in its way, but which seems to offer less hope of prompt union from the apposition of two serous surfaces than this one does from its apposition of two fresh-cut surfaces. In addition to this, the fact that it has already proved so successful in the hands of its proposer is strong recommendation to its further employment.

No study of the plans of suturing the bladder after suprapublic lithotomy would be complete which omitted consideration of an ingenious method used in 1876 by Dr. Starr, of Georgia, his patient recovering in sixteen days. This case was first reported by Dr. Dulles, in an article on suprapubic lithotomy in the American Journal of the Medical Sciences for July, 1877, and again, by the operator in the Atlanta Medical and Surgical Journal for December, 1877. The suture used was of silver wire; it was interrupted; each stitch was passed into the abdominal wall at one side of the wound and made to include a small portion of the outer layers of the bladder wall; it then passed across the incision and included a similar small portion of the outer layers of the bladder wall on the other side; it then passed up through the abdominal wall to the surface. When drawn tight it slightly inverted the bladder walls and brought the edges of the abdominal incision close together. It is easy to see that this form of suture must tend to prevent burrowing of discharges between the bladder and parietes of the abdomen, while it gives a good hold to the stitches which close the bladder itself.

The success obtained by Dr. Starr in its use should encourage others to imitate him. Certainly no better result could be asked for than he obtained.

We sincerely hope that American surgeons will not be backward in contributing their share to the solution of the problem as to the best way to conduct this operation. Its present standing is largely due to their courage in defending and practising it at a time when it was held in much lower esteem than it is now; and we believe the genius in dealing with practical questions in medicine and surgery, which has always been conceded to them, cannot fail to prove of great value if applied to the question of the best method of treating the wound after suprapubic lithotomy."

THE PHYSIOGNOMY OF DISEASE.

Dr. J. B. Walker gave the following clinic on this subject in the Philadelphia Hospital.—*Med. and Surg. Reporter:*

Just as we are able to recognize the features of our intimate friend and call him by name before he makes his identity known to us, so with the outward features of disease; there is a physiognomy, a feature or external expression of internal disease that is more or less characteristic. But, just as we find it difficult to so accurately describe the features of a friend to a third party that he can recognize him, so is it with the description of this physiognomy of disease. But, let the third person once see our friend, and he will thereafter recognize him; so it is with disease.

Malarial Fevers.—When a patient is pale and anæmic, the mucous surfaces pallid, conjunctiva pale, tongue pale, lips blanched and but slightly colored, we may suspect some malarial cachexia. In this connection, Dr. Walker makes a strong argument for the use of capsicum in malarial fevers; he thinks it is not ordered nearly enough. It seems to aid and increase the power of quinine and prevents it from deranging the stomach.

℞ Quinine sulph., ... gr. c.
Oleo resin. capsici., ... gr. xii.
M. and div. in pil. No. 1.
S.—Two pils every four hours.

Bright's Disease.—In this disease, while there is no absolute certainty in the appearances presented in the face, yet the physiognomy is sufficiently characteristic to cause us to suspect the disease when certain peculiarities are observed. When, while there may not be marked œdema, there is yet sufficient puffiness of the face to cloud or displace the ordinary lines; when the blood vessels are distended, showing us red lines in the cheeks and nose, when there is sagging of the cheeks, a fullness of the jowls, and a peculiar earthy, pearly pallor, we have reason to look for Bright's disease. There is often noted a peculiarity of gait, consisting of a difficulty in keeping the equilibrium, due, most likely, to the influence on the brain of an imperfectly depurated blood, owing to the faulty action of the kidney.

From a distance, the face may sometimes present a ruddy hue, but closer examination will demonstrate this to be due to dilated blood-vessels and ecchymotic spots. The superficial arteries and veins of the head and neck are tortuous and dilated, being sometimes visible from a distance. The arcus senilis is another evidence often found. Atheroma of arteries and arcus senilis are surface indications of granular nephritis. But such appearances may be present when there is no Bright's disease, as, for example, the result of syphilitic infection or chronic alcoholism. Œdema (general) or ascites rarely occur in a marked form in granular or interstitial nephritis, but it may occur when this form of the disease is complicated with an attack of *catarrhal* nephritis, to which form dropsy peculiarly belongs; it may also occur in the waxy form, but is not so common there.

Carcinoma.—Dr. W. calls especial attention to a peculiar glistening sheen of the surface (not unlike moonlight on the water) as very characteristic of carcinoma. It is not always present, but when it is observed it is a very strong sign; indeed, Dr. W. has only seen it once where the autopsy has