urinary symptoms of renal calculus. In each case the urine was repeatedly examined microscopically, but neither blood nor pus was ever found, although in each case the stone was rough and jagged and calculated to cause hæmaturia. In the absence of the acute stabbing pain on percussion in the loin it would have been impossible to have diagnosed a stone in either case. Mr. Jacobson, in his work on *Operative Surgery*, quotes Mr. Jordan Lloyd, who first drew attention to the symptom, as attaching great importance to it. I can, however, find no mention of it in any recent systematic work on surgery in the English language—a fact which seems strange considering the difficulties which frequently exist in the diagnosis of renal calculus. Its value when present may be immense, but its absence of course does not negative the existence of a stone. The important question, however, is whether the characteristic stabbing pain when present is diagnostic of stone. In veriform trouble and impacted gallstone pain may be caused by heavy percussion in the loin, but in my limited experience the position and character have been very different.

[The notes of the first case were read at a meeting of the South Wales Branch of the British Medical Association at Swansea, on September 24th. The second case was published in the *Guy's Hospital Gazette* about eighteen months ago by Dr. Floyd, then House Surgeon at the Swansea Hospital.]

ABSTRACT OF AN ADDRESS ON SOME MEDICAL QUESTIONS OF THE DAY.¹

By H. W. KIALLMARK, M.R.C.S.,

Vice-President West London District, Metropolitan Counties Branch.

[Mr. KIALLMARK commenced his address by referring to the success which had attended the resuscitation of the District, and the holding of the meetings in the various parish infirmaries. He then proceeded to pass in review the more important medical topics of the past six months, referring first to skiagraphy and the Nauheim treatment of heart disease. Continuing the subject of therapeutics, he said:]

The medication of zymotic diseases by antitoxic serums has been making rapid strides in all parts of the world; in recent times diphtheria, that terrible scourge, has been brought under the control of an antidiphtheritic serum with, it seems to me, striking success. On these points differences of opinion will always exist, but figures, illusory as they sometimes are, appear to point to a real improvement in the results of treatment. Encouraged by this success an attempt is being made to cope with other diseases of a kindred type, such as those due to the presence of streptococci in the blood. Within the last few weeks cases have been reported of that terribly fatal disease—ulcerative endocarditis—having given way to injections of antistreptococcus serum. An antisyphilitic serum has also been brought to our notice, and a successful case of its use reported.² It is remarkable that on the first introduction of a new remedy or a new line of treatment success is generally met with. Ten years later the whole thing is forgotten, possibly the name of the remedy. More than forty years ago, when I was a student, syphilisation as practised by Boeh, of Copenhagen, was held to be the future conqueror of syphilis, but who hears of syphilisation now? It was in some way analogous to the serum treatment, as it consisted in repeated inoculations of the syphilitic virus till immunity was obtained. During that somewhat long period, of innumerable new remedies introduced those that have survived could almost be counted on the fingers of one hand. Chloroform, the bromides, chloral, salicin, cocaine, podophyllin, and a few of the synthetic laboratory compounds remain; the rest, where are they? Calomel is still the best cholagogue, and mercury still the specific for syphilis.

As an instance of the survival of an old remedy I might cite to you the success which has recently attended the use of phosphate of soda in Graves's disease. Whilst referring to modern and even recent pharmacology I cannot omit a reference to the administration of animal extracts.

¹ Delivered at a meeting of the Metropolitan Counties Branch, West London District, November 20th.

² BRITISH MEDICAL JOURNAL, February 8th, 1896, Dr. H. S. Barling.

These are recommended in all and several organic complaints. In the list of a large wholesale druggist I find that the following are kept in stock: Thyroid gland, thymus gland, salivary gland, pineal gland, suprarenal capsule, cerebrin, didymin (?), pituitary body, bone medulla, spleen substance, ovarian substance, Fallopian tube substance, uterine wall substance, kidney, liver, lymphatic, pancreas, and synovia! Do not all these, if used, touch upon the heresy of *similia similibus*, and do they not remind us of the witches' broth as served up in Macbeth? To my old-fashioned and out-of-date mind there is much to regret and more to question in these modern modes. The worst of it is that these remedies, whose virtues are to be discovered, have vices which promptly show themselves.

Turning to the more strictly professional and political subjects of the day, we have had to welcome, after a seven years' delay, the advent of the report of the Vaccination Commission, which, by all of us who regard every unvaccinated individual as a source of possible danger to the community, must have been read with mingled feelings of surprise and even indignation. After proving up to the hilt that vaccination is the only means of stopping the spread of variola, and the one means of eventually stamping it out, the Commission in its wisdom recommends that it should no longer be compulsory, for the conscientious objectors will be numerous, and include all the faddists who look upon vaccination as an unwarrantable attack upon the liberty of the subject to spread a loathsome disease according to their own sweet will. Fortunately, the law still remains unchanged, and it is to be hoped will not be altered; it rests with the guardians and sanitary authorities to make it respected.

