

protracted warm baths, and the internal use of the alkaline Ems with the aperient Püllna waters, acts well against abdominal torpor, and reduces the accumulated fat.

In concluding my little sketch, I beg to describe the case of a lady patient, who was under my care two years ago. She was a healthy-looking lady, of a gouty family, married five years, but never pregnant, and was sent to Ems because she was much troubled with acidity. The urine deposited a good deal of red sand. I tested the uterine secretion, and found this also to be very acid. After a long course of water the acidity of urine had diminished and the red sand had entirely disappeared; the uterine secretion, also, had become alkaline. The lady became pregnant after having left Ems, and has since given birth to a healthy child.

As experiments have proved that spermatozoa die quickly in an acid fluid, while in an alkaline one they continue to live for several days, it would perhaps be indicated to test the uterine secretion of such sterile women in whom the examination can detect no cause for their not conceiving.

## A Mirror

OF

## HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

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.

### KING'S COLLEGE HOSPITAL.

STRUMOUS DISEASE OF THE TESTIS; CASTRATION; EMPLOYMENT OF ACTUAL CAUTERY; RECOVERY.

(Under the care of Mr. HENRY SMITH.)

SURGEONS are naturally loth to remove a strumous testicle as long as any hope of preserving it remains, as it is always difficult to say how much of the organ may still be unimpaired, or to what extent reparative processes may take place. If, however, only one testis be affected, and that to a great degree, and the suppuration from it is acting as a drain on the general system, it is usually advisable to remove the organ altogether. Nor should the operation be delayed on the ground that after the removal of the disease from one part it may manifest itself in another part; for all clinical experience and recent pathological evidence seems to show that the presence of an organ in a state of suppuration or of caseous degeneration may be the forerunner of tuberculous disease in the various organs of the body.

The patient, aged forty-two, had been suffering from chronic inflammation of the right testis for some months. Suppuration had occurred in the body of the organ, which had become very much enlarged, and a fungous protrusion of the tubes had taken place with a considerable amount of disorganisation of the scrotal integument, forbidding all hope of any successful attempt to save the organ by the plan recommended by the late Professor Syme. Mr. Smith therefore removed the testis on February 15th last. After making the usual incision and separating the mass from the much thickened and disorganised skin, he isolated the cord and enclosed it within the blades of a large hæmorrhoidal clamp. The testis was then separated, and, instead of tying the vessels, Mr. Smith very carefully and thoroughly applied the actual cautery at a black heat over the whole surface of the divided cord. The blades of the clamp were then slowly released by means of the screw, and it was found that there was not the least oozing of blood from the stump. Before allowing the divided cord to retract, a fine thread was passed through one angle and secured on the abdomen by means of adhesive plaster.

In his remarks, Mr. Smith stated there was not the least hope of preserving the testicle by means of covering it by the operation of Mr. Syme, for on making a section through the organ it was found almost entirely disorganised, pre-

senting a fair specimen of the strumous degeneration, nearly always requiring removal. He had adopted a means of closing the vessels of the cord which, as far as his knowledge went, had not been used before in the human subject—viz., the employment of the actual cautery, the cord having previously been secured by the clamp. It would be observed how bloodless and simple the operation had been. Precaution had, however, been taken to secure the cord in such a way that the house-surgeon could readily get at the vessels if bleeding should occur, which he trusted would not take place.

The case went on well; no bleeding took place, and the wound healed remarkably rapidly notwithstanding the diseased state of the skin, and Mr. Smith has expressed his determination to use the cautery in any cases where castration may be required.

### WESTMINSTER HOSPITAL.

STONE IN THE FEMALE BLADDER; REMOVAL BY DILATATION; RECOVERY.

(Under the care of Mr. COWELL.)

ON the 11th ult., Mr. Cowell removed by dilatation a stone from the bladder of a woman sixty years of age. The dilator used was a small one with three blades. The case was one of some interest. The patient had, upwards of two years ago, been in the hospital for some two or three months under the care of Dr. Basham with pyelitis. A few months later she had attended the hospital after passing gravel, accompanied by great pain, and some bleeding after micturition. About twelve months ago she returned to the hospital bringing with her a small piece of bone which she stated had been passed from the bladder. On examination, this proved to be, not human bone, but bone belonging to some animal of the bovine species. There was then considerable doubt as to its having come from the bladder; but three months later she brought two other small pieces of bone, both of which were to some slight degree coated with calcareous deposit. This seemed to set at rest the previous doubt, but it was also certain that this bone must have been introduced into the bladder. The patient had passed no more fragments of bone since, but had returned to the hospital in consequence of continued pain in the back and frequent desire to void urine, an act always followed by severe pain at the neck of the bladder. The pain was much increased if the patient moved about. The urine was loaded with pus and albumen. Mr. Cowell had examined the bladder at Dr. Basham's request, and detected the presence of a stone of moderate size, and, in consequence of the kidney disease, recommended its removal by dilatation rather than lithotripsy. The stone was removed readily after moderate dilatation, but its outer layers broke down under the pressure of the forceps, and were brought away in pieces after the extraction of the nucleus, and the bladder was carefully washed out with warm water. The stone was exceedingly friable, of chalky aspect, and composed of successive layers of harder and softer material, the former flaking off easily and in large pieces.

A subsequent examination of the stone showed it to consist almost entirely of phosphate of lime, with a very small amount of uric acid in the harder portions, and the slightest possible trace of ammonio-phosphate of magnesia. No bone was found in the centre of the nucleus, as was suspected might possibly have been the case. The stone weighed 128 grains.

The patient has since done well. There was no incontinence of urine until the fifth day, when the urine escaped involuntarily for about four or five hours. There has been no incontinence since, and the patient has been free from pain. The urine, examined six days after the operation, was of a light-straw colour, of acid reaction, and afforded a light-coloured deposit. It contained some pus, and about one-fourth albumen. Treated by acetic acid, no mucus was found, but the microscope showed a large number of pus-cells and a few blood-corpuscles, but not a single epithelial cell, with the exception of one doubtful renal cell. There were no casts.