part, whilst the other end of the groove terminates half an inch from D in an acute angle. Lastly, the groove is not so much lateralised as in Dr. Buchanan's staff, but occupies much the same position as in the ordinary curved staff. The advantages of my staff are that the large handle allows a firm grasp, so that the surgeon can drive his knife boldly along the groove without the instrument quivering under the pressure, as is often seen. In Dr. Buchanan's instrument it is not always easy to get the knife into the groove, for, if it strike the cylindrical vertical shaft, it will glide off; but as in my instrument the groove is continued upwards for half an inch, the surgeon will find no difficulty in getting into it at the first essay. The most important point connected with a staff is the termination of the groove near D. If it end in an obtuse angle, or even a right angle, there is always the danger of the knife travelling on, and piercing the posterior wall of the bladder, as happened twice to a London hospital surgeon with fatal results from peritonitis. Now with my staff such a misfortune is not possible, as the point of the knife becomes locked in the acute angle, and so arrested in its progress.

Fig. 4 is a glass syringe with an elastic nozzle, six inches long, graduated, and surmounted with a cone, for applying injections to the deeper part of the urethra. It is very undesirable to use a metallic nozzle, as it is not only painful but injurious. The cone enables us to know with certainty when we have arrived at the *veru montanum*, or diseased spot, as measurement cannot always be relied on, for the penile urethra is continually altering its length. The syringe is capable of holding twenty minims of fluid, but it can never be necessary to apply more than five minims, as that quantity will paint a large surface of the urethra. No solution of nitrate of silver ought to be used stronger than five grains to the ounce. I have seen disastrous results ensue from the application of powerful injections to the deeper part of the urethra.

Fig. 5 represents a syringe for patients to use. It consists of an india-rubber ball with a bone nozzle three inches long, tipped with a cone. It is applicable for gonorrhœa and gleet, and is durable and inexpensive.

Fig. 6 is the section of an elastic prostatic catheter, whose curve is preserved by a steel spring six inches long, extending from E to F along the concavity of the interior of the instrument, and preserved from rust by being inserted between the coats of the catheter. This instrument does away with the trouble of "setting," and is peculiarly adapted for those patients who cannot dispense with the daily use of a catheter. If a soft catheter cannot be used without a stiff stylet to preserve its curve, it loses its special advantages over a metal one. Now, the catheter I have described, although perfectly pliant and capable of extension, will still preserve its curve whilst entering the bladder, as the spring causes the instrument to hug the upper wall of the urethra, and avoid the third lobe of the prostate by tilting the point upwards and forwards.

All the above instruments were made for me by Messrs. Mayer and Meltzer, with the exception of the elastic nozzle (Fig. 4), which I obtained from M. Lasserre.

Portman-square, April, 1872.

CASE OF UTERO-PERITONEAL FISTULA.*

By LAWSON TAIT, F.R.C.S.,

SURGEON TO THE BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.

HANNAH W—, aged twenty-four, was admitted as an out-patient on March 4th. She was married at eighteen, and has had five children, the last only six weeks ago. She had no assistance of any kind at her last labour; has little recollection of it save that it lasted a very long time, and that she lost a great deal of blood. She has never since been free from loss. She presented on admission a most anæmic, worn-out, and wretched appearance. Uterus large; felt easily above the pubes; cervix spongy and easily admitted the point of the finger; cavity admitted the sound nearly six inches. Ordered three grains of the citrate of quinine and iron to be taken in a mixture thrice daily, along with a pill containing a grain of ergotin.

* Read before the Midland Medical Society.

March 8th.—The discharge has ceased; uterine cavity still six inches, but the tumour feels less externally.

April 1st.—Uterine cavity four inches, and the tumour much diminished. Ordered five grains of the iodide and twenty of the bromide of potassium, to be taken three times daily, along with five grains of the saccharated carbonate of iron in pill.

8th.—Uterine cavity three inches; but after reaching this distance the sound slipped, without the exercise of any force, through the fundus, apparently about midway between the cornua and somewhat on the anterior aspect, and could readily be felt under the abdominal parietes. The woman is so thin that the position of the exit of the sound can readily be felt. On this day I passed the sound twice, and each time found that it only required a little manœuvring to pass it at the one spot.

On the Saturday previous (13th) I had passed the sound through the fundus in presence of my colleagues, Dr. Savage and Mr. Bracey, and on the 22nd again before Mr. Creagh and Mr. Berry, satisfying them all as to the fact of the perforation, the patient never seeming in any way the worse of the operation, or to suffer any pain in its performance. She has improved in general health in a very marked degree since she has been under treatment.

