20th.—Gravel still deposited, but in smaller fragments. Great pain in the loin, radiating up to the chest. Fifteen minims of solution of the acetate of morphia to be added to the mixture.

May 8th.—Since the last note the deposit of gravel has remained the same. Pain rather more severe. The phosphoric acid to be increased to thirty drops three times a day.

16th.—Pain increased. The increase of pain being thought to be due to some accumulation of uric acid in the kidney from the continued use of the acid mixture, he was ordered a mixture containing citrate and bicarbonate of potash.

23rd.—Pain less; gravel the same, but mixed with crystals of calcium and triple phosphate; urine alkaline. To discontinue the alkaline mixture, and to have a mixture composed of quinine, strychnine, and mineral acids.

June 15th.—Has passed one largish concretion with considerable pain. Since then has felt easier; gravel less. To leave the hospital for a short time for change of air.

The origin of the calculus in this case, Dr. Ralfe remarked, was undoubtedly due to the local injury. It certainly was not caused by excessive production of calcium oxalate in the system and its precipitation in the urinary passages, as the patient had never any symptoms usually present in "oxaluria," nor were any crystals of calcium oxalate at any time found in the urine. Nor could it be attributed to renal catarrh, as the urine had always been remarkably clear. Nor did any of the small calculi show that these had a hæmic origin, since they were uniformly composed of spherules of calcium oxalate, with no trace of blood-clot in their structure. In the absence, therefore, of any constitutional diathesis, or evidence of hæmic or catarrhal origin, their formation may be fairly attributed to a *calculous degeneration* of the renal cells, in which calcium oxalate was deposited instead of being eliminated, consequent on impaired nutrition of the kidney, the result of the local injury. It is interesting to remark that the renal calculi which result from blows on the loins &c. are usually of calcium oxalate, and often attain an enormous size, growing, as it were, at the expense of the kidney texture. And Dr. Parkes remarks of these cases that "no one can observe the enormous amount of oxalic acid in these calculi, and believe that such abundance could ever come from the blood."

THE HOSPITAL FOR WOMEN.

CASES OF OVARIOTOMY.

The following report is continued from page 196:—

CASE 20. *Double malignant ovarian tumour; ovariectomy; death.*—A. G—, aged fourteen, single, was admitted under the care of Dr. Heywood Smith, Dec. 8th, 1873. Catamenia began at eleven; regular; ceased four months. The patient did not notice any enlargement of the abdomen till four months ago. The swelling has increased rapidly during the last month. She was in good health till five weeks ago, when she was seized with diarrhœa, which lasted one week, and left her feeble. Complains of pain in the right half of abdomen, but, as a rule, does not suffer much. On admission, the patient was dark-complexioned, fresh-coloured, and healthy-looking. Abdomen greatly enlarged and prominent; girth at umbilicus 32 in.; dull on percussion, except in the flanks and in the epigastrium. The integument of the abdomen and of lower extremities presents a diffused faint-red flush, and a slight tendency to œdema. The swelling is soft, elastic, and indistinctly fluctuating in parts. In the left groin is felt a more solid portion about the size of a fist. On vaginal examination, the os uteri was found to be displaced upwards, and flattened against the pubes. Behind the uterus is an irregular semi-elastic swelling.

Dec. 10th.—Consultation and examination under chloroform. The mass in the post-uterine space seems larger.

15th.—Pulse 144; temperature 102.4° F. A good deal of abdominal tenderness; urine clear, free from albumen.

16th.—Abdomen more distended, more resonant, very painful in epigastric and lateral region. Breathing very short, 40; pulse 160. The patient has vomited. At 6 P.M. another consultation was held. Six out of eight of the staff thought it was probably a case of extra-uterine foetation, though the patient denied being pregnant, and two of

the staff thought the tumour was ovarian; but as the symptoms were urgent, and appeared to threaten her life, it was decided to operate. Pulse 152; temperature 102.2° F. The patient being placed under chloroform, Dr. Heywood Smith made an incision between the umbilicus and pubes, and on the peritoneum being divided, a quantity of sanguineous ascitic fluid escaped. A thin membranous sac then presented, which was opened, and a quantity of clear straw-coloured fluid escaped. On introducing the finger into the opening a hard mass was felt, which, on being brought forward, was found to be a cauliflower-looking excrescence. The incision was then extended, and this mass, which proved to be the left ovary, about the size of a small orange, was drawn forwards, transfixed, tied with catgut, and removed. A larger cyst was then opened, and a quantity of dull straw-coloured fluid drawn off. This was found to be the right ovary, which was then drawn forward, and some adhesions between it and the right abdominal wall were easily broken down. The cyst was also adherent to the small intestines, omentum, and to the margin of the colon and the rectum. The adhesions were, however, separated without much hæmorrhage, except from the omentum, which was tied with catgut. The pedicle, consisting of the oviduct greatly enlarged, and spread out, was transfixed, and tied in three separate portions with whipcord, and the tumour cut away. The uterus was found high up, apparently normal.—11.30 P.M.: Has slept quietly for three-quarters of an hour. Pain much less. Temperature fallen to 101.2°; pulse to 132.

