now a distinct area of gangrene on the under-surface of the penis, triangular in shape, the apex pointing towards the end of the penis.

By the following day the gangrenous area had extended on to the sides of the penis and backwards on to the scrotum, but at the sides there was an attempt at demarcation. The general condition was a very critical one and required liberal stimulation, &c. Specimens of his blood were sent to the Royal Army Medical College for examination, but the result was negative.

The one favourable symptom was that from the beginning his mental condition had remained quite clear and there had been no rigors. As a precautionary measure 10 cc. anti-streptococcus serum were injected on April 5th, 1907, and repeated three times; the temperature then began to fall, and on April 9th, 1907, there being a distinct line of demarcation [and the gangrenous area showing signs of separation, the patient was put under chloroform and the whole of the gangrenous mass scraped away.

Healthy granulations soon appeared, and as soon as the granulations were ready, skin grafts were planted, most of which grew, and the patient made a good and rapid recovery. A month later he developed a typical secondary rash.

---

SURGERY IN AN INDIAN CANTONMENT GENERAL HOSPITAL.

By Major W. HALLARAN.  
Royal Army Medical Corps.

When some time ago I left Aldershot and was ordered for a tour of foreign service in the Punjab, it was with feelings of great regret I bade good-bye to the Connaught Hospital, where during the time I had been stationed there I had had many interesting surgical cases to attend to, and I supposed, remembering a former tour of service in Southern India, that any interesting surgical cases would be few and far between in the military hospitals out there.

After serving some months in Mooltan, I was ordered to Ferozepore, and in addition to my other duties, was appointed to the charge of the Cantonment General Hospital in that station. These hospitals in India are for the treatment of the sick poor in the sudder bazaars and cantonments, and are also for the treatment of venereal diseases. After doing duty for a short time, I found that many interesting surgical cases were attending for treatment, and that I would have to perform several operations on patients who begged to be operated on. Before undertaking any operation, I fitted up an operating room as well as I could out of cantonment funds apportioned for use of the hospital. This room was very unpretentious to look at, and would cause many a great London surgeon,
who spends his professional life in sterilised and aseptic operating theatres, to hold up his hands in horror; but still this little room did good work, and its aseptic results would compare favourably with many a more ambitious operating room in England. Sterilisers, which admirably carried out their work, I had made by a native workman, who was most intelligent, and he made several surgical instruments which I required in really first-class style, after seeing pictures of them in a surgical instrument catalogue, for which he charged a ridiculously small price. I found it a hard job teaching the hospital assistant and the attendant coolies, on whom I had to rely for help, the principles of aseptic surgery, but I found them most willing to learn and they improved rapidly.

In recording the following operations which I performed at the hospital, Mr. Jacobson's name will be seen frequently mentioned; this is because his work on Operative Surgery has accompanied me to the various foreign stations I have had to serve in, and is the work I consult, and a well-tried and true friend I have found it to be. Now, briefly related are some of my operations:--

**Removal of a Dermoid Cyst.**—H., a native child, aged 6, with a very large cystic tumour growing at the outer angle of the right orbit, which caused great disfigurement, was brought to me by her father, who asked me to remove the growth. I removed the tumour the day after admission to hospital, using sterilised dressings and horse-hair sutures. On removing the dressings after eight days I found the wound perfectly healed. The growth was a dermoid cyst.

**Single Hare-lip.**—A native child, aged 1, with a single hare-lip, was brought to have the deformity rectified. After chloroform had been administered I performed the usual operation, having to free the lips and alae greatly to avoid tension. I had also to fracture back the right maxillary bone, which was projecting a good deal beyond its fellow, into its place. I used the sutures and dressings recommended by Mr. Jacobson. The child left hospital quite recovered on the twelfth day after the operation.

**Radical Cure of Varicocele.**—I performed this operation on a young man suffering from varicocele. The operation I made use of was the high one, and I carried it out in all its minutiae as advised to do so in Mr. Jacobson's Surgery. The result has been excellent. I found the wound perfectly healed when I removed my dressings and stitches on the eighth day.

**Removal of a Large Lipomatous Tumour.**—This operation was performed on a very old woman, from whose right arm, on its lower and outer aspect, the tumour was growing. The growth equalled in size a large orange. Much redundant skin required removal. The old lady made an excellent recovery from the operation.

**Radical Cure of Hydrocele.**—I performed this operation on an old man who had been frequently tapped. All stages of the operation, both as regards preparing the patient, performing the operation, and the dress-
ings made use of, were carried out as recommended by Mr. Jacobson. My patient made an uninterrupted recovery.

*Excision of Elbow-joint.*—S. F., a boy, aged 14, was brought to me with very extensive and long-standing disease of his right elbow-joint. Keeping him under observation for some days I found he had much fever of a severe hectic type. In excising his elbow-joint I made use of the vertical incision and carried out all other stages of the operation as recommended by the surgeon whose name I have already frequently quoted, both as regards caring for the ulnar nerve, the amount of bone to be removed, &c. The patient is progressing most favourably and has not had a rise of temperature since the operation.

In addition to the above operations I enucleated an eye, extracted a cataract, removed polypoid growths from the nose, and removed enlarged glands from the groin. Several other cases were awaiting operation.

The above will show that a good opportunity for practising surgery is open to the officers of the Royal Army Medical Corps in charge of General Cantonment Hospitals in India.

**REPORT ON THE USE OF WHEY IN ENTERIC FEVER.**

**By Lieutenant-Colonel L. W. Swabey.**

*Royal Army Medical Corps.*

My attention was first drawn to the use of whey in enteric fever by reading a lecture by Dr. William Ewart, entitled *On the Principles of Treatment of Typhoid Fever,* delivered at St. George’s Hospital on October 8th, 1905, and published in the *British Medical Journal* of December 9th, 1905. I will only quote the following passage from the valuable lecture of St. George’s senior physician, which made a deep impression on me, and led me to adopt and also to advise the adoption of whey in the feeding of enteric patients in the Station Hospital, Sitapur. After discussing the starvation plan, and the mixed solid food plan, Dr. Ewart goes on to speak of milk as follows:

"Exclusive milk diet, that medio tutissimum, is not, after all, a middle course of absolute safety. Nay, in the evil stage of the worst cases, milk is a danger so great that we should take warning against its use in any of them." He goes on to state that the danger had been clearly perceived by some of our great authorities, notably Sir William Jenner and Dr. Burney Yeo. Dr. Ewart says: "The point is that when digestion is paralysed, whilst even whey will leave minute flaky residue in the intestine, pure milk loads it with massive curds, which breed intestinal putrefaction, and ultimately favour the intra-gastric fermentation of the fresh milk supplies. Each feed will aggravate the tympanites when the putrefactive process has once gained the upper hand." I have placed in