matter could be detected in it. The bladder was healthy and was empty. The substance of the brain was healthy; the vessels of the brain were congested. The omentum was inflamed, and there was a laceration 9 inches in length along its left side. The remaining portions of the peritoneum were inflamed but not injured. The cartilages of the 4th, 5th, 6th, and 7th ribs of the right side of the thorax were fractured. The 7th, 8th, 9th, and 10th ribs of the left side were fractured about their middle. No smell of alcohol could be detected in any of the internal organs.

# A Mirror of Hospital Practice.

## MAYO HOSPITAL, NAGPUR.
## A CASE OF VERY LARGE CALCULUS.

By BRIGADE-SURGEON J. BARTER,
*Civil Surgeon of Nagpore.*

A PINJARA (cotton cleaner) about fifty years of age, of poor physique, and in broken down health, resident of the neighbouring province of Berar, applied for admission to the Mayo Hospital, Nagpur, in October last, and was found by the medical officer on duty to have stone in the bladder. He was in great pain and unable to give a satisfactory account of his previous history; he stated, however, that his illness was of about six months standing only. I saw the patient the following morning in the operating theatre, and had him lifted on to the table as walking increased his discomfort. On being stripped a thick discharge, probably pus and mucus, was seen to escape from the urethra: a sound was then passed into the bladder but as its presence there added greatly to his sufferings, it was withdrawn and chloroform was administered at once. When fairly under the influence of the anæsthetic the sound was again passed, but its manipulation in view to determine the size of the stone was impossible owing to the irritability of the organ and the spasm set up; nor was more success gained with Thompson's sound: and so intolerant of chloroform was the patient that placing him completely under its influence was not unattended with danger. I was thus unable to satisfy myself as to the probable size of the stone, although I knew that it was very large. A full sized fenestrated lithotrite, such as is used by Dr. Freyer, was introduced in view to crushing or at any rate chipping, but the instrument merely scratched the sides of the stone and failed altogether to grasp it at any point. I decided, therefore, to perform lateral lithotomy not suspecting that the stone was not removable per perinæum. On reaching the bladder and passing my finger around the stone I realized to some extent its enormous size: grasping it with the largest sized forceps was a matter of no little difficulty, but, to my dismay, I found after repeated efforts that extraction was impossible, and as I could not leave the man in the condition above described, I felt compelled to perform the supra-pubic operation in addition for his relief. Introducing his fingers through the perineal wound, Rai Bahadur Kali Krishna Ghose, the House Surgeon, pushed the stone and with it the bladder and peritoneum out of the pelvis, when I cut down upon it from above. The stone was soon exposed, and seizing it with the largest sized forceps by the upper or smooth end, I extracted it without difficulty. The bladder was then washed out with corrosive sublimate lotion, the edges of its wound were brought together with fine carbolized gut, and the abdominal wound was closed with silver wire. For a time the case seemed hopeful notwithstanding the severity of the operation, but the patient failed to rally satisfactorily from the shock, and died rather suddenly forty eight hours after operation.

Three large stones are known to have been removed from patients in this province some years ago; two of these at the Mayo Hospital, weighing eleven and nine ounces respectively, Dr. W. B. Beatson and Rai Bahadur Kali Krishna Ghose being the operators. The first case was fatal, and the second was removed by his friends 25 days after operation. The third stone weighed about ten ounces, it was removed at Raipur; the case was fatal. The stone removed by Dr. G. Reddie reported in the October Number of the *Gazette* weighed 4¼ ounces and was 7 inches in circumference. I send herewith a photograph, actual size of the calculus under notice; it weighed 19 ounces and 5 drams, was 10 inches in circumference and 4 inches in length; its rough end faced the perineum; it is of great density. I have not examined its composition. The curious feature in this case and in Dr. Reddies' is that no complaint seems to have been made until long after the calculus had reached extraordinary dimensions.

I have noted above that my patient took chloroform badly, and may add here that, when I find the condition of a patient's heart admits of its administration, it has been my custom for years to pay no further attention to that organ, but to watch carefully for the first indication of failure of the respiration. The chloroformist is usually charged with this duty, and to his watchful eye and prompt action is due the safety of two patients on whom I was operating not long ago, whose respiration had ceased. Had I neglected the breathless lungs and busied myself with the failing heart I fear the patient's immediate destination would have been the dead house table instead of a cot in the operation ward. The gravity with which men tem-

porarily attached to this hospital who see an operation there for the first time, feel the pulse when chloroform is being administered is a source of no little amusement to the members of the permanent staff who, nevertheless, endeavour to dispel the delusion and indicate the true source of danger.

