On admission, the patient was found to be in a very weak and anæmic condition—he evidently suffered much from continuous pain—the bladder was in a very irritable condition, and large quantities of foul-smelling pus escaped with the urine. On the left side of the perineum was a cicatrix in the usual position, following a lateral lithotomy with a small fistulous opening from which pus escaped and some urine, about its centre.

The bladder was injected with saturated boracic acid lotion for three days, and then, owing to his great distress, and notwithstanding his emaciated condition, it was decided to operate. Under chloroform a stone (phosphatic) was crushed and evacuated without difficulty. On sounding, however, though nothing could be discovered in the body of the bladder, something like an enlarged prostate, but which was without doubt a stone, could be felt with the finger in the rectum between it and the sound. A small-sized lithotrite failed in grasping the stone, but with the finger in the rectum a full-sized one was more successful; the stone was grasped, but could not be moved into the bladder, but had to be crushed where it lay encysted. The operation was finished without further trouble, and what had appeared to be an enlarged prostate had disappeared. The stones weighed in all 1½ oz. Beyond a rise in his temperature to 102.5° F. on the first day and 100.2° on the second, the patient did remarkably well, and he left the dispensary on June 14th with no pain, almost clear urine, and no signs of stone.

Taken in all its bearings this case is probably unique. The cystocele occupied roughly two-thirds of the trigone towards the right; its upper margin appeared to form, especially towards the left, a very firm crescentic-shaped projection from the bladder, which had resisted all attempts to move the stone upwards. The incision made in 1889 must have not only passed to the left of this projection, but probably also by severing its attachments allowed it to fall forwards, and so completely cover the stone. That the operation relieved him of his trouble was to be expected, as it resulted in permitting a free drainage of the bladder behind the projection, and for the time being cured him of his cystitis.

HINTS ON SEA VOYAGES FOR PATIENTS.

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WHILE serving at sea I have been struck by the number of people sent away for the benefit of their health with absolutely no directions as to the precautions that should be observed in the tropics, and as to matters which greatly conduce to the comfort and well-being of the patient.

In the first place, it is well that an entire cabin should be secured, especially for phthisical patients, as they are at once a source of infection and also a great annoyance to those occupying the same cabin, and should their complaint become serious it is a necessity.

A crowded ship should be avoided, as, unless the patient has an attendant, he or she cannot have the attention from the stewards and stewardesses that a severe case demands. These last make most excellent nurses, but naturally they are extremely busy in a crowded ship. The cabin selected should be amidships, where the motion and vibration are least felt, and for a voyage *via* the Suez Canal should be on the starboard side homeward bound and the port side outward bound.

The patient should be told not to neglect to wear a cummerbund over his pyjamas (not nightdress), as the neglect of this precaution frequently leads to severe abdominal pain and diarrhoea, and often colitis, owing to the free perspiration which occurs in the tropics being suddenly checked by a stream of cold air from an open port, hatchway, or punkah. This, of course, greatly militates against the good done by a trip.

The patient should never sleep on deck, especially if suffering from a throat disorder, and as soon as he arrives in the tropics he should be told to wear a solar tope, which protects the neck, as those in indifferent health are particularly liable to sunstroke, sun headache, and thermic fever. I

have recently had a patient under my care who was sent away for the benefit of her lungs, which it was feared might become tuberculous. In Cairo she suffered from sunstroke, and two months later came under my care at Colombo suffering from thermic fever and hñl diarrhoea contracted up country, all of which might have been avoided with ordinary care. The patient should be told to keep on deck as much as possible, and not stay below as they so often do; but they should not sit under a single awning which allows the sun's rays to penetrate. Clothing should be suited to the varying climates, warm clothes for the Atlantic and Mediterranean (according to the time of year) and flannel for the tropics.

I think all alcoholic cases should be put under the charge of the ship's surgeon at the commencement of the voyage, as he is able to see that they get no liquor. The morning bath should be taken warm by those who are in delicate health and malarial cases, especially those suffering from enlarged spleen. Very strict orders should be given about diet, as passengers generally eat too much and take too little exercise in spite of the best advice. In the P. and O. service any diet can be procured on the recommendation of the ship's surgeon.

A good deal has been written about sea sickness lately. I have found the following prescription of great value: R chloroform. pur. ℥j; tr. nucis vom. ℥j; tr. lavand., ℥x; aq. ad ʒj. M. ft. mist. To be well shaken, and one teaspoonful taken every hour until the nausea is relieved, and liquor morphini acetatis ℥v if there is much pain. A tight binder will often relieve the pain due to straining, especially in uterine cases. Alcohol is unnecessary in most cases, and I think many people take too much if left to themselves. Milk and soda, beef tea, beef jelly, should be given in small quantities at frequent intervals, and crushed ice given to suck.

I think many patients would derive considerably more benefit from the voyage if medical men made it a rule to give them a few hints before sending them on board ship, and also not to neglect to give them a letter describing their cases, which they may hand to the ship's surgeon should they find it necessary to consult him.

CONVULSIONS AND PHLEBITIS IN MEASLES.

By EDWARD MACKEY, M.D.,
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CASE I.—A boy of 10 years, healthy but "nervous," came home from dayschool on July 13th, 1895, with sickness and headache, but was at church next day and out also on July 15th, if not July 16th, when a rash was noticed. On July 18th, when first seen by Mr. Morgan, measles were fully developed and no unusual symptoms presented. When left at 10 p.m. he expressed some fear of "robbers" (attributed to his story books). At 3 a.m. he was heard moaning and found unconscious. A few hours later we saw him together—comatose with some stertor, insensible corneæ, dilated pupils, retracted head, spastic rigidity of limbs, contracture of fingers and toes. The temperature was 105°. The heart's action fair, no dulness over lungs. There were dark maculæ on various parts, some not fading on pressure; no urine was obtainable. Calomel, mustard pack, two leeches over each mastoid, and hypodermic injection of pilocarpine were used, and he became quieter and able to swallow, but died of asthenia at 8 p.m. *Post-mortem* examination of the head only was allowed. The brain bulged out, large and soft, free from coarse change, but the veins were congested. Under ¼-inch lens sections showed capillaries densely crowded with corpuscles, which suggests that perhaps freer and earlier bleeding with perhaps saline injection would give the best chance to a similar case. Toxins circulating in the blood and overwhelming nerve centres—this seems the only explanation.

CASE II.—A girl of fifteen months, teething, got a slight general convulsion for two or three minutes on August 8th. Two previous babies were said to have died of tuberculous meningitis, but this one had thriven remarkably well on sterilised milk, etc., in healthy surroundings (large detached house in grounds) and with every care. She rallied well, but on August 10th had much cough and hurried breathing with *râles* and some dulness of the right base. On August 11th