17th.—Passed a quiet night; has some pain in the abdomen; is thirsty; looks pale; no distension of abdomen. Had from time to time enemata of beef-tea with opium and brandy.—5 P.M.: Temperature in vagina 102.8°; pulse 136.—8 P.M.: Expresses herself as easier. Abdomen more distended; tender on right side. Occasional retching. Enemata returned; rectum apparently full.

18th.—Sickness continues. Temperature about 101° to 101.6°; pulse very feeble, 150. Not suffering much pain. Takes some nourishment by the mouth and some per rectum. Died in the afternoon.

At the post-mortem examination the colon was found to be packed tightly with such extremely hard fæces that it must soon have ulcerated through.

BRISTOL ROYAL INFIRMARY.

ACUTE RHEUMATISM; PERICARDITIS; SUDDEN AND RAPID EFFUSION INTO PERICARDIUM; PARACENTESIS PERICARDII; RECOVERY.

(Under the care of Dr. SHINGLETON SMITH.)

W. L—, aged twenty-five, married; a plasterer. Has had four attacks of "rheumatic fever" during the last three years, but does not know that his heart was affected in any way. Has not complained of shortness of breath, and has had no difficulty in getting about. Has been ailing for the last nine months, but did not lie up till three weeks ago, when pain in the hips came on, and he has been obliged to remain in bed since.

Admitted March 13th, 1874. Complains of feeling sore all over. He is unable to move without pain, but no articular swelling is visible. Perspires freely. Has a depressed expression, and lies on his back. Temperature 102.6°; pulse 108; respiration 32. Complains of pain in the cardiac region on drawing a deep breath. A friction sound is audible over the base of the heart, and a prolonged blowing sound at the apex. There is no increase of cardiac dulness. The urine has a specific gravity of 1025; it is slightly acid, but free from albumen. Ordered six leeches to be applied to the cardiac region, and to take an alkaline mixture every four hours.

14th.—Friction sound at the base less distinct. Temperature 101.2° F.; pulse 92; respiration 28. There is slight effusion into both knee-joints, and tenderness about the ankles. The precordial pain relieved.

23rd.—The friction sound still audible. Ordered some blistering fluid to be applied over the base of the heart.

24th.—A loud double friction sound audible over the whole cardiac area, but no increase of cardiac dulness.

25th.—Was taken suddenly in the night with acute precordial pain and dyspnoea. At midday the pain was un-

relieved, and dyspnoea considerable. Pulse small and weak, 130; respiration 44; temperature 100° F. Cardiac dulness extends to the second interspace; no cardiac impulse to be felt; heart sounds scarcely audible; no friction sound. Lips, fingers, and toes looking blue; no impairment of consciousness, but dyspnoea very urgent. Paracentesis pericardii was considered necessary, as nothing short of the removal of the fluid from the pericardium seemed likely to restore the rapidly weakening power of the heart. Accordingly Mr. Charles Steele was called in consultation, and immediately proceeded to perform the operation. One of the larger sized tubes of Dieulafoy's aspirator was plunged through the skin and chest-wall at a spot between the fourth and fifth ribs and half way between the middle line and the nipples on the left side. Several ounces of perfectly clear serous fluid were then drawn off by suction, but the fluid gradually became more and more coloured till it appeared to be mere blood. After ten ounces of fluid had been withdrawn, the tube was removed, and the aperture closed with strapping. The area of cardiac dulness had considerably diminished, and the dyspnoea was much relieved for a few minutes, but the dulness increased again in about ten minutes, though not to the same extent as before the operation, and he still had considerable difficulty in breathing, but the pulse was stronger than before. It was presumed that some hæmorrhage into the pericardium had taken place, as the last few ounces of fluid looked like undiluted blood, and the whole quantity of fluid became a coherent mass of coagulum after standing. In the evening he breathed more easily. The pulse was 124, fuller than before the operation; respiration 44; temperature 103° F.

26th.—Pulse 124; respiration 36; temperature 101°, morning.

28th.—Pulse 116; respiration 32; temperature 100. The left wrist was painful and swollen; he perspired very copiously; pericardial dulness less; respiration easy.

