tion of the canal is had, and its course carefully followed. In cases of multiple stricture, it is often impossible to pass it at once into the bladder.

False passages must be sedulously avoided, especially those leading down below the prostate. By placing the finger in the rectum, the existence of such passages and the wrong direction of the instrument can be readily discovered.

Three other points demand remark.

The usual seat of organic stricture I believe, with Civiale, Guthrie, Leroy, and Thompson, to be at or about the point of union of the spongy and membranous portions of the canal; but it is with great deference that I suggest my suspicion that it is placed more frequently both before and behind that spot—*i. e.*, both in the spongy and membranous parts of the passage—than is commonly supposed, notwithstanding the museum statistics to the contrary.

As regards the causes of organic stricture, my experience points most strongly to badly treated gonorrhœa as being far and away the most frequent. Either nitrate of silver injections have been used to arrest the inflammation, or, what is far more common, no injections have been used, but cubebs, etc., given internally; *i. e.*, the gonorrhœa has been allowed to cure itself. Of the twenty-eight cases mentioned in this paper, twenty-four followed gonorrhœa treated by internal remedies alone; two were traumatic; and one arose from the use of a strong "revulsive" injection of lunar caustic, and one from violence in a man trying to pass a catheter when drunk. Traumatic strictures are in every way the worst to deal with, from the non-elastic cicatricial material of which they are composed.

Lastly, I may remark that I have had three opportunities of examining after death cases of organic stricture of the urethra. One man was brought to my operative class, in whose urethra an old and close stricture was found. In a hospital case of head-injury, a catheter was with difficulty introduced, and, after death, the canal was opened; and the third case was that whose death I before recorded. In none of these was there any change discoverable in the mucous membrane. It was solely in the submucous areolar tissue that the induration and contracting agency was found. In two of the cases, it had nearly surrounded the passage, but was most dense and decided on the under surface; and in the third case it was considerably prolonged underneath the lining membrane, and somewhat implicated the substance of the spongy body.

It is requisite that a patient upon whom this operation has been performed should be taught to pass a bougie for himself, and that once in eight days for a time. This precaution is, I consider, essential, after all methods of treating organic stricture, and is even less required, so far as I have been able to observe, after Holt's method of treatment than after that by gradual dilatation.

A CASE OF SUICIDE BY STRYCHNIA:

DISCOVERY OF A LARGE RENAL CALCULUS AT THE POST MORTEM EXAMINATION: WITH SPECIMEN.*

By J. M. HEWARD, Esq., Stamford.

ON May 8th, when paying my official visit to the Borough Gaol, at 12.45 P.M., I went into the reception-cell, and found Esther Osborne, aged 56 years, dead. At 12 noon, she left the justices' room. At 12.25, dinner, with a pint of water, was taken to her. Only twenty minutes, therefore, elapsed from her being seen alive well, and my finding her dead.

She was lying face downward, at full length, upon her shawl, which she had spread out upon the floor. None of the solid food was eaten. Part of the water was thrown upon the floor; with the remainder she had mixed a packet of Battle's Vermin Killer, which subsequent evidence proved that she had secreted in the lining of her petticoat. The drinking-vessel had been well wiped out with her pocket-handkerchief. The pot was replaced upon the shelf, and the paper which had contained the poison was carefully hidden in the petticoat-lining. She had not vomited. Her linen was wet with urine.

At 4.30 of the same afternoon, I made a *post mortem* examination. The body was well nourished, and free from marks of violence. It was very rigid; the head was thrown back, the under jaw closely clenched to the upper. The arms were rigidly flexed on the chest; the fingers bent into the palms of the hands. The feet were extended. I opened the thorax and abdomen, and first removed the stomach. This, for two-thirds of its middle extent, was firmly contracted upon its contents. The cardiac and pyloric extremities being normal made the

