The microscope evidences of the disease in the blood of human beings requires still further investigation and to be supplemented by experiments on animals. These, however, are not yet decisive, though recently the disease has been produced in monkeys by inoculation.

I have to thank Dr. Meyer and Dr. Powell for exhibiting specimens of trypanosoma, human and other, and Piroplasma Donovani.

A Mirror of Hospital Practice.

NOTES ON A FEW SELECTED OPERATION CASES AT THE PETIT HOSPITAL, BOMBAY.*

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I am not in favour of bringing forward in a paper "cases" as "cases," but the following which came under my care during the period I acted in charge of the Petit Hospital are, I think, of clinical interest:—

Case I.—*Pyo-Salpingo-Oophoritis.* A woman of good physique sought admission on the 17th July last on account of profuse purulent discharge from the vagina. On examining with the speculum, pus was seen to pour through the os uteri, and the quantity was distinctly increased on pressure over the hypogastrium. On bimanual examination the uterus could be felt deflected to the right of the middle line and fixed in that position; length normal; extending from the right cornu to the right iliac fossa a little above the brim could be felt a rounded sausage-like tumor, which appeared to be continuous with a mass in front of the fundus. On the left side could also be felt a sausage-like swelling springing from the left cornu. In the pouch of Douglas was a swelling continuous with the last and not separable from the fundus uteri. With the external hand, the fundus uteri could be distinctly distinguished lying between the anterior and posterior masses, with a shallow sulcus between each. Diagnosis—pyosalpinx—and operation recommended. Patient refused operation, but assented to stay in hospital under treatment. Treatment was directed mainly towards inspiring confidence, in the hope that she would subsequently assent to an operation. The discharge of pus was so profuse that it was difficult to keep the patient clean. During the six weeks she remained in hospital the temperature ranged from 99½ to 101, always persistently higher when the flow of pus diminished. This persistent fever has not been a distinguishing symptom in other cases of pyosalpinx. Notwithstanding the fever the patient is well and did not appear to suffer in general health, though her complexion was always of a "dirty" colour. Ultimately, on the 28th August she assented to operation. On opening the abdomen the uterus was found in the position already indicated, and the enlarged thickened Fallopian tubes much convoluted. The right tube extended up to the right iliac fossa, where it was adherent; the vermiform appendix was adherent to its surface; doubling back on itself, the tube extended to a mass, the size of Tangerine orange, lying in front of the uterus and firmly adherent to the uterus and bladder; on the surface of this mass was an equally large thin walled cyst with clear contents. The left tube doubled back before reaching the brim of the pelvis to an equally large mass adherent to the lower two-thirds of the posterior surface of the uterus and the surface of the rectum. The adhesions were so old and highly organised that at first sight the case appeared inoperable. After making an attempt with a blunt dissector on the anterior mass, I decided to try and remove the masses. The appendix and the thin walled cyst were first removed, and after an operation lasting about two hours, the diseased masses were successfully dissected away from the surrounding structures without any leakage of pus. The patient made an excellent and uneventful recovery. The ovaries were found to be completely disorganised and little more than pus cavities draining through the Fallopian tubes.

Case II.—*Ovarian cyst—twisted pedicle.*—A woman, aged 30, was transferred from the J. J. Hospital on the 10th October, where she had been admitted 14 days previously for pain in the abdomen. Had observed a tumor in the lower part of the abdomen for five or six months, but it had given no trouble until the sudden onset of pain. There were no urgent symptoms on transfer to the Petit—the pain had diminished but became worse when she attempted to walk about. Her skin having a pustular eruption, operation was not proposed to the patient at once. On operating on the 5th day after admission, a large quantity of sero-sanguineous fluid escaped on opening the abdomen; a left ovarian cyst was found with a long pedicle showing three turns. The cyst walls as well as the tissues comprising the pedicle were extremely friable, so friable that it was difficult to find sufficiently sound tissue to tie the pedicle; the cyst must have ruptured or pedicle cut through in a few more days. The patient made an uninterrupted recovery.

