Next morning I learned that, after changing the cloths as they were felt to be warm for about two hours, the little patient had gone to sleep in the pack, and, blankets, in accordance with instructions, having been thrown over him and tucked in around, had remained so until morning, when, on calling, I found him dressed and out of bed, his liveliness having been such as to render it impossible to restrain him within its limits. There was still some flushing of the cheeks and a good deal of fretfulness.

It should have been mentioned before, that on my first visit I found an eruption on the chest which was said to have been there for about twenty-four hours, but which was so scratched as to be unrecognisable. There was now all over the face, trunk, and extremities, a well-marked vesicular eruption, with inflamed base, the vesicles single and pretty numerous. There was nothing to remind one of the severe ordeal passed through on the preceding day. The legs, as far as the knees, were red as boiled lobsters, and warm, the sinapism having been retained all night in contact with them without protest. The day after that he was pretty much in his usual health, and has remained so up to the date of writing (Dec. 16th, 1874).

His elder brother had, the week before, passed through an ordinary attack of chicken-pox, and a younger child had for several weeks been suffering from an attack of what was called whooping-cough by the usual medical attendant at home. Whether this history points to that connexion between varicella and whooping-cough suggested by Dr. West in his work on the Diseases of Children or not circumstances do not enable me to say, but such severe complications of the former are sufficiently rare to deserve mention, and the character and efficiency of the treatment employed will, I trust, be considered such as to merit the same.

A decided determination of blood to the brain, with inflammatory action incipient in its membranes, together with a decided rise in the general temperature and coldness of the lower extremities, were met by cooling applications to the body, the same to the head, and heating and stimulating to the lower extremities. The particular method by which this was done recommends itself for general adoption on several grounds. It required no apparatus, not even a bath. Anyone of moderate intelligence and readiness could understand and work it, however inexperienced otherwise. It was capable of infinite modifications, according to the requirements of the case, and could be regulated by the sense of heat to the attendant's hand. The patient was almost undisturbed—a point in many cases of vital importance where, the brain being in an excited state, motion conduces to convulsive seizures. Should the least indication of an impending chill present itself through the cooling process being carried too far, the remedy is immediately at hand, in the shape of a few blankets thrown over the patient as he lies in the towels, and tucked closely around the trunk, extremities, neck, and feet, when the temperature would be found speedily to rise again, and the return of the febrile state at the same time effectually prevented by the profuse perspiration which now pours from the soothed and softened skin. The cooling envelope is now converted into a steaming poultice, and soothes by means of a moist warmth, where before it did so by means of continuous cold. By meeting either extreme with its opposite, the mean is ultimately obtained.

A further development of the cooling pack may be employed in the continued fevers by the use of sheets instead of towels, and a strictly exact regulation of its effects obtained through the hourly employment of the thermometer. It is my custom, at the outset of a case of the kind, carefully to instruct the attendant in the use of the six-inch thermometer, and to accustom him to record at the time each observation and the corresponding frequency with which the applications have been renewed. It is easy thus to get at a glance the degree of fever that has obtained in the intervals of the visits; and a similar record of the times of administration of food and stimulants and other particulars yields a fairly complete history to the practitioner, and is of great value when kept by an intelligent and trustworthy attendant. I have kept patients thus packed for many days together, with the best results in restraining tissue-waste and averting the destructive influence on the nervous system of high temperatures; and since adopting it I have not had a single death from any febrile disorder, nor an instance

of hyperpyrexia occurring in the course of rheumatic fever. The number of cases thus treated need not be given here, as it is not great enough to make this statement of any statistical value; but, such as it is, I give it, and trust it may influence others to adopt that which I have found of sterling worth.

Matlock, Derbyshire.

CASE OF EVERSION OF THE BLADDER IN AN ADULT OVER FORTY YEARS OF AGE.

By GEORGE THOMSON, M.D.

On the 7th of August, 1873, I was hastily summoned to Mrs. R.— during the temporary absence of her regular medical attendant, Dr. Yates, of this town, by whose kind permission I publish the following notes of her case:—I found the patient, a married woman somewhat over forty years of age, on her hands and knees in bed, writhing with pain, and straining violently. I was informed that while passing water about half an hour before my arrival, she felt something come down, and was immediately seized with violent straining pain, and had been ever since in the condition in which I found her. On further inquiry it transpired that she had been suffering for nearly twenty-four hours from acute cystitis, of which I found abundant evidence in the recently evacuated urine.

