fail, I think it is our clear duty to resort to nerve-section. In the words of Billroth, "Are we, by discarding operations for the division of nerves, to throw on one side a remedy which is not in itself attended by any serious risk? Are we to renounce a remedy which can give these most unfortunate of all sufferers a prospect of recovering, if only to some slight extent, some general feeling of health for the time which they have still to live? Let us, as surgeons, imagine ourselves confronted by a patient for whom this treatment is absolutely the only resource. Can we avert our eyes from the sufferer's glance when he begs, if only for "some relief, some easement, some hope"? There can be no doubt as to the answer we should return to such an entreaty. There can be no doubt as to what our course of action should be.

CASE OF STRUMOUS DISEASE OF THE KIDNEY, CONSIDERED IN RELATION TO NEPHRECTOMY.*

By HENRY F. A. GOODRIDGE, M.D., F.R.C.P.,
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E. B., aged 17, a nursemaid, was admitted into hospital on November 7th, 1879. She was said to have been always of spare habit of body, but of fairly good health until eighteen months previously, when her strength began to fail. Six months later, her appetite failed, and for now about nine months she had been gradually losing flesh. She had had a tendency to incontinence of urine since the age of 13. Pus and blood had been detected in her urine by a medical man who had seen her from time to time, as well as noticed casually, as sediment, by her friends, for the preceding six months; and she had had, occasionally, pain in micturition. Lately her bowels had been much relaxed, and she had felt some pain in the right knee on walking. She had never been troubled much with pain in the loin; she had had no swelling of the feet; she had never menstruated.

On admission, she was greatly emaciated, weighing only sixty-two pounds; and she showed no signs of puberty. She was somewhat pale; her temperature in axilla at midday was 100° (at 9 P.M., 103°); her pulse was 136, and her respirations were 32 in the minute. The mucous membrane of her mouth and throat was red, and her tongue was preternaturally clean. Elastic resistance was perceptible in the right lumbar region, with corresponding dullness on percussion and tenderness on pressure. Examination elsewhere elicited only negative results.

November 9th. She had slept well. Her appetite was fair; her temperature was 100° (morning and evening); pulse 108; her bowels had not been opened since admission. She had passed 28 ounces of urine during the preceding twenty-four hours, of specific gravity 1010, acid when voided, but soon becoming alkaline, coagulating with heat and nitric acid to one-sixth in the tube, and showing numerous pus-corpuscles under the microscope.

November 10th. The bowels had acted twice; there was no pus with the fecal matters. She was ordered to take three grains of sulphate of quinine thrice daily.

November 14th. On account of some tendency to diarrhoea, fifteen grains of compound kino powder were given the preceding evening, since which the bowels had been quieter. Her nights had been good; her temperature was now 98.6° in the morning and 98.8° in the evening; her pulse was 132. She passed 24 ounces of urine in the twenty-four hours, of specific gravity 1010, with one-sixth of albumen, and showing microscopically about the same quantity of pus-corpuscles as before, some red blood-discs, and crystals of lithic acid.

November 17th. There had been some return of diarrhoea, requiring the kino-powder to be repeated. Her weight was the same as on admission. Her urine had much the same characters. A smooth roundish elastic tumour could be distinctly felt in the right loin, and impulse communicated to the same in front was transmitted to the hand applied behind.

There was a slight recurrence of hectic during the next few days, and the quantity of purulent matter in the urine seemed to vary a good deal.

November 29th. Though still pretty free from pain, she began now to have bad nights, and sickness with anorexia became a not unfrequent trouble. Occasionally, too, there was the tendency to diarrhoea.

December 6th. With an aspirator, some blood-stained urinous fluid was drawn off from the pelvis of the right kidney, containing abundance of pus-corpuscles. She was now passing upwards of 20 ounces of urine in the twenty-four hours, of specific gravity 1020, and coagulating to only one-sixth in the tube.

December 8th. She began to have nocturnal enuresis.

December 11th. Again 20 ounces of urine were collected, of specific gravity 1020, and coagulating only to one-twelfth.

