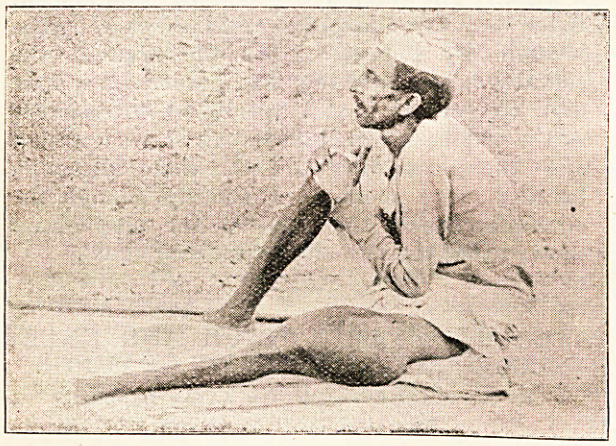
his thigh below the hip-joint—was proposed, to which he at once submitted.

The operation was done on 17th October 1897, antiseptically with all precautions to check hæmorrhage, as he was a very thin and emaciated patient. The amputation was performed about two inches below the hip-joint by the circular method, the operation taking in all about 45 minutes. The main blood vessels were thoroughly secured and no hæmorrhage was allowed to take place, the femoral artery being controlled by a stout Esmarch's Indiarubber tube and pressed by the fingers of an assistant. Two subcutaneous injections of æther were given when he was getting low during the operation; but, on the whole, he bore the operation nicely and has been a very quiet and sensible patient all along. Beyond slight rise of the evening temperature for five or six days, the cure was an uninterrupted one. The flaps united by first intention at the ends, but the middle portion, where the femur was in contact, took about a fortnight to heal. The stitches were removed in the second week, but the ligature on the main artery separated after a fortnight. The patient was thoroughly cured by the middle of November 1897.



Morbid anatomy.—The tumour measured about 1 ft. 2 in. vertically and 2½ ft. in circumference; it was 17½ lbs. in weight. It appeared to grow from the lower end of the femur, the condyles only in front, before they curved back, retained the normal bony structure, but the back part was entirely dissolved and formed the basis of the tumour. The tuberosities of the tibia, the semilunar cartilages and the crucial ligament were all dissolved but the patella was not affected.

The stroma of the tumour was composed of a semi-solid mass like the rotten pulp of a pumpkin bounded by tough fibrous bands looking like weedy-fibres.

No microscopic examination could be made, but from naked eye observation it appeared to be a myeloid sarcoma. A smaller tumour alike in nature and consistency was situated on the outer side of the thigh above the large one, as is shown in the diagram.

I am indebted to Miss Drummond, the Lady Doctor here for rendering valuable assistance during the operation.

A CASE OF OBSTRUCTED LABOUR BY FIBROUS POLYPUS; CRANIOTOMY; SUBSEQUENT CARBOLIC ACID POISONING AND RECOVERY; FOLLOWED BY TETANUS AND DEATH.

By W. J. WANLESS, M.D.

Missionary Physician in charge Presbyterian Mission Hospital Miraj, S. M. C.

On November 27th, 1897, I was called in consultation with a native practitioner Dr. Chutri to see Radhabai G., age 30, of Haripore, 9 miles from Miraj. Patient married in childhood; first pregnancy 7 years ago, terminated normally, child male, still living. Up to 9 months ago, when she became pregnant for the second time, suffered from irregular menstruation, two or three months frequently elapsing between the period. Menstruation, when it took place, was usually profuse and painful. For several years patient had been conscious of a tumour mass ("a ball") in the lower abdomen which seemed to disappear with advancing pregnancy. Present pregnancy apparently normal. The patient was first seen by Dr. Chutri about 20 hours after labour began. He diagnosed living fœtus, cross position, which he said he corrected and left the case to nature. The following day, about 55 hours after labour began, Dr. Chutri was again called, diagnosed placenta prævia and death of the fœtus, the membranes having ruptured the day before. Temperature was then 102° and accompanied by a foul vaginal discharge. I was at length sent for and arrived after the patient had been in labour for some 65 hours. I found a well nourished woman considerably exhausted, temperature 102°. Pulse 115, of good volume. Vaginal examination revealed a free and foul,-smelling, dark discharge and a large hard mass filling the lower part of the pelvis and extending within the cervical canal which was fully dilated; with difficulty the examining fingers could be passed above the tumour to the presenting head at the pelvic brim. The child, of course, was dead.

