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water baths, and good, plain, nourishing diet, also gentle and regular outdoor exercise.

Present Condition.—July, 1906. In appearance he is very like his mother; so is the youngest, who is a delicate child, though not showing any signs of his elder brother's trouble; the second boy, who has excellent health, takes after his father. The progress of the disease appears (as Erb states occasionally happens) to be arrested. It is now sixteen months since the sudden onset of disease, and the boy is able to run about and use his limbs nearly as well as his comrades. He came in second in a hundred yards boys' race at some sports recently held here. He is still fidgety and restless, and has made practically no progress in his education. His mother states the boy's memory is good; she only teaches him his catechism, and that he remembers very well. The difficulty is to keep his attention fixed, as his mind is always wandering. During the past sixteen months this boy has increased 2 inches in height and only gained 2½ pounds in weight. Calf measurement of each leg had increased by 1 inch, being 10 inches in March last; now the measurements are the same as when first taken in May, 1905 (9 inches). He can get up off the ground without any difficulty, but has slight difficulty in turning quickly. He stands with feet well apart, and the abdomen is prominent. The wasting of the lower part of pectorals and latissini dorsi muscles is more marked now, otherwise no further change is noticeable in the muscles. The parents state that the boy is stronger in the arms now and can pull himself up and down, but that he trips a good deal and falls, and he is stammering much more now. He is massaged twice daily, gets sea-water baths, and is taking Parrish's food thrice daily. His general health is good. It is interesting to note that the "loose shoulders" are not now marked, and the spine not so curved. The boy can stand easily with his feet together, but prefers to keep his legs apart.

NOTES FROM THE DIARY OF A MEDICAL OFFICER IN CEYLON.

By Major F. W. BEGBIE.
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Medical practice in Ceylon offers ample opportunity for clinical work in all branches of the healing art. After looking through my notes of the cases that have come under my care, I have made a selection of some of those that appear to me to be out of the ordinary a little, yet not so rare that medical officers in the East will meet them not infrequently.

Case 1. Hydatid of Liver.—Mr. B. C., a public works officer, aged 45, the last fifteen of which had been spent in some of the most unhealthy and remote parts of the island, where food was bad and difficult to obtain. For the last seven years patient had been ailing, with no very definite
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symptoms, beyond sickness after food and a feeling of great distension after drinking fluids. During his residence in the island he had several attacks of ague, of more or less severity, accompanied by jaundice. He had consulted several medical men, both at home and in Ceylon, for this complaint. Shortly before coming under my notice the patient had been obliged to take to his bed on account of inflammation of the right lung, and as he did not improve as he should have done, I was asked to see him. On first seeing the case, I had, of course, thoroughly examined the liver, which was found to be enlarged downwards over an inch, and to have a very prominent and easily-felt lower margin. Curiously enough the area of dulness appeared to extend below this border, but there was nothing of a solid nature to be felt, nor was pain elicited; only a feeling of discomfort, referred towards the centre of the abdomen. Examination of the lung revealed the presence of an accumulation of fluid in the chest cavity, and an operation for its removal was suggested and consented to by the patient. On tapping the pleural cavity fluid of a limpid character was withdrawn, a portion of the rib was removed, and a large quantity of fluid escaped. Floating in this fluid were some small white bodies, which on microscopic examination proved to be hydatids. The liver was thoroughly explored with the needle, but failed to find any other hydatid tumour, and it was believed that the original hydatid had ruptured into the pleural cavity. The patient was much relieved by the operation, temperature fell, pulse improved, and the general condition became much more hopeful. He proceeded gradually towards convalescence until twelve days after operation, when his temperature rose to $104^\circ F.$, and he complained of feeling very unwell. The following day he said his liver was very painful, and he was violently sick. The presence of another hydatid was suspected, the former opening having by now almost healed. Patient would not agree to any further exploration, but two days later, as his condition was very serious, he consented. A needle was introduced in the mid-axillary line and inclined upwards towards what was thought to be the old hydatid, but neither there nor in the centre was anything discovered. Withdrawing the needle and reintroducing it lower down, I examined the lower edge, and then the posterior part of the lower edge, which was followed by a rush of fluid. I introduced a knife and opened up the wound on the needle, enlarging the skin wound downwards, until able to introduce a finger. This was done, and lying behind the lower edge of the liver and reaching towards the umbilicus and right kidney as far as my finger could reach was a large cavity, shut off from the abdomen, the inner surface of which was filled with small swellings, evidently daughter and grand-daughter cysts. Such a large amount of fluid had escaped during the opening up of the wound that I was unable to calculate the amount the cyst contained. A drainage tube was inserted and patient put back to bed with hot bottles, &c., but unfortunately his strength never rallied after this second operation. I performed a post-


