size was immediately discovered, which seemed very hard, and produced a clear ringing sound when struck with the instrument. During the interval between that time and the operation he was not again sounded, but had frequent attacks of severe suffering, generally accompanied with hæmorrhoidal tumours. Rest, with mild aperients, and a mixture composed of magnesia, gum arabic, and tincture of hyoscyamus, gave him relief, and it was long before he could make up his mind to have the calculus removed by operation; but the last fit was a severe one, and he seemed to think it better to run all hazards, in which his age was an important element, than to suffer repetitions of equal severity. It is remarkable that the urine never exhibited any morbid appearance: even when his sufferings were greatest, and he was obliged to pass it several times in an hour, it remained free from deposits, either acid or alkaline, and it was perfectly clear. From this circumstance, and the relief obtained by the use of magnesia, I was led to believe that the calculus probably consisted of oxalate of lime. This conjecture is confirmed by its appearance, though it has not been hitherto proved by chemical analysis.

On the 27th of April the operation was performed, the patient being placed very completely under the influence of chloroform, which effectually prevented all consciousness during the operation.

The staff which I employ has a curve of bold sweep, and the groove is placed diagonally, that is, midway between the back and the side of the instrument. This enables the operator easily to accompany the point of the knife (a common scalpel) along the groove of the staff, within the neck of the bladder, and to measure with accuracy the extent of the incision of the prostate, made in drawing back the knife from the deeper part of the wound. This part of the operation was rapidly performed, and the stone was quickly and firmly grasped by the forceps, introduced over the finger as a director. The stoutness of the patient led me to expect a deep perinæum. I therefore made the external wound of ample extent, which enabled me to pass my finger (a somewhat long one) within the neck of the bladder and to touch the stone. It was not necessary, therefore, to use a blunt gorget as a director to the forceps, according to the manner practised by the late excellent and celebrated lithotomist, Mr. Martineau, and as I thought it probable that in this case I might have found it expedient.

It was at this stage that the difficulty of the operation was encountered. The stone was large and rough on the surface, and, from the great age of the patient, the prostate was firm and unyielding. It was evident that, without great and unwarrantable violence, the stone could not be extracted, unless greater space could be obtained by additional incisions of the prostate. These were effected in two directions—one, some distance above the original incision on the left side, and a second divided to some extent the right lobe. Careful efforts were then gradually and firmly made, by which, in a few minutes, a stone of large size was extracted without laceration of the neck of the bladder. During the first week the bowels required the use of gentle aperients and injections, and since, an occasional dose of castor oil has been exhibited. No untoward symptoms have interrupted recovery. About the twelfth day the urine began to flow through the urethra, and in another week it ceased altogether to pass by the wound. The wound has healed with unusual rapidity, and on the twenty-fifth day scarcely a trace of it remained uncicatized. I did not allow the patient to get out of bed till the 24th day, believing that mischief sometimes arises from too early assuming the upright position, and using much muscular exertion.

The weight of the stone is 3 oz. $2\frac{1}{2}$ dr. (apothecaries' weight), and its measurements as follows: Length $2\frac{1}{2}$ in.; breadth 2 in.; thickness $1\frac{5}{8}$ in.; circumference at the thickest part, as drawn from the bladder, $5\frac{1}{2}$ in.

Newcastle-upon-Tyne, June, 1856.

"EPILEPSY WITH TETANIC COMPLICATIONS."

To the Editor of THE LANCET.

SIR,—Mr. E. J. Bullock having quoted a case of periodical Opisthotonos combined with Epilepsy, in THE LANCET of June 21st, from my work, "An Introduction to Hospital Practice," will you permit me to add, that a gelatinous cyst was found in the brain, corresponding to the aperture in the cranium mentioned by me, as the result of the post-mortem examination was not then published.

I am, Sir, your obedient servant,

C. J. B. ALDIS, M.D.,

Chester-terrace, Chester-square,
June, 1856.

Medical Officer of Health to St. George's,
Hanover-square.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 10TH, 1856.

MR. CÆSAR HAWKINS, PRESIDENT.

REPORTS OF CASES OF COMPLETE CONSTIPATION WITHOUT MECHANICAL OBSTRUCTION IN THE INTESTINAL CANAL.

BY T. A. BARKER, M.D., F.R.C.P.,
SENIOR PHYSICIAN TO ST. THOMAS'S HOSPITAL.

THE author commenced his paper by stating that the cases he proposed to narrate afforded illustration of the fact that prolonged and complete constipation may exist without any mechanical obstruction, or at least long after such obstruction, if ever present, had been removed.