On digital examination I found, instead of the anticipated uterine displacement, a small, hard, nodulated tumour, about the size of half a walnut-shell, and covered over with some gritty substance, protruding from the orifice of the urethra. Procuring a candle, I at once made a closer inspection of the tumour, which I found to be rugous on the surface, of a deep-red colour, and encrusted with a white calcareous-looking deposit, which was afterwards ascertained to be phosphatic.

As the condition of the woman prevented me from easily obtaining further information, I sent at once for chloroform and the necessary instruments, imagining that I had to deal with some outgrowth from the urethra or bladder which would require removal. It then passed through my mind that it was within the bounds of possibility that this was a case of eversion of the bladder, although I had never heard of such an accident occurring to an adult; and, in view of the disastrous consequences of removing what might prove a portion of the wall of the bladder, I determined to ascertain, if possible, the real state of matters. Dr. Yates having made his appearance at this juncture, I communicated to him my suspicions, and with his assistance put our patient under the influence of chloroform. I then proceeded to pass my finger along the urethra by the side of the pedicle of the tumour, which I did without much difficulty, the urethra proving to be unusually large and dilatable. I found that the pedicle arose from the posterior wall of the bladder in a manner that strongly confirmed my impression that the case was one of eversion, and, Dr. Yates having arrived at the same conclusion, we resolved to reduce the tumour. This I did after carefully removing the phosphatic encrustations, and followed it into the bladder with my finger, with which I carefully explored the surface from which I had just previously found the pedicle to arise. I found no trace of any tumour or pedicle of any kind whatever on any part of the interior of the bladder.

A full opiate was then administered, and the patient directed to remain in bed. I am enabled to say, from information kindly supplied to me by Dr. Yates, that the cystitis rapidly disappeared, that she had no threatening of recurrence of the accident, and that she became perfectly well, and has so remained till this day.

This case is, so far as I have been able to ascertain, perfectly unique, in so far as adults are concerned, although it is known as a rare accident in young children. I have endeavoured to describe it fully enough to enable those who read to judge from the evidence before them of the accuracy of our diagnosis. The theory I have formed is a simple one, suggested by the facts—namely, that phosphatic

deposit having taken place on a portion of the inner surface of the bladder, acute cystitis was set up as a consequence; that the natural effort to extrude this foreign and irritating body, during the excessive straining which accompanies micturition in acute cystitis, was favoured by the existence of an unusually large and dilatable urethra, and produced the remarkable accident detailed above.

Oldham.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

LARGE IRREDUCIBLE SCROTAL HERNIA OF THE RIGHT SIDE; OPERATION, WITH GREAT IMPROVEMENT.

(Under the care of Mr. HOLTHOUSE.)

ALTHOUGH, as a general rule, it may be well to abstain from operating on a permanently irreducible hernia which is not strangulated, there are circumstances either in the condition of the tumour or of the individual which may render such a proceeding advisable. Among these may be enumerated the adhesion of the hernia to the testicle, whilst the absence of adhesion elsewhere renders it free to pass and repass between the inguinal canal and scrotum, carrying the testicle with it, as in the case of the celebrated Zimmerman, where the omentum adhered by a single filament to the testicle, so that when the former was replaced the latter ascended with it and suffered painful pressure from the ring; while, when the parts were allowed to protrude again, a portion of intestine generally followed, was pressed on by the ring, and occasioned a fear of strangulation;—or, secondly, where the pressure of a truss has caused firm adhesion between the neck of the sac and the omentum, and fluid accumulates in the fundus, as in Cases 10 and 11 in Mr. Holthouse's work on Hernial Tumours;—or, thirdly, where, from the size or shape of the tumour, or any other cause, it is difficult so to adjust a truss as effectually to guard against the descent of intestine;—or, lastly, where nothing but a bag truss can be worn, which offers no impediment to a fresh protrusion, and the patient is thereby incapacitated from gaining a livelihood. It was under the last of these conditions that an operation was advised in the following case.

