

tension switch is saved. The special shape of the brackets, one limb longer than the other, enables correct spacing of the spring leads to obtain during operation.

Light Exclusion.—In the main x-ray room this is effected by using external sliding galvanized iron shutters. These shutters can be operated also from inside the room. The "roshan dans" (windows near the ceiling) are occluded by a special cap, operated from the room but opening outwards (see diagram No. 2).

Earthing.—Efficient earthing of the apparatus is facilitated by two large steel plates buried below the floor, one at each end of the room, and connected by a long steel bar down the centre, and also below the floor.

THE DARK ROOM.

Easy access to the dark room is effected by the light trap door previously mentioned. An arrangement has been made to enable films to be passed easily in and out of the dark room (see diagram No. 2).

Safe Light.—By means of a simple arrangement films may be developed, using either screened daylight, electric light, or the light of an ordinary hurricane lamp.

A point not lost sight of was the possibility of the dark room being also required for transilluminations and for ophthalmic work.

ELECTROTHERAPY ROOM.

This room will also be used as an office. The bay windows at the end ensure efficient lighting so that the office work can be done at that end. The old idea of the combined x-ray room-office is bad from all points of view. The necessary number of wall plugs have been inserted to enable different types of apparatus to be used.

EQUIPMENT.

The equipment is modern and includes a Victor high tension transformer; a combined screening-stand and couch (Schall), metalix tubes, and Potter-Bucky diaphragm. The electrotherapy equipment includes a pleurostadt (Cox-Cavendish) and Schnee's baths. As soon as funds are available the building will be extended and also a further increase in apparatus will be made. The actual cost of the apparatus alone (not including delivery, freight charges, etc.) is approximately £750.

The erection and equipment of the above X-ray and Electrotherapy Department was made possible as a result of a munificent donation of Rs. 11,000 (to the C. M. S. Hospital, Quetta) by his Excellency the Khan of Kalat State.

A Mirror of Hospital Practice.

A CASE OF VARIOLA TREATED BY VACCINATION.

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Mr. F. came to Lucknow with a son aged five years and a daughter aged eight years. The son got an attack of fever on the 16th May, 1929, and developed rashes on the 19th May. The rashes developed into a severe confluent type of variola and the child died on the 29th May. His sister aged eight years was brought to my dispensary on the 31st May, suffering from fever (temperature 104°F.). Her face was flushed but she showed no other symptoms, except slight pain in her joints. I diagnosed the case as one of smallpox and advised immediate vaccination. She was vaccinated the same evening. From that date the temperature never went below 104°F. and an ice cap was constantly applied. On the 3rd June (the fourth day following vaccination), pimples appeared on her face, forearms, hands, legs and feet which two days later developed into typical variola, but in a milder form. On the 6th June, the pimples appeared on the sites of vaccination and her fever came down to 102°F. Henceforth her convalescence was rapid and uninterrupted, the fever leaving her on the 7th June; the pustules quickly dried up and she was able to leave her bed after a week. The pustules of the vaccination took the usual time to dry up.

The point to be noted in this case was that the child was not previously vaccinated. This suggests that if cases of smallpox are vaccinated in the earliest stage, the attack becomes milder and the patient may be saved; however, the advisability of vaccinating a patient when the system is already under the reaction of an acute infection cannot be settled unless numerous experiments of this nature are made with favourable results. The patient may not be able to tolerate the effects of vaccination over and above the severe reaction of variola.

A CASE OF AN ABSCESS OF THE BRAIN.

By SURESH CHANDRA DAS GUPTA, L.M.S.,

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In October 1928, R. N. S., a male aged 20 years, was brought to the Bir Hospital in an unconscious state for depressed fracture of the skull caused 3 days previously by direct violence with a heavy piece of stone hurled against his head by an insane man. The patient was comatose, passing urine and stools in bed, and with the right hand and left side of the face paralysed.

On examination it was found that the scalp was lacerated, the wound being situated just below and a little anterior to the parietal eminence, and there was a compound fracture of the skull with much depression. But, as the pulse was very weak and the respiration almost stertorous, I decided to wait till the condition improved, and in the meantime ordered antiseptic dressings to be applied every 6 hours. However, there was no change for the better in the course of next 48 hours, on the other hand the temperature rose to 104°F. Therefore, I thought that delay was dangerous, and with the consent of the members of his family I made up my mind to operate at once. After the usual preparations the patient was anaesthetised lightly as he was almost insensible to pain, a semilunar incision was made and the infected margins of the wound were cut away after careful sterilization. Then the skull was laid bare and trephined, and all the in-driven fragments of bone from the depressed area were removed, when