then was, and she had thought that he was going to die. When his shirt was taken off it was found that the breathing was exceedingly laboured, and that there was great recession of the intercostal spaces and epigastrium at each inspiration. On percussing the right front of chest, the resonance was found to be tympanitic from the second rib to the lower margin posteriorly; it was tympanitic from the root of the lung downwards. The respiration was amphoric over the tympanitic portion, and accompanied by metallic tinkling. The liver was pushed down entirely below the ribs. The left lung was highly emphysematous, and respiration was accompanied by sibilant and sonorous râles. The heart was beating with great rapidity.

It was concluded from the history and physical signs, that the pneumothorax was in all probability the result of the rupture of an emphysematous air-vesicle, and it was at once decided to remove the air from the pleural cavity by the pneumatic aspirator. The smallest needle of the instrument was employed, and this was introduced at the ninth intercostal space, close to the angles of the ribs. At the first attempt the needle glanced off one of the ribs, and appeared beneath the skin. At the second attempt it entered the pleural cavity, and air rushed into the body of the syringe. The air was pumped out until no more would come, and it was then found that between sixty and seventy ounces, by measure, had been evacuated. On listening now to the chest it was found that there was no longer any amphoric breathing, and by percussing it was found that the liver had ascended slightly into the thorax. A little air was perceived in the cellular tissue, around the seat of puncture, but this excited no alarm, and no compress or other application was placed over the spot. The patient experienced the greatest relief from the moment that one or two syringefuls of air were drawn off, and, at the end of the operation, was able to take a full breath, and to lie down with ease. There was no pain or other discomfort. Half a grain of morphia was administered, and the patient was directed to lie on his right side, and resist all inclination to cough.

On the following morning it was found that he had slept all through the night; he was in no pain, and his breathing was quite comfortable. There was less air in the cellular tissue of the back than on the previous evening, and there was no elevation of temperature. The air in the cellular tissue of the back had disappeared by the evening. For the next week he was kept lying as far as possible on his right side, and took a third of a grain of morphia three times a day, to prevent coughing. There was no reaccumulation of air whatever in the pleural cavity. At the end of a week he got up. He was troubled with some bronchitis, and emphysema of both lungs, which were habitual to him, and which were much relieved by appropriate treatment. He left the hospital for the country three weeks from the time of his admission, feeling better than he had been for months.

Pneumo-thorax in a phthisical patient; aspiration; great relief.—Ellen S—, aged twenty-eight, was admitted with very acute broncho-pneumonic phthisis. On the evening of admission her pulse was 150, respiration 44, temperature 105°. Her breathing was very difficult from the first, but after she had been in the hospital about ten days, it was found that she could only rest with her body bent double, her chest resting on a pillow placed in front of her. She could lie in no other position. This attracted attention, and on examination it was discovered that there was a large quantity of air in the left pleural cavity. The smallest needle of the aspirator was introduced between two of the lower ribs posteriorly, and 74 oz. (by measure) of air were drawn off. The relief was instantaneous, and she was at once able to lie in the recumbent position. She died a week later. There was slight reaccumulation of air in the pleural cavity a day or so before her death, but it was not sufficient to cause any great distress.

WEST LONDON HOSPITAL.

STONE IN THE BLADDER; LITHOTRITY; CURE.

(Under the care of Mr. TEEVAN.)

On May 17th, H. C—, a candle-maker, aged sixty-five, pale and thin, came under Mr. Teevan's care at this hospital, complaining of symptoms of stone in the bladder. Three years ago patient noticed that he began to pass red

gravel, attended with much pain in the loins, and that occasionally small pieces of "grit" came away. Has suffered from several attacks of retention, but they were only of short duration. For the last year he has passed blood once a month. Urine usually clear. A year ago he suffered much pain when riding in a railway-carriage; has not ridden in any vehicle since. Was obliged to leave off work three months ago. Patient's brother was operated on for stone at St. George's Hospital. At the present time patient can scarcely walk on account of the pain occasioned by any change of position. His nights are broken, and he has lost flesh and strength greatly of late. Urine remains clear so long as he is quiet, although the last few drops are often tinged with pure blood.

On the same day Mr. Teevan introduced a sound with a very short beak, the patient's pelvis being well raised on a stiff bolster, and found a stone lying behind an enlarged prostate. He was put on henbane and potash, and as he wished to be treated as an out-patient, he was desired to attend on May 25th for operation. Accordingly, on that day, at 3 p.m., Mr. Teevan performed lithotritry, the stone being of uric acid, and rather larger than a walnut. Patient came and went in a cab.