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mortem at the request of his friends, and removed the liver and cyst entire; they weighed 79 ounces. The cyst was as large as a small melon, grew from the posterior surface of the lower margin of the liver, and was continued upwards to the diaphragm and through this with the right pleural cavity; below it was adherent to the upper surface of the kidney and by numerous adhesions to the peritoneum, the rest of the peritoneal cavity being entirely shut off. The walls were very thick and strong, and had numerous small cysts growing from them towards the lumen. It was evident that the growth had been there for many years, and had been of very gradual expansion. It was probably contracted during his residence in the remote parts of the island.

Case 2. Operation for Ventral Hernia, in which Silver Wire was used without any subsequent Discomfort.—Mrs. D., wife of Colour-Sergeant D., married eleven years, with two children, had had two miscarriages, was admitted into hospital suffering from a ventral hernia as large as a watermelon. She gave the following history: In 1900 she was operated upon in England for a dermoid cyst of the right ovary. The operation was not very successful, and required to be re-performed at St. Bartholomew’s Hospital, in London, at the end of 1901, she having been more or less an invalid during the interval. This operation was quite successful, and for the next year she suffered no discomfort of any kind. She left England in December, 1902, in excellent health, but unfortunately encountered a very rough passage during the voyage to Colombo. During one paroxysm of sickness in the Indian Ocean she felt something “give way” inside her. A few days after she noticed a small swelling opposite the place, but did not take much notice of it. In February she showed the swelling to a doctor, who recommended a belt with pressure over this spot. This she wore with benefit, but it did not stop the tumour growing, and when I saw her six months later it was larger than an orange. On examination I found an opening reaching downwards 2 inches from the umbilicus, situated in the middle line, the tissues around being soft and flabby, and the patient very stout. The tumour bulged out on coughing, and could not be entirely reduced. It appeared to be composed of omentum. She desired to be operated upon, and arrangements having been made, with the kind assistance of Lieutenant-Colonel Anderson, R.A.M.C., the tumour was cut down upon, and it was found that a portion of it was adherent to the under surface of the rectus. This was freed, and as much of the omentum as was outside was ligatured and removed, the pedicle being returned into the abdomen. No kangaroo or salmon gut being available, fine silver wire was used. The ends were twisted parallel with the linea alba, and the extremities inserted into that structure; deep silk ligatures being used to bring the muscular and skin tissues together. Although very sick from the anaesthetic for two days, the stitches held, and the patient made an excellent recovery. I saw her frequently during the next six months, and on only two occasions did
she complain of any pricking sensation from the silver wire. I heard from her ten months after the operation, and she is still perfectly well, and suffers no inconvenience.

Case 3. *Operation for Hernia.*—Private P., of the same regiment, a famous regimental boxer, one day whilst having an extra big bout, managed to rupture himself, he having, I presume, a tendency towards hernia. I was able to reduce the rupture, and a truss was fitted. Some few months later, as the rupture still came down on removing the truss, he desired to be operated upon. The usual operation was therefore performed, salmon gut being used entirely, both for the deep and superficial sutures; thus I was able to avoid the occurrence of those stitch abscesses so often produced by imperfectly sterilised silk, which caused a good deal of annoyance to many of the cases in South Africa. The patient made a good recovery, and the last that I heard of him, seven months after the operation, was that he was able to do his duty and box as formerly without the slightest inconvenience.

