Another case of psoriasis has recently been sent to me. She was about 35 years of age with a history of irregular scanty menstruation and patches of psoriasis over the limbs and back. Ovarian therapy cleared her psoriasis. She however got menorrhagia. She gave a history of three miscarriages, but neither she nor her children showed any signs of syphilis. Her subsequent history is not known. A point of interest is that endocrine therapy appears to produce its effect for a time only.

In both these cases there was marked eosinophilia. The stools showed no ova, but cysts of *Entamœba histolytica* were present in the second case.

A CASE OF CHOLERA SICCA*

By MURARI MOHAN ROY, L.M.F., L.T.M.
Medical Officer, Barda Jnanadamayee Charitable Dispensary, District Howrah

A HINDU MALE, aged 36 years, went to a *mela* during the Holi festival on 1st March, 1934. On the night of 2nd March, he vomited three or four times; he did not regard this seriously. On 3rd March at noon he began to vomit vehemently and his urine became suppressed. He had severe cramps in the muscles of the hands, legs and feet. He called in a homœopath, who prescribed medicines for acidity which did no good to the patient. Early next morning, on the 4th March, I was called for. I found the patient in a pulseless condition, with respiration slightly increased; cramps in the legs, feet and hands were very severe and he was vomiting frequently.

I diagnosed the case as one of cholera sicca, and as I had not the apparatus for giving saline intravenously I prescribed saline injection per rectum, hoping this would be of some benefit as there was no evacuation of the bowels. I injected atropine sulphate gr. 1/100 for the cramps and prescribed a mixture with acid sulphuric aromatic and stimulants, and a powder with calomel, camphor and sodium bicarbonate.

In the afternoon it was reported that the cramps and vomiting still continued. I saw the patient again and found that the pulse had reappeared, and frequency of vomiting was rather less, but the cramps were still very severe, the abdomen tympanitic, the urine still suppressed and the bowels had not moved as yet. The skin of his hands and feet was shrivelled and wrinkled.

I injected one pint of normal saline with sodium bicarbonate intravenously, gave another dose of atropine sulphate gr. 1/100, and prescribed caffeine and sodium benzoate, 5 grains in 2 cubic centimetres, for removing suppression of urine. The mixture and powder were repeated.

The next morning it was reported that the cramps had totally ceased during the night, and that the patient had passed urine three times after 32 hours' complete suppression. The bowels did not move throughout the period. From that time convalescence was uneventful.

A LARGE URETHRAL CALCULUS

By H. J. H. SYMONS
MAJOR, I.M.S.
Civil Surgeon, Dera Ismail Khan, North-West Frontier Province

A PATHAN, aged 50 years, came to the outpatient department at the municipal hospital, Dera Ismail Khan, on 15th February, 1934, with the complaint that for the previous six months he had had difficulty in passing urine, much straining on micturition and considerable discharge of pus from the urethral meatus.

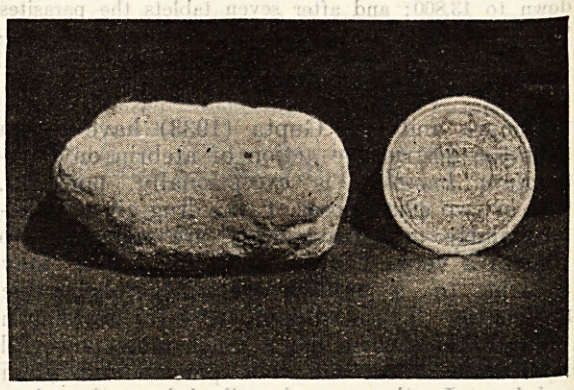
On examination it was seen that his scrotum was not of normal shape and on palpation a stony hard mass was felt in the middle line filling partly the perineum and partly the posterior portion of the penis. There was a considerable discharge from the meatus and when a sound was passed it impinged on a stone about three and a half inches from the meatus. The stone could be slightly moved laterally but not antero-posteriorly.

Under general anæsthesia an incision two and a half inches long was made in the middle line down to the stone, which was easily removed. The cavity in which the stone had lain was thoroughly inspected and was found to be lined throughout with mucous membrane; it appeared to be simply an enormously dilated portion of the urethra and not a diverticulum. A sound was passed into the bladder and no calculus was detected in that organ.

A large rubber catheter was passed from the meatus and inserted into the urethra at the proximal end of the dilatation and thence pushed into the bladder. The incision in the mucous membrane of the dilated urethra was sutured with fine catgut. The skin and fascia were united with interrupted silkworm gut sutures. His friends removed the rubber catheter overnight; this necessitated the introduction of a silver instrument early next morning and its retention for a few days, but he made an uneventful recovery, the wound healing by first intention.

After the act of micturition he is unable to empty the dilated portion of his urethra and he has been advised to empty this by external pressure on every occasion. About one ounce is expressed in this way.

A photograph of the calculus is shown with a rupee for comparison as to size. It weighed 850 grains avoirdupois, was 2⅜ inches in length and 3⅛ inches in circumference at the largest point.



Before operation the patient asserted that his discomfort was of only six months' duration. After the removal of the calculus and on its being shown to him he was induced to alter his previous statement and said that it had worried him for probably ten years.

Pathans are notoriously long-suffering, but it is remarkable that anyone, even a trans-border Pathan, should put up with the discomfort that such a stone would cause for as long a period as ten years.

Le Comte (1929) described seven cases of urethral stone, and stated that some stones have remained in the urethra for twenty years.

REFERENCE

Le Comte, R. M. (1929). *Ann. Surg.*, March, p. 400.

* Rearranged by Editor.