

had risen above 105° F. My procedure was to rub in 20 minims in one or both axilla, at the same time administering by the mouth 5 minims of the drug floated on a dose of diaphoretic mixture. In almost every case diaphoresis set in within half an hour followed by relief of the distressing headache. If necessary the treatment was repeated after a lapse of three or four hours. No unpleasant effects followed. The only drawback I experienced was the slight amount of vesication produced at the seat of friction. I am indebted for this mode of treatment *tout-à-fait* to Lieutenant-Colonel _____, R.A.M.C., then in command of the Station Hospital at which I was doing duty.

FORT LAHORE,
18th August 1909. }

Yours, etc.,
HENRY J. FORDHAM,
Assistant-Surgeon.

" ABDOMEN TORN OPEN : RECOVERY."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I shall feel highly obliged if you publish in your next issue the following case in your widely read journal.

A report reached to me on the midnight of the 24th May, 1907, "that a barber woman inhabitant of Amarpura—a village 6 miles from my dispensary—had been injured by a bullock while returning in the evening from her fields and that her abdomen was torn and she was lying unconscious." I hurriedly proceeded to the place talking with me necessary sutures, instruments and some stimulants, etc. On examination I found that she had very big wound running transversely, from an inch and a half above the right iliac fossa extending as far as umbilical region. Through this wound a large portion of intestines with a small knuckle of omentum was protruding on which the patient's friends had applied some powders and covered with rags. The patient was in moribund state when first seen, but no signs of any ruptured viscus. The protruded portion was inflamed and dirty, this was cleaned properly with warm weak antiseptic lotion, and by gentle uniform pressure the intestines together with the omentum returned into the abdomen, care being taken not to force them between the peritoneum and fascia transversalis. The wound was closed by single interrupted silk sutures and tied by reef knots and dressings applied. The hæmorrhage in proportion to the size of the wound was not very great although controlled with difficulty.

In the morning of the 25th she was brought in the hospital in a *doolie* and kept as an indoor patient. She was discharged as cured after three weeks.

In publishing the above I wish to say that these big wounds healed without suppuration, and although the intestines were dirty and inflamed, yet there was not the slightest symptom of peritonitis, etc., throughout the period.

BAGLI,
23th July 1909. }

Yours sincerely,
RAMNATH VARMA,
Hospital Assistant,
In charge Bagli Dispensary,
MALWA, C. I.

"THE EXTRACTION OF THE LENS IN ITS CAPSULE (SMITH'S OPERATION) BY DIVISION OF THE SUSPENSORY LIGAMENT."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I was much interested in Captain Nesfield's article under the above title in the July number of the *Indian Medical Gazette* just received.

My experience has been much the same as his, namely—, that with the amount of pressure I was prepared to apply, I was able to deliver the lens in its capsule successfully in only about one case in ten. I was led in the same way to consider some modification of Smith's operation that would get over the resistance of the suspensory ligament; and it occurred to me to do this operation, which has now been described by Captain Nesfield.

I did not however think it would be necessary to incise the ligament at more than one spot. I was of opinion that once released at the upper part, it would readily give way elsewhere, and I planned to do the operation in this way, and discussed it with my Hospital Assistant and one or two other persons. This was a year and a half ago, I was unfortunately unable to try the operation I had planned, as I took leave from Meshed, almost immediately after.

I was tempted to think that perhaps the suspensory ligament of the Persian was tougher than that of the native of India, but Captain Nesfield's experience controverts this. I think we are indebted to him for putting this operation to the test and drawing attention to it. If it enables the Surgeon to remove the lens in its capsule without such risk of vitreous prolapse as is inseparable from Smith's operation, it is a great advance: and should prove particularly acceptable to young operators.

I hope that some of our experienced operators in India will give us the benefit of their views on this procedure.

I am still of opinion that such an extensive sweep round the ligament as Captain Nesfield describes is hardly likely to be necessary. In at least a good many cases, releasing it at one point would probably permit the easy delivery of the lens and capsule entire.

DUNS, N. B.,
5th August 1909. }

Yours faithfully,
W. ROTHNEY BATTYE,
M.S. (LOND.), F.R.C.S.,
CAPTAIN, I.M.S.

A CASE OF PARTIAL PLACENTA PRÆVIA WITH ARM PRESENTATION.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I have to request you to publish the following notes of a delivery case, which will be found interesting.

Goura Gundoo—a multipara woman aged about 35 years. It is said that although this was her tenth delivery and there was no history of any trouble with any of her previous deliveries, she had a feeling for some time that she would have a difficult labour. She had reached her full time of pregnancy.

The labour commenced in the evening. At first everything seemed to be going alright. The pains grew in intensity as time passed on and the membranes ruptured after three or four hours from the commencement of labour. After the escape of the Liquor Amnii a sudden and severe hæmorrhage set in, the blood gushing out in large quantities at every contraction of the uterus. This continued for two or three hours without any progress of labour. The severe bleeding was already producing serious symptoms. The woman felt giddy. She had thirst, cramps in lower extremities and was profusely perspiring. She was no longer able to sit the usual posture adopted by Indian women during labour—the pains stopped completely and the woman lay in a pool of blood quite exhausted and answering only loud calls. At this stage I was sent for. On seeing the woman, I found her pulse very weak and all the symptoms present of a severe hæmorrhage. P. V. Examination revealed the following things. The elbow was presenting. The os was dilated to its full degree and the placental end of the cord with a portion of detached placenta was distinctly felt at the upper part of the cervix. It was evidently a case of arm presentation with a partial placenta prævia. When the membranes were ruptured and the pressure of the Liquor Amnii removed, the placenta attached to the lower portion of the uterus was detached piece by piece at every further contraction of the uterus, thus causing hæmorrhage. This process of separation and consequent bleeding was stopped when the uterus no longer contracted and when all the possible detachable portion of the placenta was separated. There is nothing much interesting in the subsequent history of the case. Version was performed under chloroform without much difficulty. As was expected, the child was asphyxiated, and, when on delivery, although the heart beats were by no means feeble, all the ordinary methods of starting respiration failed, and artificial respiration had to be resorted to for about 20 minutes before the child began to breathe regularly.

The after-course of delivery was normal and both the mother and child are doing well.

ICHALKARUJI.

V. N. DESAI, L. M. & S.

SPECIAL ARTICLE.

ON SOME OLD EIGHTEENTH CENTURY LISTS OF THE I. M. S.

BY D. G. CRAWFORD, M.B., I.M.S.,

Civil Surgeon, Hooghly.

II.—MADRAS.

(Continued from page 358.)

The Madras Medical Board like, that of Bengal, was established in 1786, by a General Order, dated 8th July, 1786. This General Order also includes regulations for the administration of the Medical Department, and runs to 17 paragraphs, of which the first three are quoted below.

Extract from the *Military General Orders*, Vol. VI (1786), pp. 32—39.