The cases which he detailed were three in number. The first occurred in a baker, twenty-four years of age, who had been subject to frequent attacks of constipation, continuing for many days and even weeks. When admitted into St. Thomas's Hospital he had passed no fecal evacuation for six weeks; yet neither on this nor on any former occasion had he ever had any symptoms of ileus. For various reasons it was inferred that there was no material mechanical obstruction, and it was therefore determined to try the effect of mild purgatives and enemata, which had before proved successful. After about ten days the treatment entirely removed the constipation, but the bowels afterwards became relaxed, and the patient omitted to take the medicines ordered to relieve this state; the diarrhoea therefore continued, and he died about three weeks after the removal of the constipation. On examination after death, at about three inches above the anus the rectum became greatly dilated, and this continued throughout the whole length of the colon, but especially in the sigmoid flexure. The mucous coat was extensively ulcerated, and at the arch the intestinal coats were perforated. The muscular coat was throughout much hypertrophied, and the peritoneum was inflamed, and lymph was effused into its cavity. The second case was that of a female child, aged eight years, also a patient at St. Thomas's Hospital. It had laboured under constipation for a fortnight or three weeks, and frequently before for long periods. There were no marked symptoms of constitutional disturbance. During the time the child was under observation, she was treated by purgatives and enemata, but no satisfactory evacuations were obtained, and she died, gradually exhausted, in about three weeks after admission. After death, the alimentary canal, and more particularly the large intestine, were found greatly distended by dark fecal matter. This was of a stony hardness in the rectum, but softer above. The coats of the intestine were healthy, and the muscular coat greatly hypertrophied. The author remarked that in neither of these cases was any evidence of obstruction detected after death, to explain the constipation which had existed during life, the lower part of the rectum being in each of them quite healthy. In the last, however, it might be supposed the constipation was due to long-continued neglect of the state of the bowels, rendering the most judicious treatment at length of no avail; but in the former, no reason could be assigned for the constipation. In the third case, he suggested that there had probably, at some former period, been a mechanical obstacle, but that had ceased before death, though the constipation continued. In this instance there were symptoms of ileus; the small intestine was found greatly distended with fecal matter, the colon contracted, and the ilio-cæcal valve quite destroyed by ulceration. The author further alluded to cases described by Dr. Abercrombie in which fatal ileus had existed without any mechanical obstacle, and to cases which he had himself seen which showed that small and limited adhesions of the intestines, which did not mechanically obstruct the canal, might yet create fatal obstacles to the passage of fecal matter; while, on the other hand, extensive false membrane, binding all the intestines together, might be unproductive of any serious impediment.

ON AN UNUSUAL AND OBSTINATE FORM OF SWELLING.

BY MR. J. L. MILTON.

(Communicated by Mr. SIMON.)

The author (who described his own case) had long suffered from eczema of the scalp, to which, in June, 1855, were added most severe colicky pains and neuralgia of the face. For this complication of maladies, the inhalation of chloroform was

frequently used, combined with quinine, steel, croton oil, and galbanum internally, and the application of counter irritants, and a strong astringent lotion containing a large amount of hydrocyanic acid and zinc, externally. Under this treatment the neuralgia disappeared, whilst the eczema was slightly remedied. One morning in September, 1855, a large pyriform swelling, firm and painless, of the colour of the skin, was observed, extending from the inner to the outer side of the left thigh, just below Poupart's ligament. It had disappeared before night. On the following morning, a swelling, five or six inches in length by two in breadth, of the same character in every respect, save that it was red, appeared just below the crest of the left ilium; this travelled slowly down the left side of the sacrum, and then across to the right side of the pelvis, where it gradually faded away in a few days; that portion of the tumour which had been first formed having, however, disappeared much earlier. For three weeks, similar tumours formed daily about the pelvis and thighs; sometimes two or three formed simultaneously; after that time they were more scattered and less frequent. About the end of October the face was first attacked; a hard swelling, which ran its course in about eight hours, passed slowly over both eyes, from right to left, completely excluding light while the attack was at its height. On the 11th of December, a most severe attack occurred in the face, the mouth and parts about it being the first seat of the swelling. Three times the throat was affected, the swelling reaching its maximum in that situation in half an hour, and giving rise to great alarm from the interference with respiration. One or two appeared at different times on the legs and arms. The number and severity of the attacks steadily declined from the last-named date, and finally disappeared in the March following. The swellings were never painful, nor did they yield, though firmly pressed. Stiffness and distention were the only sensations remarked in connexion with them, the integument over them being generally raised about half an inch and unaltered in colour. No desquamation or itching followed their subsidence, nor did any constitutional disturbance accompany either their outbreak or decline; the eczematous eruption was neither aggravated nor improved by their appearance; they never formed in the afternoon or evening, all which were noticed having commenced between four and ten o'clock A.M.; and, with one exception, all reached their utmost height in four hours. Those on the face were generally a week in subsiding; the others disappeared almost as rapidly as they arose. Colchicum and bichloride of mercury appeared to hasten the disappearance of the affection, of which the author, after diligent search, could discover no previous description.

