normal, and the pulse diminished in frequency. A state of gastro-enteric catarrh, as evidenced by a glazed tongue, vomiting of almost everything but iced milk, and occasional diarrhoea, continued, however, for some time. The right leg became also oedematous below the knee, but was not painful and was soon better. The swelling of the left leg also gradually disappeared.

The interesting point in this case is the retention of a small portion of decomposing placenta within the uterus with such trifling local indications of the existence of the source of infection. The patient was, however, the subject of septicæmia in a very alarming form; and, even at the risk of finding nothing, it seemed desirable to dilate and explore the uterus. This was done not a moment too soon; indeed, it had better have been done earlier, for the poisonous dose absorbed was quite sufficient to make the convalescence somewhat protracted. Bismuth with laudanum seemed most useful in combating the gastro-entérite.

Preston.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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

GUYS' HOSPITAL.

EIGHT CASES OF CATARACT OPERATIONS IN AGED PATIENTS; CURE.

(Under the care of Mr. HIGGENS.)

THESE cases of cataract, all of which occurred in patients of the age of eighty or above, are instances of the successful performance of an important surgical operation at a period of life when the surgeon is, as a rule, unwilling to operate excepting for emergencies. Although the reparative power of the cornea is impaired before the age to which these patients had attained, still in properly selected subjects, as here recorded by Mr. Higgins, the operation of extraction may be most successful.

CASE 1.—Minto G—, aged eighty, was admitted on June 14th, 1875. Cataract in both eyes; left eye has been quite blind nine years. Extraction by oblique corneal section downwards, and removal of a small piece of iris performed in left eye.—July 17th: Vision = $\frac{2}{3}$ with + 3.

CASE 2.—Judith S—, aged eighty, was admitted on Oct. 9th, 1876. Cataract in both eyes; that in right eye most advanced. Extraction by small flap section downwards, associated with iridectomy, performed in right eye; no anæsthetic was administered.—Nov. 9th: Reads Snellen $2\frac{1}{2}$ with + $2\frac{1}{2}$. Vision = $\frac{2}{3}$ with + 3.

CASE 3.—Grace H—, aged eighty-two, was admitted on July 22nd, 1878. Cataract of both eyes; most advanced in left. Extraction by small flap section upwards, and iridectomy performed in left eye.—Aug. 26th: Reads Snellen 5 with + 16 D. Vision = $\frac{6}{12}$ with + 12 D.

CASE 4.—Esther A—, aged eighty-eight, was admitted on Oct. 20th, 1879. Mature cataract in both eyes; extraction by small flap upwards, and iridectomy in right eye.—Nov. 17th: Could tell the time on a watch with + 13 D.

CASE 5.—William B—, aged eighty-four, was admitted on June 7th, 1880. Cataract in both eyes; right worst. Extraction in right, small flap upwards, with iridectomy.—July 12th: Reads Snellen 1.25 with + 16 D. Vision = $\frac{6}{8}$ with + 13 D.

CASE 6.—Phœbe C—, aged eighty, was admitted on Oct. 22nd, 1883. Cataract in both eyes; extraction in left by small flap downwards, with iridectomy. Severe iritis supervened. On Dec. 10th the iritis had subsided, but the pupil was entirely blocked.—March 10th, 1884: A needle operation for opaque capsule performed.—24th: Reads J. 8 with + 16 D. Vision = $\frac{6}{8}$ with + 12 D.

CASE 7.—Lucy J—, aged eighty, was admitted on Jan. 21st, 1884. Cataract in both eyes. Extraction performed in both by small flap section upwards, with iridectomy.—Feb. 20th: Both eyes could tell the time on a watch with + 16 D.

CASE 8.—William T—, aged eighty, was admitted on Jan. 28th, 1884. Extraction by small flap upwards, and iridectomy in right eye.—Feb. 18th: Tells time on a watch with + 16 D.

ST. SAVIOUR'S INFIRMARY, NEWINGTON.

CASE OF SWORD SWALLOWING; DEATH FROM INJURY TO THE ŒSOPHAGUS; NECROPSY; REMARKS.

(Under the care of CHARLES GROSS, M.B., B.S.Lond., F.R.C.S., Medical Superintendent.)

THE interesting case which Mr. Gross describes is certainly most uncommon, there being few cases on record where the practice of sword swallowing has led to the death of the performer. Dr. Parkes described a case¹ where the man, aged twenty-three, passed the sword through the anterior wall of the œsophagus into the pericardium, the patient dying from acute pericarditis a few hours afterwards.

