his death. Ordered a linseed-meal poultice to her left side, four ounces of wine, beef-tea, and fifteen minims of the muriated tincture of iron in peppermint-water twice a day.

Dec. 27th.—She was in great pain last night; felt very weak. She had rigors, was cold all night; complains also of headache; passed blood eight or nine times during the night. Skin cool and moist; pulse 84, moderate in volume; tongue clean; no appetite; bowels open. No relief from the poultice, as it turned cold and made her shiver; had great pain in the left side. Four minims of tincture of opium ordered in each dose of her medicine.

30th.—Seems in a very weak state this morning; the hæmorrhage still continues as copious as ever; she was obliged to get up to pass a clot this morning, and fainted away; skin cool and moist; pulse 84, but not so feeble as might be expected; tongue pale, but clean; feels as if she could eat something; bowels confined; did not sleep at all last night; she had sharp, cutting pains in the left groin. To have three grains of acetate of lead and half a drachm of oxymel, in peppermint-water, every three hours. The next day this was changed to ten grains of gallic acid every four hours.

Jan. 1st, 1860.—The hæmorrhage still continues, with the passage of large clots. A turpentine draught was ordered every three hours, and the gallic acid to be continued.

5th.—She was put upon alum, which reduced the quantity of blood passed in a couple of days. On the 8th, there was more hæmorrhage; the bowels were well opened. On the 9th, complained of heat about the head, and other symptoms of anæmia; no clots were now passed.

12th.—The hæmorrhage now seemed to be passive. Ordered the muriated tincture of iron, with an occasional aromatic draught, with ten minims of tincture of opium. This, by the 16th, wholly arrested the bleeding, but she was very weak.

Feb. 6th.—Progressed in every respect since Jan. 25th. She was now put on the same preparation of iron, eight minims, in infusion of quassia, thrice a day. Had a little diarrhœa yesterday, and pain in the loin.

13th.—Has been sitting up for some days, and can walk along the ward with assistance; is much improved, although weak.

18th.—She left the hospital.

UNIVERSITY COLLEGE HOSPITAL.

INJURY TO THE LEFT KIDNEY, FROM CONTUSION OF THE ABDOMEN AND THORAX; HÆMATURIA AND COLLAPSE; RECOVERY.

(Under the care of Mr. ERICHSEN.)

THE presence of blood in the urine, following the receipt of any injury about the loins, clearly points to the kidney as the source of it, as is illustrated by the following case, the notes of which were furnished by Mr. Berkeley Hill, house-surgeon to the hospital. Notwithstanding the gravity of the general symptoms, the man made an excellent recovery. In proof of the fact that the blood does come from the kidney in these cases of injury to that viscus, we may refer to an instance we saw in the same hospital some years ago. A man was admitted, under Mr. Erichsen's care, who had sustained an injury in the loins from a railway buffer. He passed much blood in the urine, and had all the symptoms of injury to the kidney. He survived some weeks, his death being the result of an attack of pneumonia, and at the autopsy a distinct cicatrix was found on the surface of the left kidney, where the laceration of its substance had primarily occurred.

The reader is referred to a case under Mr. Sands Cox, in the Queen's Hospital, Birmingham (THE LANCET, vol. ii. 1845, p. 654), to one under Mr. Stanley's care, at St. Bartholomew's Hospital (ibid., vol. i. 1851, p. 599), and to the case recorded by Dr. Shearman, of Rotherham (ibid., vol. i. 1848, p. 685), as examples in which hæmaturia was a prominent sign after injury to the kidneys by direct violence.

