

cold water alone; in Mr. S——'s case, after about the same length of time, the reduction was effected almost immediately upon removing the cold water cloth and reapplying the taxis. The patients were placed in the position usually recommended, and the cold water was applied by means of a pocket-handkerchief, the application being renewed every two or three minutes.

One word as to the *rationale* of this treatment. I believe that the cold water does not act simply by diminishing the contents of the sac, but that it has also a stimulating effect upon the muscular coat of the intestine, causing movement in it, and thus promoting reduction. And in this respect I think it not improbable that cold water may be preferable to ice, the latter having a depressing rather than a stimulating effect, especially where the vital tone of the intestine has been lowered by long strangulation.

Leeds, August, 1870.

## A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### GUY'S HOSPITAL.

#### CASE OF NEPHROTOMY.

(Under the care of Dr. MOXON and Mr. BRYANT.)

IN the "Mirror" of July 2nd we have already referred to this case, and we now proceed to relate its further history, with an account of the post-mortem examination.

On admission the man presented some sub-conjunctival œdema, and some fulness of the left loin; and on examination his urine was found to contain pus unmixed with mucus. Mr. Bryant performed the operation of nephrotomy on the 27th of June last. No calculus was discovered, but a few ounces of pus were evacuated through the wound. The following particulars are gathered from elaborate notes by Mr. Gillingham:—

On the following day, fourteen ounces of urine, in which a few pus-cells were detected under the microscope, were passed by the natural passage. On the second day after the operation twenty-four ounces were passed, in which a few pus-cells were again detected, and the dressings of the wound were free from any urinary smell; the abdomen was a little tender and slightly tympanitic. On the third day the patient passed forty-four ounces of urine, free from both pus and albumen; the abdomen was still slightly tender, but the general health seemed good; and, the wound looking healthy, the sutures were removed. During the two following days there was neither abdominal tenderness nor any other unfavourable symptoms. But on the sixth the tenderness returned. On the night of the eighth turpentine stupes were applied to the abdomen. On the ninth fluctuation was detected at the lower portion of the abdomen. On the tenth day the patient suffered from the distension of the abdomen and bilious vomiting, but was relieved by the renewed application of turpentine stupes and the administration of opium; the bowels were freely open. The symptoms then abated for a time; but on the twenty-fourth day the patient was again taken with bilious vomiting and increased abdominal tenderness and distension, the skin became cold and clammy and covered with perspiration, coffee-ground vomiting continued during the night, and death ensued at one o'clock on the following morning.

Ever since the operation the patient had been free from pain in the loins; and the discharge from the wound, carefully examined by Dr. Stevenson, had revealed no urinary constituents.

At the post-mortem examination both pleuræ were found to be adherent inferiorly; on the left side the pleura was

also adherent to the diaphragm, and the diaphragm, by means of adventitious fibrous tissue, to the kidney. The lower portion of the left lung was the seat of chronic pneumonia, and its tissue was so wasted that the great vessels approached close to the surface, while the relics of lung-tissue which surrounded them were pervaded by fibrous bundles. The heart was healthy, but the pericardium contained about five ounces of subinflammatory effusion. The peritoneum was everywhere thickened by chronic inflammation, and was also universally in a state of acute inflammation; it contained a large quantity of opalescent fluid, with flakes and shreds of lymph. The great vessels and tissues in front of the spine were thickened into a dense resisting œdematous and white fibrous mass, by which also the pancreas, duodenum, spleen, descending colon and left kidney were rigidly fixed. Some such condition, involving sympathetic centres, had been suspected, on account of an amount of tympanites disproportionate with the other symptoms. The liver, also, was adherent to its bed, and, by means of a thickened gall-bladder, to the transverse colon. The hepatic tissue was coarse, but otherwise healthy. The spleen and supra-renal capsules were healthy. The right kidney weighed nine ounces and a half, and though its elementary structure seemed coarse, it was otherwise perfectly healthy. So also was the corresponding ureter, and the bladder as well, with the exception of two small ulcers situated near the thickened orifice of the left ureter, which was thickened and ulcerated throughout. Its channel was completely interrupted by a tubercular swelling of its coats, an inch below the pelvis of the kidney. The renal pelvis was not much enlarged, but thickened and eroded by shallow ulcers. The calyces were increased by the disappearance of the pyramids and by ulcerations in their site. Thus were formed large cups lined with pyogenic membrane, forming cavities in lumps of caseous matter of about the size of a plum, corresponding to the original fetal lobules. The whole cavity so formed would have contained from six to seven ounces of pus. Mr. Bryant's incision had entered the back of the pelvis of the kidney; but the passage had nearly closed towards the surface of the wound, which was in a healing state.

The examination showed that no harm had been done to the patient by the operation, which very much relieved his sufferings; and, further, that the left kidney could have been removed. The right kidney and the bladder were healthy, and quite in a state to carry on the functions of the urinary system.

### WESTMINSTER HOSPITAL.

#### CASE OF MALIGNANT DISEASE OF LEFT SUPERIOR MAXILLA; SUCCESSIVE OPERATIONS, WITH IM- PROVEMENT; DEATH EVENTUALLY FROM ERYSIPELAS.

(Under the care of Mr. COWELL.)

THE following account is derived from the notes of Mr. Richard Davy, surgical registrar:—

T. C——, aged fifty-two, a labourer, was admitted on the 22nd of March, 1870. He had presented himself in the outpatient room about two months previously with two prominent symptoms. 1. Pain in the left upper jaw, from which he had suffered for nearly two months, and on account of which two molar teeth had been extracted without relief. 2. Obstruction of both nostrils. There was no enlargement about the cheek or jaw. Mr. Cowell removed some gelatinous polypi from the nose on both sides. Some smart hæmorrhage followed, and some relief to the right nostril, but none to the left. A fortnight later some more mucous polypi were removed, but without any better result. After another two weeks the pain was found to be increasing, and a little fulness was visible in the hard palate on the left side, but still no increase of size in the cheek. This fulness rapidly increased, involving the whole left side of the hard palate, a small portion of the soft palate, and the alveolar processes where the teeth had been removed, and projected downwards into the mouth, as a smooth, firm, globular swelling, through which the two ragged openings of the two teeth appeared. In this condition he was admitted. There was some puffiness of the cheek and lower lid; but no enlargement of the antrum, nor even of the upper part of the superior maxilla. His speech was thickened and