

sation as if a cord were tightly tied round the knee joint ; the hand could with some difficulty be forcibly opened out, and the patient could to a certain extent do this himself with his other hand, but immediately the aid was withdrawn the hand recontracted into its previous form.

There was no ptosis or paralysis of other cranial nerves. He had a hesitating manner of speech with a slight stammer which he did not remember before. Sexual power and desire were diminished. The only objective symptom of syphilis was orchitis (of the left side more especially), testicular sensation had disappeared, the glands were oblong in shape, both were affected, but the right very slightly.

The patient was placed under the influence of mercury (the weather being cold) in combination with Iodide of Potassium, and in about a fortnight marked improvement was noticed, and with the return of testicular sensation ; in fact there was some pain or rather tenderness, and in about three weeks thereafter he was discharged perfectly cured.

HEMP (GANJA) SMOKING IN TETANUS ON A NEW PRINCIPLE.

By ASSISTANT-SURGEON A. C. KHASTAGIR,

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I propose to give abstracts of five cases of Traumatic Tetanus successively admitted into the N. S Hospital, all of which recovered under the effect of Ganja smoking.

Ganja smoking in tetanus has been known to the profession from a long time, but its effect was thought to be uncertain, and, in some cases, quite worthless. This I attribute to the following causes :—

1st.—The tincture of the Indian hemp being a preparation of Ganja, some practitioners used it by the stomach rather than the fumes of the dried leaves by the lungs ; and the result invariably was unsatisfactory. The same may be said of opium and chloroform.

The effect of Opium (Golee) smoking is instantaneous, and more lasting than that of opium eating. Similarly chloroform acts faster, and longer by inhalation than when taken by the stomach.

2nd.—When the drug is used as an auxiliary, or secondary to some other potent drug, of known efficacy, its effect is either unnoticed or a proper trial is not given to it.

3rd.—When Ganja smoking is ordered for a patient 3 or 4 times a day, or every 3 or 4 hours, it generally fails to produce the desired effect, because in most of these cases, when the effect of the drug wears away, the patient suffers the torture of repeated fresh attacks of clonic spasms, before the time for administering a fresh dose of the drug arrives.

The new principle on which I have administered it in these five cases is :—An attendant keeps a smoking pipe ready near the patient charged with, say, 15 grains of dried Ganja leaves alone, or mixed with twice as much dried tobacco leaves, mashed together, and then watches the patient's movements : on the reappearance of a clonic spasm, he is made to smoke the pipe, until the leaves are burnt to ashes, on which the muscles of

the body instantly relax, the patient shuts his eyes, and apparently falls asleep. The attendant again charges the pipe with dried Ganja leaves, and watches the patient for the advent of the next spasm to make him smoke the Ganja again. In this way the drug is administered day and night uninterruptedly, during which the irritation of the nervous system slowly, but steadily, yields to the effect of the drug. The longest time which the drug takes to cure the disease has been observed to be 1½ month, and the shortest 7 days.

The only auxiliary medicine that may be needed in the course of the treatment, is an occasional dose of purgative mixture by the mouth or enema by the rectum to relieve constipation. In one case, a dose of hydrated chloral was required to be given at night for sleep.

Milk and soup are the only nutriments which the patient can, or should take, until he is able to masticate or swallow solid food, without giving occasion to fresh attacks of clonic spasms.

Of the five cases, the last is a wonderful case of recovery from acute traumatic tetanus, which supervened on the fourth day after the removal of a mortified arm.

Calabar bean, belladonna, opium, hydrated chloral, and chloroform are, I believe, the other reputed medicines for tetanus, but in the way they can be administered and the quantity required for the desired effect, they are either dangerous to life in heavy doses, or inefficacious in small doses. Hence, unless the doctor himself takes the duties of the patient's attendant, and himself gives the medicine in effective doses just when needed, the patient scarcely derives any lasting benefit from their use.

Such uncertainty, however, does not attend the use of Ganja smoking, the patient himself having to smoke it till he goes to sleep, with complete relaxation of his muscular system, its use is a sort of self-regulating process, and the attendant at once knows when enough has been given ; again on the recurrence of the spasm he also knows that the time has arrived for giving another dose.

Unfortunately the drug cannot be used at all in the way directed, in case of young children, who either know not or cannot be made to smoke it, or will refuse to inhale it as often as requested or required. Hence it is of no value in tetanus or trismus of new-born infants, and thus a large class of sufferers of tender age fall victims to this very fatal disease. Until some contrivance is hereafter invented to make them inhale the smoke of this valuable drug along with the air they breathe, it will remain untried among this class of patients.

I shall here give an abstract of the five cases successively treated and cured by Ganja smoking :—

(1). Gopal, an Up-country Hindu of 30 years age, was admitted on the 18th June, 1877. Fifteen days ago a bale of jute fell on the lower part of his abdomen. Tetanus supervened on the fifth day. The clonic spasms were very severe, opisthotonog coming on every four or five minutes, and the patient screaming with agony on each occasion.

Hydrated chloral, Bromide of Potas., Chloroform, &c., were tried without avail. Lastly he was put on Ganja smoking on the 24th June, and discharged cured on the 7th August 1877, *i. e.*, after 1½ month's treatment.

