

He was examined at once when his condition was as follows:—

- (1) Semiconscious.
- (2) Mottling of the chest, more marked over the left shoulder and left upper arm.
- (3) Eyes shut, pupils normal, cornea sensitive.
- (4) Hands and feet cold.
- (5) Emphysema in the subcutaneous tissues of the abdomen.
- (6) Pulse; radial pulse could not be felt, carotids pulsating, but feebly.
- (7) Heart: beating, but very feebly.
- (8) Respiration: hurried and shallow, about 40 per minute.
- (9) Knee jerks: lost.

Treatment.—Recompressed twice. There was much apparent improvement during the first recompression and for a few minutes after. Suddenly he became worse and died while being recompressed for the second time. Artificial respiration. Warmth, stimulation.

Autopsy findings.—(By Police Surgeon.) No cyanosis—no signs of external injuries—subcutaneous emphysema felt in the walls of chest and abdomen.

Heart.—Congested—fluid blood and post-mortem clot; bubbles of gas in the blood, more in right ventricle. The cavity of the right heart appeared to be dilated.

Pericardium.—½ oz. of blood-stained fluid.

Pleura.—4 oz. of blood-stained fluid.

Lungs, liver, spleen and kidneys.—Normal except for congestion. There was a distinct bleb on the upper surface of the right lobe of the liver.

Bladder.—1½ oz. of brownish yellow fluid.

Stomach and intestines.—Nothing special.

Brain.—Congested.

Spinal cord.—Macroscopically haemorrhagic areas at different levels.

Note by police surgeon.—Cause of death: Caisson disease.

This appears to be the first case of its kind in India.

In conclusion I wish to express my sincere thanks which are due to Major B. G. Mallya, I.M.S., Police Surgeon, for having kindly allowed me to be present at the autopsy, to Dr. W. E. Fetherstonhaugh for his kind advice and encouragement I have received all along, and, last but not least to the representatives of the contractors but for whose untiring energy, and great interest, in the matter, it would have been almost impossible to get the autopsy done.

SOME INTERESTING CASES.

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and

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STONE in the bladder is fairly common in this district; during the year 1929-30, we have operated on 19 cases of stone in the bladder. All of them were single stones.

Distribution according to caste and nationality.

	Males.	Females.	Total.
Hindus	.. 13	4	17
Mahomedans	.. 2	0	2

Distribution according to age and sex.

Age.	Males.	Females.	Number.
0-5	.. 2	0	2
6-10	.. 5	0	5
11-15	.. 2	1	3
16-20	.. 3	1	4
21-25	.. 2	0	2
26-30
31-35	.. 1	0	1
36-40
40-45	.. 0	1	1
46-50	.. 0	1	1
TOTAL	.. 15	4	19

	Maximum age.	Minimum age.
Males	.. 35	4
Females	.. 45	14

Out of these 19 cases 14 are below the age of 20.

The photograph (Fig. 1) shows the size of the stones in relation to the age of the patient and suggests that the formation of the stone starts in childhood, the stones found in adults being developed from stones occurring in childhood.

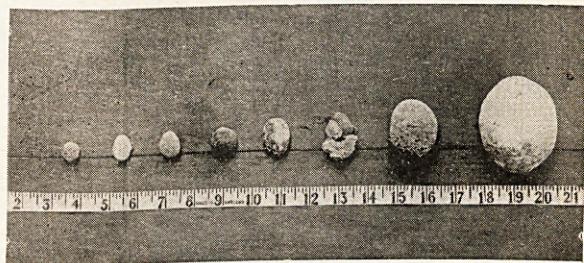


Fig. 1.—Stones in the bladder.

Treatment.—Supra-pubic cystotomy was the treatment adopted.

In three out of the four cases in females the stones were removed through the urethra.

Observations.

1. Stone in the bladder is common in this district.

2. It is mainly a disease of the poor and of males.

3. In the majority of the cases the formation of stone starts from childhood, and the stones found in adults are all developed from small stones occurring in children.

4. Cystitis has nothing to do with the origin of the stones, since we have never seen a case of stone in the bladder in children with cystitis.

5. Cystitis is due to secondary infection and occurs only after some time.

6. Hardness of drinking water in this place is a contributory factor in the formation of stone in the bladder.

Gall stones.

Gall stone, though not very common, is a condition encountered in this district. Three

cases were admitted into the hospital for symptoms of gall stones. Only one was operated upon and the other two refused operation.

The first case was that of a small Hindu boy aged 14 (vegetarian), admitted on 14th April, 1929, with a history of recurring attacks of pain in the right side of the upper abdomen for four years. During the attack, the gall-bladder was distended and was visible to the naked eye, painful and tender. There was no jaundice at any time and no history of typhoid fever could be elicited.

Cholecystectomy was done on 17th April, 1929, and a chronically inflamed gall-bladder with 42 stones of different sizes was removed (*see Fig. 2*). The patient was discharged, cured on 7th May, 1929. This case is interesting in that it occurred in a male child, and the symptoms started while he was 10 years old.

