was said not to have appeared for five months. The urine was very albuminous; it was free from sugar. The body was enormously swollen and in a state of advanced ascites. As I was convinced that the patient was suffering from dropsy arising from inflammation of the kidneys, accompanied with rather severe albuminuria, I decided to let off the fluid by means of laparotomy. Under the influence of chloroform at first and later of ether I made a long incision in the abdomen, introducing at the same time into the two breasts, by means of two capillary tubes, a solution of tepid salt water with a small quantity of sodium bicarbonate. During the whole operation the anæsthesia was not interrupted in any way, nor was the action of the heart enfeebled, which was mainly owing to the introduction of the salt water into the system. After opening the abdomen and letting an immense quantity of water rush out I found the liver, spleen, and kidneys very swollen and in a state of extreme hyperæmic inflammation; the suprarenal capsules, uterus, and ovaries were in a natural state; the parametrium and perimetrium, as well as the general peritoneum, were free from any inflammatory matter. After having removed from each side of the incision wound (which was 18 centimetres long) a strip (15 centimetres broad and 40 centimetres long) of the very much expanded peritoneum I united the remaining edges of the peritoneum with a row of catgut stitches to which I joined the muscles and fasciæ and then closed the abdomen with 12 silk stitches. On the fourth day after the operation and every following day until the forty-second the patient received on an empty stomach a pill containing gamboge, while the diet was light and free from fat and albumin. This removed the congestion of the liver, spleen, and kidneys, and it became evident that the patient's bilious complexion was giving place to a fresher colour. The motions of the bowels were also regular and spontaneous after medication ceased, whereas they had before been very constipated. The secretion of urine, which had been very scanty and albuminous before the operation, was now plentiful and showed no trace of albumin. On the fifteenth day after the operation the external silk threads could be removed and a week later, on April 2nd, the patient was able to leave the hospital completely cured and without a trace of ascites in her body. For over nine months she has enjoyed perfect health and needs no further medical treatment. At the last examination of the patient, which took place two months ago, I found the abdomen soft, the liver non-resistant, the spleen in a normal condition, the wound well healed (without hernia of the bowels), the urine free from albumin, the motions daily and spontaneous, and the general health good. The patient informed me that she had accomplished a walk of about ten English miles in three hours when carrying a heavy weight without any inconvenience whatever. I must not omit to mention that six weeks after the operation menstruation caused severe pain, in consequence of which I undertook a slight dilatation of the cervix uteri and after this it came on regularly and painlessly.

From the success of the preceding case I arrived at the conclusion that by the operation of laparotomy the disordered abdominal organs had been greatly relieved, that the patient's life was saved, and the permanent relief from ascites of the *soi-disant* incurable patient was due entirely to the operation of laparotomy, whereas the tapping of the abdomen practised previously by other hands was altogether without effect. It would be interesting to learn whether the same experience has been met with in similar cases in other hospitals. This example tends to show at all events that laparotomy is to be preferred to tapping or puncture in cases of severe ascites.

Dresden.

PRESENTATIONS TO MEDICAL PRACTITIONERS.—Mr. G. Gardner Oakley, M.R.C.S. Eng., L.R.C.P. Lond., of Halifax, has recently been the recipient of a case of pipes from the members of a men's ambulance class whom he has instructed in first aid.—Mr. John Twiname Gardner, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., the chairman of the Ilfracombe band committee, was presented on April 1st, at the last fortnightly concert which he had arranged during the winter months, with a silver cigarette, match, and sovereign combination case and an illuminated address containing the names of 130 subscribers and recording the appreciation of his efforts in providing during the past winter high-class concerts which had been greatly enjoyed by the residents and the visitors.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF NASAL CALCULUS WEIGHING 48 GRAINS.

BY A. J. HELM MONTAGUE, M.D. DURH., L.R.C.P. LOND., M.R.C.S. ENG.,
SURGEON TO THE WORKSOP VICTORIA HOSPITAL;
AND
RICHARD LAKE, F.R.C.S. ENG.,
SURGEON, ROYAL EAR HOSPITAL.

A MARRIED woman, aged 36 years, was seen by Mr. R. Lake, in conjunction with Dr. A. J. H. Montague, on August 4th, 1902. She complained of an offensive discharge from the left nostril, a disagreeable taste in the mouth, and inability to breathe through the nose. The above symptoms had existed for five years. On examination a large calculus was found firmly imbedded in the left nasal cavity. Mr. Lake removed it with forceps, under cocaine, with much difficulty. The calculus weighed 48 grains. The outer crust consisted of earthy carbonates and phosphates and the nucleus consisted of a cherry-stone which when crushed revealed the kernel intact. The patient was given an antiseptic nasal douche and on August 23rd all symptoms had disappeared and she was able to breathe normally through the nose.

