

myself, and gave it to one of the hospital staff on quitting the station. It is a pity the queen cannot afford to allow her servants the use of a *frying-pan*! I was told the *pan lids* are intended to answer the purpose; a very *cleanly* substitute it must be admitted. Indeed, official correspondence often took place about the most ridiculous and trifling matters, the surgeon not having the power to purchase requisite articles, save strictly according to "regulation and routine", instead of his being made a responsible and comparatively *independent* officer in all matters of hospital arrangement, detail, and expenditure. The medical department has never yet had sufficient *independent* authority, the War Office stepping in and interfering in matters purely medical: *e. g.*, had the director-general's suggestions and wishes been attended to, at the breaking out of the late war, how much misery, neglect, and mortality might have been avoided! Military hygiene should surely be exclusively under the control of the heads of the medical department, and every regimental surgeon should be in a position to act at once, without consultation and correspondence with any one, when sickness and emergencies arise. Contracted and hampered on every side, talent and skill, however great, cannot be adequately and effectively developed. There are numbers of superior medical men in the service who have allowed their talents to slumber, or have quitted the service without regret, merely for the want of a fair field for the exercise of their powers and adequate remuneration. Give responsibility to, and place confidence in men, and in nine cases out of ten they will serve you better than if you cripple them with strict rules, and tie them down to a tedious undeviating routine. Economy, method, control, and concise official returns, I do not dispute for a moment, must be exercised and required in *all* branches of the public service; but we may fairly question the necessity and utility (for effecting these objects) of the formidable array of returns and reports just enumerated. They might be consolidated, simplified, and abridged, without any detriment to the public service, and with much relief to the surgeon. An anecdote is told of a superior inspecting medical officer in our sister isle, which well illustrates the practical inutility of these numerous forms and returns, and shews how little they touch in practice what ought to be the principal object to be attained, *viz.*, skilful treatment of and proper attention to the sick; he is said to have remarked, when referred to on hospital matters and management, "Only give me my official returns correctly and punctually, and you may *kill* as many patients as you like."

I have a few other remarks to make on these regulations, and on topics connected with the medical department and the public service, before bringing these observations to a close.

### CASE OF ACUTE LITHIASIS.

By H. PAYNE, jun., M.D. Edin., Barnsley.

Mrs. W., a widow, aged 65 years, had for some time been the victim of homœopathic quackery in this town, under a person who also followed the profession of minister of the Gospel. He undertook to heal her of that natural sort of indisposition, the infallible consequence of riper years, and of the waning of that resiliency so refreshing in earlier life. About the time of the late severe frost, a pain seized her in the back, which soon defied the feeble efforts of her little homœopathic *bonbons* to remove. Finding no relief, she was constrained to apply to a regular practitioner. She persists in stating that she should not be now alive but for these globules. There is generally to be found in the victims of the homœopathic delusion a degree of candour sufficient to lead them to a ready confession of its insufficiency to meet cases of serious illness; so that, after patiently hearing the prelection on their experience in this line with more of gravity than credulity, no difficulty is found in inducing such to abandon the practice in favour of legitimate medicine: indeed, it is commonly no tardy act of discrimination on their part.

My patient was stout, of irritable temperament and dark complexion, thick-lipped, and a hearty liver. The pain was most acute at night, and prevented motion in bed. There was numbness and pain down each thigh. There was no sickness; the appetite was unimpaired; eructations troublesome; the tongue was clean and moist. She had some headache; the skin was dry, but not hot. She complained of chilliness and cold feet. There was not any cough, dyspnoea, nor palpitation. Pulse 84 beats per minute, full, and incompressible. The

bowels were open; the urine was passed frequently, and in proper quantity. The following was ordered.

℞ Liquoris opii sedativi ℥xxv; vini colchici seminum ʒiss; misturæ acæ. ʒj; misturæ camph. ʒv. M. Fiat mistura ejus sumatur cochleare amplum 4tâ quâque horâ.

A blister was objected to. She was ordered to foment the loins.

The medicine was regularly taken, but not repeated. There was no decided relief. The effects of the colchicum were marked. I ordered the following.

℞ Hydrargyri chloridi gr. j; pulveris antimonialis gr. iv; sacchari puri gr. v. M. Fiat pulvis horâ somni ex conservâ sumendus.

This was on the Saturday; and, feeling persuaded that, as she had not sent, she was better, I did not call till the Monday following, when, as I was prepared to expect; all symptoms had vanished. But what did surprise me, was the large quantity of dark lumpy fæces which the powder had brought away; and I considered whether there had not been united in this case a degree of lumbago, which sometimes arises from collections of fecal matter pressing on the lumbar plexus of nerves. However that may be, all symptoms vanished with the discharge of a quantity of deposit in the urine of lithic acid, which is in some a natural periodical deposit.

My motive in bringing this case under the notice of the readers of this JOURNAL is to show the incompetency of the homœopathic scheme, and to let its readers know that there are men of education tampering with the lives of the public who know nothing of medicine, and assuming responsibilities which would make some of the wisest of us, under the same circumstances, tremble in our shoes. It is in a question of active disease that its follies cry out, shaming the most unlettered, and arousing the most unwary.

### LITHOTOMY: MEDIAN OPERATION.

By J. SEATON SMYTH, Esq., Liverpool.

THE subject of the following case, a boy, four years old, was brought to me from Cheshire, with symptoms of stone in the bladder. Difficulty in micturition, and dragging at the prepuce, were the earliest indications, and were first noticed in July; latterly his sufferings in voiding urine had been extreme, and attended with protrusion of the bowel. Some of his father's brothers had been similarly afflicted.

The patient, who had of late become very stout, was of strumous habit. His urethra was so small that I was obliged to sound with a long probe; and, after satisfying myself as to the disease, I had to order a staff two sizes less than that which I had previously used in others about his age. On December 11th the operation was performed under the influence of chloroform. The patient being properly placed and the staff introduced, I passed the left index finger up the rectum, and, resting it as nearly as possible in the position of the prostate (which could not be distinguished), readily entered the groove with a long bistoury: violent straining and protrusion of the bowel occurring at the moment somewhat inconvenienced me in completing the incision. Two calculi were in succession removed; one resembled an almond, the other a large pea in size and shape; both were of the lithate character. Urine was passed naturally within eighteen hours. The patient was able to walk about on the second day, and recovered without a bad symptom.

There were in this case a very contracted urethra, a short deep perinæum, the prostate so ill defined as to be unimportant as a guide, besides constant straining, causing protrusion of the rectum and displacement of the finger which ought to guard it from injury and direct the knife. I shall, however, from the safety and rapidity of the operation and recovery, adopt in future Allarton's method with the following modification, which might obviate the difficulties above referred to; *viz.*, I should, before using the long bistoury, thrust a double-edged scalpel parallel with and to the depth of the sphincter, which, compressed by the left thumb, would steady that hand, protect the rectum, and be an additional guide towards the prostatic portion of the bladder when the gland itself, as in this instance, is deficient; if, on the other hand, it be much enlarged, as in elderly persons, and retrude very considerably behind the sphincter, depression of the latter must materially assist the operator.