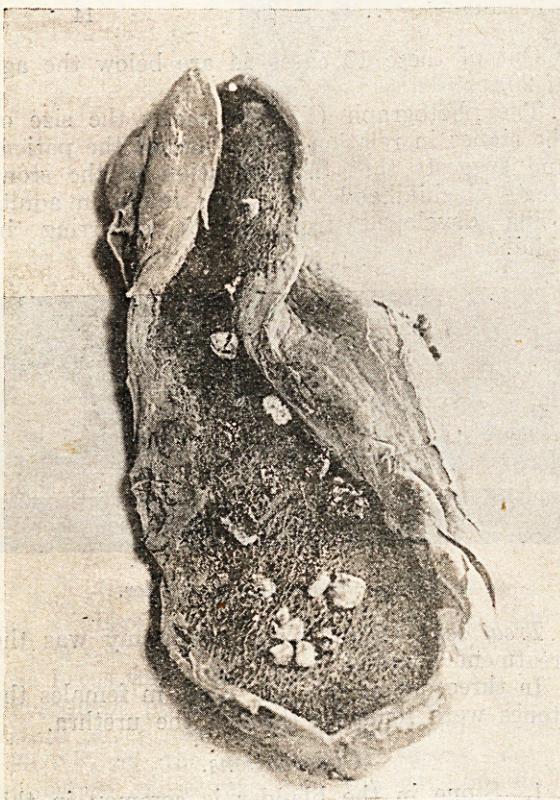


Fig. 2.—Chronic cholecystitis with gall stones.

The other two cases were, respectively, in an adult male of 38 years and in a woman of 40.

We had four cases of multiple gall stones out of the 50 medico-legal post-mortems conducted during the year 1929.

Pelvic kidney with symptoms associated with menstruation.

Mrs. P., aged 35, Hindu female, admitted on 13th April, 1929, for pain starting from the first menstruation, occurring with the succeeding periods with increasing severity. Vaginal examination revealed a lump in the right fornix. On opening the abdomen the uterus was found retroverted with two very small fibroids; the tubes and ovaries were normal. On the first and second vertebrae of the sacrum on the right side a small tumour could be felt. The peritoneum was incised and the tumour was identified as a small undeveloped right kidney, the blood supply being from the right internal iliac artery. The left kidney was normal. The right kidney was removed, and all the symptoms disappeared.

A CASE OF HYDROPHOBIA.

By C. D. TORPY, I.M.D.,
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CORPORAL A., aged 21, was badly bitten over the upper and lower lips by a dog on the 30th June, 1930. There was no provocation to cause the dog to bite, and up to this, it had shown no signs of any unusual behaviour, nor was there any definite history of it having been bitten previously by any animal.

In less than half an hour the Corporal had reported sick at the hospital, where cauterisation of the wounds with pure carbolic acid was done, and antirabic treatment arranged for. The vaccine was wired for from Coonoor, and treatment begun on the 6th July, 1930. This was completed by the 19th July, 1930: the patient now feeling fit to resume his ordinary duties.

On the 24th July, the patient began to feel "out of sorts." The next day, he was no better, but as his bowels were costive, he attributed the ill-feeling to constipation. Finding, however, that his condition was getting worse, he reported sick on the morning of the 26th July, 1930. He now complained of intense headache, constipation, and general malaise. The patient looked obviously ill, and was accordingly detained in hospital for observation, though no suspicion of hydrophobia was entertained at the time.

Early on the morning of the 27th, the patient exhibited signs of terror with illusions of the senses. Insomnia was marked. The terror persisted; dysphagia and dyspnoea followed. An hour later spasmoid attacks supervened, which increased in intensity all the day. The spasms became more and more terrible, even in spite of liberal exhibition of hyoscine, and morphia. The patient succumbed at 13-40 hours on the 28th July, 1930.

The points of interest in this case are:—

1. The rarity of hydrophobia in the Army which is obviously due to the prompt antirabic treatment.

2. The onset of hydrophobia in spite of cauterisation within half an hour, and antirabic treatment.

3. The insidiousness of the onset in this case. The wound had healed, the scar was not painful or neuralgic, and there was no fever to usher in the main symptoms.

4. The dog was only four months old and as far as can be ascertained it had not been bitten. It had, however, made for another soldier four days after biting the deceased. He destroyed the animal by shooting it through the head and so there was no evidence available to prove the existence of "Negri bodies."

5. A mate of the deceased who had been bitten two days previously to the deceased by the same dog but who had concealed the fact up to now, and had received no treatment, is quite fit and apparently healthy.

6. In view of the above, the possibility exists that the deceased might have been bitten by some other dog previously, which caused the infection, and which he did not remember to have treated. The bite he received from this dog was perhaps only a mere coincidence.

My thanks are due to the Officer Commanding, British Military Hospital, Trimulgherry, for his kind permission to publish these notes.