

On asking the man to pass water he stood up, and after straining for a few minutes, urine dribbled between his thighs. The urine was natural in colour, acid in reaction, and contained no albumen.

An attempt was made to pass a gum elastic catheter, but without success, as a permanent tight stricture was found a few inches from the orifice of the urethra.

The swelling was punctured in the median line with a small trocar and 16 oz. of fluid removed. This fluid was translucent and slightly tinged with blood, was perfectly neutral in reaction, and contained albumen in considerable amount. It also contained a small quantity of chloride of sodium, but urea could not be detected. Under the microscope blood and pus cells were seen.

On the morning of the 26th the tumour was again punctured and 12 oz. of bloody fluid evacuated. This fluid had an urinous odour, but owing to an accident was not examined for urea. The 12 oz. of fluid had thus been secreted in 24 hours.

The patient being under the influence of chloroform, was tied up in the lithotomy position. An incision was then made in the median line of the tumour, commencing above about 2½ inches below the scrotum, and carried downwards for about 3 inches: after fully an inch of tissues had been cut through, the cavity of the tumour was reached and about 5 oz. of bloody fluid, with some large dark-coloured clots, evacuated.

The cavity thus laid open was the size of a closed fist, and was lined with a whitish smooth membrane. The fingers could be passed upwards to the under surface of the scrotum, while below the rectum was in close contact with the wall of the tumour.

On the posterior wall of the tumour was the dilated urethra. A catheter was passed down to the point of constriction, to which reference has before been made. An incision was then made a little above the point of the catheter, and carried carefully downwards through the hard and gristly stricture. The lower opening of the urethra was found after some little difficulty, and a female catheter passed into the bladder when about a pint of bloody ammoniacal urine flowed out. The catheter was tied in the bladder.

29th.—Free from pain; pulse 100; skin cool; urine passes freely through catheter.

May 1st.—Skin cool; pulse 84; wounds look very healthy. The patient continued improving till the 7th, when the temperature rose, and the pulse became frequent with a coated and dry tongue. The wound, however, still looked healthy, and had commenced to granulate.

On the 11th pneumonic symptoms set in, and the patient gradually sank, and died on the night of the 13th May.

Post-mortem 8 A.M., 14th May 1877, 13 hours after death.

Body emaciated; rigor mortis well marked. About 6 oz. of fluid in cavity of pericardium. Right side of heart dilated and full of dark fluid blood, with a few recent clots. Left side firmly contracted and empty, valves healthy.

A few old adhesions of right lung to chest walls.

Lower lobes of both lungs deeply congested, and commencing hepatization of right.

Liver and spleen, normal.

Both kidneys greatly congested and slightly enlarged, but otherwise healthy.

The bladder was about the size and shape of a goose's egg, with walls ½ inch thick. Its interior was coated with pus, and was of a claret colour in places. It did not appear capable of holding more than two or three ounces of urine. The wound in the perinæum, the result of the operation, was about half filled up.

What determined the formation of this perinæal tumour is a question which naturally suggests itself.

There was first doubtless a minute extravasation of urine below the seat of stricture. This was probably followed by an abscess. But why the abscess stopped secreting pus is a question which I am unable to answer.

BHAUGULPORE, 15th May 1877.

New Operations for Glaucoma.—Sclerotomy versus Iridectomy.—Under this heading Mr. Bader, Ophthalmic Surgeon to Guy's Hospital, advocates the substitution of section of the sclerotic for iridectomy in cases of glaucoma, &c. The section is made by passing a Graefe's knife across the anterior chamber and cutting it out as near as possible to and immediately in front of the iris, and then withdrawing it without making a conjunctival section. The extent of sclerotic to be divided is equal to nearly a third of the circumference of the cornea. A large bridge of the conjunctiva is left, beneath which the aqueous humour escapes.—*Dublin Journal of Medical Science.*

MONGHYR DISPENSARY.

CASES FROM PRACTICE.

Under care of Surgeon H. W. HILL, M.B., *Civil Surgeon, Monghyr.*

(From notes taken by Assistant Surgeon Omesh Chunder Roy.)

CASE I.—Kakeel, Hindu, aged 40, admitted December 22nd, 1876, with double cataract. Both eyes were totally blind. On 23rd, the patient having been brought fully under the influence of chloroform, the operation of extraction was performed on the right eye, in the following way:—The lids having been opened by two assistants, an incision was made in the upper section of the cornea, a little in front of its junction with the sclerotic. A curette was then introduced to lacerate the capsule, and the lens extracted with a curved needle. A strong solution of atropine was then dropped into the eye, which was closed with a pad of cotton wool and a light bandage. Some lenticular matter left behind, became gradually absorbed, and the patient was discharged with fair vision on 5th February 1877. He was supplied with a pair of spectacles, the difficulty in procuring which made his stay in hospital longer than was necessary.

