from "suppressed scarlet fever," "suppressed small-pox," &c., should be things of the past. In the latter class of case, of course, the bath constructed for the reclining position would be the one chosen; the patient is as easily lifted on to this as on to a low couch, superficial suffusion would speedily ensue together with gentle perspiration, and the object in view would be rapidly attained.

Naturally, those of us who give this treatment can only take ordinary cases, therefore as regards results in fever cases I can but speak theoretically. The whole subject seems to me an important one and will, I trust, receive the attention of the profession generally.

I am, Sirs, yours faithfully,

J. STENSON HOOKER, M.D. Durh.

Gloucester-place, W., July 7th, 1904.

ACCIDENTAL REVACCINATION.

To the Editors of THE LANCET.

SIRS,—In reference to Mr. W. H. Bowen's case as reported in THE LANCET of July 2nd, p. 20, a patient sent a message for me stating that he was suffering from blood poisoning. My assistant saw him and prescribed, but as he became worse I called to see him and found a large vesicle on the under surface of the upper lip. He told me that some days earlier on arriving home from work he found that the public vaccinator had called and had put four spots on his child's arm. Being angry at the vaccination he sucked the spots. The child's arm "took" in spite of the heroic treatment, and the man was properly revaccinated.

I am, Sirs, yours faithfully,

Upper Pontnewydd, July 9th, 1904.

ALFRED W. HAYLES.

MARGARINE FOR BUTTER.

To the Editors of THE LANCET.

SIRS,—It appears from your annotation in THE LANCET of June 25th that it is only recently that the fraudulent substitution of margarine for butter in "bread-and-butter" has been detected. On reference to the books of the late Camberwell vestry I find that there was a conviction for this offence first obtained by one of its sanitary inspectors in August, 1892, with others at intervals up to the present date; in each case fines varying from £2 to £1 were inflicted by the magistrate.—I am, Sirs, yours faithfully,

FRANCIS STEVENS,

Medical Officer of Health to the Borough of Camberwell.
July 6th, 1904.

SUPPRESSION OF URINE FOR NINE DAYS; OPERATION; RECOVERY.

To the Editors of THE LANCET.

SIRS,—The following case will be of general interest and should be placed on record. At 3 A.M. on March 21st last I was asked to see a patient, a stout woman, married, aged 48 years, who was suffering from acute pain in the abdomen. She had been uneasy on March 20th all the day but the excruciating pain, the most severe she had ever had, did not commence until after she had gone to bed and it then occurred in paroxysms. There was no abdominal swelling. During the previous five years she had had five attacks of similar, but less severe, pain and had passed in all five small calculi by the urethra. Three of these attacks of pain had taken place during the last six weeks. The only other illness she has ever had was a chill, accompanied by pain in her left groin, five years ago, which necessitated her remaining in bed for three weeks. With regard to her present condition, the pain in the abdomen being intense I gave her a subcutaneous injection of morphia at once and prescribed five grains of calomel to relieve her constipation.

As I was washing my hands previous to leaving I was informed, quite casually, that no urine had been passed since the previous Thursday, March 17th, at which I smiled from incredulity and said that probably some had passed when her bowels had acted, without her knowledge. But it instantly flashed across my mind, has she been suffering from acute retroversion of the uterus, with retention of urine, during the last six weeks which accounted for her three attacks of pain and not from ureteral calculus? I therefore renewed my examination, and, finding all normal in the

pelvis, passed a catheter without drawing off one drop of urine. I visited her again on March 21st at 8.30 A.M., found her free from pain, and was shown the action of the bowels, resulting from the dose of calomel, which was entirely free from urine. I thereupon recommended her removal to the hospital for the purpose of investigation and possibly urgent operation.

I need not occupy your space with all the arguments and conjectures that arose on account of her anuria during the succeeding days, involving the questions of retention somewhere internally or suppression with the possibility of the supervention of uræmia. Physical examination from day to day revealed nothing but a slight rise of temperature. As she appeared in excellent health she was allowed ordinary diet, but with a restriction of fluid (she was satisfied with three ounces a day) on the theory that her urine must be accumulating internally and would have to be dealt with as soon as any indication arose. She was kept in bed and she had hot baths night and morning, which she could bear at 114° F., in the hope that they would facilitate the passage of a ureteral calculus; if, on the other hand, there was suppression of urine I hoped to afford relief by thus acting on the skin and on the bowels by salines. As she had previously passed successfully through similar, but slighter, attacks of pain, though without any interference with the urine, it was clear that we could only await the issue of events. Suffice it to say, that she was day by day carefully examined and critically watched and beyond the slight rise in temperature already referred to (morning 99°, evening occasionally 101°) there was no symptom of discomfort or ill-health of any sort or kind, not even a headache.

Now from Monday, March 21st, to Saturday, March 26th, not one drop of urine was passed, with or without catheter, although under the closest observation, and we have testimony which can be trusted, as I know the patient and her husband, that none was passed from 3.30 P.M. on March 17th until the close of the operation at 6.30 P.M. on March 26th, a period of 219 hours. On March 26th, when her evening temperature was taken at 5 P.M. it was noticed that she looked hot and flushed and the thermometer recorded 108°. I immediately received a telephone message of the fact and directed that both my colleagues, Dr. H. Simpson and Mr. W. A. E. Waller, should be summoned, whose advice and assistance I gratefully acknowledge, and at 5.30 P.M. she was placed under an anæsthetic. There being no indication as to the course to be pursued, after another examination while under the anæsthetic and the use of the catheter without result, I resolved to open the abdomen and investigate inside.

I made a four-inch incision through at least one and a half inches of subcutaneous fat in the abdominal wall, between the umbilicus and the pubes. I found the bladder empty; the ureters were normal in size; there was no distension of the pelvis of either kidney; both kidneys were slightly larger than normal as far as one could tell with the hand, and the right, apparently, was a little larger than the left. I then closed the abdominal wound; turned her well over on her left side; made an incision in the right lumbar region; and failing to feel a stone in the pelvis of the kidney incised the capsule over the convex border of the right kidney and cut through the structure of the kidney towards its pelvis. As, however, the hæmorrhage was rather free I resorted to both forefingers and very gently split the remainder until I reached the pelvis and thus saved much hæmorrhage. In the pelvis of the kidney I came upon about a drachm of rather strong-smelling concentrated urine and a small loose calculus which, in the great depth of the wound, I lost and never recovered. Deeply imbedded in the ureter at its junction with the pelvis of the kidney was an apparently branched stone, which, do what I would short of splitting the ureter (with every kind of instrument), I was unable to move. I therefore left it *in situ* believing that when the congestion of the kidney was lessened the kidney would diminish in size and the stone be less gripped by its pelvic tissues. I packed the wound with iodoform gauze and dressed it with wood wool. During the night the urine drained freely from the wound into the wood wool and owing to the relief of tension 12 ounces of blood-stained urine were passed naturally at one time. She progressed uniformly well without a single drawback, passing urine both by the wound and from the bladder every day. She was given ten grains of salol three times a day, which kept the urine sweet and the wound from irritation. Subsequently urotropine was substituted as the urine became