George W—, aged twenty-eight, a carman, admitted on the 1st of May last, under the care of Mr. Erichsen; on which day, whilst driving his van, he slipped off his seat, and fell under the wheel, which rolled against his side, and probably over his body. On admission, the patient was almost unconscious, suffering under great collapse, being pale, cold, covered with clammy sweat, and with a very feeble pulse. Shortly after admission, he vomited repeatedly biliary matter and mucus. No blood, however, was detected under the microscope. He complained of great pain and tenderness over the

left hypochondriac and lumbar regions, where the ninth and tenth ribs were fractured; some indistinct emphysema existed here also. The vomiting and prostration continued until the following evening, when he became flushed, thirsty, his pulse hard and rapid, and his bowels constipated. Some cough also set in, and friction sound was audible at the base of the left chest. The urine during the first three days was dark-brown in colour, and opaque, the discoloration being due to blood-discs, and also to fine granular blood-casts of the uriniferous tubes. After the third day, the urine no longer retained its dark appearance, though some blood-discs were visible under the microscope, and some traces of albumen remained. At the end of a fortnight, the man could sit up in bed without pain. By this time all abnormal appearance in his urine had ceased. On the 25th of May he was discharged, quite able to walk and take a long breath without pain, and having no tenderness on pressure over the left kidney. The urine also was perfectly free from albumen, pus, blood-discs, or casts of uriniferous tubes.

ROYAL FREE HOSPITAL.

EPISTAXIS, GIVING RISE TO HÆMATEMESIS, THE HÆMORRHAGE PROCEEDING ALMOST TO FATAL SYNCOPE.

(Under the care of Mr. WEEDEN COOKE.)

WHEN bleeding from the nose and vomiting of blood are co-existing symptoms, it is important to ascertain if their origin is distinct; for whilst attention is directed towards arresting the latter, so much time may be lost as to bring about a fatal result from the former. The occurrence of a double bleeding of this kind is probably one of the rarest complications to be met with. In the present example, the simulation of real hæmatemesis was so natural as at first to mislead; a careful examination of the fauces, afterwards, showed the blood to be trickling down the pharynx from the back of the nose, coursing onwards to the stomach, whence it was vomited. The true nature of the case being thus apparent, the nostrils were plugged with success, but not before a large quantity of blood had been lost. We are favoured with the notes of the case by Mr. John D. Hill, house-surgeon to the hospital.

Thomas G—, aged twenty-three, a strong, healthy-looking man, was admitted on the 10th of February, at ten A.M., vomiting blood and bleeding from the nose. It was stated that he had been fighting, and had been considerably knocked about by his opponent, as his appearance would testify. It was also said that his antagonist had, after having knocked him down, jumped upon his body; and, with regard to his previous history, it appeared that he was subject to attacks of epistaxis, particularly after inebriation. These circumstances having been taken into consideration after the examination of the patient, it was determined to administer the acetate of lead and opium combined, with the local application of cold to the epigastrium. The blanched condition of the patient, together with the state of collapse and vomiting, at first indicated treatment for hæmatemesis, which was accordingly adopted. Had this not been so, the bruised and swollen condition of the nose and face, with the epistaxis (which, upon examination, was not considered at first to be the source of the hæmatemesis), would have suggested the propriety of plugging the posterior nares. The epistaxis subsided in a short time, but the vomiting continued at intervals, although not so great in quantity, after the second dose of the medicine had been taken. At two o'clock the epistaxis returned, as well as the vomiting. More than a pint and a half of blood was ejected from the stomach, and the patient appeared *in articulo mortis*, the pulse and breathing being almost imperceptible. The house-surgeon was summoned immediately, and the patient again carefully examined. Upon exposing the fauces to a good light, the true source of the hæmorrhage was discovered. The blood was seen trickling down into the pharynx through the posterior nares, which were immediately plugged, as well as the anterior. Brandy, combined with twenty-minim doses of spirit of turpentine, was given every twenty minutes. The hæmorrhage ceased immediately after the operation, and in twenty-five minutes the circulation began to recover itself. The patient progressed favourably for twenty-six hours, when reaction set in rather briskly. On the third day the secretions were attended to, and the digestive apparatus restored to health. The plugs were removed without the least disposition to the recurrence of hæmorrhage. The patient upon the fourth