December 12th. The patient having been put under bichloride of methylene, an incision was made by my colleague, Mr. Fowler, at the outer border of the right quadratus lumborum muscle; and, the finger introduced feeling the pelvis of the kidney, a trocar of the aspirator was thrust into it, and half an ounce of blood-stained urinous fluid, similar to that previously obtained, was withdrawn. No calculus could be detected. A drainage-tube was inserted into the pelvis of the organ, and retained there; the wound being dressed and the whole operation conducted with strict antiseptic precautions. To procure sleep, hypodermic injections of morphia were now occasionally found necessary.

December 14th. On removing the dressings, there was a free discharge of pus from the drainage-tube.

December 16th. There was much healthy-looking pus on the dressings; but sickness just now was frequent.

December 21st. The discharges on the dressings were offensive, and the temperature rose to 102°. The patient was very weak, and her mouth was apthous.

The feverishness subsided; but, with increasing failure of sleep and appetite, and at last sickness after everything, she gradually sank, and died on December 30th. The latest note respecting the drainage was on the 26th: "A good deal of discharge on the dressings."

NECROPSY, thirty hours after death.—Emaciation was extreme. The intestines and abdominal viscera were very pale, and the omentum was reduced to the finest web. Upon removal of these organs, the right kidney was found to be converted into an elongated fluctuating tumour extending from about the twelfth dorsal vertebra to near the brim of the pelvis. There were no morbid appearances external to it, nor was there any sign of inflammation around the spot where the opening was made during life. On puncturing the pelvis of this kidney, a considerable quantity of apparently healthy pus escaped. The capsule, which was thickened, was stripped off with difficulty. This being done, two yellow nodules, containing soft caseous matter, were discovered on the surface of the cortex at the posterior part, the smaller one being of the size of a pea, and the larger that of a walnut. On section, the cortical and medullary portions were found to have been extensively destroyed by caseating and suppurating processes, and what remained was studded with caseous and puriform deposits; while the pelvis and calyces were so dilated that an almost sacculated appearance was imparted to the organ. The mucous lining of the same was a good deal thickened; that of the ureter likewise; but there was no obstruction of this tube. No milary tubercle was detected anywhere. The right kidney weighed five ounces. The left one was enlarged, as also its ureter; its capsule was non-adherent. On removing it, a small nodule, of the size of a pea, containing cheesy matter, was observed at one spot; otherwise, both cortical and medullary structures appeared to be quite healthy. The urinary bladder was contracted and empty. The liver weighed fifty-two ounces; on roughly testing with the iodine-solution, no amyloid change was detected. The spleen weighed five ounces, and was rather soft. There was no enlargement of the abdominal glands. In the thorax, there was no effusion in either pleura; but there were some old adhesions of the lower lobe of the left lung. Both lungs otherwise collapsed fairly, and they were free from tuberculous or other deposits in their parenchyma. There was about an ounce of straw-coloured serum in the pericardium, and the heart weighed six ounces and a half. The head was not examined.

REMARKS.—At the time when this case occurred, the subject of nephrectomy had hardly come to engage the attention of the profession to the extent that it has done since. Certainly the question of this operation as applicable to it was never entertained. The object contemplated, and for which I sought the aid of my surgical colleague, was to provide, by artificial opening and drainage (nephrotomy), a more free exit from the kidney of the pus and other products of disease than appeared to be quite possible by the natural passage. Gravitation, it was thought also, might be made to assist and facilitate the discharge. It must be confessed, however, that the undertaking was attended with but little success. Perhaps earlier operation and a larger opening into the pelvis of the kidney might have yielded better results. The drainage-tube doubtless slipped out of its place during the last two or three days of life, when the patient was almost too weak to allow of regular dressing, and the wound closed. It is noteworthy that there was no perinephric inflammation or trace of mischief external to the kidney. But, assuming nephrectomy to be established as a recognised surgical procedure, it becomes an interesting question whether such a case as I have related be not a suitable one for its performance. We had here a completely disorganised kidney, a source of ruin to the health and of exhaustion to the strength of the patient; the fellow-

