the two eyes should be placed on the same line, as if facing the observer; that of the right eye on the left hand side. The following may be taken as an example:—

a, b, Right eye. c, d, Left eye.
a, Extreme range outwards; the outer edge of the cornea fails to reach the canthus. b, Extreme range inwards; the pupil passes beyond the punctum. c, Extreme range inwards; the pupil does not reach the punctum. d, Extreme range outwards; the outer edge of the cornea passes beyond the canthus.

In each case the exact distance admits of being recorded. In this manner the relative strength of the internal and external recti of the two eyes may be estimated, and the result marked down in a single line, so as to show at a glance in which eye the preponderance of power of either muscle exists. After the operation another examination is made, and the result again marked down. We are thus enabled accurately to record on paper the amount of power the one muscle has gained and the loss the other has sustained by the operation, and this at successive periods in the history of each case.

Park-street, Grosvenor-square, June, 1863.

A Mirror

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

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

GUY'S HOSPITAL.

ABSCESS OF THE KIDNEY, INVOLVING THE LUNG, ETC.

(Under the care of Dr. GULL.)

THE three following cases are interesting examples of sup-
 puration of the kidney occurring under different conditions. The pathological details are most instructive, and show, in the second case, that the matter ran down the sheath of the psoas muscle and presented in the groin. In none was there pyuria.

George S—, aged thirty-six, was admitted into John ward March 6th, 1863, for lead colic. He said he had been employed in lead works since the previous June, but during this period had been obliged to give up work three times on account of colic, and on the last two occasions for fits. He had five or six fits daily of an epileptic character, but these ceased when he desisted from work.

When admitted, he had the usual symptoms of colic, and after several doses of castor oil was better.

A few days after admission, and when the colic had considerably abated, he complained of pain and tenderness in the left side, and was not able to lie on that side. A friction-sound was audible, and subsequently some dulness of the left lung, with bronchophony. There is no report after this, but he improved somewhat, and was able to go out. At the beginning of April he was worse, and constantly had rigors. For these, quinine was given, but without effect. They continued, and he daily got weaker. His urine was healthy, and not albuminous. On examination, nothing was discoverable except the signs of pleuro pneumonia at the base of the left lung, as before mentioned. He gradually sank, and died on the 25th of April. During the last few days the breath was very offensive.

Autopsy, forty two hours after death.—Brain apparently quite healthy. The left lung was adherent at the lower part. It was in a state of gangrenous pneumonia, and consolidated more or less throughout. Portions of it were gangrenous, and very fetid. The base was indurated, and of a dark colour, as if from chronic inflammation. Here it was firmly united to

the diaphragm by a dense fibrous tissue; the diaphragm below being thin, but not perforated. The right lung contained a large amount of pigment, and there was some slight induration of the apex. The peritoneum was adherent in the left loin to various parts. The stomach adhered by the fundus to the spleen; and on removing it, an abscess was opened. The spleen was also adherent to the diaphragm and to the kidney. On removing most of the viscera from the abdomen, there was seen to be an abscess within the capsule of the kidney, and enclosed within it except at the upper part, where it was outside and circumscribed by the spleen, stomach, and diaphragm. When the stomach was removed the abscess was opened, but the stomach itself was not affected. The spleen had a large excavation in it, forming one side of the abscess. Above, the latter reached the diaphragm, which was much softened at one spot but not perforated, the pneumonia no doubt having been set up by it, but not actually communicating with the abscess. The upper part of the kidney itself was involved, and partially destroyed, like the spleen; and some matter had penetrated the substance of the organ, but had not reached its pelvis. It appeared as if the abscess had involved the kidney from without, rather than that the suppuration of the kidney had been primary.

TUBERCULAR DISEASE OF THE KIDNEY, WITH ABSCESS, ETC.

(Under the care of Dr. OWEN REES.)

George Thomas G—, aged seventeen, was admitted on the 3rd of March, 1863. He had been troubled with incontinence and some urinary difficulty for nearly three years. A week before Christmas last he went to a medical practitioner, who passed a catheter, and blood flowed. He then consulted Mr. Hilton, who, after treating him a short time, sent him to the hospital. There was then found a swelling in the left groin, apparently due to enlarged kidney; and this was suspected to be malignant. He was then transferred to a medical ward (Stephen), when an abscess appeared in the left groin. This burst on the 23rd of March, and a large quantity of matter was evacuated, emptying the tumour in the loins. He then gradually sank, and died on May 7th.

Autopsy, fourteen hours after death.—The body was much wasted. The base of the left lung was inflamed where in contact with the diseased diaphragm; both lungs had a few miliary tubercles scattered through them; the peritoneum was healthy, except in the neighbourhood of the left loin; the surface of the spleen was involved in suppuration. The left kidney was almost destroyed by old tubercular disease; it was enlarged and full of cavities, formed by soft scrofulous matter. The pelvis was not distended, nor was the ureter below affected; it was not enlarged, nor were the walls thickened, as is often seen, but the mucous membrane only slightly inflamed. It thus appeared as if the disease, from some cause, had not extended downwards; but the purulent matter instead had burst through the capsule, and caused a secondary abscess around. Thus a large abscess existed at the upper part of the kidney and behind it; it had involved the spleen and the diaphragm, passing up behind the latter, and corroding the vertebræ and the heads of the ribs; below, the matter had run down in the sheath of the psoas, forming a large sac, and had escaped at the thigh. The right kidney was healthy. The bladder was but slightly affected. The mucous membrane was minutely ulcerated in one or two spots, and granular, though not distinctly tubercular.

ST. GEORGE'S HOSPITAL.

PHTHISIS; EMPYEMA; ABSCESS OF THE KIDNEY.

(Under the care of Dr. BARCLAY.)

ALICE G—, aged twenty-two, married, was admitted on the 16th of July, 1862. Had enjoyed good health until the last four months, during which time she had suffered acute pain in the back and right hypochondrium, which, with a cough, allowed her no rest at night, and had greatly reduced her in flesh and strength. Catamenia absent two months. The breathing was very harsh in both apices of the lungs, but nothing else was observed. There was some rigidity of the abdominal walls, which made it difficult to examine the abdomen; and there was some bulging in the right hypochondrium. No change occurred till the 24th, when she had a severe fit of coughing, and brought up mouthfuls of pus, so as to suggest