

CASES OF CHOLERA, TETANUS, AND CALCULUS VESICÆ.

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I.—CHOLERA FOLLOWED BY PARTIAL PARALYSIS AND DEATH.

RAM LALL, a Hindoo, aged 30 years, was admitted on the 21st June in a cold, collapsed, pulseless state, with purging and vomiting and cramps persistent; had been ailing 24 hours. On admission he was ordered calomel grs. x, opii grs. ij, in two pills, a sinapism to epigastrium and mist. ammon: ʒi every quarter of an hour, and sago and rum as often as he could be got to take it.

22nd.—Had two small watery stools during the night; vomiting abated, but cramps continue; pulse just perceptible at wrist; has not voided any urine. The ammon. mist. was now ordered every half an hour; to continue the sago and rum, and to have sodæ sesquicarb: ʒi., spt. æther: nitrosi ʒss., mist. campā: ʒi., every third hour.

27th.—He continued to improve steadily, but slowly, under the above treatment; passing his urine freely; but last evening he complained of a dull, heavy pain in his right arm, with a want of power, and this morning he cannot raise it at all. Bowels confined. He was ordered ol. ricini ʒi ol. terebinth ʒss., to be taken immediately, and sodæ sesquicarb ʒi., hyd. cretæ grs. ij, quinae disulph. grs. ij, every fourth hour.

Vespere.—The oil did not operate; is feverish; was ordered a purgative enema.

28th.—Bowels acted freely; and this morning he is entirely free from fever, but has lost the power of raising his arm. Continue treatment.

29th.—Is sinking; pulse very small and feeble; temperature of right (paralysed) arm rather less than on left side; sense of feeling perfect. Diet bread and milk, and to have mist. ammon: every quarter of an hour.

July 1st.—He expired at 6½ a.m.

Autopsy eight hours after death.

Head.—There was slight serous effusion between arachnoid and pia mater, and about ʒss. of fluid in each lateral ventricle. The vessels of spinal cord were pretty full of blood, but not actually gorged; there was also slight serous effusion, especially over brachial plexus, but no softening could be detected.

II.—TETANUS FROM AN OPEN BUBO, TERMINATING FATAALLY.

BOOCHEE, a Hindoo, aged 20 years, was admitted on the 18th January; a strong, healthy looking man. States that, some days after an illicit connection, he noticed a swelling in his groin, which suppurated, and broke about a week ago. Four days previous to admission, and the third after the bursting of the bubo, he began to experience rigidity of the muscles of the abdomen, which gradually extended up the body to the neck and jaw, and increased in severity until now: it is spasmodic. His symptoms on admission are, great rigidity of all the muscles of trunk neck, and jaws; articulation very difficult and imperfect; the abdominal recti are like boards; head and shoulders drawn back; pulse quick and feeble; he complains of great pain along his spine; bowels confined. He was ordered a purgative enema, and calomel gr. i, extract cannabis gr. i, opium gr. i, camphor gr. i, to be made into a pill and given every three hours, and morphia solution to bubo.

20th.—Spasms have increased in severity, until the patient is bent like a bow, resting merely on the back of his head and pelvis, and during the spasms the pelvis is also raised; the spasms always commence in the abdominal muscles. Deglutition difficult; pulse rapid and feeble. Ordered that the pill be continued, and mist. ammon: ʒj given every half hour.

21st.—He continued to sink during the night, and died at 7 a.m. No post-mortem examination was made.

REMARKS.

This case was peculiar in the spasms, commencing in the muscles of the trunk, instead of in the neck. This I noticed repeatedly; and on his admission, when the spasms were slight in degree, it was very perceptible, as any irritation, as touching him, would bring on the spasm in the abdominal muscles, which would gradually extend upwards, until it reached his neck. There was no other cause discoverable for the tetanus, as I made particular enquiries into his previous history; nor had he had any chancre or gonorrhœa to account for his bubo.

III.—CALCULUS VESICÆ; RECOVERY.

JORAWUR, a Hindoo, aged 45 years, was admitted on the 28th September. This man stated that for about a year he had been suffering from symptoms of stone, but his health had continued good, until within the last four months, when the stone began to obstruct the flow of urine, and cause great uneasiness. He is now much emaciated, and the urine is constantly dribbling from him. On passing the catheter the first time, I fancied the bladder was merely coated with phosphates, as the whole mucous surface gave a rough, harsh feel through the catheter, but nothing solid could be detected. I examined the urine, and found it contained a large quantity of tripple phosphates and albumen, but was rather light coloured. On a second examination of the patient, the catheter grated on the calculus, just behind the enlarged prostrate. I passed my finger into the rectum, but could not displace it from this position, and hence concluded it was encysted.

October 1st.—I determined on performing the lateral operation; the patient having passed his urine, I injected a small quantity of tepid water into the bladder, and placed him under the influence of chloroform, and then proceeded with the operation, in which there was nothing difficult. I of course did not expect to seize the stone on the escape of the water. I found it lying in its former position, and could only lay hold of the upper portion, which broke in the forceps; and I had to pass my finger into the rectum, and raise the stone before I could get a firm hold of it, and then I found it larger than I expected, and had to use a little force before I could extract it. After washing off the mucus, it measured 1½ inches in length, 1 inch in breadth, and ¾ in depth, and weighed one ounce; the broken pieces were taken out with a scoop; there was very little bleeding. An elastic tube was secured in the bladder, and water dressing applied.

