

A CASE OF ACUTE TONSILITIS ACCOMPANIED WITH SUPPURATION OF THE PAROTID GLAND.

By R. C. SANDERS, M.B., *Civil Surgeon, Azamghur.*

MR. M. travelled by rail on the 16th of June when suffering from severe toothache in the left lower jaw; all the windows were open, and he sat in a thorough draught. The journey was short, but soon after he had shivering, followed by soreness and swelling of the throat. I saw him on the 19th, when the inflammation and swelling of the tonsil and surrounding parts were very severe; there was high fever with quick pulse, difficulty of breathing, constant spitting of viscid foul sputum, coated tongue, foul breath, and all other symptoms of a severe attack of quinsy. There were also swelling and redness over the parotid gland on the same side. Poultices, hot fomentations, steam inhalation, with a carbolic acid mouth-wash, were used.

20th, 5 A.M.—Much worse; swelling greater and hard, both inside and out; mucous membrane of uvula and back part of pharynx raised by serous effusion; great dyspnoea, probably from œdema of the glottis; slight delirium; face pale; lips blue; eyes much congested; pulse 140; respiration 40; unable to speak or swallow; preparations were made for tracheotomy, but in the meantime a deep incision into the tonsil with free scarification of the pharynx was had recourse to, and 6 leeches were applied outside.

10 A.M.—Breathing easier; swelling less; free bleeding from leech bites and incisions encouraged: has managed to swallow a little milk; unable to speak.

5 P.M.—Easier; no dyspnoea; can speak a few words, but prefers to write: has taken nourishment.

21st.—Much the same; passed a fair night.

22nd.—Abscess in tonsil burst into incision, and a large quantity of putrid matter escaped. External swelling hard and increasing in size; pulse 120, small and weak.

23rd.—Much offensive matter draining away from tonsil; breath offensive; tongue foul; cavity in tonsil well mopped out with carbolic lotion; he is much weaker; pulse 140; shivering alternating with flushes of heat; at times slightly delirious; no lung complication; deep seated fluctuation felt over the parotid gland, which was much swollen and very red. Soup, milk, and soda water, with champagne and seltzer freely given and case carefully watched.

2 P.M.—Fluctuation more distinct. Remembering the offensive character of the matter in the tonsil a free external incision was made, and the abscess opened by pushing a pair of dressing forceps deeply through the substance of the parotid gland. On separating their points the most putrid matter came welling up, mixed with large sloughs of glandular tissue; the cavity was syringed with carbolic acid lotion and filled with lint soaked in carbolic oil. A charcoal poultice was applied externally.

24th.—Much better; feels hungry; matter still offensive, but less than yesterday. From this date he gradually improved in health, and improvement commenced as soon as the abscess was opened. The delirium, shivering, etc., were evidently caused by absorption from the abscess.

A CASE OF HYDROPHOBIA.

By E. ROE, *Civil Surgeon, Muttra.*

Jeona, a Hindoo boy, aged 10, but very small for his age, was sitting with his father at about 8 P.M. over a fire outside his house in a village near Muttra (Bengal) on 31st October or 1st November 1874 (the father was not sure of the exact date), when a wolf came and seized the child by the back of the neck and attempted to carry him off. The father at once rescued the child, and drove the wolf off, and the incisions made by his teeth (the marks of which were quite visible on admission to hospital) healed up in about 4 days, and the child seemed in his usual health. On 16th November 1874 he complained of headache, and on the 17th the symptoms of hydrophobia presented themselves, and the next morning he was brought to the native hospital in the city of Muttra.

On admission the child was in a state of evident mental terror and agitation. The least movement of his clothes or the wind blowing on him brought on a short convulsive seizure, in

which he generally put up his hands to grasp the back of his neck. He complained much of thirst and called for water, but on its being presented to him, he always pushed it away with a shudder. Sixty grs. of chloral hydrate were dissolved in 3 drachms of water, and one-third of the solution was given at once, and produced a quiet lasting for about an hour. A second dose of the same strength (grs. xx) was given in about 3 hours, and produced a short period of quiet, but the child vomited about half an hour after taking it. Again a third dose was exhibited, but was soon rejected.

Thirty grs. of chloral hydrate were then dissolved in water and injected subcutaneously in three different places at once, and produced about two hours' quiet rest, when the child was seized with a convulsive spasm and expired at 9 P.M., about 14 hours after his admission to hospital.

CASE OF LITHOTOMY: STONE OF 20-YEARS' DURATION: DEATH.

By C. J. H. WARDEN, *Off. Civil Surgeon, Bhagulpore.*

I AM indebted to Assistant Surgeon N. C. Banerjee for the notes of the following case:—

Kano, Hindoo male, aged 35, was admitted into the Sudder Dispensary on the 27th July 1877, with symptoms of calculus vesicæ, to which he had been subject for the last 20 years. On sounding, evidence of a very large stone was readily obtained.

As the patient had suffered for so many years from the usual distressing symptoms accompanying vesical calculus, his general health was considerably impaired. The face was puffy, and the feet slightly œdematous. He had also recently suffered from dysentery. The case was, therefore, far from promising.

On the 2nd August, with the assistance of Surgeon Macrae, 5th N.L.I., the usual lateral operation was performed, and the bladder reached with facility; but there was great difficulty in extracting the stone, owing to its not only being partially encysted, but also being firmly grasped by the contracted and thickened walls of the bladder. The forceps readily closed over the anterior portion of the calculus, but my utmost force was insufficient to move it. The forceps were accordingly removed, and a scoop inserted between the bladder and the stone, and by a gentle wriggling motion the stone was ultimately freed. The forceps were then introduced, and after much trouble, owing to the superficial layers of the stone having given way in two or three places, it was extracted.

The operation occupied fully an hour, and there was free hæmorrhage. The bladder was well washed out, and some fragments of stone thereby removed: a female catheter was then introduced into the wound. As the patient was faint, he was left on the operating table for an hour, and then removed to bed. Stimulants were freely given, and also a pill of extr. hyoscyami and opium to relieve pain.

3rd August.—Complains of considerable pain over region of bladder; urine passing freely through wound; pulse 89; temperature 98° F.

4th.—Same state.

5th.—Wound sloughy; temperature 98·8° F.

6th, 8-30 A.M.—Face anxious; whole of abdomen tender on pressure; temperature 101·2° F.

At 5 P.M. the patient died.

Post-mortem, 15 hours after death, by Assistant Surgeon N. C. Banerjee

Coats of bladder greatly thickened, and mucous membrane gangrenous; cellular tissue on the sides of bladder also gangrenous; ureters dilated and thickened, the left one more than the right, and the former contained a fragment of stone about an inch from its vesical orifice; right kidney greatly enlarged and full of cysts; left kidney greatly atrophied, and was "simply a cyst."

REMARKS.—The stone was of a grey colour, extremely dense, and covered with small nodules. It weighed 1,140 grs. exclusive of those portions broken during extraction, and measured 6 inches in its greatest circumference, and 5 inches in its smallest; the greatest length was 2·2 inches, and its greatest diameter 1·8 inches. On section the nucleus was found to consist of oxalate of lime, and the remainder of the stone was composed of phosphates and a small quantity of uric acid.

BHAGULPORE, 13th August 1877.