deeper fibrous bands or in the sac itself. In reference to chloroform as an aid to taxis, Mr. Maunder had observed that reduction was often effected just when the breathing became stertorous, in cases where similar means without chloroform had failed.

LOCK HOSPITAL.

TREATMENT OF CHRONIC URETHRAL DISCHARGES.

(Cases under the care of Mr. BERKELEY HILL.)

OUT of 1282 males who had urethral discharge in 1869, 245 had allowed the discharge to become chronic before they applied at the hospital. In most of them a persistent, scanty discharge constituted the symptoms. In such cases the canal was first examined with the endoscope or with the olive-headed bougie. The endoscope has been very unsatisfactory in use, notwithstanding that Mr. Hill employs a light, handy instrument, fitted with a fish-tail gas jet, instead of the cumbrous paraffin lamp commonly used; but the surface which can be illuminated is so small, and the tube excites so much soreness or discomfort, that latterly the olive-headed bougie has superseded the endoscope. This can be passed without distressing the patient, and gives very exact indication of the condition of the urethra, distinguishing the diseased from the healthy localities. The bougies used for examining the urethra are of black gum, very flexible and slender in the stem, which is marked with a ring at every successive inch from the base of the olive. The head, usually shaped like an olive, Mr. Hill has had made conical, one-third of an inch long from the point to the base, where the head corresponds to some number of Weiss's catheter scale. The most convenient series is from No. 4 to No. 16. When passing along the urethra this conical head is impeded by any inequality in the mucous membrane, and causes a little smarting as it passes over an excoriation or inflamed part; but when the obstruction is passed by the head, the slender stem allows the instrument to travel along without inconvenience till the next thickening is reached. In withdrawing the bougie, the base of the olive strikes the impediment first, of which the position may be ascertained by noting how much of the graduated stem is within the urethra.

So accurate is the olive bougie in revealing the inequalities of the interior of the canal that a No. 6 will often stop at an obstruction that a No. 9 or 10 ordinary bougie, and a still larger tapering probe-pointed one, will slip past. Thus the position and length of patches of chronic inflammation, where the mucous membrane has lost its pliancy to only a small extent, but which ultimately become indurated masses that seriously contract the canal, are detected by the olive bougie at a stage when the ordinary bougie gives no evidence of their existence. In the urethras examined in this way the following conditions were found: stricture, 62; tender points or excoriations, 30; false passage, 1. The urethra was not examined in all the cases, and in six of those examined a No. 14 or 16 olive-headed bougie traversed the canal without causing any soreness, or experiencing any impediment.

Some of these obstructions were also examined with the endoscope, and were then seen to be deep-red patches on the mucous membrane, or, in a few instances, actual excoriations of the surface were observed. The following are examples:—

CASE 1.—Muco-purulent discharge for the last two months; no congestion of the meatus urethræ; no pain or scalding. A small patch of redness was seen at five inches down the urethra; elsewhere the canal had the normal pink colour.

CASE 2.—For several months flocculent discharge in the urine; irritation in the perineum, where induration for one inch along the middle line is felt externally. At five inches an excoriation, or shallow ulcer with defined edges, which bleeds when touched, is seen.

CASE 3.—A stricture at three inches, which allows No. 3 to pass, but stops No. 4. The endoscope showed redness of the membrane, but no peculiarity of the passage, though the tube was abruptly stopped at three inches.

Besides the ordinary remedies of cubebs in frequent doses, &c., many of these cases were treated by injecting a few drops of caustic solution (one scruple to an ounce) of

nitrate of silver directly on to the diseased points by a syringe contrived for the purpose. A straight silver tube, the size of No. 8 catheter for one inch of its length, is perforated at the nozzle with fine holes on all sides, the remainder of the tube being only as large as No. 4 catheter, and marked at each inch from the nozzle. Along this slender part a little clip slides backwards and forwards; at the outer end a small glass graduated syringe fits on. When the instrument is to be used the clip is slid along the stem as far from the nozzle as the tender point or obstruction is from the meatus urethræ. The instrument is then introduced, and one or two drops of caustic injected on to the point of disease. A few applications in this way have cured discharges that have lasted several months, and resisted multifarious treatment. If the canal is contracted as well, the treatment is continued by passing bougies until the calibre of the canal is restored. The bougies employed for this purpose are almost always of black gum, with tapering ends and probe-points.

MIDDLESEX HOSPITAL.

CASE OF MORBUS COXÆ.

(Under the care of Mr. HULKE.)

A BOY, aged ten, who had been admitted under Mr. Shaw's care in March, with disease of the left hip-joint, was transferred by him to Mr. Hulke in May. Mr. Norton, house-surgeon, has supplied us with the notes of his case.

The left thigh and leg at this time were very wasted, the limb one inch shorter than the other, and the foot everted. There was much swelling over the front of the joint, filling the hollow of the groin, a large fluctuating swelling in the buttock, and three copiously-discharging sinuses on the front, inner side, and back of the upper part of the thigh. The slightest movement gave great pain; his rest was much broken by starting of the limb, and his strength was fast failing. His liver was not large, there was not any albumen in his urine, and he had no diarrhoea.

May 27th.—Mr. Hulke excised the upper end of the femur (the caput and cervix femoris had almost disappeared), and removed some exfoliated sequestra from the acetabulum, through the curved incision (Billroth's), which he now always adopts. This cut is begun at the centre of an ideal straight line drawn from the anterior superior iliac spine to the upper border of the great trochanter, and it ends behind and below this latter process. The wound was washed with a solution of chloride of zinc, a drainage-tube was passed from it through the lowest sinus in the thigh, and after this a De Morgan's extension-splint was put on. He slept better the same night. Much of the cut healed by first intention. The discharge was always inodorous, and moderate. His appetite improved, and he gained flesh and strength.

In September, with a leather splint, which fixed the thigh to the pelvis, he was able to go out into the garden, and in October he was dismissed, comparatively robust, able to flex and extend the thigh through a considerable range, and to bear some weight on the limb, which was only one inch shorter than its fellow. The girth just above the knee was also only one inch less than that of the other thigh at the same place. The foot was quite straight, neither everted nor inverted.

Provincial Hospital Reports.

NORFOLK AND NORWICH HOSPITAL.

CASE OF POISONING BY CORROSIVE SUBLIMATE.

(Under the care of Dr. EADE.)

J. C—, aged forty-nine, was admitted on Sept. 19th, 1869. At 10.30 P.M. on the preceding day, whilst under the influence of drink, he had swallowed a small lump of corrosive sublimate, which remained in his stomach about an hour, and was then ejected by an act of vomiting. An hour later he was seen by a medical practitioner, who gave an emetic, and used the stomach-pump. On admission the