Case III.—*Enlarged spleen; much elongated pedicle allowing spleen to occupy right side of abdomen; acute symptoms from twisted pedicle.*—This patient was in great distress when I was called to see her, and could give a most unsatis-

* *Paper read at the Bombay Medical and Physical Society.*

factory account of herself. The facts relating to the "history" were obtained subsequently from her. Born in Mauritius, she had suffered from enlarged spleen for 11 years, but had no recollection of having had fever. She was a small woman, about 22, and had a very cachectic appearance. Began to have pains in the abdomen in October 1902, and she was treated for enlarged spleen. About March or April 1903, she was informed that the spleen was cured, but that she had an enlarged liver, and she continued under treatment for some time, doing her work as a child's nurse. In June last she was seized with sudden acute pain whilst asleep, which she relieved by means of a sinapism; the pain never completely disappeared, but was not more severe than what she had had in the previous October. On the 10th July the pains became very severe, but she treated herself with counter-irritants, and made no complaint to the lady of the house which she was visiting with her charge. On the 22nd July the lady having observed the manifest enlargement of the abdomen and the distress of the girl, sought advice, and was informed that the tumor was a phantom one. The lady stated to me that she looked as though six or seven months pregnant. On the 9th August the pains became very severe, and she returned to Bombay. Went to the European Hospital on the 13th, where she got medicine, which afforded no relief. On the 15th August, when I first saw her, the patient was in great distress; was unable to remain in one position but alternately lay in bed, walked or sat doubled up in a chair. Had been unable to retain food for six days, and during that period had slept little. Constipation, which resisted all drugs, was marked, and there was obstinate vomiting. Pulse 120, temperature 100; expression anxious and pinched, and skin bathed in perspiration. I found the abdomen occupied by a large hard tumor on the right side extending from the Poupart's ligament to the costal arch but separable from the liver. The tumor extended about 2 inches to the left of the middle line between the umbilicus and pubis and, on the right side, into the lumbar region, where its outline could be distinctly felt. It was hard, smooth and mobile; the contour towards the middle line was well defined and presented a slight depression opposite the umbilicus. As there were no facilities for observing or looking after the girl, I arranged for her transfer to hospital, where I examined her under chloroform on the following day. I had made no definite diagnosis. Clinical observation in hospital threw little light on the case; urine normal. Under chloroform, vaginal examination showed a virginal condition; the lower end of the tumor extended down behind the pubis, pressing on the neck of the bladder; uterus normal and mobile, and nothing very definite could be made out in the pelvis, except that the tumor could be felt occupying the right side. On percussion over the splenic region an area of dulness could be marked out as large as is often found with a normal spleen, and on deep palpation it appeared that one could feel the spleen in its normal position. Both Colonel Burke, who assisted me subsequently at the operation, and I observed independently that the tumor "felt like an enlarged spleen on the wrong side of the body." My diagnosis lay between a sarcoma of the ovary with a twisted pedicle and a renal tumor. At the operation a very large quantity of highly-colored sero-sanguineous fluid escaped on opening the abdomen; a large dark slate-coloured, apparently solid, tumor was found occupying the whole right side of the abdomen, which appeared at first sight to be fixed to the spine, but on raising the tumor the pedicle was found to extend as a broad twisted band into the splenic region; it was this broad band which I had taken for the spleen; the tumor was the spleen displaced. A portion of the intestines was pressed flat against the spinal column, accounting for the gastro-intestinal symptoms; the intestines presented nothing abnormal in appearance. On examining the pedicle a double twist was observed, and in order to undo this the spleen had to be lifted out of the abdomen. Colonel Burke and I discussed for a few minutes the advisability of removing the spleen altogether, but felt that the condition of the patient was not such as to warrant it. In fact, we had to finish the operation so quickly that the fixing of the spleen in its normal position was likewise considered impossible. Before closing the abdomen the colour of the spleen had markedly improved and its consistence was softer. The patient made an uninterrupted recovery, and, when the dressings were removed, the spleen was found adherent to the abdominal wound and diminished to $\frac{1}{6}$th of its former size. When I saw her recently, five months after the operation, the spleen was still in its mesial position, and further reduced in size under continuous quinine treatment. How long the organ will remain safely anchored in this position it is impossible to say, and there is, of course, considerable risk in being unprotected. The girl knows the risk, wears strong corsets, and understands that on the first sign of trouble she must seek advice. The case is of interest on account of its unique character, and teaches us to be tolerant towards our brother practitioners' diagnoses; it would be disconcerting to most of us to find a tumor which we had treated as an enlarged spleen transferred to the other side of the abdomen!

Regarding these last two cases the question of the time that the pedicles had been subjected to a twist is important. In case II the period was certainly not less than three weeks. In case III, from subsequent conversation with the girl, I believe that the first twist occurred in October 1902, nine months before operation; the second twist probably in June, two months before operation.