Neurosis and Vicarious Hematuria.—I have no personal experience of these conditions. Laycock (*Nervous Diseases of Women*, p. 229) mentions hæmaturia as not uncommon in hysteria, but I have not yet recognised a case, though I have certainly met with one or two cases of hæmaturia in women which I have not ventured to class in this paper. Sir W. Roberts mentions menstruation, hæmorrhoids, and asthma as conditions in which vicarious or supplementary hæmaturia occurs, but I can only quote him, and leave the matter without further comment, as I have never met with such cases. Dr. G. H. Savage states that hæmaturia may occur spontaneously in acute mania and general paralysis.

Treatment.—A very few words as to the general treatment, which must be specially regulated in each case by the cause. Undoubtedly hæmaturia usually passes off by rest, after a shorter or longer time, independently of drugs. But, as we have seen, there are persistent cases in which we are bound to do our best, and ample opportunity is afforded for trying all known remedies. My experience has been that they are all very untrustworthy, and I hesitate to give the preference to any one. Acetate of lead, ergot, hamamelis, gallic acid, and perchloride of iron, should have a fair trial. In hæmoglobinuria a tea-grain dose of quinine should be given at the commencement of the attack, and five grains three times a day till convalescence is established. Chloride of ammonium, recommended by the late Dr. Warburton Begbie, has never been followed in the hands of others by the fortunate results he obtained.

In the discussion which I hope will follow I should be glad to elicit opinions upon (1) the differential diagnosis of renal and vesical hæmaturia; (2) on the differential diagnosis of twist, calculus, and cancer of the kidney; (3) on the occurrence of hæmaturia in syphilis; (4) on hæmaturia from chill; (5) on the results of the drug treatment of persistent hæmaturia.

ON THE OCCURRENCE OF ALBUMEN IN THE URINE OF THE INSANE.

By JOHN TURNER, M.B.,

Assistant Medical Officer Essex County Asylum.

THE JOURNAL for June 11th, 1887, contains an abstract from a paper by Professor Grainger Stewart concerning the occurrence of albumen in the urine of healthy people. He found that, in 407 cases, albumen occurred in 31 per cent.; in soldiers, a rise of from 15.6 before breakfast to 40.6 after breakfast; in old men, 37.5 to 67.5; and in children, 12.5 per cent. to 17.5 per cent.

The following is the result of the examination of the urine of 200 male lunatics made during the months of August and September. The water was collected three times in each case during the day, when possible; but a considerable number refused at times to micturate when requested to. The first collection was made between the hours of 6 A.M. and 7 A.M., after rising; the second was at 9 A.M., that is, about half an hour after breakfast was finished; and the third at 12.45 P.M., a quarter of an hour before dinner, and after the able-bodied and willing men had finished a morning's work. The diet of all these men was nearly alike, but the workers had bread and cheese and one pint of beer at 11 A.M. The breakfast consists of six ounces of bread, half an ounce of butter, and one pint of tea with milk. The albumen was tested for in every case both by the cold nitric acid (Heller's method) and picric acid tests, and varied from a slight, almost imperceptible trace to a heavy cloud appearing immediately the test was added. It was only when the nitric acid test was corroborated by the picric acid, and *vice versa*, that albumen was accepted as present. In some cases the picric acid, when added to the urine, threw down a dense cloud immediately, which might easily be mistaken for albumen, but that it is completely soluble on boiling, and does not appear with the nitric acid.

In these 200 males, albumen occurred at one time or another during the three collections in 81 cases, or 40.5 per cent.; before breakfast, in 22.3 per cent.; after breakfast, 24.5 per cent.; and before dinner practically the same percentage, 24.4. On separating these cases into the two classes of workers and those who do not work either from bodily feebleness, unwillingness, or excitement, etc., it appears that, out of 115 workers (either working on the land or in the shops, or doing ward work, such as scrubbing, etc.), albumen occurred in 45 cases, or 39 per cent. Before breakfast the percentage was 24.4; after breakfast, 28.9; and before dinner, 30.0. In 85 patients who did no work it occurred in 36, or 42.3 per cent.; before breakfast the percentage being 32.8, after breakfast 32.2, and before dinner 31.3; in the former class there being a rise in the percentage

from before breakfast to before dinner, and in the latter the percentage falling very slightly. The rise after breakfast in the workers is not nearly so marked as Professor Grainger Stewart showed in his series of cases.

