grooved needle or small trocar and cannula, previously dipped in carbolic oil (1 of carbolic acid to 7 of olive oil). The surgeon being satisfied as to the proper part for the incision, a free opening should at once be made into the pleural cavity by means of an ordinary bistoury, also previously dipped in the carbolic oil. The spray, of course, must be kept constantly playing over and around the wound, not only during all this time, but also while the fluid is running away, and must be continued till the dressing is applied. The best dressing is Lister's antiseptic gauze (to be had from Duncan, Flockhart, and Co., Edinburgh). A strip of this should be cut and folded so as to form a square of six or eight inches; eight, twelve, or sixteen layers may be used, according to the amount of anticipated discharge: this should be applied over the wound as soon as the fluid is all away; until it is applied, there should be no intermission in the play of the spray around the wound. If it be considered desirable to wipe the side before applying the dressing, this should be done with a cloth dipped in a solution of carbolic acid twice the strength of that used for the spray. A piece of some waterproof material should be applied over the gauze, and the whole fastened round the chest. The dressing should be changed on the following day, and afterwards every second, third, or fourth day, according to the amount of discharge. If it be desired to keep the wound open, this may be done by inserting a bit of the antiseptic gauze between its edges. The spray must always be kept playing on and around the wound while the dressing is being changed.

The chief advantages of the above mode of treatment are (1) that the withdrawal of the fluid is effected more speedily and efficaciously than by any other mode; (2) that there is no trouble, either to physician or patient, with drainage-tubes or other inconvenience; (3) that the entrance of air, with whatever germs or other ingredients it may happen to contain, is efficiently guarded against; and (4) that the patient need not be confined to bed, but may even take open air exercise before the wound is closed (if his general state permit it) without interfering with the efficacy of the treatment. In some cases, this last recommendation is one of great importance.

To one other point I would refer before concluding. The existence of tubercle in the lung is regarded by some as a reason for not having recourse to paracentesis in cases of effusion. I am of those who take a diametrically opposite view, and see in the presence of tubercular mischief only a reason for avoiding unnecessary delay. The chance of ultimate recovery in such cases is, of course, very much less than it is in cases in which the lung-tissue is sound. But the chance of improvement in the tubercular case becomes less and less the longer the fluid (which is generally purulent or sero-purulent) is allowed to remain in the chest, irritating an already damaged lung, and further undermining an already impaired state of the general health. In such cases we should tap early. The mode of performing the operation which I have recommended appears to me particularly applicable to these tubercular cases.

The exclusion of air in Dr. Bowditch's operation is, of course, as complete as may be; but there are many cases in which it is impossible for the lung to expand freely at once, and in which the fluid cannot be all drawn off unless its place is supplied by something else. Nature abhors a vacuum, and the place which was occupied by the fluid must, to permit its full evacuation, be taken by the lung, by air, or by an artificial atmosphere: the first is the best, but is not always attainable; the second is the worst, and is to be avoided if possible; there remains only the third, which may be formed of anything capable of being converted into spray. I have suggested Mr. Lister's carbolic acid solution as probably the best. I believe, too, that this mode of operation and after-treatment will be found to remove the necessity for drainage-tubes in cases of empyema. Should the fluid be fetid, I should not hesitate to inject a solution of carbolic acid of the strength of 1 in 50. To exercise its full protective influence, the spray should be fine enough and dense enough to thoroughly replace the air all round the wound.

MEDULLARY CANCER OF THE BLADDER IN A CHILD.

By SPENCER T. SMYTH, M.D., Great Yarmouth.

C. E. F., aged 4 last October, was born of healthy parents. She had always enjoyed good health, with the exception of occasional attacks of biliousness. In November last, she had a slight attack of measles, which, after a short time, was followed by whooping-cough, and continued, more or less, throughout the winter. Her parents considered her not so strong as previously to the measles; and, whenever she partook of warm drinks and food, she was under the necessity of evacuating the bladder. The general health was in other respects good,

although she was rather more pallid looking than previously to the attacks of measles and whooping-cough.

