gradually increasing debility, with no evidence of other disease to account for it; frequent micturition at night; impaired vision; and other symptoms, which may not directly turn our attention to the kidneys. In fact, I consider that it is always advisable, whenever such symptoms evince themselves, to examine the urine; and then probably some abnormal conditions of it may be found, which will aid us in forming our diagnosis and in treating the patient.

I have frequently found that the presence of albumen and of casts may be intermittent or entirely wanting. The urine may be examined time after time, and be found perfectly free for weeks; then, for a week or two, both become apparent; then comes another intermission; and all this time the disease is steadily progressing; and at last, as has happened in a case which came under my eye lately, the patient dies suddenly from uræmic convulsions, or some of the other accompaniments of this disease.

I believe that, whatever the cause of the disease may be; whether in the gouty patient there be excess of lithic acid in the blood; whether the drunkard have his blood poisoned by alcohol; whether the plumber have lead in his; whether there be excess of phosphates in the blood from too much mental work, in the case of the over-anxious or worried merchant; whether there be excess of lithates or oxalates, oftentimes produced by faulty digestion; whether some other material be thrown upon the kidney for excretion by imperfect actions of skin or other organs—all act in a similar way. Owing to the increased amount of work the kidneys have to do, this disease is produced; and not only are the kidneys acted upon by the fluid circulating through them, but other parts—such as the blood-vessels, heart, and even the nervous centres; but, as the kidneys have the principal work of excretion to perform, they become sooner affected, and are to the physician the local manifestations of a constitutional disease.

Hence the necessity there is for us, when the most trivial symptoms tend to point out renal disease, to examine the urine; and, from the result of such and other examinations, to form a proper idea of the cause of the disease and of the treatment to be adopted.

CASE OF CARCINOMATOUS DISEASE OF THE RECTUM TREATED BY EXCISION.

By KELBURNE KING, F.R.C.S.,
Surgeon to the General Infirmary, Hull.

WILLIAM COUSINS, aged 54, was admitted into the Hull General Infirmary on December 21st, 1878, on account of the following symptoms. He had constant calls to evacuate the bowel, with much straining and bloody discharge, getting quit occasionally of small, hard, round faeces, which he compared to nuts. He had no real relief, except in consequence of purgative medicines, which caused him great pain. He had of late had much pain in sitting, and even in walking. His symptoms had been much increased in severity during the last six months, though they had existed more or less for a long period. On passing the finger into the bowel, three hard tumours were felt occupying the whole circumference, about the size of small walnuts. They were quite within the anus; but the finger could be passed beyond them, and the surface of the rectum could be felt healthy above them. They were sensitive to the touch and of preternatural hardness. Until the last six months, the man had enjoyed very good health, attributing any ailment he had to slight attacks of piles. He had recently fallen off in strength and health, owing to the constant state of pain and straining of the bowel.

On January 11th, 1879, I made an incision from the anus in the middle line straight backwards towards the coccyx. This gave me ample room to pull down the growths and the adjacent mucous membrane. Grasping them in my left hand, I carefully removed them with the right, cutting away the whole circumference of the bowel from the depth of between an inch and a half and two inches. Three or four vessels required to be ligatured. The wound at first presented a rather formidable appearance; but no bad symptom of any kind took place. The temperature never rose above 100°, and that only happened for two or three nights. He had immediate relief from all his sufferings, and left the infirmary on April 14th, 1879, apparently perfectly cured, and with complete command of the sphincter muscle.

I have thought this case of sufficient interest to bring before you, as operative procedures for malignant disease of the rectum have been usually strongly condemned until quite a recent period. Mr. Henry Smith, writing in Holmes's *System of Surgery*, makes the following remarks. "Some surgeons were a few years since in the habit of performing excision of the lower part of the rectum when affected with cancer; but this proceeding must be looked upon both as barbarous and unscientific, and it is now happily exploded from the catalogue of

surgical operations." Of late, however, Mr. Cripps and others have published several cases demonstrating its practicability and giving very good results. The above is the first case in which I have had an opportunity of putting the operation to the test, and the results seem to justify its performance; and I would certainly be inclined in similar cases to perform it and to recommend its performance.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 25TH, 1879.

