the prisoners, points very decidedly to the contagious character of the fever. The members of the contingent guard were attacked; many of the police on duty over the prisoners; two native doctors, one of them a freshman recently appointed; the sub-assistant surgeon, also recently appointed; one of the gaolers; and the English writer of the gaol, were successively attacked. Some of the prisoners of the Sohan camp likewise contracted the fever, probably communicated by the officials and guards, although the camp was detached from the fever camp, and a mile distant from the main gaol. Moreover two of my bearers were attacked, one after the other. These men resided night and day in my house. The conclusion is inevitable, that they contracted the fever either directly from me or from brushing my clothes, or from communication with the few prisoners who work on my grounds. I have not been able to gather evidence of the conveyance of the fever by released convicts, or officials who returned to their homes sick, to the villages to which they proceeded.*

And again, in a more advanced part of the same report:—

"In its (the epidemic's) subsequent course the influence and behaviour of contagion on separate bodies of individuals became apparent. The women, for instance, who were not crowded, and whose ward is a detached building, received the contagion. Two or three were attacked. These were separated in one compartment of the ward, and the disease ceased to spread amongst the others. The two separate gangs who were undergoing quarantine in the routine way received the contagion. Three individuals, so far as I remember, became affected after the epidemic had been fully established. Their immediate removal stopped the spread amongst their fellow-residents of the quarantine barracks. But with the main body of the prisoners the separation of the affected had not the effect of stopping the spread of the fever. Too many individuals had imbibed the fever poison generated in the crowded sleeping barracks; the poison was latent and incubating in them, and hence the separation of those in whom the fever had declared itself was not prophylactic to the others."

(To be concluded.)

REMARKS ON A CASE OF TRANSITION OF THE TESTICLE INTO THE PERINEUM.

By JAMES E. ADAMS, F.R.C.S.,

SENIOR ASSISTANT-SURGEON TO THE LONDON HOSPITAL.

My chief reason for bringing this case before the profession is that it is the third in which an operation has been undertaken for placing the gland in its proper position: in two of which the proceeding was accomplished, and the patients died from the effects of the operation; and in the third it was found impossible to complete the operation, and the gland was removed, which affords some argument in favour of leaving the misplaced organ alone during the earlier periods of life.

This case was brought to me at the London Hospital by Mr. T. Richardson, on Jan. 27th of the present year, the child being eleven weeks old. The penis was well formed. The right side of the scrotum was well developed, and contained a healthy testis. There was a distinct raphé, and, on the left side of it, a corrugated pouch exactly like healthy scrotum, but quite empty. The left testicle formed a smooth oval swelling in the perineum, to the left of the middle line, and half an inch in front of the anus. It was quite movable. The cord could not be felt, owing to a considerable thickness of fat.

Knowing that Mr. Curling was interested in these cases, and being anxious to have his opinion on the question of operative interference, I asked him to see the case in consultation. He expressed an opinion in favour of attempting

to place the organ in the scrotum; so, with his assistance, I operated in the following manner. I first made an incision, about an inch and a half long, from the external abdominal ring over the empty scrotal pouch, which I carefully opened, thus preparing a bed for the testis. I then felt for the cord, and, having found it, followed it down to the testicle, taking care not to injure the tunica vaginalis. On making traction on the cord, it became apparent that there was some firm adhesion between the lower part of the testicle and the perineal pouch; this Mr. Curling suggested was the gubernaculum. I dissected down to its attachment, and divided it as far from the testicle as possible. I was then able to raise the gland, in its uninjured tunica vaginalis, and lay it in the scrotal pouch; and, to make it more secure in its new position, a catgut suture was passed through the gubernaculum and fixed to the bottom of the scrotum; the wound was then closed.

In order to avoid the additional risk of erysipelas, which was prevalent in the hospital at the time, I attended the child afterwards at the mother's own home, with Mr. Richardson. For the first two days the wound looked healthy, but on the third day the edges became sloughy, and there was a blush of erysipelas down the thighs and over the buttock and loins; it was also apparent that the urine and fæces irritated the wound. The child looked very ill. After this the wound gaped considerably, and there was no attempt at repair; the testicle, in its serous pouch, could be seen lying at the bottom of the sloughy wound. The child lingered on for a fortnight, but without any improvement in the wound, and died apparently exhausted. On examining the part, I found the organ firmly attached to the scrotum by the gubernaculum, and no trace of the suture could be found (satisfactory evidence in favour of catgut sutures). On detaching it and dissecting up the cord to the internal abdominal ring, I found that the funicular portion communicated with the general peritoneal cavity, and that there was a large quantity of purulent-looking fluid in the lower part of the abdominal cavity and in the tunica vaginalis. Hence it seems that death was caused by peritonitis, commencing in the tunica vaginalis and extending upwards.

