

closed, and the cicatrices being quite firm, the catheter was abandoned, and he was allowed to pass his urine along the urethra in the ordinary way. This he has ever since continued to do in full-sized stream.

REMARKS.—I have gone so far into the details of the operation, that there is not much more to be said. In attempting again so formidable a reparative operation on the periurethral portion of the urethra, I should certainly proceed much in the same way as I did in the operation which I have described. The following points are, I think, those on which success mainly depends:—

1. Before operating to be quite sure that the patient can and will draw off his urine by the catheter, and that he will so carefully close the mouth of the catheter in withdrawing it from the bladder as to prevent any drop of urine being left within the urethral canal.

2. To take care that the fistulous opening be so freely dissected that the whole of the cicatricial tissue about it should be as far as possible removed, and that the margins of the opening in the urethra be pared in such direction as will ensure two cut surfaces capable of accurate co-aptation. The operation indeed consists of two parts—(a) the paring and the lateral closure of the urethral opening; and (b) the formation of flaps to cover in the urethra and to unite with it.

3. To make the vertical incisions sufficiently distant from the central wounds, and sufficiently long and deep to ensure a freedom from disturbance of the soft parts intermediate between them and the central wound after they have been glided inwards and secured in apposition. These incisions look very formidable, but they involve no important structures.

4. To keep the sutures connected with the quills buried in the deep structures altogether below the partially detached covering prepared to be brought over the urethra.

5. To get a wide hold on the superficial flaps by means of pins, and to keep these flaps securely pressed upon subjacent tissues until firm union has taken place throughout the whole of the opposed surface.

6. The horizontal dissections stop short of the vertical incisions, and consequently, when the quills have been imbedded and their wires tightened, a vertical layer of tissues continuous from the skin downwards remains to bear the traction of the wires, and to assist in maintaining the vitality of the transplanted flaps. This vertical layer of tissue prevents undue lateral pressure on the urethra, which would otherwise be likely to result from the effects of the quill-sutures.

The trouble and difficulty so universally acknowledged in successfully managing formidable cases of urethral fistula attended by loss of much adjacent structures, must be my apology for the length of this paper.

HOSPITAL OF 109TH REGIMENT.

CASE OF HYDATID CYSTS FOUND IN THE BRAIN, &c.

By Surgeon JOHN CANDY, M.D.,
109th Regiment, Roorkee.

No. 1532, Corporal J. D., 109th Regiment, aged 23, service 5 years, the last four of which were spent in India, was admitted into hospital on the morning of the 9th February 1873, complaining of a severe pain in the forehead, intermittent in character, from which circumstance his disease was diagnosed as "Brow Ague," and treated accordingly.

His general health up to within a few months of his last illness had been very good, and beyond impaired memory, and dulness of intellect, he never showed any symptoms that would lead one to suspect serious mischief going on in the brain from the presence of a parasite. He was a young man of temperate habits, but it would appear that he frequently purchased country bacon and sausages to eat with his breakfast, to supplement his ordinary rations; and we may naturally infer that he swallowed some of the ova or embryos of the tapeworm, thus giving rise to the disease which proved fatal.

From his "medical history sheet" it appears that he was not once admitted into hospital during the whole of last year, 1872, and the first admission this year was on the 15th January, when he was treated for simple continued fever, and remained only five days in hospital. After an interval of ten days he was again admitted with a return of his former symptoms, frontal headache, and general pyrexia. He was discharged "to duty"

on the 8th February, but was obliged to be brought back to hospital the same evening owing to the severe pain in his head, rendering him unfit to perform his duty as a non-commissioned officer. He was admitted into hospital the next morning, 9th instant, supposed to be suffering from a severe attack of "Brow Ague," and was ordered quinine grs. v. three times a day, and the tincture of aconite to be applied with a camel's hair brush to the forehead.

On the 10th, as he had derived little or no benefit from the quinine, it was omitted, and the muriate of ammonia in grs. x. doses every four hours ordered instead.

11th.—No change in his symptoms, the pain in his head most distressing; ordered the mixture to be repeated, and as the bowels were rather costive, two purgative pills were ordered to be given at bed time.

12th.—He passed a very restless night, and states that the pain in the head is no better. Fearing in my own mind that there was some deep-seated mischief going on in the brain, I ordered his hair to be cut short, and cold lotion applied to the forehead constantly, and a large blister to the crown of the head. As his bowels were still costive, a purgative enema was ordered. As he had taken very little food the last few days, and seemed to be getting weaker, some port wine ʒiv. , and a pint of beef-tea, were ordered as extras.

5 p.m.—Much the same; ordered Dover's powder, grs. vi., to be given at bed time.