JOHN ERIC ERICHSEN, F.R.C.S., F.R.S., President, in the Chair.

TREPHINING FOR TRAUMATIC EPILEPSY.

BY JAMES F. WEST, F.R.C.S., (BIRMINGHAM).

[COMMUNICATED BY THE PRESIDENT.]

MR. WEST of Birmingham brought forward a case in which trephining had been successfully employed by him for traumatic epilepsy in a girl aged 14. The injury was due to a blow from a stone, which caused fracture of the skull and concussion of the brain. Since 1871, when it was inflicted, the girl had been subject to epileptic fits, which had year by year increased in number and severity, until they had at last reduced her to an almost idiotic state. Two circles of bone over the site of the depressed fracture (which was, however, found to involve only the outer table) were removed on November 25th, 1878, with antiseptic precautions. From that date, the girl began to improve: speech returned, also the power of controlling the bladder and rectum. Antiseptic treatment was discontinued on December 3rd, and at the end of the month she left the Queen's Hospital cured; and from that time to the present she had had no return of the epileptic convulsions. Mr. West gave a brief *résumé* of the surgical writings on the operation of trephining for epilepsy, calling special attention to the work of Dr. Lucas-Championnière on the subject (*La Trépanation guidée par les Localisations Cérébrales*, Paris 1878), and to the valuable paper by Dr. Echeverria on Trephining for Epilepsy depending upon Injuries of the Skull, in the *Archives de Médecine* for December 1878. He considered that the trephine might be applied with advantage in many cases where epilepsy was dependent on a traumatic origin; that there were, owing to recent discoveries in physiology, valuable indications to be derived as to the exact nature of the lesion, and the site at which the operation should be performed; and lastly, that, with antiseptic precautions, trephining might at the present day be performed with a greater prospect of success than it formerly could have been, and that it might now, therefore, be looked upon as a justifiable operation.

Dr. ALTHAUS said that Mr. West's paper was one of much interest; but he believed that epilepsy following injury of the cranial bones was extremely rare. In 3,000 cases of epilepsy which had come under his notice during the last fourteen years, he had found none traceable to injury of the cranial bones with depression or decided lesion. There was indeed a history of injury in some cases; but in most of these the patients recovered under the use of iodide of potassium. It was remarkable that in Mr. West's case an injury of the skull on the right side was followed by aphasia; but cases of aphasia had been met with in which the third left frontal convulsion was not affected. The function of speech was evidently bilateral, and was under the control of the right hemisphere as well as of the left. He doubted whether cerebral localisation could guide the surgeon in the selection of the locality for operation. The aphasia would have suggested operation on the left side; and the motor centres were not in the frontal but in the parietal region. As regarded the operation of trephining for injury of the skull, the practice was not so successful as the published cases indicated. In France, the operation had been strongly opposed by M. Gosselin, on account of its danger. The directions given by M. Lucas-Championnière were very difficult to follow, and appeared to be rather calculated for physiological research than for surgical practice.—Mr. BELLAMY had had a case at Charing Cross Hospital, in which he had trephined over the fissure of Rolando with success, in a case of epilepsy, following an injury received thirteen years previously. The fits ceased after the operation: one or two occurred subsequently, probably from the formation of an abscess. The details of the case would be brought before the Clinical Society by Dr. Lees, under whose care the patient was.—Mr. WILLIAM ADAMS said that it was difficult to explain the success in Mr. West's case, as there was no depression of the inner table. He had met with two cases of the kind. In one, the late Mr. Green operated unsuccessfully. A few years ago, a patient was brought to the Great Northern Hospital with fracture of the skull. He became subject to fits. A consultation