stomach appear in the form of a dumb-bell. I opened it. In the contracted portion, the mucous membrane was deeply corrugated and congested. The stomach contained nothing but a glairy fluid, loaded with the Battle's Vermin Killer; and this was chiefly in the pyloric end, and thus, as it were, locked in by the central contraction. There was scarcely at all a blue stain in the cardiac end. None of the poison had passed into the duodenum. The intestines were void of flatus; the bladder was quite empty and hard. In the chest, the lungs were congested. The heart was contracted so firmly as to appear like a cricket-ball. On cutting into each ventricle, the left was completely empty; every drop of blood had been squeezed out. The right contained a slight moisture of blood. The blood of the body generally was fluid and dark. In the cranium, the membranes of the brain were greatly congested; the brain-substance was normal and healthy. Whilst examining the abdomen, the following conditions with respect to the kidneys were discovered. The pelvis of the right kidney contained a large calculus, chiefly made up of uric acid, and weighing 285 grains. In consequence of the obstruction to the flow of urine through the ureter, the kidney had become dilated, and appeared like a cyst. It measured ten inches long, five inches across, and four inches from front to back. In some parts, its walls were so thinned out that scarcely anything but peritoneum remained. It contained a dirty, flaky, uriferous fluid. The left kidney was hypertrophied; otherwise healthy.

Other evidence at the inquest proved that the woman went into the gaol with a threepenny packet of Battle's Vermin Killer. A chemist informs me that such a packet contains about eight grains of strychnia. Assuming that all the powder was taken, the dose was large; and death was most rapid. You will bear in mind that only twenty minutes elapsed between the woman being seen alive and dead. In this time she had taken poison from her petticoat-lining; had mixed it with some of the water; and, after drinking it, had carefully wiped out the vessel with her pocket-handkerchief, replaced the pot on the shelf of the cell, and had again hidden the paper which had contained the poison in her petticoat.

I find that Professor Maschka of Prague (*vide* the New Sydenham Society's *Biennial Retrospect* for years 1865-66, p. 42) "insists on the fact that it frequently happens that animals, to which large doses of strychnia have been given, remain quiet for a time, and are then suddenly attacked by a spasm in which they instantaneously die." I think that death in this case was as sudden as Professor Maschka describes. Once let the heart be contracted as firmly as I have stated, and I cannot imagine life continuing another moment.

Now, with respect to the renal calculus, I drove over to the village where the woman had lived, to inquire about her medical history. I learned for certain that she had never complained of illness for twenty years preceding her death, but that she enjoyed most excellent health. She drank much ale daily, and often went to bed intoxicated. The only point that I could learn was that, during the last two years of her life, she had had an enormous appetite—always hungry, and craving for food. I think most probably the irritation in the kidney caused this morbid appetite. As an analogue, I may refer to the greatly increased appetite of many women during the first few weeks of pregnancy, the uterine irritation being doubtless the cause; or to the more general fact that irritation in any viscus supplied by the great sympathetic mostly excites some morbid sensation in the stomach.

AMPUTATION OF THE RIGHT ARM AT THE SHOULDER-JOINT: WITH EXCISION OF THE SCAPULA.

By VINCENT JACKSON, Esq.,

Surgeon to the South Staffordshire General Hospital, Wolverhampton: Fellow of the Royal Medical and Chirurgical Society.

SAMUEL C., aged 35, was admitted into the Wolverhampton General Hospital in December 1864. He was employed on the Great Western Railway as a labourer; and whilst so employed, was knocked down, being struck on the back by the buffer of an engine, the wheel of which passed over and crushed his right arm. As quickly as possible, I believe, he was conveyed to the Hospital; but not before a considerable quantity of blood was lost. At half-past six in the evening, shortly after his admission, I saw the patient. He was an unusually well developed and strong man; his face was pale, but not blanched; the countenance expressive of suffering great pain. He was perfectly sensible, and anxious for something to be done to his arm. His habits were intemperate.

