

the corresponding part of the arm. There was no increase of tension, and the skin was neither red nor glazed. No fluctuation could be felt either in the pectoral region or in the axilla. From these symptoms it was concluded that although there might possibly be suppuration beneath the pectoral muscles, the local signs were not sufficient to call for an incision, more especially as the patient was evidently moribund. Brandy, beef-tea, and milk were administered, swallowing being performed without difficulty, but involuntarily.

On the following morning the temperature was 102.6°; pulse weaker and could scarcely be counted. Sordes were forming on lips. No change in the local symptoms. In the evening he died.

Autopsy, eighteen hours after death.—Body fairly nourished. Pleuræ and pericardium contained fluid. Liver fatty. Spleen decomposed. Kidneys large and smooth; capsules not adherent; cortices swollen and of pale colour. Brain-membranes natural; no flattening of convolutions; puncta vasculosa large and numerous; excess of serum in ventricles. Beneath and between the pectoral muscles on the right side was diffused suppuration, the pus being of healthy appearance. The suppuration was unconnected with bone or cartilage; nor could any cause be ascertained for it.

KALADGI HOSPITAL, BOMBAY PRESIDENCY.

REMOVAL BY LATERAL LITHOTOMY OF A VESICAL
CALCULUS WEIGHING 2177 GRAINS; DEATH
ON THE TWENTY-FIFTH DAY FROM
PYÆMIA.

(Under the care of Mr. F. C. BARKER.)

In the following case, owing to the large size of the stone it was found necessary to incise both sides of the prostate. The two largest diameters of the stone were $2\frac{3}{8}$ inches and $2\frac{1}{8}$ inches respectively, and the weight was 2177 grains. The patient progressed favourably from the day of the operation, July 17th, until July 22nd, when a severe rigor ushered in an attack of intermittent fever, which, although subdued in a week as far as concerned its ague-like form, proved symptomatic of pyæmia, attended with deep suppuration in both parotid regions. Death took place on the 25th day.

Laloo ben Mulloo, a ryot, aged thirty, residing on the bank of the Krishna, in the Kaladgi district, was admitted 13th July, 1876. Had had dribbling of urine for five months, two months previously to which there had been distressing obstruction and the occasional passage of blood. Prior to this he had been subject to occasional stoppages (two remembered) since childhood. Health reported good in other respects; and he was married only a few months back.

On passing a catheter, a gritty mass was met with in front of the bladder, which prevented the entry of the instrument. This proved to have been due to the bladder completely embracing the stone by its contraction.

The operation was performed on the 17th July, and was a protracted one, from difficulty in seizing and extracting the stone. All went on well from the 17th till the 22nd, the wound keeping healthy and the urine flowing through it regularly, the pulse gradually falling from 108 to 80, the temperature not exceeding 99.4°, and fears for the patient's safety seemed nearly at an end.

On the 22nd a severe but transient rigor took place, and was followed by a rise of temperature to 100.8°. The wound remained healthy, and there was no local pain. Defervescence to normal temperature and paroxysms returned again next day at 4 P.M., when the temperature exceeded 103°. The paroxysms continued to recur, at first regularly and daily, then abortively, with postponement, first for one, then for two days, to the 31st of July, when the last well-marked rigor took place, with a temperature of 103°, after which the final subjugation of the fever in this form was apparently accomplished by the abundant use of quinine internally and subcutaneously. From the 31st slight rises of temperature continued to take place with periodicity, but not to a height exceeding that to be expected from the existence of the wound, which to outward appearances, and so far as could be discovered by digital exploration, con-

tinued healthy. Progressive emaciation, however, and a cadaverous smell from the body, together with persistent bilious vomiting, diarrhoea, and the appearance of subsultus on the 31st, suggested the presence of some irremediable mischief. On the 30th of July the right parotid began to swell, was very painful, and suppurated in a week. On the 2nd of August the left one began to swell, and suppurated with its surroundings, till a probe could be passed from below the mastoid process into the pharynx. He died from asthenia on the 11th of August.

In considering that pyæmia may have been indicated by the symptoms, the following assemblage of them, coexistent with a deep surgical wound in a stationary condition, was taken into account: rigors, emaciation, yellowness of conjunctivæ, smell of body, intermittent fever, nausea and bilious vomiting, diarrhoea, and, finally, symmetrical and deep suppuration in both parotid regions. But, on the other hand, the rigors were brief, not frequently repeated, and only once severe. There was absence of arthritic suppuration and of visceral derangement as far as could be ascertained; the intermittent fever from which he had severely suffered in the previous year was cured by quinine in a week. There was also the important fact that last year he suffered from inflammation of the parotids, which caused inability to open the mouth. Lastly, the tongue had a white coating, characteristic of malarious fever, until late in the disease, when it became brown; and there was a promising appearance of strength, notwithstanding the emaciation, with clearness of mind and hopefulness, almost up to the last.

Some points which seem worthy of notice are—1st. The selection, on supposition of pyæmia, of parts (parotid glands) for suppuration which had been the seats of inflammation on a former occasion. 2nd. The perfect impunity with which, within four days, six hypodermic injections of quinine, each containing five grains, were borne while the patient was in a weakened and emaciated state, and the apparent effectualness of these in checking the daily ague-like fits. 3rd. In connexion with the concluding remarks on Mr. Berkeley Hill's two cases in THE LANCET, vol. i., 1876, p. 636, regarding the number of years a stone may be carried without serious consequences, this patient was afflicted for probably between twenty and twenty-five years. The calculus was, in great part, composed of oxalate of lime. The quinine solution used for hypodermic injection was the tartaric acid solution employed by Dr. Scriven, civil surgeon of Lahore, from whose directions in THE LANCET for 29th April last, p. 650, it was prepared.

GOVERNMENT DISPENSARY, KURSIONG, BENGAL.

REMOVAL BY LITHOTOMY OF TWO VESICAL CALCULI,
WEIGHING RESPECTIVELY 2692 AND 428 GRAINS;
RECOVERY.

(Under the care of Mr. A. B. MORRIS)

THE following case was, in respect to some of its conditions, apparently even more serious than the preceding. In this case there were two calculi, which seemed to fit one on the other, the aggregate weight being 3120 grains. In this case also, it was necessary to divide both sides of the prostate; but, notwithstanding all these unfavourable circumstances, excellent results were obtained.

A tea-maker, aged forty, a native of Nepaul, was admitted into the Government Dispensary, Kursiong, on July 27th, 1876. He was brought from the Terai, where he had been working for several years, during which time he had suffered much from intermittent fever. On admission he presented a very emaciated appearance. He complained of continual pain in the region of the bladder, frequent and painful micturition, pain in the penis and about the loins. There was a discharge of pus and blood from the urethra. From the history it was probable that he had suffered from stone for many years. An ordinary metallic catheter, No. 10, was passed, and almost immediately the instrument had entered the bladder a large stone was struck. As there were no lithotomy instruments at hand Mr. Morris was unable to operate till the 31st. During the space of time that elapsed between the patient's admission and the above