I do not understand the object of commencing the incision at the external orifice of the urethra; indeed, I think it cannot be too strongly urged that this canal should on no account be interfered with. The incision should commence just behind the neck of the bladder; that is to say, in an adult person at least an inch and a quarter behind the external orifice of the urethra. Incision of the urethra gives no additional room, but increases the length of wound without any compensating advantage whatever, and the urethral portion of the wound is incomparably more difficult to close than that which is deeper in the vagina.

Mr. Fergusson, in March, 1862, (see THE LANCET, Oct. 11th, p. 388,) operated in King's College Hospital on a child, aged nine years and a half. He commenced his incision immediately behind the neck of the bladder, and extracted the stone without difficulty. The wound was three-quarters of an inch in length, and its edges were brought together with one silver-wire suture, which was removed the next day. The wound did not close. In April, 1862, Mr. Fergusson operated on a patient aged twenty-one, by slitting up the urethra in a direction downwards and outwards, and dilating the neck of the bladder with his finger. No sutures were applied in this case. Incontinence of urine was the result.

Dr. Lyon, of Glasgow, in Sept., 1862. (vide THE LANCET, Nov. 1st,) removed a stone by vaginal incision in a patient aged forty-two, immediately closing the wound by sutures, and taking all the precautions necessary to ensure success. A small portion of the wound did not immediately heal, but closed in a few days by granulation. In this case some hæmorrhage took place into the bladder the evening after the operation, and was not suppressed until a saturated solution of alum had been injected.

In August, 1862, Dr. Robert Nelson performed a similar operation, and with perfect success. (See *American Medical Monthly Journal*, Sept., 1862.)

These are the principal facts relating to this operation that I have been able to collect. They are not numerous, but I cannot help thinking that they are very suggestive. Each time that the operation was performed in an appropriate case, and conducted upon proper principles, complete success was obtained; while in every instance of failure, the result may, I think, fairly be attributed either to the injudicious selection of the case, or to the manner in which the details of the operation were carried out. The conclusion which I have formed is that in an adult female, and especially in the case of a large stone, lithotomy through the vagina, conducted on proper principles, and followed by immediate closure of the wound, is the safest and best procedure that has as yet been devised, and deserves to be accepted as a recognised operation in surgery. It should be understood, however, that it is not applicable to children; neither is it well adapted for young unmarried women, in whom the difficulties of this operation must necessarily be greatly increased.

(To be concluded.)

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

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CHARING-CROSS HOSPITAL.

SUBSTANCE OF A CLINICAL LECTURE UPON A NUMBER
OF CASES OF TYPHUS FEVER.

(Under the care of Dr. WILLSHIRE.)

For the following notes we are indebted to Mr. Thos. Langston, clinical clerk:—

Eliza N—, aged twenty, was admitted into the hospital on Oct. 28th, 1862. Her condition was as follows: General prostration of the whole system; countenance and expression heavy and sluggish, but intellect clear; tongue dry and furred; pulse

quick, irregular, 110; skin hot and dry; complains of frontal headache, and of great pain in the larger joints, increased by movement; there is also nausea, but no vomiting; the bowels are inclined to be relaxed; the appetite is gone, but thirst present, and she has a desire for acid drink; a mulberry-coloured, spotted (not mottled) rash making its appearance over the abdomen, trunk, and upper extremities. The previous history of the patient is as follows:—She is a tailoress, of temperate habits, and of good general health. On the Thursday before admission she began to feel ill; she had pains of the head and aching of the back, occasionally feeling alternations of heat and cold. She quickly became unable to follow her employment. She applied to the hospital, and was afterwards visited at home, in Bedfordbury, as an out-patient, by the clinical clerk of Dr. Headland. As the pains in the joints and prostration became greater, her friends desired her admission into the hospital. Up to this time, however, she was considered to have been suffering from acute rheumatism, but Dr. Willshire was requested by the clinical assistant to see her, to clear up some doubts about the matter previous to her admission.

Upon going to a narrow and densely populated street at the back of the hospital—viz., Bedfordbury, and entering one of the houses, a strong smell of chloride of lime was perceived. Upon inquiry it was found that typhus was prevailing in the street and its adjacent courts, and that the parish authorities had ordered the free use of the agent in question. Upon the examination of the patient, it became clear to Dr. Willshire that the pains of the joints so much complained of were not those of acute rheumatism, and that they meant something else more dangerous to the patient. The general appearance of the latter was such as to lead to the inference that she was attacked by the prevailing fever of the district. She was admitted the same day into the hospital. The next day she presented the symptoms before described. From this time the general debility became greater, and some delirium was present at night. The general symptoms of pyrexia increased, as was to be expected. The bowels were moved twice or more in the day, and there was some slight tenderness upon pressure over the right iliac fossæ. On the 5th of November a decided change took place for the better, the report being: "tongue moist, of a more natural appearance; skin cool; passed a comfortable night; pulse 9." The patient was discharged convalescent on the 1st of December. The treatment consisted in the administration of ammonia, eight ounces of wine daily, and beef-tea, and whatever the patient could be got to take.

