

about the action of the bowels; the gradual subsidence of the vomiting and the passage of flatus per anum ought to be sufficient for any intelligent surgeon. In the present case the vomiting, constipation, and hiccough continued for many days, yet no attempt was made to relieve the bowels by purgatives; on the contrary, opium—the sheet-anchor in such cases—was steadily persevered with, and the patient recovered: another evidence that however hiccough may be regarded as characteristic of gangrene, it is not always to be relied upon. The stricture was obstinate and complicated with a false passage, and had been divided in the perinæum many years since by the late Mr. Anthony White; and although the patient was materially out of health from what has been already described, Mr. Holt remarked that he had no hesitation in introducing his instrument and splitting the stricture.

UNIVERSITY COLLEGE HOSPITAL.

TREATMENT OF THREE CASES OF SO-CALLED IMPERMEABLE STRICTURE.

(Under the care of Mr. HENRY THOMPSON.)

IT is less rare now than it formerly was to meet with strictures which are regarded as impermeable. Of course, a stricture is never really so through which some urine, however small in quantity, still passes. It may issue in a minute thread-like stream, or only in a succession of drops; it may pass thus entirely through the urethra, or it may be mainly passed through fistulous passages in the perinæum or scrotum, as in one of the following cases; but in almost every instance a certain portion still passes through the urethral canal, however contracted it may be. This being the case, there is great encouragement to endeavour to pass an instrument of some size through the narrowed channel, and in almost all cases this may be accomplished. Of course the instrument must be small enough to correspond with the size of the stream, and in extremely narrow strictures it must be exceedingly small, when the utmost care is required in manipulating it. If it can be passed through the stricture, by careful, patient, and gentle management, into the bladder, the advantage for the patient is great, and a far better result is accomplished than any other operative proceeding offers; for, being once introduced, it happens, in the great majority of instances, that it can be tied in for a day or two, that the stricture dilates under this process, and that, in the course of a few days, large instruments will pass with ease. The rapidity and the power of this means of treating such cases render it frequently one of very great value. Three illustrations of it have recently been under Mr. Thompson's care at this hospital, which may be thus briefly reported:—

CASE 1.—M—, aged forty-six, admitted April 27th, 1861, on account of old and confirmed stricture, occasioning frequent attacks of retention, for which numerous attempts to pass a catheter had been made, but without success. He suffers severely from this painful symptom of his complaint.

May 1st.—A tight stricture was found at the distance of five inches and three quarters from the meatus. Mr. Thompson succeeded in passing a small-sized silver catheter into the bladder and drawing off the urine. It was tied in in the usual manner.

3rd.—No. 4 was substituted.

4th.—He had a slight attack of fever, and the catheter was removed.

7th.—Another instrument (No. 3) was introduced and tied in.

8th.—It was exchanged for a gum elastic instrument (No. 4).

9th.—No. 6 was introduced and tied in.

12th.—No. 10 has been reached through gradual steps by continuous tying in.

13th.—Nos. 9 and 10 were passed and removed.

14th.—The same.

15th.—He was instructed in passing a gum catheter for himself, but managed clumsily, produced a little bleeding, and had a rigor afterwards.

24th.—His urethra has been maintained at No. 10 by passing instruments. The stream is full. His symptoms have disappeared, and he is ready to leave for the country, but stays only to learn how to pass an instrument for himself before he is permitted to take his discharge.

28th.—He is finally discharged, free from all his former

symptoms, and passing a full stream of urine at the usual intervals of time.

CASE 2.—R—, aged fifty-six, admitted May 12th, 1861. Lives in London; has had stricture for twenty years, and been under repeated and long-continued treatment; but an instrument was never yet passed into the bladder. He has been in hospital two or three times for retention of urine, and for treatment of the stricture. Has now four or five fistulous openings in the perinæum, on the nates, and in the scrotum, which is much inflamed, through which most of the urine passes; much of it escapes involuntarily during sleep. His local condition and his general health are exceedingly bad.

May 14th.—A close stricture was found five inches from the meatus. After much difficulty, a No. $\frac{1}{2}$ silver catheter was introduced through the stricture and into the bladder, removing about twenty-five ounces of urine; it was not tied in.

17th.—The same instrument re-introduced, and tied in.

18th.—An attack of shivering and fever; instrument removed. Opium and brandy administered.

21st.—He has quite recovered; urine passes a little better, but is, as usual, loaded with pus and mucus. No. $\frac{1}{2}$ again introduced, and the bladder emptied.

22nd.—Fever and constant micturition. Hot hip-bath and aperient.

24th.—His bowels having been opened, the same catheter was passed, and tied in. Opiates administered, and his usual amount of stimulant.