In the evening the tube was removed, and was found covered with phosphatic debris; a second was introduced, and a half grain of morphia hydrochl. ordered to be given at bed time.

2nd.—The tube, when removed, was white with phosphates; the bladder was syringed with tepid water; and the patient ordered inf. uvæ ursi. ʒi,* acid: hydrochloric dil: mx. three times a day.

6th.—The patient progressing favorably; a small quantity of urine passing by urethra; a small slough is forming at site of wound. Continue treatment.

12th.—Slough came away, but a small abscess has formed at bottom of scrotum; this was opened. More than half the urine passes by urethra.

18th.—The abscess healed. The external wound nearly healed; parts healthy; and patient's health improving.

30th November.—Discharged cured.

The only thing to remark in this case was the large quantity of phosphatic deposits from the urine at the time of the operation; and as the tube appeared a nucleus for them, I removed them on the second morning. Under the acid treatment this entirely passed away; and at the time of his discharge, his urine was quite healthy. I saw this man repeatedly afterwards for the space of a year, but he was never again troubled with any symptoms of a return of his disease.

VESICAL CALCULUS.

By ASSISTANT-SURGEON J. A. SCOTT,

H. M.'S 91ST HIGHLANDERS, LATE IN CIVIL MEDICAL CHARGE AT NAGODE.

VESICAL calculus is very common among the inhabitants of the villages in the districts of Nagode and Ococheyra, in Bundelcund, and it is not much to be wondered at, as they are usually wretchedly poor, subsisting on various kinds of inferior grain and rice, and drinking the water of the tanks and wells, which are often loaded with various impurities, including salts of lin c. &c., so that oxalic and other diatheses favourable to the formation of stone in the bladder, and caused by mal-assimilation of saccharine aliment, is very frequently met with among these natives.

As space would forbid my giving a detailed history of each, I have embodied a number of cases operated upon by me at the Charitable Dispensary at Nagode, during the year 1863-64-65, in the following tabular abstract, with some general and special

* We wish our contributors would kindly be more careful with the MSS. of their prescriptions. It must be remembered that our compositors are Natives. Carelessness in this respect entails endless trouble and waste of time, which would not occur if papers sent to us were written with even tolerable distinctness. In the present instance, our first proof, instead of showing uvæ ursi, had *Uro nisi!* We hope our friends will have some regard for our peace of mind in future.—Ed., J. M. G.

remarks regarding the operation and after-treatment of the patients.

Number.	Name.	Age.	Sex.	Duration of Disease.	DATES OF			Discharge or Death.	Number of days under treatment after operation.	Number and composition of Calculi.	Weight of Calculi.			Remarks and Result.
					Admission.	Operation.	Operation.				Ozs.	Drs.	Grs.	
1	Chundooah	7	M.	4	20th April, 1863.	24th April, 1863.	30th Sept., 1863.	37	1 Lith. Ammon.	1	6	19	Recovered.	
2	Ram Adeeen	11	M.	3	15th Oct., "	20th Oct., "	19th Nov., "	33	1 Trip. Phosp.	1	6	3	"	
3	Badudeen	10	M.	7	15th Nov., "	4th Nov., "	17th Nov., "	14	1 Oxte. Lime.	1	3	21	"	
4	Abjudeeah	5 1/2	M.	4 (?)	15th Jan., 1864.	20th Feb., 1864.	18th March, 1864.	29	1 Tripu. Phosp.	1	2	1	"	
5	Darband	5	M.	2	10th Feb., "	19th March, "	20th "	29	1 Oxte. Lime	1	1	20	"	
6	Ram Kissen	5	M.	2	1st March, "	8th March, "	8th April, "	32	1 Lith. Ammon.	1	1	20	"	
7	Nurbadde	4	M.	3	1st "	10th "	18th "	39	1 Lith. Ammon.	1	1	34	"	
8	Amhon	25	M.	15 (?)	8th "	10th "	18th "	31	1 Lithic Acid	1	7	40	"	
9	Rum Shahie	14	M.	8	12th Sept., "	17th Oct., "	18th Oct., "	39	1 Oxte. Lime	1	5	10	"	
10	Gungadeen	5 1/2	M.	4	1st Nov., "	17th Nov., "	2nd Dec., "	25	1 Lith. Ammon.	1	1	10	"	
11	Daveedeen	4 1/2	M.	3 1/2	4th "	14th "	7th "	23	1 Lithic Acid	1	3	29	"	
12	Gungadeen	17	M.	10	1st Dec., "	9th Dec., "	25th "	17	3 Tripu. Phosp.	1	3	7	"	
13	Bahoorah	6	M.	3	24th Jan., 1865.	24th Jan., 1865.	3rd Feb., 1865.	34	1 Lith. Ammon.	1	1	18	"	
14	Jharrah	11	M.	5 1/2	11th Jan., 1865.	4th Feb., "	3rd March, "	20	1 Oxte. Lime	1	1	50	"	
15	Jhemmooh	5	M.	3	24th "	4th Feb., "	3rd March, "	29	1 Oxte. Lime	1	1	5	"	

