

appointments with a view to continuing it; once in, it becomes not an easy matter to drop, and there is a degree of indolence begotten in many of these quiet asylum appointments that leads a man to spend his days in lotos-eating. There is, it is true, much obscurity hanging over brain disorders, and in asylums are plenty of material to work upon, and of time; yet, except in a few instances, the work done amounts to very little. There is of course a deal of desultory observation, but there is not the amount of true scientific deduction that might be expected from such apparently favourable conditions. And why is this? Well, first of all, asylum life is essentially a life of routine, with little to break the outline, and all routine produces a listless frame of mind. There is not the struggle for life that spurs on him who is engaged in the competition of general practice, or in the slow climb of pure medicine. The certainty that at the end of a certain period the cheque will come with it, has an enervating influence, and clothes a man with a languid atmosphere.

Again, except in a few asylums the medical element becomes quite a secondary affair, and is apt to degenerate into a stewardship, and this condition of things has arisen from the abuse of lunatics under lay government. When the true light dawned on the treatment of lunatics, it was seen that if the sane intellect was to govern the diseased one, it became necessary to put everything that could influence the treatment in the hands of persons above prejudice and brute force; hence the present position of the medical superintendent as the head of the asylum, controlling all its movements, and wherever this is not the case, there you will find the high standard of a liberal treatment, as regards the patient, departed from. If you study your own comfort and are willing to remain at a moderate income, which nothing that you may do can increase, then, in due course, you may become a medical superintendent with a fair position; but if your aspirations are greater, and you are not content to remain all your days drawing upon your past sources of information, then be very careful how you become permanently connected with lunatic asylums. In no other country has lunacy the same position that it has in this country. In Germany it is made a matter of scientific research, which is possible when not more than a hundred patients are in one medical man's charge; but with us lunacy becomes more a commercial article, and investigation out of the question, from the manner in which large bodies of these persons are packed together. True, our system is very humane; we have abolished restraint, and provided plenty of amusement, perhaps even gone too far in these directions; but I am at present speaking of lunacy with regard to the opportunities it affords you of a career. If, notwithstanding these disadvantages, a man will sit down quietly and perseveringly to work in lunacy, he has before him the chance of a great name and reputation besides a lucrative accompaniment; the minute anatomy of the brain, its chemistry, its morphological variations, its surgery, are all of them subjects to a great degree in their infancy; and the opportunities for studying them in asylums are, in some respects, great, for here are numbers of persons living in the best hygienic conditions, pursuing an even tenor of life, and strictly under discipline. But, notwithstanding these favourable circumstances, comparatively few men are able to rise above the depressing atmosphere in which they live and the restraint of their responsibilities. Nor are the conditions of a private asylum much better, for the suspicions on the part of the friends that a patient is detained solely from pecuniary motives will often try your moral courage to the utmost. This picture of the practice of lunacy as it exists in this country is not a bright one, but I have considered it my duty not to shirk the question, because only thus will you be able to enter upon it with open eyes.

With an insane population of nearly 60,000, living a life of seclusion, many of them to die in asylums, what a tremendous quarantine our present asylum system is, and what an influence it must have on the hereditary mental life of the country! There is, of course, the tainted balance left in the population of the children of these persons, and they continue to spread the disease; but, in addition, the great struggle for wealth, vice in all its forms, great political events in the history of the country, &c., are certainly tending to the increase of insanity. It was calcu-

lated that 2 per cent. of the Communist prisoners at Cherbourg, &c., became insane after their imprisonment. Constant intercourse with the insane is said so to warp the minds of those in charge of them that "alienists" have little charity towards others, but pronounce more or less insanity in every one; and truly there are peculiarities to be observed in most people at one time or other which do bear the strongest resemblance to acts of the insane. In such instances we are often brought to the borderland between insanity and crime, a kind of "Tom Tiddler's ground," and whether your opinion be sought in a case of this description, or on the question of marriage into a family with hereditary taint, or on the capability of making a will or entering into a business arrangement, in all these cases the proper issue may depend on your freedom from prejudice, accuracy of observation, and diligent analysis of the persons' previous history. To study insanity properly you must study the alterations of mental manifestations at every opportunity; you will see some of its phases in drunkenness, in anger, and in the hyperæsthetic devotion of a High Church congregation, and it is only intercourse with both classes of mind, the sane and the insane, and by patient study of individual character, that a right judgment can be acquired. The true psychologist is he who, by unprejudiced use of all means, subjective or objective, chemical, mechanical, or vital, and of all models, from the highest intelligence to the lowest created idiot, gradually builds up a framework well grounded on true science and in symmetry and harmony with nature.

