gical results are entirely different; for, while the capillaries of the kidneys refuse to grant an unchallenged and free transit to blood charged with cutaneous excreta, and produce, as a result, Malpighian engorgement, serous transudation, or even the escape of blood, they do not ordinarily offer a similar impediment to blood charged with bile. We know, as a clinical fact, that jaundice may exist for years, and the kidneys be for years working off bile, without the production of albuminuria.

The other point is: What is the relation of cutaneous dropsy to the diagnosis of hæmaturia? In a case of doubtful hæmaturia, what light would be thrown on it by finding that sudden and general cutaneous oedema had been an antecedent symptom? It most positively asserts (barring the chance of coincidence) that the hæmorrhage was ultimate renal. Nay more; it would show that the particular cause of the kidney-mischief was suppressed action of the skin. I believe that sudden and general oedema occurs in no other class of cases of albuminuria or hæmaturia; and this I believe from the very *rationale* of acute cutaneous dropsy. It implies that the blood in the vessels of the skin is loaded with something that the skin ought to, and can, eliminate. Of course it is possible, as I have just said, that a coincidence may occur; and that, after the symptoms of acute renal dropsy, some other cause of hæmorrhage may supervene in some part of the urinary passages; but probabilities are always against coincidences, and we shall in any case be justified in giving to such an antecedent symptom its full diagnostic value.

[To be continued.]

Illustrations

or

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

WEST SUFFOLK GENERAL HOSPITAL.

CASE OF ANEURISM OF AORTA.

By JOHN W. GOODWIN, M.D.Cantab., Physician to the Hospital.

ON Nov. 22nd, 1861, I was requested to go to the railway station, as there was a passenger taken out of a first-class carriage, reported to be in a dying state. On my arrival, I found a large well-made man lying on some chairs in the waiting-room, with a livid countenance, and making most violent efforts to breathe. His chest, however, continued almost motionless; the abdominal muscles moved violently, and the larynx jerked up and down with a stridulous noise. His eyes were open, and the pupils contracted to a pin's point; but he seemed quite unconscious, and the perspiration stood on his face. His pulse was almost imperceptible; the hands and feet cold. His heart beat feebly; but scarcely any air could be heard entering the lungs. There was evidently great spasm; and after I had been with him five or ten minutes, he began to breathe more quietly; his countenance became less livid, and his pupils began to dilate; his pulse became much better, and his extremities began to get warm. I then made him swallow, though with great difficulty, some ammonia and chloric ether; and, in about an hour from my arrival, he was recovered sufficiently for me to remove him to the hospital. I elicited

from him that he was a gentleman's butler, and that he had got into the train about four miles from Bury; but that he recollected nothing more until he found me with him in the waiting room. He had been under the care of Mr. Image of this town ever since the commencement of the present year, and had suffered apparently from bronchitis, accompanied with a great deal of laryngeal spasm. This had yielded to treatment partially; but his voice was much altered, and he was constantly having these severe fits of spasmodic breathing. He had derived much benefit from a stay at Lowestoft; but that on his return his attacks again commenced. Mr. Image had given him the trial of a full mercurial treatment, thinking that there might be some syphilitic element; but with no benefit. His throat had been constantly blistered, and on admission he had an open blister on it. Mr. Image had recommended him to go to the Brompton Consumption Hospital, and, in fact, he was on his way there when this attack occurred.

There was a doubtful phthisical history; and he did not, to my eye, present the features of a phthisical patient. I ordered him some chloric ether and tincture of conium, in a wine-glass of decoction of cetraria, three times daily; a small quantity of brandy and meat diet. The day after admission, he incautiously put his hands into a basin of cold water, and the spasmodic breathing came on slightly, but passed off in a few minutes. Two days after this, he was attacked very early in the morning, and the house-surgeon thought him dead when he got to him; he rallied, however, and about 10.30 A.M., just the time of my morning visit, he was again seized with violent spasmodic breathing. At one time, for about half a minute, his breathing ceased, and his heart sounds could not be heard, and to all appearance, he was perfectly dead. In about half a minute, he gave a loud inspiration; and, upon being moved on to his side and then placed upon his back, he gradually rallied. His breathing became very rattling and less spasmodic; but the accumulation of mucus was so great as to lead one to imagine he must be suffocated, and he was long unconscious. As soon as he could swallow, I gave him a scruple of ipecacuanha, with directions to have it repeated, until vomiting was produced. He continued until late in the evening much in the same state; that is, breathing loudly, and expectorating rusty-coloured thick mucus. He took brandy and water occasionally, and at last managed to get some uneasy sleep.

In the morning, I found him looking cheerful, and breathing quietly; his countenance was pale, and he was, of course, in a very weak state. He took the anti-spasmodic expectorant mixture three times daily, and meat diet, with brandy and water. He continued to expectorate for four or five days tenacious, rusty coloured sputa, which presented the characters of bronchial and faucial epithelium, with blood-globules in numbers, and a large quantity of minute granular matter. I was able to make a thorough examination of him in a few days, and this was the result.

Percussion yielded a clear sound over both lungs posteriorly, and there was normal resonance over both anteriorly also, except for a small space at the sternal end of the left clavicle. From the sternal notch for about two inches along the left clavicle, and two inches below it, the percussion-sound was impaired. Air entered the right lung freely, and the respiratory sound was normal. There was, however, much less air entering the left lung; and over the space above alluded to the respiratory sound was loud and tracheal in character, but there was no increased vocal resonance; but the voice sounded just as if the ear were placed over the trachea. The heart-sounds were normal; and no murmur or impulse could be detected in any portion of the chest. The pulses were alike in the two wrists, and the number was about 74.

