

we gathered in the lounge for some refreshments. We were entertained by the Sisters and Doctors and played deck tennis and darts. Needless to say, the cool drinks were very welcome.

After an hour of music and general talk of the war and nursing, we reluctantly got ready to leave. We had such an enjoyable time, and I am sure many of us felt that as soon as our training was completed we should like to join a hospital ship and so serve our country and humanity.

#### **A Visit, a Triple Tea-Party, and a Unique Talk, by S. M. R.**

By kind invitation of the Matrons of St. George's, the Cama and Goculdas Tejpal Hospitals a very scrumptious tea was enjoyed by the delegates to the Conference at Bombay.

Lovely lawn, shady trees, and tables full of good things; sisters, nurses and butlers running here and there, so that every guest was looked after. Then came a great surprise in the shape of a talk by Mr. Trollip on accidents and their causes. A nurse's job was to get a patient well and send him back into the world to carry on his job; but there was more behind this. How had some of the patients got into hospital? Take drowning. Some responded to artificial respiration and then died on the way to hospital. The treatment had been stopped too soon; it must go on even while transferring the patient from the ground to a firm stretcher, preferably a door or shutter upon which both the patient and the person doing artificial respiration must be carried. A demonstration was given to show how it could be done, and in some cases it is required continuously for two days. Another cause of accidents was the use of wrong tools, such as a makeshift tin-opener, standing on chairs and tables instead of a step ladder, (useful hint: give step-ladders for wedding presents), the wrong way of striking a match, and fatigue. Many accidents could be avoided, and it was up to the nursing profession to help by instructing their patients. Another cause of accidents was electric shock; constantly rolling extra wires and hanging them on nails slowly wears the threads until a wee bit of wire is exposed with the result that someone may get a shock which is occasionally fatal. Nurses should take these things to heart, avoid these mistakes, and teach others to do the same. A hearty vote of thanks was given to the speaker; then, bidding our kind friends farewell, we went off home, knowing we had heard some really good things.

### **LAMINECTOMY FOR SPINAL CORD TUMOUR**

*By MISS EDITH PAULL*

*(By permission of Mr. S. J. Mehta, M.B., F.R.C.S.)*

Abdul Razak Meeralikhan, a Pathan, 28 years of age, was admitted on 16-9-1940 on the medical side for paresis of the lower limbs with weakness and rigidity and inability to move them.

The complaint commenced a month and a half before admission. Two months before that the patient states he had gonorrhoea and was treated with four intravenous injections. He says that since

then he felt his legs getting weak and has been unable to walk. Before his illness, the patient says, he led an active life.

On admission the patient was kept in bed and given a potassium iodide mixture with no improvement in either the general condition or the paralysis. He developed retention of urine and was given urotropine and doryl tablets with no effect. He had to be catheterised at intervals. Later he developed cystitis and was given bladder washes.

A month after admission he started getting severe pain in the back at the level of the fourth and fifth thoracic vertebrae, which was only relieved with morphia.

Lumbar and cisternal puncture were performed. An increase in proteins was found in the cerebro-spinal fluid.

Lipiodol was injected into the sub-arachnoid space through the cisternal puncture and the patient was X-rayed. The X-ray plate showed a complete block at the level of the fourth thoracic vertebra. Another X-ray plate was taken two days later to see if the lipiodol had trickled down any further; it had remained in the same place.

*Diagnosis.* Because of the gradually progressive paraplegia, severe pains, X-ray findings and a negative Wassermann reaction, the physician diagnosed the case as spinal cord tumour. The patient was transferred to the surgical side for further treatment.

4-11-1940. The patient was prepared for laminectomy. Glucose 50 c.c., pyloporin 5 c.c. and calcima 10 c.c. were injected. The bladder was emptied and irrigated with weak Condy's lotion.

5-11-1940. The patient was operated under general anaesthesia at 11 a.m. A median incision was made extending from the first to the ninth thoracic spines dividing the skin, fascia, and muscles attached to the spinous processes. The sacro-spinalis was next separated from the surface of the spines and laminae. The severe oozing which occurred at this stage was checked with packing. The muscles were retracted with a self-retaining retractor, and the spinous processes cut near their bases and removed. The lamina of the ninth thoracic vertebra was trephined with a 0.5" trephine and the vertebral column opened. The crests of the laminae up to the third vertebra were removed with bone-nibbling forceps. Throughout this stage there was considerable oozing from the cut bone and the epidural plexus of veins.

The vertebral canal was constricted at the level of the fifth thoracic vertebra, and the spinal cord did not show any pulsation below that level. On raising the dura mater a tumour, oval in shape, size  $1 \times \frac{1}{2} \times \frac{1}{4}$  inches was seen in the region of the third and fourth thoracic spines. It was adherent to the right and posterior part of the dura mater and the arachnoid. The spinal cord was free, so that the tumour was easily dissected out. The tumour was semi-solid, well defined, and pinkish in colour. Parts of it showed calcification. The spinal cord below the level of the tumour showed pulsation immediately after its removal.

The dura was sutured with a single catgut stitch, the muscles with interrupted mattress sutures, and the skin with interrupted silk sutures.

The tumour was sent for histological examination. Report on tumour—psammoma (a fibrous tumour of the brain tissue containing brain sand).

On return from the theatre, morphia  $\frac{1}{4}$  gr. with atropine 1/100 gr. and cardiamid 2 c.c. and strophanthin 1/100 gr. were injected.