It will be seen from the following table that the albumen occurred in the largest number of cases between the ages of 20 and 25, the next highest number between 65 and 70.

15 to 20 = 5 cases	50 to 55 = 6 cases
20 „ 25 = 18 „	55 „ 60 = 6 „
25 „ 30 = 3 „	60 „ 65 = 3 „
30 „ 35 = 10 „	65 „ 70 = 11 „
35 „ 40 = 7 „	70 „ 75 = 4 „
40 „ 45 = 4 „	75 „ 80 = 3 „
45 „ 50 = 6 „	

Epileptics frequently have albumen in their urine, and as this class contains many young men, they serve to swell the numbers in the quinquennial period between 20 and 25. No fewer than seven of the thirteen cases were epileptics. The urine of one epileptic was examined shortly after his having had fits, and it contained no albumen. This was just before dinner. After breakfast and prior to the fits it contained a quantity.

Of 60 cases of mania (recent and chronic) 23, or 38.3 per cent., contained albumen in the urine.

Of 40 cases of secondary dementia, 21, or 52.5 per cent., contained albumen in the urine.

Of 11 cases of senile dementia, 7, or 63.6 per cent., contained albumen in the urine.

Of 80 cases of epilepsy, 11, or 36.6 per cent., contained albumen in the urine.

Of 13 cases of general paralysis, 1, or 7.6 per cent., contained albumen in the urine.

Of the eleven epileptics whose urine contained albumen, seven were between 20 and 25 years of age, two were 34 years of age, one was 18, and another 54.

Only one general paralytic's urine contained albumen; he was a man aged 56, and it is unusual for this disease to occur in men of such an advanced age.

The number of cases from which these results were obtained was necessarily small, the total number of male patients being about 300, of which a great many refused to micturate when requested to, whilst others were wet in their habits; but I have recorded them hoping that others with similar facilities may do likewise, and thus trustworthy and valuable information on the occurrence of albumen in the urine of the insane, and its causation, may be obtained.

A CONSECUTIVE SERIES OF TWENTY-SIX OPERATIONS FOR THE RADICAL CURE OF HERNIA.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association, held in Dublin, August, 1887.

By A. W. MAYO ROBSON, F.R.C.S. ENG.,

Honorary Surgeon to the Leeds General Infirmary, and Lecturer on Practical Surgery at the Yorkshire College.

WHEN it is borne in mind that a considerable percentage of the inhabitants of the United Kingdom suffers from rupture, and, that to each individual so afflicted, the inconvenience and discomfort which has to be borne is a matter of no small moment, although slight in comparison with the danger of strangulation, which is constantly present; one cannot help wondering why the sufferers will bear their troubles so long before submitting to an operation for radical cure. The only apparent explanation of this fact, is that operations for the cure of hernia are considered uncertain and dangerous. If it can be proved that safety and certainty are the rule and not the exception, I think that medical men will advise, and patients will see the expediency of submitting to operation, as soon as the hernia ceases to be controlled by a truss, either on account of its size or irreducibility, or from any other cause.

The following twenty-six operations, which are a consecutive series of both hospital and private cases, will serve to illustrate my remarks.

It will be noticed that whilst in every case the operation for radical cure was performed; in one half it was done after reducing strangulated hernia, and in the other thirteen on account of trusses having failed to do good because of irreducibility or from the large size of the hernial aperture, the patients being incapacitated in consequence from carrying on their duties. In all but two cases, where Wood's operation was performed, the sac was excised after its neck had been ligatured, the canal being sutured only if very open. In every case

Table of Twenty-six Cases of Operation for the Radical Cure of Hernia.

