openings always free, and thus allowing the air constant access to the cavities, seemed in no way injurious, although objectors to such operations lay stress upon it. Perhaps the high temperature of the air rendered it less likely to disagree. No. 1 is a case very commonly seen lying despondingly in our Indian wards; No. 2 much less frequent in my experience, but I remember one very similar in an English groom, who got hepatitis from running some hours in the sun, trying to catch a loose horse. The abscess showed itself in the same spot, but the dread of operating allowed him to lose his life while waiting for it to point. It was found near the surface, adherent, solitary, and the size of an orange.

The accident to the canula renders the third case unique, as far as I know, and shows how much greater powers of reparation are possessed by the liver than we should have imagined. The proof it affords of the absorbents' ability, even in such a broken constitution, to provide for the disposal of the pus secreted, and to remove an enlargement of such extent, is very valuable. I conceive the fortunate result is mainly due to the opening of the abscess at a time when it was still surrounded on all sides by a considerable portion of parenchyma in a sound state, though probably somewhat congested. But why should not the absorbents have set to work before the puncture was made, and why should the mere emptying of the abscess for such a brief space of time have roused them to such successful vigorous action? And how came it that the man escaped peritonitis? for of course there must have been a good deal of pus in the abscess for some time; and as none flowed externally, it would be expected, on the ordinary theories, that it should find its way into the peritoneal cavity with fatal results. I think the cavity was so deep that on the canula slipping out, there was sufficient thickness of sound liver to close the passage it had perforated. The results of puncture in this case seem to confirm what Dr. Murray has stated as the experience of the native hakims, which, as I have already stated, agrees with my own. One very remarkable case of the kind was extracted from my annual report some years ago, and published by the Director-General. In that instance the general enlargement of the side and other symptoms impressed me with the conviction that there was a deep seated abscess in the liver; but three deep punctures with a common trocar still left it doubtful. (I thought then the instrument was too short, and therefore used a much longer one in O'H—'s case.) However, the operation acted; it set the absorbents to work so effectually that the side regained its proper dimensions, and the man returned to duty. He was a confirmed drunkard, was carried into hospital senseless within a fortnight of his recovery, yet lived to die some years after of delirium tremens! The manner in which such characters escape while good men die around them in military life, often reminds me of the French proverb, "Il y a un Dieu pour les ivrognes."

Another somewhat similar instance occurred in a fine young artilleryman, who had not been actively enough treated in the acute stage of hepatitis. Much enlargement followed, with a marked swelling in the epigastrium, though without the ordinary constitutional symptoms of abscess. All the usual means for removing this having failed, I pushed a trocar deep into the most prominent part, thinking there might be matter there, and feeling pretty sure that at any rate puncture would prove the best discutient. So it turned out; for absorption commenced directly, and some time after the lad remarked, "This lump has been getting better, Sir, ever since the day ye brogged that thing into it." It had nearly disappeared when he sailed for England, having been invalided before coming under my care.

Nottingham-place, 1863.

THE FRENCH MEDICAL PRESS ON M. MAISONNEUVE'S DIACLASTIC AMPUTATIONS. — M. Maisonneuve thinks that pyæmia and various other affections are owing to the division of veins by the knife; and not only advocates, but practises, the removal of limbs by a barbarous method of tearing, torsion, and breaking-up. This repulsive mode of operating is reprobated by many surgeons out of France; and it would appear, from the following extract from a review of M. Maisonneuve's book, "Clinical Surgery," by Léon Le Fort, that the author's supposed improvements (*sic*) are severely handled in Paris:—"M. Maisonneuve's method of tearing, twisting, and pulling off limbs, called 'Diachlasia,' has reintroduced into surgical therapeutics a *non therapeutical* practice, worthy of the dark ages. We state it distinctly: we possess the most decided repugnance to diachlasia, after having seen it performed upon a patient who sank under it; and we are very far from regarding it, with its author, as an improvement of modern science."—*Gaz. Heb.*

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.

WESTMINSTER HOSPITAL.

IMPASSABLE TRAUMATIC STRICTURE OF TWELVE YEARS' STANDING; RETENTION REQUIRING OPERATION; CURE OF THE STRICTURE BY HOLT'S DILATOR; WITH CLINICAL REMARKS.

(Under the care of Mr. HOLT and Mr. HEATH.)

FOR the following notes we are indebted to Mr. Beadles, house-surgeon.

Joseph S—, aged thirty-four, was sent up to the Westminster Hospital, on the 27th of January, 1863, by Mr. Cubitt, of Stroud, to be under Mr. Holt's care for a severe stricture of the urethra.

History.—Twelve years ago the patient slipped off the roof of a house, and fell about nine feet astride the edge of a water-butt. He lost a good deal of blood, but no urine passed, and repeated attempts at catheterization were made by three different practitioners, but without success. He then took some drops, (tincture of muriate of iron?) and in twenty-four hours the urine began to dribble away, and has continued to do so ever since, the patient wearing a bladder for its reception. In December last he applied to Mr. Cubitt, who made various unsuccessful attempts to introduce a catheter, and then sent him to Mr. Holt.

