

had been too long put off. Besides these cases there were several who were a good way over seventy, one being seventy-six, another eighty, and another eighty-six." I think it well to quote also the review of this report from the *Journal of Mental Science* of April, 1882; it is, if anything, harsh. "To stop a system which is nothing short of scandalous we should advise Dr. Skae to report to the Procurator Fiscal the next case admitted in a moribund state. An inquiry by that officer might result in the inspector of poor or the parish medical officer being prosecuted for manslaughter, and a conviction would have a most wholesome effect far beyond the county of Ayr."

I perfectly understand the difficulties often presented to the mind of the union medical officer. He is called in, and probably at his first visit expected to certify to the insanity of a patient concerning whom until that moment he knew nothing. The patient may be found existing in a wretched abode, without care, attention, nursing, or perhaps even food. The locality by remoteness may prevent these being got even if money could be spent, and undoubtedly everything seems to point to immediate removal to an asylum as the most advantageous procedure from every view, both for the patient and all concerned. The mental state is easily recognised as qualifying the patient for an asylum, but many difficulties stand in the way of a physical examination. The patient may be excited, noisy, and violent. No attendant or proper assistance of any sort is at hand to aid, the excitement of the patient gives an idea of greater strength and endurance than may be really present, and the frequency with which such patients are filthy in habits and dirty in body to such an extent that even severe bruises may be overlooked is quite well known to me. From experience I know the difficulty of making anything like an accurate physical examination of an acutely excited patient. I have frequently met with great difficulty in satisfying myself as to the absence of rib-fracture in excited patients, where stoutness prevented tactile examination from being reliable, and where noisiness and excitement entirely precluded the otherwise sure mode of detection—viz., the presence of bone crepitation heard by the stethoscope. While touching on this I may tell you that I once assisted at an examination on a stout cadaver where death had resulted from violence by which a rib had been driven into an internal viscus. Though knowing the exact spot of fracture, after replacing the skin and other tissues over the seat of fracture it was impossible to detect that the rib was broken. I am convinced that a large experience in the examination of the physical condition of excited insane patients would tend to make one more lenient in attributing carelessness or want of practical knowledge to uncertainty as to the presence of one single broken rib. It is always, however, possible with ordinary care and attention to arrive at an accurate idea as to the patient's fitness for removal.

There are certain cases where, I think, patients should be detained, and even, at considerable inconvenience, risk, and expense, treated at home, or wherever they may be resident. I allude to cases that have been living closely in contact with those suffering under infectious diseases. On one occasion I had a patient sent to Garlands whom I was aware had been admitted into a typhus ward from a suspicion of having that fever. I took it upon myself in this case to refuse admission. I have more than once had cases recovering from scarlet fever and measles sent me. These of course are exceptional cases; but the gravity of knowingly sending a patient labouring under one of the serious infectious diseases, or liable from close contact with those diseased to carry infection, to an asylum, is so evident that I need not enlarge on it. The Lunacy Act provides carefully for such a contingency—viz., "And any such committee may, if they see fit, by any such regulation or order, exclude from admission into the asylum persons afflicted with any disease or malady which such committee may deem contagious or infectious, and persons coming from any district or place in which any such disease or malady may be prevalent."²

I do not at all hold that a doctor's duty is done when he certifies that a patient is insane and a proper person to be confined in an asylum. He should satisfy himself that the patient is physically fit for the removal, and give such directions as will prevent the patient suffering in the removal. When after putting in force the usual procedure of superficial examination—viz., noting the appearance, the state of the skin and tongue, the character of the pulse as to

strength and frequency, and of the respiration as to fulness, rapidity, presence or absence of cough, &c.; the power of standing and walking, and after interrogating on other points those resident with the patient, more especially as to when the patient took the last meal and its character,—if any doubt exists in the mind of the medical man the use of the thermometer and a careful examination of the chest should follow. An abnormally low as well as high temperature calls for explanation. I have referred to directions to those removing patients. I certainly think it comes under the doctor's province to give warning to those effecting the removal when the patient is suicidal or dangerous. I believe many patients are removed to asylums during the winter months insufficiently clad, and even as an act of humanity the necessity of guarding against this should be pointed out; it is one of the many exploded fallacies that insane patients—especially the excited insane—do not feel the cold or suffer from exposure.

I certainly think it was an omission on the part of those who framed the order of admission for lunatics that a certificate of physical fitness for removal to the stated asylum was not included among the other requirements, more especially as in the removal of a patient from one asylum to another this was carefully provided for. This matter should most assuredly be noted for rectification in the event of future change in the lunacy enactments. Where admission of patients is not refused to a district in which fever is very prevalent, a certificate of freedom from infectious disease should also accompany a patient; but this can at present be rendered compulsory under the provisions of the English Lunacy Act.

