CASE 2.

Iridectomy for leucoma, which completely obscured the pupil of the left eye, the result of small-pox; right eye quite blind; there was also anterior synechia, so that dilatation of pupil was impossible. I performed an iridectomy operation upwards and outwards, excising about $\frac{1}{6}$ of the iris; in a week, after that slight opacity of the cornea had disappeared, he could see very clearly; vision about $\frac{1}{3}$rd, but there was also an incipient cataractous condition of the lens, which he is to have extracted in the ensuing cold weather.

CASE 3.—CATARACT.

Right eye has been operated on by a native; panophthalmitis; complete blindness of the left eye; cataractous lens; dilated pupil; cannot distinguish any light: operated on at his urgent request; eye healed: pupil quite clear; no vision owing to amaurosis: vision—*nil.*

CASE 4.—IRIDECTOMY.

This was for occlusion of the pupil, the result of iritis of the left eye; right disorganised, the result of couching. I made an artificial pupil upwards and outwards, but as a gush of blood followed I deferred the rest of the operation intended.

CASE 5.—CATARACT, LINEAR EXTRACTION.

This man's (case 4) lens being cataractous I extracted it: he now sees very well: vision about $\frac{1}{2}$.

CASE 6.—IRIDECTOMY.

This was for leucoma of right eye; left eye completely disorganised, the opacity of the cornea extended over nearly the entire surface, but a small clear patch remained of which I took advantage: she could see the next day, although there was always a good deal of congestion of the sclerotic, which was afterwards accounted for by the fact that she was incessantly crying at being left alone in the dispensary: she did not do well eventually, the entire cornea becoming gradually opaque: vision—*nil.*

CASE 7.—IRIDECTOMY AND LINEAR EXTRACTION OF CATARACT.

This was for occlusion of the pupil and posterior synechia. On the iridectomy being performed a cataractous lens was displayed, so I continued the operation and extracted the lens: he got on very well, and eventually left seeing very distinctly: vision about $\frac{1}{2}$.

CASE 8.—LINEAR EXTRACTION OF CATARACT.

This man had his right eye spoiled by a *Suttea.* Tension in left eye increased, being about + 2; it is also the seat of a capsular cataract. I at first made an iridectomy, then extracted the lens, and finally took away the opaque capsule with a pair of fine forceps. Did very well: vision about $\frac{1}{3}$.

CASE 9.—LINEAR EXTRACTION OF CATARACT.

An old woman; one eye destroyed; pupil dilated: operation most successful, but vision did not amount to more than the appreciating of an object: vision about $\frac{1}{7}$.

CASE 10.—LINEAR EXTRACTION OF CATARACT.

Almost precisely similar to previous case: has an ornamental eye, but there is very little sensibility of the retina.

These operations were all performed within two months. They were all very unpromising cases, as there is no doubt that the panophthalmitis and disorganisation of one eye had affected the other. In no case did the operation affect the general health. I hope to be able to give some more cases at the end of the year, as patients do not like being operated on in the hot weather.

FATTEGHUR, 26*th June* 1876.

CASES FROM PRACTICE—CALCULI VESICÆ.

By B. EVERS, *Civil Surgeon, Seonee, Central Provinces.*

MANBODE, aged 45, caste Bagrie, was admitted into hospital on the 6th January 1876. This patient had not the slightest idea that he was suffering from stone, until about 25 days before he applied for relief. The calculus leaving the bladder passed gradually down into the urethra, until it lodged finally in the fossa navicularis. He passed urine in drops, and constantly The irritation produced by the calculus caused the meatus urinarius to contract so much, that it was with difficulty the small end of an ordinary pocket-case director could be passed into it; this was done however, and the meatus was slit freely, first upwards and then downwards. The scoop end of the director was then passed behind the calculus, and the concretion was without difficulty jerked out. The stone was a mulberry calculus, about three times the size of a date-stone, and weighed 28 grains. The bladder was sounded but no other calculus could be found, and the patient was discharged quite well on the 8th January.

2. Bhagaila, aged 48, caste Kachi, was admitted on the 26th January 1876, suffering from symptoms of stone in the bladder. The man had been suffering in this way for the last 10 years. The sound, and rectal examination, convinced me that there was a calculus in the bladder, and I accordingly proposed to operate. The patient consented, and the operation was performed at once. The operation was the ordinary left lateral one. The only deviation, if deviation it is, is that I pass the forefinger of my left hand into the rectum, and retain it there until I have cut through the integument, cellular tissue, and fat; at the same time I fix the integument in the middle line of the perinæum by pressure with the thumb of my left hand. From a slight distance to the left of where the point of the thumb impinges, *i. e.*, about an inch and half to the front of the anus, I make my incision, downwards and outwards, to midway between the anus and tuberosity of the ischium. The left forefinger is then withdrawn from the rectum, and inserted a little above the middle of the wound and the groove of the staff felt for; the incision of the urethra and prostate gland is then made as directed. I now introduced my finger slowly through the incision, the staff being at the same time removed; the forceps was then passed in over the finger, which being withdrawn gradually, the stone was seized in an instant and removed. The calculus weighs 1 ounce 7 drachms and 15 grains; it measures 2 inches, 2 lines in length, $1\frac{1}{2}$ inches in breadth, and 1 inch and 2 lines in thickness. It is a large, oval, flattened, light mahogany coloured stone, with a thin coating of oxalate of lime It has the appearance of a lithic acid calculus, coated with oxalate. On the 2nd February the incision was almost healed, but drops of urine still flowed through it. I, therefore, applied the quill-suture, and completely closed the wound; three days after, the suture was removed, and then no urine passed through the incision. The patient left hospital quite well on the 25th February.