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## JOINT DISEASES FOLLOWING VARIOLA.

By A. MITRA,
*Chief Medical Officer, Kashmir.*

One day in last October I was hurriedly called to see a European child, who was suffering from fever and had a convulsion an hour previously. Three days after characteristic variolar eruptions appeared on the wrist and forehead. The small-pox gradually extended and became confluent. Two days after a younger brother of the child got fever and afterwards small-pox. On the 9th day of his illness the elder child died, the younger recovered. This was the first case of small-pox that occurred, or at least came to my notice in the autumn of last year in Srinagar, the capital of Kashmir. Cases began to multiply till small-pox began to rage in epidemic form. For nearly two months and a half the epidemic lasted, and there were over 300 deaths amidst a population of 1,25,000. It is interesting to note here that during the year 1889 only 20 deaths from small-pox occurred in the whole of England and Wales. Be it remembered that in Kashmir vaccination is not compulsory by legislation. People do not consider it an effective safeguard against small-pox. By persuasion and by the use of moral influence a large number of children are annually vaccinated, but the number is infinitesimal compared with the population. It is no wonder therefore that this epidemic came but that such epidemics are not more frequent. A writer in the *Civil and Military Gazette* lately called Kashmir a "vaccinated state," and offered some very valuable suggestions with every one of which I fully agree.

On 20th November a child, aged 15 months, was brought to the out-door department of the Maharajah's Hospital, with his whole body covered with pink marks, showing that the little patient has just recovered from a smart attack of variola. The elbow joint was swollen, the swelling presented a glazed appearance, and the veins on the surface were enlarged. Motion of the joint was limited, and the slightest movement caused pain. There was an opening a little below the joint just large enough to admit an ordinary sized probe, through which thin sanious pus was oozing out.

A few days after another child younger by three months came with a similar affection of the hip joint.

The diagnosis in both cases was clear. The joint cavity was infiltrated with pus. This acute suppurative inflammation of joints has no doubt a direct connection with variola. It has been, I believe, fully recognized that exanthemata often take an important share in the causation of suppurative arthritis on infants, but I think the cases that are recorded are few. Holmes has mentioned one, and Professor MacLeod has given the history of another (*Indian Medical Gazette*, page 232, 1883). Pathologically these suppurative inflammations are perhaps due to some form of staphylococcus, as clinically they are distinctly pyæmic. In both cases febrile disturbances were conspicuous by their absence.

The elbow joint case was admitted into the hospital. A few whiffs of chloroform were given which completely anæsthesized the little patient. The surface was thoroughly washed with corrosive sublimate lotion, under irrigation of the same antiseptic lotion, the joint was opened by a free incision, about 6 drams of thick pus came out, and the joint was thoroughly washed with creolin and water. A drainage tube was then inserted and the wound closed. Sal alembroth gauze and cotton were used for dressing, and the limb was bandaged with a splint. The patient made a rapid recovery with the joint motion almost perfect.

In the other case the hip joint was aspirated, and an ounce of pus evacuated. After evacuation of the pus the inflammation rapidly subsided. Since writing the above my friend, Dr. Neve, has told me that some similar cases had also been admitted into the Mission Hospital within the last two months.

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# Selections.

## MNEMONICS FOR INTRA-CARDIAC SOUNDS.

Students and practitioners find a difficulty in remembering the relation and causes of intra-cardiac sounds. Dr. Callan has devised a formula, in order to simplify the association of ideas. It is as follows:

A B C

Here the murmur is heard the loudest in the apex. The first sound, represented by B., indicates backward flow on mitral regurgitation. The second sound, represented by C., indicates constricted orifices or mitral stenosis.

B C D

Here the murmur is heard at base. The first sound, represented by C, denotes constriction of orifice or aortic stenosis; whilst the second sound, D, indicated downward flow or regurgitation.—*Provincial Medical Journal*, Jan. 1890.