way. In forty-eight hours he became violently delirious; it had the character of delirium tremens, with a tendency to jocularity. The pulse was frequent and feeble. He had been very watchful the preceding night. The skin was cool and moist, and his condition was like that seen in the medical wards in intemperate people. The point to which he (Mr. Erichsen) wished to direct their attention was, that traumatic delirium is frequently seen in surgical practice as the result of injuries, especially in the lower extremity; at least he had seen many instances in which the injury had been situated there. The peculiar form of delirium can readily be detected by the trembling of the hand, tongue, and other symptoms. The treatment was the same as in the medical cases—giving opium in full doses, not too frequently repeated, to produce sleep. It should be given in the liquid form, a drachm of the liquor of opium every three or four hours till sleep is induced. This was done in the present instance; the patient slept and became better. But, Mr. Erichsen remarked, there is still a return of the delirium of a mild kind, depending, no doubt, upon gastric disturbance. The liquid form of opium, he thought, was always better than the solid, because the latter was liable to accumulate and become poisonous, and patients die comatose. It is remarkable what a quantity some persons will take. He alluded to the case of a gentleman who had over-walked himself, and who was attacked by delirium tremens. A physician ordered him twelve compound soap pills with opium, one to be taken every four hours, but the patient swallowed the whole twelve. He (Mr. Erichsen) was called in to assist Mr. Clover, and the stomach-pump was employed, yet none of the pills were got up. The patient went to sleep, and made a good recovery. He mentioned this fact to show what a quantity a person might take without any injurious effects. The pills were swallowed at two o'clock in the morning, and the patient was seen some hours afterwards. He would advise them, in conclusion, never to give large doses of opium, at any rate in a liquid form, from its more ready absorption.

GLASGOW ROYAL INFIRMARY.

VESICAL CALCULUS IN THE FEMALE; REMOVAL THROUGH THE VAGINA; RECOVERY.

(Under the care of Dr. LYON.)

THE following report has been forwarded to us by Dr. Russell, assistant to Dr. Lyon.

Mrs. D—, aged forty-two, admitted September 4th, 1862. For three years she has suffered from the usual symptoms of vesical calculus, gradually becoming aggravated. Of late her distress has been so great that she has had recourse to large doses of laudanum, taking several spoonfuls during the day; sleep is impossible without such aid. The calculus is felt immediately on passing a female catheter into the bladder, an operation which is excessively painful. Urine alkaline; contains abundance of mucus and a little pus. Diathesis phosphatic.

Having ascertained by a lithotrite that the calculus was too large to admit of extraction by dilatation without risk of consequent incontinence, on the 9th the patient was put under chloroform, while in the position usual in the operation for vesico-vaginal fistula. The vagina being dilated by Bozeman's speculum, a director was introduced through the urethra, and its end made prominent in the vagina. The point of an ordinary scalpel was inserted into the groove immediately beyond the sphincter vesicæ, and run home an inch or more. Some bleeding, partly saltatory, followed the incision, but soon stopped. The forceps was now introduced, and the stone at once caught and extracted. The wound was at once brought together with metallic sutures, simply twisted upon themselves, and the ends left projecting beyond the vulva. An S-shaped catheter was then introduced, to be worn constantly; and the bowels ordered to be kept inactive with opium. In the evening a constant oozing hæmorrhage began, dropping with the urine from the catheter. External cold and elevation were employed during the night, but with little effect. Next morning a saturated solution of alum was injected into the bladder with much advantage, but towards night it was necessary to repeat the injection. There was no more hæmorrhage or other disagreeable symptom. On the 16th the sutures were removed, and a part of the wound, about a quarter of an inch long, found unclosed. As the edges were raw and healthy, the catheter was worn some days, in the hope of the wound healing by

granulation. On the 21st, or twelve days after the operation, the aperture was found closed; the catheter was therefore removed, and the patient permitted to sit up a little. In the evening she was reported to have perfect command over her urine, being able to retain it for some hours and pass it at will. Six days after, she left the infirmary in every respect well.