26th.—He took his catheter out at night. In the day Mr. Thompson introduced No. 1, and tied it in.

In this manner, with several relapses, the treatment was pursued, until, in the beginning of June, a No. 9 gum catheter was reached. He had attacks of irritation and pain, with frequent micturition, after the instruments were withdrawn, rather than during the time of their sojourn in the urethra.

By the middle of June his symptoms had much improved; he retains his urine three or four hours; passes it in a good stream; a small quantity only comes through a fistulous opening; two of these have healed; his health is improving. Nos. 7 and 8 are passed every third day.

June 24th.—He has made excellent progress. To be discharged, and attend twice a week as an out-patient, in order to learn to pass an instrument for himself, which it is necessary to do, as his bladder never empties itself, on account, not of any existing obstruction, but of the weakened condition of its coats, from the organ having been so long distended with urine, the overplus of which only has been discharged at each act of micturition.

July 5th.—He passes a No. 8 gum catheter for himself with ease. His fistulae have healed. He has little now to complain of, and is in better health than he has been for many years.

CASE 3.—R—, a young man, admitted on the 8th of July last. He has been treated for stricture for many months, but no instrument has yet been passed.

July 9th.—The stream is exceedingly small; a stricture was found at five inches from the meatus; and an attempt to pass an instrument was unsuccessful. No. 1 catheter was the smallest employed.

11th.—To-day, after some difficulty, No. $\frac{1}{2}$ was passed into the bladder, and the urine drawn off. The catheter to be tied in in the usual manner.

12th.—Exchanged for a gum catheter, No. 1.

14th.—The former is removed, and a No. 3 gum catheter is introduced in its place.

18th.—After several changes, No. 9 was used to-day, and removed. There have been no rigors nor the slightest bleeding, and not a single bad symptom of any kind has occurred throughout.

25th.—He was finally discharged to-day, No. 10 having been reached, which he is now learning to pass for himself. All the symptoms have disappeared.

ST. GEORGE'S HOSPITAL.

TUMOUR NEAR THE MEATUS URINARIUS OF A FEMALE; REMOVAL.

(Under the care of Mr. POLLOCK.)

TUMOURS of an erectile and polypoid character in the female occasionally grow from the mucous membrane, close to the orifice of the meatus urinarius, or in the areolar tissue surrounding it. Such cases are now and then witnessed amongst

ospital patients; and no resource short of removal or destruction by the electric cautery proves available.

A few days back an elderly woman was admitted into this hospital with a tumour of the size of a large walnut, somewhat pyriform in shape, and springing apparently from the upper part of the nymphæ. It had been growing for some years; and latterly its anterior surface had become ulcerated, with reddening of the surrounding integument. To the naked eye it strongly simulated malignancy, and it was, moreover, hard and resisting in structure. On the 1st of August the patient was given chloroform, when Mr. Pollock proceeded to remove the growth, at its pedicular end, by means of a double ligature. Little or no bleeding followed the operation. It was ascertained that the tumour—fibro-plastic in structure—had originated in the areolar tissue surrounding the meatus, and it was readily discoverable on introducing a catheter into the passage. There were a few of the glands enlarged in the groin; but this was not due to the mere presence of the tumour. Since the operation the patient has gone on well, and is making a good and permanent recovery, after many years' uneasiness from the presence of a body in an inconvenient situation, for it had closed up, as it were, the outlet of the vagina.

ST. MARY'S HOSPITAL.

SEVERE INJURIES FROM A FALL DOWN A CHIMNEY SHAFT
FIFTY FEET HIGH; DEATH SIX WEEKS AFTER;
PUS FOUND IN THE GALL-BLADDER.

(Under the care of Mr. LANE.)

FALLS from a considerable height are generally quickly fatal, unless the descent be broken in such a way as to save the vital organs from injury. We have placed examples of this kind on record as opportunities have permitted, and we now publish another, the particulars of which were kindly communicated by Mr. Edwin Chisholm, one of the house-surgeons. The injuries sustained were chiefly in the lower limbs. The fall was, so far as could be ascertained, unbroken, the chief force being spent upon the feet as they came in contact with a barrow at the bottom of the shaft. A recovery was hopefully anticipated at one time. A fatal result nevertheless ensued from a large bed-sore; and the only pathological appearance noted after death was ulceration of the interior of the gall-bladder, which contained pus mixed with bile.

