his condemnation; and the Chief-Justice assured me that the principal reason of this law was to provide against the possibility of new evidence turning up which might tell in the condemned man's favour. That, no doubt, would be the reason which would tell most forcibly on the mind of a lawyer; but I think there may be other reasons which might lead our legislators to consider whether an extension of time between condemnation and execution would not be logical and useful in our own country. The first of these is, that it would provide an opportunity for real preparation by change of disposition; but on this I shall not dwell, as it belongs to religious and moral elements of thought. Another reason, which will seem weighty to psychologists, is, that the Massachusetts law gives time for the thorough investigation of the criminal's state of mind, and would render it impossible for a man to be hanged who was really of unsound mind, unless, indeed, he were hanged as a man of unsound mind, which was avowedly done by Baron Bramwell in the case of Dove. I do not know whether immediate or deferred execution would be the greater punishment to the sufferer. This would probably vary with different temperaments and states of mind. An imaginative coward would suffer immensely by the prolonged expectancy of his doom, while to many another condemned man the prorogation of his final penalty would be esteemed a precious privilege, as affording sufficient opportunity to make real peace between his guilty and affrighted soul and his offended God. As an example to the great majority of evil-doers, it would seem probable that to defer execution would increase its efficacy, for nothing strikes the mind of the criminal classes more forcibly than the slow, cold, impassive authority of the law, and nothing excites their imagination so much as the state of the living man condemned to death. A sudden death has few terrors, or we should have no wars, and dangerous employments would have to be more highly remunerated than they are. Jesse Pomeroy's crime or crimes was the murder of two children by torture, inflicted by numerous stabs with a pocket knife. The first murder was only discovered on the commission of the second after the interval of a year. The effect of these crimes on the public mind was such that the women of Boston in very great numbers signed a petition that the criminal might be executed. This strange public act of the women of perhaps the most highly educated and civilised city in the world was no doubt due to the offended feeling of maternity, the victims having been children.

I cannot quit Boston and its kindly and cultivated folk, who made my visit there so happy and interesting, without bidding it and them a word of affectionate farewell. They love the old country, though they are proud of having taken the first step to break away from it. I was with them when they celebrated the centenary of Lexington, and the remembrance had no bitterness. And if they are proud of the past they may well be so of the present, for in that day I mixed with the great crowd of 150,000 New Englanders, the outpouring of the city and the gathering of the country into the villages of Lexington and Concord, and I sought for but did not discover one man the worse for drink. In all that vast crowd, which I may even fairly call a mob, for it was a most disorderly assembly, there were no drunkards nor roughs, and the only policemen to be seen were a few fat, slouching fellows round the President, who could not, however, prevent the mob from stealing his train, so that he had to wait for another. If there had been the average English element of roughs and drunkards such a crowd must have ended in a riot, for the people did just what they pleased without interference. They climbed on and jumped off the roofs of railway trains, clambered in at the car windows, rode on the cow-catchers, surged over the roads and through the processions, and yet all in good temper, and stopping short of any positive mischief. All the day long I saw no quarrel or fight, heard no angry words even; there were no breaches of the people's peace, and the behaviour of this curious crowd was to me the strongest revelation of what sobriety, culture, and self-respect may attain to in the deepest and thickest layers of the population.

As for Boston itself, I wish we could steal the beautiful old city, and float it over to this side, with its cow-path streets, with its schools where every child is compelled to receive a good education whether the priest likes it or not, with its population so greedy of knowledge that they work

the free libraries as eagerly as ours would be likely to work free gin-shops; and, above all, with its rich cornice of poets, scholars, and philosophers. Before we unmoored the old place, we should have to drive in from the suburbs Emerson, Longfellow, Eliot, Jarvis and others; but Dr. Wendell Holmes, who is poet, philosopher, and scholar, lives in the heart of the city, literally and metaphorically; he is the raciest of humourists and most genial of citizens.

Note.—With regard to my remarks on the dietetic use of beer in asylums, in THE LANCET of April 21st, I am requested to mention that beer does form a part of the ordinary diet in the South Yorkshire Asylum. It is only in the medical treatment of disease in this asylum that the experiment of abstinence from alcoholic stimulus has been made.

(To be continued.)

ON A SIMPLE MODE OF EXTRACTING CALCULI ARRESTED IN THE URETHRA.

By J. C. OGILVIE WILL, M.D.,
ASSISTANT-SURGEON TO THE ABERDEEN ROYAL INFIRMARY.

