enlarging the aperture, what is the best means of effecting it? After seeing a considerable number of these operations performed by others in the various ways detailed by systematic authors, and from some experience of them myself, I have latterly performed the operation on a plan which, so far as I know, differs from any other, and I believe affords facilities and advantages over all.

Let us take a common example, in which the aperture has gradually become so small that it may be compared to a pin-hole. The ordinary silver probe with a point may be introduced by drawing forward the prepuce from the glans penis, and passed as high as the reflection of the prepuce from the penis. This being ascertained, it may be pushed through the prepuce a little nearer to its free margin, or at any other part sufficiently distant to allow of the necessary increase of aperture. An ordinary straight needle, armed with a piece of fine silk, should then be passed through the prepuce at short distances, so as to act as sutures. This may be done as follows:—An assistant holds up the probe, and the operator with one hand stretches the prepuce downwards, and with the other transfixes it with the needle in a curved line, reaching from the orifice to the point of puncture, so marking out the portion of the prepuce to be removed. At least a dozen sutures should be passed, and the upper one should be a little higher than the aperture made with the probe. Then with a sharp pair of scissors cut off the piece of prepuce between the probe and the sutures at the distance of two lines from the latter. An oval aperture, having its long axis perpendicular, will have been made. The centres of the sutures are then drawn upwards and divided, so that each silk forms two, and lightly tied. A little wet lint is wrapped round the penis, and the patient laid on his back, with a cradle to support the bedclothes.

This operation differs from the French mode of procedure with the fenestrated forceps, principally by substituting a curved line of incision, by which only the dorsal portion of the prepuce is removed, and the frænum left intact; and the scissors allow of a more clean and accurate incision than the bistoury.

Queen Anne-street, September, 1860.

ON THE CONNEXION BETWEEN CHOREA AND ACUTE RHEUMATISM.

By GILBERT W. CHILD, M.D. Oxon., M.R.C.P.,

PHYSICIAN TO THE RADCLIFFE INFIRMARY, AND CONSULTING PHYSICIAN TO THE WARNEFORD LUNATIC ASYLUM.

THE following cases of chorea, which have lately fallen under my observation at the Radcliffe Infirmary, Oxford, will, I think, be found interesting, as illustrating the connexion between that disease and acute rheumatism:—

CASE 1.—An agricultural labourer, aged twenty-three, admitted July 4th, suffering from a well-marked but not severe attack of chorea. The right side only was affected. This case in itself presented no remarkable feature, except that afforded by the age of the patient, who had had no previous attack. He was treated with sulphate of zinc, in doses gradually increased up to fifteen grains, three times a day; and was discharged, recovered, on the 8th of August. This young man had suffered previously from acute rheumatism.

CASE 2.—Also an agricultural labourer, aged seventeen. This case was very similar to the last, was treated with the liquor potassæ arsenitis and moderate purging, and recovered rapidly. This lad's father had suffered several times from acute rheumatism, but the patient himself had never before had either rheumatism or chorea.

CASE 3.—A little girl, aged twelve, admitted August 1st, and still in the house. This case presents some peculiar features. On admission, the attack of chorea appeared to be very severe, and the child was much emaciated; the skin hot, dry, and remarkably harsh; the tongue dry, and the lips cracked. There was a feeble pulse, and great thirst. No history of fever was extracted from the mother, but subsequently, when sufficiently recovered to speak, the child told us that some children at home had had "the fever" just before. The child's appetite was good, but she got scarcely any sleep and screamed violently in the night. A day or two after admission, a rash having all the characters of roseola made its appearance. She has improved rapidly under the use of warm baths, diaphoretic doses of antimony, and a generous diet, with port wine and

water. This patient has had chorea previously, but not rheumatism; her mother, however, had chorea when herself a child, and also suffered from acute rheumatism about a year before the birth of this child.

CASE 4.—This is an ordinary, and not very severe, case of chorea, the patient also being a little girl, and not having suffered any previous attack of either chorea or rheumatism. In this case again the mother experienced an attack of acute rheumatism about a year before the child's birth.

CASE 5.—E. B.—, another little girl, of about the same age, was brought to the hospital, on August 29th, suffering from slight chorea, combined with anæmia and general debility. In this case also I found on inquiry that the mother had had acute rheumatism about fifteen years ago.

