It was a large carbuncle, brawny and angry looking with an infiltrated periphery, extending two and-a-half inches in all directions. It was extremely painful and tender, and the patient said that it had been extending very rapidly. The surface was softening, being perforated with many sieve-like orifices through each of which protruded a piece of slough. I removed several large pieces of gangrenous tissue, with forceps, and as a large cavity was left thereby, there was no occasion to scrape the growth; hence I sprinkled oxide of zinc and iodoform all over the surface, pressing it in with a director in all directions; and, covering the part with a piece of oiled lint, told the patient to come to hospital to be dressed every morning. After six days all the sloughs had quite separated and the raw surface was soon covered with healthy granulations, cicatrization being complete on the 29th ultimo.

*Case III.*—A Hindu male, aged 40, came to hospital on the 7th instant with a large carbuncle on the upper arm. The whole arm and shoulder were swollen and exquisitely painful; there was induration around which almost completely encircled the limb, and there was a central grayish looking speck which pointed to internal disintegration of tissue. I introduced a director into the substance of the swelling at this point, removing some broken-down material for a little space all round, thus making a central narrow cavity. Into this I packed crystals of carbolic acid, pushing them into the tissue on all sides as far as possible. This proceeding caused no pain at all; in fact, the patient felt easier after it was done; and the part was covered with oiled lint kept on with strapping. The next morning it was found that a very large quantity of slough had separated; this was removed and crystals of carbolic acid were again packed into the cavity; and, after this process had been repeated once more, no slough remained. The raw surface was dressed as before and healing has progressed very satisfactorily, so that now, thirteen days after treatment was begun, all that is left is a healing sore as large as a sixpence and a line deep.

*Case IV.*—A Hindu male, aged 45, came to hospital on the 17th with a large carbuncle on the left side of the back, in exactly the same position as case II. There was a great deal of surrounding hardness and infiltration, and a few orifices had already formed on its surface. Through these crystals of carbolic acid were introduced, as in the last case; and on examining the part yesterday, a large amount of slough was found detached; more acid was introduced yesterday, and again this morning the surface now being almost clean; and I have no doubt that it will be all but healed by the end of the month.

In all future cases I shall continue to treat carbuncle by the introduction of carbolic acid crystals, as this method is absolutely painless. the acid acting as a local anæsthetic. After the detachment of the sloughs, there is nothing so conducive to healing as the mixture of oxide of zinc and iodoform originally recommended by Mc. Reddie.

Herbert Page advocates scraping, a method I have employed four times, always with success; it is rather painful, but otherwise strongly to be recommended.

M. Verneuil treats his cases by means of the carbolic spray, which is allowed to play on the affected part two hours at a time, three or four times daily.

Sir Peter Eade says that, in their earliest stage, small carbuncles may be certainly destroyed by continuous soaking with an antiseptic solution such as salicylic or boracic acid.

The older modes of treatment such as the time-honoured crucial incision, or the numerous parallel and crossed incisions recommended by Billroth are no longer followed: nor are there many advocates for excision of a carbuncle in its earlier stages, though, till recently, such a mode of treatment was advocated by a good many. Rushton Parker, in 1888, recommended the excision of small and immature carbuncles; while Sir Peter Eade, a few weeks later expressed a favourable opinion on removing large and solid ones by the same method.

Potassa fusa and Vienna paste were at one time employed in the same way as crystals of carbolic acid are used now-a-days, but the former produce much pain and are, very properly, almost discarded.

## CONTRIBUTIONS TO THE PRACTICE OF MIDWIFERY.

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

*Member of the British Pharmaceutical Conference, Fellow of the Obstetrical and Gynæcological Societies of London. Retired Surgeon, Tanjore.*

*Preternatural parturition, second labour, arm presentation, duration of labour, 30 hours, the arm severed by one of the midwives in attendance, the patient, a Hindoo, aged about 20, Liqr. amnii escaped 12 hours from the commencement of labour, professional aid resorted to 14 hours after the rupture of the membranes. Delivery effected by version, child male, still-born, recovery of the mother.*

*Remarks.*

On the forenoon of Wednesday, the 1st April 1891, about 10½ A.M., three men called upon me from Karanthattankudi, a mile north of Tanjore Town, and desired me to attend upon a woman in difficult labour for two days. I at once responded to the call and found the patient a young woman of the washerman caste, named Sellam, aged about 20, of brown complexion, short stature, and of delicate make,

lying on a mat on the floor, surrounded by a lot of native women residing in the neighbourhood. I caused the clearance of the crowd; the woman was very quiet; there were no labour pains; skin natural, pulse 90, tongue clean and moist; bowels by account regular; makes water in small quantities.