With regard to that still more burning question—the election of direct representatives—I am convinced that all the candidates are equally distinguished and capable. I venture to say, however, that it seems to me that those who are elected should at once devote all their endeavours to the task of enlarging the powers of the Council by further amendment of the Medical Act. Without such amendment the Council is powerless to increase its disciplinary action, or to deal with the thorny question of the registration of midwives. Lastly, as to the suggestion that has been made to the effect that the funds of the Association should be in part devoted to the purposes of medical defence, I am strongly at one with the opinion expressed by our President, Mr. Butlin, and hold that the Association has enough on its hands already if it adequately discharges its responsibilities. The dissensions of its individual members, or their grievances against others not in the profession, are well and successfully dealt with by the Medical Defence Union, and other societies of a like nature, to which most of us belong. It would be an evil day for the profession when our, so to speak, "trade disputes" became mixed up with the progress and high character of our noble art.

STONE IN THE BLADDER: LITHOTOMY FOLLOWED BY LITHOLAPAXY.

By SURGEON-MAJOR HAROLD HENDLEY, I.M.S.,
Civil Surgeon, Simla.

B., a Hindu, aged 36, was admitted to the Dharmasala Civil Dispensary on June 1st, 1896, suffering from symptoms of stone in the bladder, which he described as having been present at least seven years. He stated that he had been operated upon for stone in 1889, but that no stone was actually removed; he professed, however, to have been free from discomfort for at least a year following. The hospital register revealed the fact that he had been operated upon on January 9th, 1889, and that the operation was described as "incision for enlarged prostate." Further information elicited from the medical subordinate—in charge of the dispensary at that time—showed that, although he and the two surgeons present at the time of the operation were quite satisfied, after sounding, that a stone was present, none could be discovered even after a thorough examination with the finger. In 1893 he was again admitted, and stone in the bladder was diagnosed without difficulty; in consequence, however, of his bad state of health—the result of cystitis—he was not operated upon.

On admission, the patient was found to be in a very weak and anæmic condition—he evidently suffered much from continuous pain—the bladder was in a very irritable condition, and large quantities of foul-smelling pus escaped with the urine. On the left side of the perineum was a cicatrix in the usual position, following a lateral lithotomy with a small fistulous opening from which pus escaped and some urine, about its centre.

The bladder was injected with saturated boracic acid lotion for three days, and then, owing to his great distress, and notwithstanding his emaciated condition, it was decided to operate. Under chloroform a stone (phosphatic) was crushed and evacuated without difficulty. On sounding, however, though nothing could be discovered in the body of the bladder, something like an enlarged prostate, but which was without doubt a stone, could be felt with the finger in the rectum between it and the sound. A small-sized lithotrite failed in grasping the stone, but with the finger in the rectum a full-sized one was more successful; the stone was grasped, but could not be moved into the bladder, but had to be crushed where it lay encysted. The operation was finished without further trouble, and what had appeared to be an enlarged prostate had disappeared. The stones weighed in all 1½ oz. Beyond a rise in his temperature to 102.5° F. on the first day and 100.2° on the second, the patient did remarkably well, and he left the dispensary on June 14th with no pain, almost clear urine, and no signs of stone.

Taken in all its bearings this case is probably unique. The cystocele occupied roughly two-thirds of the trigone towards the right; its upper margin appeared to form, especially towards the left, a very firm crescentic-shaped projection from the bladder, which had resisted all attempts to move the stone upwards. The incision made in 1889 must have not only passed to the left of this projection, but probably also by severing its attachments allowed it to fall forwards, and so completely cover the stone. That the operation relieved him of his trouble was to be expected, as it resulted in permitting a free drainage of the bladder behind the projection, and for the time being cured him of his cystitis.

HINTS ON SEA VOYAGES FOR PATIENTS.

By GEORGE WALTER BARBER, M.R.C.S.ENG.,
L.R.C.P.LOND.,
Surgeon P. and O. Service.

WHILE serving at sea I have been struck by the number of people sent away for the benefit of their health with absolutely no directions as to the precautions that should be observed in the tropics, and as to matters which greatly conduce to the comfort and well-being of the patient.

In the first place, it is well that an entire cabin should be secured, especially for phthisical patients, as they are at once a source of infection and also a great annoyance to those occupying the same cabin, and should their complaint become serious it is a necessity.