May 31st.—Patient has passed only a few small pieces of stone since operation. Mr. Teevan to-day crushed three large fragments.

June 8th.—A large piece of stone came away this morning. Four fragments were crushed to-day.

21st.—Patient improving in health; has passed a great deal of débris since last operation. Pain nearly gone when urinating. Can take a long walk with comfort. Two small fragments were found and crushed to-day.

July 15th.—Patient says he is well and quite free from pain. Rode in an omnibus yesterday from Turnham-green to Whitechapel and back in perfect comfort. Last débris passed a fortnight ago.

Aug. 1st.—Has resumed work; completely well.

Mr. Teevan remarked that a number of crushings, each of very short duration, were preferable to a fewer number in which the operations were more prolonged, for the shorter the period the lithotrite remained in the bladder the less chance there would be of any irritation being set up. He objected to chloroform in lithotritry, as it prevented the bladder indicating its degree of sensibility to the presence of the lithotrite. The present case had been treated with perfect success as an out-patient, and many cases of stone could be similarly cured.

PROVINCIAL HOSPITAL REPORTS.

QUEEN'S HOSPITAL, BIRMINGHAM.

CASES UNDER THE CARE OF MR. CLAY.

(Communicated by Mr. HOPKINS.)

Prolapse of the Uterus; Elytrorrhaphy; cure.—The patient, aged forty-three, a laundress, was admitted with prolapse of the uterus and menorrhagia. On examination, the uterus was found to protrude two and a half inches beyond the vulva; it was of the normal size, extensively ulcerated, and gave rise to a thick, yellowish, offensive discharge. She had worn several pessaries, without deriving any benefit. Her sufferings were very great, and arose chiefly from severe pains in the lumbar and inguinal regions. As she was incapacitated from following her employment and urgently wished for some permanent relief, Mr. Clay decided to perform elytrorrhaphy as soon as the parts should be in a fit state. The uterus was replaced, the recumbent posture enjoined, and lint soaked in glycerine applied daily to the ulcerations. When, in three weeks, these had healed, it was determined to perform the operation. A trowel-shaped portion of mucous membrane was removed from the anterior wall of the vagina, and the denuded parts were united by means of silver wire sutures. There was no hæmorrhage. Opium was administered to relieve pain and constipate the bowels. All went on very well until the third day, when uterine epistaxis and extensive vaginitis supervened. The vagina was occasionally injected with a solution of hyposulphite of soda. The lowermost suture, however, ulcerated through, and it was feared that the whole of the united

surfaces would give way. These fears were not realised, for when the stitches were removed, a fortnight after the operation, the whole denuded tract was found to be firmly united and the uterus held in excellent position. An india-rubber air pessary, moderately inflated, was worn a few days after getting up, and in five weeks from the operation the patient left the hospital, freed from the discomfort she had previously experienced. She was requested to wear the pessary for a month or two, in order to support the uterus while she underwent unusual bodily exertion. Five months after the operation she presented herself at the hospital for examination. The use of the pessary had been discontinued. The uterus was retained high up in the vagina. The menstrual discharge was not by any means excessive. She had gained flesh, said she felt quite well, and expressed her gratitude for the relief she had obtained.

Delivery of a deformed Fœtus; accidental post-partum hæmorrhage.—This was the patient's ninth pregnancy. Her previous labours, with the exception of the last two, had been quick and regular. In the last three pregnancies she had, during the latter months, suffered from occasional large losses of blood. When the labour in question commenced, Mr. Newman, to whom the case had been entrusted, found the patient suffering from severe hæmorrhage, and much exhausted in consequence. The os uteri was dilated to the size of a crown-piece, and a soft irregular mass, which was believed to be the placenta, presented. On assistance arriving it was however discovered that the liquor amnii had been discharged, and that the child's intestines were in the vagina, while some unusual and irregular projections could be felt within the uterus. As the woman was in a very critical condition, and delivery was urgent, Mr. Clay was sent for. He diagnosed that the presentation was pelvic, and that the child was maimed, and probably deformed. Ergot having been administered, he proceeded to deliver the woman. The stump from which the foot had been removed, was drawn down, and traction made with it, but owing to the absence of the foot, and the slippery state of the limb, the leg repeatedly slipped from the hand and it was found impossible to move the child by its aid. The use of the fillet, for various reasons, was inadmissible, and Mr. Clay, having the craniotomy forceps at hand, applied them, and by means of traction on the leg the pelvis of the child was born. The delivery of the other parts of the child was then easily accomplished. The placenta was generally adherent, and was removed by the introduction of the hand, and peeling it off the uterus. An alarming hæmorrhage now supervened, but was quickly controlled by grasping the uterus, and by the application of cold. Restoratives were freely administered, and the patient rallied well, and made a good recovery. The following woodcut, from a drawing made by Mr. Ricketts, one of the students of the hospital, gives a representation of the irregularities which the child presented.