Reuben S—, aged thirty years, by trade a painter, was admitted into the infirmary on Jan. 17th, 1885. He stated he was in the habit of conjuring and sword swallowing in various public-houses. On Jan. 15th, two days before admission, he was performing at a public-house in Leather-lane, when on pushing a sword down his throat it hurt him far more than usual, and on withdrawing it he spat a little blood. Pain, with difficulty in swallowing, quickly came on, and feeling very ill and uncomfortable he was obliged to return to his lodgings. Becoming gradually worse, he procured admission to the infirmary. On admission he seemed very ill and in pain all over, but especially in the throat and down the gullet, much intensified in his efforts to swallow. The front of the neck was swollen and tender, the breathing shallow and hurried, and he kept spitting glairy mucus unstained with blood. There was nothing abnormal to be seen on looking down the throat. He was quite sensible and gave an account of the occurrence as above; he also stated that he thought the sword he had used on the last occasion had some roughness at its edge; that the performance always hurt him a little, and that he preferred to swallow a smooth whip-handle rather than a sword. He was put to bed, hot fomentations applied to the neck, and milk and fluid diet ordered. He became gradually worse, the neck swelled up more, pain and difficulty in swallowing increased; he eventually became delirious, and died suddenly at 7 P.M. on Jan. 20th, three days after admission.

Autopsy, seventy-two hours after death.—Body, that of a well-nourished, healthy-looking man, well covered with fat. No external marks of violence. Front of neck still somewhat swollen. The heart was large and flabby, and nearly empty. The lungs were slightly congested and oedematous; there was evidence of old pleurisy on the lower lobe of the left lung. The stomach was quite healthy and showed nothing abnormal. The œsophagus, from its commencement to within one inch from the stomach, was somewhat dilated, with its walls much thickened. Its mucous membrane was thickened, tough, and smooth, whitish in colour, resembling the internal coat of the aorta. The outermost coat and surrounding tissues were infiltrated with pus, constituting, in fact, a diffused abscess from the back of the pharynx to the diaphragm. There was no sign of any perforating wound, and only a slight patch of excoriation at the upper and posterior part. Below the bifurcation of the trachea the left vagus nerve ran through the abscess. The other organs, including the brain, were healthy, but full of blood.

Remarks.—The condition described was undoubtedly due to the irritation of the parts by the constant passage of a hard solid body, such as a sword or whip-handle, and had probably been coming on for some time; certainly longer than the five days between the last performance and his death. As he himself stated that lately it had pained him "more than usual," some slight inflammation most likely was set up some time ago, and gradually culminated in the formation of an abscess. The stomach was in no way affected. Probably the sword was not pushed so far, but stopped at the natural narrowing, where the gullet traverses the diaphragm. The immediate cause of death was syncope. I have not been able to procure, nor have I seen, the sword with which this man performed, but I have been favoured by a visit from two sword swallowers, who were attracted

to me by reading the account of my patient's death in the newspapers, and who were anxious for an opinion as to the peculiar dangers to which they were exposed. The swords they use are $21\frac{1}{2}$ in. long in the blade, $1\frac{1}{4}$ in. broad, tapering to 1 in., straight, heavy, thick, smooth, with well rounded edges and point, similar to those carried by the "pompiers" in Paris. The longest they perform with is 27 in. in length. For my edification they gave a demonstration of the feat. Straightening the passage by well elevating the chin, then putting the point of the sword well to the back of the throat, with one thrust they pushed it down as far as the hilt. With the shorter swords they could bend the body forward from the loins and withdraw the sword whilst in that position. They both acknowledged that they frequently hurt themselves, and one of them had been an in-patient at St. Thomas's Hospital in consequence of an injury to the œsophagus.

The man referred to was under the care of Mr. Francis Mason, and we are indebted to him for an account of the case. The patient, a man aged nineteen, was admitted on June 16th, and remained under treatment eleven days. Two days before admission he was performing in public, and had passed the sword down the œsophagus to within two inches from the hilt. He made signs to a bystander to pull it out, but, instead of doing so, he forced it down. The patient vomited two hours afterwards, and was obliged to go to bed, where he was only able to lie on the right side. When examined, he complained of great pain, referred mainly to the centre of the sternum and upper part of the abdomen. The pain was increased by attempts to swallow and by deep breathing; the abdomen was slightly tender, but not distended. Respiration 30; pulse 84.

June 18th.—There was no pain; he still lies on the right side. Respiration less painful; pulse 94.

20th.—Pulse 84; respiration 26.

21st.—Slight crepitation noticed at the left apex.

23rd.—Still complaining of pain, and there was occasional sensation of sickness and of heaviness after food. He was only allowed ice at first and then fluids, the diet being carefully regulated. The temperature on the evening of admission was 101.6° ; on the following morning 101.2° ; and for the next week there was a difference of from one to two degrees between the morning and evening temperatures, the highest evening temperature being 101.8° and the lowest morning temperature 99.4° .

In this case it would appear that there was injury to the mucous coat of the lower part of the œsophagus, and possibly to the stomach itself; whilst in the case under the care of Mr. Gross the mischief, as he says, appears to have commenced before the date of supposed injury.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

MULTIPLE RENAL CALCULI AND PYO-NEPHROSIS; AUTOPSY;
REMARKS.

(Under the care of Dr. MILLINGTON.)

