

and was diagnosed to be hour-glass in shape. The smaller piece was found projecting into the bladder at the level of the left urethral orifice, weighed one ounce and a half, and the larger portion lying in a diverticulum outside the back and base of the bladder; this portion was four ounces and a half in weight, and the size and shape of a large hen's egg. The two portions were connected by a very slender neck. The vesical piece was easily broken off, leaving the neck protruding from the small opening of the diverticulum. The position of the opening rendered much dilatation of it dangerous. It was therefore impossible to extract entire the encystic portion. Attempts to crush it by means of lithotrite or forceps failed. A chisel was then guided through the orifice of the diverticulum and laid upon the stone, elastic counter-pressure was afforded by Petersen's rectal balloon. The stone was then cut through by repeated blows with a mallet. After much careful manipulation, the stone was chiselled into sufficiently small fragments to allow of their being extracted through the orifice. The wound rapidly healed, and in six weeks the patient left Mr. Fenwick perfectly cured.

In the report of the medical officer of Wormwood Scrubs Prison, just published, is given a remarkable case of malingering. A prisoner had, prior to his imprisonment, been for some years considered as quite disabled by a spinal injury, which was an actual fact at first, consequent upon a severe accident. When he was received at Wormwood Scrubs there were features in his case which led the doctor to doubt the genuineness of his then present symptoms, and it was thought that he had recovered from the effects of his original injury to a far greater extent than he was willing to allow. He was, therefore, treated in such a manner as to impress upon his mind the fact that considerable doubt existed as to his real disability to move from his bed. Ultimately finding that few hospital luxuries were given him, after lying in bed as a hopeless paralytic for more than ten weeks in the infirmary, he presented himself at his cell door one morning, having made his bed and put his cell in order. He asked to immediately be let out of the infirmary, and to be allowed to "work like a man," throwing away at the same time with scorn, the surgical support which he had worn day and night for so long a time.

The building of the new chapel, waiting-rooms and lodge in the grounds of the Cremation Society, at Woking, is approaching completion. Fifty-one bodies have already been cremated. The erection of a crematory at Leicester for the Midland Counties is to be considered at a public meeting, and in Glasgow the Scottish Burial Reform and Cremation Society, formed last August, are arranging for the immediate erection of build-

ings, including a chapel and columbarium, on a picturesque site adjoining the cathedral.

The annual course of the Brown Institution lectures will be delivered by Mr. Victor Horsley, at the University of London, on the subject of "Epilepsy."

From some recent experiments it appears that digestion is retarded from about half to two and a half per cent. by pepper, whilst mustard has either no action whatever upon the gastric functions, or but very slightly accelerates them.

G. O. M.

SOME PARIS CLINICS.

(FROM OUR SPECIAL CORRESPONDENT.)

Apostoli's Clinic—Verneuil's Clinic—Charcot's Clinic—Therapeutic Notes.

Dr. Apostoli has a clinic for diseases of women, with special reference to the treatment of such conditions with electricity, on Monday, Thursday and Saturday, at half-past two, Rue du Jour, No. 19. I consider this to be, in many particulars, the best gynecological clinic in Europe, either: 1st. For those who wish to examine a great variety of rare as well as of ordinary cases; 2d. For those who wish to study intelligently and honestly recent methods in conservatism.

Those who have raised objections to his method have done so, 1st, from theoretic reasoning; 2d, from a want of success, due probably to a want of exactness in following out necessary directions. A man is apt to believe the evidence of his own eyes, and the testimony of a multitude of reliable witnesses can be disputed only upon the ground of defective eye-sight, defective diagnosis, defective balancing of *post hoc* and *propter hoc*, or of illogical deductions of enthusiasm. Even the most bitter agnostic, be he honest and well-balanced, would hardly ascribe this congregation of psychoses to a group, however justly they might apply to an individual. Theoretical fancies, in the face of clinical facts to which they oppose themselves, can carry no force. Such theories have concerned themselves chiefly with *immediate* electro-chemical action, forgetting the *continued* intra-polar molecular action, which is the important factor of all electrization.

This is what the gynecologist aims at in the galvanic treatment, and galvano-caustic treatment of myoma. He does not expect as much from the immediate puncture as he does from the effect upon the molecules between the poles—the inter-polar zone—which effect is progressive. The advance of a great science cannot be arrested by a doubtful smile. If it be of value, it will pass onward and upward, even if it should do so over a multitude of dead opinions and languishing individualisms.

