urethral catheter. The kidney was incised along the convex border and thoroughly explored for stone. None was present, but the calyces were found slightly sacculated. The constricted orifice of the ureter was longitudinally divided upon the catheter, which was passed from a small opening in the infundibulum through the stricture to the bladder, and the ends of the incision were drawn together, by the Heineke-Mikulicz method, by means of two fine silk sutures, passed after the manner of Lembert (see Figs. 4 and 5). The wound

Fig. 5.—Manner of suturing after division of the stricture. The side view shows a great exaggeration of the pucker produced by tightening the sutures. (Diagrammatic).

of the renal parenchyma was sutured with silk. Nephropexy was then performed by Vuillet's plan. The wound healed entirely by first intention, and there has been no return since of the symptoms which led to the operation.

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- ² *Experimenta circa divers. var. animal. viv. ess. visc. et supplem.* (Act. Nov. Erudit., Lipsiae), t. sect. 6, p. 275.
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(To be continued.)

NOTES OF A CASE OF PERFORATING GASTRIC ULCER: OPERATION AND RECOVERY.

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Miss H., aged 20, an assistant in a shop, had been suffering from gastric ulcer since September, 1896, and had at intervals been under medical treatment. On June 24th, 1897, she was in the shop as usual, but was in great pain all day. Nevertheless her food on that day included rhubarb, strawberries, tomatoes, bread and butter, with tea. About 9 P.M., some four hours after tea, she suddenly felt acute pain in the stomach, rapidly spreading over the whole abdomen, but managed to walk home, a distance of two or three hundred yards, preferring that method to the jolting of a cab.

I saw her at 11 P.M., when it was evident that perforation had occurred. The pulse was 120, temperature 100°, liver dulness was still present, and there was no distension. The belly was too tender to elicit the presence of fluid. Consent

was only obtained for operation in the morning, so she was put under morphine, and dry heat applied. Next day her condition was much more grave, but at 9 A.M., with the help of Dr. Ryley and Mr. Blake, I operated.

An incision, above the umbilicus, in the middle line was made, 4 inches in extent, and immediately the peritoneum was opened, signs of the lesion were evident. Gas and fluid escaped, and large flakes of lymph were found, especially between the stomach and liver. The stomach was somewhat contracted, but not empty, and when drawn into the wound the ulcer was easily detected on the anterior wall, near the pyloric end. The edges were thin, ragged, and undermined, without evident induration; there was no large aperture, and evidently some slight attempt at repair had taken place, although the gentlest handling caused more of the contents of the stomach to escape. The ulcer was closed by a double row of Lembert's sutures, and, to afford further security, a portion of omentum was also fixed over the weak spot. The lymph was removed by careful sponging, an incision made below the umbilicus, and the abdomen washed out with hot boiled water. It was necessary to repeat the flushing several times, as on passing a glass drainage tube into Douglas's pouch, vent was afforded to nearly a pint of purulent fluid. The abdomen was then closed, several gauze strips being left in the upper wound, taking care that one passed up under the liver, and others proceeding directly to the line of sutures. Just as the dressing was completed, vomiting occurred, so the stomach was immediately thoroughly washed out. The operation lasted an hour and a-half, and was well borne, her condition being rather better than at the beginning.

The after-progress was uneventful. For two days she was very ill, but then commenced to improve. After the first day sips of hot water were given, and at the end of forty-eight hours, small quantities of champagne and milk alternately were administered. Vomiting occurred once on the third day. During this time drainage, especially from the tube in Douglas's pouch, was very free. The gauze strips were removed on the third day, but the lower wound was drained for a week. At the end of a fortnight both wounds were soundly healed. The temperature at no time rose above 102° F., and was normal in ten days. Menstruation, which for some months had been in abeyance, occurred on the third day after operation, and has since been regular. The patient was allowed up in the third week, and solid food gradually given. She has now, February 24th, been at work for some months, and, excepting when indiscreet in diet, there is practically no pain.

The points of interest in this case seem to me to be:

1. The ragged, undermined character of the ulcer, without induration or any large perforation.
2. The time after perforation (twelve hours) that the operation was successfully undertaken.
3. The necessity for thorough flushing and drainage, especially through Douglas's pouch.
4. The fact that such a severe operation could be satisfactorily and successfully performed in a small room of an ordinary lodging house, at very short notice, and without skilled nursing being obtained either at the time of, or subsequent to, the operation.

THE VISION OF RAILWAY OFFICIALS.

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A BRIEF account of the following case will show how unsatisfactory in some instances is the visual test for railway servants, in spite of the exertions of Mr. Bickerton and others.

J. L., aged 25, engine driver, consulted me on December 3rd, 1897, complaining of defective eyesight. Since leaving school he has, with the exception of a period of six months, been in the railway service. Beginning as "cleaner" in the engineering sheds, he was gradually promoted and passed as fireman (stoker) in 1890, whilst in July, 1895, he became an occasional driver, and a regular one some twelve months back, driving a passenger train this last summer, and a goods train since.

His vision for the post of driver was not tested until February, 1896, when it was tried by a chief clerk, who, he