On February 27th, I was requested to visit her, as the nurse had noticed for some days that she voided blood in her urine. The bladder was irritable, and upon the least exertion blood in larger quantity was passed. She complained of no pain whatever, nor was there any uneasiness or tenderness over the pubic or inguinal regions. The spirits were naturally good. There was neither febrile disturbance nor nausea. The bowels were always regularly acted on. The urine was of specific gravity 1010, and albuminous. I regarded the case as one of renal hyperæmia. The treatment consisted in quietude, the use of warm hip-baths, and the administration of nitrate of potash and liquor ammoniæ acetatis. The bowels also were freely moved; in short, they were easily excited by the repeated straining to which she was subjected. Milk diet, without stimulants, was ordered. On the following day, there was no nausea; her appetite was good; and she was allowed an egg and a mutton chop with the milk.

In the early part of March, there was a considerable discharge of blood, apparently from the bladder itself, rendering the child spæmic and weak, with puffiness of the face, particularly under the eyelids. There was still neither pain nor tenderness in the back or lower part of the abdomen. Matico was then administered, with cold drinks, especially milk. After some days, no amelioration being produced, gallic acid in five-grain doses was given for several days, without any particular change. On the 23rd, 15 minims of liquid extract of ergot were given with each dose of the gallic acid. On the 30th, the child being anæmic and feeble, 10 minims of the solution of perchloride of iron were substituted for the gallic acid. On the morning of April 10th, there suddenly occurred a discharge of arterial blood (at least half a pint), followed by purulent matter; the result, no doubt, of a giving way of an abscess, either external to the bladder or within its coats. This prostrated the little patient to such a degree, that I deemed it necessary to administer port wine. Invalid stout was now allowed; it did not in any way aggravate the vesical irritation. For some days there was a free discharge of muco-purulent matter, tinged with blood; the bladder was excessively irritable, the child every few minutes straining, and making the remark "that it would not come", as if a calculus were located near the neck of the bladder.

On April 13th, I introduced a sound without difficulty, having previously obtained the assistance of my partner, who administered chloroform. The bladder was found to be capacious; and on the left side, somewhat inferiorly, a roughness was perceptible, but nothing like the sound elicited from the striking of a stone could be diagnosed. This, I considered was the spot at which the abscess had given way; phosphatic deposits (as evidenced upon *post mortem* examination) being discernible at that part. Opiates were afterwards freely given, also on account of the excessive irritability of the bladder; bicarbonate of potash, with belladonna and bucha, three times a day. By these measures, partial relief was afforded. I then gave chloral hydrate in ten-grain doses, and solution of acetate of morphia in twenty-minim doses—at first alone, then in combination: the combination gave the greatest relief.

Mr. Cadge of Norwich saw the patient with me on April 26th, and introduced a sound, but could not detect a stone. After this, several phosphatic fragments were passed, after much straining, with mucus tinged with blood; there were also observed small portions of medullary matter, which at the time I regarded as metamorphosed purulent substance, not conceiving that a child so young could be labouring under malignant disease of the bladder: in short, I had never heard of or met with a similar case. The child was unable to retain the smallest quantity of urine. Dilute nitro-hydrochloric acid was ordered in five-minim doses, with liquor cinchonæ; but after two doses, the vesical irritability became so great that it was discontinued.

On May 25th, an attack of bilious vomiting occurred, and she became so drowsy that I suspected that urea was circulating in the cerebral vessels. Two grains of calomel were immediately given, followed by a simple enema, which, upon being repeated, caused the bowels to be freely moved. The gastric disturbance was relieved by a few doses of citrate of potash.

On May 29th, after a most restless night, although a dose or two of chloral had been given, she uttered a most piercing shriek (as if a calculus were passing along the ureter), followed by syncope. Brandy was freely administered, but she died in about three hours.

