

for some days in a very perilous position. He never saw a man before in a more intense rigor. He believed he was the first to recommend for varices a garter made of India-rubber, and had seen it most successful in the case of females suffering from varicose veins. The veins became perfectly healthy.

Dr. Beatty would not have risen were it not that he was desirous of bearing his testimony to the efficacy of the garter recommended by Professor Hargrave many years ago. It consisted of a strong band of vulcanized India-rubber an inch broad. It was pulled on over the feet, and made so tight as to cause a firm pressure on the veins. He had many opportunities of seeing it used by females suffering from varicose veins, and in every case with the most perfect success. He had seen it worn both above and below the knee. With reference to the operation of Sir B. Brodie, he had seen it performed in two cases by the late Mr. Carmichael in the Richmond Hospital, and both patients died.—*Dublin Medical Press*, Jan. 1, 1862.

41. *Vascular Tumours in the Female*.—Mr. HOLMES COOTE states (*Lancet*, Dec. 28th, 1861) that he has met with cases of vascular naevi in the female, which enlarge at every menstrual period, and undergo during the period of pregnancy a permanent increase in size, attended with heat and throbbing—symptoms which slowly subside after delivery. In 1859 Mr. C. saw a young lady, aged twenty-two, in whom one of these vascular growths occupied the palmar aspect of the ring finger of the left hand. It enlarged at the usual monthly period, the swelling being the greater if menstruation was delayed. She wished to undergo some operation for its removal—a proceeding of which Mr. C. disapproved, feeling that there was danger of inflammation attending any operation, however carefully conducted, and that there was a reasonable probability that the naevus would ultimately disappear. This lady has since married. During pregnancy the enlargement of the naevus is remarkable, but it completely subsides after delivery, and with her second child it constituted one of the early symptoms of impregnation. Mr. C. has since seen a second similar case in private practice, and a third case amongst his out-patients at St. Bartholomew's Hospital.

42. *Spina Bifida successfully treated by Injection of Iodine*.—In February, 1859, Dr. LÉZÉRIE was called to see Marie B., an infant aged nine and a half months, who had in the lumbar region a tumour as large as a moderate sized orange; it presented all the signs of spina bifida. The parents said that it had emptied itself spontaneously twice since birth by external aperture, and that it had rapidly refilled. There was complete paralysis of the lower limbs, partial paralysis of the upper limbs; the head could be moved easily; and there was no hydrocephalus. The parents were anxious for an operation, which was accordingly performed by M. Lézerie, after clearly setting forth its dangers and uncertainty of success. On March 12th, pressure being made at the upper part of the tumour to prevent, if possible, communication with the spinal canal, the fluid contents were partially evacuated, and a nearly corresponding quantity of a mixture of equal parts of tincture of iodine and water was thrown in. This was held in for two minutes, when some was allowed to escape. Another injection was then made in like manner. On the fifteenth day after the operation, the motions of the upper limbs were more free, and the child could support herself on the legs, but could not move them. In a month, the improvement in the arms continued, and the lower limbs could be moved a little. In four months, the paralysis had almost completely disappeared; and, in six months after the operation, the child could walk alone. During the progress of the case, compresses dipped in an iodine solution were kept constantly applied over the tumour. Twenty-seven months after the operation, the tumour was reduced to the size of a walnut; the child was well developed and very lively, and could run easily. The only remaining trace of her former condition was incontinence of urine.—*Moniteur des Sciences Méd.*, Oct. 8, 1861.

43. *Cystotomy without a Stone*.—Mr. T. PAGET, of Leicester, candidly reports the following instructive case in which he opened the bladder for stone, deceived by symptoms simulating those of calculus.

The case was received in the Leicester Infirmary by Mr. Marriott, the house-surgeon, and entered as, "September 24, James Branson, aged three years eight months; symptoms of stone. Examined twice by Mr. Marriott, and stone found the second time." Not, however, as he told me when reporting the case, with sufficient distinctness to settle his mind for an operation.

The history given by the father and the woman who had had care of the child since its mother's death, two years ago, was that it had violent pain in micturition, losing much rest by frequent calls, attended by sudden stoppages of the stream and the making of a larger quantity immediately after, violent squealing, pulling of the parts, and forcing of feces. Around the anus were several livid lumps of hemorrhoids. There had been no hæmatinria. It was reported that no urine ever passed except while in a sitting posture. The child was healthy looking.

*Sept. 26.* The child having been prepared for the operation by having had the bowels emptied yesterday and an opiate enema this morning, the sound was introduced, and an indication of stone immediately given; but the click, though audible, was not sufficiently clear to encourage an incision.

After repeated attempts, the sound was producible at will; but did not impress all equally as being the click of an uncovered stone. Mr. Benfield and Mr. Marriott thought it certainly not sufficiently clear; Mr. Brown of Wymeswood was more satisfied; none of us, I believe, were free from doubt.

In this dilemma, I was influenced by the character and intensity of the symptoms, the hopefulness of permanent good if there were a stone, the rare occurrence of death with us after lithotomy, especially in children, and with Allarton's operation; and, after much hesitation, I decided upon opening the bladder at the risk, as I thought, of finding a stone impacted in the end of the ureter, and not being able to remove it.