Observations.—Of the above five cases, which have come to this hospital in the space of scarcely more than two months, Case 2 was under the treatment of Dr. Rolleston, the others under my own. Since the year 1850, when the existence of a connexion between rheumatism and chorea was announced by M. Sée, of Paris, and in England by Dr. Senhouse,* much attention has been given to the subject. M. Botrel, in the following year, went so far as to declare that chorea is nothing but "rheumatism of the nervous centres."† Botrel's view was not, however, generally accepted; and opinions on the point have varied greatly since that time, so much so, indeed, that one of the latest French writers on the subject (M. Moynier‡) declares the connexion to be merely accidental, though he himself, inconsistently enough, tells us that, out of thirty cases which he examined, the connexion in question could be traced in eighteen. Dr. West§ has never once met with it, nor (he says) has M. Rilliet, at Geneva. It is well known that both diseases are often hereditary; and Dr. Begbie was, I believe, the first to point out the existence of a family connexion between the two—to show, that is, that it frequently happens that where one member of a family is subject to chorea, another is rheumatic. The cases given above seem to me to point to the conclusion that rheumatism and chorea are "hereditarily convertible"—i. e., that rheumatism in the parent may descend as chorea to the child. If this should be supported by more extended inquiries, and more especially if the converse should be found equally true, it would, I think, go far to establish, in part at any rate, M. Botrel's theory, that rheumatism and chorea are not similar only, but essentially identical—i. e., that one and the same blood-poison may manifest itself, according to circumstances, as either chorea or as rheumatism. But whatever may be thought of the theory, the cases seem to me worth recording, if only as showing the connexion between the two diseases to exist in them in larger proportion than in any recorded set of consecutive instances with which I am acquainted.

Oxford, Sept. 1860.

ON THE PREVENTION OF THE FORMATION OF STONE IN THE BLADDER.

By J. CRICHTON, Esq., L.R.C.S. Edin.,

LATE SENIOR SURGEON TO THE ROYAL INFIRMARY, DUNDEE.

It has for long been a source of much regret to me when called upon to see a patient writhing under the most intense sufferings the human frame is capable of enduring, arising from calculous concretions in the bladder, all of which might have been so easily prevented by laying their case before a professional man, conversant with such disorders, at the commencement of the symptoms; and it was with much pleasure I read in THE LANCET of the 21st January, 1860, a very considerate communication from Mr. Henry Thompson, "On the great Importance of Early Diagnosis and Treatment of Stone in the Bladder"—as indicating that the attention of the profession is now seriously drawn to the subject.

What has served to bring the subject more vividly to my own mind at present is the case of a young girl, between four and five years of age, brought to me for advice by her mother and aunt, from whom I learned the following particulars:—That the child at its birth looked so very puny and woebegone,

* See Canstatt's Jahresbericht, 1850, vol. iv.

† Ibid., 1851, vol. iv.

‡ Ibid., 1858, vol. iii., p. 44.

§ Diseases of Children, 4th edit., p. 206.

that the mother became possessed with the notion that the infant would not live, which notion she still held most determinedly. The child, however, continued to live, if not to thrive, and when about twelve months old began to be affected with frequent micturition, accompanied with pain and severe straining; and for some months past both the mother and her husband have been perfectly worn out by her incessant struggling and screaming, preventing them from getting a night's rest. I asked her why she had not applied for assistance sooner. She said she had been frequently importuned to bring the girl to me, but what could be the use of applying remedies to a dying child? Wondering at the woman's folly, I said, "She is *not* dying, and, when relieved of her sufferings, will yet live, and perhaps have a family of her own." But as it was necessary to examine the state of the bladder before advising what further was to be done, the mother, seeing me taking an instrument out of my case, cried out that she would not witness anything done to her child; which made the girl scream out also in terror. Finding matters thus, I desired the aunt, who appeared to be a sensible woman, to assist them home (a distance of about two miles in the country), and return with the girl the next or first convenient day, without allowing the mother to come with her; and also to endeavour, by every method in her power, to disabuse her sister's mind of the absurd notion that the child was dying.