On April 24th, as I wished to bring the case under the notice of the Midland Medical Society, and as it was evidently inconvenient and unadvisable to publicly exhibit such a case, I asked my friend Mr. West, the President, to verify with me in consultation the fact of the perforation of the fundus. This he kindly did, and our united representation was accepted by the Society.

Of the fact of the perforation there can be no question; it only remains to explain it. That there is a fistula I have no doubt, though it may be difficult to persuade many that such is the case. I am also under the belief that it had its origin in a rupture of the uterus during labour, remaining undiscovered until the walls of the uterus became thinned by the process of involution.

Cases of perforation of the fundus by the sound are, I am convinced, by no means so rare as one would be inclined to believe, for I have seen at least five or six, and Sir James Simpson used to speak to us of having seen many. They are very curious, and give rise to many interesting subjects for consideration. For instance, is it likely that the subject of this fistula will ever again become pregnant? I see no reason why she should not, and I believe the fistula will remain patent until she does. Her case is also one of the many lessons leading us to be less afraid of the peritoneal cavity than surgeons, from the old traditions, usually are; and if my view of its origin is correct, it is an additional instance of recovery from rupture of the uterus.

Birmingham, April 25th, 1872.

THE USE OF GLYCERINE IN PRACTICAL PHARMACY.

By W. J. MARSH, M.R.C.S., &c.

THE extreme viscosity of glycerine itself is a bar to its more extensive use as an emollient, and also as a solvent for certain medicinal salts and other *materia medica*. The following preparations are elegant, convenient, and permanent; and I am surprised that so simple an expedient as mere dilution should have been hitherto overlooked, or not formally expressed, by our leading pharmacutists.

Glycerinum dilutum consists of equal volumes of glycerine and distilled water, shaken together. This preparation may be briefly but accurately described as possessing all the advantages of glycerine itself, without its paramount disadvantage, extreme viscosity.

Solut. Chloral. (℞j. in ℥j.) consists of 960 grains of hydrate of chloral, coarsely powdered, dissolved in dilute glycerine to ℥vj.

Solut. Ferri (℞j. in ℥j.) may be similarly prepared, with the ammonio-citrate salt.

Solut. Ferri et Quinæ (℥j. in ℥j.) is prepared by dissolving 480 grains of citrate of iron and quinine in dilute glycerine to ℥viij.

Solut. Tannin. (3j. in 3j.) may be similarly prepared.

Solut. Ferri Iodid. (gr. iij. in 3j.): recently prepared iodide of iron, 240 grains; dilute glycerine to 3x.

Liquor Aloes: socotrine aloes, coarsely powdered, 240 gr.; dilute glycerine to 3x. Macerate for a week, with frequent and prolonged agitation, till the aloes is thoroughly disintegrated and no longer adheres to the bottom of the bottle. Clarify by spontaneous subsidence. Decant the clear liquor, and repeat the process of clarification with the turbid residue, in narrow phials or tubes, as far as practicable. 3j. of this preparation represents the *pure gum* (identical with the official cold-water "extract") contained in 3 grains of the crude aloes; and the preparation is less costly than a direct solution of the "extract" of pure gum.

Liquor Opii may be similarly prepared.

Littlemore, April, 1872.

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.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF STRANGULATED INGUINAL HERNIA IN A CHILD SIX WEEKS OLD; OPERATION; RECOVERY; SUBSEQUENT DEATH FROM IDIOPATHIC PLEURISY AND PERITONITIS.

(Under the care of Mr. ERICHSEN.)

For the notes of the following case we are indebted to Mr. H. J. Benham, house-surgeon.

A child, weak and sickly-looking, suffering from congenital syphilis, with spots of psoriasis on the buttocks, had been under treatment for a fortnight for sickness and vomiting. This was relieved by Sunday, March 17th. On Monday, at 10 o'clock, the mother noticed a swelling in the right scrotum. On Tuesday morning the vomiting recommenced, and continued till admission on Wednesday, at 4.30 P.M. The vomited matter was stercoraceous, and there was no passage from the bowels. On Wednesday morning the child had a convulsive fit.

On admission, the child was frequently convulsed; hands tightly clenched; face much pinched and anxious; abdomen distended and tympanitic; veins over the anterior surface of the body much engorged and prominent; tongue dry and brown. In the right scrotum there was a tense cylindrical tumour, traceable to the external ring. There was no impulse when the child cried, and the impulse upwards ceased at the external ring, though the neck of the hernia could be traced to the inner ring. The testicle could with some difficulty be distinguished lying close to and behind the lower end of the tumour. The scrotum was only slightly reddened.

