

and from this duty there must be no shrinking whatever." In the multiplicity of subjects which the student of medicine has to study, there is a real danger that his attention may be turned aside and his likings fixed too exclusively on one or other of the scientific subjects of collateral interest and of minor importance so far as his life-long calling is concerned; and there is, at least, an imagined superior dignity about purely scientific acquirements, acquirements that do not directly bear on the vulgar needs of suffering humanity which we must not allow to seduce us from our *real* calling. I invite you, then, to come voluntarily and examine with me the means of alleviation and cure which we possess in the treatment of those diseases which fall under the care of the physician. I do not propose to make any great demand upon your time; an hour once a fortnight through the winter and summer sessions is all, at present, I ask from you, because I wish to enter upon this subject with ample time for deliberation, selection, and preparation. I do not intend to run over hastily each year the whole range of practical therapeutics: that is what it will be my particular care to avoid. It is not my business, in any special way, to prepare you for examining boards, but to help you to prepare for the actual work of your lives. I propose, year by year, to take the treatment of some special maladies, or groups of maladies, and to endeavour to handle each subject fully and completely; and I shall, from time to time, turn aside to examine and discuss special modes of treatment, or the action and uses of special remedies. No one can, I imagine, pretend to doubt that there is a great need that a work of this kind should be undertaken, for your and my life-long work is the treatment of disease and the healing of the sick. Let us bring to that work all the acquirements that the truly marvellous progress of experimental physiology has furnished to us; all the intimate knowledge of disease which recent pathological investigations have disclosed; all the skill in the recognition and diagnosis of morbid states which our new and improved methods of physical examination supply; all the coolness and insight of the well-trained and well-equipped mind; and last, but by no means least, that sympathy with the human soul under suffering which, although it may lack "scientific precision," is dearest of all things to the human heart, upon which it falls like the "gentle rain from Heaven," and soothes, refreshes, strengthens, and heals.

### THE AFTER-HISTORY OF A SUCCESSFUL CASE OF OPERATION FOR REMOVING A VESICAL TUMOUR.

By SIR HENRY THOMPSON, F.R.C.S.,

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PROFESSOR OF CLINICAL SURGERY, ETC.

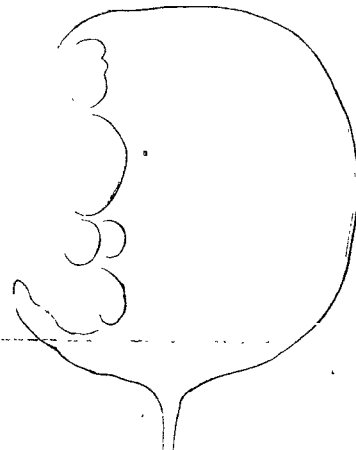
It is not always easy to trace the history of cases after operation, especially when successful, and to have the anatomical result verified by unquestionable evidence. I have just been favoured by Mr. J. L. Crisp, of South Shields, with the following account of a case of vesical tumour operated on by me, being Case 20 in my work on Tumours of the Bladder.

It is there recorded that, on May 30th, 1884, R. S. R.—, aged sixty-three, had a firm multilobular tumour (examined by Dr. H. Gibbes) removed by me "almost level with the walls of the bladder" (*vide* sketch in the work named on page 111, and reproduced here by way of illustration), in the presence of Dr. Shippen, of New York, and Dr. Charamis, from Paris, by the perineal opening of the urethra. He made a slow recovery.

R. S. R.—, wrote to me thirteen months after—viz., June 13th, 1885—"I have not the slightest sign of any return of the bleeding, have got over all effects, and am in as good health as ever I was in my life."

Mr. Crisp now informs me that owing to a bad suppurating bursa over the elbow, and severe cellulitis, the patient's arm was amputated a few weeks ago, and that he died. Mr. Crisp removed the bladder and kidneys and sent them

to me, writing "that there was not the slightest sign of any return of the growth, and, in the fresh state, the cicatrix was very distinct." He adds that lately "R. S. R. occasionally passed a little blood; the specific gravity of the urine was



Case 20 in work referred to.

low, with traces of albumen: I suppose to be accounted for by the cirrhotic condition of both kidneys."

This is the first post-mortem examination which has come before me of a successful case, and it appears to be sufficiently interesting to be placed on record. The other successful cases are living and enjoying good health.

Wimpole-street.]

### ACUTE PARENCHYMATOUS MYOCARDITIS.

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(Concluded from p. 242.)

CASE 7. *Myocarditis associated with valvular lesions: recovery.*—James M—, aged thirty, was an in-patient in the Royal Free Hospital. He was attacked on Feb. 15th, 1884, with rheumatic pains in the hands, which lasted till the 21st, when they became worse, and pain commenced in the præcordial region. He had had three previous attacks of rheumatic fever: the first at the age of twenty-one; the second at twenty-four, and the third at twenty-six (four years ago). Since the first attack he had suffered from palpitation, and since the second with dyspnoea. The patient was pale and looked ill, with a hot, dry skin and coated tongue; the fauces were red and congested. Temperature 101.4°; respiration 40; pulse 120, bounding. There was strong visible pulsation in the carotids; cardiac dulness much increased; apex-beat one inch outside the nipple in the fifth space; impulse diffuse, and to be felt and seen as far as an inch inside the nipple in both the fourth and fifth spaces. The area of dulness extended from the apex to the middle of the third space and to the right of the sternum. A blowing systolic murmur was audible over the whole præcordial region, and there was doubtful friction near the base. Both wrists were red, swollen, and painful. There was a trace of albumen in the urine, and the bowels were constipated. A purge was administered, and twenty grains of salicylate of soda every two hours prescribed.—24th: Temperature, morning, 101.6°; evening, 98.2°.—25th: Temperature, morning, 100.2°; evening, 99.8°. Pulse 120; respiration 28. Pain less; perspiration profuse; pulse tremulous and feeble. Cardiac dulness somewhat further increased; sounds tumbling in character and indistinct; no distinct friction, but the systolic murmur was audible at the apex.—26th: Delirium last night, with horrors. Temperature 100.2°; pulse 116. Salicylate stopped.—27th: Wandering continues. Temperature varies between 99° and 101.2° during the day; pulse 108. Patient looks very ill.—28th: Wandering continues; cardiac dulness increased still further, and now reaches the second rib. A distinct friction-rub is now audible at the base of the heart, and a diastolic murmur along the sternum, but very faintly at the apex; the first