3. Bala, aged 50, caste Bunjara. This patient had been suffering from symptoms of stone in the bladder for three years. He was admitted into hospital on the 4th February, and was operated on the same day. In this case also, there was no difficulty in seizing and removing the stone. The calculus was of the same variety as that in the preceding case. It measured 2 inches 2 lines in length, 1 inch 8 lines in breadth, and 1 inch 3 lines in thickness; it was in fact about as large as the stone of an ordinary sized mango; it weighed 2 ounces and 40 grains, and had a thicker coating of the oxalate than that of the calculus in case No. 2. On the 16th February when the patient was almost well, I applied the quill suture and thus effectually closed the wound. The patient left hospital on the 16th February, and walked 9 miles home to his village on the same day.

4. Imruth, aged 12, caste Brahmin, was brought from Chindwarra. His father informed me, that the lad had been suffering from stone for 6 years. He was admitted on the 3rd April, and the operation was performed the same morning. On the 11th April, the patient appeared to be progressing favourably, and I, therefore, applied the quill suture to seal up the wound. On that very day rigors set in late in the afternoon, and pus was discharged freely; the sutures were accordingly removed. On the 17th April, everything appearing satisfactory, the sutures were again applied, and with good results this time; the lad was discharged quite well on the 29th April. His father paid me a visit not long since, and says that his son is now a strong healthy youth. The calculus removed from the bladder of this lad was a lithic acid calculus, with a thick coating of phosphates; it weighed 2 drachms and 27 grains, and was rather larger than a pigeon's egg. In consequence of its being coated so thickly with phosphates, when seized with the forceps the coating gave way and the stone slipped from between the blades; the operation was completed by means of the scoop.

5. Piarreh Lal, aged 10, caste Ahir, admitted on the 26th April, and said to have been suffering from stone in the bladder

for the last 4 years. This was an unhealthy looking lad; and from the constant forcing during micturition, a prolapse of the anus had resulted. Stone in the bladder was diagnosed without any difficulty, and the operation was at once performed. The stone was rather larger than that mentioned in the preceding case; it was of the lithic acid variety, with a light coating of phosphates and weighed 4 drachms and 9 grains. Acute peritonitis set in the same afternoon, and the patient sank and expired on the night of the 28th April.

6. Buckhoroo, aged 16., caste Gond, was admitted into hospital on the 9th May, suffering from symptoms of stone in the bladder. His father states that the lad has been suffering in this way, ever since he was 4 years old. Stone in the bladder was diagnosed, but as the patient's relatives had to be consulted, the operation was not performed until the morning of the 11th May. In this case I determined to make use of the scoop alone to extract the calculus. One calculus was extracted, but on exploring the bladder I found there was a second, and then a third. These calculi are peculiar; the smallest is of the size of a pigeon's egg; the others are about half as large again. They look like masses of dirty, white wax, coated over with fine silvery sand. In shape they are somewhat pyramidal, just as if the wax had been compressed on three sides by the tips of the thumb and middle and forefinger; they have the appearance of the cystic oxide variety of calculus, a very rare kind. They are firm to the feel, and heavy; weighing collectively 1 ounce and 2 drachms, at this present time.

The time of the year was against this boy, and his recovery was very slow, as the hot months do not favour rapid convalescence. On the 30th May, I applied the quill suture, and from this date the lad slowly, but steadily progressed; the sutures were removed on the 4th morning, and the patient left hospital quite cured, but still weak, on the 4th July 1876. His father has since reported that his son continues to do well.

Remarks.—Very little is done in the way of preparatory treatment in these cases. If I find that the rectum contains fæces, I empty it by means of a simple tepid water enema; if the gut is empty, then I operate at once. Immediately after the operation, I administer a full opiate, and on the 3rd or 4th morning, when drops of urine begin to pass through the urethra, I give a dose of castor-oil. For the first few days, the patient is kept on low diet; and if febrile symptoms supervene, a mixture composed of the solution of the acetate of ammonia, tincture of henbane, and camphor mixture, is administered. The local dressing consists almost entirely of lint soaked in carbolated oil, that is after the fifth or sixth day, until which time I use simple water dressing, then when cicatrization is nearly complete, oxide of zinc ointment dressing is employed. If the flow of urine through the urethra is suddenly arrested by a plug of lymph or pus, or it might be even a small clot, I pass a catheter gently up to where the obstruction exists, and endeavour to displace the obstructing material. In vesical lithotomy the mortality is greater, it appears to me, in the young than in the adult—there is less room in the perinæum, and the urethra in the young is not so distensible as in the adult. Then again there is more stamina in the constitution of the adult and the restorative powers are therefore greater. In a young subject, I think it is best to use the scoop for extraction, and if necessary the instrument could be aided by the finger of the left hand in the rectum. The opening of the blades of even the smallest forceps supplied in the common dispensary lithotomy case, must cause a good deal of tearing in a naturally small, and not very distensible urethra, more especially if the stone is a large one. During the past three years, I performed lateral lithotomy seven times and of the seven operated on, two died; the ages of both these patients ranged from 10 to 12 years, and in both instances the forceps had been used to extract the calculi.

