

way for some time, I applied the ether-spray, and ultimately succeeded in returning the bowel. I did not carry the frigorific effect so far as to produce complete congelation and blanching of the surface; but short of that condition, which might possibly have been injurious, the excessive coldness materially aided in the reduction of the hernia, and in all probability saved the patient from a capital operation.

While on the subject, I wish to communicate my experience with different kinds of ether. I have tried the ether sold by Mr. Robbins, that manufactured by Howard, and also methylated ether, and can discover no difference of effect in either of the three.

It is desirable that attention should be carefully directed to the relative efficiency of ether obtained from various sources; because if, as I strongly suspect, it be found that the only essential matter is the rapidity of evaporation, as determined by specific gravity, the successful use of methylated ether, at a fourth of the price of other ethers, will be no small boon to those who desire to avail themselves of Dr. Richardson's valuable discovery in many cases where the expense of material falls upon the practitioner.

My first experiments with the ether-spray were uncertain, and often unsatisfactory; and, on appealing to Dr. Richardson for an explanation, was told by him that it was all a question of ether, and that none except that sold by Robbins could be depended upon. Subsequent experience, however, has led me to believe that my previous want of success depended partly on some defect in the instrument, the wire in the nozzle having become encrusted with a deposit, and partly perhaps upon my own want of skill in manipulating. I find that I can now freeze the skin with ether prepared from methylated spirit quite as readily as with that sold by Mr. Robbins.

In the early days of chloroform, great stress was laid upon the importance of the purity of the chloroform; and some people believed that the right article could be obtained nowhere except from Duncan and Flockhart of Edinburgh.

I have used extensively, and for a long period, chloroform made with methylated spirit, which I find produce precisely the same results as any other; and I believe it is chemically and therapeutically identical with that prepared with alcohol, the only difference between the two being that one is more than double the price of the other.

NOTES FROM PRACTICE.

By J. BIRCHENALL, Esq., Macclesfield.

IN forwarding the subjoined notes for insertion in the BRITISH MEDICAL JOURNAL, I would simply premise that the allusions therein contained are not designed to convey the slightest imputation on the professional competency of the gentlemen concerned.

As I have myself a reasonable share of the mental infirmities of our common humanity, I have learnt to be very chary in my reflections upon others; and I have lived long enough to know that, as the wisest of men are sometimes at fault, a point of practical importance may incidentally be overlooked even by those whom we are accustomed justly to regard as among the most cautious and discriminating of our medical brethren.

The cases occurred many years ago, and I write from memory, but can vouch for the accuracy of the reports.

CASE I. Rev. Mr. —, residing in a populous town in Yorkshire, was in the act of raising a teakettle

full of boiling water from the fire, when it slipped from his hand, and fell upon his foot, which was thereby severely bruised and scalded.

When the injury to the skin was repaired, he found that he could not walk without considerable pain; but, as the medical gentleman in attendance (who was a respectable practitioner) regarded the case as a purely hyperæsthetic condition, it was treated accordingly.

After the lapse of some weeks, as there was no improvement, Mr. —, at the instance of some of his friends, visited a hydropathic establishment, but, returning unrelieved, he subsequently took the advice, at different intervals, of two or three eminent surgeons in succession, who thought that the inconvenience complained of was owing to chronic inflammation of the tarsal articulating surfaces, or was the result of an arthritic diathesis. Several months had intervened during the treatment suggested without any relief, when Mr. — being on a visit to some of his friends in this town, who were my patients, I was requested to look at the case. I found the inner cuneiform bone, which was the seat of pain, enlarged; pressure on the part giving to the patient a sharp pricking sensation; and, by grasping the scaphoid bone with one hand, and by forcible pressure with the other, attempting a rotatory movement of the metatarsal bone of the great toe upon its tarsal articulation, I detected a distinct crepitus in the enlarged cuneiform bone.

After submitting to the patient and his friends, that six or eight weeks of perfect rest would be required for the successful treatment of the case, arrangements were made for this purpose. The foot was closely enveloped in a starched bandage, over which a roller was applied, and the limb maintained in a state of perfect repose. At the end of six weeks, as the tenderness was gone, an elastic sock was substituted for the previous appliances, and gradual exercise allowed.

Mr. — returned home in two or three weeks more, nothing further being required but the use, for a time, of a boot of easier adaptation than ordinary, and he has since prosecuted his duties with unremitting activity, without the slightest inconvenience.

CASE II. Rev. Mr. B., aged 63, of robust frame, of nervous sanguine temperament, fair and florid complexion, and of perfectly regular and active habits, came to reside in this town about fifteen years ago. His health, previously uniformly good, had been failing for some time. He complained of lassitude, weariness on slight exertion, with loss of appetite, and occasional nausea. The head was free from pain, the intellect clear; there was no vertigo, or any disturbance in the organs of special sense; no cough or dyspnoea; the action of the heart was normal; the belly soft, no tenderness on pressure throughout its whole extent; no glandular or other enlargement; the bowels a little torpid; the tongue pretty clean and moist; but the sleep was disturbed; the spirits, ordinarily buoyant, began to droop; and there was a brooding presentiment that "this sickness would be unto death."

In the absence of all indications of positive disease, I was induced to regard the case as one of purely climacteric decay, and had recourse mainly to hygienic means for its relief.