John S—, aged thirty, was admitted on the 22nd of June, 1861, having just fallen down the shaft of a chimney fifty feet in height. Both feet struck a barrow at the bottom of the shaft, and with such force that the left tibia was fractured obliquely at its upper third; as also was the fibula a little lower down. The inferior part of the bone was split up for some inches from below upwards, but without much displacement. The integument of the heel was torn almost completely off, and was held attached by the tendo-Achillis. The os calcis was fractured through its centre, and the under surface of the astragalus was broken away. The bones of the right foot were also broken, but not so extensively, for the injuries in it were not detected until a few days after, when the swelling had subsided. The rest of the body was comparatively free from any mark of violence. When the accident occurred the patient was in a partially intoxicated state.

Under the influence of treatment the fractures united, although not in a very good position, which was owing to the restlessness of the patient, who was very frequently delirious during the remaining short period of life. Brandy was daily administered, with the effect of producing sleep and quietness after it. The wound in the foot had nearly healed, and the granulations were healthy. A very large slough formed on the lower part of the back, which extended over the entire sacrum and down to the coccyx. This was difficult to manage, and was considered to be mainly the cause of the patient's death, which took place on the 1st of August, nearly six weeks after the injuries were inflicted. Some days before death his motions and urine were passed involuntarily.

At the autopsy every viscus was found healthy; no deposit was found anywhere. The liver was fatty, but otherwise normal. A large amount of pus, with green shreds of lymph, were found in the gall-bladder, but it did not communicate with the hepatic duct. The mucous coat was ulcerated in two places, and was on the point of perforating the peritoneal in-

vestment. No lymph was found in the peritoneum. The spine and other parts were healthy. The fracture in the left foot was ununited, but that in the leg was firmly united. The lower part of the limb, from the ankle-joint, was split upwards in various directions.

It is most probable that in this case, besides the injuries described, there was concussion both of the spine and brain, although the symptoms were not at any time well marked.

LONDON HOSPITAL.

DETACHMENT OF THE EPIPHYSIS OF THE RADIUS IN BOTH
ARMS.

(Under the care of Mr. HUTCHINSON.)

A BOY, aged eight, was admitted a few weeks ago into the above hospital, on account of injuries sustained in a fall from a tree. He was suffering from concussion, and could not give a clear account as to the exact manner in which he fell; but it was almost certain that he had fallen forwards, pitching on his outstretched hands, and afterwards striking his head. The deformity was most marked in the right wrist, where it was so great that the receiving-room porter announced the case to the house-surgeon as "a dislocated wrist, Sir." As usual in these cases, which by untrained observers are considered to be dislocations of the wrist, the lesion proved to be a detachment of the extremity of the radius. By extension all deformity might be removed. No crepitus was felt. In the left wrist the state of things was exactly similar, but the deformity not so great. Both were put up in splints in the usual manner.

The boy remained in the hospital about a fortnight, on account of his head symptoms, and from which at the time of discharge he had wholly recovered.

Three weeks after the accident the epiphyses were firmly united to the shafts, with, however, a large amount of thickening and some displacement forwards.

Mr. Hutchinson remarked to the students that this was the first instance of a symmetrical detachment of the radial epiphyses which he had ever met with. He had, however, several times seen Colles's fracture of the radius in both arms, and it was to this accident in the adult that detachment of the epiphysis in children was analogous. Both forms of injury usually resulted from falls forward on the palm of the hand. In young persons the epiphysis slipped off, whilst in those whose bones were fully ossified, fracture took place across, or very near to, the line of union. Detachment of the epiphysis, although but little spoken of in books, is by no means rare in practice. It is true that Colles's fracture in adults is very much more common than is detachment in children. But then we must remember that fracture of the clavicle, which is due to the same form of violence, is much more common in children than in adults. At University College Hospital alone, during a single month, there were as many as twenty cases of clavicular fracture in children, as we were informed by Mr. Lyons, the house-surgeon. As a rule, it requires much greater force to detach an epiphysis than to break a fully ossified bone, and it is to this fact that we must refer the disproportion alluded to.

Medical Societies.

EPIDEMIOLOGICAL SOCIETY.

DR. MILROY IN THE CHAIR.

I.—ON FEVER IN THE ZAMBESI.

A NOTE FROM DR. LIVINGSTONE TO DR. M'WILLIAM.

Transmitted by Captain WASHINGTON, R.N., F.R.S., Hydrographer to the Admiralty.

IN the typical cases given in Dr. M'William's "Medical History of the Niger Expedition" the gall-bladder was found distended with black bile; and, if my memory does not deceive me, most of the cases treated with quinine at an early period of the disease either recovered or were subjected to the milder or intermittent form of fever.

In 1850 I adopted the plan of giving quinine mixed with a purgative as the first step of the treatment, and was successful in the cases of two of my own children and an English party whom we found at Lake Ngami, and of whom one had died