

which rest, care, constitutional and instrumental treatment had been tried but in vain; further temporising would have been prejudicial to the patient's health, if not life.

If no instrument can be passed through the urethra, and that the nature of the stricture is such (*i.e.*, traumatic and cartilaginous) that even were a fine instrument to be introduced, owing to the altered character of the tissues, which we know can neither be absorbed nor effectually expanded, dilatation would be impossible, so that were the patient to be treated for years he never would be free from stricture, or in the case of a soldier never in an efficient state, and always liable to a fresh contraction of the canal, division seems to be the only resource.

That the urethra does not subsequently contract to any extent after linear incisions have been made in it has, I think, been proved sufficiently by *post-mortem* examinations, in which cases the cicatrix can be with difficulty detected.

The failure after this operation in such a large percentage of cases reported seems to be due very much to delay in operating until disease of the urinary organs had been set up.

In performing the operation, ligatures were passed through the sides of the incision in the perineum, embracing the mucous membrane of the urethra of each side, thus avoiding the awkwardness of fingers or hooks in the wound to draw asunder the sides—an improvement first suggested by Mr. Avery.\*

September 2nd, 1874.

### DEOLEE DISPENSARY.

#### CASE OF CALCULUS IN A FEMALE.

By Surgeon-Major F. W. A. DEFAECK, *Deolee Irregular Force, and Haraootee and Tonk Political Agency.*

IN the month of June last a young Brahmanee woman (aged about 20) was admitted into the Deolee Dispensary complaining of symptoms which at once led to the suspicion of stone in the bladder. Examination confirmed this suspicion, for a calculus of apparently some considerable dimensions was found lying close up against the internal orifice of the urethra.

The woman stated that she had suffered for about a year and nine months. She must therefore have been about 18 years of age when the concretion commenced to form. She has never been married.

The urethra being enlarged so as to admit the finger, and with it a pair of lithotomy forceps, the stone was seized, but immediately crumbled down on the slightest pressure. It had therefore to be removed piece-meal by the scoop. During this operation one portion, apparently larger than any other, was felt to be of sufficient firmness to permit of its extraction with the forceps. It was therefore seized, and with not much difficulty withdrawn.

On examination this compact portion was found to be, not a urinary calculus, but a fragment of wood, seemingly a piece of stick, with its surrounding bark in good preservation, nearly two inches in length, and half an inch in diameter, in a semi-petrified condition, acting undoubtedly as a nucleus around which the calculous deposit had taken place. The total mass when extracted weighed about 750 grains.

How this fragment of wood obtained entrance into the bladder is a problem regarding the solution of which the patient obstinately refused to enlighten me, even although I pressed upon her my conviction that she had been herself the cause of her own sufferings. Without entertaining any doubt, however, as to the object this little piece of stick was intended to serve, it would be interesting to know what were its dimensions, and other conditions, on its first introduction into the bladder (for the meatus urinarius was not by any means of a capacity above the average), and what have been the changes to which it has been exposed during its twenty-one month's residence in the bladder.

\* We happen to have at present two cases under our care of retention relieved by perineal section, in which, owing to the original tightness of the stricture and laceration of the urethra by the futile attempts at introducing a catheter by inexperienced hands, it was found impossible to get an instrument in, and extravasation of urine was imminent. Both cases are doing very well. The practice of stitching the perineal wound appears to be unnecessary, if not erroneous. We would also not recommend the retention of a catheter for more than 24 hours, and passing an instrument every third day after then will be found sufficient to secure a satisfactory result.—Ed., I. M. G.

### SHAHPUR SUDDER DISPENSARY.

#### A CASE OF TETANUS PROBABLY DUE TO THREAD WORMS AND OTTORRHOEA; CURE.

By Assistant-Surgeon CHETUN SHAH.

SHANKUR, a Hindu boy, aged about 9 years, was admitted into the dispensary on the 25th of July 1874, suffering from trismus and rigidity of the muscles of the back of the neck.

The first symptoms commenced six days previous to his admission, and gradually increased. The boy could scarcely have any sleep. Exacerbations of increased rigidity occurred about 100 times during night. There was well marked episthotonus only during exacerbations. No solid food could be taken; milk and other fluid nourishment were swallowed with difficulty.

Nothing beyond the existence of thread worms and slight otorrhoea could be detected as cause of the mischief.

By an enema of salt-water, followed with mucilaginous injections, the thread worms were expelled, and the rectum soothed. A marked relief was the immediate result, but the symptoms recurred with increased severity the next day.

After the operation of castor-oil and turpentine, hydrate of chloral was given for two days (10 grs. every 3 hours) without benefit. During my absence from the station Hospital Assistant Chetun Shah substituted tincture of Indian hemp, which proved to be of some service for two days, after which the symptoms again increased. Now exacerbations became more severe by nights, and I added extract of belladonna (gr.  $\frac{1}{2}$ ) and quinine (grs.  $\nu$ ) to each dose of Indian hemp which was being given every third hour both by day and night. Lini-ment of belladonna was also ordered locally. The ear was regularly syringed twice a day with carbolic-acid wash. Under this treatment the boy gradually but steadily improved. Belladonna and hemp were gradually diminished and quinine continued for some days.

During the whole course of treatment the bowels had a tendency to become costive, and whenever costiveness was removed by castor-oil and turpentine there was more or less marked relief.

The boy was discharged cured from the dispensary after 31 days' treatment.

### BEAWUR CHARITABLE DISPENSARY.

#### A CASE OF ELEPHANTIASIS OF THE FEMALE EXTERNAL GENERATIVE ORGANS; EXCISION: RECOVERY.

By Assistant-Surgeon MOHIM CHUNDER ROY, L.M.S.

MATOO, a Hindoo female, aged about 30, presented herself at the Beawur Charitable Dispensary on the afternoon of Thursday, the 23rd July 1874, suffering from an enormous pendulous tumour of the left *labium majus*. She stated that about two years ago the tumour commenced as a small fleshy mass not larger than a walnut, and that it is only by gradual increase that it attained to its present size. The growth at first was very slow, and had been rapid only since the last five or six months, or rather since she became pregnant. Had never suffered from syphilis or gonorrhoea. The catamenia had been pretty regular up to the time of her becoming pregnant; had never had any child.

The tumour was an irregularly-shaped tuberculated mass, 11½ inches in length, attached to the left labium majus by a pedicle about 2 inches thick. Its transverse circumference, taken at the point of greatest thickness, was 25 inches. It had a firm and elastic feel, and had the very characteristic appearance of the so-called scrotal tumours (*elephantiasis scroti*) of Bengal. The skin was very thick, and quite immovable.

Assisted by Dr. Somerville of the Beawur Mission, who had the goodness to come and see the case with me, I removed the tumour the following morning by simply cutting through the neck and removing as much of the skin as appeared diseased. There was some blood lost, as was expected from the great number of blood-vessels running into the tumour; nine ligatures were applied, and the wound, properly sutured, was dressed antiseptically with a moderately strong solution of carbolic acid. No untoward symptom followed, and the woman was discharged cured on the 11th August 1874, after a stay of nineteen days in the hospital.