Remarks.—Of the various operations for calculus in the female, by dilatation, crushing, or cutting, of course the surgeon must be left to choose the most appropriate for each special case. The risk of producing incontinence of urine is the main objection to all such operations. By the vesico-vaginal method, as above performed, it seems to be entirely avoided. The sphincter not being divided, the only form of incontinence possible is by a fistula being left from the temporary non-union of the incision, and this is a perfectly remediable evil. Indeed, as is shown by this case, the wound may heal without further interference; but should the operator not be so fortunate, he can resort to the usual plastic operation in parts which are healthy, and not cicatricial, as in cases of fistula from accidental causes. Even in adults, therefore, there can be no risk of such an annoying consequence as incontinence. In children the circumstances are still more favourable. Dilatation cannot be carried to any length without paralysing the tissues. Lithotripsy is tedious, difficult, and more liable to be followed by a recurrence of the disease; but by dilating the vagina, and operating by vesico-vaginal incision, with the after-treatment described, we should have a speedy and perfect recovery. The urine of children being comparatively innocuous, and their powers of reparation great, the wound would probably close by first intention. The use of the S-shaped catheter is most important. We have observed that even when a considerable aperture exists in the floor of the bladder, it keeps the person of the patient quite dry, so that even if, from the smallness of the parts, the application of sutures to the wound should be impossible, by using the catheter there would still be great chance of union. To commence the incision at the orifice of the urethra, and slit it up along the vagina, as has been done even in adults, seems quite uncalled for. That part of the incision which divides the urethra is useless as regards facilitating access to the bladder, besides rendering the use of the S-shaped catheter difficult. It will be seen that there may be troublesome hæmorrhage, although no vessel of any size can be cut. A frequent cause of this in lithotomy in the male is the distension of the bladder after the operation with urine; and on clearing out the tube, and allowing the bladder to collapse, the bleeding stops. Its source is in that case very probably the mucous membrane. Here there was no distension, and its origin was most likely the vessels which were observed to bleed at the moment of incision. In any case, the parts being quite accessible by vagina and bladder, there can be no chance of uncontrollable hæmorrhage.

In a male, aged twenty-four, lithotomized by Dr. Lyon a few days previous to this case, the patient remained well until fourteen hours after operation, when free persistent bleeding, apparently venous, set in. No definite bleeding point could be discovered to which ligature might be applied. Resort was had to cold, plugging about the tube, elevation, &c., but with no benefit. When called under these circumstances, Dr. Lyon, who always leaves a tube in the bladder, but had on this occasion used one unusually large, removed the tube, and bleeding immediately ceased. The bleeding must have been from the prostatic plexus or the mucous membrane. In any case it is hard to explain this result. The unusual distance of time from operation, which was accompanied by only the ordinary amount of hæmorrhage, to commencement of bleeding was remarkable. The patient made a good recovery.

CIVIL HOSPITAL, GIBRALTAR.

CASES OF STABBING.

(Under the care of Mr. CHARLES TRENERRY.)

CASE I.—Alexander G—, aged forty-three, was admitted about five P.M. on the 16th of January, 1848, suffering from a transverse wound, about an inch in length, on the left side of the umbilicus, from which protruded about five inches of omentum; this, as it did not appear to be injured, was returned into the cavity of the abdomen, and the wound closed with strips of adhesive plaster, compress, and bandage.

Slight inflammatory action supervened, but readily yielded to a short bleeding and three dozen leeches, small doses of

calomel-and-opium, and mild aperients; so that he was discharged, quite well, on the fifteenth day.

CASE 2.—Pedro S—, aged thirty, was admitted Aug. 9th, 1858, about six A.M., and stated that he had been treacherously stabbed about an hour previously in one of the gardens on the North front. He had a wound about an inch and a half in length on the left side of the chest, in the direction of the intercostal space of the sixth and seventh ribs, near their junction with the cartilage, and penetrating the thoracic cavity apparently without wounding the lung. There was also an oblique incised wound across the left mastoid process, the edges of which were brought together by strips of adhesive plaster. The wound in the chest was secured with a suture, adhesive plaster, compress, and bandage; and he was directed to lie on the injured side. The rest of the treatment consisted of small doses of magnesia and laurel-water, occasional mild purgatives, and spare diet.

No untoward symptoms supervened, and he was discharged, quite well, on the 4th September.

CASE 3.—Antonio S—, aged forty, was admitted about eleven o'clock P.M. on June 15th, 1859, in a state of great excitement, having been drinking rather freely, and quarrelling with a man, who inflicted a transverse incised wound, about three inches in length, below the left axilla, so as to divide the pectoralis major and minor muscles, and induce much hæmorrhage. No opening into the chest was discoverable, although there existed a sufficient amount of surrounding emphysema under the pectoral muscles to lead to the suspicion that the lung had been wounded. Two sutures, a wet compress, and bandage were applied to close the wound, and the arm was secured to the side. A slight febrile exacerbation occurred on the fourth day, which yielded easily to mild aperients, and small doses of laurel-water and magnesia. The emphysema subsided on the tenth day, and he was discharged at his own request on the 3rd of July, in good general health, and only having about a quarter of an inch of the wound to close at its outer extremity.

CASE 4.—George C—, aged twenty-one, was admitted on April 6th, 1860, and stated that he was the mate of the American barque *Lillias*; that about a month ago, on their passage from New Orleans, he had occasion to reprimand one of the crew, who immediately stabbed him in the right side of the abdomen, midway between the false ribs and umbilicus, causing much hæmorrhage, and giving exit to a portion of omentum, which was replaced by the captain, and the wound actually sewed up tailor fashion.