I gleaned the following information from a near relative of the patient, that the young woman was married about six years ago, and according to the custom of the natives had her first confinement in her mother's place at a village 10 miles south from Tanjore. It was also said to have been difficult, lasted three or four days, the issue being a male child, still-born.

In the present instance, the labour pains were stated to have set in on the morning of Tuesday, the 31st March last, about 8 or 9 A.M., but the uterine contractions were weak recurring at long intervals, the membranes had ruptured at about 9 P.M. of the same night; one of the hands presented, there were three indigenous midwives present from the different parts of the town, each of them said to be reputed for their work. One of them severed the arm about its centre in endeavouring to deliver the child during the night, and next morning my services were resorted to.

On examination the abdominal tumour was not prominent, there was a cessation of uterine contractions, and the uterus was found strongly contracted on the body of the child, auscultation gave no indication of fœtal life. Vulva normal, passages cold and dry, with a presenting stump, which was discovered to be that of the left arm of the child in utero, in the second anterior dorsal position the shoulder strongly impacted in the brim of the pelvis, the head in the right iliac fossa, the back to the abdomen of the mother, the breech to the left side, and the limbs collected together to the back of the uterus.

I administered a dose of brandy and water to the patient, oiled my right hand, and introduced it into the vagina and passed it along the uterus with the greatest difficulty in the direction of the thorax and abdomen; it then became powerless and was withdrawn; next my left hand was passed up very gently into the uterus with great difficulty, in the same direction, until I grasped one of the legs of the child and brought it out of the vulva, it was the left foot, by the help of which I was able to draw down the nates, next the body in a semibreech position, the umbilical cord was found coiled once around the neck; of course, it was pulseless; finally, there was some delay in bringing out the head, which was extracted with the greatest difficulty, in the usual manner by passing the forefinger of my left hand into the mouth and placing the two fingers of my right on the nape of the neck or against the occiput to bring down the chin upon the chest. Indeed, the delivery of the head was a hill of difficulty. I am very thankful to say that the delivery was safely effected without any danger to the perineum, the child was a male and still-born. The placenta immediately followed, and no hæmorrhage took place. The uterus contracted well, the usual abdominal binder was applied, and the woman made comfortable, and put to bed; pulse 90.

Directions were given that she should not be disturbed by female friends, so that she might have a good sleep, and I ordered some nourishments to be given in the shape of conjee if she should be inclined for it.

6 P.M.—The patient had slept for three or four hours, taken a cup of conjee, made water twice, complained of pain in the uterine region, a sleeping draught was prescribed for bed time.

*Second day*, 7 A.M.—The patient had a good night's rest, skin natural, pulse 96, tongue clean, bowels moved once, passed water twice, lochia free, no thirst. The uterine inflammation and mammary sympathies presented themselves and were attended by constitutional disturbance; these were subdued by the usual plan of antiphlogistic treatment.

The patient progressed favourably from the seventh day, and made a good recovery; she was discharged quite well on the 17th day.

### Remarks.

The foregoing case falls under the second head of Dr. Murphy's arrangement, *viz.*, "Cases that are attended with difficulties to a greater or less extent." The left arm presented in the second anterior dorsal position, my services were resorted to 14 hours after the presentation of the arm, and within this time the ignorant midwives had done what they thought was right by dragging the arm with the object of delivering the child, but without any desired effect. The case had been neglected from the beginning, as the treatment of preternatural labour is not at all understood by them; since the severing the arm of the child the passages had become dry, and the uterus strongly contracted on the body of the child, thereby increased the difficulties in every stage of the operation of turning; happily the woman was delivered without any injury to her person.

I should strongly recommend Cæsarean section in such cases, instead of version, as also in cases where premature rupture of the membranes takes place, where the parts become very rigid and contracted, taking a very long time for the dilatation of the os uteri and the descent of the presentation, by which time the child in utero is sacrificed, and the life of the mother is in jeopardy. In this critical moment one of the lives can be saved by Cæsarean section in lieu of embryotomy, and the operation can safely be recommended by eminent obstetrical

physicians and surgeons, as abdominal surgery has now-a-days become very much improved.

