

## CASES OF CHOLERA, TETANUS, AND CALCULUS VESICÆ.

By ASSISTANT SURGEON P. CULLEN,  
CIVIL SURGEON, WURDAH, C. P.

### 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 prostate. 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 Oocheyra, 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.