CASE OF LITHOTOMY; ATONY OF THE BLADDER; SECOND OPERATION; ENCYSTED CALCULI.

By THOMAS MOORE, F.R.C.S. (EXAM.)

ON August 5th, 1869, I was consulted by G. H.—, a parish clerk, aged seventy-four, who was suffering under the ordinary symptoms of stone in the bladder, with severe tenesmus, the frequent evacuation of bloody stools, and prolapsus ani. The urine was highly albuminous, mucopurulent, and offensive, and there was considerable anasarca of the limbs and scrotum. He had been occasionally under the care of my partner, Mr. Cross, for the last ten years, for symptoms similar but not so severe. During that time he would not allow a sound to be passed into the bladder, although the advisability of that proceeding had been several times urged upon him. He would not then allow me to explore the viscus, so I declined to prescribe for him.

Aug. 25th.—Saw him with Mr. Cross, and, all symptoms being aggravated, with his reluctant consent passed a sound, and detected calculus and enlarged prostate.

26th.—Had vomited several times, and passed no urine, since the introduction of the sound; much pain in region of bladder, which was distended; catheter passed, and a quart of offensive urine drawn off.

27th.—Vomiting ceased, but no water passed. Catheter to be introduced twice daily.

Oct. 12th.—Had passed no urine without the aid of the catheter since Aug. 25th. All the symptoms had steadily increased in severity, so that he could scarcely walk across the room with assistance; and there was so much anasarca that he suffered considerably from dyspnoea and orthopnoea. With the assistance of Mr. Cross and Mr. Rogers, of Westmeon, I extracted, under chloroform, by the ordinary lateral method, four uric-acid calculi from the bladder. They were diamond-shaped and symmetrical (each one having six facets and two angles as sharp as pencil-points), and weighed an ounce and a half. The prostate was more than twice its normal size, and the bladder was very large, and had no contractile power. There was but little hæmorrhage. I introduced an elastic drainage-tube through the wound.—8 P.M., four hours after the operation: Pulse 120, small and sharp. Urine passing freely through tube. Orthopnoea somewhat relieved. Has vomited once, and taken only a few sips of cold brandy-and-water. To have half a drachm of tincture of opium in an ounce of water at bedtime.

Oct. 13th.—8 A.M.: Looks anxious and pinched; pulse the same; tongue coated and dry; has suffered much from dyspnoea and orthopnoea during night, and has not slept; urine has passed freely through wound, but he complains of a considerable amount of pain there; the sitting posture maintained throughout the night has caused the drainage-tube to disappear into the bladder; tube removed by traction on a tape attached to it; has vomited several times, and suffered much from painful diarrhoea and tenesmus. To take one ounce of compound chalk mixture, with ten minims of tincture of opium after each evacuation.—8 P.M.: Diarrhoea ceased after two doses of mixture, a little urine passing through wound.

Oct. 14th.—6 A.M.: Pulse the same; tongue cleaning and moist; no more diarrhoea; slept a little during the night; orthopnoea much less; has passed no urine since last visit; much pain in region of bladder, which is distended; catheter drew off a large quantity of urine, not so offensive as before operation. To take twelve minims of dilute nitro-muriatic acid in water twice a day, with wine and beef-tea. From this time all the symptoms gradually improved, but no urine was voided without the aid of the catheter, which was passed twice a day until

Nov. 2nd.—Urine less offensive, no albumen; has passed a tablespoonful per urethram; wound almost healed; anasarca and orthopnoea quite disappeared; can sit in his chair for an hour or two at a time. Catheter to be passed twice daily.

Nov. 23rd.—Can now pass by natural efforts in twenty-four hours about a pint and a half of urine, which is still offensive. Catheter to be passed, and bladder to be washed out (by repeated injections of three ounces of water) once a day. Washing out to be followed by the injection of two ounces of solution of acetate of lead (one-eighth of a grain to the ounce), allowed to remain two minutes; to be continued six days.

This treatment was followed by marked benefit; the urine by degrees became almost natural, and the patient much stronger, until Dec. 9th, when he went out of doors and got wet. This induced a mild attack of influenza with catarrh of the bladder, and the urine became as mucopurulent and offensive as at first. Catheter to be passed twice a day, and the injections recommenced.

Jan. 8th, 1870.—Much improved; catheter and washing once a day; lead injection to be discontinued.

Feb. 1st.—Walked a distance of two miles to my house. Washing out to be discontinued.

The catheter was passed once a day until March 11th; every other day from that time till April 3rd; and afterwards twice or thrice a week until June 29th, when he again got wet, and the bladder symptoms became as severe as ever. Catheter twice daily, and washing out and injection as before.

