

porarily attached to this hospital who see an operation there for the first time, feel the pulse when chloroform is being administered is a source of no little amusement to the members of the permanent staff who, nevertheless, endeavour to dispel the delusion and indicate the true source of danger.

### JOINT DISEASES FOLLOWING VARIOLA.

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ONE day in last October I was hurriedly called to see a European child, who was suffering from fever and had a convulsion an hour previously. Three days after characteristic variolar eruptions appeared on the wrist and forehead. The small-pox gradually extended and became confluent. Two days after a younger brother of the child got fever and afterwards small-pox. On the 9th day of his illness the elder child died, the younger recovered. This was the first case of small-pox that occurred, or at least came to my notice in the autumn of last year in Srinagar, the capital of Kashmir. Cases began to multiply till small-pox began to rage in epidemic form. For nearly two months and a half the epidemic lasted, and there were over 300 deaths amidst a population of 1,25,000. It is interesting to note here that during the year 1889 only 20 deaths from small-pox occurred in the whole of England and Wales. Be it remembered that in Kashmir vaccination is not compulsory by legislation. People do not consider it an effective safeguard against small-pox. By persuasion and by the use of moral influence a large number of children are annually vaccinated, but the number is infinitesimal compared with the population. It is no wonder therefore that this epidemic came but that such epidemics are not more frequent. A writer in the *Civil and Military Gazette* lately called Kashmir a "vaccinated state," and offered some very valuable suggestions with every one of which I fully agree.

On 20th November a child, aged 15 months, was brought to the out-door department of the Maharajah's Hospital, with his whole body covered with pink marks, showing that the little patient has just recovered from a smart attack of variola. The elbow joint was swollen, the swelling presented a glazed appearance, and the veins on the surface were enlarged. Motion of the joint was limited, and the slightest movement caused pain. There was an opening a little below the joint just large enough to admit an ordinary sized probe, through which thin sanious pus was oozing out.

A few days after another child younger by three months came with a similar affection of the hip joint.

The diagnosis in both cases was clear. The joint cavity was infiltrated with pus. This acute suppurative inflammation of joints has no doubt a direct connection with variola. It has been, I believe, fully recognized that exanthemata often take an important share in the causation of suppurative arthritis on infants, but I think the cases that are recorded are few. Holmes has mentioned one, and Professor MacLeod has given the history of another (*Indian Medical Gazette*, page 232, 1883). Pathologically these suppurative inflammations are perhaps due to some form of staphylococcus, as clinically they are distinctly pyæmic. In both cases febrile disturbances were conspicuous by their absence.

The elbow joint case was admitted into the hospital. A few whiffs of chloroform were given which completely anæsthesized the little patient. The surface was thoroughly washed with corrosive sublimate lotion, under irrigation of the same antiseptic lotion, the joint was opened by a free incision, about 6 drams of thick pus came out, and the joint was thoroughly washed with creolin and water. A drainage tube was then inserted and the wound closed. Sal alembroth gauze and cotton were used for dressing, and the limb was bandaged with a splint. The patient made a rapid recovery with the joint motion almost perfect.

In the other case the hip joint was aspirated, and an ounce of pus evacuated. After evacuation of the pus the inflammation rapidly subsided. Since writing the above my friend, Dr. Neve, has told me that some similar cases had also been admitted into the Mission Hospital within the last two months.

### Selections.

#### MNEMONICS FOR INTRA-CARDIAC SOUNDS.

STUDENTS and practitioners find a difficulty in remembering the relation and causes of intra-cardiac sounds. Dr. Callan has devised a formula, in order to simplify the association of ideas. It is as follows:

#### A B C

Here the murmur is heard the loudest in the apex. The first sound, represented by B., indicates backward flow on mitral regurgitation. The second sound, represented by C., indicates constricted orifices or mitral stenosis.

#### B C D

Here the murmur is heard at base. The first sound, represented by C, denotes constriction of orifice or aortic stenosis; whilst the second sound, D, indicated downward flow or regurgitation.—*Provincial Medical Journal*, Jan. 1890.