THE extraction of a calculus arrested in the urethra is frequently difficult of execution. The correctness of this proposition will be readily appreciated by anyone who has been called on to perform this operation, and is proved by the number of different instruments suggested for the purpose of attaining the desired end. As the occurrence is sudden, there is, as a rule, no time for a premeditated mode of procedure; and as the symptoms may be, and often are, urgent—as in the case of complete occlusion of the passage and consequent retention of urine, which I have myself met with,—immediate action is necessary. Such cases are met with as frequently (if not more frequently) by the general practitioner as they are by the pure surgeon; and as special surgical assistance is not always at hand, as immediate relief is called for, as the modes hitherto proposed, so far as I know, are possibly ineffective, and require the use of appliances many of them complicated and expensive, and which do not find a place in the armamentaria of those who do not devote special attention to the surgical department of the profession,—I desire to draw attention to a method which can be put in practice by anyone who may be called on to deal with a case of the kind. Moreover, the mode I propose will succeed, as I have myself found, when others fail. Its simplicity and efficiency will be best shown by a short record of a case in which I employed it.

In June, 1874, S. W.—consulted me on account of the difficulty he experienced in passing water. He had observed that his stream was gradually diminishing in size during some months before, but his particular attention was directed to it on the previous day, on finding that he was unable to pass urine when the desire was strong. After a short time, however, he succeeded in getting partial relief, the water running off in dribbles, and the act was attended by great pain at one part of the penile portion of the urethra, where he felt that there was something blocking up the passage. On external examination a localised hardness was distinctly perceptible a little in front of the triangular ligament, and a hard body could be readily felt behind a hard cartilaginous ring. After attempting the introduction of larger-sized instruments, I succeeded in passing a No. 5 catheter into the bladder. A grating sensation was communicated to the instrument as it passed the obstacle, and the presence of a calculus arrested by a stricture diagnosed. The diagnosis was easy, the removal of the calculus extremely difficult, for no forceps in my possession would pass through so narrow an obstruction, as the common urethral forceps, and the instruments suggested by Leroy d'Étiolles, Reliquet, and Civiale, are not so constructed as to be of use in such a contingency. I was unwilling to cut down on the calculus, as in all probability a fistulous opening would have been left, which could not have been readily healed; and as

the patient was in a very weakly state of health, internal urethrotomy would not have been advisable. The idea of snaring the calculus by a loop of wire then occurred to me, and I at once determined to give it a trial. Accordingly I passed a loop of tolerably thick silver wire through the stricture behind the calculus, which, after a little manipulation, it caught, but lost its hold more than once; but at length I had the satisfaction of pulling out a thin plate of calcareous matter, much to the delight of the patient, whose expressions of gratitude were unbounded.

In this case a simple loop of wire succeeded when a complicated apparatus, however useful in ordinary cases of bodies arrested within the urethra, could not be used. Though it may appear rather a difficult matter to encircle a urethral calculus with a loop of wire, it is not so, and if we remember that the urethra is not a tube through which any body can be easily pushed along, but a closed valve or long chink, whose sides lie in close contact, the reason of the simplicity of this manœuvre will be readily understood. The difficulty is not in the snaring, but in the retaining of the hold, the loop being apt to slip, especially if the foreign body be a very small one. To overcome this difficulty I have had a slender silver cannula constructed, which is to be used with the wire loop. The latter should first be passed well beyond the calculus, and the cannula slipped over the projecting ends of the wire, and its point brought to bear against the stone, by which it will be steadied, then by making slight traction on the free ends of the wire, the loop will be brought against the calculus, which will thus be securely fixed between the wire and the mouth of the cannula. The ends of the wire may then be twisted round the rings with which the cannula is provided at its proximal extremity, and the apparatus withdrawn. By this mode of procedure, the foreign body being tightly fixed between the loop and the mouth of the tube, it cannot possibly slip out, and its extraction can be accomplished with the greatest ease. Although the cannula I refer to is the most suitable instrument for the purpose, an efficient enough one can be extemporised by cutting a bit out of an old catheter; and in some cases the loop of wire will of itself be all-sufficient, as it was in the case just mentioned, and also in that of a child who had a calculus arrested at the bulb, and where a loop of wire was passed behind it, and slight pressure applied to the perineum to steady it, then by a jerking movement the calculus was brought well within the penile portion of the urethra, and by reapplying the wire and again jerking it was thrown out.