Dr. WEBSTER said he had known such affections result, especially in hot climates, from the drinking of cold liquids on an empty stomach when a person was warm.

Mr. MILTON did not think his attack could have been thus occasioned, the eczema having continued during the spring and early part of the summer, when the weather was unusually cold for the season of the year.

Dr. STEWART asked if the author was subject to rheumatism, or whether a rheumatic diathesis was observable in his family. He had lately seen several cases in which very anomalous forms of skin disease had been the precursors by some days of rheumatic attacks. He had seen erythema marginatum and also some forms of purpura accompanying rheumatism; eczema was often the manifestation of gout, and could only be cured by colchicum.

Mr. MILTON stated that gout was hereditary in his family.

Dr. ROBERT TAYLOR said that a few years ago he had a case somewhat similar to that mentioned by the author, in the person of a young gentleman, all of whose family were subject to gout. The swelling appeared principally in the arms. It disappeared in about a year. He (Mr. Taylor) recommended colchicum.

REPORTS OF CASES OF PURPURA HÆMORRHAGICA, FROM FRIGHT.

BY T. OGIER WARD, M.D.

The author stated that his object in bringing these cases forward was, to show that this affection, which is usually the result of long-continued depression of the vital powers, may be produced in the course of a few hours, by a violent mental shock.

The first case related was that of a child four years of age, which was extremely alarmed by having been corrected at school. Three days after, without any other assignable cause except the alarm so created, the child had an eruption of petechial spots, which spread over all parts of the body and limbs,

and in seven days after it died of a sudden attack of convulsions, terminating in coma, and dependent on the effusion of blood into the cerebral hemispheres.

The second case was that of a boy, who, when walking in the fields, was attacked by a horse, and fell, but did not appear to have sustained any material injury. He was extremely alarmed, and on his return home his nostril began to bleed, and, when undressed at night he was found to be covered with numerous larger and smaller purple spots and patches. He passed a restless night, crying during sleep about the horse, and the following day had febrile symptoms, with engorgement of the liver, and passed blood by stool. He recovered after an illness of about a fortnight's duration.

The third case was quoted from a lecture by Dr. Seymour, published in the *Medical Gazette*.

The author concluded his communication with some remarks upon the probable cause of the sudden change in the condition of the blood, in cases of this description, and he concluded that the affection was more likely to occur in children and females, from the smaller proportion of solid materials which their blood ordinarily contains.

In answer to the President, Dr. Ward stated, that in the case of the little girl he did not think that extravasation was caused by a blow on the head. She appeared to suffer more from fright than from the severity of the punishment.

Dr. STEWART said the hæmorrhage into the brain might occur to some extent independently of direct injury. He remembered a case of death from purpura, in an adult, in which, after death, the effusion into the brain was found to be excessive; the septum of the ventricle was broken down, and the central portion of the brain filled with enormous clots of blood.

Mr. HENRY LEE mentioned the case of a child who had broken its leg and shortly afterwards died. There was considerable extravasation of blood in the liver, and also about forty small extravasations under the skin. These, he thought, might be the result of some injury, but on examination he found that the effusion was in the cellular tissue under the skin. He was unable to account for these extravasations, but he thought they bore some analogy to the case mentioned by Dr. Ward.

The Society then adjourned.

Reviews and Notices of Books.

The Treatment of Aneurism of the Arteria Innominata by Ligature of the Right Common Carotid Artery. By WILLIAM WRIGHT, M.D., Physician to the Montreal General Hospital, &c. &c. Reprinted from the *Medical Chronicle* for March, 1856. pp. 39. Montreal.

ON the 1st of October, 1855, Dr. Wright tied the right common carotid artery in a case of aneurism of the innominata, involving the roots of the common carotid and subclavian arteries of the right side. The patient was seventy years of age, by trade a hatter, and a stout, strong-built man. He survived the operation nearly three months, dying hemiplegic on the 27th of December. After death four abscesses were found in the right hemisphere. The effect of the application of the ligature was the solidification and reduction of the arterial tumour. Now, this operation having been affirmed by a high authority to "contain within itself the elements of failure," Dr. Wright set himself to work to carefully analyze the various accounts given of its performance and the recorded results. The paper of Dr. Wright is a valuable one, and forms the best history we are acquainted with of this particular application of the "Brasdoorean operation." It is a paper well meriting a wide-spread and careful perusal both by medical and surgical authorities. The result of Dr. Wright's analysis may be said to imply—

That there exists abundant justification to warrant a surgeon in again treating innominatal aneurism by ligation of the right common carotid artery. The ligature will cause solidification and reduction of the aneurism, and is not more dangerous than ligation of the same vessel performed for any other cause. Life therefore may be prolonged, if not saved, when there is no other expedient to which recourse can be had. T