CASE 8.—A. J—, aged seven years, was admitted on Aug. 14th, 1889, giving a history of an injury to the perineum two years before; painful micturition since then. Catheter passed and a calculus found; urethra sufficiently large to admit a No. 7 catheter.—18th: Chloroform. Stone gauged to be about the size of a hazel-nut. A No. 8 evacuator passed and the bladder injected. A No. 8 lithotrite introduced, and first crushing occupied twelve minutes. A No. 5 lithotrite afterwards used to complete the crushing. The whole operation occupied thirty minutes. The stone was hard and crushed at first with some difficulty; it weighed forty grains.—19th: Passed a small piece during the night.—20th: Discharged cured.

Remarks.—I have published this entire list of cases because they record fully my first attempts to do litholapaxy. They emphasise the rule laid down by those who have had much experience in this operation in children, that it is essential the surgeon should be well supplied with lithotrites. Happily now we need have no difficulty about this. It is also made clear that the measurement of the stone by palpation is not easy at first. Lithotomy, whether supra-pubic or lateral, is likely to be much less frequently done than in the past.

Nottingham.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CARBOLIC ACID IN TYPHOID FEVER.

BY E. ATHERDEN THOMPSON, L.R.C.P., M.R.C.S.

THE following case may be of interest as evidence of the abortive power which has been ascribed to carbolic acid in typhoid fever. The patient, a young man aged twenty-one, lived in a house at which I had, during the early part of the present year, attended two consecutive cases of this disease. On being summoned I elicited a history of well-marked premonitory symptoms, including pains in the back and limbs, severe headache, lassitude, anorexia, vomiting, and rigors. On physical examination I found tenderness on pressure in the right iliac region, accompanied by gurgling and tympanites. Temperature 103.4° , pulse 95, tongue furred, patient apathetic and drowsy. I ordered the usual strict dieting, and prescribed a mixture containing minim doses of carbolic acid and two grains of quinine to be taken every four hours. On the second day of attendance I found the patient much better. Temperature subnormal; bowels, which had been somewhat constipated, relieved by a single foul liquid motion; no aperient had been given. For the following three days the temperature continued to be subnormal, although I had discontinued the quinine; it then gradually approached the normal, and never again rose above it. Beyond the appearance, on the fourth day of attendance, of a few somewhat equivocal rose-coloured spots on the back and abdomen, the characteristic eruption was not developed. By the seventh day all symptoms had disappeared, with the exception of occasional pain and a little tenderness on pressure in the iliac region. Taking together the well-marked premonitory symptoms, the condition of the patient when first seen, and the fact of two cases having previously occurred in the same house, I think I was justified in diagnosing typhoid fever, and in attributing its arrest and cure to the administration of carbolic acid.

Kirkham, Lancashire.

EXTRA-PERITONEAL FAT SIMULATING HERNIA.

BY W. THELWALL THOMAS, L.R.C.P. ED., &c.

THE following condition was met with in the anatomy rooms a few days ago, and appears of interest surgically. A well-developed male body was noticed to have a small swelling above Poupart's ligament on the right side, which could not be diminished by pressure, and was apparently in the inguinal canal. On removing skin and fascia the bulging was more pronounced, and was now seen to be

entirely in the inguinal canal; on opening which a rounded portion of fatty tissue was found lying on the spermatic cord, which was flattened to accommodate it. The mass was polypoid in shape, about two inches long and an inch and a half across its free extremity; the neck could only be seen on drawing it down from the abdomen; the fat was very soft, and on its posterior aspect a thin fibrous cord was formed, but no covering as of peritoneum existed. On examining the interior of the abdomen, a short omentum was found, and perfectly free. The peritoneum over the inguinal region was without pouching; therefore the fat was certainly not omental. In this region and on each side of the pelvis there were well-marked eminences, due to enlargement of portions of the extra-peritoneal fat; and on making a section into the inguinal canal, the mass of fat discovered here was continuous with, and part of, one of these enlargements. One can imagine how such a condition so marked as to give rise to a distinct swelling externally would undoubtedly have been "cut down upon" if any symptoms of intestinal obstruction had manifested themselves. In fact, the appearance was one of well-marked bubonocoele.

Liverpool.

DEATH THROUGH IMPACTION OF A PEA IN THE BRONCHUS.

BY E. F. GRÜN, M.R.C.S., L.R.C.P.

ON Oct. 25th M. D—, a child aged two years, was playing with some peas, three of which she placed in her mouth. A fit of coughing took place, and one pea was missed. Whether the child had swallowed the pea or not was uncertain. Air entered freely into both lungs and there was no dyspnoea. For a period of four weeks the child continued in fair health, but died suddenly in her cot on Nov. 28th. At the post-mortem examination a pea, soft and swollen, was found in the trachea at its bifurcation. It had evidently been impacted at the commencement of the left bronchus. The left lung was solid and fibrous; there was a good deal of mucus in the tubes, but no breaking down of lung tissue. At the apex there was considerable emphysema, and at the base adhesions of the pleura to the diaphragm and chest wall. The right lung was perfectly healthy. Other organs all quite healthy. The question is, could anything have been done to save the child's life if it had been possible to diagnose the presence of the pea in the right bronchus? In this clinical experiment, accidentally brought about, it is interesting to note that the result of impaction and occlusion of the bronchus was to produce emphysema and also pleuritic adhesion, with a general increase of fibrous tissue throughout the lung, but with no inflammation or actual destruction of lung tissue. Death, I believe, was caused by the pea becoming dislodged and occluding the right bronchus, thus producing instant suffocation.

Putney, S.W.

A CASE OF OLD UNREDUCED DISLOCATION OF HIP.

BY G. MICHELMORE, M.R.C.S., &c.

THE following may be cited as showing the irreparable damage done by neglecting to obtain advice in surgical cases. A. B—, a fine healthy girl ten years of age, was brought by her mother to the out-patient department of the infirmary, on account of the right leg being very much shorter than the left, which was causing the child some inconvenience in walking. The history of the case was that the child had a fall from its cradle in infancy, and a short time after the accident the mother noticed that the right leg did not appear to be of the same length as its fellow, but took no further notice of it. On making an examination, I found a well-marked dislocation of the right hip backwards on to the dorsum ilii. The head of the femur had accommodated itself wonderfully well in its new position, and the movements of the limb were free and easy, especially flexion and extension; but on comparing measurements with the sound side, I found a shortening of two inches and a half. Considering the number of years that had elapsed since the accident, and the changes that must have taken place in the acetabular cavity, no attempt at reduction was made.

Tiverton.