FOR the notes of the following case we are indebted to Dr. Dingley:—

Calculi in the kidney usually give rise to so much pain and uneasiness during their formation that they are brought under the notice of the physician at an early period: pain referred to the region of the kidney, more or less constant in character and aggravated by exertion, with occasional hæmaturia, general impairment of health, &c., causing the patient to seek relief before they have reached a large size. It is most unusual for them to attain to such a large size and number, causing so great an amount of destruction of renal substance as in this case, before producing symptoms of local disease.

Mary Anne R—, aged thirty-two, was admitted on Nov. 8th, 1884. She had been married twelve years and had had four healthy children, who were all living. Her mother was living and strong, but her father died in an asylum. The patient says she has been ailing for a year, gradually losing appetite and wasting, but has never had any pain till the last week. Three weeks ago she had an attack of vomiting, and about ten days ago noticed a swelling in her left side. On admission she was found to be very emaciated, weighing 6 st. 3 lb., and weak. Her skin had a pale and slightly earthy

tint, it was also dry and harsh with long downy hairs on the back. Hertongue was dry and slightly furred, her appetite very bad, she did not vomit, and the bowels were open. At times she had attacks of pain in the abdomen. Upon examination a large rounded tumour was noticed in the left lumbar region, extending downwards and inwards, and measuring about 7 in. in length by 4 in. in breadth. It had a smooth soft feel, but no fluctuation could be felt. Something could be traced running over it from above downwards, which moved about and appeared to be the descending colon, but it did not alter the dulness of the tumour. The lower border of the swelling reached $1\frac{1}{2}$ in. above the left anterior superior iliac spine, and extended across to the middle line. Above, the dulness extended to the seventh rib. In the right lumbar region there was another tumour similarly placed, measuring 5 in. in length and 3 in. in width, and extending obliquely downwards and inwards; but instead of the soft smooth feel of the other, it had a very irregular form and feel of stony hardness. It had a sharply rounded border, under which the fingers could be inserted. An irregular upper edge could be felt, and the tumour seemed to be entirely distinct from the liver. They were both fixed and not at all tender or painful, and over both absolute dulness was obtained. When the back was examined, on both sides there was absolute dulness reaching from the spine to the tumours in front. Vaginal examination showed that the uterus was normal and the pelvis free from disease. The chest was in a fairly healthy condition, but the pulse was very weak and small, and the cardiac sounds rather indistinct. The urine had a specific gravity of 1025; it was pale, but turbid, with a stringy deposit. It contained about one-eighth of pus, and, after boiling, about five-twelfths of albumen; but nothing but pus and epithelium cells could be detected microscopically.

During the first week that the patient was in the hospital the left tumour increased rapidly in size, and became distinctly fluctuating, and the question of aspiration was being discussed when severe paroxysms of pain set in, and lasted several hours, the patient being in agony until relieved by opiates. After the pain had become easier, it was found that the tumour on the left side was much smaller than when the patient was admitted, and it continued so to lessen that no prominence could be seen. At the same time the pus in the urine increased to one-half, and for some days large quantities were passed in this way. The patient was evidently getting weaker, and died from syncope on Nov. 23rd.

Autopsy.—When the abdomen was opened nothing abnormal was to be seen until the intestines were pushed back, when in the place of each kidney a large swelling was noticed. On closer examination, the one on the left side was found to be 8 in. long by 4 in. wide and 3 in. deep, and the renal vessels and ureter could be traced entering it, and the descending colon passing over it. When opened, it was found to be a thin-walled sac full of pus, the walls nowhere exceeding $\frac{1}{2}$ in. in thickness, and for the most part no thicker than the skin. After the pus had been removed the organ weighed nearly 10 oz. Its interior was divided by septa into four conical sacs, all communicating with each other at their apices and roughly representing the pyramids. In two of these sacs there were calculi from $\frac{1}{2}$ in. to $\frac{3}{4}$ in. in diameter, whilst in the pelvis and commencement of the ureter there was another calculus, shaped like a very elongated cone, which completely blocked the lumen of the ureter when pushed down. No trace of ordinary kidney substance could be found. The right kidney was also much enlarged, measuring 7 in. in length by $4\frac{1}{2}$ in. in breadth, by 3 in. in depth. Its hard irregular feel at once indicated that it was full of large calculi. It weighed, with the calculi, $18\frac{1}{2}$ oz. When opened there was found to be a small, thin capsule of healthy kidney substance surrounding five large calculi; these were rounded and irregular with prominent bosses, and were so closely embedded in the renal substance that this had to be torn in some places to show them; the largest measured 5 in. in length and $2\frac{1}{2}$ in. in its greatest diameter, and had three outstanding processes. The next was $3\frac{1}{4}$ in. long and $2\frac{1}{2}$ in. broad, and the other three were almost as large. In the pelvis another was found 2 in. long and $\frac{1}{2}$ in. in diameter, being horn-shaped, and filling up the pelvis, and beginning of the ureter. The calculi on chemical examination were found to consist of carbonate of lime, mixed with a little fibrinous material; the lymphatic glands on both sides were much enlarged; the other organs both in the abdomen and thorax were healthy.