No.	Hospital or Private	Date.	Name and Occupation.	Age.	Variety.	Age of Hernia.	Strangulated or Not.	Operation.	Progress.	Result.	After History.
1	Hospital	Aug. 12, 1884	W. M. S. Rope-maker	40	Left inguinal oblique	Some years	Strangulated 36 hours	Sac opened, stricture incised; knuckle of dark bowel inside; secondary omental sac. Omentum adherent to neck of sac. piece size of hen's egg removed; pillars wired by 8 silver wires; neck of sac ligatured and sac excised	Healed by first intention, flatus passed within 12 hours, motion passed on 3rd day, patient up and about on 10th day	Cure	A short time afterwards, during my absence from home, he was seized with symptoms of acute obstruction and died on 3rd day; at post-mortem a loop of bowel was found strangulated by a band of omentum passing from the seat of the old hernia.
2	Private	Oct. 1, 1884	Eliz. R.	75	Right femoral	9 years irreducible	Strangulated 4 days	Sac opened and bowel returned after dividing stricture; neck of sac ligatured but not excised	Bowels moved on 4th day	"	Femoral canal large, truss advised.
3	Hospital	Oct. 13, 1884	H. J. S. Out-porter	42	Right inguino-scrotal reaching half way down the thigh	5 years, irreducible for 9 months	Not	Sac opened, adherent bowel detached and reduced; sac excised and neck ligatured, pillars of ring wired by 8 silver wires as the opening was large enough to admit 4 fingers	Suppuration occurred in scrotum, but otherwise did well, healing by granulation	"	Seen in Dec. 1885 working as out-porter, quite well and no return of rupture, advised to wear a truss when discharged.
4	"	Nov. 29, 1884	Ellen J.	40	Left femoral, very large	2 years during which time strangled 3 times and reduced by taxis	Strangulated 4 days	Sac opened, stricture divided, bowel reduced, neck of sac ligatured and sac excised	Temperature normal throughout, deep parts healed by first intention, superficial parts by granulation	"	When last seen did not require a truss.
5	"	Dec. 10, 1884	Joseph F.	56	Huge scrotal hernia which had existed 9 years and which could not be retained by a truss; he was totally incapacitated from work	9 years	Not	Sac opened and contents reduced, neck of sac ligatured, sac excised	Developed other bronchitis and died within 24 hours. It was a very cold day, and in being taken from the operating theatre to the ward he may have caught cold	Death from bronchitis	Necropsy, acute bronchitis and congestion of the lungs; abdominal contents healthy and sac perfectly closed.
6	"	Dec. 25, 1884	Eliz. M.	62	Right femoral hernia	3 years	Strangulated 24 hours	Sac opened, stricture divided, congested bowel and omentum returned, sac ligatured at neck and excised	Healed by first intention, flatus passed next day, bowels moved on 7th	Cure	No truss required.
7	Private	Dec. 31, 1884	John L. Clerk	72	Left femoral, small	Several years	"	Sac opened, knuckle of bowel returned, sac ligatured	Flatus passed after a few hours, bowels moved on 5th day	"	Seen Feb. 1887, there had been no return of the hernia. He had worn a truss. No truss ordered.
8	Hospital	Dec. 26, 1885	John B. Mechanic	20	Right inguino-scrotal	3½ years, reducible upto 24 hours before admission	Strangulated	Large amount of fluid in sac and knuckle of dark bowel. Sac ligatured at neck and excised after bowel had been returned, cord intimately blended with sac and separated with difficulty	Temperature normal after first day	"	Advised to wear a truss.
9	"	Dec. 28, 1885	George W.	13	Double inguinal	Congenital	Not	Wood's operation, ligaturing pillars with chromicised catgut	Uninterrupted recovery	"	No return of hernia, no truss worn.
10	Private	Dec. 30, 1885	David Y.	68	Right femoral	1 year	Strangulated 36 hours	Small knuckle of bowel returned, sac ligatured at neck and removed	Healed by first intention, flatus passed within few hours, bowels moved on 4th day	"	—
11	Hospital	Jan. 2, 1886	Alfred C.	2	Left inguinal	Congenital, could not be retained by a truss	Not	Sac ligatured at neck; Wood's operation had been performed 6 months previously and had failed to effect a permanent cure	Uninterrupted recovery	"	—
12	"	Feb. 24, 1886	Wm. S. Hawker	40	Right inguino-scrotal	8 years	"	Wood's operation, silver-wire used and left in	Wound healed in great part by granulation	Relieved	He did not wear a truss and the hernia returned after 3 months, in Jan. 1887 he was readmitted and after the wire had been removed a truss prevented the rupture coming down
13	"	May 14, 1886	Hannah D.	65	Femoral	—	Strangulated 3 days	Sac opened, stricture divided, adherent omentum released, bowel dark, but not gangrenous reduced, neck of sac ligatured, sac excised	Patient was suffering from bronchitis when admitted; got worse, and although she passed flatus and the abdominal symptoms were relieved, she died on the 6th day. The wound healed by first intention	Death from bronchitis	Necropsy revealed everything normal in the abdomen and that death was due to bronchitis and congestion of the lungs.