In all cases a preparatory treatment was adopted, tonics and sedatives administered, and medicines adapted specially to the state of the urine and bladder given; as hyoseyamus, dilute mineral acids, alkalines, &c., as each case demanded, with generous diet and stimulants when required. The bowels were cleared out before the operations, which were performed under the influence of chloroform administered by means of a towel pinned into the shape of a bag and placed over the face. In no case did the slightest ill effects result from its administration. The lateral operation was in all instances the one performed. The external incisions were made with a common scalpel; the urethral and prostatic with a longish narrow-bladed knife. After the removal of the calculus by the forceps, the bladder was washed out with a copious stream of cold water by means of a large enema syringe, and a catheter introduced per urethram, to remove any detritus; it also usually stopped any slight bleeding that might occur. I was at first in the habit of employing the "catheter en chemise" on all occasions, leaving it in the bladder for 24 hours, but I afterwards found that the wound healed much more rapidly when it was not used, and it sometimes even caused considerable irritation. I therefore latterly omitted it altogether (except in case No. 9, when smart hæmorrhage occurred, which necessitated plugging the wound). The

patient, being unbound, was placed in bed, with a fold of wet lint applied to the wound, a few drops of spts. ammon: ar: administered, and linseed tea containing a little carb: potassæ given during the day. Urine was passed per urethram generally on from the 6th to the 10th day, and the wound healed on the 25th, after operation. The after-treatment was very simple; rest, cold-water dressing, or a little simple ointment being all that was generally required.

As no special peculiarity presented itself in any of the above cases, except one, No. 8 in the list, I shall only refer to it particularly. The patient was a man of 25 years of age, and the disease he stated to have been of ten years' standing, during the last two of which he hardly ever left his bed. He was emaciated to the last degree, hardly able to crawl along even with aid, the least jar causing exquisite torture, as did the slightest pressure over the bladder. Highly ammoniacal urine was constantly dribbling away, and he looked as if he could not last many days. On sounding the instrument at once impinged on a stone, which seemed to fill up the entire bladder, and the size of which it was difficult to estimate. Though I could hardly look for a successful result to so unpromising a case, still, as I knew it was the only means of alleviating his tortures, I determined to risk the operation. After a few days' rest, generous diet and stimulants having been meanwhile administered, the lateral operation was performed on March 10th, 1864. The external incision was made of considerable extent, and the prostate gland divided on both sides; considerable dilatation, gradually made with the finger, was required before the stone could be extracted. It was oval, 8 inches by 6 1/2 in circumference, weighed 7 oz. and 7 dr., and was composed of lithic acid with a small deposit of triple phosphate at either end.

Only a few drops of blood were lost during the operation. The intense relief from pain was quite apparent next day in the patient's countenance, and he progressed favorably till the 12th after operation, when rigors came on and a low form of intermittent fever set in, followed by diarrhoea. From this time the wound did not show the slightest symptoms of healing, but looked pale and flabby. He suffered no pain, but sank very gradually, notwithstanding the administration of stimulants, port wine, and soup; and on the 30th day his friends insisted on removing him, but he died very shortly after leaving the hospital. For two or three days previously he had passed feces through the wound, but complained of no pain in the bladder or rectum. Unfortunately, as no post-mortem examination could be obtained, the condition of the parts could not be investigated. The issue of this, the only unsuccessful case of these operated on, I think, was due to simple inability to rally from the effects of the long-continued disease, the fever and diarrhoea which followed helping to weaken the patient; the rectal fistula, which afterwards occurred, may be attributable to the same cause, some low form of inflammation having attacked the rectum, causing ulceration and perforation of its walls. The size and weight of the stone renders the case a remarkable one, and I am quite convinced that life was prolonged by the operation: at all events, a month's relief from intense torture was granted by its means.

CASE OF LITHOTOMY.

By JOHN MORICE,

ASSISTANT SURGEON, 16TH BENGAL CAVALRY; RESIDENCY SURGEON, GWALIOR.

A BOY, about ten years old, was brought to the Gwalior Dispensary with symptoms of stone, and with a wound in the left groin, from which the urine dribbled. His father stated that "four years before a "hekeem," in the city, had operated on him, and had made the wound in the left groin, and removed a stone or part of one; that the wound did not heal, and the boy for two years continued to complain of all the symptoms of stone; he then took him to Agra, where a medical officer operated on him, and re-opened the wound in the left groin, and again a stone or part of one was removed; since this operation, (now two years ago) the boy had passed his urine through the wound; and he still complained of all the distressing symptoms of stone". On sounding him, I detected a large stone, and a few days after I performed the lateral operation on the right side (the opposite one to where the old wound was). After a good deal of trouble I removed a stone of 460 grains weight, of a curved shape, and with one end adherent to the bladder; fifteen days after, the urine all came by the urethra; and, by the application of stimulants, the old wound healed up, and the boy was discharged—cured.

MORACE, April 8th, 1866.