was returning, ran behind a cart for a distance of about a mile and a half. Within five hours of her return home, she complained to her mother of great pain in the right side of the lower part of the body. She continued to have pain at intervals for the next two days, after which I was requested to see her. I found, on my arrival, that there was pain on pressure in the right iliac region; pulse 80; no heat of skin; bowels constipated. She was ordered to have a saline anodyne draught every four hours, and to have a belladonna liniment rubbed over the abdomen. Next day, I found all the symptoms better; and, after remaining in bed a couple of days, she returned to her place, where she continued but a short time, owing to a return of the pain compelling her to leave off work.

She returned home about the end of the next month. I was again called in; and, on June 28th, discovered a circumscribed tumour just above Poupert's ligament. Her symptoms since I last saw her had become more urgent. She complained of "gnawing pain" in the bones of the back, hips, and thighs. She had no sickness at first, but had been very sick every day lately, most commonly when she was lying down. The bowels acted with great forcing, sometimes as often as five or six times a day; but without much effect. She had pain in the mammae on the 27th for the first time. The tumour did not move with change of posture. I recommended her to see Dr. Lowe of Lynn, whose report of the case I append.

"Examination by palpation discovers a small, firm, immovable tumour in the right iliac region, dull on percussion, semi-fluctuating. By vagina, the hymen is found imperforate, very rigid, bulging; fluctuation is very distinct on pressure being made alternately on the abdomen and hymen. Retention of the menses was diagnosed, and an operation for their evacuation by division of the hymen recommended."

On her return, I proposed to operate at once, to which she assented. On June 30th, I called upon Dr. Gache, who was on a visit to one of my patients in Upwell; and requested his assistance. We returned immediately; and, having placed the patient in the lithotomy position, I passed a full-sized trocar through the tense bluish-white membrane which was bulging between the labia; Dr. Gache at the same time making pressure on the tumour. We were gratified at seeing a chocolate-coloured grumous fluid issue from the cannula, to the amount of three pints. After thoroughly washing out the vagina with warm water, we left her, she feeling greatly relieved.

July 1st, 10 A.M. She had had a good night; no pain; pulse 76; free discharge through the wound, of the same colour and consistency as at first. A great quantity had also passed during the night.

July 2nd. She was going on well. The discharge was less in amount, and thinner.

July 3rd. There was no pain. She looked pale, and had a rapid feeble pulse. She was ordered to have half an ounce of brandy every four hours in arrowroot, and the following mixture.

℞ Quinæ sulphat. gr. viij; acid. sulphur. dilut. 3 j; magnesiæ sulphatis ʒss; tincturæ hyoscyami 3 ij; aquæ ʒviij. Misco. Fiat mistura.

An ounce to be taken every four hours.

July 4th. She had had no pain, and felt much better. The bowels had acted freely. The discharge was now like thin blood. She was ordered to keep a pledget of lint as usual in the wound, and to remove it, if it gave pain; and to continue the quinine mixture.

July 5th. She was going on well.

July 8th. On visiting her to-day, I found her so well that I allowed her to sit up.

She has now been under my observation six months since she was operated on. Occasionally, there has been a purulent discharge from the vagina, for which she has used a tannin and alum lotion. She returned to service shortly after the operation; and, within a fortnight of doing so, menstruated freely for the first time. The catamenia continued for three or four days, rather profusely at first; and have returned at regular intervals since. She wrote to her mother the other day, saying she was quite well.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[Continued from page 61.]

5. *Hypochondriasis.* Hypochondriasis is a disorder of by no means infrequent occurrence among our agricultural population. The treatment, which should consist chiefly of moral measures, must otherwise be influenced by the nature of the case. To laugh unsympathisingly at a hypochondriac insures, in all probability, two results; viz., the confirmation of his nervous ideas, and the loss to the practitioner of his patient. In one case, the existence of oxalates was detected in the urine; and the nervous depression succumbed speedily to the nitro-muriatic acid, with small doses of opium. This should teach us not to overlook the condition of the urine.

6. *Hysteria.* This Protean affection is, of course, to be found every where. Moral treatment, with the encouraging prospect of a happy termination, will often alone effect a cure. Invaluable as are tonics in many cases, nevertheless, if they are prematurely given (which I have often seen), at the expense of the digestive organs, much harm, and a certain prolongation of the complaint, will ensue.