This case is almost exactly like one described by Mr. Curling, in which he operated, and the child died; but there is no account of any post-mortem. (Vide third edition of Mr. Curling's work on Diseases of the Testicle, p. 53.) Reference is also made to a case of Mr. Partridge's in which he attempted to replace the organ, and, failing, was obliged to excise it. There is in all cases of misplaced testicles a possibility, or even a probability, of the funicular portion of the peritoneum being patent, if not permanently, at least for some time after birth; but in Mr. Partridge's case, which was that of an adult, the serous membrane was closed; and Mr. Ledwich dissected the body of a man thirty-five years of age who had this condition, and in him also it was closed.

The chief arguments adduced in favour of early operation are: 1st, that the scrotum will not develop on the empty side, and that in the course of a few years it will become an impossibility to cover the organ with it; 2nd, that, as nearly all testicles found in abnormal situations are atrophied, there is a chance of the gland itself becoming useless; 3rd, it has been asserted that its position is inconvenient and painful, and that it is liable to injury.

The first of these propositions is undoubtedly true, as in all the cases described as occurring in adults the accounts state that the scrotum was entirely wanting on the side of the misplaced organ. This malposition of the gland seems, in one case at least, to form an exception to the general rule of misplaced testicles becoming atrophied, as the gland in Mr. Ledwich's case was of normal size, and its ducts contained spermatozoa; in Mr. Partridge's case, however, the gland was atrophied. The third proposition is only partially true, for several patients have reached adult life with this malformation, and without any inconvenience. In Mr. Partridge's case the patient, who was twenty-five years of age, was aware of the absence of his testicle from the scrotum and of the swelling in the perineum; but it gave him no trouble until, wishing to become an artilleryman, he found that it prevented his riding, and he therefore consented to its removal.

I am of opinion, therefore, that in these cases no operation should be undertaken during the earlier periods of

* This was a matter that I was very desirous of ascertaining. Dr. Murchison (p. 59, op. cit.) specially mentions the want of evidence of exportation as a reason for disbelieving the contagious quality of the fever in the Agra Gaol in 1861, which I consider to have been relapsing fever, which is very contagious. I had more work on hand than I was able to get through, and had no time to prosecute accurate investigation. Mere hearsay is useless.

life: first, because in very young children the wound must almost necessarily be frequently irritated by the urine, and because of the probability of the patency of the serous membrane and consequent risk of peritonitis; and, secondly, because the malposition may not prove to be of any inconvenience, unless the patient is destined to become an equestrian.

Finsbury-circus, May, 1871.

REPORT OF A CASE OF

CHRONIC OBSTRUCTION OF THE BOWELS, WITH STERCORACEOUS VOMITING, RELIEVED BY THE ADMINISTRATION OF CHLORAL HYDRATE.

By JOSEPH LAWTON, L.R.C.P. Ed., &c.

On the morning of Nov. 12th, 1870, I was summoned to visit the case of M—. On entering the room, I found the patient lying on her back, with her knees drawn up, and her countenance betraying the keenest anxiety. In less than five minutes she vomited, with such force as to plaster the opposite wall, a large quantity of brown stercoraceous matter. On inquiring into the history of the case, I found that the patient had been confined two months previously, but had not enjoyed a free and easy evacuation for some time, her bowels not having been moved for fourteen days prior to my being called in. Her pulse was feeble, wiry, rapid, and indeed all but imperceptible; the tongue was dry and coated with a brown fur, coloured by stercoraceous matter; the lips were very dry and black; eyes sunken and glassy; and the system was so emaciated that death within a few hours seemed inevitable.

On making a physical examination of the abdomen, I found the seat of pain to be more particularly in the left iliac region, and could detect increased fulness just above this part. The abdomen was greatly distended by tympanites, the linea semilunares being thrown into folds. The urine was scanty and highly charged with lithates. Up to this time aperient medicines had been administered. I put a stop to all these, and gave her twenty-five grains of the chloral hydrate in half an ounce of cold water. The effect was surprising, this being the first fluid she had been able to retain for many days. I then administered an injection, consisting of a quart of gruel, one ounce of turpentine, and one ounce of castor oil: the patient could feel it moving about the supposed part of obstruction. In half an hour part came away with a few scybala. On the following morning patient had slept; pain had abated; pulse stronger; and she was able to keep down a small quantity of soda-water and brandy. The remaining portion of fluid came away with several large scybala. I continued the enemata twice a day for a fortnight, and had the satisfaction each time of bringing away large quantities of hardened feculent matter. The patient continued to improve, and I consider her now well.

