In addition, the word (5) "Insanity" should be kept, and also (7) "General Paralysis," a disease so strongly marked out by its characteristics as to render it incapable of being classified with ordinary mental disease.

Concerning Epilepsy, I am doubtful. It is an attendant's term for a certain class of cases; but, considering the fact that it accompanies all the seven forms mentioned above, in many cases it can scarcely be counted apart from them without making the terms overlap.

Mania, Melancholia, Exaltation, Dementia, Idiocy, and General Paralysis, combined with a free use of adjectives, ought to satisfy the most pedantic scholar, and it is not certain that the one term "Insanity" would not be sufficient for all practical purposes.

A CASE IN WHICH A PATIENT REMOVED FORTY-THREE CALCULI BY A NOVEL METHOD FROM HIS OWN BLADDER.

By JAMES MURPHY, B.A., M.D., Etc.,

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I RECENTLY exhibited, at a meeting of the Northumberland and Durham Medical Society, 43 vesical calculi, and the instrument by which a gentleman extracted them from himself; and a short account of the case will doubtless prove interesting to the readers of the BRITISH MEDICAL JOURNAL.

About five years ago, the patient, whose age was about 50, and who had always enjoyed good health, was very much surprised to find one day, as he was passing his urine, that it suddenly stopped before the bladder was relieved, and on consulting his medical attendant, the latter passed a silver catheter, and immediately struck a stone. The patient was apprised of this, and lithotripsy was suggested; but, being of a mechanical turn of mind—he was by profession an architect—he declined to submit to any operation, preferring first to see what he could do in that way himself. While thinking the matter over, and maturing his plans, he spent several days in trying to get the stone back into the urethra, with a view of ejecting it by a sudden flush of urine, and for this purpose he tried several positions, on his face, knees, etc.; but though he could feel the stone fall on to the neck of the bladder, and, as he thought, touch the entrance to the urethra, he failed to make it enter the latter. After some deliberation, he constructed an instrument, consisting of a Florence flask, into which a cork was tightly fitted. This cork was perforated by a bone tube, into which a No. 10 black French catheter was made to fit with a screw; and, to make it perfectly air-tight, an India-rubber band could be rapidly passed over the joint. Owing to the extreme thinness of the glass in the Florence flask, boiling water could be poured into it, and he had some of the straw covering fitted on to the end of it, which, being a bad conductor of heat, enabled him to hold the flask after the boiling water had been poured out, while he screwed it on to the catheter previously introduced into his bladder, and produced a vacuum by the application of cold cloths to the flask. He then had an aspirator constructed, very similar to that used by Sir Philip Crampton many years ago, but of which it is needless to say he had never heard. He made several attempts with this instrument to get the stone into the urethra, for he never contemplated removing it directly by the aspirator, but never succeeded, as, not having a stopcock as in Crampton's aspirator, the formation of the vacuum was too gradual to form a sufficiently rapid current for his purpose. He therefore soon devised another form of aspirator, which was simpler in construction, and more efficacious in use. He purchased a large ear-syringe, to which he fitted on a No. 10 catheter, from which he had removed the end as far as the eyelet; and while his bladder was full, he got on to his knees, rolled the stone about till he considered he had it at the entrance to the urethra, then gently passed his catheter with syringe attached till he struck the stone; then, without displacing the stone, he gently withdrew his catheter about an inch, and rapidly pulled out the piston, and, after some failures, succeeded in getting the stone into the urethra, when, by means of straining at first, and afterwards, when it came within reach of his fingers, by external manipulation, he had the satisfaction of at last getting the stone into his hand; but he found his troubles were not then ended, for he found there were some others, which he removed in the course of a few days. He then continued quite well for some time, these operations of what may well be called "litholapaxy" in no way inconveniencing him; but after the lapse of several weeks, he found the old pain in his right loin (indicating the passage of a calculus through the ureter) returning;

and, after it had ceased, he again removed a couple of stones, in the same manner as previously; and so matters continued for a space of two years, calculi forming now and then, generally two or three being passed by the right kidney (never from the left), in rapid succession, and then being removed from his bladder; he continued well for several weeks, when the same process was gone through again. At last, getting tired of this breeding of stones, as he termed it, he was induced to go on a diet in which alcohol and saccharine fatty matters were avoided; and, in a little time, no more stones were found, and it is now nearly two years since he has been troubled with one. In all, he removed forty-three uric acid calculi, varying in size from a No. 6 shot grain to a large pea. He generally removed them as soon as they entered the bladder, and became so expert latterly that he could generally bring the stone into the urethra in two or three attempts; but, if he were otherwise engaged, he did not trouble much about the calculi, and sometimes kept them in his bladder for a couple of weeks without removing them. But this is a practice which he cannot recommend; for he assured me that, as soon as a calculus entered the bladder, the sooner it was removed the better. He knows each of the calculi by distinctive marks, and has an anecdote about most of them. One bears the mark where it was struck by the silver catheter; another was stopped in the urethra by coming sideways, and had with much difficulty to be flushed straight; another he calls "the porcupine," as he drank some medicine to try to dissolve it, with, he alleges, the unpleasant result that the soft parts disappeared, and left several rough edges, which made him feel as if he had the fretful animal in his bladder. As is usual, a distinct history of gout was obtained.

ON A FEBRILE DISORDER COMMUNICATED FROM CALVES, AND ACCOMPANIED BY AN ECZEMATOUS ERUPTION.

By T. FREDERICK PEARSE, M.D., Haslemere.

A CASE having the above characteristics has lately been under my care, and I have particulars of two other cases. Similar eczematous patches, but of a very mild form compared to that of my case, are said to be frequent on the hands, arms, and face of those having the handling of these diseased calves. The eruption on the animal is called by my patient (a castrator) "ringworm;" but there are certainly not the same acuteness of symptoms or discharge in the animal as in the disease propagated to the human subject. It is more than doubtful whether the disease in the calves is of the nature of "ringworm" at all. I have not had the opportunity of seeing the disease in calves.

The general symptoms, which came on somewhat acutely, were heightened temperature, varying from 99.5° to nearly 102°, with a frequent and weak pulse, moist but coated tongue, foul breath, a feeling of malaise, and general weakness. These have lasted for nearly a month, though they have somewhat improved during the latter half. My patient says that his brother suffered for six weeks during last winter in exactly the same way as himself.

The eruption consists of inflamed patches, somewhat like incipient boils, which burst, but, instead of discharging pus, pour out a very glutinous serous fluid, which quickly dries and forms a hard scab. There is considerable thickening and hardness of the skin around, and some slight enlargement of the lymphatic glands. The eruption is situated all round the chin, and under the jaws on both sides, with isolated patches on the forehead, eyebrows, and cheek. All round the lower margin of the face there is one continuous discharging surface. As soon as the scabs are removed, fresh discharge hardens and forms a scab again.

A question may, perhaps, be raised as to diagnosis. My patient was in perfect health before this attack, and never had an eruption of any kind about him before. It was treated by my *locum tenens*, in its early stages, for eczema, but apparently without the slightest benefit. The surface is hardly extensive enough, or associated with sufficient inflammatory appearances, to account for the decided general symptoms. Again, the thickening around the base of the eruption is too hard for acute eczema, and there is not the same swelling of the skin. There is not the same pain or soreness, either, as in acute eczema. I have prescribed quinine (three or four grains), with full doses (30 minims) of nitro-hydrochloric acid; and, locally, I tried, first, dusting with iodoform-powder; but, finding apparently little benefit from this, it was changed for oleate of mercury, with oleate of zinc, as an ointment. The sores have considerably improved, and the man's general condition is nearly restored.