Ovarian pain, generally hysterical, pain con-

fined to the ovary and not experienced elsewhere. This is treated with the bi-polar Faradic current, generated from a *fine* wire battery, which gives a higher tension. The rubber cone, about as large as a Simpson's uterine sound, tipped at the point with platinum, holds both the positive and negative poles, to which the currents are carried through a square base. Such cases as these always profit immediately by the application. It soothes the pain at once. The question I raised with Dr. Apostoli was, whether such an isolated pain might not be the evidence of a generally unstable psychic condition which could be met more intelligently by constitutional treatment; whether such pain, though felt in the ovary, might not be due to a disturbance of the higher centres—a misinterpreted pain, so to speak—since absolute pain of an organ could only really exist with actual disease. That Faradism for a reflected neurosis could not be permanent, unless the condition *reflecting* it, could also be reached and benefited. However, apart from such metaphysical reasoning, uterine bi-polar Faradism *always* arrests the pain.

Hæmorrhage from Tumors.—Apostoli has not failed in a single instance, during my term of observation, in perfectly arresting these blood-losses after one, two, three or more sittings. I have seen him carry the current to 150 or 200 milliamperes, the positive *carbon* point in the uterus, the negative attached to a belly-pad of potter's clay. I have not seen a woman complain of anything more than a slight uneasiness, though a current of 200 milliamperes was used. A sitting lasts ten or fifteen minutes, and the carbon electrode is withdrawn from the fundus toward the cervix, so as to include, as far as possible, the whole interior surface of the uterus. There are certain cases where the negative pole is used within the uterus, in order to get primarily a *destructive*, and secondarily a *cicatricial* effect. If it shall be demonstrated beyond all question of reasonable doubt that the clinical symptomatology of myoma ceases to become prominent after the application of galvanism, without endangering life, we have reached a plane of scientific progress higher than that occupied by the laparotomist; and I can conceive of no necessity for the dangerous operation, if there be no discomfort from the tumor.

Salpingitis.—I have seen three cases of catarrhal (?) salpingitis, and two of gonorrhœal salpingitis, very happily treated with galvanopuncture. One case I saw who bore a child after being treated by Apostoli for a number of months for a salpingitis.

Other Conditions.—A woman came into the clinic the other day, with a tremendous peri- and parametritis filling up the fornices, and due to a specific salpingitis. In acute perimetritis Apostoli does not hesitate to use Faradism in the uterus, but he does it with the greatest care possible.

In this case, owing to the purulent discharge, he used the galvanic current, + pole in the uterus, and a current of 100 milliamperes, which the patient bore well. Later he uses galvano-puncture. The case is a grave one. The bugbears of gynecology, chronic para- and perimetritis, are admirably conquered by from 50 to 150 milliamperes of galvanism. I saw Engelmann over and over again relieve such cases in Berlin.

Verneuil's Clinic.—A man came into La Pitié whose index finger had been torn off by a machine just above the first phalanx. The whole hand was kept constantly immersed in a large basin of 2 per cent. carbolyzed water. Nothing more. Professor Verneuil said, that during his practice of over forty years, he had only amputated a finger in perhaps four instances, because he considered it exceedingly bad practice. These cases all did well when treated by the antiseptic bath; and that it was not good surgery to amputate in these cases of suppuration. He also demonstrated a man, whose prostate he had *scraped* for tuberculous disease, and who was doing well. Another most instructive case, was one in which a man was unable to swallow by reason of œsophageal constriction, but who was fed through the nares, by means of a very ingenious tube. This same arrangement he proposes trying on a man whose tongue he will extirpate for cancer in a few days. Operate early, operate largely, take out all suspected material and feed intelligently, are the points upon which he insisted, as he lectured upon cancerous disease of the tongue. Professor Verneuil offers the following conclusions as to the transmission among men of tetanus:

1. Human communicability is not substantiated by a sufficient number of cases.
2. If transmission does not seem to depend upon the atmosphere, but upon contact, direct or indirect.
3. We have no decided case of record to bear out the theory of immediate contagion, many clinical observations attest the truth of the second, or indirect form.
4. It is very difficult to trace the route through which the contagion has been carried from the first case to others.
5. It behoves us to study with patience this question so pregnant with importance.