When the aunt returned with the girl, I caused her to be held firmly in the position in which I had placed her, although she struggled and screamed with terror and affright most furiously; and having introduced a narrow-bladed forceps into the bladder, instantly grasped the stone within the blades. The little patient now becoming quiet and resigned, not experiencing the pain and suffering she had at first anticipated, I proceeded to the extraction; but finding that I could not by any possibility get the calculus to enter the urinary passage, I slackened my hold, and succeeded in grasping it in a more favourable position; the forceps was then withdrawn in a very gentle, easy manner, with the crushed stone within the cavity of its blades. I then desired the cook to give them some refreshments, and allow them to sit by the fireside till I should see them again. About two hours afterwards they were sent to my room, and I learned with delight that the girl had a few minutes previously passed her urine in a stream, without the smallest pain or interruption; but as the day was now far advanced, I desired the aunt to get a lodging in town for the night, in order that, if any fragment of the stone remained in the bladder, she might be at hand to get assistance. Next day she called on me with the girl, and informed me that she had slept soundly till a late period in the morning, having only awoke twice to empty her bladder, which she did in a full stream without any pain or straining.

Out of a number of cases of a similar nature, I shall only mention one which took place towards the end of the last century. In April, 1799, I was sent for to see a person of the name of D——, well known throughout the place for the eccentricity of his habits and the continued shaking of his head, who informed me that he had been tortured for the last thirty years with what was called stone in the bladder; that he had used vast quantities of medicines and other stuffs—amongst others, raw onions, of which he had swallowed more than a cart-load—without the smallest appearance of a cure. He was then strongly importuned to go to London or Edinburgh, and get some of the great doctors there to remove the stone by an operation; but he always said, "No, no. I have known several of my acquaintance to go to these doctors, but never one of them returned alive." Of late, however, finding his health and strength fast failing, his sufferings increasing, and death staring him in the face (he was seventy years of age); and hearing every day of the numerous patients suffering from the same cause, both in this place and from afar, who had placed themselves under my charge, and who, after removal of the stone by operation, had all made rapid recoveries, not one having died,—he had now made up his mind to put himself under my charge also, and, if I did not consider it too late, to undergo an operation for the removal of the stone.

I called upon him next day along with two other medical gentlemen, who were all perfectly satisfied of the existence of a stone in his bladder, and that, although his strength and health had been rapidly declining of late, yet the removal of the stone by operation was the only chance left for recovery and relief from torture.

A few days afterwards I operated upon him by the lateral method, and removed a large rough stone, weighing five ounces. He made a good recovery, and lived twelve years afterwards, quite free from his sufferings.

From these two cases it will be seen how many years of misery and torture might have been saved to the old man and the young girl if proper attention had been bestowed at the commencement of the symptoms.

I shall now narrate two other cases, showing how easily the sufferers may be saved from long-protracted agony, merely by resorting to the proper steps for the removal of the cause as soon as the symptoms are observed.

About eighteen months ago I was called upon by a fine-looking lad, about eighteen years of age, who informed me that about three months previously he had become affected with frequent desire to void his urine, accompanied with pain and straining, and that for several days past the pain and straining had been so frequent and severe as would put a stop to his occupation, unless he could be relieved. I sounded him, and felt a calculus very distinctly. I afterwards introduced a large catheter into the bladder, which was accomplished with ease, and then told him there could be no doubt of the presence of a stone in his bladder, which must be removed before he could obtain relief from his sufferings; but as the calculus was probably of small size, in consequence of the shortness of the period since he first became affected, and the urethra free of any stricture and very dilatable, I hoped that by calling on me every morning, and getting a large catheter introduced into the bladder, and taking the diuretic mixture, he might soon pass the stone by the natural way, without having recourse to crushing or the knife.

Several days passed, and one morning he did not call as usual. I met him, however, in the street, and was informed by him that the previous night about bedtime he was attacked by one of his fits of straining to void his urine; but, instead of coming off in dribblets as usual, not a drop came, and he left his house with the intention of coming to me for relief. Before he got half way the straining became so violent that he was forced to support himself at a house-wall, and very soon something passed from him like a shot, followed by a gush of urine, upon which he immediately felt relieved, and returned home to his bed, and slept till a late period, only awakening twice to empty his bladder, which he did in a full stream without pain or straining.