* Read at a meeting of the Bath and Bristol Branch.

kidney being at the same time all but intact, while the other organs of the body were without material flaw. It may be replied that this state of things was only fully known after death. True; and, as already stated, the question of nephrectomy was never entertained in this particular case. But, in a similar one occurring again, would it be altogether impossible to attain to such knowledge, or at least to approximate sufficiently near to it, during the life of the patient? There are two points which, taken together, seem to furnish some guide thereto: 1. The quantity and quality of the urine passed, its density (allowing for adventitious admixture), and the proportion of its proper solid constituents,* especially of the urea.† If we should find that these solid constituents were in fair amount, regard being had to the body-weight and the general condition of the patient, we could not doubt there being good secreting structure somewhere. 2. The degree to which local signs and symptoms incline us to refer the disease to one rather than to both organs. It is needless to observe that, if there were reason to believe that both organs were at all equally involved, the question of nephrectomy could not properly arise; but, in proportion as the lesion seems to be fixed in one kidney, and this seems to be broken down and disabled by it, in the same proportion it must be inferred, from the comparatively normal condition of the urine, that the other is structurally and functionally sound, and equal to the increased strain put upon it. No doubt clinical experience is much in favour of the view that strumous disease started in one kidney extends sooner or later to the other; but we have hardly any experience as yet to tell us how the event might be after a timely removal of the main seat, if not the original source, of disease; while the drying up and obsolescence of caseous deposits are familiar pathological occurrences. Mr. Couper's case (No. 57 in Professor Czerny's list) proves at least the possibility of restoration to health, if Mr. Lucas's (No. 49 *ibid.*) does not also. To sum up, then, it would seem that strumous disease of the kidney should not *per se* and of necessity be a contraindication to the performance of nephrectomy, but that the question of its applicability to any given case should rest for its decision upon other considerations.

REMARKS ON POISONS AS USED BY THE MEDICAL PROFESSION AND ABUSED BY THE PUBLIC.‡

By BLACKALL MARSACK, M.R.C.S.,

Surgeon to the Tunbridge Wells Infirmary; President of the Branch.

THE subject which I have chosen for my short address to you, to-day, is one that concerns the whole of the medical profession, and which, I think, an Association like ours (composed of something approaching ten thousand members) should take into its serious consideration, without further loss of time. It is Poisons, as used by us in our prescriptions, and as abused by the public. Scarcely a week passes but we read of deaths from poisons of what I may call the fashionable type—such as chloral, morphia, chloroform, chlorodyne, etc. And can we be surprised at this, when we consider the matter fairly? Are we not ourselves often to blame? Do we not prescribe chloral and morphia, etc., and put no restriction upon the druggist as to how many times this prescription is to be dispensed by him? The consequence of this is, the patient, feeling the comfort obtained by the drug, continues to take it (often in increased doses), without our sanction, until at last he or she becomes a confirmed *habitué* to this evil; and, like the dram-drinker, cannot or will not do without it.

Another great evil of the present day, is the frequency with which medical men allow their patients to use the hypodermic syringe themselves. This leads to much abuse. Probably five or six drops are ordered to be used for each injection; but, unfortunately, a bottle of the solution is supplied. I have seen a lady, whose body was covered with sores and scars, wherever she was able to use the instrument, from the practice of this wretched habit. I also knew a patient who confessed to having injected, in three operations, as much as fifteen grains of pure morphia in twenty-four hours, which would be sufficient to kill half-a-dozen persons unaccustomed to the drug. So bad has the custom become in some parts of Germany, that the authorities have been compelled to erect institutions for the sole purpose of curing those