On admission the urine was constantly dribbling away, and his bladder was evidently much distended. The patient is continually straining to void urine, which causes him the greatest agony each time it passes. There is no scar in the perineum, but the urethra in the region of the bulb can be felt to be thickened and very hard.

Jan. 29th.—Mr. Holt made a careful attempt to introduce an instrument through the stricture, but was unable to do so.

Feb. 1st.—A second attempt was made to pass a catheter, but unsuccessfully, and repeated on the following day, with the same result.

3rd.—The patient became unable to pass any urine, and suffered much from the distension of the bladder. Mr. Beadles, the house-surgeon, therefore attempted to pass a catheter, but unsuccessfully, and then requested Mr. Heath, who was in the hospital, to see the patient; and after very considerable difficulty he succeeded in getting a No. 1 silver catheter through the stricture and down to the prostate, where it grated against a calculus, and upon passing the finger into the rectum a number of calculi were felt imbedded in the prostate. It was found impossible to reach the bladder with the catheter, which was therefore withdrawn, after giving exit to a small quantity of glairy fluid (not urine). The patient subsequently passed a small quantity of urine, with relief to the urgent symptoms. In the night these latter became aggravated, and he was in great pain from distension of his bladder. The house-surgeon accordingly sent to Mr. Holt, who, being unwell, and finding that Mr. Heath had seen the patient, requested him to visit the hospital for him.

Mr. Heath put the patient under the influence of chloroform and tried to introduce a catheter, and, after several efforts, succeeded in introducing No. 1 down to the prostate, where it again touched the calculus, but would not enter the bladder. Under these circumstances Mr. Heath determined to make an incision into the perineum, extract the prostatic calculi, and relieve the bladder. The patient being tied up for lithotomy, and the No. 1 catheter being held as a guide, Mr. Heath made an incision immediately above the anus, and cut down upon the catheter directly in front of the prostate. The finger intro-

duced into the wound was passed carefully into the bladder, and there discovered a large vesical calculus, in addition to numerous calculi lodged in the prostate gland. With lithotomy forceps an attempt was made to extract the stone; but Mr. Heath found it was adherent to the left side of the bladder. A large quantity of urine escaped; and upon another attempt at removal, the stone broke in the forceps, and was withdrawn piecemeal. A large number of small prostatic calculi were removed, and there was then found to be a quantity of calculous matter adherent to the coats of the bladder in various parts. This was scraped away with the scoop as far as possible, and removed. The patient was put to bed, and had a dose of opium.

On examining the calculi carefully they were found to consist of two distinct formations—vesical and prostatic, the whole mass weighing 1084 grains, or 18 drs. 4 grs., and the prostatic calculi alone 46½ grs. The prostatic calculi averaged the size of barleycorns, and were of a dark-brown colour. On fitting together the portions of the vesical stone, there were found to be two distinct calculi: one composed of fusible calculus around a nucleus of uric acid, the pieces of which weighed 832 grains, and which had evidently been adherent to the coats of the bladder; and the other of very remarkable shape, and weighing 104 grains, which consisted of a nucleus of uric acid, very smooth, and of the size and shape of a sparrow's egg (39 grs.), with a surrounding portion of phosphatic matter, more resembling a gigantic unicorn bone than anything else. These latter pieces came away in the forceps in the middle of the operation; but their source was very doubtful. The *débris* of phosphatic matter removed from the bladder weighed 101½ grs.

4th.—The patient is perfectly easy; the urine comes entirely by the wound in the perineum.

10th.—There has been no pain at all in the bladder until to-day, when the patient complained of pain about the bladder, resembling that from which he suffered before the operation. Mr. Holt ordered him forty minims of tincture of opium.

13th.—Has occasional fits of spasm; but is easy in the intervals.

19th.—The spasm and pain continuing, and the patient's health suffering from the constant distress, Mr. Holt had him put under chloroform and proceeded to examine the bladder through the wound. After a careful examination, Mr. Holt succeeded in extracting two small pieces of stone, apparently part of the outer coating of the former calculus. The careful use of the finger showed the lining of the bladder to be in a very rough condition, but the great depth of the perineum made it difficult to ascertain with certainty the existence of any more pieces of stone.

20th.—Is quite easy, and his pulse has come down from 120 to 84.

23rd.—General condition very satisfactory. The urine proving very alkaline, he was ordered dilute hydrochloric acid in infusion of buchu thrice a day.

26th.—Mr. Holt made an attempt to introduce a catheter per urethram, but did not succeed, and desisted on account of producing hæmorrhage. The urine all passes through the wound, but he can hold it for a short time, and then voids it into a bed-pan.

