

quantity of sugar excreted in a fixed number of hours remained much about the same.

The man continued losing weight (on an average from a pound and a half to two pounds weekly), but as yet there is no evidence of deposition of tubercle in the lungs, so that the patient will in all probability sink from asthenia rather than supervention of phthisis.

At the "invaliding," which is shortly to take place, the man will be recommended to take his discharge, and as he will leave the station for his native place, there will unfortunately be no opportunities afforded to learn the further progress of his case or to get an autopsy in the event of a fatal issue.

### CASE OF STRANGULATED SCROTAL HERNIA: REDUCTION BY INVERSION.

By Surgeon J. S. GUNN, 4th Bengal Cavalry.

I beg leave to report, as deserving notice, the case of a duffadar of the 4th Bengal Cavalry, in which a large tense scrotal hernia, which could not be reduced by careful and prolonged taxis under chloroform, returned into the abdomen spontaneously in twenty minutes after inversion of the body by raising the foot of the charpoy to an angle of 45°.

This method, with a case of spontaneous reduction by it, is detailed by Surgeon-Major Thornton, Civil Surgeon of Shahabad, in the *Lancet* of August 14th, 1875; and Dr. Corbett, at present attached to the 4th Bengal Cavalry, suggested a trial of it in the case of the duffadar. Its success, when we were beginning to think of operation as the last resource, was most gratifying.

MEERUT, 2nd November 1875.

### EXTRACTION OF A PEA FROM THE EAR BY THE AID OF CHLOROFORM.

By Asst. Apothecary FRED. CHAS. ADIE, E.-11th Brigade, R.A.

BUNNOAH, a male child, aged 3 years, was brought to the R. A. Hospital by his father, who stated that 3 days ago (September 17th) while playing with his sister and eating peas the boy pushed one into his right ear.

On examination the surrounding parts were found to be greatly inflamed; the slightest touch occasioned intense pain; a purulent offensive discharge oozed from both ears, and the pea was seen to be imbedded in the soft parts of the passage, which had in a measure closed on it; at every inspiration the pea was seen to recede internally, while at the time of expiration it was pushed towards the orifice of the ear; thus, when expiration was performed the swollen condition of the parts exterior to the pea formed, as it were, a barrier and prevented its expulsion.

It was found impracticable to use the forceps owing to the contracted state of the passage and the swollen condition of its soft parts. Nothing but a sharp pointed probe could have answered the purpose required, and as the pain was increasing hourly it was resolved to relieve the little sufferer by extracting the foreign body by the aid of chloroform. Chloroform was accordingly administered, and a pointed probe carefully guided through the highly inflamed passage and inserted into the pea, but the barrier to which I have already alluded prevented its extraction. The probe was again inserted into the pea, and with a gentle rotatory movement the pea was divided, and I succeeded in withdrawing the upper half of it; the remaining portion was extracted in the manner above described.

The pea had from time of insertion to that of extraction been upwards of 80 hours in the passage, which accounts for the moistened state in which it was withdrawn.

On close examination it was observed that it had begun to sprout.

ALLAHABAD, 8th October 1875.

### Acknowledgments.

*The Lancet*, Nos. 12 to 17 of Vol. II of 1875; *The British Medical Journal*, Nos. 768 to 773; *The Medical Times and Gazette*, Nos. 1316 to 1321; *The Medical Press and Circular*, Nos. 1909 to 1914; *The Philadelphia Medical Times*, Nos. 197 and 198; *Gazette Médicale de Paris*, Nos. 39 to 44; *The Edinburgh Medical Journal*, October; *The Canada Medical and Surgical Journal*, October; *Anatomical Rooms*, plan for their construction, ventilation and anatomical management. By H. LENOX HODGE, M.D., Demonstrator of Anatomy in the University of Pennsylvania, Philadelphia. *Proceedings of the Sanitary Commissioner for Madras*, for the month of June 1875. *Report on vaccine operations in the Punjab during the Session 1874-75*. *Eleventh Annual Report of the Sanitary Commissioner with the Government of India*, 1874.

### Notices to Correspondents.

It is particularly requested that all contributions to the "Indian Medical Gazette" may be written as legibly as possible, and only on ONE SIDE of each sheet of paper.

Technical expressions ought to be so distinct that no possible mistake can be made in printing them.

Neglect of these simple rules causes much trouble.

Communications should be forwarded as early in the month as possible, else delay must inevitably occur in their publication.

Business letters to be forwarded to the Publishers, MESSRS. WYMAN & CO., and all professional communications to the Editor, direct.

Communications have been received from—

Surgeon J. S. GUNN, 4th B. C.; Uninformed; Assistant Surgeon RADHA NATH ROY, Allypore; BABOO BROJONATH BANERJEE, Head Master, Mission School, Beawur; Surgeon S. BRERETON, Erinpoora; DR. O. R. BACHLOR, Medical Missionary, Midnapore; Hony. Surgeon G. D'ROZARIO, Vingorla; Assistant Surgeon CHAHTUN SHAH, Peshawur.

We identify in "Baboo Brojonath Banerjee's" letter the handwriting of an Assistant Surgeon in the same station, and entertain strong doubts as to the *bonâ fides* of the communication.

## The Indian Medical Gazette.

DECEMBER 1, 1875.

### CHOLERA IN SIMLA.

A GROUND plan of Simla presents the general aspect of a parabola with its concavity opening to the south-west and convexity pointing north-east. From the convex aspect of the curve houses extend towards the north, north-east and east, the number situated in the latter direction, on Jacko Hill, being more considerable than elsewhere. The summit or central portion of the curve is the most crowded part of Simla. It is, indeed, Simla proper, and here is situated the central bazaar in which the native population of the sanitarium is massed. This part of the station is also the most insanitary. It encloses a gorge into which is poured the filth of the densely peopled neighbourhood. It was on this locality that the brunt of the outbreak fell. 138 cases occurred here, and 75 in the vicinity, at Chota Simla, where the large following of a native grandee resided. Nowhere else was any special concentration of the disease obvious. Cases were dotted all over the station with the exception of a limited area to the north-west, which appears to have escaped. The reports do not contain any detailed analysis of special conditions peculiar to particular localities; but, if we except the central area above alluded to, there does not appear to have been any remarkable localization or exemption. The truth which lies on the surface of the narrative is a very trite one, namely, that places where overcrowding and other insanitary influences most abounded fared worst. There was not, moreover, any definite progress of the disease through the station traced; nor are any evidences forthcoming indicating its propagation by infection and transportation. On this point Surgeon-Major Adley writes:—

"The preponderance of facts during the late epidemic tends clearly to the inference that the disease was not spread from the sick. In several instances two persons living in the same house were attacked consecutively, but in these cases other members of the family did not contract the disease. In the case of Mr. S. six or seven friends living in different houses acted as nurses, and not one of these suffered. The hospital attendants in constant contact with the sick did not, in any instance, fall ill. Many similar instances might be quoted." The population of Simla during the outbreak was estimated at 15,000, of which 13,500 were natives and 1,500 Europeans. Of the former class