I blame the husband and other close relatives of the patient on one hand for not availing themselves at once of the services of the medical officer and the trained midwife on the spot in the dispensary attached to the station, who could have afforded her every assistance necessary for the occasion, and the indigenous midwives on the other for not giving up the case and recommending professional aid in their stead.

In the post partum treatment the uterine inflammation and mammary sympathies followed, and they were subdued by the usual plan of treatment. On the fifth day the lochia became converted into a purulent discharge, which was cured by syringing the parts with carbolic acid lotion; whereas among natives the idea of injection is dreaded lest anything serious may happen, as they are not accustomed to such practices. They take the leaves of *Acalypha indica* (Coopamany-poondoo in Tamil), prepared as a pot herb with garlic, once a day, with their meal, for a day or two, this causes the disappearance of the discharge. It is very much reputed among natives. I recommended it to be used by my patient, which she did and told me that she had derived the desired effect from its use. The leaves of Thorayallay (*Mollagho spergula*) are also used internally as a pot herb, and externally as a cataplasm to the uterine region, and have the same beneficial effect.

In conclusion, I may be permitted to offer the following suggestions to make some better provisions for affording relief in labour of difficult and preternatural cases among the poor and labouring classes of women of this country, for the want of which many fatal cases take place annually.

(1) Educated and trained midwives to supplant ignorant and untaught women.

(2) When the indigenous class of midwives are called in difficult and preternatural cases, they should, finding the nature and gravity of labour, recommend qualified and responsible medical attendants.

(3) So also in cases of hæmorrhage and puerperal convulsions.

(4) The same rule is to be observed in protracted and powerless labour cases.

# A Mirror of Hospital Practice.

## A CASE OF OVARIAN TUMOUR; OPERATION—RECOVERY.

By Surgeon G. H. FINK, I.M.S.,
*Civil Surgeon, Bijnor.*

Bhurya, aged 50 years, Hindu female, was admitted into the Female Hospital, Bijnor, on the 20th April 1891, for ovarian tumour.

*General history.*—Patient is a thin, spare-looking woman, with a countenance full of suffering and anxiety. Height, about 5 feet 5 inches. Has always had a healthy appetite previous to the appearance of the present disease. Has no history of syphilis, gout, or rheumatism.

*Family history.*—Patient is a widow, was supported by her husband twelve years ago when alive; but since his death she has no particular occupation; her son supports her. Has had six children, three are now alive, married and well, the rest are dead. She has once given birth to twins (females), who only lived two months. Has only had one abortion.

No members of her family, as far as she can recollect, have suffered from a similar disease as she has at the present time.

*Past state of health.*—Has always enjoyed good health, and has had no uterine troubles before. Menstruation was very regular, and then stopped as a natural consequence of age.

She does not recollect the exact date of the change in life.

*Present illness.*—About three or four years ago, she began to feel a growth springing from the left inguinal region, which appeared to be solid in character and gradually it extended upwards in the abdominal region. She did not pay any particular attention to this at first, as it caused her no inconvenience beyond pressure on the abdomen. The period of slow growth occupied some years; but within the last four months it has taken on rapid action, and has given rise to very great inconvenience. Gradual weakness and loss of appetite have also set in within these last four months, and occasional severe pains in the back and groin have come on with harassed breathing and great exhaustion after walking a few paces, which act is performed with great difficulty.

*Present state of health*—

I. Objective symptoms.

The patient is a thin, spare-looking woman, with a suffering anxious countenance; prominent cheek bones, hollow cheeks, sunken sockets, angles of mouth drawn down, and wrinkles present all over the face, particularly round the eyes and mouth.

The skin covering the abdomen is tightly stretched, feels thin and smooth. Two superficial veins are enlarged, and the umbilicus is pouched out. The abdomen is enormously enlarged, very much bulged out in the umbilical and hypogastric regions, but also bulged at the sides towards the flanks.

The measurements are as follows:—

| | |
|---|---|
| (*a*) Over the umbilicus | 38 inches. |
| (*b*) One inch below umbilicus | 34 ,, |
| (*c*) Three inches above umbilicus | 37 ,, |

The general appearance of the patient is thin and half-starved, with the ovarian features very marked.