TO TWO LARGE CALCULI IN THE BLADDER, PRODUCING ULCERATION AND PERFORATION, AND FOLLOWED BY EXTRAVASATION OF URINE.

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JOHN DAWSON, aged 34, a porter at Thoresby station, on the Great Northern Railway, of an exsanguine, sallow, and unhealthy appearance, light sandy hair, blue eyes, and formerly of very intermperate habits; born in Norfolk, where he resided for a few years; afterwards joined a regiment ordered to India; he remained there for several years, when he returned to England: he has resided in Lincolnshire for the last twelve months.

From childhood, he has suffered at times from irritation of the bladder. While in India, he was invalided for bladder symptoms. Up to the last six months, he had had no occasion to pass his urine oftener than in moderate health, and has not suffered from pain in micturition; but of late the usual symptoms of calculus have presented themselves, as frequent micturition, pain, and increase of deposit in urine upon standing, containing a quantity of soft mortuary matter, adhering to the urethra.

Dec. 3rd, 1855. I was sent for to visit him, and found the following symptoms present: fever, small, weak, quick pulse; white coated tongue, quickened, increased by micturition; urine occasionally dribbling away in the bed, from loss of power over the bladder; his urine contained a large quantity of mucus, of a pink colour, and highly offensive ammonical odour, with distinct portions of mortuary matter; loss of appetite, and sleeping nights.

I ordered him the following remedies— Twelve leeches beneath the pubes, to be followed by warm fomentations; a dose of castor oil and laudanum; and, after its operation—

A. Pulv. sodae carbonatis 3 ij; tinct. hyoscyami 3 ij; sp. aetheris nitrii 5 ij; mus. gymnii 3 ac; aqua pura q. s. Ft. mist. 3 ij, cujus capiat iij coehlearia quarti horis.

B. Pulv. opii gr. iij; conf. roseae can. q. s. Ft. pl. iij horae somni umend.

Dec. 8th. The above remedies he persevered in up to this date, when he had got decidedly worse; I therefore, for my own satisfaction and that of his friends, sounded the bladder; and, from the intense spasm, and the bladder being perfectly empty, had some difficulty in detecting the calculus. I attempted to inject some warm water, but it would not retain half an ounce, causing intense suffering.

Dec. 12th. Last passed very weakly; urine passes away in a quantities; bed excoriated and empty; pulse excessively quick and very weak; not much pain; nasty urinary smell about his perspiration; cannot take any food; sunken features, although in good spirits.

A. Acid. nitrii diutii 3 ij; tinct. hyoscyami 3 ij; ext. pareirei bravae 3 ij; dec. pareirei bravae 3 ac. M. Ft. mistura cujus capiat iij coehlearia magna ter die.

B. Pulv. opii gr. iij; pil. hydrarg. gr. iij. Ft. pl. iij horae somni umend.

Dec. 14th. Much worse, gradually sinking.

Dec. 16th. Violent pain in abdomen; collapse; perfect suppression of urine. I passed a catheter into his bladder, and felt a large stone. Ordered brandy and opium.

Dec. 16th. Died this morning.

POST MORTEM EXAMINATION, twenty-four hours after death. Body exsanguine, yellow, and much wasted; rigor mortis slight; urinary smell from body. Upon opening the abdomen, the small intestines were much inflamed, and glued together by recent lymph. Urine in cavity of abdomen.

Bladder. Quite contracted; walls thickened; internal coat soft, and covered with purulent matter. Just on the right side of base of trigone there was an ulcerated opening; through this the finger could readily be passed from within outwards (quite gangerous): within its cavity were contained two calculi, weighing four ounces and one droschein; the smallest was about the size of a walnut.
Kidneys. Right greatly hypertrophied with purulent infiltration. Left contained a small abscess; it was also enlarged considerably.

Remarks. There are many features of interest throughout this case worthy of publication. The patient, born in Norfolk, the greatest stone county in England, departs to India, where stone is also very common. He has been a hard drinker, accounting for his renal disease. The very great size of the calculi, which must have been several years in forming, and the fact that he only sought medical advice about three weeks before his death, show how slight his symptoms must comparatively have been. The death was hastened by a ruptured bladder, extensive peritonitis, disease of both kidneys, suppression of urine, and circulation of urine salts. Upon my first and succeeding visits, an operation for lithotomy was perfectly impracticable; and, from the insight at the post mortem, I consider myself truly fortunate that I had not been called upon to operate, as he most certainly would have died under the operation.

Reviews and Notices.


Some men write books that they may obtain reputation and practice, but without having acquired sufficient experience to secure for themselves the approbation of the learned world. Other men write books which obtain alone the results of extended observation and long familiarity with disease, not for the sake of emolument, but that they may impart something to the general fund of medical knowledge. And their opportunities of observation, and their experience have been such, that the opinions they express carry with them the stamp of authority.