The other case was that of a boy, five years of age, brought to me by his mother four or five months ago, who informed me that he had always been in a delicate state of health; but that about five or six months previously he had become affected with symptoms of calculus vesicæ, which had increased to such a degree of late as to prevent him from going to school. Upon sounding, a calculus was distinctly felt, and from the dulness of the stroke, it appeared to be of a softish nature, which would render it easy to be crushed if necessary; but as it was probably of small size, in consequence of the short period of its existence, and might pass off naturally by increasing the force of the flow of urine, I ordered a medicine of that tendency, and desired her to call again and let me know the result. Upon her calling a few days afterwards she informed me that from the time the child was sounded he had passed his urine freely, without pain or straining, excepting occasionally, and upon these occasions she observed small fragments of stone or sand at the bottom of the vessel, showing that the calculus had been shivered in pieces by the stroke of the sound—a circumstance I have upon more than one occasion observed to take place. A week or two afterwards I learned that the boy was attending school again, quite free from suffering.

Before concluding, I cannot forbear to remark, although not altogether relevant to the subject on hand, that in an operation such as lithotomy, requiring the use of chloroform to render the patient quiet and maintain a steady position, it would always be satisfactory to witness the effect of chloroform upon him a day or two beforehand, as it sometimes varies in its effect on different constitutions; the neglect of a due regard to which was the cause of much annoyance to me whilst operating for stone about a year ago, upon a middle-aged person from the country, who, before I had well completed the first incision, became quite furious, every muscle of his body seeming to be in violent convulsive action, accompanied by several spasmodic ejections from his bowels, bespattering my face and clothes in no very kindly manner whilst I was sitting before him with the knife in my right hand, and the forefinger of my left pressing upon the fore part of the prostate, steadfastly observant of all the commotion taking place within, (and a fine, well-disciplined forefinger it is, having always served me most faithfully as pioneer in hundreds of bloody engagements.) This state of matters continued for nearly twenty minutes, when my forefinger, the pioneer, observing a lull in the commotions inside, telegraphed me I might now commence action, and I immediately finished the operation by removing the stone. The

patient made a most rapid and perfect recovery, and in a few weeks was busily employed on his farm in good health, and perfectly relieved from his sufferings. So much for chloroform.

I shall now conclude by observing, that all parents are now well instructed in the knowledge that simply by vaccinating their children they thereby secure them against that most loathsome and disfiguring disorder—the small-pox. And why should not they be equally well instructed in the knowledge that if ever they themselves, or any of their children, should become affected with the common symptoms of stone in the bladder, they should apply without delay to a professional man conversant with the disorder, who would immediately remove the cause, and thus save them from long-continued misery and torture?

Dundee, 1860.

ON A

CASE OF OBSTRUCTION OF THE BOWELS FROM ADHESION TO THE UTERUS.

By J. H. ALDRIDGE, M.D., Southampton.

MRS. S—, aged fifty-seven years, the mother of five children. About six months before her death she had a severe attack of flooding, although her menstrual discharge had ceased years before. She was always of a costive habit, and in the month of February, 1859, symptoms of obstruction of the bowels came on, which became more and more aggravated up to the period of her death on the 10th of April following. For some weeks before her decease she had stercoraceous vomiting, the ejected matters being of a yellowish colour, watery, and having a strongly-fæcal odour. She seemed to die gradually of exhaustion.

Examination two days after death.—(The abdomen only was examined.) On opening the abdominal cavity, the intestines were seen to be smeared with a yellowish-coloured, watery, offensive matter, similar to that which she had vomited during life. This fluid must, therefore, have escaped into the peritoneal cavity through some hole in the gut. However, it cannot be said that this rupture of the bowel occurred during life, because the texture of the lower part of the small intestine was found to be so extremely soft and friable that it was rent by the slightest touch. In some parts it was gangrenous. It is, then, more than likely that the tear may have taken place after death, either by the pressure of gas developed in the bowel, or by movements of the body, or while opening the abdomen. The small intestine was seen to be very much distended, particularly the lower portion, which was of enormous diameter, nearly equal to that of a normal large intestine. The coats of the ileum in nearly its whole length were in a high state of inflammation. Near the lower end, approaching the cæcum, were many dark-coloured patches, some as large as a two-shilling piece, others smaller, where the whole thickness of the intestinal wall was perfectly gangrenous. The texture of the gut for several feet above the cæcum was so friable that on moving one coil upon another it tore at various points. In the upper part of the small intestine was found the same yellowish-coloured, watery, fæcal matter that the patient had vomited during life; lower down the contents of the bowel became more consistent; and for several feet from the lower end of the ileum the latter was enormously distended with tenacious yellowish-coloured fæces, very much resembling putty. The cæcum and large intestine were nearly empty, only a few knots of hardened fæces being found in the latter. In the lower end of the ileum, therefore, the obstruction was seated. On careful examination, the latter was seen to be dragged down into the cavity of the pelvis, and to be firmly adherent to the back wall of the uterus. When the small intestines and the contents of the pelvis were removed from the body, the state of matters could be clearly seen. About six inches from the ileo-cæcal valve the ileum had become firmly adherent to the posterior wall of the uterus—rather towards the right side—and to the right ovary. The gut at the adherent point made a sharp turn towards the cæcum. Accordingly, everything requiring to pass through this part of the bowel had to travel along its canal bent almost at a right angle. The calibre of the ileum at the

