

have mentioned; and by the advice of Professor Struthers I am encouraged to make my experiments public.

Since the above was written, Drs. Mackinnon and Sinclair inform me that they have found a calculus readily by this method in a case in which the ordinary means failed to detect its presence.

### THE RELATIVE VALUE OF ETHER WHEN PRE- PARED WITH "RECTIFIED" OR METHY- LATED SPIRITS OF WINE.

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THE subject of the safest drug with which to produce anæsthesia has been sufficiently discussed, and the verdict of those best able to judge has been given, out and out, in favour of ether, as against chloroform, when "properly administered by a skilled etherist." There are, however, two samples of ether in the market, to the relative value of which, I believe, the profession is not fully alive. The two forms of "spirits of wine" used in the manufacture of ether create in reality two kinds of ether, and the differences between them are important. Firstly, the ether prepared from rectified spirit is found less desirable as an anæsthetic by those who have used it, and it is not considered as safe, producing more sickness and laryngeal spasm in certain cases in which there is a tendency to such complications. Secondly, it is about twice the cost; for instance, the methylated ether costs 2½*d.* per ounce, and the rectified ether costs 4½*d.* per ounce. I have not used the rectified ether in my own work, so cannot speak of individual experience of its actions. But of the use and applicability of the methylated ether—as the safest anæsthetic known, when carefully administered by means of Clover's inhaler—I can speak strongly as the result of my daily observation. It is a very ordinary circumstance to occupy eighty seconds in producing complete anæsthesia, without a struggle or a cough, and it is by no means extraordinary for a patient to be "fully under" within the minute. In the case of short operations upon the eyes, and the like, it is hardly ever necessary to reapply the inhaler after it has been once removed for the operator to commence, the patient remaining sufficiently anæsthetic for an operation such as I have mentioned to be completed without hurry. Anæsthesia can be prolonged with equal safety; even so far as to keep a patient in labour completely under its influence for upwards of *four hours*; the longest time which has happened in my experience. Methylated ether is, I consider, from this point of view, the safest and cheapest anæsthetic at present in use.

### SEPTICÆMIA FROM DECOMPOSED HYDATIDIFORM MOLE OF UTERUS.

BY J. BALM PIKE, M.R.C.S. ENG.

MRS. C—, a delicate woman, aged thirty-six years, the mother of several children, consulted me some time ago for prolapsus of the uterus, which was much relieved by the use of a Napier's pessary. Towards the close of the year 1881 she had serious symptoms, among which the most prominent were extreme and progressive weakness, sallow unhealthy appearance of skin, and dropy of the lower extremities. The heart was weak and irritable, but there was no positive evidence of heart or lung disease. There was slight albuminuria, but no abnormality in the specific gravity. On January 3rd, 1882, there being no improvement, she requested a consultation, and accordingly Dr. J. H. Edlowes saw her with me. The abdomen was now thoroughly examined, and a central enlargement found, which we took to be uterine. The os was closed. I thought I could detect a placental murmur. The woman had a sanious discharge for some seven weeks, and had not

menstruated for six or seven weeks before the discharge began. The consultation took place in the morning, and at 5 P.M. I was sent for, and found the patient flooding very freely. The os was dilated sufficiently to introduce three fingers, and I soon got my hand into the uterus. I detached the contents and tried to extract them, but was not able to do so effectually until I was greatly aided by Dr. Hutchison of this town compressing the uterus externally. The matter removed was very offensive and semi-purulent, but had the character of hydatid mole well marked.

This case appears to me of interest chiefly from a diagnostic point of view. It shows especially how important it is to examine a patient, and regard a case from all points. If my attention had previously been called specially to the uterus I might possibly have discovered the nature of the case earlier. The examination no doubt detached some portion of the mole. The woman had a narrow escape, but fortunately the recovery from the anæmia and exhaustion which followed has been a good one. The special feature of the case is the decomposition in utero giving rise to septicæmia.

Loughborough.

## A Mirror

OF

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

#### ST. THOMAS'S HOSPITAL.

RENAL DISEASE; HYDATIDS OF LIVER AND KIDNEY;  
CEREBRAL HÆMORRHAGE; DEATH; NECROPSY;  
REMARKS.

(Under the care of Dr. HARLEY.)

FOR the following interesting notes we are indebted to Mr. F. R. Walters, M.B. Lond.

Susan G—, aged twenty-nine years, was admitted on March 9th, 1881. There was nothing remarkable in her family history. It was stated that she had in childhood had measles and "intermittent fever," but never scarlatina, and her habits were said to have been always temperate. She had been once pregnant (five or six years before admission), and she had twice suffered from rheumatic fever, the last time being in April, 1879. In June of the same year she noticed a slight painless swelling of the abdomen. On the 13th of that month she fell in going up stairs, and struck her abdomen, giving rise to some pain there and in the loins, followed by vomiting and hæmaturia. She was admitted on the 20th into King's College Hospital, from the records of which institution the following particulars were obtained:—

There was found, on admission, a firm, regular, hard swelling in the right side of her abdomen, reaching anteriorly beyond the mid-line, and dull on percussion, also some fluctuation in the flanks. Girth 29½ in. Urine contained one-third albumen. As the vomiting continued and the abdomen grew larger she was tapped, and ten ounces of fluid drawn off, which proved to be hydatid. The tapping was twice repeated, and after the last occasion (when the fluid came away thick and gelatinous) the tumour suddenly contracted (July 11th) to the size of a large orange, whereupon the urine was found to contain hydatid hooklets. After this the patient gradually improved, and was discharged convalescent on Dec. 29th, 1879. She remained well, and able to perform her domestic duties until the middle of February, 1881, when she again suffered from urgent vomiting, followed by pain in the head, which obliged her to seek relief as an out-patient of King's College Hospital. On March 8th she suddenly fell down in the street, foaming at the mouth and struggling, and was found to be unable to speak.

On admission into St. Thomas's Hospital on March 9th her condition was as follows:—Well nourished. Slight œdema of legs. Expression rather vacant. A bruise over left eye. Right hemiplegia affecting right side of face and right arm and leg, but not orbiculares palpebrarum, or