who have become habituated to this vice. I have before me an interesting book on this subject, by Dr. Levinstein of Berlin, naming the disease *The Morbid Craving for Morphia*. He says, on page 4: "The originators and propagators of this disease are medical men, who, in cases more or less protracted, have advised the patients themselves to use the injection of morphia." You will also find, in reading this book, how difficult and often dangerous it must be to attempt to cure such cases. The vice, once indulged in to excess, often makes a happy home miserable; and the victim, who becomes accustomed to the poison, lies through thick and thin to the medical men and nurses, and, in the case of a woman, to her husband and friends, and ninety times out of a hundred becomes an habitual spirit-drinker as well: for, when not under the soporific influence of the drug, and dreading for the time the immoderate repetition of the dose, she takes to drink to an alarming extent. Her household duties are neglected; the motherly care of the little ones is confided to the teachings of the nursemaid; and the husband's home is made wretched. Too often the poor fellow is in total ignorance of the true cause; blinded with the idea that his wife is suffering from some obscure malady, for which the doctors have prescribed perfect rest, brandy, varied by champagne, beef-tea, and turtle-soup. How about the day when the truth dawns upon him; and he finds that, after all the expenses of doctors, nurses, sea-side, champagne, turtle, and brandy, that his wife is nothing less than a slave to her own passion—a craving for morphia under the skin? The picture I have drawn is not an exaggerated one. I know of such a case, and doubt not there are medical men here present who have, unhappily, seen similar results from this fearful vice. Lamson's case is one which is most instructive for us all. The vivid description of the effects of the drug on himself should be a lesson to us to do all in our power to prevent this morbid craving; and calls for some strong measures to be placed against the sale of the hypodermic syringe, except to members of our profession. For, I doubt not, there are hundreds and thousands who are constantly in the habit of injecting morphia and other poisons, without the consent of their medical adviser.

Chloral is indulged in to a very great extent; and the drug is imported into this country from Germany by the ton, but is not at present included amongst the poisons in the Poisons' Act. Numerous cases have been recorded of deaths from this medicine; and you will frequently find, in your practice, patients who have been in the constant habit of taking chloral, night after night, for months. Not long since, a young lady was found dead in bed, with no fewer than three empty draught bottles by her side, leaving strong evidence of having contained a full dose of this drug in each. You will perhaps say she wished to destroy herself; but I think it more probable that she was ignorant of the danger, and not getting sleep from the first dose, took the second, and then the third. A drachm-dose has several times proved fatal, and even a less quantity where the heart's action has been feeble. Is not this a medicine which should never be used, except by the authority of the medical practitioner? and ought not some strong measures to be taken to prevent the druggist from supplying the public with this dangerous drug? One fascinating peculiarity of this medicine is, that it seldom produces headache or constipation, and the patient rises in the morning without any fear of detection. When travelling on the Continent last year, I met a lady, who had taken with her from this country a dose for every night that she intended to be away; and I have no doubt that hundreds do the same; or, how could England get rid of the enormous quantity that is yearly imported, considering that it is only used medicinally.

Chloroform is, I think, coming more into disuse by the public, chiefly owing, I presume, to the numerous deaths from its use which have been recorded. Nevertheless, you will frequently find ladies who can produce you the article, at a moment's notice, from their "lock-ups"; and, though it is down in the schedule, they will tell you that they can get an ounce or more from the chemist without any difficulty, and without troubling you for an order. This should not be.

Sulphuric Ether they are not so likely to indulge in, as it stinks too much, and tells its own tale.

Chlorodyne gives headache, constipates the bowels, and acts too much like opium, to become a great favourite. Still, it is the constant companion of many. It ought, in my opinion, to be classified in the schedule as belonging to one of the preparations of opium.

And this leads me to say, that all patent medicines having a soothing effect should be analysed by a public analyst; and those preparations found to contain poisonous properties should be forbidden to be sold to the public, unless authorised by the prescription of a qualified medical man; and I suggest that all such prescriptions should plainly set forth whether the doses or quantities should be repeated, and how often. If repeated, the chemist or dispenser should be bound to make an entry to that effect on the face of the prescription—so that, pre-

* At the time the above was written, I was not aware that Dr. Barlow had already called attention to this point.

† Unfortunately, the process for estimating the amount of urea was not adopted in the case reported; but, as collateral evidence, it deserves notice that the patient bore well the hypodermic injection of morphia in ordinary doses.

‡ Extract from an Address delivered at the Annual Meeting of the South Eastern Branch.