mention in the order in which it may be convenient to consider them.

1. Is medicine, in its narrow sense, of paramount importance in the treatment of mental disease?

2. The increase of insanity in England.

3. Can the present system of treating the insane be improved?

1. If medical science be anything more than a name, it is hard to understand how the first question can be answered otherwise than in the affirmative. Let me remind you of the eloquent words of Dr. Browne, delivered in the course of his address from this chair in 1866; and no one could speak from greater experience, or knowledge of the subject:—"Such a view does not exclude enlightened therapeutical treatment; it enhances its value, and gives not only a wider scope, but a more precise and intelligible aim in its employment. If our knowledge of the physical changes upon which the different forms of alienation depend was more extensive and sound, the limits and effects of remedies might be as much relied upon as in other maladies; but, even in the present state of our science, when treatment is founded and judiciously conducted on the principle of restoring to health the organisation generally with which mind is connected, and upon the normal state of which its soundness depends, success attends the attempt in a large number of cases."

With these views I entirely concur, and I think it most important that on the subject of the value of therapeutics, or the application of remedies, in the treatment of insanity, this Association should pronounce no doubtful opinion. A cloud of scepticism has appeared in the horizon of modern science, has darkened medicine, and would, if it could, obscure still higher truths. I am proud to preside over a Society in which the practical work and earnest writing of the majority of its members show that they are true to their faith as physicians, and can trust in the resources of their art with confident hope in their still further development.

To name the workers in the great field of therapeutical inquiry is really to nominate almost all those I see around me. We may expect to hear from Dr. Macintosh his further experience in the use of the hypodermic injection of morphia; from Dr. Clouston and Dr. S. D. Williams their views as to the action of the bromides and their combinations; Dr. Lockhart Robertson, ever interested in medicine, can speak to us of the use of digitalis, and the value of the Turkish bath; the action of conium, of nitrous oxide gas, of the continued galvanic current, has been investigated by Dr. Burman, Dr. Mitchell, and Dr. Newth. Within the last few days, Dr. Crichton Browne, already known for his successful application of the Calabar bean and ergot of rye, has given an able contribution to medical literature,* and added a new remedy to our list, by his discovery of the value of nitrite of amyl in the treatment of epilepsy.

From these gentlemen we may hope to learn much, and from other members of the Association we may hear the result of their individual experience. As members of this Association, we have no higher aim than the relief of disease; I believe we cannot better employ our meetings than in discussing the means and agencies by which such relief can be accomplished.

(To be concluded.)

CASE OF RUPTURE OF THE BLADDER,

APPARENTLY WITHOUT EXTERNAL VIOLENCE AND
WITHOUT STRICTURE OF THE URETHRA.

By WILLIAM MACEWEN, M.D.,
CASUALTY SURGEON, GLASGOW.

On the 18th of May last I was called upon, in the absence of Dr. Robertson, to perform a post-mortem examination on the body of a man who had been admitted into the Town's Hospital on May 13th in an insensible and dying condition, and who succumbed shortly after admission.

The history of the case, as it afterwards transpired, showed that the lad, Stephen M'D—, aged nineteen years, a labourer, had been habituated to excessive indulgence in

alcohol, and on the 10th of May he was taken to one of the common lodging-houses in a nearly insensible alcoholic condition. He was there put to bed, where he remained during the next day (Sunday, May 11th). On the Monday he appeared to be sound asleep. When roused, he could answer questions, though he seemed drowsy and stupid. Towards night he complained of pains in the abdomen, and seemed colicked. He drank water, but took no food. The following day (the 13th) he seemed very uneasy, rolled about in bed, would not answer when interrogated, seemed pained internally, and lay with his lower limbs flexed on the abdomen. When it was found that he was unconscious, those who were present concluded that he was in a fit, and applied to have him admitted to the hospital, to which he was removed in a carriage-bed, and where he died shortly after admission.

