of nitrate of pilocarpine ¼ gr. administered at once. Mustard and linseed meal poultices over both the lumbar regions were applied and repeated every 2 hours. 1 P.M. copious sweats followed the injection. Urine not passed. Restlessness continued. Is troubled with nausea and occasional vomiting. Is conscious but is becoming drowsy. Temp. 103; pulse 115 per minute. Vesp. Convulsions have set in. Beginning at the face, they extended to the limbs and the trunk. The face is livid, and there is some foaming at the mouth. The convulsions are epileptiform in character, and are repeated at varying intervals. The patient is comatose. ⅓ gr. of pilocarpine nitrate injected, and repeated after 5 hours. Inhalation of chloroform at intervals has kept the convulsions greatly under control.

September 3rd.—Is slowly regaining consciousness. Has passed about 4 ounces of red-looking urine. It contains blood, and is highly albuminous. Injection of pilocarpine, ¼ gr., repeated. Poultices continued. 12 *noon.*—Has again passed urine of the same character as above. Takes time to recognize friends. Has taken a few ounces of milk.

4th.—Says he is unable to see or recognize anything. Amaurosis has set in almost suddenly, and in both the eyes. Urine is now being passed in increasing quantities, and blood is decreasing from it.

5th.—Continues blind. Is in great anxiety about his vision, though assured that he will regain it gradually.

6th.—Has begun to see again. Vision is hazy.

7th-10th.—Is improving in all respects. The amaurosis has passed off. Has begun to walk about in the house. Passes urine freely, but no catheter has been passed since the 2nd instant.

10th-15th.—Is convalescent. Catheter No. 10 passed on the 12th. Patient is taught and advised to pass a medium-sized gum elastic catheter occasionally. Is leaving for his village.

Remarks.

This case appears to me to be altogether very interesting and somewhat unique of its kind, for seldom do complications of the abovementioned character occur during the treatment of stricture of the urethra. Its special features are the following:—

1. The supervention of suppression of urine and uræmia during the course of treatment.
2. The occurrence of amaurosis, one of the most remarkable of all the effects of uræmia.
3. The restoration of the function of the kidney. The subsidence of convulsions and recovery of the patient.
4. The beneficial effects of the hypodermic injection of nitrate of pilocarpine in cases of this nature.

1. The occurrence of shock, rigors and urethral fever following catheterism, are accidents, which generally occur in the practice of almost every medical man, but it is seldom, indeed, that he meets with a case of suppression of urine following such a simple operation. There can be no doubt that in this case the kidneys were already in an advanced stage of degeneration, and it would be interesting to know what cause or causes contributed to or excited the occurrence of this symptom. The probable explanation is, that as the stricture was of very old standing, the kidneys were already diseased; that interstitial nephrites had already set in, and that the passage of a catheter every few days, excited by some obscure reflex action, hyperæmia of the kidneys, which, under the influence of the same exciting cause, ultimately grew so intense as to set up suppression of urine and uræmia.

2. Another interesting symptom in this case was amaurosis, and it is, perhaps, the most remarkable of all the symptoms of uræmia. It has been known to set in suddenly in both the eyes, and to render the patient entirely blind for the time being. No changes as a rule are detected in the optic nerve of the retina by the ophthalmoscope. However, these alarming symptoms disappear, as they did in this case (should the patient survive the attack) within 30 hours, or at the most in a few days. It would be interesting to know what intrinsic changes in the optic nerve or the retina could have set up the amaurosis, but I have no satisfactory explanation to offer for the same. As regards the 3rd and 4th points in this case, there appears to be no doubt that the free and copious diaphoresis produced by the injection of pilocarpine, served in no small degree to save the life of the patient, by removing from the blood the various deleterious materials retained within, whether we may call them urea and its allies or products intermediate between the former, and the albuminous substances from which it has its origin, whilst the counter irritation, over the lumbar regions, which was almost continuously kept up, had its share in removing that congestion of the kidneys, which each introduction of the catheter had, in its turn, excited and increased, and in restoring (probably because the kidneys were not hopelessly damaged) the usual function of the kidneys. The remarkable influence of chloroform in subduing convulsions, is a fact well known to medical men, and requires no special mention.

REMOVAL OF LARGE VESICAL CALCULUS BY LITHOLAPAXY.

