amm. carb. and tr. cinchon. co., and ordered free stimulation with brandy, as his strength seemed to be failing. The gangrenous action ceased to spread, his general condition improved, and a line of demarcation formed, and by March 5th the slough had to a considerable extent separated. As the gangrenous odour had almost disappeared, I dusted the wound with iodoform, and dressed it with carbolic lotion (1 in 40) twice a day. When the slough had separated there was an ulcerated surface extending nearly the whole length of Poupart's ligament. It was irregular in shape, widest and deepest near the pubes, and about three inches wide, tapering off to a point at the outer end. Under this treatment the wound healed slowly but satisfactorily. I gave him quinine and iron internally and ordered him port wine. By April 5th the wound had almost healed and was firmly scabbed over. He had improved very much in health and appearance, and has continued well ever since.

Remarks.—The important point in this case was the diagnosis. I was puzzled as to whether I had overlooked an omental hernia which had become strangulated. I based my diagnosis on the mobility of the swelling when I first saw it, the absence of impulse on coughing, the absence of vomiting, the regular action of the bowels, and the absence of grave constitutional disturbance throughout. In similar circumstances I should treat the case as if it were a hernia, and cut down on it, as a mistaken diagnosis would be very serious, and the operation on a degenerated gland could do no harm.

West Hampstead.

A Mirror OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

WEST LONDON HOSPITAL, HAMMERSMITH.

A CASE OF VESICAL CALCULUS IN A FEMALE CHILD; SUPRA-PUBIC LITHOTOMY.

(Under the care of Mr. LEONARD A. BIDWELL.)

THE question as to the kind of operation best adapted to the removal of stones from the bladder of female children has received considerable attention. Mr. Jacobson¹ writes: "It will be wiser, I think, to make use of the supra-pubic operation in female children for all save the very smallest stones. Lithotripsy is by no means easy in these small bladders and the risk of vesico-vaginal fistula has already been shown to be very considerable. Mr. Barwell, who successfully extracted from a female child aged nine a stone which weighed 2½ oz. by the supra-pubic method, expresses his preference for that method, having had under observation no less than three cases of vesico-vaginal fistula, which had resulted from the extraction of calculi by vaginal lithotomy² when the patients were young. Mr. Walsham considers³ that moderate and even large stones can be easily removed from the bladder of young children by vaginal lithotomy, aided, if necessary, by dilatation of the vagina, incision of the fourchette, and crushing of the stone by the wound made through the septum, without any risk of a permanent vesico-vaginal fistula, so long as the edges of the incision are not bruised. Some interesting cases are recorded in our medical papers of lithotripsy,⁴ extraction by forceps after dilatation,⁵ or after supra-pubic lithotomy.⁶ For the notes of the case we are indebted to Dr. F. H. Alderson, house surgeon.

A. S—, a healthy-looking girl, aged eight years, was admitted into the West London Hospital on July 24th, 1891. For twelve months the child had complained of pain when

micturating, and during the last three months she had suffered from incontinence of urine and prolapsus ani. There had never been any hæmaturia. The child had always lived at Fulham. No urine could be collected for the purpose of testing. On sounding, a large stone was felt, which appeared to completely fill the bladder; on rectal examination, its size was estimated to be over an inch in diameter.

On July 27th the child was put under the influence of chloroform, and Mr. Bidwell operated. A rectal bag was placed in the rectum, and six ounces of water injected into it, but no water could be kept in the bladder owing to the contracted state of its walls. After the usual incision had been made, the portion of the bladder uncovered with peritoneum was easily reached. The bladder was then held up by a suture passed through the whole thickness of its coats, and an incision of about half an inch made into it. The stone was extracted with forceps, after considerable difficulty. The bladder was then washed out with boric acid solution, and its wall stitched to the skin by one suture on each side; a drainage-tube was placed in the bladder, and the angles of the skin wound sutured. The stone measured an inch and a quarter in each diameter, and seven-eighths of an inch in thickness. Its weight was 200 grains. On section there was a nucleus composed of an oxalate, covered by very many layers of phosphates and urates.

July 29th.—The child has had no bad symptoms. The drainage-tube and sutures were removed from the bladder. A soft catheter was tied in the urethra.

Aug. 6th.—Catheter left out two days ago, and no urine has passed through the wound, which is quite superficial.

10th.—Till to-day the urine passed naturally, but this evening some escaped by the wound. The temperature, which had been normal since the operation, rose to 102° this morning. No collection of pus anywhere. Tongue coated.

13th.—Temperature rises at night to 103°. No pain or fulness about abdomen. No abnormal physical sign in chest. Bowels irregular. Urine still comes through wound, but the greater quantity passes per urethram.

24th.—Temperature normal since Aug. 17th. Wound almost healed. Urine passed twice daily.

27th.—Temperature last night 104°. Some pain in left iliac region. Fæces felt in sigmoid flexure. Wound dry.

31st.—Temperature normal again. From twenty-eight to thirty ounces of urine passed daily, which is acid and contains no albumen.

Sept. 8th.—Wound has been quite healed for some days, and the child has been up. Discharged.

Remarks by Mr. BIDWELL.—The large size of the stone in a female child is remarkable, only a few cases being recorded. It is interesting to find that the nucleus was an oxalate and not a foreign body; indeed, I think that the frequency with which a foreign body forms the nucleus of a stone in females has been rather exaggerated. Thus, out of a series of twenty-four cases⁷ of stone in the female bladder, only five were attributed to a foreign body. At the present time, the choice of operation for a stone of any considerable size in the female must lie between lithotripsy and the supra-pubic operation. The contracted state of the bladder and the impossibility of retaining any fluid in it seemed to contra-indicate lithotripsy. The extraction of the stone was difficult, owing to the small size of the part of the bladder uncovered by peritoneum. I had intended to suture the wound in the bladder, and merely to place the drainage-tube in the superficial wound; but as the edges of the wound had been bruised during the extraction of the stone, I thought it best to leave the bladder quite open, and I do not think that convalescence was much retarded in consequence, because urine has ceased to come through the wound within one week. Unfortunately, owing to some gastro-intestinal disturbance, the wound broke down twice before soundly healing.

DURHAM COUNTY HOSPITAL.

A CASE OF FOREIGN BODY IN THE BLADDER AND URETHRA; REMOVAL; RECOVERY.

(Under the care of Mr. VANN.)

THE numerous things that have been inserted into the urethra for various purposes would take up more space to enumerate than is at our disposal. They appear most commonly to have been introduced with the intention

¹ The Operations of Surgery.

² Med. Chir. Trans., lxxix., 342, 2nd ed., p. 946.

³ St. Barthol. Hosp. Reports, vol. xi., p. 129.

⁴ Lunn: THE LANCET, vol. i. 1884, p. 385.

⁵ Lucas: Medical Times and Gazette, vol. ii. 1885, p. 633.

⁶ Garden: Medical Times and Gazette, vol. i. 1880, p. 449. Robson: British Medical Journal, 1890, p. 841. Bond: THE LANCET, vol. ii. 1889, p. 260. Cadge: British Medical Journal, 1886, July.

⁷ Medical Times and Gazette, vol. ii. 1859, p. 82.