On July 1st he was sounded, and a large stone found.

4th.—The strong fenestrated lithotrite was introduced, and the stone seized; but the instrument was not powerful enough to break it. No irritation followed, and on the 6th another attempt was made, but with a like result, breaking off merely a few small superficial pieces.

On account of the excessive hardness of the stone, Mr. Thompson determined to perform lithotomy, which he did on July 11th. The operation was the same he has so frequently performed at the hospital of late—viz., by the medio-bilateral method, and he extracted a large and particularly flat stone without any difficulty, measuring one inch and three-quarters long, one and a half broad, and five-eighths of an inch thick. The peculiarity in its form was doubtless the cause of its eluding the lithotrite. The marks of the grasp of this instrument were seen upon its edges.

July 12th.—The patient has had no fever, and the tube was removed.

14th.—Passing some urine by the natural channel. Has taken meat for dinner to-day.

18th.—Not a bad symptom; improving daily.

24th.—Wound healing rapidly; half his urine passing naturally.

31st.—Says he feels as well as ever he did in his life; sits up daily. Will return home in about ten days.

KING'S COLLEGE HOSPITAL.

CASES OF CHOLERA.

(Under the care of Dr. JOHNSON.)

TWENTY-ONE cases of cholera have been admitted under the care of Dr. Johnson during the present epidemic. There have been eight recoveries and thirteen deaths. Of the thirteen deaths, six occurred during collapse, seven after reaction. All the cases were treated by evacuant doses of castor oil. It is remarkable that in four out of the six cases fatal during collapse there was neither vomiting nor purging after the patients came under treatment; in two of these four cases death occurred within an hour after admission. In all the fatal cases the disease was of extreme severity, the patients being for the most part pulseless when admitted; and in a large proportion of the cases there were specially unfavourable circumstances which rendered them nearly hopeless from the first. We give brief particulars of the seven cases which were fatal during reaction.

An infant fifteen months old rallied from extreme collapse, then got congestion of the lungs, with drowsiness and convulsions.

A woman aged forty-seven, but looking much older. Had been a great invalid (as her husband said) all her life. For seventeen hours before admission she had been profusely purged. When admitted she was pulseless, vomiting and purging had ceased, but the intestines became painfully distended with fluid. With great difficulty the bowels were emptied by castor oil, to which on two occasions croton oil was added, aided by enemata. She made an imperfect rally; the temperature rose from $94\frac{3}{4}^{\circ}$ to $98\frac{3}{4}^{\circ}$; then she quickly died with pulmonary engorgement and dyspnoea.

Then there occurred three cases in one family—three sisters, aged respectively five, six, and nine years. The children had been ill-fed and ill-lodged, and were strumous. They all rallied from collapse, which in two cases had been of extreme severity, and all died comatose after reaction. In the two younger children there was advanced Bright's disease of the kidneys, the organs being in a state of extreme fatty degeneration, pale and wax-like; in the other child there was mesenteric disease.

A man aged twenty-three, of weak intellect. Had been very poorly fed, and had a chronic ulcer on his leg in a most offensive condition. He was pulseless and in extreme collapse for many hours, and repeated doses of castor oil excited only very moderate purging. An unsuccessful attempt was made to inject hot water into a vein; he made an imperfect rally, and died twenty-four hours after his admission.

The last case was that of a widow, aged forty-eight, who had been overworked to support her seven children. There had been very copious vomiting and purging for some days before her admission. When admitted at six P.M. on the 12th October she was pulseless and in extreme collapse. There had

been no action of the bowels since one P.M. At eight P.M. Dr. Johnson saw her. Four doses of oil had been given, but neither vomiting nor purging had occurred; there was urgent dyspnoea, with severe pain apparently over the right cavities of the heart. It appeared that injection into the veins afforded the only hope of relief, and forty-two ounces of water at 118° was slowly injected. The pulse returned after the injection, and there was some relief from dyspnoea and the pain over the heart; but the effect of the injection was much less than had been anticipated, and she died at four o'clock the following morning, ten hours after her admission. She vomited occasionally after the injection, but there was no evacuation of the bowels while she was in the hospital. After death, a firm decolorised clot of fibrin was found adhering to the inner surface of the right ventricle, near the apex, and extending some inches into the pulmonary artery. This clot had evidently formed during life, and probably before the injection into the vein. It must have obstructed the circulation, not only by the space which it occupied in the artery, but also by preventing the closure of the semilunar valves. Hence, probably, the painful distension of the right cavities of the heart, and the small amount of relief afforded by the hot injection into the vein.

WESTMINSTER HOSPITAL.

NUTRITIONAL AND VASO-MOTOR AFFECTIONS CONSECUTIVE TO NEURALGIA OF THE FIFTH NERVE.

(Under the care of Dr. ANSTIE.)

THE secondary affections which occasionally occur in the course of neuralgia have attracted much notice of late years. With regard to neuralgias of the fifth cranial, more especially, it has been proved that these remoter effects of what is usually considered a "functional" disorder of the nerve, may involve very serious consequences to the organ to which its branches are distributed. These possible sequelæ have been summed up in Dr. Anstie's second Lettsomian lecture, recently published in this journal. Among them is one affection which has never previously been formally described, so far as we are aware, as a consequence of neuralgia—viz., erysipelas; or rather it would be more proper to say, that the susceptibility to the erysipelatous influence (whatever that may be) has been shown to be greater in tissues supplied by a neuralgic than by a healthy nerve.

In the out-patient room at Westminster Hospital, a woman, aged sixty-three, recently presented herself, in whose case the erysipelatous complication was strikingly illustrated. An attack of neuralgic pain, strictly limited to the auriculo-temporal and supra-orbital branches of the fifth cranial nerve, had been produced by exposure to cold wind. The neuralgia, at the time of observation, was of ten days' standing; but the complaint for which the patient more particularly sought relief was an erysipelatous inflammation very accurately limited to the district occupied by the ramifications of these nervous branches. The phenomena were characteristic of intense neuralgia. Thus there were intense photophobia and lachrymation in the eye of the affected side. The history of the patient disclosed the fact that more than one former attack of neuralgia in the same region had been similarly complicated with erysipelatous inflammation. Another symptom, which was also held to be secondary to the neuralgic affection, was painful thickening of the periosteum of the malar bone, at a point to which the erysipelatous inflammation did not extend.

Dr. Anstie remarked that in this case were illustrated several of the most remarkable occasional consequences of neuralgia, or rather of the altered dynamic nerve-status of which neuralgia is one expression. The fifth cranial nerve includes not only fibres destined to subserve common and special sensation, but also fibres which govern the calibre of vessels, and others which preside over the nutrition of tissues, and the secretion from glands. In a certain number of cases of neuralgia, not merely the sensitive, but also the vaso-motor and the nutritive fibres are influenced by the depressing cause which produces the neuralgic pain. The effect on the vaso-motor fibres produces, ordinarily, at least one result—congestion of the conjunctival vessels, and, more rarely, such an intense congestion of the vessels of the skin as (with the conjunction, probably, of some septic influence upon the blood) is sufficient to determine erysipelas. The nutritional changes which may be produced in tissues supplied by a neuralgic fifth nerve are very numerous. The present case supplied an example of one of them in the painful thickening of the periosteum imme-