

before operation having been carried out—the patient was put under chloroform, the bladder was emptied and then four ounces of tepid boric lotion injected. Thompson's lithotrite was used—the meatus had to be slit as it was too narrow—there was no difficulty in getting into the bladder, the instrument having almost slipped down by its own weight. The stone was detected on the right side, and after a little manipulation, it was seized, brought to the middle line and crushed with the usual precaution; by turning the beak of the instrument to various positions some more pieces of stone were detected and crushed.

*Removal of fragments.*—Bigelow's evacuator was used; the catheter was a curved one and was of No. 12 size; it was easily introduced. By working the evacuator some fragment of stones came out, but the quantity was too small, judging from the number of stones that were actually crushed; the catheter was subsequently taken out and a large piece of stone was found blocking the eye of the catheter; the evacuating catheter was again introduced and a few pieces more of the stone removed.

The catheter was used as *sound* and a sufficiently large piece of stone could still be felt.

The lithotrite was again introduced, and after some difficulty two pieces more of stone were detected and crushed. A thorough search was made and no other pieces could be found; the evacuator was used and all the broken pieces recovered.

The time required for the operation was a little less than two hours; the broken pieces weighed 250 grains.

*Progress of the case and after-treatment.*—A  $\frac{1}{4}$  grain morphia suppository was given; hot fomentation ordered every four hours to the hypogastrium and perineum. Ichthyol and belladonna paint over the parts after fomentation, and a mixture containing boric acid and hyoseyamus given every four hours. The patient was kept well covered up and plenty of barley water given to drink; the diet consisted of milk and barley for the first three days.

The patient got slight fever in the evening; felt much burning during micturition: passed a fair quantity of urine during the first twenty-four hours; urine was mixed with blood and a few shreds of mucus; but no particles of stone.

On the second day the pain was severe, the evening temperature  $101.4^{\circ}\text{F}$ . and the quantity of urine much less. The same treatment was vigorously continued, plenty of barley water given and fomentations given more frequently. On the fourth day there was no fever, urine began increasing in quantity, the quantity of blood gradually disappearing; and the patient felt great relief, feeling no more pain. He was discharged on the 5th September, eleven days after operation.

My warmest thanks are due to Dr. B. K. Bhowmick, Assistant Surgeon, Madaripore, for

the valuable advice and help I received from him throughout the operation, and also to Dr. H. M. Sircar, C. H. A., Rajbari Hospital, for his patiently carrying out every detail of the after-treatment.

### EXTRACTION OF FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE.

BY I. M. MACPHAIL, M.B.,

Bamdah.

ON February 8th, a Mohammedan, Ghar Charan by name, aged about 35, an engine fitter, was sent to me by the Assistant Surgeon at Jhajha on the E. I. Railway. At least 48 hours before I saw him a particle of iron had been embedded deeply in the cornea of the left eye, and the Assistant-Surgeon had not been able to extract it. Finding that it was too deeply embedded to be removable by the spud or forceps, I made an incision in the cornea, when to my horror the iron slipped into the anterior chamber and then disappeared from view behind the iris. I at once attempted to perform an iridectomy, but as the aqueous had drained away, the foreign body had become impacted between the lens and the iris, and I could not reach the free edge of the iris with the forceps. I then left the eye alone for four hours, with a bandage and anti-septic pad. I then performed an operation similar to the first stage in Wenzel's operation for cataract extraction in cases of completely adherent iris—penetrating iris as well as cornea, making a counter-puncture through both, and cutting outwards, so as to form a flap consisting of iris and cornea. My object was to reach the foreign body through the outer margin of the iris. A small part of the iris was excised, in the hope that this would bring the foreign body into view, but it did not do so. A Daviel's seroop was then inserted under the iris, and very fortunately it at once encountered the foreign body, which was extracted without further difficulty. The eye healed well, but as a dense opacity remained over the seat of the original injury, an iridectomy was performed a month later to improve the vision. The operation just described was certainly a risky one, but as in the absence of a powerful electromagnet the only alternative was enucleation, it seemed to be justifiable.

### VESICAL CALCULUS, SUPRAPUBIC LITHOTOMY.

BY D. JOHN, M.B.,

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SOMUTHY, H. F., Child, *æt.* 7 years, was brought to the Ellichpur City Dispensary on the 19th of March with a history of painful micturition for 2 years. Enquiry showed the presence of symptoms of vesical calculus. The

bladder was sounded which revealed the existence of a stone in it. Advised operation.