CASE 2.—Mohender, a Hindu boy, aged 4, admitted 22nd February 1877, with symptoms of stone in the bladder, of 2 years' standing. On sounding the bladder, the stone was distinctly felt. On the 28th the stone was extracted by the lateral operation of lithotomy. It weighed 1 drachm and 8 grains; phosphatic. On 1st March urine began to flow through the urethra. The wound gradually healed, and the patient was discharged quite well on the 19th March 1877.

CASE 3.—Bunshia, Hindu, aged 5, admitted February 17th, 1877, with symptoms of stone in the bladder. His father stated that the child had been suffering for six months with great irritation in passing urine, frequent micturition, occasional passage of blood with the urine, and prolapsus of the rectum. On sounding a stone was distinctly felt. On 20th the stone was removed by lateral lithotomy. It weighed 3 drachms; phosphatic, tuberculated on the surface.

21st.—Urine passed partly by the natural passage and contained some mucus.

28th.—Urine contained a good deal of white mucus, and caused great irritation. Ordered—R. Tinct. Hyoscyami ℞ iiii, Bal. Copaibæ ℞ ii, Spt. Etheris Nitrosi ℞ vi, Infusi Buchu ℥i. To be taken three times a day.

30th.—Irritation less; mucus less; to continue mixture.

From this date the mucus and irritation became less and less, and the patient was discharged well on the 8th March 1877.

REMARKS.—The passage of mucus with the urine was the result of chronic cystitis set up in the mucous membrane of the bladder by the rugged stone. It yielded under copaiba and buchu.

CASE 4.—Newgnee, Hindu, aged 10, was admitted on 17th February 1877, with symptoms of stone in the bladder. On the 18th the stone was extracted by the lateral operation. It consisted of oxalate of lime, weight 3 drachms and 20 grains.

24th.—Urine passed by the urethra. Was discharged cured on 8th March 1877.

CASE 5.—Kamol, Hindu, aged 8, admitted 16th March 1877, with symptoms of stone in the bladder of 3 years' duration. On sounding, the presence of a stone was detected. On 20th, stone was extracted by the lateral operation. It weighed 1 drachm; phosphatic.

23rd.—Very profuse bleeding from the wound and urethra, stopped by pouring cold water from a height over the bladder. The patient gradually recovered and was discharged quite well on 21st April 1877.

CASE 6.—Mongul, Hindu, aged 55, was admitted into hospital on the 9th April 1877, with symptoms of stone in the bladder of 3 years' standing. Patient is a thin, anæmic individual. On the 12th the stone was extracted by the lateral operation. It weighed 7 drachms, and had rough uric-acid deposits on a phosphatic surface. Four hours after operation there was profuse bleeding from the wound, which was stopped by plugging. Pulse very weak.

16th.—Much bleeding; blood passed in a forcible stream through the urethra; stopped by pouring cold water over the bladder.

21st.—Lost about 8 oz. of blood; pulse weak; tongue dry and brown.

27th.—Doing pretty well.

29th.—Is much exhausted and very low. The patient gradually got weaker and died on the night of 30th from exhaustion.

CASE 7.—Maharo, Hindu, aged 25, admitted 2nd April 1877, with severe irritation of the urethra, and was constantly squeezing the penis with his hand. General health much reduced by the suffering. Stated that when a boy of about 7, he had been operated on by a *Jarra* or barber surgeon, who had extracted a large stone in several pieces. There was a cicatrix in the perinæum marking the place of the previous operation.

On the 4th the patient was chloroformed, and on examining the perinæum a hard moveable substance was found imbedded beneath the old cicatrix. The first incision was made in the usual manner for lateral lithotomy, but in the 2nd stage of the operation, the hard substance was found to be in the way, being deeply seated on the outer side of the triangular space between the erector penis and accelerator urinæ muscles. The urethra had consequently to be reached through the narrow space on the inner side of the obstructing body. During extraction, the stone unfortunately broke to pieces and had to be removed by the scoop. After the operation was finished, the obstructing body was dislodged and was found to be a conglomeration of bits of stone contained in a cyst, and about the size of a large areca nut. The rectum was wounded about an inch from the anal orifice. The stone weighed 1 oz.; phosphatic. After the operation m xx tinct. opii was given, and the dose was repeated at bed-time. The following day severe diarrhœa set in, which greatly prostrated the patient, and could not be checked by any astringent given by mouth or by rectum.

10th.—Stools thin; passed every half hour, partly through the wound. Ordered opium gr. ii every 3 hours.

16th.—Urine passed partly through the urethra; bed-sores over the sacrum.

1st May.—Wound contracting; a little fœces sometimes passed through the wound; diarrhœa stopped; bed-sores have healed up. The patient gradually improved, and, though still in hospital, is quite convalescent.

REMARKS.—There are several points of interest in the above recorded case:—

1st.—Formation of the external calculus. From the history and the presence of an old cicatrix, it was evident that he had been operated on before.

2nd.—The bits of stone enclosed in a tough wall forming a distinct cyst were the pieces left behind by the *Jarra*. These bits left in the wound became encysted after the wound had healed up.

3rd.—Rectal wound.—This could not be avoided for want of sufficient room for entering the bladder.