SEONI DISPENSARY, 12*th July* 1876.

CASE OF ENTERIC FEVER.

By G. S. A. RANKING, M.B., B.A CANTAB., *Surgeon, 37th N.I., Bareilly.*

SEPOY S——D——Hindoo, age 21 years, service 2½ years, was admitted on the morning of the 29th April 1876, having had a severe rigor. He had been some days in attendance on a case of abscess of the foot. I saw him about an hour after the occurrence of the rigor, and from the general appearance of the patient thought it was merely to be a case of simple intermittent fever, of which there were eleven or twelve cases in hospital. Temperature 104° F.; he had no pain except a slight headache; the pulse was full, 100; the tongue was coated with a moist creamy fur; there was loss of appetite, and slight diarrhœa, amounting to three or four loose motions during the night. He was ordered the following draught:—

℞	Quinæ sulph.	gr. x
	Acid sulph dil.	♏ xv
	Tinct. opii	♏ xx
	Aquæ camph.	℥iss
	Mix.	

Sig.—This draught to be taken immediately.

April 30th.—Temperature 102·4; pulse 94, rather small and thready; the diarrhœa has ceased; the bowels not having been open since the last note. His look was one of comparative comfort, but he complained of such excessive weakness that, taking the temperature and pulse into consideration, I had a suspicion that this might be a case of true enteric fever. To continue the treatment by the quinine draught omitting the opium.

May 1st.—He passed a very bad night, sleeping little, and being delirious at times: this morning he looks far worse, is pale and haggard, lying with his eyes half open; the skin felt pungently hot to the touch, and a faint blush was apparent over the chest, especially round the nipples; temperature 104° F.; pulse 110, rather small, regular; heart-sounds normal. The right lung anteriorly gave a normal percussion note, but there was dulness in a stripe along the spinal border of this lung, with subcrepitant râles in the same situation; the left lung was normal in all parts; respirations shallow, 32. The lips were dry and rough; the tongue furred in a peculiar manner, with a central red stripe bordered by two edges of dirty-looking fur, dry and glazed; the mouth was very dry, and the patient complained greatly of thirst; no ulceration or redness of the fauces; no vomiting, nor diarrhœa; bowels not opened since the 30th ultimo; slight wincing, on pressure over the abdomen, especially in the left hypochondriac and right iliac regions; in the former region the spleen can be distinctly felt, and there is gurgling on deep pressure in the right iliac region. No enlargement of the liver could be detected; urine, normal amount passed, high coloured, full of mucus, no albumen, sp. gr. 1030. The patient was apparently rather deaf, a question having to be repeated three or four times before he would make any attempt at answering it. He was losing strength rapidly. Looking at the general symptoms, the temperature, and the state of the tongue which was in itself almost pathognomonic, I felt confirmed in my original opinion that this was undoubtedly a case of enteric fever, and the prognosis was very grave from the excessively high morning temperature. In the hope of lowering the temperature, I ordered for him—

	Quinæ sulph	gr. xx

Sig.—To be taken at once.

At 5·30 p.m. he was no better; the temperature was 105·1° To repeat the quinine.

2nd.—At the morning visit he was in a state of increasing prostration; temperature 103·6°.

To have five grains of quinine every four hours; with milk *ad lib.* and two ounces of brandy.

5·30 *p. m.*—Slightly better; is quite conscious and says he feels "quite well;" temperature 104·3°; pulse 104, weak, regular, not dicrotic; respirations 32, hurried, shallow, and laboured; alæ nasi working; crepitant râles audible over both sides anteriorly; posteriorly crepitant râles with some sibilus.

℞	Tinct. aconiti	♏ xii
	Tinct. digitalis	♏ xx
	Sp. chloroformi	℥ii
	Aquæ	℥iv
	♏.	

Sig.—One tablespoonful every hour.

At 11-30, I found him very restless, desiring constantly to get out of bed to "go on guard." His temperature was then 105·4° F. and his pulse 120, very feeble and fluttering; the respirations were 36.

As the temperature was not lowered by any treatment, I determined to resort to Tiemmsen's method, and accordingly had a bath prepared, temperature 95° F.; he was carefully lifted into this, and it was gradually cooled down to 80.° While in the bath he recovered consciousness and complained of feeling cold. He was kept in the bath for 15 minutes and removed to bed. His pulse