Hysteric aphonia has occurred in a few cases. A blister to the nape, and quinine, with a firm, cheerful assurance that the voice will be regained, will be found to do good. If this fail, galvanic electricity, applied to the inferior laryngeal nerve and crico-thyroid muscle, has been recommended; but of this I have no experience.

7. *Paralysis.* Two cases of hysterical paralysis have presented. In the one, the loss of motion was confined to one arm; the other was incomplete hemiplegia. Both cases did well under tonics; but in one the addition of a blister to the nape, and the use of galvanism, were had recourse to.

The other cases were of a more severe character, and depended, apparently, upon commencing cerebral disease. These derived considerable benefit, however, from the carbonate of ammonia, with bichloride of mercury, and counterirritation to the nape of the neck.

8. *Spinal Congestion.* Two cases, which I have thus denominated, applied as out-patients. In both, the early symptoms were similar: slight pain over the lower dorsal vertebræ, not increased by pressure or by percussion; numbness and tingling in the lower extremities; imperfect power of progression; difficulty of micturition, alternating in one case with incontinence; and great torpidity of bowel.

The slighter case was treated as an out-patient, by a blister applied to the spine, and ergot of rye, with belladonna internally, and afterwards iodide of potassium. This case recovered.

The second was not so fortunate. He was admitted as an in-patient, and for a time improved

much under a similar plan of treatment, so that he could walk very fairly. He had, however, a relapse, the cord itself becoming probably implicated; and, although I have lost sight of him, I fear that he has become more or less permanently paraplegic. The lining membrane of the bladder in this latter case, as felt by the sound, was greatly hypertrophied and thickly corrugated.

9. *Convulsions.* Two cases stand upon the list under the name of fits and convulsions. These occurred in children, and in both instances depended upon cerebro-spinal excitement, originating in intestinal irritation. Calomel and scammony, with saline medicine, in each case effected a cure. In one, a small blister to the nape was had recourse to in addition.

RESPIRATORY SYSTEM.

1. *Phthisis.* In considering phthisis as it obtains among the out-patients of any hospital in the kingdom, we shall not err, I fear, in placing it, in point of frequency of occurrence, in the first rank of diseases incidental to the respiratory organs. Starting upon the pathological fact, that phthisis, or rather tuberculosis generally, depends upon depraved nutrition; and that this condition is brought about by various exciting causes, such as cold, insufficient food (especially if it be also of bad quality), imperfect ventilation, and too little bodily exercise,—we may consider that a decided step has been gained if we are able, by judicious management, to stave off the threatened diseased nutrition, or to check at its earliest onset its insidious but no less certain consequences.

Of the various exciting causes just mentioned, I believe that none act more certainly in producing a predisposition to the deposit of tubercle, than deficient ventilation and insufficient out-door bodily exercise. These several causes acting so simultaneously and so constantly upon the daily habitual life of our poor, we cannot be surprised at the melancholy pictures of tuberculous disease to which our attention as medical men is so painfully and frequently drawn.

Acute phthisis is not a common disease among the applicants of our hospital. In the last two years, I have not had one case presenting for relief. Of the chronic forms, however, we have every variety, and every stage of the malady. As a rule, hæmoptysis occurs much more frequently among the male than among the female patients. We have had two cases in which, in addition to the general symptoms of incipient phthisis (excepting only hæmoptysis), direct physical evidence has also existed at the apex of one lung. Under treatment, this has all cleared away, showing that condensation of an apex, apparently tubercular, may exist as the result merely of a local inflammatory attack. This is important in reference to diagnosis. The very earliest detection of the depressed condition of the system threatening phthisis, in which the digestive organs play a prominent part, and in which the general and physical disturbance referable to the lungs is not detected without much and careful scrutiny, is the duty of every practitioner. Unfortunately, among our poor, the disease is too frequently established before they apply for relief; and, from the circumstances of their life, the carrying out any well directed hygienic measures is next to impossible. We are driven, therefore, to fall back upon medicine as our principal resource.

The treatment of the disease, after placing the patient in as favourable a position as possible for obtaining an improved nutrition, may be summed up very shortly.