On a careful examination, it was ascertained that a compound comminuted fracture of the right arm and forearm existed, and also that the shoulder-blade was broken in more than one place, although the skin

* Read before the South Midland Branch.

covering it was entire, but seemingly much contused. The chest and the other portions of the body were thoroughly examined, but no lesion was detected. A consultation of the surgical staff of the Hospital was held; and it was determined to remove the limb at the shoulder-joint, and to deal with the scapula afterwards, as its condition might require. I as quickly as possible amputated the arm at the shoulder-joint; and, the vessels being secured, an examination with the finger induced me immediately to proceed to the removal of the scapula. It was extensively comminuted and the muscles around it torn, bruised, in fact, almost pulpy; yet the skin, as previously mentioned, was entire. An incision was first made from the upper part of the flap behind to a little beyond the posterior border of the shoulder-blade in a transverse direction and on a level with the spine, and another at right angles to it along the whole extent of the same border. The flaps thus marked out were dissected back, the fractured portions carefully raised from below upwards by division of the muscular attachments, the edge of the knife being kept well upon the bones; the upper and the largest fragment, consisting of the spine and supraspinous fossa, was finally detached after the acromial process had been sawn through, a portion of it being left in attachment to the clavicle. Four vessels were ligatured; the precaution being taken to tie each artery immediately it was cut. The wound was dressed, after the edges had been approximated with wire sutures, with water-dressing. The patient was placed in bed, but he died the next morning, sinking apparently from exhaustion. The *post mortem* examination revealed no further injuries than those detected during life.

REMARKS.—It seems to me almost unnecessary to make any prolonged remarks. The narration of the case simply records an effort made by the surgeon to save the life of his patient; and although it was unsuccessful, yet one is comforted by knowing that the result of an operation is no measure of the extent of the perfection of its performance. In my own case, I had no difficulty in making up my mind; and I had determined that, if an opportunity should be afforded me, if possible, I would perform the operation in the manner described. I especially refer to the removal of the scapula except its acromion process, preserving, in fact, the point of the shoulder. Up to the date of my operation, December 1864, all previous operators had excised the whole scapula. Sir William Fergusson, on June 4th in the following year, in removing the scapula on account of a large tumour connected with it saved a portion of the acromion, "partly because it was not diseased, but chiefly because the shoulder would thereby be left more perfect both as to appearance and use." Up to the present time there are, I believe, on record only two other cases in which, for gun-shot injuries, the arm was amputated at the shoulder-joint, the blade bone being also removed. Mr. Cumming in this country, in 1808, in consequence of a crush by a gun-shot wound, removed after amputation at the shoulder-joint the whole of the clavicle and scapula; and in 1841, Gaetani Bey, "in the case of a boy 14 years old, who had been severely wounded in the shoulder by the discharge of an old piece of artillery which exploded whilst remelting, amputated at the shoulder-joint, removed the blade-bone which had been broken into several pieces, and cut off the acromial end of the collar-bone." In about two months the wounds healed. Besides these three cases, in which for injury of the upper extremity the whole member has been surgically removed, a similar operation has been performed, for various diseases, six times; in 1837, by Mussey of Cincinnati; in 1838, by Dr. George McClellan of Philadelphia; in 1842, by Rigaud of Strasbourg; and three times by Sir W. Fergusson, in the years 1847, 1865, and 1867. I have not included the case of Dr. Gilbert (of Philadelphia) in this list, as he is said to have removed only the neck of the scapula with the arm. We thus have a total of nine recorded cases in which, either for injury or disease, the arm has been removed, and the scapula either at the same time or afterwards excised. Of these nine cases, six permanently recovered; two out of the number of those operated upon for traumatic causes; and four out of the number of those operated upon for pathological causes.

[Since the above was written, Dr. Patrick Heron Watson, of Edinburgh, has recorded a successful case of amputation of the scapula along with two-thirds of the clavicle and the remains of the arm, for injury of the limb.]