attached point seemed smaller than normal, but not much so. It is obvious that this sharp bend in the canal of the gut must have tended very considerably to retard the passage of the fæces through it, and, the latter having been hard and dry, as is usually the case in persons of obstinately costive habit, it can easily be understood how stoppage to the passage of the contents at this point occurred. Once commenced, such an obstruction would only become aggravated in the course of time by the gradual accumulation of fæces above it, and by the strong muscular efforts of the bowel to propel the contents onwards, as happened in this case, in which, during life, the violent peristaltic action of the intestines could at times be distinctly seen. It is not unlikely that if the patient had at a sufficiently early period overcome the tendency to constipation by keeping her bowels in a rather relaxed condition, the obstruction might have been averted, or at all events delayed. On removing the uterus from the body and cutting it open, the whole of the organ was seen to be one mass of epithelial cancer (cancroid), thus accounting for the floodings which the patient had some months before death, and also, in all probability, for the adhesion of the ileum to its posterior wall, as above described. The canceroid disease having implicated and eaten into the whole thickness of the uterus, even to the serous covering of the same, peritonitis seems to have been set up at this point, and to have thus occasioned the attachment of the loop of intestine to it. The coats of the ileum for an inch or two above and below the adherent part seemed to be perfectly healthy. The adhesions between the small intestine and the uterus were very firm, and must, therefore, have existed for a considerable time, perhaps for months.

At what period the canceroid disease of the womb began it is of course impossible to say, but that it had already attacked the uterus six months before the fatal termination of the case is evident from the occurrence of severe flooding at that time. If obstruction of the bowels had not supervened, and thus put an end to the patient's existence, it is very probable that ultimately a fistula between the uterus and ileum might have taken place by the extension of the canceroid disease through the adhesions and through the coats of the gut.

Southampton, 1860.

REPORT OF

TWO CASES OF IDIOPATHIC TETANUS TREATED BY INDIAN HEMP.

By WILLIAM FARRAGE, L.R.C.P.E.

THE following cases of Idiopathic Tetanus treated by Indian Hemp, occurring during my residence in Melbourne, Australia, may be of interest at the present time, when the treatment of the disease in its traumatic form is so fully engaging the attention of the profession.

CASE I.—Sept. 21st, 1857. — Mr. —, aged thirty-two, wool-worker on the banks of the Yarra-Yarra, a man of temperate and quiet habits, for two or three days previous to my visiting him had been suffering from stiffness of the muscles of the neck and slight rigidity of the lower jaw, which was attributed to a common cold. On the above day, before my visit, he had been seized with spasm and great pain, every few minutes, along the whole spine; by the slightest movement, touch, or noise, the muscles of the back were thrown into violent spasmodic contractions, bending the body forcibly backwards. The lower extremities were not affected. There was slight stiffness of the lower jaw, but no trismus; no difficulty in swallowing. Tongue clean; pulse 80, full, and strong; skin moist; no tenderness over the abdomen; no head symptoms; bowels had acted from castor oil. The following pills were ordered: Calomel, eight grains; extract of hyoscyamus, twelve grains. Divide into four pills: two immediately, and the others at night. A purgative enema the following morning, with two drachms of spirit of fetid ammonia; and a liniment to be rubbed along the spine, composed of tincture of opium, tincture of cantharides, and camphor liniment.

22nd.—Ten A.M.: Bowels acted twice, but no abatement of the spasms. The abdominal muscles were now tense and rigid, and the patient complained of great pain. Turpentine epithem to the abdomen, followed by hot fomentations. To take the following mixture: Solution of hydrochlorate of morphia, and tincture of hyoscyamus, of each two drachms; spirit of compound sulphuric ether, a drachm and a half; camphor mixture, four ounces: the fourth part every two hours.