As a counterirritant, I prefer blisters to any other forms. These should be small; and their repeated re-

application is better, I think, than keeping up a long continued depressing local discharge. In administering medicines internally, one idea must be prominently carried out; viz., the endeavour to improve deteriorated nutrition. If the functions of the stomach be faulty, the first aim should be their correction; as steel and other tonics can but do harm, if the digestive powers resist their assimilation.

Cod-liver oil is unquestionably a most valuable remedy, although there are still some practitioners who doubt its efficacy.

Iron, iodide of potassium, and in some cases quinine, with the mineral acids, are our best tonics.

Morphia at night, and, if necessary, small doses during the day, should not be omitted, if the cough be troublesome.

If night-sweats be profuse, I have found no remedy, on the whole, so efficacious as the oxide of zinc, in doses of four or five grains at bedtime; and sponging the chest with acetic acid largely diluted.

There is a spurious form of phthisis which is not uncommon, more particularly among our male patients who are advanced beyond middle life. This is depending upon a cacoplastic deposit, not tubercle, and not strictly organised lymph. It produces many of the phenomena of bronchial phthisis; but the patient lingers on, improvement alternating with relapse; and the case lasts very much longer than an ordinary one of unmixed phthisis.

2. *Chronic Bronchitis.* I have had no case of acute bronchitis apply as an out-patient during the past two years. This may be explained, I imagine, by the fact that, if the attack be severe, the patient is necessarily confined, under medical care, to his own bed; and if the disease be comparatively slight, it is regarded simply as a "bad cold and cough", and no medical assistance is sought. Chronic bronchitis does, however, obtain; but perhaps not so frequently as in the north of England and Scotland.

In the treatment of the ordinary form of chronic bronchitis, the inhalation of steam soothes and affords much comfort. Blisters to the chest, or turpentine, and internally, ammonia, with chloric ether and the spirit of nitric ether, are useful. If the propelling power of the heart be weak, the addition of the tincture of digitalis, in doses of ten minims three times a day, will be advantageous. To quiet the frequency of the cough, expectorants with sedatives will also be needed.

One case of gouty bronchitis, in its subacute form, was speedily relieved by alkalies, colchicum, and the spirit of nitric ether. In two or three cases of very chronic bronchitis, accompanied with much spasm, I have found, as a vehicle for the ammonia, a strong decoction of the common clover-hay afford much relief, particularly to the spasm.

3. *Congestion of the Lung.* The cases thus designated are somewhat numerous, and include all the instances of hyperæmia of lung-tissue which do not advance to the stage of pneumonia. Cold and insufficient food are fruitful sources of this affection, and hence the frequency of the occurrence as an out-patient's malady.

The symptoms are common to those of catarrh and the early stage of bronchitis; a flushed face, hacking cough, with very scanty mucous expectoration, tightness across the sternum, with a general sense of pectoral fulness and discomfort.

Percussion may give no result, or there may be marked flatness elicited over the greater portion of one or both lungs. Auscultation generally yields a subcrepitant rhonchus, very variable in character, receding and returning in direct ratio to the general progress of the malady.

In severe cases, the warmth of bed, and occasional

cupping between the scapulæ, may be necessary. Saline purgatives, with saline medicines, ammonia, and the spirit of nitric ether, will generally effect a cure.

4. *Chronic and Latent Pleuro-pneumonia.* This affection is by no means infrequently met with in out-patient practice; and it is often one in which little, or very slow, progress is made towards recovery of lung-tissue. As this condition has been sometimes mistaken for phthisis, care in diagnosis is especially needed, lest the announcement of the more serious malady be hastily and erroneously made.

In the treatment, blisters, again and again repeated, will be called for. Internally, iodide of potassium with liquor potassæ, in large doses, will often be useful; and by those practitioners who do not entirely negative the value of mercury, except as a purgative or in syphilis, a few grains of mercury with chalk every night at bed-time may, I think, be advantageously prescribed. If the strength have failed, and indeed in most cases, cod-liver oil will be especially indicated.

A certain amount of persistent consolidation will often remain, despite of treatment, for a lengthened period; but, after many months, it may gradually give way to a restoration of fairly healthy pulmonary structure.

5. *Hæmoptysis.* Excluding those instances of pulmonary bleeding caused by tuberculous deposit, we have had one case attributable apparently to simple circulatory excitement. This occurred in a young man who had grown rapidly, but who was quite free from recognisable tubercle. The hæmoptysis was rather profuse; but it was speedily checked by dilute sulphuric acid, and he required no further treatment than the addition of quinine.