At 4.45 P.M. the child was placed in a hot bath, and the taxis performed by the house-surgeon, without any result. Chloroform was then administered, and the taxis continued. After some time a slight gurgling was felt. The tumour slowly diminished in size; but at 5.30 it still remained tense, and the strangulation was evidently unrelieved, though the tension was less, and the child appeared somewhat better. The taxis was therefore discontinued. The child was then wrapped in a blanket, and some brandy and milk administered. Stercoraceous vomiting recurred at intervals.

At 8 P.M. the child was again placed under chloroform, and Mr. Erichsen proceeded to operate. An incision one inch and a half long was made over the axis of the tumour, beginning a little above Poupart's ligament. By a little cautious dissection a small portion of the sac was exposed, and the fat and fascia divided on a director to the same extent as the skin. Some fibres of the external oblique were then divided, without relieving the strangulation.

The sac was therefore opened, and the tight constriction at its neck divided, when the bowel slipped back easily. A comparatively large quantity of sanguineous fluid escaped from the sac. The bowel was congested, but not deeply. The testicle could not be seen in the sac. The integuments were brought together by three silver-wire sutures, and the descent of the hernia prevented by narrow strips of strapping crossing the wound obliquely. Before removal from the table the child passed a liquid and offensive motion. Milk-and-water and brandy were administered.

There was no return of the vomiting during the night; the child took the breast well, but was restless. Three offensive motions were passed during the night.

Early in the morning the child appeared to suffer much from pain in the abdomen. Two minims of the solution of morphia (B.P.) were given in a little water, and it soon dropped off to sleep. At 11 A.M. the pulse was good; breathing rather shallow; abdomen less tumid; veins not visible; child convulsed occasionally; eyeballs dull, turned upwards and outwards, and the pupils strongly contracted; limbs somewhat rigid. The child was easily roused by a touch or a sound. At 2 P.M. the breathing was very shallow and chiefly thoracic, but pulse still good; eyeballs still more rotated outwards; head moving rapidly from side to side; tongue vibrating; abdomen swollen and hard; veins very apparent; legs drawn up and rigid. At 7 P.M. the little patient appeared better; tongue clean and moist; abdomen softer; veins less visible; strabismus less; pupils still contracted; had revived a little and cried now and then. The hernia had not come down; strapping reapplied; bowels open twice during the day.

On Friday morning the child looked very much better, and took the breast well. Abdomen supple; breathing abdominal. He began to snuffle occasionally, having previously breathed chiefly through the mouth. A grain of grey powder was ordered to be taken three times a day. The wound to be dressed lightly.

From this time the child rapidly improved in appearance from day to day. The wound gaped, owing to the difficulty of controlling the child's movements, and became surrounded by a considerable amount of inflammatory cedema, extending into the groin and to the penis and scrotum. This, however, disappeared in a day or two under hot fomentations, and the wound assumed a more healthy appearance. It was dressed with red wash, and the edges approximated as well as possible by strapping. The child still steadily improved. The wound slowly healed by granulation, and, having become quite superficial, the child was made an out-patient on the 12th April. The psoriasis had faded, and the café-au-lait tint of the skin had in great measure disappeared.

On April 15th the mother brought the child, stating that it was not so well; but it seemed in its usual health. Its abdomen was not swollen, but there was a commencing umbilical hernia. A pad and bandage were applied.

On April 18th the mother brought word that the child had died. The symptoms pointed to peritonitis.

Autopsy.—The peritoneum and the right pleura were full of turbid serum with flaky lymph. There was collapse of lung, but no pneumonia. The hernial sac was contracted, and the incision in it quite healed. There was no injection of the peritoneum in or near it. No cause could be found for the peritonitis and pleurisy, and it was therefore inferred to be due to cold. The recovery from the operation was complete, only a skin wound remaining. The right testicle was found in the sac, much atrophied.

SEAMEN'S HOSPITAL, GREENWICH.

SUPPOSED HEPATIC ABSCESS DISCHARGING THROUGH THE LUNG.

(Under the care of Dr. STEPHEN H. WARD.)

T. B—, aged fifty-six, first admitted December 4th, 1871, with a history of dysentery that had occurred some nine months previously. Six weeks before entry he had been spitting up a large quantity of blood intimately mixed with some thick viscid material. General symptoms: cough at intervals; continual expectoration of a rusty-coloured sputum, of an eminently brick-dust character; heart sounds healthy; urine normal; bowels regular; no dyspnoea,