

Her condition noted at that time was as follows :—Apparently in good health and well developed, mammae rather large, prominent and rounded, on inspection vulvar orifice of normal size, and labia well formed; stretching across the vulvar orifice and completely occluding the vaginal canal is a thick fibrous membrane in which not the smallest trace of an opening is perceptible. In the hypogastric region is an ovoid tumour reaching to a point about 3 inches above the level of the symphysis pubis, which on palpation is found to be distinctly fluctuant, and on pressure being made over the swelling its dimensions are altered and the membranous septum over the vaginal orifice is found to protrude forwards more or less as the pressure is increased or diminished. I concluded that the uterine swelling was dependent upon retained menstrual secretion, and accordingly advised the patient's admission into the obstetric wards, but this the parents declined, so that I was obliged to do the best I could under the circumstances. I explained the urgent necessity for complete rest and strict conformity with other details for her treatment as an out-patient. As the girl would not consent to being chloroformed, she was laid in the recumbent posture and the hymen punctured, so as to allow the fluid which was pent up behind it to come slowly away; about thirty-six ounces of dark, treacle-like blood issued from the opening and the uterus seemed slowly to contract as evacuation proceeded. I now made a free incision along the whole vertical diameter of the obstructing membrane, and introduced a plug of carbolic cotton, directing its removal the following day and the use of an injection of permanganate of potash, sulphate of zinc and alum; an opiate was also given internally.

On the 18th May, two days after the operation, the girl was brought up again, and it was stated that sanguineous oozing had continued for a few hours, and that the discharge then became lighter in color, and took on an offensive smell the following day. A serous looking discharge was found issuing from the vagina, and was somewhat offensive. Carbolic lotion (1 to 80) was now prescribed as an injection and a purgative administered as the bowels were inactive and the skin seemed warm.

24th May 1881.—The margins of the incision are separate, and show no tendency to adhere, though some contraction has seemingly taken place; a slight yellowish discharge is now seen, but it is not offensive. On vaginal examination, finger passed easily along vagina causing pain, cervix found normally directed, but much flattened out, os patulous admits tip of finger as far as os internum; outline of uterus distinctly traceable, measures about 1½ inches across the Fallopian tubes, which do not seem dilated or thickened; no tenderness on pressure over uterus. The patient had slight fever two days ago, but appears now in very good health. A piece of *sola* about half an inch in diameter and about 2 inches long, was introduced into the vagina and the patient directed to sit in a bowl of warm water for half an hour. This had the effect of swelling out the *sola*, (which readily absorbs water, and being of soft and spongy texture does not exert any injurious pressure by its gradual distension), and dilatation of the vaginal orifice. This latter procedure was carried on for a week till the margins of the incised hymen had healed and the available limit of dilating the vagina had been attained.

On the 10th June 1881 our patient came to say that she had suffered from no discharge or pain for days till on the 7th June she experienced great pain in the loins, which was followed by relief on the appearance of a bloody discharge *per vaginam*. This flux continued for four days, being in reality the first regular and complete menstruation, and although it appeared about three weeks after the operation, it in all probability followed the last abortive effort by a full lunar month. At any rate its occurrence to the constitutional relief of the patient, was an unquestionable evidence of perfectly restored condition of the uterus and its appendages with the means of their carrying on their normal functions.

Remarks.—This case is noteworthy as exhibiting the results of a procedure in treatment condemned by some authorities and advocated by others, but uniformly condemned by the majority, in respect to its being conducted in a patient who had not the means of complete and perfect rest throughout and after the operation. After discussing the various modes of incision and puncture in imperforate hymen with retained menstrual fluid, Barnes writes: "In any case absolute rest should be rigidly enforced; on

no consideration should even simple puncture of an imperforate hymen be done in the consulting room. The patient should be in bed, and keep her bed until the discharge has fairly ceased, and the uterus and vagina have assumed a natural condition." In an out-patient dispensary one has not the means of putting into practice all the precepts that have been laid down for our guidance, and in this case I had no other course to adopt for the patient's relief. The danger during the operation appears to exist in the sudden withdrawal of the fluid by a free incision, which results in collapse of the uterine walls and rupture of the sometimes attenuated and dilated Fallopian tubes, and in order to obviate this difficulty Barnes recommends the use of an aspirator-trocar to draw off a little of the fluid at a time, before finally freely dividing the obstruction. This principle was adopted in the case that came under my treatment. I first made a small puncture and with my hand pressed slightly over the uterus, felt it gradually and evenly contracting over its diminished contents, till when it was perfectly evacuated the hymen was freely divided, and no ill results followed. The danger, in the after-treatment, of septicæmic contamination from putrescent changes within the womb in such cases so prominently brought forward by Professor Barnes were checked by the early free use of injections of permanganate of potash and carbolic acid.

