

former treatment the King suffered, not any temporary derangement of the functions of the bladder and rectum, but the symptoms of vesical calculus. A celebrated surgeon was brought from Berlin. It is not known what he said or what he did, but certain it is that the symptoms became daily worse.

I had, during my former attendance on the King, been asked some questions relative to the condition of the patient by Sir James Clark, whom the Queen of England had sent over to Brussels. My answer may possibly have suggested the idea of sending to Brussels my friend Mr. Henry Thompson. The latter at once discovered a small, friable calculus seated near the neck of the bladder.

In order to calm the apprehensions of the King, he was given to understand that the stone was merely a fragment which had remained behind since the former operation, and had become fixed in the walls of the urethra. Mr. Thompson, however, in a letter which he wrote to me on the 12th of June, 1863 (the period of his operation), declared it to be his opinion—in which Drs. Koepl and Vimmer, the King's physicians, both joined,—that the calculus was one of new formation. The presence of this stone excited the ordinary symptoms, which rapidly increased, as is usual in cases of relapse.

Two sittings, at four days' interval, sufficed for the breaking up of this small and friable calculus. The chief portion of the débris was expelled with the urine; the remaining fragments were pulverised on the 18th of June, six days subsequently.

The operative proceedings do not appear to have been attended with any difficulty—at least Mr. Thompson does not allude to any in his letter to me, which concludes thus: "I trust, my dear Master, that you will approve of what has been done by your pupil. My sole desire is to furnish a fresh proof of the efficacy of lithotrity in a case which was not one of the easiest."

The convalescence was naturally shorter after this second operation than after the first. The local disease was milder; and as the manipulations were less numerous, the bladder was enabled to recover more quickly.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF ACUTE SOFTENING OF THE SPINAL CORD. (Under the care of Dr. DUCKWORTH.)

THERE are probably no more melancholy cases of disease to be seen than those of the class of which the following is an instance. As so frequently happens, the patient was a fine strong young man, who had never had any previous illness; and there was no cause to be discovered for the attack which so rapidly occasioned his death. We are indebted to Mr. Henry E. Symons for the history.

O. D.—, aged twenty-four, single, was admitted on the 20th of July, 1869, with paralysis of the lower extremities (complete as regards motion, partial of sensation), inability to pass urine, and incontinence of fæces. The partial anæsthesia extended downwards from a zone at about the level of the eighth or ninth rib. There was a large bed-sore involving both buttocks. This had followed the application of a large mustard poultice before admission. He was at first under Dr. Andrew's care, and was afterwards transferred to Dr. Duckworth. It seemed that four days before admission, the patient, who was on duty as gate-porter at Somerset House, noticed a sensation gradually come upon him as though his legs were asleep. He moved about to see

if he could walk the sensation off, but it continued to get worse during the day. He managed to walk steadily but slowly home at six o'clock; but the sensation still progressed, and he went to bed early. He was able to move his legs during the night, but when he got out of bed next morning he found he was unable to stand or walk, except with the aid of two sticks. While he was trying to get about the room he noticed the left leg give way under him, and about ten minutes after the same occurred to the right leg, and he was obliged to be put into bed. He was still able to pass his urine, though indifferently; but his motions were passed involuntarily. A doctor was now sent for (Saturday morning), who ordered a full dose of castor oil, which acted freely; and at a second visit, the next day, he ordered a mustard poultice to the loins and both feet, to which reference has already been made. After this time the paralysis gradually and steadily increased until his admission. The patient states that he has always been a very healthy man, never having had a day's illness to his knowledge. Has led a moderate and steady life, and cannot refer his present condition to any recent or distant accident or muscular straining. There is no history of sexual excesses. Father and mother are both alive and healthy. His brothers and sisters are all living, and are also quite well. He was ordered a water-bed, a purgative, and some digitalis.

July 21st.—Passed a good night, sleeping five or six hours. His bowels have been open, and the motion was passed involuntarily; no urine has been voided. There seems to be some return of movement in the lower intercostal muscles, and the zone of impaired sensation seems to have receded some two or three inches. Pulse 100, regular; tongue moist, with brownish-red streak down the middle, covered with a brown fur over lateral surfaces, and the extreme lateral papillæ brightly injected; skin dry; temperature at axilla 100·4°, at perineum 100·3°; urine 1027, acid.

22nd.—Passed a very good night, having slept six or eight hours. Pulse 100, full and regular; skin moist; temperature at axilla 102·4°, at perineum 103°. There is still more expansion at the lower ribs.