He complained of a tickling just above the sternal

notch; and a râle could generally be heard just at this position. His appetite was good, and he was cheerful; but complained of great weakness, and of an irritating cough, generally coming on about two or three o'clock in the morning. I ordered tincture of iodine to be painted over the space along the left clavicle above alluded to. He was kept in bed, and improved very much; he became stronger, and never had another attack of spasm.

On Dec. 29, I had seen him in the morning, and he was cheerful and looked much better. At 4 P.M., he suddenly called out to the nurse that something had "broken" in his throat, and in a second or two was deluged with blood, and died just as the house-surgeon came upstairs to him.

Upon *post mortem* examination, I found an aneurism of the arch of the aorta. There was one pear-shaped sac extending up the neck and bulging the trachea inwards, above the left bronchus, to the extent of half its diameter. This sac was nearly solid, about the size of a bantam's egg, containing laminae of fibrine, with a central space, into which a very small quantity of blood could enter. This sprang from the posterior part of the arch, and was to the left of the origin of the subclavian and carotid. The other sac was about the size of an orange, and, springing from the point where the descending aorta commences, was lodged against the bodies of the vertebrae and extended into the lung, in which it had contracted adhesions, and firmly embedded itself. Above it there was a thin portion of healthy lung. This sac had burst and caused death. The lungs were otherwise perfectly healthy, as were also all other organs. The trachea was ulcerated where it was bulged inwards, and almost perforated.

REMARKS. Much doubt had all along been present in my mind as to the nature of the disease in this case. I certainly own that I did not believe in the existence of aneurism, as there were no decided symptoms of that disease. There was slight dulness over a small space, corresponding to which respiration was almost cavernous, and the vocal sound tracheal. The voice was altered; and there were these terrible attacks of spasm, followed by bloody expectoration. No murmur of any kind, impulse, or thrill, could be detected, although carefully looked for. I quite ignored the existence of tubercle, which was considered as very probable by some who saw the case, as I considered that neither the physical signs nor the general history at all warranted one in supposing such to be the case. I gave my opinion that there was certainly something interfering with the trachea just at its bifurcation. I was led to this by the decidedly less air which entered the left lung, as compared with the right; by the sensation referred by the patient to that position; and by the almost constant presence of a tracheal râle at that spot. On the whole, my opinion was in favour of a polypus in the interior of the trachea, with possibly some enlargement of the bronchial glands. This case, like others adduced by writers, furnishes one more instance of how obscure the diagnosis of that terrible disease, aneurism, may be.

LONDON HOSPITAL.

ENORMOUS DOUBLE HYDROCELE; INJECTION OF LIME-WATER; RELIEF.

Under the care of C. F. MAUNDER, Esq.

M. L., aged 66, noticed about twelve months since a swelling in the scrotum, which gradually increased. The swelling on the left side was the larger, extending downwards from the external abdominal ring; it also had an hour-glass appearance, as though both a hernia and a hydrocele existed: and, unless the tumour were well lifted off the abdominal wall, a distinct impulse was communicated to the whole swelling.

Aug. 15th. By the advice of Mr. Critchett, lime-water was used as an injection. The right tunic contained two pints of straw-coloured fluid, the left three pints. The lime-water occasioned a slight amount of inflammation, evidenced by swelling, heat, pain, and redness. These symptoms soon subsided; and, to favour absorption, the compound mercurial ointment, supported by strapping, and a bandage, were applied with some benefit.

Sept. 12. A second injection of lime-water was made; the tunics having been previously evacuated to the extent of sixteen ounces in the left, and fourteen ounces in the right side. Similar after-treatment was adopted, and on September 30th, the tumours were much smaller, harder, but elastic; and the cords were readily found between the external abdominal rings and the upper end of each swelling.

Oct. 11th. The left swelling still fluctuated, and was tapped to twelve ounces.

Oct. 14th. The swellings were becoming smaller, hard, and knotted. He was ordered to have a suspensory bandage, and to leave the hospital.

Original Communications.

SUCCESSFUL TREATMENT OF SCARLATINA.

By JAMES COLE, Esq., Bewdley.

A PASSAGE in the obituary of the *Standard* newspaper of February 1st, recording the death of five persons in one family from scarlet fever within the period of a week, reminds me that I have long intended obtruding upon the pages of the *JOURNAL* a short communication on the treatment of scarlatina. From this disease it has been my good fortune never to have lost a patient throughout an experience of forty years, except only when there has been complication with croup, or some other mortal disease. Such being the case, and scarlatina being notoriously fatal, of which the record above referred to affords but too sad an example, it may not be altogether unprofitable to make known the principles of a practice that has proved so successful.

Taking it for granted that no one will dispute that scarlatina is a disease of certain duration, whose course cannot be shortened by any treatment, except in the death of the patient, it follows almost as a natural consequence that the simplest treatment may possibly prove to be the best, provided it has no tendency to weaken the constitution of the patient, or to interrupt the natural course of things. Such being the conviction early impressed upon me, my treatment of scarlatina has been remarkable for its negative rather than for its positive characters. Thus, for example, there are four things that I have ever studiously avoided doing; and to this, according to my best judgment, is greatly to be attributed the successful issue. This avoidance has consisted in never administering a particle of mercury or of antimony; in never taking away a drop of blood in any way whatever; and in never blistering the throat. If the practitioner will only *not do* any of these things, it appears to signify little what else he does, that is consistent with common sense and the established principles of medical science.

But, lest this declaration may be thought to be of too sweeping a character, and unsatisfactory in the matter of detail, it may be as well to state more fully what has constituted the positive character of the treatment. Of course, the patient has been kept in bed, and a total abstinence from all animal condiments or stimulating drinks enjoined. When the heat of the surface has been great, frequent sponging with tepid water has been had recourse to, leaving the surface damp, to dry by evaporation; and in adults occasionally, when the heat of the