Regarding the arguments for or against the removal of a portion of the hymen, I am inclined to think that the necessity for its removal is obviated by the use of a soft spongy and dilatate plug, as *sola*, inserted into the vagina, after freely dividing the membranous occlusion of the canal which answered perfectly in the foregoing case.

#### A CASE OF ENLARGEMENT OF THE FEMALE BREAST TREATED IN THE SOORY CHARITABLE DISPENSARY.

REPORTED BY CIVIL HOSPITAL ASSISTANT HARI MOHAN BHATTACHARJEA.

Pyrun Bibee, a Mahomedan female, aged 30 years, was admitted into the Charitable Dispensary on the 3rd May 1881. She stated, that she is mother of 4 children, all of whom are living. She had never suffered from any serious illness of any kind except malarial fever the year before last. About 8 months ago she became pregnant and perceived a slight enlargement of her right breast attended with pain. At first she did not care much for it, but when she found that the enlargement and pain increased simultaneously with the progress of pregnancy, she consulted other females who consoled her with the hope that the disease would disappear after her confinement. At the 8th month of her pregnancy she perceived the swelling and pain increasing rapidly, causing great inconvenience and suffering, she applied for relief at the Dispensary.

Symptoms on admission.—The patient was in great pain. Her right breast was hanging down on the right thigh. The tumour was 14 inches long, and its circumference at the pedicle 12 inches, and that of the thickest part (below) 24 inches. The veins above the root of the tumour were varicose, and the artery supplying it was pulsating strongly under the finger. The upper part of the tumour was soft and imparted a deceptive feel of fluid, but the lower part was hard. She was in her 8th month of pregnancy. Did not feel any bearing down pain. The sound of the foetal heart was distinctly heard on auscultation. The glands of the axilla were not enlarged.

Operation.—The operation was performed by Dr. G. C. Roy on the 4th May. The patient was placed under the influence of chloroform and the pedicle was transfixed by stout double ligatures and tied on either side, and about ½ an inch below it two pieces of sticks about ½ an inch in breadth were placed above and below the pedicle and both ends were tied tightly to serve as a clamp. On the first circular sweep of the knife profuse venous bleeding took place, which ultimately proved to be the regurgitant blood contained in the tumour itself. The tumour was removed by circular incision and 14 ligatures were used to tie the arteries and one large vein. The margins of the wound were brought into apposition by stitches and covered with a piece of lint soaked in carbolic oil which was secured by pad and bandage. The tumour weighed 12 lbs. after its fluid and water had drained away.

From the 4th up to the date of her discharge (18th May) the progress of the case was one of steady improvement. The wound healed by first intention and without any suppuration. Beyond the continued pain at the site of the incision, which lasted for 3 or 4 days after the operation and relieved by opium lotion dressing, there was nothing of importance to record.

*Remarks by Dr. Roy.*—On section of the tumour it was found to consist of hypertrophied lobules separated and encased in fibrous covering. The veins, arteries, nerves and lymphatics were proportionately enlarged. The ultimate structure of lobule revealed yellow elastic and white fibrous tissues interlacing with each other and having areolæ occupied by large epithelial cells.

The case was one of simple hypertrophy of the gland under the stimulus of pregnancy, only the natural enlargement passed into the bounds of pathological by its overgrowth and required surgical interference for the distress it occasioned, so much so that, notwithstanding the risk of operation bringing on premature labour and the favourable prognosis of its ultimate subsidence after confinement, she still persisted in her request to have it removed to get rid after suffering, which was accordingly done. When discharged the foetal heart was heard all right, and there was no threatening of premature labour during the time she was under treatment.

