

for more than a week after the operation. I think the theory of Professor Beale most beautifully explains this difference. In a healthy, well-fed and well-formed European there being greater nutritive needs of the system, there must always be a greater formative activity than what an Indian constitution would possess. Consequently, the least irritation in an European is followed by a rapid increase of the formative or plastic activities of the protoplasm-matter, and a multiplication of the formative material, which process we call exudation. As the character of inflammation varies in different organs, because it takes its nature from the normal mode of nutrition of those elements of tissue that are concerned in the process, so the intensity of inflammation differs in different persons, because it depends upon the amount of activity in the function of nutrition of the system of the individual.

RUNGPORE, 12th January, 1872.

ORAIE DISPENSARY.

I.—SYME'S OPERATION AT THE ANKLE JOINT FOR CARILLAGINOUS TUMOUR OF THE LEFT FOOT, INVOLVING THE TARSAL AND METATARSAL BONES: RESULT, CURE.

By Sub-Assistant Surgeon TARINY CHURN BHADOORY.

NERPUTT, a woman of about 50 years old, was admitted into the Oraie Dispensary on the 17th November 1870, with a tumour on her left foot of the size of a child's head. She stated that about a year ago she perceived a nodule of the size of a plum on the back of her left foot; and that in three months it grew to the size of a hen's egg, when it was tattooed. The swelling inflamed, and assumed its present dimensions; it was said to have increased very rapidly for the last six months. The patient had a sallow complexion, and complained of burning, flying pains, and throbbing all over the tumour and the affected foot. The abnormal growth was situated on the inner margin of the left foot, extending towards the dorsal and the plantar aspects to the inner margin of the last metatarsal bone, thus involving nearly the whole girth of the foot to within two fingers' breadth of the ankle joint. The tumour was hard to the touch, and quite immovable.

Syme's amputation at the ankle joint was performed on the 28th November, in consultation with my former and present superintendents, Messrs. Sakes and Bond. On dissecting the tumour, it was found to consist of a viscid brown substance of jelly-like consistency, and a thick, hard, enveloping matrix of cartilagenous structure, which sent out intersecting crossing bands of a similar tissue into the interior of the tumour. The metatarsal and the contiguous row of tarsal bones were destroyed by the tumour.

The stump was dressed with carbolic acid. Gangrene set in on the 2nd December, and the woman had great constitutional disturbance with dysentery superadded. The next day the iron sutures came off, and the heel flap was hanging down. The supply of carbolic acid had run out. Charcoal poultice every four hours, plenty of stimulants, with 5-grain doses of quinine and gallic acid with opium, and milk diet and soup were prescribed. The sloughing was arrested by these means, and the flap took on a healthy action: on the 10th December, the dead portions had separated, when the hanging flap was secured to form the stump by strips of adhesive plaster. From this time the patient gradually but steadily began to improve, she got well of the dysentery, and the stump was healing when an abscess formed two inches above it and delayed the cure; it was opened, and the stump healed, and made a soft and nice cushion on which the woman can stand and walk with a shoe on, kindly devised for the purpose by my superintendent. The patient was discharged on the 26th February, 1871.

II.—CASE OF VESICAL CALCULUS, IN WHICH LATERAL OPERATION FOR LITHOTOMY HAS BEEN PERFORMED FOUR TIMES.

Rossom, at 25, a Hindu cultivator, had been operated on for stone in the bladder three times at this dispensary, and presented himself on a fourth occasion on the 3rd March, 1871, suffering from a recurrence of the disease. The following is a

tabular statement, shewing the result of operation in each instance:—

OPERATORS.	Dates of operation.	Dates of discharge.	REMARKS.
N. C. Mitter ...	23rd March, 1866.	1st May 1866...	Calculus fractured on closure of the forceps, and extracted piece-meal: weight and composition not noted.
L. A. Sakes ...	16th August, 1867.	21st September, 1867.	The stone completely crushed on closure of the forceps, and the bladder washed out with copious injections.
T. C. Bhadoory.	15th October, 1868.	4th November, 1868.	The stone extracted entire with the scoop, weight 260 grains; composition, triple phosphate. Bladder washed out.
T. C. Bhadoory.	5th March, 1871.	30th March, 1871.	There were 3 stones; 2 extracted entire, 1 broke under pressure of the forceps, and extracted piece-meal; weight 180 grains. Bladder washed out with copious injections.

REMARKS.—The subject of recurrence of stone in the bladder must be interesting alike to the practical surgeon and the contemplative pathologist. Until towards a recent period of surgical literature the idea amongst lithotomists was that an operation radically corrected the constitutional vice which deposited the first stone; while the fact of the original tendency continuing after extraction of the foreign body was all but ignored or not understood. As a logical inference from the wrong hypothesis, a relapse was invariably attributed to the fracture of a calculus under closure of the forceps, and fragments having been thus accidentally left in the bladder to serve as nuclei for the formation of secondary calculi. But the circumstances favoring such an occurrence are very remote. "For," to quote Mr. Erichsen, "if the calculus happen to be broken during extraction, the fragments, if not completely cleared out of the bladder, will be washed away through the wound by the flow of urine." In cases where the relapse is due to the dropping in of a fresh renal calculus, the symptoms are generally too well marked to be mistaken.

In the present case, the recurrence was due to an obstinate continuance of the calculous diathesis after each operation; as the symptoms and the history of the patient precluded the possibility of any other cause. For, after each operation, though the stone broke during extraction, the bladder was washed out with copious injections, and the caution was taken to thoroughly examine the interior of that viscus to ascertain that no fragments were left behind; and on the third occasion, the calculus was extracted entire, and the disease recurred in spite. The patient never suffered from symptoms arising from the descent of a renal calculus.

It is also worthy of remark that the subsequent operations were performed through the cicatrix of former wounds, and no great difficulty was encountered. The rectum did not come in the way. During the third operation I found my finger enter the bladder when I was going to insinuate my nail in the groove of the staff. This was because of the existence of a fistulous opening which had persisted since the last operation. During the fourth operation a few elastic bands came in the way, resisted the knife, and delayed the operation. These bands, I need not say, were composed of tough cicatricial tissue.

Tœnia in a new-born child.—The *New York Medical Journal* for December contains an account of tape-worm in a new-born child, which is, as far as we know, unique, and suggests some curious reflections. The reporter is Dr. Samuel G. Armor, and the case was under observation in the Long Island College Hospital. About five days after birth the infant was seized with trismus, and the administration of purgatives brought away some proglottides of tape-worm. The mother was treated with pumpkin seed two months after her confinement, and numerous segments of tape-worm were expelled.