recourse when this constrained position became irksome, and at the same time it obtained the essential condition of constipation during convalescence. On the seventh day, I removed the catheter, and only employed it every three hours, increasing the interval gradually. On the ninth day, I removed the sutures with some little difficulty, as they had become quite embedded in the tissues. They were quite unaltered, and exhibited neither in themselves nor in the track whence they had been withdrawn the slightest trace of rust or corrosion, although they had for nine days been freely exposed to the action of the various fluids. This property of "annealed" iron wire, in virtue of which it is termed "passive," was originally pointed out by Schönslein, but first offered in explanation of its non-corrosiveness, when embedded in animal tissues, by Professor Simpson, in an able paper lately published on this subject. Twelve hours or so after the withdrawal of the sutures, the patient was for the first time permitted to empty her bladder spontaneously, which she accomplished without difficulty, and has continued to do so ever since.

To appreciate fully the advantages afforded by the operation for vesico-vaginal fistula I have just described, it is necessary to compare it with the elaborately-detailed processes and the imposing and extensive armamentaria of Drs. Sims and Bozeman, the transatlantic resuscitators of this originally British operation, or even as it has been simplified more recently by Professor Simpson of Edinburgh. The method of operating in question resembles in principle the original operation of Dr. Sims, rejecting, however, the "clamps," or silver bars, to which he fastens the wires on each side of the wound, like as in the ordinary quilled suture. The feature of Dr. Bozeman's operation is his passing the sutures through a perforated metallic plate or "button," and then clamping them on it with split shot; or as in the combination of the two recently proposed by Mr. Hilliard of Glasgow, and published lately in THE LANCET. Professor Simpson discards the button and split shot of Dr. Bozeman, and fastens the sutures simply through a circular ring or splint of twisted iron wire surrounding the wound. The professed object of the button is to protect the wound from the vaginal secretion, which, if normal in character, I hold to be the best dressing it can have. The circular wire splint, on the other hand, is used with the intention of affording support to the margins of the wound, an indication not fulfilled by the button. Now, I conceive that if both these methods, so opposite in design, are perfectly successful in result, as they undoubtedly are, neither the lead button nor the wire splint are essential elements in its attainment, and must accordingly be regarded as superfluous. Besides, they increase to an immense extent the difficulties of the operation; much time is occupied by the manipulations necessary in their adjustment, and they are very apt to become displaced and disarranged. They ought therefore to be abandoned.

These considerations have been suggested to me by what I have observed in six or seven cases operated on in the various modes in question. The success of the operation, I hold, depends essentially upon the employment of metallic sutures; and the next and only other point of importance to be considered is the simplest and readiest means of adjusting or fastening them: this, I believe, is best accomplished in the manner adopted in my operation. I have also simplified the process of paring or rawing the margin of the fistula, by substituting for the straight and two lateral knives and the two pairs of bent scissors used by Dr. Bozeman, the simple convex-bladed knife represented in Fig. 4, which can be readily swept round the edge of the fistula without a change of hand. The double hook will be found to give a better hold of the flap to be removed than any more bulky and comparatively unwieldy forceps and vulsella. The spatulae, even where no vesical hernia protrudes through the fistula, or where there is little eversion of the vesical mucous membrane, will be found greatly to facilitate the exposure and steadying of the fistulous margin during the difficult process of paring.

I have taken the liberty of giving a sketch of Prof. Simpson's invaluable needle (Fig. 9), and of Dr. Bozeman's blunt hook (Fig. 10) for directing its point, to complete the drawings of the entire set of instruments which, with the exceedingly beautiful speculum of Dr. Bozeman, constitutes the entire armamentarium which I believe necessary for the performance of the operation. Simplicity of operative procedure combined with rapidity of execution are the two great desiderata of surgery, and I think I have succeeded in reducing the operation for vesico-vaginal fistula as nearly as possible to these desired conditions. I trust that I shall soon be in a position to bring one or two other cases illustrative of this mode of operating under the notice of my medical brethren.

Sauchiehall-street, Glasgow, April, 1859.

DELIRIUM TREMENS, CAUSED BY EXPOSURE TO COLD AND WET.

By WILLIAM TILBURY FOX, M.D. Lond.

MR. A—, aged forty-five, a very temperate, steady, and active man, low in stature, and possessing a short, thick neck, was the subject of the following curious attack. He is the only surviving and youngest of seven sons, five of whom have died suddenly from cerebral disease ("in fits"), one being paralysed, and a second affected in somewhat the same manner as in this case, and who is said to have had delirium tremens, and to have died three hours after the attack commenced.