I chose Allarton's operation, introducing a director along the groove of the staff, and using my little finger between the two as a dilator. In this way, the dilatation was readily effected; the finger entered the bladder, and the staff was removed. A nasal forceps was then passed over the director, but no stone could be found. Frequent attempts with various forceps were made; and once, when passing a large pair in the hope of stretching open the ureter and dislodging a calculus from its end, I found that the lax cellular membrane between the rectum and bladder had given way, and the forceps were admitted into the recto-vesical pouch. This, however, was soon perceived, and the forceps were passed into the bladder.

The movements of the forceps imparted a feeling of slight grating, or rather vibration; but no click could be heard, and the grating was only that often produced by steel instruments rubbing over cut muscular fibres.

The examination and operation occupied a long time; but the least possible effect of chloroform was maintained, sufficient to keep down manifestation of pain. Very little blood was lost.

6 P. M. He had slept nearly continuously, but had spoken rationally. Urine passed by the wound freely, and only slightly tinged.

10 P. M. The urine was untinged. He had vomited once or twice.

27th. 9 A. M. He was perfectly conscious, and winced at pressure on the hypogastrium. Pulse rapid and small.

11. A. M. There was still considerable stupor, and he had again vomited. He winced still. Pulse rapid; skin hot; urine abundant and untinged. Foveate abdomen.

7 P. M. He was suddenly convulsed, both arms especially; the thumbs were turned into the palms; the fingers tightly clenched; the pupils dilated to the utmost, and unmoved by the strongest light. Three grains of calomel were ordered to be taken immediately, and four leeches to be applied to the hypogastric region.

28th. 9 A. M. He became partially conscious between 3 and 6 A. M.; but soon relapsed, and was now profoundly comatose; pupils dilated. He indicated pain when pressed on the hypogastrium; otherwise he was unconscious.

*Post-mortem* examination, next day at 10 A. M. The kidneys, ureters, bladder, and urethra, as far as occupied by the incision, after full examination *in situ*,

were removed. There was no stone or calcareous matter in any part. Both ureters were tortuous in their course, and greatly dilated, so that the little finger passed down them with ease; the dilatation was most at their lower ends, the left forming a complete pouch nearly as large as a pigeon's egg. Beneath and around this a puriform fluid appeared, and extended downwards into the rectovesical pouch, into which the finger readily passed from the wound. The mucous membrane of the bladder was injected posteriorly, and ecchymosis occupied small patches here and there. The sphincter was not lacerated; the urethra, where incised, showed slight ecchymosis; the edges of the incision were turgid and lymphic; the *trigone* of the bladder was of an ashy gray. There was a blush of peritonitis in the pelvic cavity. After removing the bladder, etc., the sound was passed with the integuments of the abdomen closed, and the muffled click was heard again, though less distinctly. On opening the pelvis again, this was found to arise from the point of the sound impinging upon the iliac portion of the brim of the pelvis, the edge of which was unusually thin and sharp. Perhaps, here is an explanation of the click and feeling imparted to the instrument before operation. The instrument used in this case was a common steel sound, having at the hand end a socket, into which is tightly fixed a peg and a disk of wood; the latter six inches in diameter and one-tenth of an inch in thickness. The disk acts as a magnifier to all sounds heard, and is an useful addition to the instrument where it is desirable that a number of surgeons shall be satisfied of the presence of a stone.

On opening the head, the brain was found in a remarkably soft state. Both cerebral hemispheres and the cerebellum were so extensively if not uniformly marked by this softness, as to lead to the conclusion that such was the native condition of the child's encephalon; and we learn from the father, since its death, that he has lost his wife and five children; one of the latter "with water on the brain," another "by sudden convulsions which took him off in five minutes while suffering from swelled purse." Though the consideration of this case, therefore, would *primâ facie* drive one to the determination not to operate in any case unless the clearest and sharpest click were given from the examining instrument, it is nearly certain that the opening of the bladder is not to be accredited as the main cause of death in this case; for the peritonitis was neither intense nor widely spread, nor, during life, more marked than I have seen it in cases that have been freed from it and going on well in a few days; and that in whatever degree the peritonitis may be thought to have been tributary, the main cause lay in the excitability of a sensorium imperfectly constituted, and unable to bear the shock of the lengthened examination, operation, and chloroform action. I regret, however, now that, in ignorance of the peculiarity of the family history, I did not avail myself of a suggestion made by Mr. Benfield to postpone the operation for a few days.

But if the explanation I have suggested of the sound which was heard by all, though not conclusively for operation, were the right one, the symptoms still remain as a mystery. We occasionally find cases of great pain and frequent micturition of small quantities, and which are attributable to irritable bladder or acrid urine; but these symptoms are usually accompanied by mucous or muco-purulent deposit, which we had not; and never, as far as I know, by sudden stoppage of the stream followed by the passing of a larger quantity immediately after. How far we may accept the explanation ingeniously offered by Mr. Charles W. Wood of Woodhouse Eaves in this country, at the *post-mortem* examination, I leave others to decide. He takes the very dilated state and pouchy form of the ureters as the cause of their more than usually oblique and valvular entrance into the bladder, and of a difficult, intermitting, and painful evacuation of their contents into it, the pain being transferred along the canal to the usual site at the glans penis. Certainly, the immense size and irregular form of these conduits were very striking.—*British Med. Journal*, Dec. 14, 1861.

44. *Strictured Urethra showing the Results of Forcible Dilatation after Death.*—Mr. BERNARD HOLT exhibited to the pathological society a specimen of this. The patient, who was known to be suffering from severe stricture of the urethra, died in the Westminster Hospital of fever, and the opportunity