A crowded ship should be avoided, as, unless the patient has an attendant, he or she cannot have the attention from the stewards and stewardesses that a severe case demands. These last make most excellent nurses, but naturally they are extremely busy in a crowded ship. The cabin selected should be amidships, where the motion and vibration are least felt, and for a voyage *via* the Suez Canal should be on the starboard side homeward bound and the port side outward bound.

The patient should be told not to neglect to wear a cummerbund over his pyjamas (not nightdress), as the neglect of this precaution frequently leads to severe abdominal pain and diarrhoea, and often colitis, owing to the free perspiration which occurs in the tropics being suddenly checked by a stream of cold air from an open port, hatchway, or punkah. This, of course, greatly militates against the good done by a trip.

The patient should never sleep on deck, especially if suffering from a throat disorder, and as soon as he arrives in the tropics he should be told to wear a solar tope, which protects the neck, as those in indifferent health are particularly liable to sunstroke, sun headache, and thermic fever. I

have recently had a patient under my care who was sent away for the benefit of her lungs, which it was feared might become tuberculous. In Cairo she suffered from sunstroke, and two months later came under my care at Colombo suffering from thermic fever and hñl diarrhoea contracted up country, all of which might have been avoided with ordinary care. The patient should be told to keep on deck as much as possible, and not stay below as they so often do; but they should not sit under a single awning which allows the sun's rays to penetrate. Clothing should be suited to the varying climates, warm clothes for the Atlantic and Mediterranean (according to the time of year) and flannel for the tropics.

I think all alcoholic cases should be put under the charge of the ship's surgeon at the commencement of the voyage, as he is able to see that they get no liquor. The morning bath should be taken warm by those who are in delicate health and malarial cases, especially those suffering from enlarged spleen. Very strict orders should be given about diet, as passengers generally eat too much and take too little exercise in spite of the best advice. In the P. and O. service any diet can be procured on the recommendation of the ship's surgeon.

A good deal has been written about sea sickness lately. I have found the following prescription of great value: R chloroform. pur. ℥j; tr. nucis vom. ℥j; tr. lavand., ℥x; aq. ad ʒj. M. ft. mist. To be well shaken, and one teaspoonful taken every hour until the nausea is relieved, and liquor morphini acetatis ℥v if there is much pain. A tight binder will often relieve the pain due to straining, especially in uterine cases. Alcohol is unnecessary in most cases, and I think many people take too much if left to themselves. Milk and soda, beef tea, beef jelly, should be given in small quantities at frequent intervals, and crushed ice given to suck.

I think many patients would derive considerably more benefit from the voyage if medical men made it a rule to give them a few hints before sending them on board ship, and also not to neglect to give them a letter describing their cases, which they may hand to the ship's surgeon should they find it necessary to consult him.

CONVULSIONS AND PHLEBITIS IN MEASLES.

By EDWARD MACKEY, M.D.,
Physician to Children's Hospital, &c., Brighton.

CASE I.—A boy of 10 years, healthy but "nervous," came home from dayschool on July 13th, 1895, with sickness and headache, but was at church next day and out also on July 15th, if not July 16th, when a rash was noticed. On July 18th, when first seen by Mr. Morgan, measles were fully developed and no unusual symptoms presented. When left at 10 p.m. he expressed some fear of "robbers" (attributed to his story books). At 3 a.m. he was heard moaning and found unconscious. A few hours later we saw him together—comatose with some stertor, insensible corneæ, dilated pupils, retracted head, spastic rigidity of limbs, contracture of fingers and toes. The temperature was 105°. The heart's action fair, no dulness over lungs. There were dark maculæ on various parts, some not fading on pressure; no urine was obtainable. Calomel, mustard pack, two leeches over each mastoid, and hypodermic injection of pilocarpine were used, and he became quieter and able to swallow, but died of asthenia at 8 p.m. *Post-mortem* examination of the head only was allowed. The brain bulged out, large and soft, free from coarse change, but the veins were congested. Under ¼-inch lens sections showed capillaries densely crowded with corpuscles, which suggests that perhaps freer and earlier bleeding with perhaps saline injection would give the best chance to a similar case. Toxins circulating in the blood and overwhelming nerve centres—this seems the only explanation.

CASE II.—A girl of fifteen months, teething, got a slight general convulsion for two or three minutes on August 8th. Two previous babies were said to have died of tuberculous meningitis, but this one had thriven remarkably well on sterilised milk, etc., in healthy surroundings (large detached house in grounds) and with every care. She rallied well, but on August 10th had much cough and hurried breathing with *râles* and some dulness of the right base. On August 11th