This man got up and went about his business at six A.M. on the 30th of March (on which day a snow-storm occurred), in his usual health. He took scarcely any breakfast (this being not uncommon with him), came home and wrote for an hour and a half, seated before a good fire, had half a pint of beer, and went out with his horse and cart at eleven A.M., and as it was "his busy day," he had a good many places to go to, and a good deal of worry. At mid-day he returned (having been out about two hours), perfectly wet through from head to foot, cold, and shivering very severely. He had not taken anything since he left home at eleven A.M. After putting his horse and cart away, he went in-doors, where he had a few words of dispute with some one upon business matters. Soon after, an attack of severe shivering came on; he said he felt very numb all over, and became quasi-delirious, insisting upon going home. He did not appear to know his wife, and fancied he was in a strange place. He had some hot brandy-and-water. At times he was perfectly rational, and then complained of tingling in the palm of the right hand. He could walk perfectly well, and had no headache, but his feet were cold. He laid down on the sofa, and had hot bottles applied to his feet. At half-past three P.M. I found him lying on the sofa, with his eyes closed, and apparently dozing. He did not notice my entrance, but when spoken to, that his attention might be aroused, he was very much annoyed to think I should intrude upon him. He again insisted upon going home, and wanted his wife, desiring "the women to go away from him, and those people to leave off picking his hands," &c. When asked if he would go to his bed, he said "he was not to be gammoned—he was not going to any other but his wife's bed," &c. When his attention was particularly called to any point, he for the moment was quite sensible, but immediately relapsed into an illusive strain. There was present the peculiar mental state of delirium tremens—i.e., his attention was easily aroused, but could not be fixed; his judgment was quick, immediate, but incorrect. His illusions were not confined to one subject. Face slightly flushed; extreme shivering at times; pulse small, slow, deliberate, 60 only; surface cool, especially hands and feet; tongue tremulous, flabby, and covered with a creamy fur; no paralysis at all; pupils moderately dilated, sluggish; conjunctivæ slightly suffused. In lucid moments, when aroused, he said he had no headache, but complained of tingling in the palm of the right hand. When his attention had been particularly called to the fact that his wife was near him, he said "All right," but it is doubtful if he recognised her. He was not at all violent. General sensibility seemed normal; reflex actions perfect. Delirium tremens was diagnosed. The treatment consisted in the exhibition of an effectual emetic, with the view of exciting the action of the skin, and the application of a very large mustard poultice to the neck. He was well wrapped up; and after the emetic had fully acted, which it did between six and seven P.M., he had a comfortable sleep, and awoke quite himself again, with the exception of feeling a little weak.

Remarks.—The subject of the above attack is a very temperate man; there is no habitual or temporary taking of stimuli of any kind to account for it. Since his recovery he has stated that he remembers everything which occurred until he came in-doors after putting his horse and cart up, when he lost himself. His family is predisposed to suffer from head affections (apoplexy). When seen at half-past three P.M., his breath smelt of spirit (the brandy-and-water his wife had given him). No doubt the exposure to cold and wet was sufficient to contract the vessels of the surface, and thus produce congestion of the brain. Whatever was its *modus operandi* (by shock or by inducing cerebral congestion), his getting wet through and the cold formed the real cause of the attack. The case affords some points of practical value—

1st. As showing that you may have in delirium tremens a

slow, deliberate pulse (60), instead of the soft, feeble, frequent one, which is usually taught to be constantly present.

2ndly. We know delirium tremens occurs in northern, cold, and damp climates, most frequently, it is said, because there is more drink taken to keep up the temperature of the body. This case tends to show that the *vera causa* is to be looked for in the conditions of temperature and the like, which, indeed, is the more philosophical argument.

3rdly. Suppose such a case to have been taken to an hospital, and the ordinary treatment adopted, would it have been beneficial? Delirium tremens possibly would have been diagnosed, perhaps the stomach-pump used (for his breath smelt of spirit), cold water applied to the head, and a full dose of opium given, which would only have diminished vital action the more, and increased the cerebral congestion. The tingling of the fingers, his being apparently drowsy, and the occasional twitchings (shivering), not unlike convulsive spasm, were very seductive, combined with the short neck and family history.

4thly. This case is peculiar in being so very temporary, the whole attack lasting only six or seven hours.

5thly. There was an absence of all the usual causes of delirium tremens (there is not the least doubt of this at all).

6thly. The result of the case indicates the value of exciting the action of the skin in such a state, which may be best accomplished by emetics and counter-irritants.

The man remains quite well. So far as my experience goes, the case is unique.

Gloucester-gardens, April, 1859.

ON A CASE OF

POISONING IN A CHILD BY A LOZENGE CONTAINING OPIUM; RECOVERY.

By J. N. CREGEEN, Esq., M.R.C.S.E., &c., Deptford.

