse became extremely rapid and feeble, his face livid, and the muscles of his mouth and cheek strongly contracted. His respirations were short and convulsive; his hands and feet became cold, and a profuse perspiration broke out on his head and face. Half a tumbler of brandy was administered, followed at short intervals by drachm doses of aromatic spirits of ammonia, and a mustard-plaster was applied over the cardiac region and friction was used upon the upper and lower extremities. At the same time he was made to inhale a few drops of chloroform to check the spasmodic contractions. After continuing these frictions for over an hour he improved somewhat, and the rigidity of the muscles lessened, but returned as soon as friction was stopped. At the end of two hours he improved more rapidly, but felt somewhat drowsy, and it was not until about four or five hours that all the symptoms had subsided.