thenticated cases, these medicines have only *changed the diathesis*, and caused a lithic calculus to be coated with phosphates; or, after a lithic calculus has been removed, they have caused it to be succeeded by a phosphatic one. Besides, it is well known that the addition of an alkali to certain organic matters causes the formation of an acid. [It is well known that oxalic acid is prepared by heating wood with lime; and Prout has pointed out the possible origin of oxalic calculi in the improper administration of alkalis.] M. Prunelle, the inspector of the Vichy springs, has remarked that several patients, after beginning an alkaline course, have passed an immense quantity of lithic gravel and sand, which must have been of recent formation, for it was far too much to have been merely deposited in the kidney. Their experience of the results of injections, or rather *irrigations* of the bladder, were likewise any thing but encouraging; some uric calculi were softened by alkaline solutions, and one of the phosphatic variety was entirely dissolved by the dilute nitric acid after Sir B. Brodie's plan; but in most cases either the calculi remained untouched, or the patient was obliged to discontinue the treatment, through irritation of the bladder.

MM. Gay-Lussac and Pelouze state that they have not been able to detect the *hippuric acid* in the urine of persons to whom the benzoic acid was administered, as was asserted some time since by Mr. Ure: but they several times observed that the urine of persons who were submitted to the experiment had a pleasant alcoholic smell, and kept for several days without apparent change.—*Ibid.*

51. *Removal of a diseased Ovarium terminating fatally on the seventh day.*—By T. M. GREENHOW, Esq.—The patient was 29 years of age, and married. For four years she had suffered from frequent discharges of blood from the uterus. Eighteen months ago, six months after her marriage, the swelling in the abdomen commenced at the pubic region, and rapidly increased till it attained a large size, her strength all the while declining, from the constant uterine discharge. The abdomen was tapped; only a little blood escaped, but afterwards nearly a quart of dark-coloured fluid was discharged from the wound daily, for about a fortnight.

Before the operation of removing the tumour, which was performed on September the 3d, the abdomen was about as large as at the full period of utero-gestation; there was fluctuation in one or two parts, but the tumour generally was firm, and felt as though divided into separate masses. The incision reached from a little below the ensiform cartilage to near the pubis. Several adhesions existed in different parts, the principal one being to the omentum, which was spread over the upper part of the right side of the tumour. These adhesions were divided with the bistoury, and then the tumour was raised, with some effort, owing to its great size and weight, and from its situation; double ligatures were passed through its pedicle and firmly tied, and this part being divided near the tumour, it was liberated from its attachments and removed. Two arteries bled freely, one in the divided omentum and the other in the pedicle; upon these being secured, the wound was brought together by sutures and adhesive plaster, and a bandage applied. The operation was well borne by the patient, although she vomited several times towards the end; the quantity of blood lost did not exceed six ounces. The symptoms which followed were chiefly great retching and vomiting; constipation of the bowels; quick pulse; tenderness and distension of the abdomen; and she died on the morning of the seventh day.

On the post-mortem examination the folds of the intestines and the omentum were found glued together by recently effused lymph. There was inflammation, with points of ulceration, near the pyloric orifice of the stomach. The uterus was healthy, but its cavities were lined with a vascular membrane, like the decidua. The morbid growth had been attached to the left broad ligament. On examining the tumour it was found to weigh twelve pounds seven ounces, and to be more than two feet in circumference. The surface was smooth and of a pale colour, resembling that of the skin. With the exception of a few cysts containing a yellow fluid, the general mass was composed of a dense and vas-

cular cellular structure, with a membrane of small cells or cysts pervading its substance. The author concluded by making some remarks on the case. He directed attention particularly to the disease found in the stomach, which he considered had an important influence in leading to the fatal termination, and thought, on the whole, that the result of the case did not offer a strong argument against the resorting to a similar mode of treatment in such cases.—*Lancet*, Jan. 20, 1844.

52. *Case of alarming Syncope, from the admission of air into a vein during an amputation at the shoulder-joint.* By B. B. COOPER, ESQ.—The patient, a female nineteen years of age, was admitted on the 17th of May, 1843, under the care of the author, for enlargement of the middle third of the humerus. She had suffered pain in the seat of the disease for eight months, but the swelling did not commence till six weeks before her admission into the hospital. From the history and the examination of the arm, the tumour was considered to be a malignant disease of the bone, and amputation at the shoulder-joint was resolved upon. This operation was performed on the 23d of May. The arm was removed in less than a minute, and with very little loss of blood. When the limb had been severed from the body, the patient, who had borne the operation with great fortitude, expressed her thankfulness in a firm and audible voice. The subclavian artery was immediately secured, but its compression still retained upon the first rib, as there were small vessels requiring ligature. The author then proceeded to remove a gland, which was somewhat enlarged, from the axilla; and while dissecting it from its cellular attachments, he distinctly heard a peculiar gurgling noise, like air escaping with fluid from a narrow-necked bottle; and at the same instant the patient fell into a state of collapse, threatening immediate dissolution: the countenance was deadly pale; pupils fixed, and unobedient to light; the pulse quick, small, and fluttering, although at intervals regular; the respiration was irregular, being hurried and feeble, and attended occasionally with a deep sigh. The patient was directly placed in the horizontal posture, the flap brought over the wound, and retained by plaster; and various stimulants were administered. An hour elapsed before she was sufficiently recovered to be removed from the operating theatre. Upon being placed in bed, she passed her fæces and urine involuntarily. When the reaction was coming on, she uttered a continued whining cry, and maintained a constant motion of alternate flexion and extension of the right leg, while the left remained perfectly quiescent, and seemed insensible to feeling, as well as motionless. She complained also of pain running up the right side of the head and neck. For several days she remained with her eyes closed. The lower extremities in the same condition as described, and the pulse very frequent. It was found necessary to give her opiates at different times, which relieved her general restlessness, and procured sleep. On the fourth day, the left leg was also affected with involuntary contractions; but these subsided on the following day. On the 25th day she was able to leave her bed. The motions of the right leg had ceased at this time, but she complained of great numbness and loss of power in the left leg. On the 3d of July she was sufficiently recovered to leave the hospital, having no other unfavourable symptom but a slight dragging of the left leg. The author concluded his paper by adding remarks on the consequences of air being admitted into the veins, and pointed out the resemblance between the symptoms in his case and those presented in other similar cases upon record, as well as in experiments upon the lower animals, made to elucidate the subject. He drew attention to the different effect produced in man compared with brutes by the admission of air, owing to the influence of mental agitation on the motions of the heart in the former. He also dwelt on the various modes of death in such cases, according as the air introduced distended and paralyzed the walls of the right cavities of the heart, or was sent onwards, mixed with the blood, to the lungs, or was transmitted by the arteries to the brain; and he ended by offering some practical remarks on the best mode of guarding patients from such dangerous occurrences in operations about the neck and shoulder.—*Lond. Med. Gaz.*, Dec. 1843.