### Notices to Correspondents.

*Communications have been received from—*

Surgeon-Major E. A. BIRCH, F. R. C. S., *Civil Surgeon, Darjeeling*; Surgeon J. LA-VITTE MORRIS A. M. D.; Surgeon G. C. ROY, M. D.; F. R. C. S., *Civil Surgeon, Beerbhoom*; Assistant-Surgeon KIROD PROSAD CHATTERJEE; Surgeon P. C. LEVERS, A. M. D.; Surgeon J. C. LUCAS, F. R. C. S., *Bombay Medical Service*; Assistant-Surgeon SOBHA RAM Chiniot; Surgeon-Major K. P. GUPTA M. B., *Supt. of Vaccination, Metropolitan Circles*; SECRETARY, *Bengal Government*; J. R. WALLACE, ESQ., F. R. C. S. and P. EDIN., *House Surgeon, Medical College Hospital*; Surgeon-Major W. M. HARMAN, A. M. D.; Surgeon-Major R. C. SAUNDERS *Civil Surgeon, Bareilly*; *A Civil Hospital Assistant*; Surgeon C. J. H. WARDEN, *Professor of Chemistry, Calcutta Medical College*; Surgeon-General W. J. MOORE, *Bombay*; THE HEALTH OFFICERS, *Calcutta, Madras and Bombay*

### Acknowledgments.

*The Lancet*, Nos. XIX. to XXII. of Vol. I. of 1881; *The British Medical Journal*, Nos. 1062 to 1066; *The Medical Times and Gazette*, Nos. 1610 to 1613; *The Philadelphia Medical Times*, Nos. 350, 357; *The New York Medical Journal*, May 1881; *Canada Medical and Surgical Journal*, April and May; *The Medical Press and Circular*, Nos. 2193, 2197-8; *The Specialist*, Nos. 9, 10; *On Guard*, No. 1 of Vol. IX.

Report of Popular Education, Punjab, 1879-80.

First Report of the Lister Hospital, Allahabad, 1880-81.

Annual Report of the Insane Asylums in Bengal for the year 1880.

Report of the Alipore Reformatory School for the year 1880.

Report of the Calcutta Medical Institutions for the year 1880.

The American Journal of the Medical Sciences—April 1881.

New Commercial Plants and Drugs. By Thomas Christy, F. L. S.

Surgical Papers. By Roderick MacLaren, M. D.

Report on the Jails, North-Western Provinces and Oudh, for the year 1880.

### The Indian Medical Gazette.

JULY 1, 1881.

#### THE CALCUTTA MEDICAL COLLEGE.

THE forty-seventh session of this important institution was opened on Wednesday, the 15th of June. The opening ceremony consisted in the reading of the Report of the previous session by Brigade Surgeon J. M. COATES, M. D., the distribution of prizes obtained

at the close of it, and the delivery of a short address by the Hon'ble A. WILSON, Vice-Chancellor of the University, who presided on the occasion. The strength of the classes at the commencement of the session was 220, and at its close 123. The new and re-admissions amounted to 67, of whom 37 were regular students, 25 belonging to the paying class, 17 were hospital apprentices, and 13 casual or non-matriculated students. 10 students obtained a university degree, and 27 student apprentices passed their final examination and joined their regiments. These figures indicate that the College continues to attract a substantial number of candidates for medical degrees. The classes are much smaller than they were some years ago. This results from many causes—among them the higher preliminary qualification now demanded by the University, the narrowing of the portals to Government employ, and the excess of men who gained degrees in former years on easier terms, and who now, in the absence of a very wide demand for educated and qualified practitioners of medicine, find it difficult to make a living. The College has turned out 703 graduates and licentiates since its foundation in 1839. This number does not bear a high proportion to the population of the presidency or province; but as Dr. COATES remarked, "the great body of the nation still prefer the treatment their fathers were accustomed to," and among the mass of quacks, koberaj's, compounders, native doctors, vernacular licentiates and failed students who can afford to practice for smaller fees, the highly educated and qualified practitioner has sometimes a hard struggle for it.

The supply has somewhat outstripped the demand, the effects of early enthusiasm and exceptional Government encouragement have worn off, and the College must for many years to come content itself with comparatively small classes. The material is much better however, the numbers more within the grasp of thorough and practical teaching and training, and as time demonstrates to the people of Bengal the superiority of rational medicine and highly qualified practitioners, the demand will improve and classes increase. Meantime it is satisfactory to note that strenuous efforts are being made, in accordance with the spirit of the time, to render education in the college more practical. There appears to be abundant reason and scope, to judge from the Principal's report, for this change. Cramming mechanical and insensate, neglect of dissection and hospital work are the two gravest counts in the indictment against the Bengali medical student. The system of tuition and examination hitherto in use are both blamed for this result, and reform is to be wrought in each. As regard teaching, the most prominent improvements in the practical direction are—(1) More careful dissection of the body.