The patient was given a hip bath, genitals, pubis and thighs scrubbed with soap and water, and very free vaginal douche of carbolic acid 1 in 80. The vagina having previously been washed with soap and water applied with the hand. Complete asepsis was of course impossible but antisepsis was carried out as thoroughly as circumstances permitted. The patient was placed in the lithotomy position across a low table and opposite an open door.

The house was a good native residence and roomy but, as usual, with a poor light.

Chloroform was administered by means of a Junker inhaler in the hands of a Native Hospital Assistant. In the operation I was assisted by Dr. Chutri and a trained nurse.

The patient was incompletely anæsthetised. Passing the whole hand into the vagina, I was able after about 10 minutes to enucleate the growth which proved to be a fibrous polypus, size of a small cocoanut, with a pretty broad pedicle attached within the internal os and to the left lower segment of the uterus.

The capsule of the tumour was found to be in a sloughing condition, giving rise to the usual odour of putrefaction.

The tumour removed the vagina was again irrigated with carbolic lotion. The uterus was now found to be tightly contracted on the fœtus. The cranium was perforated, a hook put into the foramen magnum and a female child was speedily delivered weighing about 7lbs. with no evidence of putrefaction, without laceration or apparent injury to the mother. The placenta was slowly expressed and was normal in appearance. The uterus was now irrigated with bichloride lotion 1 in 8000, and the vagina with the same lotion 1 in 2000.

The vagina was packed loosely with iodoform gauze, and the patient put to bed with a pulse of 120 rather weak. Recovery from the anæsthesia was speedy (ʒvi of chloroform having been given).

The patient was put to bed. I directed the nurse to give ʒü of brandy in a little water while I looked after the cleaning of my instruments. Inadvertently the nurse picked up the carbolic acid bottle, the colour of whose contents resembled brandy, and, adding half an ounce of water, administered practically the whole quantity, a few drops only remaining in the glass. The patient immediately complained of burning in her throat which caused the nurse to hastily examine the label on the bottle when she discovered her mistake, and at once notified me in the adjoining room. Mustard seeds, the only emetic to be found at hand, were ground up and administered in a pint of hot water, but with negative result. Cocoanut oil was previously administered to neutralize the cauterizing action of the carbolic acid.

In half an hour our patient became unconscious, delirium followed, respirations became shallow, pulse rose to 160, barely perceptible at the wrist. Brandy was now administered hypodermically. At least 20 syringefuls (20 minims each, a larger syringe was not available) were injected into the arms, chest, back and abdomen one after the other. Tincture digitalis, strychnine, and atropine were also administered hypodermically at short intervals. At the end of three hours the patient's condition began to improve, and at the end of four hours she was in a better condition as regards pulse and respiration than she was at the close of delivery. Her pulse was stronger and slower (110). She suffered very little distress in the mouth and stomach in consequence of the acid.

The mucous membrane of the mouth and throat were covered with the usual white coating which follows the application of carbolic acid. No urine was voided for 16 hours, when she passed about 18oz. of dark-coloured greenish-tinted urine. The urine soon after became normal.

The patient was brought to the hospital in a palanquin 16 hours after delivery in order to secure suitable vaginal antisepsis. All went well; the patient's temperature ranging between 99 and 101·5 and pulse of 85 to 110 until the fifth day when she began to develop stiffness in her throat muscles, and this was followed in two days by general tetanus. Three days after admission to the hospital the patient developed an abscess on each arm and one on the chest below the clavicle all at the site of the hypodermic punctures. These were opened, drained and treated with wet bichloride gauze dressings changed twice daily. The patient was treated with quinine and alcoholic stimulants for the first few days after admission. On the appearance of the tetanus symptoms, full doses of morphia were given to secure relaxation. These were followed by large doses of chloral, bromide of potassium, and stimulants administered per rectum. The chloral and bromide was given every 4 to 6 hours and the stimulants every 2 to 4 hours; nourishment consisting of eggs, milk and broths was administered by mouth until development of trismus, subsequently by the rectum. Treatment proved unavailing, and the patient died on the fifth day after the onset of the tetanus and ten days after delivery. The chief points of interest in the case are—(1) conception after an interval of seven years, and three years after tumour was known by patient to exist; (2) normal pregnancy with tumour present; (3) mistaken diagnosis of polypus for placenta prævia; (4) prolonged labour (65 hours) resulting in pressure necrosis of tumour followed by general sepsis without special injury to birth; and (5) carbolic acid poisoning after administration of chloroform; speedily alarming symptoms and prompt reaction to stimulants and recovery; (6) tetanus. This is not at all remarkable under the circumstances, but the question may naturally be raised was the tetanus the result of the septic infection introduced per vaginam, or was it due to the hypodermic punctures? I think to the latter. There was no time either to sterilize the needle or the skin, and the injections caused a good deal of localized induration and at points abscesses developed. After delivery there was no unusual pain in the uterus and the lochia were not at all offensive,