Table of Twenty-six Cases, &c. (continued).

No.	Hospital or Private.	Date.	Name and Occupation.	Age.	Variety.	Age of Hernia.	Strangulated or Not.	Operation.	Progress.	Result.	After History.
14	Hospital	July 9, 1886	Wm. K. Clerk	50	Ventral, irreducible, incarcerated, 5 inches in diameter	4 years history following blow on abdomen in left hypochondriac region	Not	Sac opened, omentum released and returned, sac ligatured at neck and excised, wire sutures applied to pillars	Temperature normal throughout; healed by first intention	Cure	There has been no return of the hernia, wire suture not removed, no truss required.
15	Private	July 12, 1886	Mrs. R.	70	Right femoral, small	10 years	Strangulated 24 hours	Stricture incised, knuckle of bowel reduced, neck of sac ligatured and sac excised	Healing by first intention	"	No return of hernia, no truss worn.
16	"	July, 1886	John Q.	3 mths.	Right inguino-scrotal, irreducible	Congenital	Not	Sac opened, coils of bowel adherent to sac and to one another requiring free dissection before they could be returned; neck of sac ligatured and sac excised, pillars of ring united by silver wires	Wound healed for most part by first intention but afterwards an abscess formed around the wire, which had to be removed; otherwise there were no bad symptoms	"	Requires to wear a truss.
17	"	July 30, 1886	Thos. B. Mechanic	45	Left inguino-scrotal, cannot be retained by a truss	28 years, unable to do hard work	"	Ligature of neck of sac and excision of sac	Rapid recovery. Up and walking about at end of fortnight	"	April 1887, well and able to work without truss.
18	Hospital	August, 1886	John A. H.	22	Left inguino-scrotal, truss does no good	8 months	"	Ligature of neck of sac and excision of sac	Uninterrupted recovery	"	—
19	"	Sept., 1886	Hannah G.	59	Right femoral obstructed, size of duck's egg	5 years	Obstructed 5 days	7½ ozs. of omentum removed, neck of sac ligatured and sac removed	All healed except a small fistula which discharged pus for 3 weeks, at the end of which time a caoutchouc ligature came away unaltered	"	No truss required.
20	"	Sept. 11, 1886	Benj. G. Blacksmith	40	Left inguinal, with hydrocele of hernial sac	Had worn a truss for 5 months	Irreducible for 5 days but no acute symptoms	Mass of deeply congested omentum adherent to neck of sac and blocking it up, detached and removed, 12 ozs. of blood-stained serum in sac; sac ligatured at neck and excised, pillars of ring wired	Greater part of wound healed by first intention, small sore healed by granulation, temperature never above normal, discharged October 9th	"	"
21	"	Oct. 1886	Sarah C.	67	Femoral, size of small hen's egg	5 years	Strangulated 6 days	Small knuckle of deeply congested bowel in mass of dark omentum found in sac; crural ring notched, omentum removed, bowel returned, neck of sac ligatured, sac excised	Healed by first intention, only one dressing	"	"
22	"	Jan. 3, 1887	Geo. H.	51	Ventral, size of duck's egg, irreducible	12 years	Not	Sac opened, omentum removed, neck of sac ligatured, sac excised, and pillars sutured	Healed by first intention, one dressing; discharged January 18th	"	Remains perfectly well, requires no truss or belt.
23	"	Jan. 25, 1887	John H.	31	Irreducible inguinal, only irreducible for one week, hydrocele of hernial sac	5 years	"	On opening sac a small mass of omentum was found blocking the neck, neck ligatured and sac removed. Specimen in Leeds School Museum	Healed in great measure by first intention, small surface granulated, temperature never above normal, discharged February 18th	"	No truss has been required, cure seems permanent.
24	"	Feb. 21, 1887	Wm. G.	70	Left inguinal	11 years	Strangulated 10 hours	Stricture divided, bowel reduced, sac removed after ligatured neck, pillars not sutured	Healed at 2nd dressing, discharged March 12th	"	No truss required.
25	"	March, 1887	Hannah G.	54	Right femoral	3 years	Strangulated 24 hours	Large knuckle of bowel in sac and small mass of adherent omentum (1 oz.) which was detached and removed; ring notched and bowel returned; neck of sac ligatured and sac excised	Healed by first intention except superficial granulations; flatus passed a few hours after operation	"	"
26	"	June, 1887	John T. Skipton	53	Right inguino-scrotal	5 years	Strangulated 20 hours	Knuckle of deeply congested small intestine, with extravasation of blood in the attached mesentery, and about 1 oz. of bloody serum in sac; stricture very tight at neck of sac, divided; sac removed and neck ligatured; old hydrocele opened, edges sutured to lower end of wound and dressed	Wound healed by first intention, flatus passed in 6 hours, bowels moved on 3rd day naturally, temperature never above normal	"	No truss necessary

