ON
A CASE OF STONE IN THE BLADDER:
PECULIAR SHAPE; LITHOTOMY; RECOVERY.

By ALLEN DUKE, M.D.

A. F—, aged fifty-seven, a strong, healthy yeoman, of a most nervous and irritable temperament, has been the subject of renal calculi for many years, several of which he has passed from the bladder, affording him only temporary relief; but for the last ten or twelve years he has suffered from decided symptoms of stone within that viscus, from which he has at times endured the most agonising pains. I was consequently requested to visit him, when I found his paroxysms recurring almost every quarter of an hour; but, although he had been greatly afflicted so many years, he would not permit the introduction of an instrument till after he had heard of the recovery of an aged neighbour on whom I had recently operated. I sounded him, and with no difficulty discovered a stone of considerable dimensions, and from the severity of his symptoms he was easily prevailed on to undergo an operation for its removal. Previously to this, with a view to subdue the excessive irritability of his bladder, a course of alkalies with sedatives was prescribed, from which he speedily derived so much relief that he was enabled to retain his urine for three hours (a thing he had not been able to do for a considerable time); and would have almost persuaded himself there had been no stone had he not remembered the peculiar noise when sounded.

At the end of about three weeks, the bladder being in a fit state to justify the performance of the operation, and the patient fully under the influence of chloroform, I, with the kind assistance of several friends, succeeded in removing a calculus, principally composed of lithic acid, of an uncommon

shape, weighing nearly two ounces and three drachms. The smaller end, being the only part that presented, could be easily felt by the forefinger, and was several times readily and firmly seized by the ordinary forceps; but the larger end, from being either encysted or encircled by a fold of the bladder, was so firmly grasped that, from its neck-like contraction, the greatest difficulty was experienced in removing the stone, and which I think could never have been accomplished had I not succeeded in insinuating the blades of a smaller pair of forceps between the cyst and beyond the broad part; for immediately an attempt was made to draw it through the wound, from its peculiar shape and position it slipped from the blades of the instrument. The force required for its removal was very great.

The patient was comfortably placed in bed; and, although there was considerable contusion and laceration of the neck of the bladder, he made a good recovery, the wound healing kindly, and the urine passing wholly through the urethra on the thirty-ninth day. No unfavourable symptoms occurred during his convalescence, except three pretty severe attacks of rigors—one on the fourth, another on the eighth, and a third on the twenty-first day after the operation.

Dover, March, 1868.

SOCIETY OF FORENSIC MEDICINE OF PARIS.—This Society has been recently founded at Paris. By one of the rules a permanent committee is appointed to answer all inquiries respecting medico-legal matters. This is certainly burdening the Society with a very heavy task.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

A CASE OF PARALYSIS OF THE THIRD, FIFTH, SIXTH, AND SEVENTH CRANIAL NERVES.

(Under the care of Dr. RAMSKILL.)

WE observed this case last week when accompanying Dr. Ramskill in his round. It is especially interesting for the two following reasons: 1st. Although the lesion is probably syphilitic in origin, there is a history of an ulcer on the penis, followed by suppurating bubo, a condition which is generally accepted as not liable to be followed by constitutional syphilis. 2ndly. It is exceedingly rare to find no hemiplegia of the extremities where the extent of disease is so large as the involvement of so many cranial nerves shows it to be in this case. This man, according to his own account, never had any sore-throat or eruption. Dr. Ramskill remarked to us that this was in accordance with his experience. He had found that nervous affections of syphilitic origin were not ordinarily preceded by sore-throat or skin eruption. Mr. Mackenzie, the resident medical officer, rendered us much obliging assistance in procuring details of this man's case.

Robert S—, aged twenty-seven, stoker, anæmic in aspect, admitted on February 11th. His face is drawn to the right; tongue protruded to the left. The conjunctiva of the left eye is red and granular, and the outer edge of the cornea is ulcerated; the conjunctiva can be touched and even rubbed without his feeling it. The pupil is greatly contracted. There is very slight drooping of the left eyelid. Sensibility of the left side of face generally impaired, and especially below the angle of the mouth. There is internal strabismus of the left eye. He is absolutely deaf on the left side. There is nothing whatever wrong with his limbs. Food accumulates on the left side of his mouth. No difficulty in speech or swallowing. We applied quinine and sugar to the tongue, and thereby ascertained that taste was certainly imperfect on the left side. Six years ago he had chancre, followed by suppurating bubo. He has never had sore-throat or eruption. He was well till four months ago, when he had darting pain in the left eye and temple, and in the course of two months he had lost the use of left side of his face, and his hearing on that side left him suddenly. He discovered his condition by finding that he could not close the eye. His account of the mode of accession of symptoms is so confused as not to be reliable; but it would seem that there was no long interval between the occurrence of the various forms of local palsy we have described.

The treatment has consisted in iodide of potassium, in doses at first of ten grains three times a day, commencing Feb. 11th, and increased on the 19th (a week afterwards) to fifteen grains, which he took for a week and then discontinued for a week. On March 6th he was ordered twenty grains three times a day, which was discontinued on the 18th. Dr. Ramskill is of opinion that the effects of a certain dose of iodide of potassium will be manifested in a few days, or not at all. He thinks it better, therefore, if no result follows a brief administration, to allow a short interval and then increase the dose.

Hitherto no improvement has taken place in this man's condition, and it is feared that the ulceration observed on the cornea will advance, and the globe be lost by sloughing, and require removal.

UNIVERSITY COLLEGE HOSPITAL.

IN the "Mirror" of Feb. 8th we referred to four cases of lithotripsy which we had seen operated upon by Sir Henry Thompson on Jan. 29th. In two cases the stone was multiple,