Two cases were vicarious of menstruation; and in these the hæmorrhage ceased upon the re-establishment of that function.

The third cause was referrible to hysteria, arising from ovarian irritation in a married woman without family. In this case, the hæmoptysis occurred only under the excitement of coitus, and for a time was obstinate; but it was ultimately entirely checked by the tincture of sesquichloride of iron with sulphate of magnesia. Valerianate of zinc, with compound galbanum pill, was also taken at bedtime.

[To be continued.]

FACILITY IN THE USE OF THE LARYNGOSCOPE: THE INSTRUMENT IN ITS SOCIAL ASPECT.

By GEORGE DUNCAN GIBB, M.D., Assistant-Physician and Lecturer on Forensic Medicine, Westminster Hospital.

IN studying the practical application of the laryngoscope, no better method can be adopted than an examination of a number of healthy persons as opportunity permits, and this might be carried out almost to an unlimited extent, until a thorough acquaintance with manipulation is obtained, necessary for the examination of the larynx in a state of disease. If a party, say of twenty healthy and intelligent persons—medical pupils, for instance—are submitted to inspection, there ought to be no difficulty in seeing the interior of the larynx in all, with an autolaryngoscopic demonstration into the bargain, in twenty minutes, unless some cause beyond control be present—such as pendency of the epiglottis, for example, which I have observed in eleven per cent. of all the healthy I have submitted to examination,

among both sexes and of various ages. The mere rapidity of examination will only prove how readily the mirror can be applied for inspecting a given number of healthy persons—indeed, I have examined fifty ladies and gentlemen within an hour; but it is hardly the kind of illustration to select for convincing the sceptical of the facility with which some forms of diseased throat may be looked at: for instance, epiglottic thickening, associated with ulceration both of it and the interior of the larynx, and probably dysphagia present. A case of this nature, far from uncommon, would much discourage those who might select it for their first essay.

Before my distinguished friend Czermak first came to London, I used to examine the throat, with some amount of success, with an oval steel mirror, which is figured in the first edition of my work *On the Throat*. But it was not until after I had received instruction from him, that I commenced examining parties of healthy persons, ranging in number from two or more to sixty, and this proved so useful for acquiring a complete control over the laryngeal mirror that I would advise others to practise it. Seeing the conformation and peculiarities of position of the parts in a state of health in a number of healthy people, will do more to impart a sound knowledge of the larynx, than the inspection of the same parts in disease. Next to this, if there be no intolerance to the introduction of the mirror, self-examination should be persistently studied, a process now well known as autolaryngoscopy.

My chief object in this short communication, is to urge those who may be sceptical as to the facility of application of the laryngoscope—and I think they are fewer and fewer every day—to look at the laryngeal mirror, firstly, as a social instrument, and employ it in their family circle amongst the young and old. An explanation beforehand of what it reveals will, amongst the young especially, create a desire to know how their own vocal cords look; and this feeling is so contagious, that even young children will surround the manipulator's chair with a very urgent request that they be not passed over. A good preliminary to this, is an autolaryngoscopic demonstration, with some vocal illustration, as the air of a song. Any one who can learn to do this will have no difficulty in examining cases of disease.

HOMICIDE BY A DELIRIOUS PATIENT. In the Berlin Charité there were four patients, suffering from delirium, fastened down in their beds. While they were all apparently asleep, the nurse left the ward, when one of them got loose and springing out of bed, seized a stool, with which he attacked the three other poor wretches. One of these he killed on the spot, another died in half an hour, and the third remains in a hopeless state.

PAYMENT OF MEDICAL WITNESSES AT QUARTER SESSIONS. At the late sessions at Athy, the barrister, Thomas Lefroy, Esq., stated that he had been in communication with the law officers of the crown on the subject of payment to medical men for attendance as crown witnesses at quarter sessions. The Attorney-General agreed with him that medical men should be paid liberally, but that there was no direct legislation on the subject; and that the matter was under the consideration of the law officers; and he was only waiting for information from England to have the question settled. In the meantime, his own view was that medical gentlemen should be paid as liberally for attendance at quarter sessions as at assizes; and he would direct that in future *two guineas* should be paid to them for each day's attendance as crown witnesses. (*Leinster Express*.)