

considerable hæmorrhage occurred. A clamp was put on, a ligature applied, and the kidney and tumour removed. It contained eighteen pints of fluid, and the cyst itself weighed five pounds. The patient was now in a great state of collapse. A drainage-tube was inserted and the wound closed. She vomited five times after the operation, complained of great shortness of breath and pain in the head. An ice cap was applied, which relieved her much. Temperature 99.8°. Allowed ice to suck.—15th: Slept at intervals during the night. A catheter was passed and one ounce of bloody urine was drawn off. A nutrient enema was administered at 1 A.M. She complained of shortness of breath and pain in the bowels. At 1.30 P.M. she vomited. At 2 P.M. the dressing was changed under the spray. Temperature 101.4°. The catheter passed urine the natural colour. A nutrient enema was given every sixth hour. At 9 P.M. the temperature was 100.8°; pulse 112.—16th: The patient had a good night. A catheter was passed every sixth hour. She was allowed a little iced milk and brandy at intervals. She complained of great pain in the abdomen. One-third of a grain of morphia was given hypodermically. The dressing was changed. The bowels acted naturally at 5.30 P.M. There was no vomiting. She still complained of pain in the abdomen. The temperature was 100.8°.—17th: The patient had a good night, and at 6 A.M. enjoyed a cup of tea. The wound was dressed, and the bowels acted. The temperature rose to 101.8°, but dropped again to 100°.—18th: She had a good night. The pain in the bowels was less. The catheter was discontinued, also nutrient enemata. She took milk and beef-tea regularly. The wound was dressed, and the drainage-tube removed.—20th: The patient continued to sleep well; felt better, and took nourishment well. The temperature ranged between 100° and 101°.—21st: The wound was dressed, and three sutures removed.—23rd: She was free from pain; bowels acted yesterday and to-day; getting on well.—25th: Remaining sutures removed. Urine examined, not albuminous.—26th: She was allowed boiled eggs for breakfast and fish for dinner. Perspired very freely. A mixture, containing quinine and tincture of perchloride of iron was ordered to be taken three times a day.—28th: She was lifted out of bed, for it to be changed. She felt stronger; ate and slept well.

Nov. 1st: Patient doing well.—5th: Anæmic, so the iron mixture was still continued. Complained of great pain in the bowels.—6th: Temperature 102.4°. Aconite in drop doses given every hour.—7th: Temperature 100°. Felt much better.—12th: Wound quite healed.—27th: Was troubled with a little cough, and the temperature ranged between 100° and 101°, occasionally rising to 102°.

Dec. 11th: A mixture containing tincture of ipecacuanha, syrup of wild cherry bark, and compound tincture of camphor was ordered to be taken every fourth hour.—25th: Cough did not improve, so the mixture was changed to hypophosphate of soda, 160 grs.; dilute phosphoric acid, 4 drms.; glycerine, 1 oz.; compound tincture of cinchona, 1 oz., to infusion of cascarrilla eight ounces; half an ounce to be taken three times a day. She took this regularly for one month, and rapidly improved. The cough disappeared, the temperature diminished, and she was soon able to walk.

Jan. 9th: The temperature had become normal, and remained so.

On March 14th, 1881, she left the hospital quite well. By the last account she was enjoying good health.

Mr. Knowsley Thornton, through whom the notes are forwarded for publication, remarks that this is one of the best cases of nephrectomy yet published, due regard being paid to the quantity of fluid contained in the cyst, and the weight of the latter, the age of the patient being also taken into consideration. Convalescence, however, was very slow.

#### BECKETT HOSPITAL AND DISPENSARY, BARNSELY.

The annual meeting of the committee and governors of the above institution was held recently at the hospital. Dr. Sadler showed that during the year 2006 out-patients had been treated, of which number 1377 had been cured, 456 had been relieved, 50 had died, and 123 remain on the books. There had been 109 in-patients, the hospital at present being only for surgical cases, cases of injury by accident, and the like. A new wing is now being added to the hospital, and is nearly completed; about £1000 is still required for the building fund. The new wing, "The Kendray Wing," will contain thirty-six beds, and will be dependent upon subscriptions chiefly.

### A NEW MODE OF DETECTING STONE IN THE BLADDER: THE AUDITORY METHOD.

By JAMES MCKENZIE DAVIDSON,  
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It occurred to me lately that the ordinary sounds for stone in the bladder might be greatly improved by the following very simple plan—viz., connecting the end of the instrument with the ear of the operator by some suitable sound-conducting substance.

Some rough experiments on my study table with a silver catheter and thread and wire were so far satisfactory, but the results with a small piece of indiarubber tubing were still more encouraging. One end of this tubing (bore one-eighth of an inch in diameter) was attached to the catheter, and the other was placed in the ear. By this means very small fragments could be distinctly heard when touched by the end of the catheter—even when the catheter was grasped so as to imitate the hold of the urethra. I showed this to Dr. Alex. Ogston of Aberdeen, and he kindly consented to try this plan whenever I should have instruments made to carry out my idea. Unfortunately illness has prevented him doing so. I had one sound made of solid steel and another of gun-metal, but hollow. From the handle of each there was a small projection, to which the indiarubber tube could be easily attached. Through the kindness of Dr. Rodger of Aberdeen I had the opportunity of trying these instruments on a body at a post-mortem examination. To test them, calculi of various sizes were introduced into the bladder. The sound having been passed the bladder was explored and the results noted before and after the tubing was attached. In each trial the result was notably better when connexion with the ear was established, even when the indiarubber tubing employed was only one-eighth of an inch diameter of bore. But a wider tubing gave by far the best results. A light indiarubber tube two feet long and with a bore three-eighths of an inch in diameter was employed. One end of this tube was slipped over the handle of the sound, and the other end held closely to one ear. No practical difficulty was experienced in exploring the bladder, for the tube was very pliable, and it was easy to avoid extraneous noises such as might be produced by the connecting-tube running against the operator's sleeve, &c. Anyone having a piece of tubing such as I have described can readily attach it to the handle of a sound, and in this way test the truth of my statements.

A small phosphatic calculus was introduced through a small opening made at the top of the bladder, and when nothing could be felt or heard by the sound alone (although the abdominal wall was open), yet by means of the tube to the ear the calculus was distinctly and unmistakably heard. With a large stone the "click" was greatly intensified when heard through the tube. What is very striking is the fact that the gentlest contact of the sound with the stone is readily heard. Lastly, after seeing the bladder was clear of everything but a fair quantity of water, I crushed a small piece of coal to coarse powder (as we had no débris of a calculus at hand) and put it into the bladder. The ordinary method revealed nothing, but through the tube a rough grating sound was distinctly heard. The solid steel sound gave better results than the hollow gun-metal one.

The above experiments have led me to devise an instrument which Mr. Gardner of Edinburgh is making, and which I trust will be as satisfactory as the rough method above described. This instrument or any such instrument may be termed, as a friend has suggested, a lithophone.

This method of exploration of the bladder may yield important practical results. Not only may (1) a small calculus be detected which would be otherwise overlooked, but (2) it may be that practice will enable the operator to distinguish the size and character of the surface of a calculus readily; and (3) it also appears likely that a somewhat similar ear-connexion with a lithotrite will enable the operator to find and secure small fragments more readily, and so crush them.

Dr. Mackinnon (house physician) and Dr. Sinclair (house-surgeon) of the Aberdeen Royal Infirmary were present at the experiments on the body, and corroborate the results I

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.

BY H. BENDELACK HEWETSON,

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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 2½d. per ounce, and the rectified ether costs 4½d. 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