23rd.—Slept for six or eight hours. Says he feels better. The sore on right buttock shows signs of healing; but that on the left is inflamed, and looks likely to suppurate. There is slightly improved common sensation; but motive power is still completely gone in lower extremities. Tongue moist, clean, very slightly furred; pulse 96, full and regular; skin moist; temperature at axilla 102·6°, at perineum 102°. The urine is still drawn off twice a day; quantity normal; acid; specific gravity 1025; no albumen.

24th.—Passed a very good night; tongue moist and clean; pulse 100; skin moist; temperature at axilla 101·6°, at perineum 102°. The paralysis of the lower extremities is the same. At the visit yesterday Dr. Andrew ordered linseed poultices and powdered ice to be applied alternately over the sore on left buttock every ten minutes.

26th.—Passed a rather restless night; bowels have not been opened since 22nd; tongue moist, red, and covered lightly with brown fur; pulse 128, regular, bounding, but easily compressed; skin moist; temperature at axilla 104·8°, at perineum 105·4°. Has had several attacks of bilious vomiting. The sores over the loins and buttocks are not so much inflamed. There is a fresh sore over the head of the right femur and trochanter major. The linseed poultices and powdered ice for ten minutes at intervals are kept constantly applied. The urine has been drawn off regularly twice a day; there has been no change either in quantity or chemical reactions until to-day. The urine was drawn off last night at seven o'clock and to-day. Twenty ounces were removed, which had the following reaction: Bright claret colour, smelling very ammoniacal; specific gravity 1020; very alkaline. Microscope: Blood-corpuscles very abundant, well defined, also radiating crystals of phosphate of lime and mucus.

27th.—Pulse 104, weaker than before, regular; tongue moist, very red and furred; skin moist; temperature at axilla 101·8°, at perineum 103°; bowels open freely to-day.

28th.—Pulse 84, moderate volume, regular; skin moist; temperature at axilla 100°, at perineum 101·4°.

29th.—Has been rather restless the last two or three nights, but slept better last night. Has been very drowsy during the day, being often found asleep when the visit is being made. Bowels have not been open since the day be-

fore yesterday. The urine has been drawn off regularly, and still contains blood, which is diminished in quantity. Temperature at axilla 101.6° , at perineum 102° . There seems to be slightly improved power in the lower intercostal muscles. The sores on the buttocks and over right hip are now suppurating, and discharge freely. The linseed poultices are kept constantly applied, but the powdered ice has been discontinued for three days. There is no improvement either in motive or sensitive power in the lower extremities. Appetite very bad; has scarcely eaten anything for four days. The bilious vomiting has now passed off, but he still has occasional retching.

30th.—Ordered two ounces of brandy. Tongue clean and moist; pulse 88, bounding, easily compressed. Temperature at axilla 103° ; at perineum 99° (?).

31st.—Rest is much disturbed by disagreeable dreams. Sleeps and dozes a good deal during the day. Feels weaker, and has lost flesh considerably since his admission. The sores remain in about the same condition. There does not seem to be either improvement or loss of motive power or sensation. Bowels have not been relieved for four or five days. The urine still contains a good deal of blood, highly alkaline, sp. gr. 1016. Pulse 76, regular and soft. Temperature at axilla 101.8° ; at perineum 103.2° .

Aug. 2nd.—Slept pretty well; feels better than usual; face somewhat dusky. The vomiting still persists; but he does not bring up bile as before. Tongue moist, with brown fur over dorsum; pulse 72, regular and soft. Temperature in axilla 100.5° . Bowels open freely (twice) after two calomel-and-jalap pills, and a senna draught. Ordered four ounces of brandy and ice.

3rd.—Feels better to-day; but is very weak. Sleeps a great deal during the day. He still vomits occasionally. Temperature at axilla 101.6° ; at perineum 102° . Tongue red at tip and edges, with brown fur over dorsum.

4th.—The urine is still drawn off twice daily; but a good deal now escapes involuntarily, and contains blood as before. Temperature at axilla 100° ; at perineum 101.4° . Pulse 92. Ordered four ounces of wine instead of brandy.

7th.—Pulse 100, feeble, regular; tongue dry, and streaked with a brownish fur. Temperature at axilla 98° , at perineum 100° . He is gradually getting weaker, and there is marked coldness of the extremities. There is still retching occasionally. Ordered essence of beef, porter (two pints), jelly, and ice.

9th.—Does not care to take the porter; says it makes him feel sick.

10th.—There has been constant retching, and to-day he has again brought up a considerable quantity of bile. He is much weaker, and is now very emaciated. His hands and feet are still cold. The whole of his urine passes from him, and does not require to be drawn off; it is exceedingly alkaline, of a deep yellowish chocolate colour, and contains a good deal of blood and also semi-purulent matter; specific gravity 1020. Tongue dryish, and covered with streaks of brown fur. Pulse 80, very feeble, regular. Temperature at axilla 97° , at perineum 99.6° .

