

She was given three injections of anti-tetanic serum of 10 c. c. each, every eight hours. The spasms, which were very frequent, became less frequent under the serum treatment, and they gradually passed away.

She was discharged cured on the 25th May 1903.

III.—Kondappa, a Hindu male, aged about 40, was admitted into the hospital on 28th May 1903 for traumatic tetanus of four days' duration.

He had a wound half an inch in diameter on the dorsum of right foot. He had three or four spasms an hour; three injections of anti-tetanic serum of 10 c. c. each (every eight hours) were given.

He did not show signs of improvement and died on 30th May 1903.

IV.—Veerabhadrapa, a Hindu male, aged about 18, was admitted into the hospital on 1st October 1903 for traumatic tetanus of ten days' duration.

He had a contused wound an inch-and-a-half long and half an inch broad on the dorsum of left foot.

The spasms were frequent, and the symptoms were well marked. There was trismus, opisthotonos, emprosthotonos and pleurosthotonos.

He was put on chloral and bromide as anti-tetanic serum was not available. The wound on the dorsum of the foot was dressed antiseptically. As the patient did not show signs of improvement he was taken away by his relatives on 4th October 1903.

V.—Mahomed Ibrahim, a Mahomedan male, aged about 45, was admitted into the hospital on 9th October 1903 for idiopathic tetanus of six days' duration.

There was no history of injury in this case. The patient was put on chloral and bromide. As he did not show signs of improvement he was taken away by his relatives on 10th October 1903.

VI.—Ammakannu, a Hindu child, aged about 4 years, was admitted into the hospital on 4th December 1903 for idiopathic tetanus of ten days' duration. There was no history of injury in this case, nor any wound found on her person.

This patient was put on chloral and bromide and was discharged cured on 30th December 1903.

COBRA BITE: RECOVERY.

Muthee, a Hindu female, aged about 36, was brought into the hospital on 23rd April 1903 for cobra-bite. The patient was semi-conscious with almost imperceptible pulse at the wrist and cold extremities. There were three small punctured wounds on the 2nd toe of right foot.

The toe was ligatured, the wounds were incised and washed with Condy's lotion.

Liqr. strychnine, minims 10, was injected hypodermically every five minutes for four doses.

Half an hour after the last injection of strychnine, as coma continued 20 c. c. of anti-venine was injected and after an interval of about an hour another dose of 10 c. c. was injected.

The patient rallied slowly and was discharged cured on 1st May 1903.

A CASE OF ACUTE HÆMORRHAGIC PANCREATITIS.

BY ARTHUR T. TORPY,

MILY. ASST.-SURGN.,

R. I. M. S. *Clive*.

R. F., aged 30 years, a Goanese, occupation *topass* aboard the R. I. M. S. *Clive*, reported sick at 8 A.M., on the 12th November 1903, complaining of aches all over the body, loss of appetite and no action of the bowels for 48 hours; beyond a white coating of the tongue, no other symptoms were present. Oleum ricini ʒi, Tinct. opii m. xv, aqua menthæ pip. ʒi, was administered. By 4 P.M. the same day the physic had not acted and patient complained of severe abdominal pains, which patient pointed as being chiefly in the epigastric and umbilical regions; about the same time patient vomited a small quantity of fluid consistency mucus and bile.

On examination, the abdominal muscles were found to be quite rigid, with tenderness on palpation and percussion, the note of latter being dull, especially about the flanks, and the abdomen was quite flat, there being no distension whatsoever; his body surface was quite cold, pulse small and thready, respirations shallow and laboured; patient was in a state of collapse. A stimulant was immediately administered, followed later by a simple enema of one pint, which patient soon expelled together with a small quantity of scybalous fæcal matter, colour yellowish-brown. Patient then lay in bed, and after having turpentine stupes over the abdomen remained quiet, and at 6 P.M. asked for and was given a cup of thin arrowroot congee with half an ounce of brandy. He then slept till 9 P.M. when he was last seen.

At 5 A.M. the next day (13th November) patient was found dead, lying on his stomach with his chin and both arms, the latter at right angles to his body, resting on his pillow. On inquiry two patients in the hospital stated that they saw deceased at 4 A.M., when he lay in bed and assumed the position in which he was found, and that he was to and fro from the latrine since 1 A.M., and stated, when questioned, that he was unable to have a stool; he was very calm and sought no assistance from either of the other patients in the hospital. At 10 A.M. the same day a *post-mortem* examination was held previous to his interment in the deep sea; at which I was very kindly assisted by Lieutenant

Cooke, I.M.S., Medical Officer in charge X1th Rajputs. Rigor mortis present.