When sending a patient labouring under ordinary physical disease to a hospital, the doctor attending usually sends a note giving a short *résumé* of his views and his treatment of the case. When a patient, however, is sent to a lunatic asylum, he may have severe fractures, recent wounds of most serious gravity both as to extent and position, obscure medical disease for which he has been under treatment for long, but how often is the least history furnished by the doctor who was attending, and yet the presence of the mental complication makes all the knowledge that can be got only the more urgent. The increasing tendency is to find physical causes for a large proportion of so-called mental cases; and asylum physicians would gladly welcome whatever could assist in elucidating the many dark problems which come under their observation. At present most of the former history of the patients I receive is furnished by the relieving officers, and they frequently become by practice wonderfully expert in making inquiries so as to give this information; but yet how valueless is such information from such a source compared with what it might be if received from a well-educated, reasoning, observing, and recording medical man.

ANTISEPTIC NEPHRECTOMY BY ABDOMINAL SECTION; RECOVERY.

By F. B. ARCHER, M.B., C.M. EDIN.,
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M. E. A. L—, a widow, aged fifty, was admitted into the General Hospital, Bridgetown, Barbadoes, West Indies, on September 13th, 1880, under my care. She had had five children. The menses stopped about eight years ago, soon after a fall, which fractured one of the lower ribs on the right side. While ill in bed, suffering from this, she observed a lump about the size of her fist on the right side of the bowels. This lump has never disappeared, but has slowly grown to its present size. It has caused her no particular trouble, but she has lost flesh. Her appetite and general health are good. She has never been tapped. Ten months ago she was in this hospital, and an ovarian cyst was diagnosed, and an operation advised. This she declined, and returned home. She now begs to have something done. Urine contains a little albumen. On microscopical examination no casts are seen. Temperature normal.

On September 14th she was put under chloroform and then ether substituted. Under a spray of carbolic acid an incision was made and a good many adhesions broken down. The cyst seemed matted to the right kidney, and on attempting to clear it the weight of the cyst tore the kidney, and

² 16 and 17 Vict., cap. xcvi., sect. 53.

considerable hæmorrhage occurred. A clamp was put on, a ligature applied, and the kidney and tumour removed. It contained eighteen pints of fluid, and the cyst itself weighed five pounds. The patient was now in a great state of collapse. A drainage-tube was inserted and the wound closed. She vomited five times after the operation, complained of great shortness of breath and pain in the head. An ice cap was applied, which relieved her much. Temperature 99.8°. Allowed ice to suck.—15th: Slept at intervals during the night. A catheter was passed and one ounce of bloody urine was drawn off. A nutrient enema was administered at 1 A.M. She complained of shortness of breath and pain in the bowels. At 1.30 P.M. she vomited. At 2 P.M. the dressing was changed under the spray. Temperature 101.4°. The catheter passed urine the natural colour. A nutrient enema was given every sixth hour. At 9 P.M. the temperature was 100.8°; pulse 112.—16th: The patient had a good night. A catheter was passed every sixth hour. She was allowed a little iced milk and brandy at intervals. She complained of great pain in the abdomen. One-third of a grain of morphia was given hypodermically. The dressing was changed. The bowels acted naturally at 5.30 P.M. There was no vomiting. She still complained of pain in the abdomen. The temperature was 100.8°.—17th: The patient had a good night, and at 6 A.M. enjoyed a cup of tea. The wound was dressed, and the bowels acted. The temperature rose to 101.8°, but dropped again to 100°.—18th: She had a good night. The pain in the bowels was less. The catheter was discontinued, also nutrient enemata. She took milk and beef-tea regularly. The wound was dressed, and the drainage-tube removed.—20th: The patient continued to sleep well; felt better, and took nourishment well. The temperature ranged between 100° and 101°.—21st: The wound was dressed, and three sutures removed.—23rd: She was free from pain; bowels acted yesterday and to-day; getting on well.—25th: Remaining sutures removed. Urine examined, not albuminous.—26th: She was allowed boiled eggs for breakfast and fish for dinner. Perspired very freely. A mixture, containing quinine and tincture of perchloride of iron was ordered to be taken three times a day.—28th: She was lifted out of bed, for it to be changed. She felt stronger; ate and slept well.

Nov. 1st: Patient doing well.—5th: Anæmic, so the iron mixture was still continued. Complained of great pain in the bowels.—6th: Temperature 102.4°. Aconite in drop doses given every hour.—7th: Temperature 100°. Felt much better.—12th: Wound quite healed.—27th: Was troubled with a little cough, and the temperature ranged between 100° and 101°, occasionally rising to 102°.