On April 2nd he was free from pain, and slept well. On the 7th he was not so well. Pulse 112; temperature 99.6°. Did not complain of pain; could draw a deep breath without difficulty; cardiac dulness normal; a slight systolic friction sound audible at the base of the heart.

On May 19th he was discharged, the heart's sounds being normal, the area of cardiac dulness not enlarged. He was still weak, and the pulse was rather small, soft, and quick.

On July 6th he was doing his regular work without much difficulty.

Reviews and Notices of Books.

Contributions to Pathology and Surgery. By CÆSAR H. HAWKINS, F.R.S., Serjeant-Surgeon to the Queen, Consulting Surgeon to St. George's Hospital, &c. In two volumes. London: Printed by W. J. and S. Golbourn, Princes-street, Coventry-street, W. 1874.

MR. CÆSAR HAWKINS, after a comparative silence of many years, has been induced to make a reappearance before the profession in the works now before us. The two volumes, he tells us, consist of a collection of miscellaneous writings, many of which relate to pathological and practical subjects, but which have hitherto been scattered through the Transactions of Medical Societies and the medical periodical journals. All the articles have been republished as they first appeared, without alteration or addition; and considering that some of them first saw light in 1828, and that the latest, with one exception, was written not later than 1856, our readers will readily understand that the essays are intended to be records of the state of surgery at the time when they were written rather than contributions to pathology and surgery of to-day, or even as exact representations of the author's present views. Yet many of the articles are not without considerable interest and value. In these volumes, as in the writings of some other medical and surgical authors of fifty or sixty years ago, one thing is strikingly manifest—namely, the stress which is laid on careful and accurate clinical observation. Every change in expression

and every alteration of function are speedily detected; every subjective symptom is closely attended to and constantly interrogated; the history and course of disease are minutely examined and accurately recorded. There is, in fact, a well-conducted system of clinical observation. All this was essential in the days that preceded the use of the thermometer, the stethoscope, the sphygmograph, and the adoption of chemical examination of the secretions and excretions of the body. Now, however, we rely more on signs than on symptoms. This is undoubtedly a gain; but it is not without its disadvantages. It may be safely affirmed that physicians and surgeons of the present day do not observe so closely or so accurately as those of former times, and that the practical simplicity and the general accuracy of the physical aids to examination and diagnosis have tended to a neglect of the cultivation of those habits of observation which were the characteristics of some of the older physicians and surgeons, empirics though they were.

It is one of the charms of Mr. Hawkins's essays that, whatever be the crudeness of many of the pathological theories, the record of symptoms and the history and progress of the various diseases are given with great accuracy, and are as valuable to-day as they were forty or fifty years ago.

It is evident that our notice of these volumes must be rather of the nature of a review than of a criticism; but where there is so much that is interesting it is difficult to make a selection. There are, however, many cases recorded by Mr. Hawkins which may now be called *historical*. A case is described in which an ovarian cyst was tapped twenty times in two years and a half, and altogether 978 pints of fluid were drawn off. In September, 1846, Mr. Hawkins delivered a clinical lecture on the first successful case of ovariectomy in a London hospital. The patient was operated on on the 22nd of September. The incision was three inches long, and seventeen pints and a half of fluid were drawn off, the pedicle transfixed with a silk thread and ligatured, the cyst cut off, and the pedicle dropped into the abdominal cavity. The wound had healed by the twenty-eighth day. In speaking of this case Mr. Hawkins observed that, although ovariectomy was justifiable "*sometimes*, do not for a moment be led away by enthusiastic encomiums to suppose that it can ever become general, or can ever be lightly undertaken." Happily this gentleman has lived to see ovariectomy become an operation which is not only justifiable, but an operation the mortality of which is lessening from year to year under the influence of ameliorated conditions.

We suspect that if the aural surgeons whose works we recently reviewed were asked to give an opinion on a case which came under Mr. Hawkins's care in 1835, in which an abscess of the brain is said to have discharged through the ear, they would be disposed to disagree with this gentleman, and to regard the abscess in the brain as secondary to a discharge from the left ear, to which "he had been subject for some years." Modern pathologists, moreover, would be inclined to smile if, in the report of a case in these times, instead of saying no pyrexia was present, it should be recorded that the "blood [was] not inflamed."

It is, however, in the lectures on tumours that differences between the past and present are most strikingly shown. Neither the classification nor the description of the physical characters would, we think, satisfy the microscopist of the present day. But still the clinical aspects of the cases are true and interesting. The lectures on Tumours of the Bones, delivered in 1838, are exceedingly good, and illustrate the author's ability as a lecturer and an investigator. There are also in these volumes valuable communications