The patient developed severe shock following the operation, the skin above the fourth vertebral space being cold and clammy, while below it was warm and dry. The pulse was rapid and feeble, and the lips and nails were cyanosed. The patient vomited bile.

The foot of the bed was raised. Saline with glucose was given intravenously. Calcium gluconate 10 c.c. with pyloporin 5 c.c. was injected.

In the evening the general condition improved. The abdomen was distended. Catheter and flatus tube were passed. Injection of adrenalin and pituitrin  $\frac{1}{2}$  c.c. each was ordered six-hourly. The patient was nursed on his side. Injection of morphia 1/5 gr. with atropine 1/100 gr. was given at bedtime. The patient slept well.

6-11-1940. The temperature ranged between  $97^{\circ}$  and  $99^{\circ}$  F. Pulse 128, better in volume and tension. Respiration 24. No cyanosis. General condition better. Abdominal distension present. Flatus tube passed with good result. The patient did not pass urine. Catheterised. Perspired profusely. Glucose, saline, cardiamid 2 c.c. and strophanthin 1/500 gr. injected intravenously. Injections of pituitrin and adrenalin  $\frac{1}{2}$  c.c. each given four-hourly. The patient was sponged twice a day. Mouth, back and pressure points attended to regularly. Plenty of fluids given by mouth.

7-11-1940. Maximum temp.  $100.2^{\circ}$  F. Pulse 101. Respiration 28. The patient was catheterised at eight-hourly intervals and the bladder irrigated with weak Condy's lotion. All the injections were omitted except for glucose given intravenously. The same general treatment continued.

8-11-1940. The patient slept  $5\frac{1}{2}$  hours during the night. Maximum temp.  $100.2^{\circ}$  F. Pulse 98. Respiration 28. He had a slight cough but no expectoration. Catheter passed and bladder irrigated. Urine alkaline. Sweet oil enema given with a fairly good result. Injection of glucose 50 c.c. and pyloporin 5 c.c. given intravenously. Pulmotran 1 ampoule was injected.

Diet: milk and barley water; chicken soup; fruit juice. Feeds taken well. The patient feels much better. No movements of the legs yet.

9-11-1940. The patient had a restless night, because of pain in hips and legs. Morphia 1/8 gr. with atropine 1/200 gr. injected. Maximum temp.  $101^{\circ}$  F. Pulse 104. Respiration 28. Catheter passed and bladder irrigated. Pressure and pain sensations have returned in the abdomen and thighs. Abdominal reflex present on right side. Plantar reflex: left side flexor, right side extensor. The patient still perspired a good deal.

10-11-1940. Patient slept for  $6\frac{3}{4}$  hours. Urine passed naturally three times in small quantities, cloudy and alkaline. Bladder irrigation continued. Simple enema given with good result. Plantar reflex: flexor both sides. Able to move toes of right foot.

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11-11-1940. Maximum temp.  $100^{\circ}$  F. Pulse 84. Respiration 24. Developed incontinence of urine. One doryl tablet given six-hourly. Glucose 50 c.c. and pyloporin 5 c.c. injected intravenously. The patient complained of severe pains in the legs, more marked in the left leg. Was given bread and butter with his diet today.

12-11-1940. Maximum temp.  $99.2^{\circ}$  F. Pulse 90. Respiration 24. Had an attack of epistaxis during the night. General condition and treatment the same.

13-11-1940. Maximum temp.  $100^{\circ}$  F. Pulse 88. Respiration 24. Patient had a restless night due to severe pain in the thighs and sides. Morphia  $1/8$  gr. with atropine  $1/200$  gr. injected with relief. Alternate sutures removed. Greater portion of the wound healed.

14-11-1940. Bladder irrigation continued. Patient still incontinent. Urine slightly acid. Had difficulty in moving his toes.

15-11-1940. Remaining sutures removed. Skin overlapping in the upper portion, otherwise healed. Had shooting pains in the thighs and legs. Hyoscine hydrobromide  $1/200$  gr. injected. Light diet given.

18-11-1940. Temperature normal. No incontinence. Urine passed naturally. Pain in thighs and legs less. Patient propped up in bed.

20-11-1940. Sensation felt slightly in the legs. Toes of both feet could be moved. More movement on right side.

23-11-1940. Still complains of severe pain in the legs. Movements in the right foot increased.

27-11-1940. Movements in both feet increased. Pain less.

30-11-1940. Slight movement at right ankle joint. Patient held his legs and drew them up himself. Propped up in bed daily. Given full diet.

1-12-1940. 28th day after operation. Patient moved his left ankle joint. Plantar reflexes extensor. Pin pricks felt in the back and upper abdomen.

6-12-1940. Knee and ankle joint can be flexed and extended. Heat and cold sensations felt on the left side.

8-12-1940. The patient sat up with a little difficulty. Knee and hip joints moved a little. Pressure, pain and touch sensations felt. Abdominal reflexes present. General condition improving daily.

1-1-1941. Movements and sensations returning gradually. The patient still has pain in the back. Knee and ankle jerks present. Plantar reflex flexor. Sensation felt in joints, and sense of position in lower extremities.

22-1-1941. The patient walked with the help of an attendant. Could not walk independently. Gradually allowed up to in a wheel chair. General condition much improved.

3-2-1941. The patient walked without support for about 30 yards. Tone of muscles in lower extremities much better.

11-2-1941. The patient walking more and more daily. Complained of pain in the back and hips. Faradic current treatment given.

22-2-1941. The patient discharged cured and quite normal.