Dec. 11th: A mixture containing tincture of ipecacuanha, syrup of wild cherry bark, and compound tincture of camphor was ordered to be taken every fourth hour.—25th: Cough did not improve, so the mixture was changed to hypophosphate of soda, 160 grs.; dilute phosphoric acid, 4 drms.; glycerine, 1 oz.; compound tincture of cinchona, 1 oz., to infusion of cascarrilla eight ounces; half an ounce to be taken three times a day. She took this regularly for one month, and rapidly improved. The cough disappeared, the temperature diminished, and she was soon able to walk.

Jan. 9th: The temperature had become normal, and remained so.

On March 14th, 1881, she left the hospital quite well. By the last account she was enjoying good health.

Mr. Knowsley Thornton, through whom the notes are forwarded for publication, remarks that this is one of the best cases of nephrectomy yet published, due regard being paid to the quantity of fluid contained in the cyst, and the weight of the latter, the age of the patient being also taken into consideration. Convalescence, however, was very slow.

BECKETT HOSPITAL AND DISPENSARY, BARNSELY.

The annual meeting of the committee and governors of the above institution was held recently at the hospital. Dr. Sadler showed that during the year 2006 out-patients had been treated, of which number 1377 had been cured, 456 had been relieved, 50 had died, and 123 remain on the books. There had been 109 in-patients, the hospital at present being only for surgical cases, cases of injury by accident, and the like. A new wing is now being added to the hospital, and is nearly completed; about £1000 is still required for the building fund. The new wing, "The Kendray Wing," will contain thirty-six beds, and will be dependent upon subscriptions chiefly.

A NEW MODE OF DETECTING STONE IN THE BLADDER: THE AUDITORY METHOD.

By JAMES MCKENZIE DAVIDSON,
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It occurred to me lately that the ordinary sounds for stone in the bladder might be greatly improved by the following very simple plan—viz., connecting the end of the instrument with the ear of the operator by some suitable sound-conducting substance.

Some rough experiments on my study table with a silver catheter and thread and wire were so far satisfactory, but the results with a small piece of indiarubber tubing were still more encouraging. One end of this tubing (bore one-eighth of an inch in diameter) was attached to the catheter, and the other was placed in the ear. By this means very small fragments could be distinctly heard when touched by the end of the catheter—even when the catheter was grasped so as to imitate the hold of the urethra. I showed this to Dr. Alex. Ogston of Aberdeen, and he kindly consented to try this plan whenever I should have instruments made to carry out my idea. Unfortunately illness has prevented him doing so. I had one sound made of solid steel and another of gun-metal, but hollow. From the handle of each there was a small projection, to which the indiarubber tube could be easily attached. Through the kindness of Dr. Rodger of Aberdeen I had the opportunity of trying these instruments on a body at a post-mortem examination. To test them, calculi of various sizes were introduced into the bladder. The sound having been passed the bladder was explored and the results noted before and after the tubing was attached. In each trial the result was notably better when connexion with the ear was established, even when the indiarubber tubing employed was only one-eighth of an inch diameter of bore. But a wider tubing gave by far the best results. A light indiarubber tube two feet long and with a bore three-eighths of an inch in diameter was employed. One end of this tube was slipped over the handle of the sound, and the other end held closely to one ear. No practical difficulty was experienced in exploring the bladder, for the tube was very pliable, and it was easy to avoid extraneous noises such as might be produced by the connecting-tube running against the operator's sleeve, &c. Anyone having a piece of tubing such as I have described can readily attach it to the handle of a sound, and in this way test the truth of my statements.

A small phosphatic calculus was introduced through a small opening made at the top of the bladder, and when nothing could be felt or heard by the sound alone (although the abdominal wall was open), yet by means of the tube to the ear the calculus was distinctly and unmistakably heard. With a large stone the "click" was greatly intensified when heard through the tube. What is very striking is the fact that the gentlest contact of the sound with the stone is readily heard. Lastly, after seeing the bladder was clear of everything but a fair quantity of water, I crushed a small piece of coal to coarse powder (as we had no débris of a calculus at hand) and put it into the bladder. The ordinary method revealed nothing, but through the tube a rough grating sound was distinctly heard. The solid steel sound gave better results than the hollow gun-metal one.

The above experiments have led me to devise an instrument which Mr. Gardner of Edinburgh is making, and which I trust will be as satisfactory as the rough method above described. This instrument or any such instrument may be termed, as a friend has suggested, a lithophone.

This method of exploration of the bladder may yield important practical results. Not only may (1) a small calculus be detected which would be otherwise overlooked, but (2) it may be that practice will enable the operator to distinguish the size and character of the surface of a calculus readily; and (3) it also appears likely that a somewhat similar ear-connexion with a lithotrite will enable the operator to find and secure small fragments more readily, and so crush them.

Dr. Mackinnon (house physician) and Dr. Sinclair (house-surgeon) of the Aberdeen Royal Infirmary were present at the experiments on the body, and corroborate the results I