Alice S—, aged twenty-seven, admitted November 6th, with phthisis, and occupying the next bed to Eliza N—, was seized on the 25th of November with vomiting, diarrhoea, frontal headache, and pain of the back. The tongue soon became furred, and the skin hot and dry. In two days' time the pulse rose to 110, and a spotted typhus rash made its appearance over the body. The pyrexial symptoms continued to increase; marked pulmonary congestion ensued; the delirium became violent, with almost maniacal symptoms, but subsided into a tremulous low form as the debility increased; and the evacuations were passed frequently and involuntarily. The patient died on the 15th of December.

Ellen E—, aged twenty-one, was admitted on the 11th of Oct. last, suffering from erysipelas of the lower extremity, and occupied a bed in the adjacent ward communicating with that in which lay Eliza N— and Alice S—. On the 26th of November she complained of feeling very weak, and unable to walk about. On the 27th she was attacked by great pain of the head and back, and rigors; the tongue became furred and dry; the nights were passed with much restlessness. Soon vomiting came on, with some relaxation of the bowels. On the third day after the attack, a deep coloured, spotted typhus rash appeared over the arms and trunk of the body. The muscular prostration was considerable, there was some delirium at night, and the tongue became dry and brown. The typhus symptoms continued until the 6th of December, so as to render the prognosis a little anxious; after which time they diminished in severity, and the patient progressed favourably.

M. C—, aged thirty-three, the sister of the ward in which lay Eliza N— and Alice S—, complained on the 26th of November last of feeling weak and "out of sorts." The next day she was suddenly seized by rigors, vomiting, and diarrhoea; the pulse became quick, the skin hot and dry, the tongue coated by a thick fur, and great pain of the head and back was complained of. The second day of the attack a typhus mottling was observed in the upper part of the trunk; and on the third day the patient herself drew attention to the "spots," which now made their appearance freely over the body. The prostration increased, and delirium supervened, under the

excitement of which at night she more than once rose from the bed, when left for a short time, and went into the adjacent ward. The typhus symptoms gradually increased, and petechiæ made their appearance. On the 4th of December the motions were passed involuntarily, an icteroid hue of the whole surface of the body was apparent, and the delirium became of the hilarious description. On the 6th the venous congestion became extreme, and she died on the 7th of December, after muttering and singing, and finally becoming semi-comatose.

Four other patients—not belonging to Dr. Willshire—were also attacked by typhus about the same time; and one or two others belonging to the latter officer, including one of the night nurses, evinced such symptoms as gave rise to fear that typhus would be fully developed in them. After slight malaise and some vomiting and purging, or the latter alone, these patients recovered.

The above cases were the subject of a clinical lecture by Dr. Willshire, who called the attention of the students to the following amongst other points for consideration. In the first place, the marked infectiousness of the malady was apparent. Not only was this evidenced by the history of the cases before them, but the state of Bedfordbury, whence the first patient came, would be found to offer the same proof if they chose to search for it; at least, so far as he had inquired into it, it did so to him. Of course typhus was generally admitted to be infectious, but not so infectious as this in the large high wards of an hospital. It was true that during the cold foggy days that had occurred there was reason to believe that the ward windows had been closed at their tops more than was proper; and this, together with the damp state of the air, had probably assisted in the spread of the disorder. Still he considered there was a special infectiousness about this local epidemic of typhus; for it must be remembered that the seizure was extremely sudden, and attacked those persons most likely to be affected by a virus proceeding from a neighbouring patient. Upon no other floor of the hospital did the malady show itself except in that which was the loftiest, least crowded, and usually best ventilated. Now surely it would have appeared, if the spread of the fever had been due to more general causes. In the next place, the potent influence of the poison upon the gastro-intestinal mucous membrane was very mark-worthy. Nausea and vomiting occasionally attended the initiatory symptoms of typhus, but he had neither witnessed nor read of anything like what had occurred here. In the sister's case (whose loss was so deeply to be deplored), the vomiting was the chief source of distress for the first four days of her malady—nothing seemed to have any influence upon it; the diarrhoea was also urgent; though both gradually ceased. So far as he knew, all the patients were attacked with this initiatory vomiting and purging, and some so early as to render it probable that the first impression and entrance of the poison into the system was upon and through the intestinal canal. Some patients seemed to have been fortunate enough to throw it off or eliminate it before empoisonment of the general system ensued. The patient originally received into the hospital complained of nausea, and unquestionably had diarrhoea. This latter symptom, they would remember, was a very characteristic symptom of typhoid fever, one case of which (Ellen C—) was now under his care, and which they had just seen with him in the Bow ward. This patient had recently been at Brighton, and was received into the hospital from Upper Seymour-street. He saw her on the afternoon she had arrived, and a typhoid exanthem was then upon her. She had, indeed, been ill more than a week. He need scarcely say how different all the symptoms, with one exception, had been in this case of typhoid from those presented by the patients with typhus. This exception referred to the diarrhoea. He would also recall to their memory the very early appearance of the rash. No sooner did the gastro-intestinal turmoil show itself than out came the rash next day. It soon became very abundant, too, and was spotted, not mottled, with the exception of the first fatal case, where it was mottled for the first two days. In the other fatal case, as the fever was complicated with phthisis, and which he really believed was the main cause of the patient not eventually rallying, some of the symptoms which occurred might be open to misconstruction; he would not, therefore, make any comment upon them. With regard to the treatment, they had seen wine, fortified by a little brandy, given to all the cases of typhus, in quantities varying from six ounces to a pint in the day, according to the apparent urgency of the symptoms. Beef-tea and such-like nourishments were directed to be given freely to the patients. The carbonate of ammonia mixture had been taken by some of them, and hydrochloric acid by others who had a desire at first for acid drinks. In the first case recourse was had to starch enemata,

