

MULTAN CIVIL DISPENSARY.

STONES IN UTERUS.

BY ASSISTANT SURGEON T. MARTIN.

J.—, a sweeper woman, aged 60, brought to the hospital complaining of stone in the bladder.

History.—From 13 years she has had some difficulty in passing urine, burning and pain during micturition. No blood in the urine but discharge of mucus often; difficulty has been increasing since, so that the pain and burning was continuous and had reduced the patient so far, that she was unable to sit up or walk about.

Examination.—Uterus found wholly prolapsed and enlarged, this having occurred about 14 years back after the birth of her last son. The os-uteri is lying about half an inch from the orifice of the urethra. On palpation, the uterus was found to contain some hard substance, and on pressure urine came out of it. It was tried to pass the sound into the bladder, but the effort was unsuccessful on account of the displacement of urethra. On introducing the small finger into the urethral opening, it was directed into the os-uteri, in which the stones were felt. The opening was dilated, and the stones were extracted from the uterus. The stones numbered 16, big and small; 4 of these were as big as pigeon's eggs, and weighing 195, 175 and 240 grains, respectively; the remaining 12, with the broken pieces, weighed 250 grains, so that altogether the weight was 1,055 grains. Uterus was syringed and patient was sent back to her bed. Tinct. opii m.x. was ordered to be given at once. For two or three days the patient complained of burning sensation when passing urine, for which diuretic mixture and tinct. hyoscyami were given. In three days' time all the bad symptoms vanished, and the patient was cured.

Remarks.—This case is a very good example of the sympathetic irritation arising from the abnormal condition of the neighbouring organ. At the outset, it was diagnosed that the stone was in the bladder, but the result proved that it was the uterus which contained the calculi. 2ndly, it is strange to see that the constant irritation of the stones contained produced no metritis, which is so common after an unnatural labour and slight irritation. As the prolapsus had lasted for the last 12 years, it was impossible to reduce the uterus.

AFTER about a week's time there was another case admitted into the hospital very similar to that described above. In this case the woman was weaker, and the symptoms had lasted for the

last seven years. On inspection, a similar state of the parts was noticed and similar treatment was followed. There was only one stone in this case, which weighed 160 grains. The uterus was not so enlarged as in the above case, but the urethral opening was so big that the finger could be easily passed into the bladder. On account of the relaxed state of the parts, the uterus could be reduced, but it soon resumed its abnormal state. The prolapsus of the uterus in this case is found to have resulted after the stone symptoms. From which it is inferred that first of all the stone was formed in the bladder, but then passed down into the prolapsed uterus. The patient is yet in the hospital, but is quite relieved of her troubles.

June 26th, 1888.

MAGHIANA DISPENSARY.

A CASE OF DYSPEPSIA ATTENDED WITH SEVERE SPASMS OF THE DIAPHRAGM. DURATION THREE MONTHS, CURED WITHIN A WEEK.

UNDER CARE OF ASSISTANT SURGEON CHETAN SHAH, K. B.,
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ON 14th October, 1886, was admitted as an in-door patient at the Maghiana Sadr Dispensary, a man, aged about 35, who had been suffering for six months from fits of spasms of the diaphragm. Each fit lasted for about six hours, and consisted of repeated spasms and relaxations of the muscle. Each eructation produced a wave-like motion that was seen to travel from the ribs to almost an inch below the navel, and each relaxation was attended with eructation from the mouth. There was much suffering and pain, and the patient had been reduced in strength. During sleep there was no spasm.

No vomiting. No sensation of weight in the stomach, and the patient thought he had no indigestion, though he complained of acid eructations. The bowels were costive. My assistant, Hospital Assistant Nihal Chand, prescribed bismuth and hydrocyanic acid, two doses of which were given without relief.

On the 15th, I found the tongue furred and bowels costive, and had calomel gr. 10 with an equal quantity of sugar rubbed on the back of the tongue of the patient. This produced three motions. Nitro muriatic acid was given three times a day after the action of the purgative. There was no spasm for 36 hours, after which they recurred for two hours, but never again. On the 18th the patient complained of pain between the shoulders which was relieved by dry-cupping. The patient was kept in hospital till the 21st, and was then discharged cured.