While I regard the turpentine as having aroused the peristaltic action of the bowels, yet I must attribute the cessation of the stercoraceous vomiting to the action of the chloral hydrate.

Torquay, Devonshire, April, 1871.

A UNIVERSAL PHARMACOPŒIA FOR THE GERMAN EMPIRE.—A committee of twelve members is to be appointed to frame a Pharmacopœia for the whole of the German confederation. Prussia is to send three members; Saxony, Mecklenburg, and Bavaria each two members; Württemberg, Baden, and Hesse each one member. The committee will be empowered to call to their assistance men whose special knowledge may prove useful. It is anticipated that the work will be ready by the 1st of January, 1872.

TRICHINOSIS.—The "Allg. Med. Cent. Zeit." of the 1st inst. states that a gentleman in Berlin, holding an appointment in the Civil Service, died a few days ago from trichinosis. A certain number of people in the neighbourhood of his residence were taken very ill with the same complaint, but recovered. All had partaken of pork sold by one and the same butcher. It is not said whether the meat was boiled or not.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF STONE IN THE BLADDER; LITHOTOMY; DEATH.

(Under the care of Mr. PAGET.)

As the following is, in all probability, the last case of Mr. Paget's which we shall have the pleasure of publishing in this portion of the journal, we have thought it probable that many of our readers would note with interest the details of the treatment which was pursued under his direction, and have therefore rendered, without abbreviation, the notes forwarded to us by Mr. Young, his house-surgeon.

The patient was a robust, healthy-looking man, who had always been abstemious as regards drink, but had subsisted to a large extent on meat. His pulse was 92, small and regular. It appeared that for the last twenty years he had been suffering from symptoms of stone in the bladder, and that of late they had increased in severity. At the time of admission he was under the necessity of passing water frequently; he suffered pain in the region of the bladder and "shooting" down the thighs; his urine varied considerably as to colour, but was alkaline in reaction, and contained about one-sixth part of albumen, a little pus, a few renal casts, and a large number of triple phosphate crystals.

The operation performed was the lateral; but the stone, which was large, heavy, and almost spherical, was only removed with difficulty, in consequence of its being situated far up in the bladder, which was highly placed in the pelvis, and on account of the unusual depth of the perineum. The wound was at once plugged. A few hours later some sickness came on, which was attributed to the chloroform. At about the same time a little blood was found to escape from the wound, and, on the removal of the plug, two large clots came away. The hæmorrhage was soon overcome by injection of cold water. At midnight the pulse was 112, very small and soft; the respirations were 24. By six o'clock of the following morning the former was 96 and moderately full, and the latter had fallen to 20.

Second day.—The patient slept altogether for about three hours during the night. Urine dribbled constantly from the wound. He complained of excessive thirst and dryness of mouth, and took, from time to time, small quantities of wine and milk and wine and water.

Third day.—Pulse 108, small and weak. Thirst constant. Patient slept a little during the night, and had a slight attack of hiccough. The urine comes freely through the wound. Ordered one ounce of brandy, with milk or beef-tea every hour; lemonade and barley-water with ice to be taken frequently.—7 P.M.: Pulse 112, small and feeble; temperature 99.6° F.; hiccough constant; the abdomen much distended. A grain of opium was given by the mouth, and a poultice laid on the abdomen.—11 P.M.: A quarter of a grain of morphia in solution injected hypodermically.

Fourth day.—Midnight: Patient has slept for half an hour. On awaking he took a tablespoonful of warm brandy-and-water, which immediately brought on a return of hiccough. 1 A.M.: Pulse 112. A quarter of a grain of morphia injected.—3 A.M.: Pulse 104, and weak. Has slept for nearly an hour, and taken altogether four teaspoonfuls of beef-tea and brandy without any return of the hiccough. The morphia injection repeated.—5 A.M.: Has slept soundly since 3.15. Pulse 108. Has just taken two ounces of brandy-and-water, which has brought on a return of the hiccough. The morphia injection repeated.—7 A.M.: The patient is soundly asleep.—9 A.M.: Has been awake for three-quarters