strict Listerism was followed out, and as a rule not more than one or two dressings were required.

The ages of the patient varied from 3 months to 76 years, the ruptures being ventral, femoral, inguinal, or inguino-scrotal. The greater number appeared to be permanently cured, and it seemed to be quite unnecessary to recommend a truss, unless, as in Case 3, the opening into the abdomen had been unusually large.

Cases 5 and 13 require special notice, as they both succumbed to bronchitis, but in both the necropsy clearly proved that the site of operation was quite satisfactory, that the bowel had recovered itself, and that there was no peritonitis. In the latter case a woman, aged 65, was admitted with strangulated hernia and acute bronchitis, and an operation could not be delayed, as the hernia had been strangulated for three days. Chloroform was given, and although the patient lived to heal the wound, the chest ailment proved fatal on the sixth day.

In Case 5, an emphysematous subject, aged 56, with a large scrotal hernia, unfortunately had ether given instead of chloroform, and although the patient may have caught a chill in going from the operating theatre to the ward, it being a cold day, I cannot help blaming the anæsthetic for the acute bronchitis which supervened.

Whenever, for the cure of some deformity or disease, several different operations are advocated, it would, as a rule, seem to point to two conclusions—first, that the ailment urgently demands treatment; and secondly, that no one operation possesses such marked superiority as to monopolise the field. Whilst agreeing with the former hypothesis I should hesitate to accept the latter, for of all the operations I have seen done, or have myself performed, for the radical cure of hernia, the only one that I have found really satisfactory is that of excision of the sac after the ligature of its neck as high as possible, with suture of the pillars of the ring if widely separated. This, if done with due antiseptic precautions, is both safe and efficient; and, if the sac be separated from its surroundings before it is emptied, the operation is both shortened and simplified.

A CASE IN WHICH THE RADICAL CURE OF HERNIA WAS PERFORMED BY AN UNUSUAL METHOD.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association held in Dublin, August, 1887.

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

Surgeon to the Sunderland Infirmary; Assessor in Clinical and Operative Surgery University of Durham College of Medicine, Newcastle-on-Tyne.

In connection with the discussion on the radical cure of hernia, the notes of the following case may be of interest, in which a radical cure was performed by a method which I feel that I may well describe as unusual. On April 12th, my friend, Dr. Collie, of Sunderland, sent me word to come at once and help him with a case of strangulated hernia. On arriving at the house, I found the patient, a man, aged 58, had suffered from a reducible inguinal hernia for sixteen years, for which from time to time he had worn a truss, and when the hernia descended he could always get it back again, until the previous night, when he failed to return it, and suffered a good deal of pain in it; had vomiting, and, in short, all the symptoms of strangulated hernia. Failing to reduce it, and having read that surgeons under such circumstances cut for hernia, he got up, took a razor, and proceeded to do so, and cut freely, cutting right through the sac, cutting off these two large pieces of omentum that I show you, and almost cutting completely through his right spermatic cord. Luckily, there was no intestine in the sac.

When I saw him he was almost pulseless, and completely blanched, so free had been the flow of blood from the artery in the divided cord, which was almost the only place from which hæmorrhage occurred. The remaining piece of omentum that protruded through the opening had a few bleeding points, and these were secured with catgut, and the stump was easily returned through the ring. The testicle was removed from the scrotum, and as the sac was already cut completely through, I performed the remaining steps of the method of Dr. Mitchell Banks for the radical cure of hernia, and finally closed the wound, the whole being done antiseptically. Under the skillful care of Dr. Collie, the man recovered perfectly; but, having become insane—which he doubtless was at the time of the operation—he had to be removed to the workhouse, and Dr. Nursey informs me so far there has been no return of the hernia.