the putrefaction before delivery being confined largely to the tumour. The patient had been freely handled and examined by unclean hands before my arrival, and with the almost constant presence of tetanus bacillus in the cow-dung washed floors of the native houses, it is not impossible that that bacillus could have entered the system per vaginam, while the patient was squatting on the floor or during vaginal examinations. I recall a case which I attended some years ago where the vulva were covered by a layer of cow-dung dust which had adhered from the floor. In this patient after cleansing I performed podalic version, the patient lying on the floor. My back was crippled for a week subsequently. The patient, however, recovered.

PORTABLE RATIONS.

THAT an Army should possess a good portable or emergency ration is now on every side considered an absolute necessity. The great successes of the Germans in the Franco-Prussian war were in an incalculable measure the result of the "Erbswurst" or pea sausage which every German soldier had to carry (it was neither very portable nor very palatable), enabling him to have a nutritious and sustaining meal at a few minutes' notice wherever he halted, only requiring fire and water, while the French not being then provided with a portable ration were fighting for days together on empty stomachs.

For some extraordinary reason or the other the force at present engaged in subjugating the fierce tribes on the barren hills situated on the North-West Frontier of India, is not provided with a portable ration, hence the touching stories to hand of our gallant soldiers being for days without proper food supplies and in a half-frozen condition simply because owing to the rugged nature of the country the transport could not be brought to the front. The action of the Indian Government in this matter will no doubt be severely questioned, for it is universally admitted by Army men that had the troops been supplied with a portable ration they need never have been without a good warming and sustaining meal, and they would have been in a great measure independent of transport, which it is well-known has been the great difficulty of the campaign. Further, it is pointed out, had the Generals not been so greatly handicapped by the question of transport, they would, knowing that their men carried with them good and nutritious meals which could be got ready at a few minutes' notice, have had much more freedom of action in pursuing and following up the ubiquitous enemy.

During the Afghan Campaign of 1878-9 the Government of India used a portable pea-soup ration, which was most highly commended by all. Since those days the rations as supplied by the Portable Food Company of Salem Road, Bayswater, London, have been improved in many ways, and they are now both in form, composition, and portability considered by the highest authorities on Army matters superior to all others. The Portable Food Company's rations have been adopted by the War Office, and considerable quantities have lately been despatched to the Niger Expedition. They were also highly appreciated in the Ashantee and Egyptian Campaigns, and ample testimony to their value has been supplied by the officers commanding those expeditions. Lieut.-Colonel Ward, C.B., A.A.G., who served as Quartermaster-General to the first named campaign, in reporting on these rations, said: I was very pleased with the results of the experiments which I made with the pea-soups. The tins produced very palatable soup, and I found they resisted the effect of the climate. I may mention, as an interesting experiment, that I carried one of the ordinary tins (*i.e.*, open at each end) from Cape Coast Castle to Kumassi and back in my haversack, and that, notwithstanding the fact that it was practically mixed up with the other articles which I carried therein, I was able to use it on my return to the Coast, and found that its good qualities were quite unimpaired.

From the following, which are some of the advantages claimed for the consolidated soups and desiccated vegetables supplied by the Portable Food Company, it will be readily seen that these rations are not only invaluable for travellers, sportsmen, yachtsmen, etc., but that they can be stored at any base in any climate ready in case of emergency without the slightest fear of deterioration.

Soups.—They are most easily prepared, requiring no addition whatever but water—all necessary seasoning and flavouring being contained therein—in this respect they differ from the generality of desiccated soups that have been put upon the market; a pint, or a pint and half of water and five minutes boiling make them ready for the table. They are most portable—a man can carry four or five days' rations about him with ease—a mule can carry some 1,500 tins—a camel can carry over 2,000—and a Cape waggon can carry some 60,000. They are most nutritious, and contain in proper proportion everything necessary to sustain healthy life, and bear the highest analysis. Owing to the process to which they are subjected, they will keep for years in any climate, if kept in a tolerably dry place. Being thoroughly desiccated frost will not injuriously affect them.

Desiccated vegetables.—Unlike others in the market they require no boiling, but simply soaking in hot water to make them ready for use—and become perfectly soft and digestible. —*United Service Gazette.*