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.—At the meeting of this Society, held on Friday, September 3rd, in the Hall of the Faculty of Physicians and Surgeons, the following gentlemen were elected office-bearers for the present session. *President*: J. G. Fleming, M.D. *Vice-Presidents*: E. Watson, M.D.; J. Steven, M.D. *Council*: G. H. B. Macleod, M.D.; A. R. Simpson, M.D.; D. Richmond, M.D. (Paisley); F. Thomson, M.D.; T. Torrance, Esq. (Airdrie); H. Tomson, M.D.; James Gray, M.D.; Robert Grieve, Esq. *Secretaries*: James Adams, M.D.; R. Perry, M.D. *Treasurer*: H. R. Howatt, M.D.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

RARE FORMS OF URTICARIA.

WE group together to-day three examples of very unusual forms of urticaria. The first is peculiar in that the eruption has been persistent for nearly two years, and began at the early age of three months. A remarkable feature also is, that the wheals leave brown stains. The appearance produced is very singular; and, the child being of beautifully fair skin, the brown patches are the more conspicuous. At first sight, the diagnosis of chloasma would occur to most; but the entire absence of branniness and the early age of the patient are fatal to this suspicion. It has also been set at rest by the microscope. The urticarious irritability of the child's skin is proved at once on scratching it.

HOSPITAL FOR DISEASES OF SKIN, BLACKFRIARS.

I.—CHRONIC URTICARIA, LEAVING BROWN STAINS: NEARLY TWO YEARS' DURATION.

(Reported by Mr. NETTLESHIP.)

EMILIE P., aged 2 years, living at Blackheath Hill, was admitted at the Hospital for Skin Diseases on July 27th, 1869. She was the subject of chronic urticaria; and the eruption was peculiar, in leaving stains of a light brown colour, their tint being very like that of chloasma, for which the disease might easily have been mistaken at first glance. She had light hair and a very fair complexion. The mother says that the child "has never suffered from any illness since her birth"; and she is in excellent health. There was no history of urticaria in other members of the family. The present eruption began when she was three months old, and she has never been free from it since. The mother's account is, that the spots began as "white lumps like the sting of a nettle"; these itch severely, and, on subsiding, leave the curious brownish stains above noticed. The rash, on admission, thickly covered the neck and trunk, the extremities being more sparsely affected. There were no spots on the face, but a few brown stains of former wheals at the margin of the scalp on the forehead. There were no red wheals, but some slightly raised patches of light brown colour with slight congestion, and some stains of former wheals. The true nature of the raised patches was proved by their centres turning nearly white when the skin was stretched. The wheals are of uniform size, and about as large as threepenny-pieces. It was noticed that a scratch with the finger-nail produced, in a few minutes, an ordinary urticaria wheal, with white centre and red edges; and, at a subsequent occasion, a number of recent patches of elevated and erythematous skin were observed; these had not yet become brown. When the child first came, there was little or no evidence of scratching; but, several weeks afterwards, it is noted that, "in addition to the urticaria, there are scratched papules, like those of prurigo; no lice can, however, be found." At her last attendance, five weeks from admission, she was in much the same condition as at first, excepting the pruriginous spots.

We do not find any mention of a similar condition in our standard works. The patient is still attending, and can be seen by any one interested in it.

THE LONDON HOSPITAL.

II.—URTICARIA IN IMMENSE WHEELS SPREADING OVER THE WHOLE BODY.

THE following example of acute transitory urticaria is peculiar in the circumstance of the gigantic size of the wheals. The latter spread at their edges until they were larger than plates, and became confluent. They spread also with unusual rapidity, so that the patient had his entire surface overrun in the course of twenty-four hours, and the next day was almost well. Subjoined are the notes, as taken at the time.

One morning, during a visit to the Hospital, Mr. Vials, the assistant medical officer, directed our attention to a very interesting case of urticaria, which had been admitted the previous night into the medical wards. The patient was a boy of light brown complexion, who had been brought to the Hospital on account of idiopathic erysipelas of the face. No eruption was observed, except the erysipelas of the face, on admission. In the morning, his skin was found to be covered with immense patches of erythema or urticaria. The patches commenced at