same way, this time suffering from headache for two days. He continued at his work, however, after this up till July 27th, feeling in perfect health in every way. He was now seized with a rigor and severe pains in the head, which continued to increase, and obliged him to leave off work and take to his bed. On July 30th he was seized with a fit, and these convulsive fits occurred at various intervals.

On admission his countenance was flushed; scalp and general surface hot; pulse feeble and rapid; tongue tolerably clean. He was weak and irritable, complaining of most excruciating pains in the head, and also of some pain in the bowels; he had been purged the day before. Had had no sleep since July 30th. Had a severe fit of an epileptiform character soon after admission. The pupils natural, but sluggish. He was ordered an ounce mixture of acetate of ammonia every four hours, and a blister behind the ears.

August 2nd.—He is irritable and restless, and has had no sleep; pulse 88, feeble; pains in the head severe and constant. He has had four fits since admission; they do not last long, but leave him in a comatose state. Skin acting well; blisters rose well. Ordered ten grains of mercury and chalk immediately, and to be repeated at night; and an ounce of quinine mixture, with three minims of tincture of opium, three times a day.

3rd.—He has had six very strong fits in the last twenty-four hours; pain in the head a little relieved by the blisters; bowels acted freely twice. To repeat the mixture, and to take five grains of mercury and chalk powder every six hours, and a blister (three inches by five) as before.

5th.—Pains seemed much relieved by the blister, though still severe, but not constant; has had some sleep during the past two nights. Seven fits in the last twenty-four hours.

6th.—Much the same. Blister behind the ears.

8th.—Pains in the head much less severe and less constant; fits longer and stronger, but less in number—three only in the last twenty-four hours, each lasting from ten to fifteen minutes. To continue the mixture and powder as before.

10th.—Better; only one fit in the twenty-four hours.

11th.—Gums affected; spongy and sore. No fit since yesterday at noon; pains in the head continue, but only slight; pulse 80, feeble; bowels act once a day; has passed his urine naturally throughout; has always been perfectly rational and sensible between the fits. Repeat the powder night and morning, and an ounce of quinine mixture three times a day. The blister as before.

13th.—Doing well; appetite good; sleeps well; pain in the head very slight; no more fits since one on the 10th; gums sore.

14th.—Repeat the powder at night; omit mixture.

18th.—Omit the medicine altogether. Has continued doing well; now sits up, and walks about a little; feels weak, but has no pain at all now.

Diet.—Aug. 1st: Low; beef-tea, two pints; milk, one pint. 7th: Middle; beef-tea, one pint. 14th: Full; porter, one pint.

Upper Seymour-street, Oct. 1866.

ON A CASE OF LATENT PLEURISY; EMPYEMA; PARACENTESIS THORACIS; INTRODUCTION OF A DRAINAGE-TUBE.

By ANDREW DUNLOP, M.D.,

RESIDENT CLINICAL ASSISTANT, CONSUMPTION HOSPITAL, BROMPTON.

As the employment of the drainage-tube in the treatment of empyema is not much resorted to in this country, the following case, which was under the care of Dr. Hamilton Roe (who has kindly permitted its publication) may be found interesting. To the kindness of my predecessor, Dr. Powell, I am indebted for notes of the case during the first two months and a half that it was in the hospital.

J. S—, aged twenty-four, was admitted into the Consumption Hospital on Jan. 29th, 1866. He had enjoyed excellent health until December, 1864, when his illness commenced with pain in the right side, and cough. On admission, his symptoms were, cough, dyspnoea on mounting a stair or on walking more quickly than usual, and general weakness. On examin-

ing his chest, it was found that the right side bulged laterally, and that it was almost motionless, while its circumference was 20½ inches, that of the left being 18 inches. Vocal fremitus was absent all over the right side except at the apex, and there was intercostal fluctuation. There was absolute dullness on percussion all over this side, anteriorly and posteriorly, extending, in front, slightly beyond the right border of the sternum. The respiration was distant all over the right side anteriorly and posteriorly, and the vocal resonance was diminished, though not markedly so. On the left side there was supplementary respiration, and the percussion note was good. The apex of the heart was beating in the seventh left interspace, about three inches outside the line of the nipple. The impulse was diffused, and at the apex there was a soft, blowing murmur.

As the effusion was so great, and, so far as could be ascertained, of such long standing, Dr. Roe considered that paracentesis was necessary, and on Feb. 9th the operation was performed by Sir William Fergusson, who withdrew 170 ounces of serous fluid mixed with a considerable amount of pus. After the operation the apex of the heart was found beating half an inch outside the mammary line; and there was comparative dullness all over the right front and lower half of the right back, with soft distant respiration. The circumference of the right side was now 19½ inches.

