

pected by him; he certified it as due to pneumonia. It was carefully concealed from him that the deceased suffered from vomiting, purging, and intense pain in the abdominal region. Mr. Rafter expressed his opinion, after hearing all the evidence, that the deceased had died from poisoning by arsenic.

Liverpool.

## CONSERVATISM OF STRENGTH IN HIP, KNEE, AND SPINAL DISEASE.

By J. SHERWOOD STOCKER, M.D. LOND.,  
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I HAVE had lately to consider how the strength may be maintained in delicate children when such children have been and are weakened from spinal and articular disease of the knee-joint, such cases frequently requiring a poroplastic jacket, with the application of a Thomas's splint on the diseased limb, with a metal patten on the boot of the sound limb, in order that the patient may be enabled to walk. In these cases the usual plan is to place the iron patten on the boot, without any special non-conducting thermal medium between the sole of the boot and the foot of the child. From this circumstance a large amount of free heat is abstracted from the child, at the expense of its nutrition, thus weakening the child; and even on the diseased limb the nearness of the iron, unprotected by any covering, withdraws the free heat by radiation. To obviate the loss of heat to the sound limb I would have two thicknesses or layers of flannel (placed crossways), with silk and cork inserted between the sole of the boot and the iron; or, perhaps, some thin felt might be as good or better. To save the loss of heat to the diseased limb, I would advise that the iron be protected by a covering of leather or flannel.

Montagu-square, W.

## 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.

### ST. THOMAS'S HOSPITAL.

MULBERRY CALCULUS REMOVED BY LITHOTOMY; CURE.  
(Under the care of Mr. SYDNEY JONES.)

FOR the notes of the following case we are indebted to Mr. W. H. Battle, surgical registrar.

H. B—, a fishmonger, aged twenty-two, of sanguine temperament, was admitted on October 9th, and left cured December 5th, 1883. His father suffered from gout, but the other members of the family were healthy. He himself, a stout well-built man, had had no previous illness, excepting measles when young; but for the last seven years he had suffered from pain coming on at intervals of a sharp burning character, in the lower part of the abdomen and in the perineum; the pain, when most severe, extended along the urethra, and was very marked in the glans penis. The pain was increased by jolting in a cart and also by walking, but would be temporarily relieved in the latter case by a jerk of the leg or a twist of the body; his urine on such occasions was dark-red, and very thick. The pain was usually severe at the end of micturition; occasionally a sudden stoppage in the flow would take place. About a fortnight before admission micturition became very frequent at night, and about a week before this frequent micturition troubled him both day and night. He then applied at the out-patient department, when a stone was struck. When admitted the above symptoms continued, and on sounding a hard stone with a roughened surface was readily found, the measurement when taken by the lithotrite being found to be 1½th of an inch. The prostate gland was found to be somewhat enlarged, but not tender. Urine, sp. gr. 1023, pale, somewhat bloody, with a slight trace of albumen, some

mucus, amorphous urates, crystals of phosphates, some epithelial and pus cells.

Oct. 17th.—The frequency of micturition is less marked since the patient has been kept in bed, and there has been less pain. Yesterday the urine was decidedly alkaline, the quantity of albumen slightly increased, but there have been no casts discovered. At 1.30 P.M. Mr. Sydney Jones performed the operation of lateral lithotomy, quickly extracting a large, irregular mulberry calculus; the vessels accessible to ligature were secured by catgut, and forceps were left on the deeper vein. The umbrella tube was then inserted and plugged with lint soaked in carbolised oil. The calculus was of the mulberry form, coated with phosphates and weighed 300 grs. At 5.30 P.M. there had been a good deal of hæmorrhage, and the wound was re-plugged. The pulse was rather feeble, and the patient suffering a good deal from shock.—18th: It was necessary to re-plug the wound soon after midnight, there having been considerable oozing. At 4.30 A.M. Mr. Sydney Jones was sent for, the oozing not having ceased. He removed the plugs and forceps excepting two which secured deep and rather large vessels, exposed the wound to the air, and had ice-bags placed in the groins. After this the oozing was comparatively slight; but at 11 o'clock the patient was very blanched and his pulse 134, very small. The temperature became normal, having been below normal since the operation, but rose to 102° at night.—19th: The patient slept well; had passed a large quantity of urine by the wound; his pulse was much stronger but still fast, 124. At 3 P.M. the forceps were removed, and there was no hæmorrhage.

From this date he progressed rapidly. On Nov. 2nd the urine came from the urethra as well as from the wound, on the 11th only from the urethra, but on the 19th it again came partly through the wound. He soon, however, passed it entirely by the urethra, and had no further trouble. The rapidity of the pulse diminished, and it increased in volume and strength, being only 88 on the 22nd. The temperature, which had become normal, rose to 100.8° in the evening of Nov. 1st, 104° on the 2nd, gradually fell through the 3rd, was not higher than 99.4° on the 4th, but reached 101.4° on the 5th. A corresponding rise took place on the 13th, 14th, 15th, and 16th, when it rose to 103.6°, and the patient had some shivering and vomiting. On neither occasion could the reason for this be ascertained.

RETENTION OF URINE DUE TO THE PRESENCE OF OXALATE OF LIME CALCULUS IN URETHRA; PERINEAL SECTION; SECOND CALCULUS IN BLADDER; REMOVAL BY LATERAL LITHOTOMY.

(Under the care of Mr. SYDNEY JONES.)

For the notes of the following case we are indebted to W. H. Battle, surgical registrar.

J. N—, aged eleven, at school, was admitted into the Albert Ward on Oct. 10th, and left cured Nov. 25th, 1883.

On the day of admission the boy came to the hospital complaining of inability to pass his urine, and this was stated to have come on for the first time three days before, and to have persisted during the whole time. There had previously been no symptoms pointing to the presence of stone. The bladder had been aspirated above the pubes before coming to hospital. On passing a catheter a stone could be detected in the urethra corresponding to a swelling situated in the perineum just behind the scrotum. It could not be pushed forward, but seemed to move towards the bladder, when an attempt was made to press it in that direction. The bladder was very much distended; and the patient was in considerable pain.

Soon after admission Mr. Sydney Jones operated, ether having been administered and the patient placed in the lithotomy position. The stone was grasped between the left thumb and forefinger, and an incision about an inch long made in the median line down to the stone, which was pressed out from the wound as the incision freed it. The hæmorrhage was slight, and easily arrested; about fifteen ounces of urine were drawn off, the catheter tied in the bladder, and carbolised oil lint placed over the wound. The stone was about five-eighths of an inch in length, thicker at one end, blackish in colour and nodulated, evidently oxalate of lime; it weighed sixteen grains. There was no abnormal rise of temperature after this operation until the 18th, when at 4 A.M. he complained of intense pain over the region of the bladder, and by means of the catheter, which was tied in, another stone was felt, and the pain complained of was relieved by moving this. On this day the temperature rose to