G. B—, aged fifty-two, a groom, thin, but not unhealthy-looking, applied at the Provident Surgical Appliance Society on the 22nd of April last for an instrument to relieve him of a large irreducible scrotal hernia of the right side, from which he had suffered for two years. He stated that it was not only inconvenient from its bulk, but that he suffered occasionally from attacks of pain and sickness, and was unable to ride or to do his ordinary work with comfort or satisfaction. After some prolonged attempts to reduce the hernia by the taxis, and the ineffectual trial of several differently constructed trusses, he was admitted into the Westminster Hospital on the 26th of May, with the view of ulterior operative proceedings if found necessary. Accordingly, after recumbency, continuous pressure, and renewed trials to reduce the hernia by the taxis had failed, the patient was placed under chloroform on the 9th June, and the tumour cut down upon as if it were strangulated. The sac, being laid open, was found to contain a large mass of omentum firmly adherent to its interior everywhere but at its neck, so that a piece of gut might easily have passed this point and become strangulated. With some difficulty the adherent surfaces of the omentum and of sac were separated, a double ligature of carbolised catgut was passed round the omentum at the level of the external abdominal ring, and the great mass below removed by the knife, while the tied root was returned within the abdomen. A carbolised ligature was now tied round the neck of the empty sac sufficiently tightly to bring its sides into contact and to cut off

its communication with the peritoneum, but not tight enough to endanger its vitality. The edges of the incision in the skin were brought together with silver sutures, a spica bandage and compress applied, and the patient carried to bed.

June 10th.—The patient had not slept, on account of pain in the groin. There was some swelling and redness on the right side of the scrotum, but the patient was in other respects in as favourable a condition as could be expected.

11th.—Right half of scrotum was much swollen, red and tense; wound healthy-looking; abdomen soft and painless; tongue moist but furred. Pulse 102; temperature 102°.

13th.—An enema of castor oil was given yesterday, which acted well. The tongue is coated, but moist. Pulse 102; temperature 100.6°. The swelling and redness of the scrotum involve both sides and also the lower part of the abdominal wall on the right side, which is tender on pressure. Ordered a linseed poultice, and to take some quinine three times a day.

16th.—Slept well last night, and expresses himself as feeling very comfortable. Pulse 96; temperature 100.2°; tongue moist and cleaner. The swelling of the scrotum is subsiding, but that of the lower part of the abdomen has increased, though its area has not extended.

18th.—Looks brighter and feels better. Pulse 84; temperature 99.4°. The inflammation is subsiding. There is a slight ulceration of the skin at the upper part of the wound, but the lower has united. Sutures were removed.

20th.—General condition much improved. Pulse 90; temperature 99.7°. The scrotum is much smaller and softer, and there is a copious discharge of healthy pus from a small opening in the centre of the wound, which appears to come from the upper and front part of the scrotum. The right side of the abdomen is softer, and the redness limited to a small area in front of the spine of the ilium.

24th.—The scrotum continues to diminish, and also the discharge, but fluctuation exists at the red spot on the abdominal wall near the iliac spine. It was punctured therefore, and healthy pus escaped. Pulse 96; temperature 99.5°.

26th.—Healthy pus continues to flow from the incision in the abdominal wall, and the patient is doing well. Pulse 90; temperature 98.2°.

July 4th.—Patient continued to improve slowly from date of last note, the discharge gradually diminishing; but his convalescence was retarded by a bed sore, which had formed over the sacrum.

10th.—The bed sore is healing, and he feels so much stronger that he was allowed to get up.

28th.—Discharged well. There is now no appearance of rupture, and the scrotum is well pursed up, but the abdominal wall in the inguinal region is evidently weak, and inclined to bulge; he was therefore furnished with a weak Salmon's truss.

Nov. 9th.—He applied at the Provident Surgical Appliance Society this evening, and was supplied with an ordinary circular spring truss in lieu of the Salmon. He has now a very decided reducible bubonocoele, which is perfectly controlled by the truss, and he is in all respects greatly improved, having become quite stout, and able to do his work with ease and comfort. The testicles are healthy, and the scrotum small and well braced up.

GUY'S HOSPITAL.

ANEURISM OF THE FEMORAL ARTERY.

(Under the care of Mr. BRYANT.)

FOR the notes of the following case, which completes the series, we are indebted to Mr. B. W. Gathergood.

Aneurism of common femoral artery; failure of compression; ligature of external iliac; cure.—E. H—, a publican, aged twenty-eight, was admitted on April 18th with aneurism of the right femoral artery. The family history was good, except that the mother suffered from gout. About nine months before admission the patient received a kick in the right groin and side, but suffered no inconvenience from it, and did not lie up. About a month before admission he first felt pain in the groin, but thought it was the gout, and took gin and left off beer. Three weeks after this, after a