Charcot's Clinic.—Professor Charcot has a clinic at nine o'clock, Tuesday and Saturday at La Salpêtrière. On Tuesday he lectures upon a given case, and upon Saturday the wards are visited. Whatever opinion we may have as to the permanent value of Charcot's work two facts are indisputable: 1. The large intelligence and thorough mental equipment of the man. 2. The number of rare cases. These cases are rarely seen outside of La Salpêtrière, for some reason unknown, and which Charcot himself, only a day or two ago,

said was to him an enigma. But apart from the hystero-epileptics, there came here cases of the largest possible interest to the neurologist. I have listened to two conferences, one on *homonymous hemiplegia and crossed amblyopia*, and the other in *left-sided sciatica*, and I was greatly struck both by the originality displayed by the Professor in illustrating the cases, by his acuteness of diagnosis, and by the large scope of his research. Incidentally, he alluded to the operation of oöphorectomy for the alleviation of hysterical symptoms, and I was glad to find myself sustained in the point I raised at the 9th International Congress, that such operative procedures were irrational, based neither upon sound physiology or pathology, by a man of such eminence. What neurologist is great enough to diagnose peripheral ovarium hysteria, with derangement of the brain, when neither before the operation, nor after the entirpation of the ovary, nor perhaps after death from the operation, can the microscope discover any pathological lesion? What is the primary lesion? Is it not much more natural to suppose that the mischief is in a higher ganglia, and that the ovary suffers only as a reflex periphery.

Therapeutic Notes.—M. Constantin Paul is using saccharin in solutions of 1:250 and 1:500 as an antiseptic dressing in diseases of the eye. Dr. Rovighi, of Bologna, is advocating the use of strophanthus as an antipyretic. In four cases of consumption he reduced the temperature 2° to 3°. Dr. M. R. Cholewa treats coryza with an oily solution of menthol, 20 parts to 100. M. Henocque denies the activity of antipyrin and of acetanilide in the reduction of oxyhemoglobin. He is now experimenting with phenacetin. H. R. B.

DOMESTIC CORRESPONDENCE.

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Sudden Heart-Failure in Diphtheria.

Dr. J. Lewis Smith read at the first meeting of the Academy of Medicine in November, an admirable paper on "Sudden Heart-Failure in Diphtheria." Towards the close of his paper he examined by the light of clinical experience the prevailing theory that diphtheritic paralysis results from anatomical changes, peripheral or central, or both, in the nervous system, and to inquire whether it was adequate to explain the paralysis as it ordinarily occurs—whether cardiac paralysis or the other forms. The following he gave as some of the objections to it:

1. Cases occur in which carefully conducted microscopic examinations reveal an apparently normal state of the nerves supplying the paralyzed part and of that part of the cerebro-spinal axis from which the nerves arise.

2. Palatal paralysis sometimes occurs as early as the second or third day of diphtheria, and loss of the tendon reflexes as early as the first day; and it seems improbable that a peripheral neuritis or anatomical changes in the cerebro-spinal axis such as to cause paralysis should occur at so early a date.

3. In its commencement diphtheritic paralysis often exhibits what Trousseau designates as mutability; suddenly shifting from one group of muscles to another. It would seem impossible that there should be a sudden recovery from the paralysis, and then perhaps on the following day a recurrence of it, if it resulted from degenerative nerve changes, either central or peripheric. A persistent cause should produce a continuous effect.

4. Microscopists who have discovered degenerative changes in the peripheral nerves supplying paralyzed muscles, state that while some of the nerve-fibres have undergone complete or nearly complete degeneration, others have been affected with only partial degeneration, and still others seem to be intact; a condition which would hardly account for the complete paralysis often met with, as, for instance, in the velum palati.

5. Diphtheritic paralysis, both motor and sensory, is frequently limited to the parts supplied by a single branch of a nerve, while all the other branches preserve their normal function. This fact, while not antagonistic to the theory that peripheral nerve lesions cause the paralysis, affords a strong, if not conclusive, argument against the theory that central nerve lesions are the cause.

In the discussion on the paper Dr. A. L. Loomis said that he had been accustomed to regard diphtheritic paralysis and heart-failure as not always dependent on the same cause. In the early stages of diphtheria it had seemed to him that heart-failure was due to the direct action of the poison, whatever that might be, as was no doubt the case in other diseases, especially typhus fever, in which sudden death not infrequently occurred from this cause. When the accident occurred in the advanced stages of diphtheria he had considered that it was caused by peripheral neuritis, although he did not deny that there was possibly not a sufficient basis for such an assumption.

Dr. Beverley Robinson said that he was still of the opinion that cardiac failure in acute cases, in the majority of instances, was connected with the ante-mortem formation of clots in the heart, especially the right heart. When a hospital interne in Paris, he had made a large number of autopsies in such cases, and he had never found any lesions of the peripheric nerves. In his experience death did not always occur rapidly; the symptoms of heart-failure often continuing for a considerable time before the fatal termination. After death there would almost invariably be found fibrinous clots, and from their character he