4th.—Breakage of the stone.—This necessitated the repeated introduction of the scoop, thus adding to irritation, inconvenience, and delay.

5th.—The obstinate diarrhœa was no doubt due to the irritation caused by the contact of urine with the mucous surface of the rectum, and probably also due to the sub-acute inflammation of the rectum resulting from the injury. It was most inveterate and yielded only to repeated doses of opium. The 6 stone cases were all natives of this district.

MONGHYR, 17th May 1877.

CASE OF FLOATING CATARACT: EXTRACTION.

By R. C. SANDERS, M.B., *Civil Surgeon, Azinghur.*

On the 12th March 1877, a Hindoo, named Doorga, aged 46, a well-off Toddy Chowdry, presented himself at the dispensary with a hard cataract in the anterior chamber of the right eye where it had been for 3 weeks; it was very freely moveable, and there was no inflammation of any kind. The left eye was completely destroyed from small-pox. The sight in the right eye was almost nil, mere sensation of light. He states that many years ago he was operated on by a native *Jarra* and for 3 months he had fair sight, on stooping he became blind, but on rising he recovered his sight, and that ever since he has sometimes been able to see, but often not; this has evidently been caused by the lens rising and occluding the pupil and again sinking; lately his sight has been getting very rapidly worse.

The case seemed almost hopeless, but I determined to operate, and at once.

He was placed under chloroform, and an incision was made by a linear knife in the upper part of the cornea and the lens extracted by being seized with a hook, an escape of vitreous

took place which was thin, more like syrup than anything else. A pad and bandage were put on, and he was kept in a darkened room.

13th.—Complains of slight pain, with a little watery discharge.

14th.—Slight pain.

15th.—Pain same as yesterday.

16th.—Slight redness of conjunctiva; wound has completely healed. He can see movements of fingers, but has double vision; he sees every thing double. Complains of pain in the eye.

Blister applied behind the ear.

17th.—Much the same.

19th.—Redness has diminished; has slight pain and considerable intolerance of light; double vision has disappeared; can see fingers and distinguish between them and thumb.

20th.—Vision improving; no pain; wishes to return to his home; discharged, and told to return to dispensary every week for examination.

April 16th.—Came this morning; can see very distinctly; field of vision normal or nearly so. Vision not improved by convex lens. Can see and distinguish all objects from a needle upwards, but is slightly astigmatic in the horizontal meridian. Can see distant objects very distinctly, but has still some intolerance of bright light. With proper spectacles will be able to see to read and write distinctly. He can now carry on his business and see to every thing himself which before he was unable to do.

The extraction of the lens in this case, which has for years been acting as a foreign moving body in the eye, has been followed by very remarkable improvement of sight.

AZINGHUR, April 16th, 1877.

CASES ILLUSTRATING THE EFFECTS OF FRIGHT.

By GORDON PRICE, M.D., *Civil Surgeon, Pooree.*

WHEN Officiating Civil Surgeon of Pubna, on the 20th of October 1876, a man was brought to me who was said to have been bitten by a cobra. He was a worker in the Mangiparah factory close to the Civil Station of Pubna, and during the day had gone outside to the jungle to execute a call of nature. While walking through the jungle he accidentally trod on a snake said to be a cobra, and according to his own account was bitten by the snake on the right foot. Immediately after the supposed bite he went to some snake charmers in the village close by, and was there seen by the indigo planter in charge of the factory, who tied a cord tightly round his leg and sent him over to me at once.

When seen by me, less than half an hour after the supposed bite, he was in a semi-conscious state, could not be made to speak, and when fluids were poured into his mouth could swallow with difficulty; his pulse was irregular, and his pupil was slightly dilated but not fixed.

On searching for any sign of the snake bite not a puncture nor a trace of blood could be found on the part pointed out by his friends as that on which he had been bitten, nor on any other part of his body. The symptoms were evidently the result of fright, the man having trod on a snake and imagined himself bitten. A dose of brandy and water and a few jugs of cold water dashed in his face soon brought him to his senses, much to the delight of his friends who all imagined him dying.

A similar case occurred three days after the above. A boy six years of age was brought to the Pubna dispensary said to have been bitten by a cobra; he lay in his father's arms in a perfectly senseless state; eyes half closed; pupils slightly dilated, but not insensible to light; pulse irregular and rather slow.

On examining the part said to have been bitten, and subsequently the rest of his body, not a trace of a bite could be discovered. The symptoms were evidently due to fright. Cold water dashed repeatedly in his face soon restored his faculties completely.

Paramanunda, a man aged about 28 years, was brought by some friends to the Pooree dispensary on the morning of the 26th March 1877, suffering from aphonia. The account of his case given by his friends was as follows:—A relation of his living in the same house died of cholera, which was very prevalent in Pooree at the time, on the night of the 23rd of March; on the following night the man imagined he heard his friend, who had been buried the day before, speaking to him, which frightened him very much; the following morning his friends noticed that he looked queer and out of sorts, and during the day he lost his voice completely. The following