A, Rudimentary leg. B, Amputated leg. C, Intestines.
D, Portion of intestine. E, Liver.

In commenting on this case, Mr. Clay observed that it presented the following malformations:—Eventration (ectopia) from extensive arrested development of the anterior parietes of the abdomen; intra-uterine amputation of the foot of the left lower extremity; and a rudimentary

limb arising from the upper portion of that limb (permelus and micromelus). It was of great practical interest as showing that no rules can be laid down for the management of such cases, and that the practitioner must depend upon his knowledge of obstetrics and the means at command for the detection and treatment of any complication which may present itself. The pelvic presentation was easily diagnosed by first finding the spine, then passing the finger down this structure to the anus and up the projecting part, which it was not difficult to conclude was a leg, although the absence of the foot was at first somewhat puzzling. The craniotomy forceps had been an excellent auxiliary in the delivery.

LIVERPOOL NORTHERN HOSPITAL.

A CASE OF CANCER OF THE LUNG.

(Under the care of Dr. WATERS.)

J. A—, a labourer, was admitted into the hospital on Jan. 31st, 1871. He said that up to ten weeks before admission he had been quite well, and was working regularly. He was then seized with pain in the right side of the chest and dyspnoea, attended with cough and expectoration of white frothy sputa. In about a fortnight his face began to swell, and soon afterwards the neck and arms became swollen, the left arm being the first to increase.

The patient presented a very curious appearance. The face and neck, the upper extremities, and the chest-walls were very œdematous, the abdomen and lower extremities being perfectly free from œdema. The whole of the venous system of the head and neck, thoracic walls, and arms, was evidently in a state of extreme congestion. There was a bluish discoloration of the veins of the skin of the arms, and a tortuous condition of the superficial veins of the walls of the chest both in front and behind. At the base of the neck, on the right side, some hardened masses, evidently glands, were found; but none existed on the left side. The left side of the chest was resonant on percussion; the expansion was good; and the breath-sounds were normal, except that they were somewhat exaggerated. The right side of the chest was everywhere dull; bronchial respiration was heard at the upper part of the lung in front, but lower down scarcely any breath-sounds were audible. The heart-sounds were very audible on this side, and a faint impulse was perceptible through the stethoscope, but none could be felt with the hand. The respiration behind was tubular about the middle of the lung. The heart-sounds were faint, but free from murmur. The pulse was 124, and weak.

The patient complained of pain in the right side of the chest and of dyspnoea. This latter was increased by the slightest movement. He could not lie on either side, and was obliged to be supported in a bed-chair; the tongue was red; there was some expectoration of a frothy and watery character.

There was but little difficulty in the diagnosis of this case. The supposition that the disease was aneurism was rendered very doubtful by the absence of pulsation; and that there was some malignant affection involving the mediastinal glands and the right lung was rendered highly probable by the existence of the hardened masses in the neck. These presented to the touch all the characters of scirrhus.

No relief could be afforded to the patient. Chloral was given for a few nights, but, although he slept more, his nights were more distressed than previously; it was therefore discontinued. He took his food pretty well, with a small quantity of stimulants, also a mixture of iron and calumba. Thirteen days after admission he spat a little blood; the œdema of the upper extremities increased, and on the sixteenth day there was some œdema of the scrotum, but the legs never swelled. He died on the seventeenth day.

An examination of the body was made nineteen hours after death. The left lung was healthy and contained no deposit. The right lung was the seat of large masses of scirrhus deposit; it was solid throughout, and universally adherent to the chest walls. The scirrhus substance had softened in some places so as to give rise to cavities filled with pus. The mediastinal glands were greatly enlarged, and scirrhus throughout.