It is with the latter class of medical literature that we prefer to associate, and of this class the work before us is an admirable specimen.

After a long residence in the presidency of Bengal—after an intimate acquaintance with the features of the climate and soil of that important and extensive territory—and many years of active employment, with his regiment, on the field of battle, in the public hospitals of Calcutta, and in private practice in India, Mr. Martin returned to this country, apparently brought down in health and constitution, from the effects of hard work and exposure under a tropical sun. But the climate of England, and the tonic of "home", added to the vigour of a Highlander, soon restored him to health and to activity. Not content to pass the remainder of his days in idleness, Mr. Martin was soon occupied in preparing, with the late Dr. James Johnson, a new edition of the work upon "The Influence of Tropical Climates on European Constitutions"—and what two better names could have been associated in such a work?

How far that volume has been appreciated, is best indicated by the demand now made for a seventh edition. But the death of Dr. James Johnson, and "the advancing knowledge of the day", rendered something more than another edition necessary, and a new work is, therefore, the result; "for", says Mr. Martin, "he has ventured to recast and rewrite the entire work."

We thank him much for his labour, and for two reasons; not only are the characteristics of the climate of the tropics, and its effects upon the European constitution, amply considered—conditions chiefly interesting to the medical officers of the sister services—but to the practitioner at home the work is rendered extremely valuable, as it embraces the consideration of the diseases of the returned Indian, and the treatment to be pursued in his case during his residence in this country. Indeed, these two features of the work are so important, that we propose to consider them separately, as much as so if the work were divided into distinct volumes, each embracing its proper subject.

The first chapters of the work are devoted to the characteristics of the climate of Calcutta and Bengal, to the influence of seasons and soils on the health of the white man, and to the native, and to the mortality resulting from these causes, as shown by the returns of regiments in the service of the Crown and of the Company.

It is impossible, in the space allotted to us, that we can do sufficient justice to these considerations—most carefully prepared and admirably put together in the work before us.

We can do little more than call the attention of our readers to the numerous points of importance, leaving them to peruse, at their leisure, the excellent observations relating to climate, soil, elevation, etc., observations which apply with equal force to all sanitary measures in this as well as in all tropical climates:

"The importance, in a sanitary point of view, of attention to the subject of elevation, is exemplified", says our author, "in the fact that plague in Egypt, yellow fever in the West, and marsh remittent in the East have never been known to ascend to any considerable height."

The fens of Lincolnshire and the swamps of the Mississippi might have been added to the list, if more evidence was necessary, to indicate the fertile sources of intermittent from the low levels of their surface, and the humid conditions of their atmosphere.

These considerations point to the high importance of looking far beyond the mere treatment of disease; of endeavouring to ascertain the predisposing causes of maladies, and of endeavouring to effect their prevention or secure their removal—considerations which it is our duty to extend maturely at all times and in all seasons, and considerations which, at this very period, must be carefully gone into by those to whom are entrusted the appointments of "officer of health."

But elevation of surface, though an important element in the selection of habitations, is not alone a security against certain forms of disease, and we would particularly draw attention to some observations Mr. Martin makes regarding the influence of "ferruginous soils" upon the production of fever. Such soils existing in hill countries have been proved as noxious and fatal to the inhabitants at the lowest mountain levels. In the hill ranges of Southern India, Dr. Hayne found that "iron hornblende occurs in such quantity, that all the rivulets, public roads, indeed all hollows along the hills, were filled with its sand, from which, also, all the iron in this part of the country is manufactured," and yet, in the extreme south of India, "the insidiousness of the fever" which attacks the European is notorious.

The influences of heat and cold on the system of the European while in the tropics are carefully noted; and some good practical hints given, to which the English practitioner may with advantage pay attention.

As regards the influence of the forms, there are two classes of persons to whom", says Mr. Martin, "the climate of India seems genial, the weak-chested, as they are called in England, who are of a scrofulous habit, but in whom pulmonary disease has not yet actually declared itself. These are saved by going to India; and I have known many persons in the curable stage of consumption, that is, labouring under the preceding stage, or that of "tuberculous cachexy", enjoy good health in Bengal, and survive their brothers and sisters at home. The fate of those, on the other hand, who go to the East with supputating tubercles, and even in stage approached by a moderately precipitated. Persons of phlegmatic habit, also, with dyspepsia, languid circulation, and cold extremities, seem to have better health there than in Europe."

But what of the cold season! "From the 1st of November to the end of February the weather is settled and comfortable persons in health; but to the delicate and sickly the altered balance of circulation and nervous function occasions much discomfort. The monsoon keeps