however, developed on the type of compound serous cysts, with broad bases, were generally of small size, and filled with thick, viscid, gelatinous fluid. Projecting from the upper wall of the vagina, a little posterior to the urethral orifice, and in the situation from which the three tumours had been removed, was a conical elevation, nearly an inch in height, and having a broad base, the long diameter of which measured about one inch and a half; it was covered with mucous membrane, of a thickened, opaque, white, leucorrhoeal appearance. The structure of this projecting body very much resembled that of the tumours removed, with the exception of its density and vascularity both being increased; it had a pale, bluish-white appearance, and was traversed by numerous vessels. On minute examination it was seen to consist of simple areolar tissue. The uterus was somewhat hypertrophied and greatly elongated; otherwise healthy, as was also the right ovary.

Remarks.—It is hardly to be supposed that the tumour of the urethra had any connexion with the ovarian dropsy; still the opinion might be entertained that the derangement and displacement of the genito-urinary organs had at least an indirect influence on the disease which declared itself subsequently to the patient leaving the hospital. As to the tumour growing from the urethra, it gives us an interesting instance of the success which will sometimes crown perseverance in removing abnormal growths, though there seems to be a mystery in the fact of the tumour reappearing twice so rapidly after removal, and being no longer reproduced after the third operation.

GUY'S HOSPITAL.

Stone in the Bladder; Lithotomy.

(Under the care of Mr. HILTON.)

It has often struck observers how very rapidly young subjects recover from such a severe operation as that of lithotomy; and it is satisfactory to notice that this circumstance offers great encouragement for at once ridding juvenile patients of an evil to which they are so liable. Though surgeons are accustomed to see boys of tender age quickly regain their health after the operation for stone, it but seldom occurs that the urine passes entirely through the urethra ten days after the child has been cut. Such a case, however, occurred lately among Mr. Hilton's patients; and if we are not much mistaken, we would venture to say that the judicious treatment of the boy *before* the operation, besides his good constitution, must have had considerable share in the favourable results which we are going to record.

From the notes obligingly furnished by Mr. Evans, we find that Mr. Hilton's patient is ten years of age, and was admitted on the 6th of February, 1850. The boy stated that he had always enjoyed good health till within the last four months, at which time he first began to feel pain in passing his urine, the stream occasionally stopping suddenly. These symptoms rapidly increased; the boy lost flesh and strength; the irritability of the bladder became greater; the urine could not be held for any length of time, and was frequently passed in bed. The patient has dark hair and eyes; his complexion is sallow; and when admitted he complained of difficult and painful micturition, with the usual uneasiness at the extremity of the penis. His pulse beat 84, very weakly; his appetite was indifferent, tongue coated, and bowels confined. Mr. Hilton ordered a saline purgative, with rhubarb, and proceeded the next day to sound the bladder. The No. 4 sound was passed, and Mr. Hilton at once detected the presence of a calculus, which apparently measured about three-quarters of an inch in diameter.

Treatment.—The treatment preparatory to the operation of lithotomy, which was now resolved upon, consisted in giving ten minims of liquor potassæ, and the same quantity of tincture of henbane, to be taken thrice a day in linseed infusion. The boy was likewise to have a scruple of rhubarb and calomel twice a week. As large quantities of unhealthy fæculent matter were expelled, this *clearing* treatment was persevered in for nine or ten days, after which period the evacuations improved in character, and the general health became very satisfactory. A careful examination of the urine was then instituted: that fluid was of light colour; its specific gravity, 1.022; reaction neutral; it remained unaffected by heat or nitric acid, and contained a little mucus. No crystals or pus-globules could, however, be detected by the microscope.

The patient, being thus prepared, was brought into the theatre on the 19th of February, his bowels having previously been well cleared out by castor oil and an enema.

The Operation.

Mr. Hilton, out of the variously shaped staffs in use, gave the preference to Mr. Key's almost straight instrument; this having been cautiously introduced and the stone percussed to the satisfaction of the operator and the bystanders, Mr. Hilton entrusted the holding of the staff to an assistant, and made his incision from the centre of the raphé towards the patient's left ischium. This incision was pretty free, and reached sufficiently low down; after a little dissection of the urethral muscles, fasciæ, and levator ani, the same knife (much resembling a common scalpel) which had been used for the first incision was placed in the groove of the staff, and carried into the bladder, whilst Mr. Hilton brought down the handle of the staff towards the perinæum. The forceps were then introduced in the usual manner, and the calculus rapidly extracted. The whole operation lasted about one minute and a half, and the hæmorrhage was very trifling. We mention the very short time which the operation occupied, because the patient did not inhale chloroform.

When the boy had been placed in bed he was given fifteen minims of tincture of opium, and as he was not composed in about four or five hours, eight more minims were administered, and the emulsio amygdalæ ordered to be taken if necessary. No unpleasant symptom manifested itself on the next day; the urine passed freely through the wound; there was no tenderness about the bladder, and the patient had a good night. On the third day after the operation some urine already passed through the urethra, and on the tenth day the boy was reported to have had not one bad symptom, and to be passing the whole of his urine through the urethra, though the bladder was still irritable, the patient stating that he could not hold his water. When sixteen days had, however, elapsed, the mucous membrane of the bladder regained its normal sensibility, the presence of the urine no longer irritated it, and that fluid was passed at the ordinary intervals. The wound healed very rapidly, and the patient was convalescent twenty-one days after the extraction of the stone. It is impossible not to notice how comparatively simple is the arsenal of instruments now-a-days used for lithotomy; a common-sized pocket will easily take the staff, the forceps, and the knife, and with these, as appears from the operations we have from time to time to record, the lithotomist is sufficiently armed. It seems, likewise, that in modern practice the elastic catheter with the conical hood, which we have frequently seen used, is now mostly dispensed with; and if the results are to decide the matter, it would appear that the healing of the wound is accelerated by the absence of any foreign body within the same.

The calculus was in this case analyzed by Mr. Bransby Cooper, and was found to consist, externally, of the ammonio-magnesian phosphate; within this was a layer of oxalate of lime; next to the latter came urate of ammonia, and the nucleus of the stone was formed of uric acid. The long diameter measured three-quarters of an inch; and the short, half an inch.

The patient's urine was examined a few days after admission when he had taken alkalies and sedatives for a little while, so that the composition of the stone and the nature of the urine can hardly be compared with any advantage, as regards prophylaxis; but it would certainly be interesting, and perhaps useful, if by accurate observation we could succeed in forestalling the renal concretions in young subjects, for there must certainly be something peculiar in the food or habits of the humbler classes, which gives rise to the numerous cases of stone among boys belonging to that division of the community.

KING'S COLLEGE HOSPITAL.

Division of Stricture of the Urethra.

(Under the care of Mr. PARTRIDGE.)

Since Mr. Syme has so strongly advocated the division, through the perinæum, of such strictures as will not yield to the ordinary means of dilatation, the practice has been imitated in various London hospitals, with results not quite so favourable as those referred to in Mr. Syme's book on the subject. Nor does it seem that the knife was resorted to in London when even a very small instrument could pass, and, so far as we are aware, no urethra has been incised, except it was quite impassable,* though Mr. Syme advises an operation

* Mr. Stanley's case (*THE LANCET*, Dec. 1, 1849, p. 535) is not included, as it is one of a traumatic nature. The patient has since progressed satisfactorily; he passes his urine with facility, a very small fistula being left.