As cases of poisoning by opium and its several preparations are of all others the most frequent, especially in children, the following case, I think, will be found to possess some points of interest:—

A few weeks ago, Mrs. W— brought her son, aged two years, to me, stating that she had carelessly allowed him to eat a lozenge given him by a man who had occasion to enter her shop to make some purchases; and that about a quarter of an hour after eating the supposed harmless lozenge he was seized with drowsiness and stupor, which greatly alarmed the parents. Upon examination, I found the child suffering with the following symptoms:—He was in a profound stupor, and insensible, and could not be aroused by any loud noise; the pupils were so exceedingly contracted as hardly to be perceptible, and insensible to light; pulse small, feeble, and intermittent; the skin warm and slightly moist; the expression of countenance pallid and ghastly; and he was evidently suffering from narcotic poisoning.

I immediately gave an emetic of sulphate of zinc, and applied sinapisms to the feet and cold affusion over the head and chest. The emetic was soon followed by a free evacuation of the contents of the stomach. The vomiting was freely encouraged for some time, and the child was then allowed to be taken home, with the caution that he should be kept awake until I saw him again, which required the most assiduous perseverance on the part of the attendants. I again visited the child, and, after the lapse of a few hours, allowed him to go to sleep. On calling next day, I found him quite convalescent.

Broomfield House, April, 1859.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 30TH.—The deaths registered in London, which had been 1084 and 1126 respectively in the two previous weeks, rose to 1207 in the week that ended last Saturday. The deaths from measles last week were 36; from scarlatina and diphtheria, 73. The cases recorded as “diphtheria” were 16. There were 15 deaths from small-pox, 11 of which occurred to children. The resident surgeon at the Small-pox Hospital states, that “owing to the increase of small-pox in London during the last three months, the hospital has become nearly full of patients; 313 have been admitted this year, of whom 111 were admitted in April.” 5 deaths occurred in that institution last week. 14 deaths were caused last week by rheumatism and rheumatic fever, 9 by syphilis, 2 by intemperance.

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

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

UNIVERSITY COLLEGE HOSPITAL.

FARRE'S CANCEROUS TUBERCLE OF THE LIVER.

(Under the care of Dr. HARE.)

WHEN malignant disease occurs as an independent affection in other parts of the body, it is not uncommonly found to affect the liver. This is known to be the case in cancer and melanosis—nay, even in tuberculosis. Clinical experience, however, proves that this organ may take on malignancy in some one of its forms, as an idiopathic primary affection, which may, secondarily, extend to other organs, especially the stomach. The belief is maintained by many physicians that cancer of the liver is invariably secondary to the same disease in the stomach. This holds good in the great majority of instances, but not in all. In illustration, we may be permitted to refer to two recent examples brought before the Pathological Society. In one—colloid cancer of the liver—it was shown by Dr. Wilks that the disease was confined solely to the hepatic organ. And Dr. Gibb exhibited a liver, weighing sixteen pounds, which was affected with an apparent mixture of the scirrhus and encephaloid forms of cancer, and which he believed was the primary disease, secondarily affecting the stomach. The facts tending to prove this were, the entire absence of any symptoms, such as vomiting, indigestion, or gastralgia, especially observable when the gastric functions are primarily disordered.

The following case, which we have taken from the hospital register, still further establishes the correctness of this view. The patient is twenty-five years of age, in whom cancer has firstly appeared in the liver, which has already attained such dimensions as to render it probable that it will exceed in weight the large example we have just referred to. Not a single symptom is present indicating gastric disturbance beyond pressure from the tumour and the ascitic fluid; and it is most likely that the mischief, at a later period, will be found to have, secondarily, extended to the stomach.

When, besides general enlargement of the organ, distinct tuberosities can be felt over its surface during life, we have pretty reliable evidence as to the nature of the disease, which is found to depend upon the presence of round or oval tumours, disseminated and seemingly coalescing throughout the substance of the organ. This malady was at one time known as “Farre's tubercle of the liver,” a designation which is well worthy of being retained; for whether the cancerous masses should constitute the varieties described as *tubera diffusa* or *tubera circumscripta* by Farre, the appellation would serve to comprehend both, as the main difference between the two is in their consistence.

It is remarkable that with such an amount of disease present in the liver there should sometimes be an absence of jaundice until perhaps within the last few days of life. This fact is, however, known to occur in many other affections of the organ, and thus a symptom of some significance is lost.

Thomas C—, aged twenty-five, was admitted under Dr. Hare's care on the 4th of April, 1859. He had lived nineteen years in London. His relatives all healthy. Had enjoyed good health until six months ago, when he had a pain between his shoulders, running down across his loins. This lasted two months. Two weeks afterwards he had diarrhoea for three months, with much pain, his motions being of a bright-red colour. The abdomen began to swell when the diarrhoea ceased by the aid of medicine, but recurred occasionally. Has been losing flesh, but eats and sleeps well.

April 12th.—Has a slightly yellow tinge; very thin and