The chief recommendations of the mode I propose are its simplicity and certainty, also its almost universal applicability in cases of arrested urethral calculus, or any similarly shaped body whose extraction is called for. The cannula I possess was constructed for me by Mr. Young, instrument-maker, Edinburgh, and is admirably suited for the purpose.

Aberdeen.

ON THE USE OF THE HYPOPHOSPHITES OF LIME AND SODA IN PHTHISIS.

By M. CHARTERIS, M.D.,

PHYSICIAN AND LECTURER ON CLINICAL MEDICINE IN THE
GLASGOW ROYAL INFIRMARY.

IN presenting the details of the following cases to the profession, I must premise that I advance no theory as to the mode of action of the drugs employed. I simply desire to record facts. The treatment was adopted sceptically and experimentally, after reading a well-known book on the subject.

The first two cases improved in so marked a manner that one was induced to go on even when they failed in others. My former and present assistants have afforded me valuable aid in obtaining the history of the hospital cases; yet the auscultatory and percussion evidences were in each hospital case ascertained by myself and then entered into the ward journal. One thing was plain to everyone, and that was the power of the hypophosphites of checking the night-

sweats, even when all treatment of a curative kind was of little avail. The drugs employed were the Pharmacopœial preparations of the hypophosphites of lime and soda, at first used alone, and afterwards, as will be observed, combined with glycerine. As will be seen, the thermometric indications were carefully recorded. I was not aware until very lately, neither do I find it recorded in the most recent works on the subject, that the temperature varies in the side affected. It would be premature as yet to mention this otherwise than incidentally, but, if confirmed by further observations, its importance as a diagnostic and prognostic is very evident. The side on which there are marked evidences of mischief has a higher temperature, in the axilla, than the side which is free from disease. In some cases this was as high as a degree, in others varying from four to six points. The difference was most apparent in the evenings, when the temperature was higher; but even in the mornings there was a slight distinction. To show that these observations are borne out by post-mortem facts, I may mention that I recently had an opportunity of inspecting the lungs of a man whose temperature indicated for the last four days, in the evening, 102° on the left side, 101° on the right; and three cavities were found in the left, none in the right lung. In the cases at present to be recorded I was not aware of this. The temperature was taken in either axilla.

The first case in which I employed the hypophosphites was that of E. M—, aged thirty-eight. She was admitted into the Royal Infirmary on March 27th, 1875. She stated that she had had a cough every winter, but this attracted little attention until five months ago, when she had what she termed "inflammation of the lungs." This phrase in Scotland has a wide significance, and may mean anything or nothing. What she complained of now was cough, spitting, and shortness of breath. She had not been "poorly" for five months, and she was so weak and exhausted that she could not move about.

On examining her chest, distinct flattening of both apices was observed. In the infraclavicular region of the left side the "cracked-pot" sound was elicited on percussion. There was also dulness in the same region, but not of the same character or extent, on the right side. In other parts of the chest the resonance was normal. On auscultation there was the usual evidence of a cavity in the left infraclavicular region, and tubular respiration in the corresponding part of the right side. The sputum was abundant, filling twice daily the usual hospital vessel for its reception. It was also distinctly nummular. Temperature 101° in the evening, and 98.5° in the morning. Bowels loose; appetite bad. Generally speaking, there was great emaciation; severe cough and profuse perspiration. She was ordered cod-liver oil, but it produced nausea and vomiting, and had to be abandoned after a trial of ten days. At this date she was very exhausted; the night-sweats were excessive; the temperature 102° in the evening; the appetite *nil*. I now ordered her the hypophosphite of lime in two-grain doses thrice daily, with little hope of any benefit. Two days after taking it she stated that the sweating had entirely disappeared, and she felt and looked brighter.

Without entering too minutely into the case, it may be mentioned that the amendment was steady. The temperature declined, although occasionally there was an increase for three or four days, and sometimes a smart attack of diarrhoea. She remained four months in the hospital, and subsequently went to the Convalescent Home. On her coming from there she wrote to the nurse and stated "that she spat none, had no night-sweats, and was able to follow her usual occupation as a sempstress." A very important fact was also noted—the return and regular continuance of the catamenia after six weeks' use of the treatment detailed.

The next case was that of A. B—, an umbrella-maker, aged fifty. The family history was unimportant, but her present story showed that she had cough, expectoration, and general weakness for three months. Her illness had prevented her working, had reduced her to poverty, and she was thus unable to obtain proper nourishment.

On examination the thorax was emaciated, with dulness on percussion over the right supraspinous and infraclavicular space. The breathing was somewhat tubular over the whole