Lungs—Congested; no hæmorrhage underneath or on pleura.

Heart—Large, soft and flabby, valves normal, small hæmorrhages on pericardium and heart wall, more especially auricles; no hæmorrhage into pericardial cavity.

Liver—Congested, with hæmorrhagic patches under capsule, especially on posterior surface in contact with diaphragm.

Gall-bladder—Full and distended. Ducts fibrosed, especially at junction with pancreatic duct, but no obstruction to flow of bile into deodenum, nor did it appear that there had been any regurgitation into the pancreatic duct.

Spleen—Dark and firm, contained much blood.

Kidneys—Congested, capsule tore off easily behind, and around both kidneys there was considerable sub-peritoneal hæmorrhage, as also under diaphragm. Urine was not examined.

Stomach and duodenum Normal. No aneurisms.

Abdominal aorta and celiac axis—Normal.

Pancreas—Increased in size and weight, hard to the feel, resembling some very fibrous structure; the organ itself was found to be much swollen, especially towards its head; with hæmorrhages throughout. Its duct was patent. Hæmorrhage was present in its neighbouring structures to a considerable extent, and there were a number of adhesions binding pancreas and intestines in its immediate neighbourhood; the adhesions were old. There were no patches of fatty necrosis in mesentery, although the glands in mesentery were greatly enlarged. No calculus was found in pancreatic duct.

Remarks—The very short duration of the case is noteworthy. The symptoms more or less pointed to intestinal obstruction, but the physical signs were not definite enough to justify any operative measures. Previous history obtained from friends showed that deceased had previously complained of often having severe pains in the epigastric region, with shortness of breath and a general feeling of discomfort, the duration of each attack varying from a few hours to a day. Deceased never consulted any medical men for the same, but had himself bled every six months, which is a common practice amongst the Goanese.

The extreme fibrosis of the pancreas would lead one to infer that the patient had suffered from attacks of pancreatitis for some time and that he had at the end an acute attack, which from the considerable hæmorrhage found, brought about his very sudden death.

For reference the case published in the *Lancet* of September 26th, 1903, page 889, under

the heading of "A Case of Strangulated Hernia associated with Acute Hæmorrhagic Pancreatitis" and also the pathological connections as reported by Walker G. Spencer, M.S., M.B., F.R.C.S., in his contribution to the *Medical Annual* of 1903, page 503, "On Surgery of the Pancreas" will be of further interest.

BRIEF NOTES ON SURGICAL CASES IN THE MEDICAL COLLEGE HOSPITAL, CALCUTTA.

BY CAPTAIN E. O. THURSTON, F.R.C.S., I.M.S.,

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Lipona of Tongue.—S. P., male, aged 55, Madras. Twelve years before admission he felt pain in the right side of his tongue towards the base and discovered a small tumour which has been gradually increasing in size. The pain also increased and lately has become paroxysmal and referred to the distribution of the branches of the 5th nerve. Salivation was also much increased.

On admission there was a rounded tumour the size of a walnut in the right posterior half of the tongue, with a small nodular projection on the surface, semi-elastic; the mucous membrane was stretched over the tumour but was not adherent. Finer movements of the tongue were interfered with, causing blurring of the speech. A needle was put into the tumour but no fluid removed, an incision was then made along the border of the tongue, the muscles separated and the tumour easily shelled out. There was no hæmorrhage at the time but a few minutes later copious bleeding occurred, not stopped by pressure; sutures around the cavity combined with gauze plugging soon stopped it. There was a severe secondary hæmorrhage on the 3rd day; which was arrested by gauze strips soaked in adrenalin solution and a slighter hæmorrhage on the 4th day. Further progress was satisfactory.

On section the tumour was encapsuled, of a whitish yellow colour with fibrous bands and fairly firm, in fact it had very much the same naked eye appearance as a fibro-adenoma of the breast; under the microscope it was only composed of fat cells. The rarity of simple tumour of the tongue renders this case worth recording. (Wards of Lt.-Col. R. D. Murray, M.D., I.M.S.)

Fracture of pelvis; traumatic hernia into the perineum.—M. J., male, aged 7. Was sitting on a sack of grain in a cart when the sack fell to the ground and he with it, striking his pubes and perineum against the wheel of the cart during his fall.

On admission superficial laceration of the perineum and small lacerated wound of the left side of the scrotum; large hæmatoma over the spine of the left pubes extending upwards