July 28th.—No improvement. Bladder to be washed out daily with cold water.

July 31st.—The cold injection has produced smarting of bladder and urethra, lasting for a few minutes. Its use to be continued for a week. No stone can be felt in the bladder.

Aug. 7th.—Is quite strong and hearty, and can work in his garden. Has no pain nor difficulty in micturition.

This appeared to be an almost hopeless case for lithotomy; but whatever the result, it seemed better to make an attempt to relieve his sufferings than to let him linger on in misery. I think its successful issue was due principally to the persistent use of the catheter—which was passed more than 400 times, so that no irritating urine was allowed to remain in the bladder—aided, no doubt, by pure country air and the quickness of the operation, which was fortunately completed in less than two minutes, although the fourth calculus eluded the grasp of the forceps three or four times.

During the progress of the case nearly all the remedies which have a reputation for allaying irritation of the bladder were prescribed, but without the slightest apparent benefit. Washing out the bladder with warm water appeared at first to do good, and was always grateful to the patient's feelings; and the use of the lead solution was followed for a time by marked improvement. The cold water injection seemed to act almost like a charm.

Second operation.—The same patient was admitted into the Petersfield Cottage Hospital on Nov. 6th, 1871. He had been suffering for the last two months with frequent

desire to pass urine, which was offensive, and at times mucopurulent; but he appeared to be much stronger than before the first operation, and there was no anasarca. A small stone could be felt with the sound, but could not be moved.

Nov. 9th.—Two years and a month after the first operation I again performed lateral lithotomy, making the incision through the cicatrix of the old wound, which was thickened, and offered considerable resistance to the knife. The prostate was as large as a small orange, and hard, and behind it was a small uric-acid calculus, about the size and shape of a large flattened raisin, and firmly encysted. I could not grasp it with the forceps, but after enlarging the wound in the prostate with a blunt-pointed bistoury I succeeded, with much difficulty, in dislodging it with my finger, with which I could just reach it. I explored the bladder carefully with forceps and sound, and once thought I struck another stone to the left, but was unable to find it a second time. Mr. Cross examined with a like result, and two medical friends present could not feel any calculus, so we concluded that we must have struck the sound against a ruga of the bladder. The same treatment was adopted as after the former operation, and he seemed to be going on tolerably well until Nov. 14th, when he suddenly became much weaker, and gradually sank, and died from exhaustion on the 18th.

Post-mortem examination.—Wound half healed; no extravasation of urine, nor signs of inflammation in peritoneal cavity; lymph between peritoneal and mucous coats of the bladder over the fundus, where the muscular fibres were almost obliterated; muscular coat much thickened round the neck and on the left side; mucous coat thickened and eroded here and there at the fundus; about a teacupful of offensive urine in the bladder. On the left side was a phosphatic calculus, so encysted as to be virtually outside the cavity of the bladder, being covered merely by its mucous and peritoneal coats. The muscular fibres, which were much thickened near it, seemed to form a kind of sphincter to the cavity in which it was contained, and it would have been impossible to dislodge it during life. It was oval, flattened, weighed 160 grains, had no nucleus, nor were there any facets upon its surface.

The existence of the sphincter-like fibres around the orifice of the cavity which contained the stone appears to explain the fact that both myself and Mr. Cross thought we felt the stone once, but not again, as they were probably at one time relaxed so as to allow the sound to strike against it, but generally contracted so as to quite shut it out from our reach.

This second case presents a marked contrast to the former. The patient's health was better, and he appeared to have comparatively a good chance of recovery. The difficulty experienced, however, in dislodging the first stone, and the search after another, protracted the operation. To this fact, I think, the fatal termination was due rather than to the presence of the second calculus, as the inflammatory exudation was confined to the fundus, and there was merely thickening of the muscular fibres near the encysted substance. He apparently never quite rallied from the shock of the operation, and there was no inflammatory action sufficient to account for his death.

Petersfield.

ON THE PRODUCTION OF A REMARKABLE ENDO- CARDIAL MURMUR, ACCOMPANIED WITH UNUSUAL SLOWNESS OF THE PULSE.

By J. BURNEY YEO, M.B.,

ASSISTANT-PHYSICIAN TO KING'S COLLEGE AND THE BROMPTON HOSPITALS.

A MAN, forty-five years of age, came as an out-patient to King's College Hospital complaining of a beating or throbbing at the epigastrium, with pain and tenderness in that region. He complained also of great dyspnoea, and stated that he had suffered from four attacks of rheumatic fever. On examination, a distinct beat, synchronous with the pulse, could be felt rather low down in the epigastric region. It was lower than ordinary epigastric pulsation,