Remarks by Dr. MONTAGUE.—The points of interest in the case appear to be, firstly, the size of the calculus; and secondly, the fact that the patient had no symptoms until five years ago and that she had no idea how the cherry-stone got up her nose. On careful inquiry it was elicited from the patient that she distinctly remembered, when a small child, living in a house in the country to which was attached an orchard containing several cherry trees. Doubtless one of her playmates, or she herself, pushed the stone up her nostril, the stone remaining quiescent for many years.

NOTE ON A CASE OF MACROPODIA.

BY DR. R. KUTSCHERSKY.
(*Translated for* THE LANCET.)

THE patient in this case is a beggar-woman who is 60 years of age and has an abnormal development of the right foot. Not much information as to her past history can be obtained from her; she says that she was born with her foot in this condition, that it grew with her growth, and that there never have been any instances of malformation in her family. Her body is in other respects well developed; her muscles are of average strength; the subcutaneous fat is scanty. Her height is 163½ centimetres (5 feet 5 inches); on several parts of her body there are small cutaneous ulcers of unknown origin and not attended with pain; in other respects her body presents nothing abnormal. The right foot is considerably larger than the left one and makes with the leg a much greater angle than the left foot does; its anterior half is strongly curved, so that the toes do not touch the ground but point upwards. The conformation of the toes at once attracts attention, especially that of the great toe and the second and third toes; they are enormously large and thick, strongly curved upwards, and extremely divergent from one another. These three toes are ankylosed in all their joints, so that they are not capable of either active or passive motion, although no thickening whatever is to be found in their joints. The great toe and the second toe are simply extended upwards in a marked degree, whilst the third toe is dislocated upwards and backwards; the two other toes (the fourth and fifth) are hardly noticeable where they project from under the third one and by contrast they seem to be smaller than normal. The toe-nails are proportionately enlarged without any anomalous feature. The following measurements were taken: the length from the heel to the extremity of the second toe is 30 centimetres (11·8 inches) in the right foot and 24 centimetres in the left one.

The circumference of the right foot at the root of the toes is 34 centimetres, while that of the left one is 25 centimetres. The circumference of the right great toe at its root is 13½ centimetres, that of the left one being eight and a half centimetres. The distance between the great toe and the second toe of the right foot is 16 centimetres at their extremities and three centimetres at their roots. The woman has no paresis or disorder of sensibility or other anomalous condition of the nervous system; neither has she any functional disorder of the internal organs.

Elisabethgrad, Russia.

GUNSHOT INJURY TO THE LEG FOLLOWED BY ALBUMOSURIA.

BY C. E. CAMPBELL-HORSFALL, M.B., CH.B. VICT.,
LATE HOUSE PHYSICIAN TO THE LEEDS GENERAL INFIRMARY AND HOUSE SURGEON TO THE CHILDREN'S HOSPITAL, LEEDS.

THE patient, a working man, was accidentally shot in the leg below the knee, the injury being so severe as to necessitate immediate amputation. He had lost a considerable quantity of blood previously to his admission to the Clevedon Cottage Hospital and was profoundly collapsed after the operation. He rallied, however, and made an uneventful recovery. The urine was not examined on admission. Two days later it was found to contain a large quantity of albumose On boiling the urine, previously acidified, a copious precipitate was thrown down which entirely disappeared on further heating, reappearing on cooling again. On applying Heller's test a dense white cloud formed some distance above the line of contact of the two fluids. This cloud entirely dissolved on heating but it reappeared on cooling. This condition lasted several days, the albumose growing less each day until it entirely disappeared, and it has not since returned.

The clinical significance of albumose in the urine is at present imperfectly understood. It occurs in many conditions and is found most frequently where destructive tissue changes are taking place under the influence of micro-organisms—e.g., infective diseases, pus formation, &c. It is also found in cases of Bright's disease, pregnancy, and insanity. It occurs abundantly in the condition known as myelopathic albumosuria, sometimes appearing in the urine as a thick white deposit. In this condition it is dependent on sarcomatous degeneration of the bone marrow and is, of course, of fatal significance.

Clevedon, Somerset.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

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

GREAT NORTHERN CENTRAL HOSPITAL.