(2.) Ambica, a Hindu female aged 35 years, was admitted on the 14th July 1877, a weak and emaciated creature suffering with chronic sores on her right leg for one month, which gave rise to the attack of the disease.

She was first treated with hydrated chloral, Bromide of Potas., ext. of Belladonna and Extract of Cannabis Indica, without any effect; was put on Ganja smoking on the 18th July, and discharged cured on the 17th August 1877, after one month's use.

(3.) Kamini, a Hindu female of 38 years age, was admitted on the 30th July 1877. Was subject to epileptic fits, in one of which she fell down and received a severe contused wound on the head. Tetanus attacked her on the third day of the wound. Spasms, though not very severe, were frequent, and prevented her taking any thing; was at once put on Ganja smoking, and discharged cured on the 25th August after 26 days' treatment.

(4.) Seebû, a Hindu Mehter aged 42 years, was admitted on the 2nd February 1878. He burnt his right arm and fingers with hot water while cooking; a week after was attacked with tetanus; the spasms were not very severe; patient can open his mouth a little, but cannot chew or swallow solid food.

Was put on Ganja smoking at once, and cured and discharged on the 8th February 1878, after 7 days' treatment. In this case the disease was checked at once by the drug.

(5.) Bamah, a Mahomedan female aged 34 years, was admitted on the 1st June 1878. Her left hand was caught in a Jute machine which crushed it. The hand commenced to mortify on the following day; on the 2nd June 1878, *i. e.* on the fourth day after the injury, the line of demarcation being clear, the mortified arm was removed below the elbow. On the fourth day of the operation tetanus supervened, spasms were very severe, and prevented the patient swallowing or chewing. The clonic spasms were opisthotonic. Extract canabis, Hydrated chloral, Ext. Belladonnæ, &c., were tried without effect. On the 8th she was put on Ganja smoking exclusively, under the influence of which she steadily improved. All tetanic symptoms left her on the 6th July 1878, *i. e.* after one month's treatment.

Kashepur, 11th July, 1878.

A MIRROR OF HOSPITAL PRACTICE.

SHAHPUR DISPENSARY.

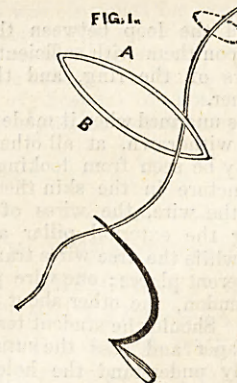
RADICAL CURE OF HERNIA (WOOD'S OPERATION.)

By SURGEON JOHN O'NEILL, M.D.,
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TOWARDS the end of March last a young man presented himself at the Shahpur Dispensary, stating his willingness to submit to an operation for the cure of a right scrotal her-

nia. He was 23 years of age, well made, in good condition, in excellent spirits, and suffering from no affection besides the hernia. The hernia was of six years' duration, and was not very large, being about eight inches in its transverse circumference. It was easily returned into the abdomen, but immediately descended on the patient standing, even though it had received no impulse from coughing. There was no sign whatever of inflammation, and the patient sought relief not on account of pain, but for the removal of a deformity which was gradually increasing. I determined to perform Wood's operation as described in Erichsen's Surgery, fifth edition. Though this surgeon gives the instructions for the performance of the operation in a lucid manner, still, for the benefit of those who have never performed the operation, it will not be unprofitable in the present instance to illustrate, diagrammatically, every step in the insertion of the sutures.

I got some silver wire drawn in the bazaar of a size sufficient to fill the eye of the curved needle supplied to dispensaries for this operation, and by a process of annealing the wire was rendered quite pliable. The bowels having been cleared out and the scrotum shaved, the patient was placed under chloroform. The hernia, without any difficulty, was reduced and held up by an assistant. Standing at the right side, an incision an inch and a half in length was made in the integument of the scrotum, about two inches below the spine of the pubis, and by means of the knife, and subsequently by introducing the handle of the scalpel, the integument was separated from the fascia round the opening to the extent of an inch and a half on all sides. The left forefinger was introduced at the most inferior portion of the dissection, and steadily pressed up till, enveloped in a glove-like covering of the scrotal fascia, it completely filled the abdominal ring. The tip of the finger was passed just behind the inferior border of the internal oblique, and steadily held there, the cord at the same time being to the outer side. The needle was then introduced by means of the right hand to the outside of the invaginating finger, and made to transfix the conjoined tendon, and on pressing forwards, the skin was drawn upwards and inwards before the needle pierced it. The silver wire was then passed through the eye of the needle, and the latter withdrawn—Fig. 1.



The finger was next invaginated to the outer side of the cord, and the needle, this time armed and made to pierce the external pillar about half an inch internal to the external angle of the ring. The handle had now to be depressed very much to make the point of the needle rise just within the margin of the external pillar, and I am certain I would have made this insertion more readily if the needle were of a smaller curve than it is usually constructed.

The skin was then drawn down, and the point of the needle made to emerge through the former opening. The wire was then held by the portion just protruded,