On admission, there existed at the seat of injury a puffy or hernia-like swelling, about the size of a walnut. It was livid, and marked by a sloping cicatrix and a piece of black thread deeply embedded. Pus was oozing from three or four suture points. About a fortnight ago he discovered that he was the subject of ascites, and his legs to be anasarca. Lumbar pains supervened, the urine became scanty, and of a dingy oily appearance, with a copious lateritious sediment. A week ago frequent and distressing vomitings set in, attended with much thirst, emaciation, and debility; but notwithstanding, he says his appetite was good; bowels costive; tongue clean; skin dry. He had no cough or dyspnoea. The sides of the chest and the interscapular space were of a livid colour, caused either by subcutaneous infiltration of blood, or the result of a very fine arborescent varicose state of the capillary veins. An old cicatrix, about three inches in length, existed below the left axilla, which, he said, was the result of a wound accidentally inflicted by himself a few years ago whilst engaged in sharpening a scythe on his father's farm.

April 11th.—He was in a very desponding mood. The piece of thread, being loose in the wound, was removed.

13th.—There being a considerable aggravation of symptoms, the operation of paracentesis was performed, and about thirteen pints of a dark-green fluid, which imparted a permanent stain to paper, were drawn off. This proved that the gall-bladder or liver must have been originally wounded.

21st.—He was doing remarkably well till this afternoon, when he was seized with severe spasmodic colic, occasioned, it was believed, by imprudently eating oysters. An emetic, however, with wine and aromatic spirit of ammonia, soon relieved him; and he afterwards progressed most favourably. The lividity about the chest, the hernia-like tumour, and the anasarca disappeared; the urine became normal; and, in fact, he improved so much that he was discharged on the 25th of June, and returned to America, where he was soon engaged as master to another vessel.

Cathartics, alterative doses of mercury, diuretics, diapho-

retics, anodynes, and tonics were had recourse to. Three grains of the sulphate of iron in solution, three times a day, also proved of very great service in this, as in the other cases of ascites arising from debility.

Much valuable professional assistance has often been obtained from S. Paynter, Esq., Deputy Inspector-General of Army Hospitals, since his arrival in this garrison.

Reviews and Notices of Books.

Contributions to Practical Medicine. By JAMES BEGBIE, M.D., F.R.S.E., Physician-in-Ordinary to the Queen in Scotland, &c. pp. 318. Edinburgh: A. & C. Black.

THIS volume contains ten essays, which, with the exception of the first, have been read at intervals as "papers" before the Medico-Chirurgical Society of Edinburgh, and all have appeared in the periodical journals of the time. They have now been revised and augmented, and laid before the profession in a collected form.

The first essay is upon "Gout and the Gouty Diathesis." The endeavour of it is to show that "he who has attentively set himself to study the history of gout, and is possessed of opportunities and means of doing so, will certainly find that, in the north as well as in the south, it disturbs many functions and originates many diseases;" and that "the strumous is not more frequent than the gouty habit." (p. 46.) That the gouty diathesis is at the bottom of a great deal of mischief, and often actively playing a part when little suspected to be engaged, we willingly admit; but that it is coextensive with the scrofulous constitution is a point we unhesitatingly demur to. Dr. Begbie, once having made up his mind to see a thing, sees it accordingly, and that not only as respects gout, but as regards everything else. This opinion has been strengthened the further we have penetrated into his book, which nevertheless shows Dr. Begbie to be a good practical physician, an industrious observer, and as striving to carry out the admirable aphorism of Sydenham quoted upon his title-page:—"That practice, and that alone, will do good, which elicits the indications of cure out of the phenomena of the disease itself." Still, as we have just implied, Dr. Begbie's sieves do not always hold water. For instance, what evidence is there that the disease referred to in the following case was of gouty origin? Dr. Begbie having detailed the case of a lady whom he had to some extent relieved of a troublesome headache by "the persistent employment of a combination of colchicum with the nitrate and carbonate of potash, aided by those regulations of diet and exercise which are suitable to the gouty habit," goes on to say, "Let us look a little further into the workings of the gouty diathesis in other members of the family;" and then gives the following history of their operation in one of them:—

"I was consulted in the case of an elder sister, who, after a chill caught in attending church when her clothing had been wet by a passing shower of rain, was seized with acute pain in the right side, with difficulty of breathing, and all the general and physical signs of acute pleurisy. Here, too, after topical bleeding, the alkaline carbonates with the wine of colchicum were found effectual in removing the effused fluid, and in rapidly restoring the patient to health."—p. 32.

What, we would ask, are the signs which certify that the attack was of a gouty character? Its having got well after the administration of colchicum?

The second essay considers the Relation of Rheumatism and Chorea. We agree with Dr. Begbie that there is an intimate connexion existing between the two maladies. There has been much difference of opinion as to the nature of this connexion, and upon it the author expresses himself in the following words:—

"I cannot help coming to the conclusion that the simple and true view of their relation is to be found in the morbid condition of the blood which is admitted to exist in the rheumatic constitution; and this explanation will apply equally to chorea