SURGEON-MAJOR G. M. NIXON, M.B., *Civil Surgeon, Jhansi.*

ON 4th March, a Hindu, aged about 35 years, applied for treatment. He had suffered from the symptoms of stone for over seven years but had not come to hospital believing then that it was due to gonorrhœa. Examination disclosed a very large calculus. The following morning, after being placed under chloroform, a lithotrite

was passed and an attempt made to crush the stone, but as the lithotrite could not lock at over $2\frac{3}{4}''$ and the smallest diameter of the stone was $3\frac{1}{4}''$ but only slow progress was made, as it was only possible to chip round the edges of the stone; the outer layers being fortunately soft it was at length (after about 3 hours' work) possible to seize the stone and lock the lithotrite upon it, and after nearly two hours more I had the satisfaction of finding the bladder empty. There were 9 evacuations made in all during the operations each, as the result proved, removing about an ounce of *débris*. I was most ably assisted in the operation by Assistant-Surgeon Salig Ram Misra to whose care is also due the fact that the patient left the hospital cured on the 8th day after the operation. The fragments were weighed after the operation, all moisture being expressed as far as possible, and amounted to 9 ounces, 33 grs., which is, I believe, the largest recorded stone that has been removed by litholapaxy, though I am open to correction on this point. The calculus was composed of uric acid and triple phosphates. The patient came to see me six weeks ago and was in excellent health, and yesterday he ran after me when driving past him to tell me how well he was.

CASE OF SUNSTROKE—INSIDIOUS ONSET AND UNINTERRUPTED RECOVERY.

By G. S. CRAWFORD, SURGN.-CAPT., A.M.S., *Bellary*.

ON 22nd April, at 3-30 P.M., Pte.——, 1st Cheshire Regiment, came to the Station Hospital, Bellary, complaining of "fever." Temperature 102°. He stated that he had been suffering from occasional attacks of headache, giddiness and insomnia, for some days previously. He had not been exposed to the sun, and had only one glass of beer that day. The Assistant-Surgeon on duty gave him a dose of diaphoretic mixture and put him to bed. About 5-30 P.M. I visited the hospital, accompanied by Surgeon-Lieutenant Moore, I.M.S., and found the patient in the following condition: Temperature 107°; skin hot and pungent; breathing stertorous; pupils contracted; conjunctiva congested; heart's action intermittent. Ice was procured, and the body rubbed all over with solid pieces of it, and an ice water douche applied freely to the head. This was kept up until the temperature registered 99·4°. He was subsequently put on quinine sulph. gr. 5, and pot. bromide, gr. 10, twice daily, and his recovery was uninterrupted. On the 13th May he was transferred to Ramandroog for change of air.

The points of interest about the case are:—

(1) The insidious nature of the onset.

(2) The satisfactory results of the line of treatment adopted.

(3) The uninterrupted convalescence. No headache or any other sequelæ being noticed up to date.

HEPATIC ABSCESS—TREATMENT: RECOVERY.

By SURGEON-MAJOR G. H. FINK, *Bengal Medical Service*.

(Continued from page 292.)

Remarks.—This case would illustrate the danger of allowing a patient who has undergone so severe an operation to rise from his bed as soon as he feels stronger and better. In the cold season of the year a sudden chill might undo all the benefit and prove dangerous through complications setting in which, in this case, was a sharp attack of pneumonia of the left lung with a high temperature. This of necessity must be a grave condition in a case such as the one above described. The patient, on feeling better from the pneumonia complication, absconded, or was taken home by his friends: but had he not had careful attention and nursing must have died. In this case, dysentery preceded the hepatic abscess, which was allowed to go on until the patient felt very weak and exhausted. Had not operative interference come to his rescue, the abscess might have burst in a dangerous region and terminated his existence.

The practice of allowing an hepatic abscess to drain away of its own accord by placing the patient in a comfortable and advantageous position in bed is far preferable to pressure and irrigation. One cannot tell with nicety and accuracy how far the abscess has burrowed, and whether it is or is not in close proximity to the peritoneum or some important organ so that pressure or force of any kind by syringing or irrigating the abscess cavity might prove highly dangerous, for the tissues around are soft and friable and easily yield to force of any kind.

Hypostatic congestion and pneumonia might set in in a case where the patient is weak and exhausted, by having to lie on the flat of his back. Pneumonia as a complication must naturally be looked upon as a grave danger, for in the act of coughing, the diaphragm is suddenly driven down and brought into sudden and forcible contact with the diseased hepatic tissue which has melted away and is breaking down into pus around the abscess cavity, until healthy resolution takes place. The heart, too, works under great disadvantages in a situation between two "fires" as it were, and during systole and diastole, pressure effects are transmitted to the diseased organs, which must act and reach upon the circulatory apparatus, whose powerful action needs to be carefully controlled.

Tincture of aconite, however, benefited the pulse as well as the temperature, for no sooner had pneumonic symptoms pronounced themselves, than the temperature rose, and the pulse grew full and strong. Tincture of aconite reduced both.