with opium to arrest the diarrhoea, just as is done in typhoid fever. As soon as the fever began to spread, a very decisive watchfulness was exerted about ventilation. The wards upon the whole floor were gradually emptied of patients, and now there are not more than a dozen or fifteen, including the convalescent fever cases, where before there were perhaps fifty.

MIDDLESEX HOSPITAL.

CARIES OF THE MASTOID PORTION OF THE TEMPORAL BONE; MENINGITIS; THICKENING AND OBLITERATION OF THE LEFT LATERAL SINUS; DEATH; AUTOPSY.

(Under the care of Dr. HENRY THOMPSON.)

THE following notes were kindly furnished by Mr. A. J. Newman, resident medical assistant.

Mary C—, aged twenty-five, a stout, well-built Irishwoman, with above the average muscular development, was admitted Dec. 9th, 1862, into the wards from the out-patient department, where she had been attending for pains in the head and an abscess behind the left ear. She has always enjoyed good health, working hard, and living in London. Was married at the age of fifteen, and has had four children and one miscarriage. No history of syphilis. Seven weeks ago was seized with severe pains in the head, most marked in the neighbourhood of the left ear. An abscess at length formed behind and below the ear, which abscess broke two weeks ago externally, but simultaneously with its bursting a discharge took place from the external meatus. Neither of these discharges has altogether stopped since, though there has been very little visible for a week past. Her sister, who gives this account, states that she has been delirious and noisy occasionally during the last two days. When brought to Dr. Murchison in the out-patient department, that gentleman immediately recommended her admission.

State on admission.—Aspect wild and vacant. Is partially conscious, but resists all disturbance, and moans when moved. Speech is quick, sharp, and impulsive. Tongue coated and moist. Face is slightly dusky. Pulse 120, soft and compressible. No abnormal chest or heart sounds. Small red cicatrix, with a very small sinuous opening behind the left ear, emitting a slight discharge; and there are marks of a recent discharge from the meatus. The bowels are confined. Urine normal; both it and fæces are passed voluntarily.

The head was ordered to be shaved, and a blister applied over the scalp. She was ordered a powder containing three grains of calomel and half a drachm of compound jalap powder directly, and a mixture consisting of two grains of iodide of potassium in an effervescing citrate of potash draught every six hours.

The symptoms of meningitis became gradually more developed, in spite of the treatment adopted, consisting of various purgings, leeches and cold lotions occasionally to the scalp, &c.

On the evening of the 10th December, she had severe vomiting, and soon afterwards a well-marked and severe rigor.

11th.—There was continual muttering delirium, great restlessness, picking of the bedclothes, and occasionally subsultus. There being difficulty of swallowing, and some symptoms of sinking appearing, she had administered every four hours enemata of strong beef-tea and brandy. During the following night she was very restless, with grinding of teeth, and occasionally violent delirium, though when spoken to she seemed conscious.

12th.—She was much quieter and very drowsy; much boring of head into pillow, and considerable subsultus.

On the morning of the 13th she was quieter, but weaker; slept occasionally during the night; involuntary passage of urine and fæces; respiration 36; pulse 144, small and weak; decided pinching of the features. She became more conscious towards the middle of the day, but gradually sank and died at four P.M.

Autopsy, forty-six hours after death.—Weather cold. Well-marked rigidity. On removing skull-cap, the dura mater was found rather adherent, thickened, and more vascular than normal. The arachnoid was somewhat thickened and milky over its whole surface. At the outer extremity of the fissure of Sylvius on each side there were patches of puriform lymph under the arachnoid, which was here especially thickened. There were similar patches over the cerebellum and on either side of the pons Varolli, and another at the infundibulum. At the anterior part of the surface of the right hemisphere was a