By the 27th of February the fluid had again accumulated in large quantity, and as the patient was suffering from great dyspnoea, Dr. Roe once more had recourse to paracentesis, and removed 150 ounces of sero-purulent matter.

For a week or two after the operation the patient did extremely well, and hopes were entertained that no further accumulation would take place; but it soon became evident that fluid was once more being poured out, and in the beginning of April the signs of extensive effusion were as strongly marked as when he was admitted. Dr. Roe now resolved to consult with Dr. Goodfellow, who has had extensive experience in the use of the drainage-tube, as to the advisability of adopting that mode of treatment in this case, as it seemed the most likely means of affording permanent relief. When the consultation took place, on April 9th, it was agreed that a tube should be introduced, and that the upper opening should be made at once, and the lower one a few days later. Accordingly a medium-sized trocar was introduced, and on its withdrawal a few drops of thick purulent matter escaped by the canula. A gum-elastic catheter was then passed into the pleural cavity, and after some flakes of tenacious lymph had been withdrawn which were blocking up the tube, about 60 ounces of purulent fluid escaped in a slow and frequently interrupted stream. The canula was then left in the wound, its aperture being closed by a wooden plug. A day or two after this operation an attack of bronchitis came on (from which he did not recover for about three weeks), so that the introduction of the drainage-tube had to be postponed. Meanwhile the plug was removed from the canula every day or two, allowing at first only a few ounces of sero-purulent matter to escape, but the discharge gradually increased, so that in two or three weeks from ten to forty ounces were withdrawn nearly every day, and there was besides an almost constant and sometimes copious flow from the wound, around the canula. At first it was nearly inodorous, but it soon became extremely fetid, tainting the air of the whole ward. To destroy the fetor an injection of four ounces of tepid water, containing a little of Condy's fluid, was thrown into the pleural cavity every other day.

In the beginning of May the bronchitis had almost entirely disappeared, but marked hectic had set in. His complexion, when not coloured with a bright flush, was sallow and dingy; his eyes were sunken and surrounded by a dark areola, and he had copious night-sweats. The introduction of the tube had still been put off, as it was thought he might improve somewhat, and be better able to bear the operation; but it soon became evident that he was becoming exhausted, and that further delay would be inadmissible. On May 24th he was placed under the influence of chloroform by Mr. Clover, and Sir William Fergusson passed in the drainage-tube.

From this time he gradually improved; the hectic diminished, his appetite returned, and the discharge lost its fetor and decreased in quantity till it amounted to little more than five ounces in the twenty-four hours. The injection was still continued. In the end of June he began to get up for an hour or two each day, his appetite became excellent, and he felt himself getting rapidly stronger. In another month he felt himself so much better that he resolved to leave the hospital and go home to Devonshire; and, as it was thought that he

would be benefited by the change, he received his discharge on the 1st of August.

When he left, the discharge was almost entirely free from odour, and amounted to about four ounces in the twenty-four hours. The right side of his chest was hyper-resonant on percussion, and the respiration was inaudible; on the left side there was a full-toned percussion note, and exaggerated respiration. The left lung extended nearly to the right border of the sternum.

It is probable that in this case the effusion was gradually becoming purulent when the patient was admitted, for the first fluid that was withdrawn contained only a small proportion of pus, and had it formed earlier doubtless its presence would have been indicated by hectic and constitutional irritation.

It is generally in cases of latent pleurisy, where there are few chest symptoms and little constitutional disturbance, that we find the most extensive effusions, and it is in these cases that paracentesis is specially indicated. To Dr. Roe* and to Dr. Hughes† is due the merit of having revived this practice in England. The advantage of the drainage-tube in ensuring a free exit for the fetid, purulent fluid, was well shown in this case.

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.

UNIVERSITY COLLEGE HOSPITAL.

FOUR CASES OF STONE IN THE BLADDER.

(Under the care of Mr. HENRY THOMPSON.)

In the "Mirror" of Dec. 16th, 1865, we described a method of lithotomy adopted by Mr. Henry Thompson—the medio-bilateral,—which seems to combine the best features of Allarton's and Dupuytren's modes of proceeding. Mr. Thompson informs us that he is more than ever satisfied with this operation, and that he lately employed it successfully in private practice upon a patient no less than seventy-eight years of age. It will be seen that in two out of the four following cases the stone was removed by lithotrity. In a third the medio-bilateral operation was at once performed. In the fourth, owing to the hardness of the stone, lithotrity required to be supplemented by the medio-bilateral section.

LARGE URIC-ACID STONE SUCCESSFULLY REMOVED BY LITHOTRITY.

This case is one of considerable interest, on account of the very large size of the stone, and the absence of all symptoms of irritation, either from the operations or the passing of the large quantity of debris during the intervals between the sittings. We remarked that Mr. Thompson pursued his usual plan of not injecting water into the bladder before the operations; neither did he wash it out afterwards.