Post-mortem examination.—On May 18th the post-mortem examination was made. The body was that of a well-developed and well-nourished male, apparently about twenty years of age, free from scars or marks of injury of any kind, save one slightly ecchymosed spot about the size of a threepenny piece, confined to the superficial layers of the skin, and situated over the upper surface of the epigastric region. The surface of the abdomen had undergone post-mortem discoloration.—Brain: The membranes of the brain were slightly congested; the blood in the vessels rather dark; consistence of brain-substance generally firm; punctæ normal, though dark-coloured; ventricles containing normal amount of fluid.—Lungs: Pleuræ normal; lungs congested generally, but chiefly towards their dorsal aspect, no doubt due in great measure to hypostasis; no inflammatory traces; blood dark-coloured.—Heart normal, containing a few dark non-organised clots.—Abdomen much distended; percussion dull; greenish coloration of skin consequent on post-mortem changes. In opening into the abdomen at its junction with the thorax, a large quantity of straw-coloured fluid escaped, and on further extension of the incision the whole abdominal cavity was found to be filled with similar fluid. The abdominal viscera generally were healthy. There were no peritoneal adhesions; no flakes; no inflammatory products of any kind. There was no smell of decomposition from the fluid; no ammoniacal odour.—Urinary Bladder: The urinary bladder was contracted and lay deep in the pelvic cavity. It contained a quantity of the same kind of fluid as that which filled the abdomen. At the junction of the upper and middle thirds posteriorly, a little to the left of the mesial line, there was an aperture through the peritoneal and other layers, sufficiently large to admit the tip of the little finger, thus forming a communication between that viscus and the abdominal cavity. There were no indications of disease present; no ulcerations; no gangrenous appearances. The urethra was healthy. A No. 10 sound was passed into the urethra and by its own weight found its way into the bladder. There was no stricture or obstruction; no false passages.

Remarks.—It is not a common occurrence to find the urinary bladder ruptured without fracture of the pelvis, and still less so is it to find this lesion without some external abdominal injury. Here, however, the history shows that the lad had not been subjected to any violence from the time of his admission into the lodging-house, and the rupture of the bladder must have dated at a period subsequent to his entrance into the lodging-house, as during the three days which elapsed from that time until death there was abundance of time, had rupture taken place before his entrance into the lodging-house, for peritonitis to establish itself. The post-mortem examination did not indicate any external violence, such as a blow, for the abdominal parietes were free from bruises of any kind. As far as the absence of external violence is concerned, this case might be classed along with the seven cases recorded by M. Houël of what he terms "spontaneous rupture"; but these cases were of rupture of the bladder from over-distension *when there was some mechanical impediment to its evacuation*. Now, if by mechanical impediment he means stricture other than spasmodic, then the present case cannot come under this category, as there was no organic stricture of the urethra or other mechanical impediment; so that, in the absence of external violence and organic stricture on the one hand, we are left to temporary paralysis of the bladder or spasmodic stricture and violent muscular action on an over-distended viscus, on the other. The alcoholic indulgence would pre-

* The paper is published in the last number of the West Riding Asylum Reports.

dispose to temporary paralysis, as it is met with so often in this state, but it may be questioned whether paralysis would sufficiently account for rupture of the bladder from over-distension. As an example of the persistence of spasm, a case may be mentioned here which occurred while I acted as house-surgeon in the Glasgow Royal Infirmary, of a man who was admitted suffering from retention of urine from spasmodic stricture, consequent on excessive indulgence in alcohol. I passed a No. 10 catheter easily, and withdrew ninety ounces of urine, carefully measured. The only result was paralysis of the bladder for some time. The semi-unconsciousness in the present case seems to have been continuous from the Saturday till death, the alcoholic stupor gradually merging into the drowsiness and coma of uræmic poisoning.

N.B. The preventability of rupture in this case is obviously beyond comment.

Glasgow.

A GRAVE COMPLICATION OF TYPHOID FEVER.

BY C. F. MAUNDER,
SURGEON TO THE LONDON HOSPITAL.

TYPHOID FEVER having just lately attracted a good deal of attention from the profession, two cases associated with hernia which have come under my observation will have some interest for it.

CASE 1 is that of a feeble old gentleman seen by me in consultation with Dr. Gillies, after three or four days' illness. He had been the subject of what proved to be a direct inguinal hernia of the right side, which the doctor thought he had partially reduced by taxis; but vomiting persisted, and was now stercoraceous. Aperient medicine had been rejected by the stomach, and there was constipation. His illness apparently began with sudden pain in the right inguinal region. I explored the inguinal swelling, and disclosed an old hernial sac, empty, with a very narrow neck indeed, and loaded with subperitoneal fat. Some days subsequently I heard from Dr. Gillies that our patient was undoubtedly the subject of typhoid fever, and, later still, that he had recovered, in spite of the surgeon, but much to the credit of the physician, as I think.

Of course, in the early stage of possible fever, with no special symptom to guide, obstinate and stercoraceous vomiting with a history of hernia and a swelling in a hernial region demand an exploratory operation. It is preferable to perform such an operation unnecessarily than to risk the possibility of death from strangulated hernia.

CASE 2.—A young man who had been ailing for many days was the subject of an inguinal hernia of the left side. The belly was tympanitic and tender, and he kept the left thigh flexed on the pelvis to relieve discomfort in the inguinal region. Handling the inguinal swelling caused pain. Constipation with nausea and sickness existed. His dull, listless aspect led me to look for a rose rash, and three or four spots were found. I now obtained the aid of Dr. Down, who pronounced the case to be one of typhoid fever. The question of operation was no longer entertained, and the progress of the case showed it would have been superfluous.