A *post mortem* examination was made on the following day. The abdomen was the only part examined. The right kidney was considerably hypertrophied, nearly twice as large as that on the left side. The left kidney was in a state of granular degeneration; its pelvis was dilated. A small portion of urine was found in both kidneys. The ureters were greatly dilated, being distended with fluid. The bladder

was much hypertrophied. A cyst of an abscess was discovered on the left side inferiorly, upon the edges of which were phosphatic depositions. The interior of the viscus was filled with soft, broken-down medullary matter—resembling, in fact, pounded cerebral substance. Under the microscope, several irregular cancer-cells were discernible. The liver was healthy. The other viscera were not examined.

I regard the case as one of medullary cancer of the bladder, having its origin in the lining mucous membrane. The muscular tunic was hypertrophied, owing to repeated acts of straining. The ureters and kidneys were, I should say, secondarily affected. The case is, as far as I am aware, unique, occurring in one of such tender age, and without the evidence of active symptoms until within three months of her decease, although as far back as November last the bladder was rendered somewhat irritable after taking warm drinks. A relative on the maternal and one on the paternal side suffered from cancer; and, as far as I can learn, these are the only two relatives that were afflicted with malignant disease. Malignant disease is occasionally known to attack the urinary bladder in adults; but I have been unable, in my limited sphere of books, to meet with an instance of its attacking the bladder of a child so young as four years. Brodie mentions that it is that variety termed "*fungus hæmatodes*" that is usually met with in the adult bladder; scirrhus being very rare, and the medullary variety but seldom. In my little patient, nothing of an unusual character, except extreme pallor and emaciation, was manifested. She never at any time complained of actual pain, although I should imagine that such must have existed, not only from the nature of the malady, but also from the irritating action of the urine upon an ulcerated surface.

THERAPEUTIC MEMORANDA.

TREATMENT OF IN-GROWING TOE-NAIL.

THE remarks by Mr. Stilwell of Epsom, in the JOURNAL for July 13th, on the above painful malady, are very appropriate. The method recommended by him has long been practised at the London Hospital, and was, I believe, introduced there by Mr. Curling. There are three cutting operations, either of which can be resorted to for the relief of this disease: 1. Evulsion of the nail, which only affords temporary relief until a new nail is produced; 2. Removal by the scalpel of the matrix with the bent nail; 3. Removal of the overlapping integument in which the side or sides of the nail are buried. This latter is the least severe method, and recovery is not protracted. The integument having been cut away freely from the side of the toe, there is no longer any material left into which the nail can be pressed, and so the disease is cured, and cannot be repeated. I have now a female in the hospital upon both of whose great toes I adopted this method. She is convalescent, and the result is most satisfactory. C. F. MAUNDER,

F.R.C.S., Surgeon to the London Hospital.

New Broad Street, July 14th, 1872.

TREATMENT OF ULCERS OF THE LEG.

WHATEVER may be the topical applications advocated by one or another of the authorities lately cited in the JOURNAL on the treatment of ulcers, all seem to be agreed that equable support by some form of bandage is the expedient best adapted to overcome the peculiar morbid condition of the sore on which its intractability depends. All, too, concur in the opinion that bandaging alone does not afford the requisite amount of support, and have recourse to plaster-strapping as the supplement of the roller. Now, there are certain rather serious drawbacks to the utility of plaster-strapping—viz., its stiffness and impermeability, which not unfrequently give rise to very mischievous irritation, inflammation, or excoriation, by undue pressure at the edges; by the diffusion over the healthy surface of the secretions from the ulcer; or simply by the retention of perspiration. In order to avoid these evils, I have for many years substituted for plaster straps of wet linen or calico, which adhere quite as firmly as plaster, give equal support, are far less heating and irritating, and, owing to their softness and pliability, interfere less with the free movement of the limb. Their greater permeability favours the absorption rather than the diffusion of the discharge, and admits the more effective use of lotions or water. The cheapness of the material, moreover, when compared with any kind of plaster, is no slight recommendation. In using lotions with them, one precaution is sometimes needed. Moisture constantly applied to the skin in hot weather is very apt to excite a troublesome eruption of inflamed vesicles, prone to coalesce. This may be prevented by lightly anointing the skin with zinc-ointment previously to the application of the wet strap-

