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.,

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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.

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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.