In this latter instance, but not in the former, the duration of the illness associated with rose rash materially aided the diagnosis; while, on the other hand, the flexed left thigh and tender bubonocoele tended to throw the observer off his guard.

Queen Anne-street.

ON THE CURE OF A LARGE VARICOSE ULCER BY TANNING WITH BABOOL BARK.

BY SURGEON J. ROCHE, M.D., BOMBAY ARMY,
CIVIL SURGEON, ROTREE, INDIA.

CAPT. F—— commanded one of the Indus Steam Flotilla Company's steamers which ply on the river Indus between Rotree, in Scinde, and Mooltan, in the Punjab. His habits were those of a free liver at table, without being intemperate. His weight, I should say, was nearly sixteen stone.

He was under my care for treatment in March, 1871, with a large varicose ulcer in the front and outer part of the leg. For many years he had been inconvenienced by varicose veins in the same leg, extending up the thigh to the groin, and, to relieve the consequent sense of weight and distension in the limb, he had worn an elastic stocking. The varicosity had affected the minutest veins, so as to change the colour of the integument in patches of black, brown, or red.

A few months before his application to me, when he was returning to his ship at night, he fell across the iron rails which are close to the river to permit the railway carriages to be run in proximity to the steamers whilst discharging cargo. He paid little attention to the contusion and abrasion which resulted, and proceeded to Mooltan as usual in command of his ship.

The great difficulty in navigating the river Indus when it is low in the cold weather, and to avoid the shifting sands in the bed of the river, necessitate the commander's unremitting attention from early dawn to dark every day. The standing posture which Capt. F—— was constrained to maintain quickly inflamed his leg, and he was forced to discard the use of the elastic stocking. The voyage to Mooltan in the cold weather is tedious in the extreme, and, though a distance of 500 miles, has been known to occupy six weeks, from the steamer having rested on sands. Towards the end of March, as the river rose, the navigation became easier, and Capt. F—— was able to give intervals of rest to his painful limb on the return voyage.

When he applied to me there was an inflamed and sloughing ulcer on the front and outer part of the leg. The central part of the ulcer looked like meat which had been exposed to the sun till decomposition commenced, and from it was issuing an ichorous fluid. The circumferential portion was covered by a shining and translucent epidermis, which was at once perceived to be dead by the vitreous and almost crystalline character it gave to the tissues underneath. The foot and leg were much greater in girth than their fellows on the other side.

The treatment prescribed embraced rest, elevation of the limb, poultices, a cholagogue, and abstemiousness. In a few days the sloughy surface was cleared, and there was left a large sore, red, angry, and painful—very like one consequent on a burn. Carron oil was used as dressing, and seemed to answer well for a few days. The angry appearance continued, if not increased. Bread-and-water poultices (over which a lotion, containing forty grains each of tannic acid and alum, with a drachm of tincture of belladonna, to ten ounces of water, was poured) were used. The ulcer soon lost its irritable character, but it became pale and indolent. The new epidermis which was forming was quite unhealthy. A dressing composed of half-an-ounce each of castor and turpentine oil to six ounces of linseed oil was tried, but the patient could not bear it longer than about two hours, when he said he felt as if a red-hot iron was fixed on his leg. Zinc lotion (a drachm and a half to eight ounces of water) was used. Tannic acid and alum lotion was, after some days, again had recourse to; the pledget of lint wrung out, which was covered over with a poultice or a piece of oiled silk at night, as a less or greater temperature was desired to be maintained. I am of opinion that the temperature maintained by a poultice is much less than that kept up by a piece of oiled silk. Strapping was tried when the granulations were large and weak. Bandaging the foot and leg to a short distance from the raw surface was done regularly. Under each form of dressing—the sedative when angry and irritable, the stimulating and supporting when indolent, cold lotions and water-dressing when inflamed, and poultices when sloughy—the ulcer did temporarily well, and many times changed its character. It frequently diminished in size to about two inches and a half in diameter, and as often enlarged to its original dimensions of nearly six inches. This intractable feature had almost completely exhausted the patience of the sufferer and myself, and lasted nearly two months. The internal medicines exhibited comprised sedatives, tonics, purgatives, and iodide of potassium.

Skin-grafting was often thought of, but I had not much faith in it, as some of the ulcer was more than once healed over by skin or its analogue, and which as often had died off. It occurred to me to get the ulcer a little weak with water-dressing, and literally tan it. I asked Capt. F—— to