(The removed portions of the omentum and the testicle were exhibited to the meeting.)

SOME OBSERVATIONS REGARDING THE PERMANENCE OF THE RADICAL CURE OF HERNIA.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association held at Dublin, August, 1887.

By CHAUNCY PUZEY, M.R.C.S. ENG., L.R.C.P. LOND.

Surgeon to the Northern Hospital, Liverpool.

THE operation for the radical cure of hernia by ligation of the sac at its neck, generally combined with removal of the sac, and in a majority of cases, with suturing of the pillars of the ring, may now be looked upon as an established surgical procedure. Nevertheless, it is so far a comparatively new operation that the discussion of some of the details must be of practical value in leading to the permanent success of the operation.

With regard to the permanence of the success, there is considerable difficulty in arriving at the truth, because it is often difficult to trace the patients in after years. For instance, a fortnight before this annual meeting I sent to the addresses of seventeen patients upon whom I had operated for the radical cure of hernia, and of these only seven attended to show themselves; they were all who could be traced; the others had "left Liverpool," "gone to sea," and "had gone and left no address." But these seven were in as satisfactory a condition as could be desired. The ages varied from 40 to 2½ years old at the time of operation; in four of the cases both sides had been operated upon; two of them had the double operation performed on the same day. In the other two cases one side was operated upon first, the other side two or three years later; that is to say, in these seven cases there were eleven radical cures, nine absolutely perfect, so far; the other two I believe to be complete cures, although there is slight weakness or impulse at the lower part of the abdominal wall, external to the ring, no impulse being felt at the ring itself.

The first of these cases was operated upon in September, 1882, has been hard at work ever since as a cotton porter; has been intemperate, and has taken no care of himself, yet he is to all intents perfectly sound as regards hernia. The last of these cases was operated upon in July, 1886, for large double hernia, both operations being performed on the same afternoon. So far, a year after, he appears absolutely sound, no bulging or impulse whatever being found; he is a fireman on a steamer, hard at work, of course, in a hot room when employed, and frequently tipsy when on shore. In spite of these disadvantages he is apparently cured. Others in the list I have seen two or three years after the operation, when the result was perfect, but not being able to find them I cannot say how they are now. So far as I know, there has been no failure. The first operation I performed was in December, 1881; that patient was shown at the Liverpool meeting in 1883, quite sound. Cases operated upon during the last twelve months I have not included, though quite satisfactory up to the present time.

One most important point in the operation is to get the neck of the sac ligatured high up. I like to have my finger inside the sac, at the internal ring, whilst a colleague or other assistant presses the ligature up beyond the tip of my finger, and thus ties the sac at the internal ring itself. If the sac is thick and unyielding, or very large, so that there appears a possibility of the ligature slipping (which I have seen occur), I transfix it with a large needle, draw the ligature through, and tie first one portion of the neck of the sac only, so as to get a firm hold, then carry the same ligature round the whole of the neck, and tie firmly just above the first ligature; then it cannot slip.

With regard to suture of the pillars of the ring, I find that, out of twenty-four cases, I have stitched the ring in eleven cases, in eleven I have not done so; in two cases information in the hospital books is absent on this point. I have stitched with stout catgut or chromicized catgut, when the external ring has been very patulous, but of late only in such cases. I have never used the metal suture for the pillars, because I cannot see any advantage, but only a possible disadvantage in such a procedure.

The point towards which I particularly wish to draw attention is the value of prolonged rest in bed after the operation as an important factor in successful result. The last dozen or more of adults on whom I have operated have been persuaded to lie in bed for fully two months after operation, and it is to this, in a special degree, that I attribute the satisfactory results of operations for some very large herniæ, in which I have been dubious as to being able to do more than place the patient in a position to wear a truss. (I know of more than one instance in which a hernia has rapidly recurred after an operation perfectly performed, but where the patient has been allowed to get up as soon as the external wound was healed.)

It can hardly be necessary to point out the advantage of keeping