The girl was admitted into the same hospital on the 25th of March.

Suprapubic lithotomy was performed by me on the 28th at 12 A.M. The bladder incision was closed by sutures. The abdominal incision was also closed except at the lower end where a wick of gauze was passed down to the bladder for draining any urine that might escape through hard the incision in the bladder.

The stone that was removed weighed 90 (ninety) grains, and was an inch in diameter crystalline spicules on the surface.

28th March.—4 P.M. Urine drawn off by a soft catheter and the catheter tied in, and arrangement made to drain the bladder.

7-30 P.M., 11 P.M. Passed urine in bed round the catheter which was not working.

Temp. 7-30 P.M., 100°.

11 P.M., 100.6°.

29th March.—3 A.M., 7 A.M., 9 A.M., 3 P.M. Passed urine round the catheter.

5-30 P.M. I visited the patient and found that the catheter was blocked up, so I removed it. Dressings were changed, no smell of urine in the dressings, no provision made to drain the bladder.

Temp. 7 A.M., 99°.

6 P.M. 98.4°.

30th March.—7-30 A.M., 3 P.M. Passed urine freely. Dressings changed in the evening, no smell of urine in the dressings.

31st March.—6-30 A.M., 3-30 P.M. Passed urine freely.

1st April.—9 A.M., 5 P.M. Passed urine freely. Dressings changed in the evening.

Made an uninterrupted recovery and was discharged on the 13th April with the wound perfectly healed.

Grounds for the Suprapubic Operation:—

1. Lithotrite not available.
2. Age of the patient—the bladder being more abdominal in children.
3. Sex—Female.

*Note.*—If the bladder is efficiently closed, it will empty itself automatically before it is distended to a degree that will interfere with the healing of the bladder incision, the heightened irritability being the determining factor. It is specially remarkable that the bladder emptied itself regularly every 4 hours during the first 24 hours in this case. It would appear that provision for draining the bladder was unnecessary in a healthy subject.

The warm weather undoubtedly helped by lessening the urinary secretion.

## UNUSUALLY LARGE THORACIC AND ABDOMINAL VISCERA.

BY J. T. PARKINSON,

Civil Surgeon, Fatehpur, U. P.

ON the 14th December 1905, at Fatehpur, I made a *post-mortem* examination of the body of an adult native male by name Sheo Ram. The body was well nourished, and by appearances deceased was about 40 years of age. Rigor mortis was present. There was a contused wound of the scalp in the right parietal region from behind forwards three inches long. There was a similar contused wound of the scalp in the left parietal region which was oblique towards the left side from the middle line. In the right wound the skull was exposed, the left one reaching only to the periosteum. There was a small contused wound on the left shin, vertical in direction, 1½ inches long down to the tibia and from this wound extravasated blood clotted on the front of the leg and down the outer side of the foot. The direction taken by the blood indicated that deceased was standing erect when he received this wound. There were no other injuries apparent.

*Head.*—The scalp was found blood infiltrated all over the right parietal and frontal regions and to a lesser extent over the left parietal region. On the skull being exposed the Coronal suture was seen separated beneath the first noted wound, the separation extending to the left side, to a point beneath the wound on the left side of the head. Coming off like an offshoot from the suture was a fracture of the skull. It began at the point where the Coronal suture is joined by the sagittal suture and extended backwards and outwards towards the right for two inches through the right parietal bone bifurcating and ending in mere scratches. The fracture was not complete through the thickness of the skull at its bifurcation, but between that point and its commencement the fracture was visible within the skull. The separation of the suture, though not very pronounced, was also visible within. There was a thick layer of blood clot extra dura mater, all over the right side of the brain, and beneath this membrane the brain—surface throughout had a covering of blood clot, in places over ¾ of an inch in thickness, dipping into the sulci. The brain weighed 50 ounces.

*Thorax.*—Both lungs were normal and crepitant, the right weighed 1lb. 10 ounces and the left 1lb. 8 ounces. Ribs intact. Windpipe normal. Heart was normal and weighed 12 ounces.

*Abdomen.*—The liver was greatly enlarged, weighing 7 lbs. 10 ounces, and the enlargement was general and not confined to any particular lobe. The spleen also greatly enlarged weighed 6 lbs. 4 ounces. It was somewhat hard to the feel and its capsule thick. The stomach was normal and empty and the intestines were