A CASE OF SUPPURATING HYDATID CYST OF THE LIVER WITH GALL-STONES IN THE GALL-BLADDER, THE SYMPTOMS SIMULATING THOSE OF BILIARY COLIC.

(Under the care of Dr. H. W. SYERS.)

THE patient, a married woman 37 years of age, was admitted into the Great Northern Central Hospital on August 20th, 1902, under the care of Dr. H W. Syers. With the exception of the occasional passage of tapeworm during the last 12 years (no such passage having occurred during the last two and a half years) the patient stated that she had always been in good health until early in the year. Then, without apparent cause, she first complained of pain after food and epigastric tenderness. For these symptoms she sought relief at a hospital, being admitted and remaining as an in-patient for 14 days, the illness being regarded, according to the patient's statement, as gastric ulcer. There was no jaundice at this period. She afterwards attended as an out-patient at the same hospital during the next four months. The diagnosis which was made appears to have been "gastritis" and she was treated with aperients and bitters with alkalies. A month before admission to the Great Northern Central Hospital she began to suffer with severe attacks of abdominal pain accompanied with occasional vomiting. A fortnight before admission jaundice was first noticed and affected the whole body. There was severe pain in the right hypochondriac region and there was an account of a swelling in this region which came and went, being also very painful. It seems that the pain was always severe during the time that the swelling was in process of evolution and during its continuance, but that the latter was of short duration and that with the disappearance of the swelling the pain vanished. The family history was not material. The patient had borne two children, one of whom had died five years before from "fits" at two years of age, while the other was living and healthy.

On admission the patient was found to be thin and delicate in appearance. She lay in bed on her back and was breathing rather rapidly. There was distinct jaundice affecting both skin and conjunctiva. The lungs and heart were healthy. The abdomen was somewhat tense and there was marked tenderness on pressure below the right costal margin. The tenderness was particularly evident over the junction of the tenth costal cartilage. In the right hypochondrium just below the costal arch a mass could be felt which appeared to be the distended gall-bladder, but no definite increase of size on the part of the liver itself could be made out. The urine was bile-stained but there was no albumin. On the next day the tenderness in the hepatic region was less marked; the jaundice, too, was not so evident and there was some bile in the evacuations. The temperature, which had been 101·8° F. on and after admission, remained more or less elevated until the 26th, when it fell to the normal. The jaundice had now greatly lessened and there was practically no pain in the hepatic region. On the next day, however, the condition of the patient was as bad as ever. The temperature rose and on the 27th it was 102·4°. On this day a very definite swelling appeared in the region of the gall-bladder; this swelling was extremely tender and painful, but the next morning it disappeared, leaving the patient much more comfortable. With the disappearance of the swelling the temperature again fell to the normal and remained normal until the 29th. During these two days the condition again greatly improved, the jaundice becoming much less marked and the pain in the right hypochondrium disappearing. On the morning of the 29th a relapse occurred. The patient had slept well the previous night and was fairly comfortable all the morning. At 1 P.M. she was suddenly seized with severe pain in the hepatic region which continued all the afternoon. There was some nausea but no actual sickness. At 3.30 P.M. she stated that she felt the 'lump coming." At 6 P.M a definite rounded elastic swelling of the size of an orange was felt beneath the abdominal wall about three fingers' breadth below the costal margin; it was acutely tender on pressure. On the next morning the lump had entirely disappeared, the temperature had fallen to the normal, and the patient was very comfortable. On this day Mr. E. C. Stabb saw the case with Dr. Syers and it was decided to operate.

The operation was performed on the next day (Sept. 1st). A vertical incision was made just below the ninth rib in the right semilunar line and the abdominal cavity was opened. The gall-bladder, of natural size, was found just beneath the wound; in it were found three gall-stones which were loose and easily moveable in the bladder. The three gall-stones were so faceted as to form together a sausage-shaped mass about one and a half inches long by half an inch in diameter. These were the only gall-stones that were felt and nothing else which was likely to obstruct the passage of bile could be detected. The head of the pancreas could be felt and was apparently normal. A chain of enlarged glands extended along the course of the common bile-duct. The liver was apparently normal in size; the lower margin was sharply defined and on a level with the costal margin. No soft spot or bulging could anywhere be detected. In the region of the gall-bladder the anterior surface of the liver was firmly adherent to the overlying costal cartilages by much firm fibrous tissue, evidently of old standing and inflammatory in origin. The under surface of the liver appeared to be absolutely normal.