March 2nd.—This morning part of the urine passed per urethram in a small stream, and was clear and acid in reaction. Mr. Holt made another attempt to pass a catheter, and introduced it a little further than on the last occasion, but did not reach the bladder. Patient very comfortable.

16th.—Mr. Holt succeeded to-day in introducing a No. 2 silver catheter into the bladder, and this was tied in. No urine passes by the perineum during the day, and only a very small quantity at night. He has no straining nor pain in the bladder, and the urine is clear.

18th.—Mr. Holt removed the No. 2 instrument, and introduced a No. 3; this was withdrawn, but was again passed by the house-surgeon in the evening.

19th.—A No. 3 catheter was again tried, but without success; and a No. 2 was passed with a good deal of difficulty. The urine has for the last two days passed entirely through the wound in the perineum, which is, however, of very small size.

21st.—The urine was passed in a very fine stream this morning. The stricture had evidently contracted, and no instrument could be passed.

24th.—Mr. Holt succeeded in passing a No. 2.

28th.—The No. 2 was retained in the bladder until to-day, when Mr. Holt withdrew it, and succeeded in passing his dilator, when the stricture was immediately split up, and a

No. 10 catheter passed. After the operation the patient had no bad symptoms, and only felt a little sore.

30th.—No. 9 passed without any difficulty.

April 1st.—No. 10 again passed; and this was done on alternate days until the 15th of April, when he was discharged cured.

In some clinical remarks upon this interesting case, Mr. Holt drew the attention of the pupils to its salient points. First, as regards the treatment of cases of injury to the perineum, that an instrument should, if possible, be passed at once, and before any attempt at micturition is made, so as to avoid extravasation into the perineum, and the probable formation of abscesses. Secondly, that if, as in this case, it was impossible to pass a catheter, the surgeon is bound to incise the perineum upon a catheter or staff introduced as far as possible, and having found the other end of the torn urethra, to pass the instrument into the bladder, and retain it until the integrity of the canal is restored. In this case it may be doubted whether the urethra was really torn across, although much injured, since when the man's bladder had most improperly been allowed to become over-distended, the urine dribbled away. With regard to the treatment pursued in the hospital, Mr. Holt said he was not at all surprised at having been foiled in his first attempts at catheterization, considering the severity of the case; and when retention occurred, the operation undertaken by Mr. Heath was no doubt the best, with the knowledge of the existence of prostatic calculi. The presence of a large vesical calculus was an unexpected complication which was successfully overcome; but the encrusting of the bladder with phosphatic matter was such a serious event that many surgeons declined to interfere with such deposits. Mr. Heath had, however, removed nearly all with the scoop, and although the mucous membrane must have been severely injured, the patient had scarcely any symptoms for a day or two. The subsequent return of symptoms Mr. Holt attributed to the presence of the small portions of calculous matter which had eluded observation before, and their extraction gave immediate relief, bringing down the pulse in a remarkable manner. With regard to the after-treatment of the case, Mr. Holt observed, that in consequence of the extreme difficulty which was experienced in getting any instrument into the bladder, he departed from his usual practice, and tied the catheter in, but after the withdrawal, even for a day, the contraction immediately recurred, although the catheter was passed more frequently than usual; so he was eventually obliged to pass the dilator immediately the catheter was removed, and split the stricture at once. This case served to illustrate admirably the results of the operation, as the man has gone down into the country able to take a No. 10 easily, and if the instrument were passed every few months, would probably have no further trouble with his urinary organs. Mr. Holt also drew the attention of the class to a recent improvement he had made in the dilator—viz., to have the central wire bored, so as to admit a minute stream of urine, which satisfactorily established the fact of the instrument having reached the bladder. Also an alteration in the handle, which rendered it impossible for the dilating tube to slip on one side in unskilful hands, and so prevented all possibility of injury to the urethra.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF CONVULSIONS ARISING FROM CARIOUS TEETH.

THE following notes have been furnished by Mr. Alfred Coleman:—

CASE 1.—L. C. G.—, aged seven years, a moderately healthy-looking child up to the age of four years and a half, when he had scarlatina severely, followed by glandular swellings. About four months since he was observed to avoid using his fingers, and would attempt to take up a cup between the backs of his two hands, for which his mother, thinking it was a childish trick, always scolded him and tried to make him take it up in the proper way, but without much success. Fancying his right arm was diminishing in size, she took him to Mr. Coote, who sent him to Mr. Coleman to examine his mouth. This was on a Saturday. In the afternoon of the same day, after having been seen by Mr. Coleman, the child was attacked with a fit of what his mother described as shivering in the right arm, the arm and fingers being drawn up as well as convulsed; his speech also seemed affected. Shortly afterwards, this was succeeded by another fit of the same character, which commenced with a feeling of pins and needles in the right shoulder, extending to the arm and hand. From the Saturday to the Sunday evening inclusive he had ten such