

never completely cured, and since then has been passing blood and mucus several times a day, with great pain and straining; he was under treatment, and was sent to the plains and to Madras, but nothing seemed to do him any good; he has been losing flesh rapidly. Dr. Morris having seen the patient with me, we determined to try Dr. Post's treatment, and on July 27th I gave an enema of 45 grains of Nitrate of silver in three pints of warm water; this was retained for five minutes, and brought away a lot of scybale and mucus; during the day he had seven motions with blood and mucus, at night I gave Tr. opii. 25 drops and brandy; had three motions, no blood, slight mucus, no pain.

On 28th two motions, no blood, little mucus; gave 25 drops Tr. opii, three times a day; no motion after 11 A.M.

On 29th one motion, normal.

On 30th no motion; discontinued opium.

On 31st two motions, normal.

Aug. 1st—Four motions, after this he suffered from slight diarrhoea for 3 or 4 days but no blood, mucus or pain, the diarrhoea was easily checked by the powder.

R. Pulv. Kino Co

Bismuth

Tragacanth Co.

To be taken in a little water three times a day.

This case is of interest I think in shewing the rapid effect the enema had, for after the first 24 hours the patient had no bad symptoms, and at the present date, September 17th, he is in good health and gaining flesh.

RADICAL CURE OF HYDROCELE BY THE APPLICATION OF IODOFORM.

By A. S. FAULKNER, M.R.C.S., M.K.Q.C.P.,

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Alli Hussan, carpenter's apprentice, *ætat* 15 years, an intelligent Arab lad, was re-admitted into the Civil Hospital, Aden, on 28th July last, suffering from right hydrocele. The previous history reveals that the hydrocele is of traumatic origin, the patient having received a violent blow on his right scrotum whilst using a plane. About a month afterwards he noticed a general swelling of these parts, which increased from below upwards. He was tapped at the local dispensary by the Assistant-Surgeon in charge, and 16 ounces of fluid were withdrawn, but after 8 or 10 days it re-accumulated and he was again operated on. He experienced very little inconvenience for the next 4 months as the re-accumulation was very gradual.

He was admitted into the Civil Hospital for the first time on 30th June, when I tapped him and withdrew 14 ounces of fluid. At this time I was ignorant of the fact that he had been previously operated on. After a short detention he was discharged from hospital, but again applied for treatment on July 28th, the fluid having re-accumulated.

Having read a case reported in the *British Medical Journal* (December 10th, 1881) by Mr. Hayes of Dublin, in which he notices the very satisfactory results he obtained by the application of Iodoform for the radical cure of hydrocele, I determined to make a trial of this new mode of treatment in this case, in preference to the usual means, such as the injection of Iodine, Port wine, &c. Having made a solution by suspending Iodoform grs. v., very finely powdered in Aq. ad. ζ ii, I injected this in the usual way through the canula, after emptying the sac of all its fluid (ζ xiv.) A suspensory bandage and a sedative were ordered (as he at once experienced acute pain), and he was detained in the hospital. Subsequently orchitis on the affected side supervened—a not uncommon sequela in these cases, and a result of the extension of inflammation to the adjacent testicle,—but by appropriate treatment this soon subsided, and the patient was discharged from hospital on August 7th with no signs of a recurrence of his former condition.

Remarks.—Although the idea of using Iodoform in these cases is not original, yet its mode of application in this case is different to that practised by Mr. Hayes; he places the finely powdered Iodoform by means of a spatula, "through a comparatively wide canula into the cavity of the tunica vaginalis or cyst." In my case I suspended the finely powdered Iodoform in water, and injected in the usual way, and I certainly claim for the latter method great advantages, inasmuch as the Iodoform in this way has a far better chance of influencing a much larger surface of the interior of the sac than the powdered Iodoform, *solus*, can possibly have.

September 19th, 1883.

CONTRIBUTIONS TO THE PRACTICE OF MIDWIFERY.

By P. S. MOOTOOSAWMY, G.M.S., F.L.S.,

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DIFFICULT LABOUR FROM OCCLUSION OF THE OS UTERI; THIRD PREGNANCY; DELIVERY EFFECTED BY OPENING THE OS AND BY THE FORCEPS; UTERINE INERTIA; RECOVERY; REMARKS.

On the morning of the 3rd July 1883, about 5 o'clock, I was called to a Guzarati Brahmin female in the western section of the Tanjore town, who had been in labour of her third child since the afternoon of the previous day. I hastened to the spot and found the patient a short, fair, young looking person, of slender build, unmarried, and mother of two children, the first having been prematurely and still-born, and the second a male, surviving, 18 months old.

The labour pains on the present occasion were said to have set in about 3 P.M. of the day before: they were strong and frequent at first, but gradually became weaker towards morning. Bowels constipated—no action for three days; bladder distended; urine voided in small quantities. The midwife in attendance, a pupil of mine, reported that the os uteri had not commenced to dilate, and that the uterine contractions were weak and recurring at distant intervals. I prescribed a dose of castor oil. My services having been elsewhere emergently required, I was compelled to leave her, and I did not see her again until 8 P.M. When I arrived I found the woman still and quiet, the uterine tumour large, and the pains very weak and coming on at long intervals. Auscultation elicited indications of foetal life. The skin was cool; features anxious; bowels were said to have been moved five times by the oil; bladder continued very much distended; the external organs were not swollen; vagina of normal dimensions, but dry and somewhat tender. No os uteri could be felt, its site was occupied by a slight depression about the size of a four-anna piece: the surrounding parts felt thin, like membranous tissue, and the foetal head was found pressing thereon.

The bladder having been relieved by the introduction of an elastic catheter, I divided the occluded portion (cicatrix) with a scalpel by a small crucial incision, and dilated it with my finger. The liquor amnii escaped; I found the head low down in the pelvis arrested from want of uterine action. Delivery was effected by the short forceps. The child, a female, was alive. There was no flooding. The placenta having been removed without any difficulty, three doses of ergot and brandy were given, cold was applied externally, and pressure was maintained at the fundus to secure contraction, but all in vain. The child was put to the breast, the patient made comfortable, and the strictest quiet was enjoined.

2nd day, 7 p.m.—The patient had a quiet night; lochia free; complained of pain in uterine region; no uterine tumour could be felt. I ordered an astringent vaginal injection to be used twice a day, and the following three times a day:—

R. Ext. Ergotæ liquid ... \mathbb{M} xx
Brandy ... ζ vi
Tinct. Opii ... \mathbb{M} xv
Aque. ... ζ ss mst. haust

In the evening she was ordered—

R. Potassii Bromidi ... grs. x
Chloratis Hydratis ... grs. x
Syrupi Simplicis ... ζ ii
Aque ... ζ iss mst. haust.

3rd day.—Passed a good night. A large clot escaped; lochia free, urine free, bowels free. Uterus contracted this morning for the first time. Uterine pains continue.

Omit Ergot. Repeat night draught if necessary.
4th day.—Slept well. Uterine pain has subsided; skin hot; pulse quick, thirst. Mammæ distended, knotted and painful, Uterus firmly contracted.

R. Haust. Sennæ ... ζ i
Vin. Ant. Tart. ... \mathbb{M} xx.

P. haust Stat sum.

Poppy fomentation to breasts. Continue draught at night.