Of serious cases of fracture, three came under my notice and treatment during this period, and, curiously enough, two of them within a day of each other. Both bones were broken, and the right leg of each patient involved. Back and side splints were applied, with weight and pulley extension, and complete rest for three weeks, then plaster of Paris, produced results in which there was little if any shortening.

Several cases of midwifery and gynaecological interest occurred.

Case 4.—I was called to attend a coolie woman, and assist a Burgher doctor, at 2 a.m., in a hut 12 feet long, in which there were six other inmates; two of whom were cooking over a stove, while the patient lay in an opposite corner of the room, with the waters ruptured several hours, and a hand and a foot presenting. It was only by the introduction of the whole hand and by bipolar version under an anaesthetic that delivery was effected. Seven days later I saw the woman sitting in the street, as if nothing had happened out of the usual routine of life.

Another case illustrates the great difficulty residents have in procuring the services of a medical man in emergency cases, owing to the great distances.

Case 5.—I had been asked to attend a lady in her confinement, which was expected two months later, and for which she was coming into the town. A few days later a coolie messenger arrived at night to say that the lady was seriously ill, and would I come at once. After a drive of eighteen miles, over very hilly country, and a walk of a mile from the cart road to the bungalow, I found the lady had been confined of a seven-months' child at 9 p.m. the previous evening. Mother and child were lying on the bed still connected by the umbilical cord at 5.30 the following morning. The husband and relatives had not the slightest idea what to do. Luckily both mother and child survived the experience,
and the latter, after some months of life in cotton-wool, grew into a fine healthy baby.

But it is in the region of gynaecology especially that there is a large field in Ceylon. Owing to the enervating climate of the low country and the sea-coast, and especially amongst the wives of soldiers, uterine complaints are common, caused in a large measure by rising too early after confinement. The diseases most common are reflexions, chronic endometritis, and salpingitis, with its sequelae, hydrosalpinx and haematosalpinx. Of "pin-hole" os uteri several cases have been treated by dilating the os.

Regarding the general symptoms, the patient comes complaining of a feeling of weight in the pelvis, worse on standing, constipation, constant desire to pass water, a white discharge, and that inevitable symptom of uterine complaints, pain in the back. There is also a peculiar look about the face which bespeaks a uterine complaint. Several of these cases have been treated successfully, both in private and in military practice, by rest, dilatation of the os, and a thorough curettage of the uterus; whilst a most successful adjunct to treatment in reflexions being half an hour in the genu-pectoral position every day. In the more serious cases of haematosalpinx it is best to advise the patient to go to England. One case of this sort, whom I temporarily relieved by curetting, I heard from a few days ago, she having had the tumour removed per vaginam at St. Bartholomew’s.

PUERPERAL SEPTICÆMIA CAUSED BY RETENTION OF PORTION OF PLACENTA AND MEMBRANES: OPERATION AND RECOVERY.

By LIEUTENANT-COLONEL J. D. RECKITT, Royal Army Medical Corps.

The following case may be of interest to those who are engaged in gynaecological and obstetric work.

About 10 p.m. on October 13th, 1903, at Woolwich, Lieutenant (now Captain) H. T. Stack, R.A.M.C., asked me to see Mrs. M., aged 36, multipara. She had been attended in her confinement, thirteen days previously, by a midwife. The patient was living in lodgings. Lieutenant Stack reported that he had been called to see the patient the day before, that she was losing much blood, and that she seemed to be in a dangerous condition, from what he thought was septicæmia.

I found the woman in a very weak condition, extremely blanched, with a thin and rapid pulse, and with a temperature of 104.6° F. The midwife had been sent away by Lieutenant Stack and instructed to cease attending cases of midwifery, but I ascertained from a woman in the house, and who was present at the delivery, that the midwife had