11th.—Passed a very restless night, being kept awake by incessant bilious vomiting. He does not suffer any pain. He is unable to keep anything on his stomach, and all medicines as well as food are returned as soon as swallowed. The extremities are colder. The bed-sores have spread considerably the last few days, and their condition is as follows:—Those over both hips are sloughing; and those over the buttocks have formed one large, spreading, and sloughing sore over the sacrum. The tongue is now extensively ulcerated; it is moist and red, and covered with patches of brown fur. Pulse 92, regular, very feeble. Temperature at axilla 96° , at perineum 97.6° . The urine is of a dirty-chocolate colour, very alkaline; specific gravity 1016. The microscope shows a great abundance of blood-corpuscles, and mucus and pus (?) cells.

He died on the following day.

Autopsy.—On opening the spinal canal the dura mater was found adherent from the eleventh dorsal to the third lumbar vertebrae. No effusion or deposit of lymph anywhere. On examining the cord it was found to be softened from about three inches below the medulla oblongata to within an inch of the cauda equina. The columns were semi-diffuent, and the grey matter indistinctly seen till the firm portions were reached. The bladder was much thickened and softened, its mucous coat rugged, and of a dirty purple hue, and very

coarse interlacing of bundles of muscular fibres traversed the interior. The ureters and pelves of the kidneys were also much congested; not so much so the latter organs themselves. It is remarkable that the action of the phrenic and intercostal nerves was not notably impaired.

METROPOLITAN FREE HOSPITAL.

INFECTION OF TWO MEMBERS OF A FAMILY FROM A NURSE-CHILD.

(Under the care of Dr. CHARLES R. DRYSDALE.)

CASE 1.—On Aug. 26th there was brought to the hospital by Mr. D. H. Dyte, two young girls, Martha —, aged thirteen, and Esther —, aged nineteen, for Dr. Drysdale's inspection and opinion. The youngest girl, Martha, the last affected, was found to be suffering from an indurated sore on the vulva of the left side, and from indurated glands in both groins; also from a papular syphilide on the thighs and abdomen; crusts in the hair, and mucous patches at the anus. This patient sleeps with her elder sister, Esther, and has been ill for two months with the sore on the vulva. Esther says that on April last she was bitten on the right lower lip by a child which her mother had taken to nurse, and which was a very ill-tempered or "fractionous" child. This child is now twelve months old, and has been suffering from bad mouth ever since it was received as a nurse-child, twelve months ago. The bite on the lip, in April, bled a good deal, and about a fortnight after it occurred the lip swelled greatly, and became very hard, and shortly after the glands beneath the jaw became much enlarged and hard. The child had an eruption over its body shortly after birth, according to the report of the servant who gave it to Esther's mother. Its own mother was dead. On examination of Esther there is seen a roseolous eruption over the breast, and stains of the same at the nape of the neck. Her hair is thin. There is a papular syphilide on the pillars of the fauces, and the posterior cervical glands on both sides are enlarged. Genitalia not examined, but said not to be affected. This is a well-marked example of syphilitic infection of two girls, and were it to occur in Paris it would probably give rise to a trial for the recovery of damages from the parents of the child. Such cases are not of unfrequent occurrence in France, but seem hitherto to have been either hushed up, or misunderstood in this country, as we do not remember any such case to have come before our law courts.

CASE 2.—The following case seems extremely important, as showing how difficult it is to say when syphilitic parents may give birth to healthy children:—

Henry H—, aged three months and a half, was seen by Dr. Drysdale on the 31st of August, 1869. This child, its mother states, has had an eruption for the last two months. The child is pretty stout and thriving; but is covered from head to foot, and especially on the buttocks, with a dry, papular, syphilitic eruption, and with stains of *café-au-lait* colour on the face. The nostrils are much plugged up (snuffles); and this prevents the child from sucking well. The history is a very distressing one, as far as the children of the mother are concerned. The mother, aged thirty-seven, has been married twelve years; and, at the commencement of her married life, was affected with sore-throat, eruptions, falling-off of the hair, and for this took medicine for several months. Since that time she has been "quite well," as also her husband. Her first child, however, was born alive about two years after marriage; but died at the age of three months with an eruption *just like that on the child now under treatment*. The next child (twelve months afterwards) was still-born. The next lived seven months; but had not much eruption. Mr. Hutchinson, it appears, opened its body at Bow. The next child, aged four years and a half, is suffering from interstitial keratitis, and has had a portion of the left ala nasi eaten away by syphilitic sore. Such a case may well make one despair of laying down any general law as to the time at which a patient may hope to be able to be the parent of healthy and untainted children. According to the mother, both herself and husband were apparently in good health, and yet the children were affected.