D. E—, aged thirty-six, a hard-working labourer, was sent up by Dr. Leahey, of Bridgend, to be under Mr. Thompson's care. He had suffered from symptoms of stone for three years, and had undergone much pain and irritation, aggravated by his hard labour.

June 6th.—Mr. Thompson introduced the large fenestrated lithotrite, and crushed, four or five times, a large uric-acid stone. The next day a little debris passed. No irritation followed this sitting.

8th.—The strong plain-bladed lithotrite was now passed two or three times, and a large amount of debris removed each time by it. The next four or five days a great quantity of the crushed stone passed with the urine.

On June 13th, 16th, 20th, 27th, and July 4th, the lithotrites were passed two or three times on each occasion, thereby re-

moving a fair quantity of debris. The patient suffered scarcely any irritation or pain, either at the sitting or afterwards. No chloroform was given, and no sitting exceeded two minutes in duration.

LITHOTRITY; TWO URIC-ACID STONES, OF WHICH ONE WAS LARGE; PERFECTLY SUCCESSFUL.

T. H—, aged forty-nine, sent up by Dr. Spence, of Fife-shire, to University College Hospital. Patient was an agriculturist, and had suffered from symptoms of stone for two or three years.

May 16th.—Mr. Thompson sounded him, and, finding more than one stone, introduced a lithotrite, and demonstrated it in the following manner:—He seized one stone with the lithotrite, and while the stone was in the blades of the instrument he struck another stone. He disengaged the first, and seizing again, found he had a much larger one in the lithotrite, and by turning the instrument the stone in its blades came audibly in contact with the one previously seized.

18th.—Mr. Thompson broke the smaller stone several times, and then crushed the larger one once.

19th.—No fever; passing much debris.

24th.—Crushed again, and the patient had no irritation or fever, and passed a considerable amount of crushed stone.

On the 27th and 30th of May, and on the 6th and 10th of June, Mr. Thompson crushed; and on the 13th of June the patient was sounded, and only a small piece found. This was crushed; and on the 15th he was again sounded, and nothing found. On the 22nd he went home perfectly well.

A very large quantity of uric-acid debris was removed in seven sittings; and he never experienced a single attack of fever, or any other symptom of disturbance. The bladder was not injected, nor was it washed out, nor did he take any chloroform.

On the 14th of July, the patient having been taking daily exercise since the last sitting, walking four or five miles without any discomfort or irritation, Mr. Thompson sounded him very carefully, and finding nothing, sent him home to the country, as strong and well as he ever was in his life.

VERY LARGE STONE; PATIENT SIXTY-NINE YEARS OF AGE; MEDIO-BILATERAL LITHOTOMY; GRADUAL EXHAUSTION; DEATH.

J. T—, aged sixty-nine, has suffered from symptoms of stone for fifteen years. He is very weak and thin. On the 9th of April he was sounded, being under the influence of chloroform, and a very large stone was found.

On the 11th of April Mr. Thompson performed lithotomy by the medio-bilateral operation. The stone was almost spherical in form, measuring two inches in diameter, weighed two ounces and a quarter, and proved to consist mainly of very compact uric acid, with deposition towards the exterior of oxalate of lime. There was some little bleeding. The wound was plugged, and a morphia suppository placed in the bowel as usual.

12th.—No fever or pain; patient cheerful.

13th.—Tube removed; patient doing well, and taking light nourishment.

14th.—Tongue a little dry and feverish.

16th.—Better; takes nourishment freely.

18th.—More fever and a rigor.

19th.—Another rigor.

20th.—Tongue moister; pulse 112. Takes food well.

22nd.—Some diarrhoea; patient's strength diminishing; nevertheless, he takes his food and is in good spirits; wound looking well.

He slowly lost strength in spite of all efforts to support him by free administration of food and stimulants. The derangement of the bowels continued, gradually undermining his already impaired powers, and he succumbed finally between two and three weeks after operation.

This was a very unpromising case from the commencement, owing to—1st, the patient's age; 2nd, the large size and awkward form of stone; and 3rd, his feeble and emaciated condition. Notwithstanding these adverse conditions, Mr. Thompson did not feel justified in refusing such small chance as lithotomy afforded; and having made him fully acquainted with the risk involved by the proceeding, consented, on the patient's decision, to afford him the sole existing chance of recovery.

ATTEMPTED LITHOTRITY, FOLLOWED BY LITHOTOMY.

T. C—, aged fifty-five. Sent up from the country by Mr. Wagstaff, of Leighton Buzzard. Had symptoms of stone for two or three years, and worked as a labourer until recently.

* Medico-Chirurgical Transactions, 1844.

† Guy's Hospital Reports, 1844.