13th.—He slept several hours last night, and feels rather easier and better in every respect this morning. At the suggestion of Surgeon-Major Thornton, 109th Regiment (who suspected some tumour or inflammatory action was causing the pain) the muriate of ammonia was discontinued, and the perchloride of mercury, grs. $\frac{1}{15}$ in decoction of cinchona ʒi. , three times a day, given instead of it. The Dover's powder was repeated at night.

14th.—The opiate took no effect on him, and he never closed his eyes the whole night. He was ordered to be placed in a small ward by himself to ensure perfect quietude, and grs. xx. of chloral hydrate given about 9 a.m., to be repeated in about four hours if no sleep was induced by the first dose. In the evening I found him no better, and the medicine had failed in producing the desired effect, so I prescribed gr. $\frac{1}{2}$ of the muriate of morphia at 8 p.m., to be repeated in two or three hours if necessary.

Two of his comrades took it by turns to nurse him, and sat by his bedside all night. The orderly reported to me the next morning, the 15th, that about 5 a.m. he noticed a change come over the patient, and he wished some of the bed clothes removed, and told the orderly to go and lie down as he was going to have a sleep. He turned over on his left side, and fixed his eyes on some object in the room, and some little while after the orderly discovered that the patient was dead, having expired apparently in a slumber.

A *post-mortem* examination was made two and half hours after death.

External appearance.—Rigor mortis present. Body well nourished—that of a young, well-developed man.

Skull.—On removing the calvarium, the sinuses of the dura mater were observed to be distended with blood, and a bulging out of the membrane over the right hemisphere of the cerebrum existed from effused, serous fluid, and on carefully slicing away the convolutions, four or five distinct hydatid cysts were discovered, varying in size from a large marble to a good-sized walnut, containing from ʒii. to ʒi. of clear watery fluid with a sp. gr. of 1,000, situated in the right hemisphere of the cerebrum, extending into the lateral ventricles. Weight of brain 3lbs. $5\frac{1}{2}$ ozs.

Thorax.—The apex of right lung was adherent to the pleura costalis, and was occupied by a hydatid cyst, the size of a large walnut imbedded within its parenchymatous substance. On examination of the cyst it was found to consist of two distinct membranes; an outer, thick, laminated, homogeneous, elastic layer (the ectocyst of Huxley) and an internal, thin, soft, granulated comparatively inelastic layer (the endocyst of the same author), and to the inner surface of the cuticle were attached a granular mass of nucleated cells, which became gradually transformed into the so-called brood capsules of Leuckart. Weight of lungs, right 14ozs., left 11 $\frac{3}{4}$ ozs.

Heart.—No apparent disease of the valves. On opening the left ventricle a small cyst, the size of a pea, was seen attached to the "chordæ tendineæ." Weight of heart 14 $\frac{1}{4}$ ozs.

Abdomen.—The liver was large, but apparently normal in

structure, and, strange to say, contained no hydatid cysts that I could detect; weight 5lbs 10½ozs.

Spleen.—Normal in structure, contained no cysts visible to the naked eye; weight 11½ozs.

Kidneys.—Right apparently healthy; left, a hydatid cyst, the size of a large marble, was found in the cortical portion. The kidneys weighed 7½ozs. each.

Intestines.—Both the large and small intestines were carefully examined, but no entozoa were found, and a few scybala in the descending colon.

REMARKS.—I have ventured to place this case on record as presenting one or two interesting points worthy of notice;—1st, the absence of any alarming symptoms beyond the frontal headache, so that the presence of hydatid cysts in the brain was not suspected; 2nd, his death occurred just one month from the time he first came to hospital, complaining of headache, so that we may infer that the germs of the parasite had found an entrance at least a month or six weeks prior to that time. As far as I am aware, he was never troubled with tapeworm, a very common complaint in this country, especially in those soldiers who are fond of eating raw ham and country bacon.

ROORKEE, 19th April 1873.

CHUCKDIGHEE CHARITABLE DISPENSARY.

A CASE OF NASAL CALCULUS.

By Sub-Assistant Surgeon KASSY KINCUR MITTER.

IN the morning of 12th February 1873, a girl, aged about 5 years, was brought to the dispensary by her mother, who stated that she had for a long time noticed something in the right nostril of the girl, which impeded her respiration to a slight extent, and which she was very anxious to have extracted.

On making an examination I saw a small oval body in the right nostril, which I thought to be a polypus. On touching it with a probe it was felt to be a hard substance. As the girl became very restless and commenced to cry, I put her under the influence of chloroform. On examining it more minutely, it was found to be a calcareous body firmly adherent to the mucous membrane of the right ala of the nose. It was extracted with a pair of small forceps after dragging it close to the orifice of the nostril by the end of a probe bent in the shape of a hook. It was followed by a gush of bleeding, which was stopped by injection with a strong solution of alum.