ping. Treated in this simple manner, in conjunction with water-dressings, with certain lotions, and occasionally with ointments, this class of cases can, as a general rule, be dealt with more successfully as out-patients of our hospitals. The patients recover quite as speedily while following their usual occupations; and cicatrization is certainly more lasting than when accomplished by keeping the leg in the horizontal position. My experience, in fact, coincides in the main with that of Mr. Nourse; but I do not quite share his confidence in the permanence of the cure. The morbid conditions which have once produced the ulcer will too often reproduce it sooner or later, unless the patient can be induced to persevere in the continued use of support, and for this purpose nothing answers better than an elastic stocking of thread, which is in all respects preferable to one of cotton or silk.

21, Lower Seymour Street. HENRY T. CHAPMAN, F.R.C.S.

CLINICAL MEMORANDA.

ON HYSTERIA.

FORTUNATELY, patients seldom die of hysteria, and therefore the opinion generally entertained by gynecologists that diseases of the sexual system have much to do with the promotion of hysteria can be seldom brought to the test of a *post mortem* examination; and it is, therefore, worth while noticing the pathological bearings of the fatal case of hysteria reported by Dr. Foss in the JOURNAL of July 6th. A woman aged 19 had been more or less subject to hysterical attacks for fourteen months; and this occurrence and liability to hysteria coincided with the occurrence and continuance of leucorrhœa. This having gone on for fourteen months, the patient died, after a succession of hysterical attacks; and the only important lesions were thus described. "The base of the uterus was congested, and its walls were thicker than usual. The mucous membrane lining the interior was covered with a thick glassy mucus like the white of egg, which was also exuding from the os. The left ovary was about the usual size, and, on section, was found to present a honeycombed appearance, consisting of numerous little cavities filled with gelatinous matter, constituting what is called colloid tumour of the ovary. The right ovary was of the size of a large walnut, and consisted of one large parent cyst, containing many smaller ones springing from its internal surface."

I look on this case as a complete demonstration of the possible induction of the severest form of hysteria by disease of the sexual organs. There was no hysteria until what is called leucorrhœa came to give evidence of uterine disease; and, as it is stated that the vaginal discharge was often offensive, it is clear that the uterine disease must have been severe. It is further proved to have been so by the increased thickness of the uterine walls, and from the fact of the base of the uterus being still congested. The medical attendants told the parents "that the patient was simply suffering from hysteria and leucorrhœa, and that she rather required moral than medical treatment." I do not blame them for not seeing that the sexual disease and hysteria were related as cause to effect, because a man of Dr. King Chambers's eminence teaches his pupils "that hysteria has no more to do with the sexual organs than with any other part of the body; and that it is no truer to say that women are hysterical because they have wombs, than that men are gouty because they have beards." Without having put it so graphically, other good pathologists hold the same opinion, which had, I believe, a disastrous influence on this case. Judging it by ordinary notions of general pathology, the frequent occurrence of an offensive vaginal discharge should have directed attention to the uterine disease; and my conviction is that, if this unrecognized uterine disease had been properly treated, the patient would be still alive; while, in all probability, no treatment could have checked the morbid processes progressing in both ovaries. In discussing the subject of pseudo-narcotism in the third edition of my work on *Diseases of Menstruation and Ovarian Inflammation*, I have given the particulars of several cases in which nothing morbid was found but sundry lesions of the sexual organs. These cases have been called hysterical coma or hysterical apoplexy; and, for my mode of interpreting them, I beg to refer the reader to that work.

E. J. TILT, M.D., Grosvenor Street.

DR. RICHARD MENZEL, senior assistant of Dr. Billroth of Vienna, has been appointed Surgeon of the General Hospital in Trieste.—The session at the University of Vienna closed on the 12th instant.—It is reported that Dr. Karsten, Professor of Botany in the University of Vienna, whose conduct towards the students was the pretext for great disturbances some time ago, will not lecture next session.