There was one inconvenience of which my patient early complained; namely, a difficulty in emptying the bladder. The urine was clear, and free from deposits, flowed in a full stream, after an effort of a few seconds, and was discharged in moderate quantity; but there was always a lingering consciousness that the relief was incomplete. I expressed a suspicion that there might be some enlargement of the pro-

state, and proposed the introduction of the catheter: to this, however, Mr. B. had an insuperable objection, and as there was no incontinence he could not be brought to entertain the propriety of the suggestion. In a few weeks from my first interview he was compelled by languor and increasing debility to retire from his public exercises, into the privacy and quiet of the domestic circle. Perfect freedom from all exertion, physical and mental, combined with the exhilarating influence of the bright days of a dry and temperate autumn, arrested the downward course of the complaint for a time; but, as winter approached, this was materially accelerated.

At the end of the year he was importuned by his daughters, who kept a ladies' seminary in a neighbouring town, to pay them a visit. Though the journey was short, it exhausted him so much that he was obliged to remain in bed; and the medical attendant of the family was called in, in consultation with another professional gentleman of acknowledged repute. I was informed that a tumour had been detected in the abdominal cavity, which, it was very naturally supposed, might have been insidiously undermining the general health. I could not question the accuracy of diagnosis of two such respectable witnesses, although I was a little annoyed at the astonishment expressed by the friends residing here, that so prominent a feature in the case should have been unnoticed by myself, and I could only aver in reply, my thorough persuasion that no such tumour existed a few weeks previously.

Mr. B. returned home in two or three weeks more, to succumb to the force of disease. My first visit naturally turned upon the tumour in question. It was plain, palpable, and persistent, firm and well-defined, occupying the centre of the hypogastric region, during the sitting posture, and that of the umbilical in the recumbent. There was no tenderness, no vomiting, no gastric or gastro-enteric disturbance, beyond the prior occasional nausea; there had been no accession of continuous dull or throbbing pain, during the intervening period, nor any rigors. On questioning my patient, I gathered that on his arrival in M— he had experienced more than usual difficulty in relieving the bladder, with increased uneasiness after every natural effort. I therefore again urged the use of the catheter, but could not by any mode of reasoning obtain his acquiescence. His strength now rapidly declined, his nights were restless, insomnolency supervened, and this was aggravated by febricular excitement, there was a gradual loathing of every kind of food, and he died in about a month after his return.

I obtained permission to open the abdominal cavity.

There was no trace of organic disease. The viscera presented a somewhat anæmic appearance, but were all otherwise healthy. There was marked indication, however, in the hypogastric region of a *quondam* inflammatory condition. Portions of both the smaller and the large intestines were agglutinated by old standing adhesions, and both the ascending and descending colon were firmly bound by false membrane to the iliac fossæ. In addition to this, there was a firm semitendinous band stretching across from these attachments, from right to left, by which the bladder, in its previously over distended state, had been compressed into a double sac, the fundus thereby permanently enlarged by its fluid contents into a round ball, whilst the lower pelvic portion, by which the expulsive efforts had been recently maintained, was also over-loaded, though in a less degree. I now passed the catheter, and drew off about a quart of clear high coloured urine, this was quickly followed by collapse of the bladder into the pelvic

cavity, and total disappearance of the tumour. There was but little deviation in the state of the prostate from its normal size.

On inquiry of the widow of the deceased, I ascertained that her late husband had laboured under acute peritonitis about thirty years before.

CASE III. I had a somewhat extraordinary case of retention of urine from mechanical obstruction about thirty years ago, and it is worthy of note, as illustrative of the amount of distention of which the bladder is capable. I was sent for to a woman of stout appearance, but of rather loose and flabby fibre, aged about 45. She had a family of several children, was again in a state of pregnancy, between the fourth and fifth month as she supposed; she had all the outward appearance, however, of a woman at the full period of utero-gestation, and had strong bearing down pains at intervals. On examination, I found a round solid tumour, occupying the lower cavity of the pelvis, which, on closer investigation, I perceived to be the fundus of the uterus, the os, which was thin and elliptical, resting upon the margin of the pubis. On inquiry I learnt that my patient had passed no water for a week or more; I therefore introduced the catheter, and emptied the bladder. The quantity contained (fourteen pints) might appear almost incredible, if it had not been accurately determined by me at the time, by measurement. The recumbent posture was maintained, and the catheter used twice daily for upwards of a week, until the uterus had recovered its normal position, when the case went through its natural course.

I was summoned to the same patient about three years afterwards, who supposed herself to be again in labour, but when I arrived, I found she had just expelled an enormous mass of fleshy substance, thickly studded with hydatids. There had been considerable hæmorrhage, which ceased with the expulsive effort, and the woman quickly recovered. After this I saw her no more, as she lived out of town, so that I am unable to state whether there was any recurrence of the catamenial function, or whether this was the last in the series of intrauterine phenomena.

DR. GIBBON, medical officer of health for the Holborn district, has reported to the local board of works that whenever a death or removal of a cholera case has occurred, he has instructed the inspector to retain the key of the sick chamber until every article of bedding and clothing has been plunged into a mixture of boiling water and carbolic acid, and he "considers this method of disinfection more effectual than the somewhat costly one recommended by the Order in Council of burning every article. In order to burn you must generally remove the article, and every removal is attended with more or less risk of spreading the disease.

A Good Move. A Bill has passed the Legislative Assembly of New South Wales, and is under discussion in the Legislative Council, that any habitual drunkard who has been thrice within the preceding twelve months convicted of being found drunk in the highway, may, if found drunk and disorderly in public, be committed by the magistrate to the workhouse, and there kept until the Governor, with the advice of the Executive Council, shall order his discharge. The superintendent of the workhouse is to have the power of punishment, not exceeding seven days' close confinement, in order to maintain discipline. It was intimated that in committee a system of official visitation of workhouses would be proposed, in lieu of leaving these inmates to appeal to the Council.