of uræmia." Further on he adds: "As before stated, in many cases the real cause of death is not the damage to the kidney, for the excretion of urine remains abundant to the last, but the absorption from the abscesses or from the putrid urine in the pelvis. On the other hand, the symptoms closely resemble, and, in fact, are often undistinguishable from, those of septicæmia."² Here, in the second place, is the admission made by Marx, at page 111 of his treatise:—"This has been told in order to prevent one seeing a nephritis where it does not exist. There remains, nevertheless, a certain number of cases..... in which one finds on the autopsy true nephritis. But if not limiting oneself to the nephritic theory, we enlarge the question, and say that the febrile accidents are always due to a functional if not organic lesion of the kidney, it seems to me that we should be not far from the truth." I quote in the third and last place the contention of Malherbe, given at page 86 of his monograph:—"Uræmic fever appears to be always the expression of a transitory or permanent lesion of the kidneys.....and this lesion is either a simple congestion or an interstitial nephritis."

I venture to think that I have now said enough to satisfy any fair mind of the justice of my contention, that in apparently healthy persons³ catheterism is sometimes followed by fever, and that when this fever ends in death the autopsy fails in a certain small proportion of cases to reveal any sufficient structural cause of death.

I am, Sir, your faithful servant,
Cavendish-square, W., Jan. 1884. ANDREW CLARK, M.D.

NEPHRECTOMY FOR STRUMOUS PYELITIS.

To the Editor of THE LANCET.

SIR,—Will you allow me to make a few remarks upon the case of nephrectomy performed in the Sussex County Hospital and published in THE LANCET of Jan. 5th, as it suggests several questions of importance.

The recurrent attacks of hæmaturia associated with a renal tumour were very suggestive of new growth; but the condition found after death must, I think, have given rise during life to a certain amount of pus in the urine, and this would account for the slight cloud of albumen noticed before any blood appeared. Had the diagnosis of suppurating kidney been made, there is no doubt in my mind that the best method of treatment would have been to cut down upon the kidney in the loin and drain it antiseptically. Perhaps in every doubtful case it is well to aspirate the tumour through the loin to discover if there is any fluid before determining upon a more serious operation. The bursting of the cyst during its removal illustrates one of the points I insisted on in my address before the British Medical Association—viz., that a suppurating kidney should never be removed by the transperitoneal method, for the escape of pus and urine into the peritoneal cavity must almost certainly excite a fatal peritonitis if any accident happen to the cyst during its extraction. It is much to be regretted that consent to a post-mortem examination could not be obtained, but judging from the nature of the disease and from the small quantity of urine passed after the operation, it is probable that the other kidney was seriously damaged. This raises the question how best to determine the condition of the second kidney. Several ingenious but rather impracticable methods have been suggested. Dr. Luchmann has invented an instrument for grasping the orifices of the ureters in the bladder. Dr. Gluck has suggested exposing and compressing one ureter in the loin, then injecting subcutaneously ferrocyanide of potassium and testing the urine afterwards secreted by the other kidney. Dr. Polk has advised compressing the lower end of one ureter between a catheter in the bladder and a finger in the rectum; and Simon advised catheterism of the ureter after dilatation of the urethra in the female. All these methods are troublesome and scarcely to be relied upon. If, however, the patient be placed under careful observation, and not only the amount of urine passed but the amount of urea excreted in the twenty-four hours be determined by repeated observation, then, supposing this to be about the average quantity, and one kidney on examination be found extensively damaged, it follows that the other

kidney is already doing more than a moiety of the work and can be relied upon when the first is removed. By observations of this kind much more accurate information will, I think, be obtained, than by submitting the patient to the danger and inconvenience of the methods alluded to. The operation of nephrectomy for strumous kidney, on the evidence of the post-mortem room, has been condemned by several surgeons as scarcely justifiable. I would not myself exclude these cases as a group, for I can still produce a man on whom the operation was performed with marked relief nearly four years ago. But I think the greatest care must be exercised in deciding what operation will benefit the patient, and when nephrectomy is being considered it is all important to learn as far as possible the excreting power of the kidney which is to be left.

I am, Sir, your obedient servant,
R. CLEMENT LUCAS, B.S., F.R.C.S.
Finsbury-square, Jan. 14th, 1884.

TREATMENT OF TYPHLITIS.

To the Editor of THE LANCET.

SIR,—My attention having been recently somewhat forcibly directed to the subject of typhlitis, I turned to "Quain's Dictionary of Medicine" to see what was there said about it. To my astonishment, under the head "Treatment" I read the following: "The indications are (a) to relieve constipation and dislodge accumulations from the cæcum with as little irritation as possible, using laxatives combined with sedatives—e.g., calomel, colocynth, confection of senna, or saline aperients with opiates, and large warm enemata; the latter are indicated when aperients by the mouth set up or increase vomiting, or fail to relieve the bowels, or cannot be prescribed because of obstinate vomiting." It is true that a few lines later on the author of the article says "all strong aperients are to be condemned"; but under what category should colocynth be classed? Dr. Jarrod places it among the drastic purgatives, and Dr. Ringer calls it a powerful purgative.

The recommendation of colocynth in typhlitis immediately recalled to my memory Dr. Tanner's caustic remarks on such treatment: "I have had to watch a few cases where no little mischief has arisen from the abuse of purgatives, and in one particular instance, had it been necessary for me to state the cause of death, I could hardly have conscientiously given any other certificate than 'compound colocynth pills.'" The whole treatment of typhlitis is summed up in the one word *rest*, using it in the sense in which Hilton employed it—viz., functional rest. This is to be obtained by abstaining from the use of all purgatives, and giving opium (best borne in the solid form). If necessary the rectum may be emptied by an enema.

As regards food, I think the exclusive use of milk is a mistake, as it forms a very hard motion. Meat juices, such as beef-tea, veal broth, chicken broth, &c., are to be preferred.

I am, Sir, your obedient servant,
F. DE HAVILLAND HALL,
Queen Anne-street, Jan. 2nd, 1884.

"SACCULATED BLADDER IN THE FEMALE."

To the Editor of THE LANCET.

SIR,—In reporting a case of stone in a sacculated female bladder I used these words: "I cannot suppose that it [sacculatation] is so rare an event as is indicated by the experience of Guy's; he would be an indefatigable pathologist who would take note of the condition of the bladder in every case [3000], so as to be able to say that it never had occurred."

Dr. Hale White seems to think that this mild supposition is an "aspersion" on those who conducted the examinations. Let me assure him that nothing was further from my intention than to asperse anybody. My paper was read to our local Society in July last, before the publication of the Pathological Transactions, and therefore I had only the meagre report in the journals to refer to. I regret, however, that I did not read the full account of Dr. White's case before sending my own to THE LANCET. Had I done so I should have omitted all reference to his case, because it is almost certain that it was not one of sacculated bladder at all.

I am, Sir, your obedient servant,
WM. CADGE,
Norwich, Jan. 14th, 1884.

² Reynolds, vol. v., pp. 551—554.

³ A habitually low density of urine justifies suspicion as to the soundness of the kidneys, but is not conclusive as to the existence of unsoundness: there may be renal inadequacy without discernible structural change.