The body extracted was found to be a small oval calculus with a distinct hour-glass contraction in the middle.

REMARKS.—Nasal calculi are very rare. In the February number of the *Indian Medical Gazette*, Sub-Assistant Surgeon Bhowani Dás, of the Rawul Pindee Dispensary, has given a very good case of this kind. He says, he has never heard of, nor seen, such a case, and that "there is no mention made of its occurrence in the works on surgery." For his information, let me refer him to "Erichsen's Surgery," Vol. II., page 289 (5th edition), where he will find a description of these calculi.

They are sometimes adherent to the mucous membrane, at others imbedded in its substance.

Notices to Correspondents.

It is particularly requested that all contributions to the "*Indian Medical Gazette*" may be written as legibly as possible, and only ON ONE SIDE of each sheet of paper.

Technical expressions ought to be so distinct that no possible mistake can be made in printing them.

Neglect of these simple rules causes much trouble.

Communications should be forwarded as early in the month as possible, else delay must inevitably occur in their publication.

Business letters to be forwarded to the Publishers, MESSRS. WYMAN & Co., and all professional communications to the Editor, direct.

Communications have been received from:—

Surgeon F. N. MACNAMARA, M.D.; Mr. T. D'O. PARTRIDGE; Surgeon W. J. MOORE; Sub-Assistant Surgeon KASSY KINCUR MITTER, Chuckdigee; Dr. C. M. RUSSELL, Civil, Chuprah; Native Doctor RAM SAHOY LOLL; Sub-Assistant Surgeon BHAWANEE DASS, Rawul Pindee; Dr. C. F. TONNEBE; Dr. T. H. HEWLETT; Mr. G. H. ROSS.

ERRATA:

At page 94, left column, 8 lines from bottom, for *our* read *over*. At page 134, right column, 25 lines from bottom, for *neutral* read *neural*.

Acknowledgments.

The Lancet, No. 7; *The Medical Times and Gazette*, Nos. 1186 to 1189; *The British Medical Journal*, Nos. 638 to 641; *Gazette Médicale de Paris*, Nos. 13 to 15; *France Médicale*, Nos. 24 to 29; *The Madras Medical Journal*, May; *The New York Medical Journal*, February; *The Edinburgh Medical Journal*, April; *The American Journal of a Medical Science*, No. 129; *The Glasgow Medical Journal*, February; *The London Medical Record*, Nos. 12 & 13; *The Bengal Magazine*; *The Age, Melbourne*; *Proceedings of the Medical and Physical Society of Bombay*, Nos. 2 & 3; *Proceedings of the Sanitary Commissioner for Madras*, for the months of November and December 1872; *The Grant College Students' Journal*; *Record of the Geological Survey of India*, Vol. VI., No. 2.

The Indian Medical Gazette.

JUNE 2, 1873.

OUR RELATIONS TO GOVERNMENT.

THE fact of Government subscribing to this journal has, on several occasions, been employed as an argument against the propriety of our expressing our sentiments with freedom in these pages, regarding what we believe to be the value of certain reports and ideas published by officers connected with the Indian Medical Service. We are unable to comprehend the force of this reasoning. We should clearly have been in fault, had we, as Editors, attacked the personal character or qualifications of individual members of the service; and, in fact, in order to avoid any such difficulty, we have, as a rule, purposely discarded the editorial "*we*," and written in our own name when seriously differing from the opinions promulgated, either by officers in the medical or sanitary services of Government. The Editors of this journal cannot accept the position of mercenaries, binding themselves to state the views published under the sanction of Government, whether sound or unsound; nor do we for an instant believe that the Indian or Local Governments would desire us to follow such a course. The object of Government is identical with ours in this matter—a desire to arrive at the truth, and so long as we keep within the bounds of fair criticism, we are perfectly willing to leave the issue in their hands; for it must be an advantage to those in authority to hear both sides of any question open to discussion; and surely some of the most intricate problems before the Government of India are those relating to the health and well being of the masses committed to their care. Our columns have never been closed to any one discussing matters of this kind, however much our own views of the subject have differed from their's. The object of Government in subscribing to this journal is not only that they may circulate a periodical among their subordinate medical officers, who cannot afford to pay for a medical journal, but further, the Government would thus endeavour to stimulate subordinate officers to distinguish themselves, giving them the means not only of studying the work of the leading medical authorities practising in this part of India, but inviting them to record their own experience, and by writing keep themselves up to the standard of the science of the day. These pages prove that many native medical men, and in fact, members of every branch of the profession, gladly avail themselves of these opportunities; and it is most gratifying to find that our columns are month after month filled with much valuable matter relating to the art of medicine and surgery, as practised at present in Bengal—work which we