had been passed up to seven o'clock A.M., the next day, when the patient presented the following symptoms:—Great pain, testicles violently drawn up; penis semi-erect; profuse perspiration, with a urinous smell; stinging pain about the perinæum, and in the loins. At this time, the spasm partly relaxed, and the urine began to flow guttatim, and by the middle of the day, about a pint and a half was thus voided; the testicles resumed their natural state, but the bladder remained considerably distended; the tongue dry; the skin hot, &c. Mr. Tatum now tried to pass a silver catheter, a little hæmorrhage ensued, but the instrument could not reach the bladder. The patient was then prescribed five grains of calomel, to be followed by a purgative draught, and eight leeches were applied to the perinæum. The leeches abstracted a proper amount of blood, and the patient was then again placed in the warm bath, during which time a few drops of urine came away, but the appearance of the man was anxious and depressed; the pain in the region of the bladder and urethra agonizing; and the moment had come when puncturing the distended receptacle might fairly be proposed. Mr. Tatum gave, however, one more trial to opium and the warm bath; and at ten o'clock, the second day after admission, the urine passed a little more freely in the bath. After this, the symptoms became again as obstinate as before; another forty minims of laudanum and a warm hip-bath were resorted to, and Mr. Tatum at length succeeded in passing a small silver catheter into the bladder. About one pint and a quarter of urine was drawn off, the catheter plugged, and well secured in the urethra by means of tape, and orders left for the remaining portion of urine to be evacuated in about two hours.

The patient felt greatly relieved, and slept very well that night, though a little pain was experienced at the extremity of the glans, whilst the urine was being drawn off. Three days after Mr. Tatum had succeeded in passing a catheter, the patient, who had had several doses of laudanum, and warm baths, during the interval, began, when the instrument was removed, to pass his water in a small stream; and for the next thirteen days the stream became gradually larger, as a rising scale of catheters, up to No. 7, were successively introduced. Twenty-two days after admission the patient was discharged, passing his urine with ease, though the stricture still grasped No. 7, and he was desired to come to the hospital once or twice a week, to have the urethra dilated.

Now from what occurs commonly in these cases, it is but too apparent, that in spite of the skill and patience with which the treatment was here conducted, a recurrence of the same symptoms, upon the slightest irregularity, is extremely likely to happen; and such cases show, in a remarkable manner, how temporary is the benefit which is obtained by dilatation; the contractile nature of the stricture always tends to re-establish the coarctation of the canal, and we are thus involuntarily driven to look for means of permanent cure. It should likewise be noticed, that the men employed in the police force, by being very often exposed to cold and wet during the night, are more obnoxious than any other class of individuals to attacks of this nature; and it would almost seem proper to adopt a peculiar line of therapeutics with those very useful members of the community. They should be warned by their medical attendants, and prophylactic measures enforced among them.

GUY'S HOSPITAL.

Stone in the Bladder in a little Girl.

(Under the care of Mr. HILTON.)

Calculi in the female bladder are very easily voided per urethram, so that surgeons are but seldom called upon to perform lithotomy upon female patients. Still stone in the bladder may occasion so much pain and distress, that even with females it may be proper to devise means of getting rid of the foreign body, and the large size and dilatibility of the urethra offer a ready means for the introduction of instruments, and the final removal of the stone. Those who were much struck by the large-sized calculi, which, according to authentic record, have been spontaneously expelled from the female bladder, were of course inclined to advise that these concretions should never be meddled with, and that they would in time find their way outwards through the urethra. But this rule cannot strictly be adhered to, as the symptoms are sometimes so distressing, that the remedial means are imperatively called for.

Such an instance has lately been afforded by a patient of Mr. Hilton, where it was found necessary to have recourse to the removal of the stone. We proceed to give a sketch of

the case, based upon the indications furnished by Mr. Morgan, the dresser.

The patient, admitted February 6, 1850, is a little girl, only three years of age, of light complexion, and her mother states that her child always enjoyed excellent health till within the last eighteen months, when she first complained of pain, had evident difficulty in passing urine, and occasionally voided a little blood. Her general health, however, did not materially suffer till within the last two months, when she was attacked by fever; she then lost flesh and strength, which she has not since regained. The symptoms of stone meanwhile increased, and the child now began to suffer from occasional prolapse of the rectum.

On admission, the little patient looked very delicate and emaciated, and presented the usual symptoms of stone—viz., irritability of the bladder, inability to hold the water, &c. The general health is much impaired, the appetite bad, tongue foul, pulse feeble, and bowels irregular. The urine yielded an alkaline reaction, and, on being exposed to heat, deposited phosphatic salts.

Mr. Hilton now proceeded to sound the child, and a stone, apparently of some size, was felt without the least difficulty. A powder, composed of small doses of calomel and rhubarb, was ordered, to be followed by five minims of tincture of henbane, with ten drops of liquor potassæ, in linseed infusion, three times a day. Mr. Hilton likewise desired the dresser to begin dilating the child's urethra, and to continue to do so by very slow gradations.

In about a fortnight, the urethra was capacious enough to admit No. 12 sound, this slow dilatation having been effected by means of the dressing forceps. About five days after this, Mr. Hilton, anxious to crush the calculus, introduced the lithotrite into the bladder, which had previously been injected with about three ounces of tepid water. Mr. Hilton's endeavours to get the stone between the teeth of the instrument were, however, fruitless, and as the urine was escaping by the side of the lithotrite, he thought it prudent not to persist, in order to avoid inflammation and irritation of the bladder. The child was then put into a warm bath, fomentations were applied over the pubis, and a drachm of syrup of poppies was administered. The dilatation was meanwhile ordered to be continued by means of the dressing forceps and sponge tent.

About thirteen days after this trial, the urethra was found sufficiently dilated to allow the passage of the little finger into the bladder; Mr. Hilton then endeavoured to crush the stone with an instrument, which he had had constructed for the purpose by Mr. Bigg. It consists of a steel tube, about a quarter of an inch in diameter, which may be partially drawn within a handle by means of a pinion. When this lithotrite is introduced in the bladder, the act of withdrawal opens the serrated blades at the opposite extremity, and these may easily be made to seize the stone, and by means of the pinion crush it. The amount of approximation of the blades is read on the handle, and the instrument may be adjusted even to the tenth of an inch. Mr. Hilton did not, however, succeed in seizing the stone, and finding that lithotrity must now no longer be thought of, he secured the calculus with small lithotomy forceps, and removed it through the urethra. Mr. Hilton, at the same time, enlarged that canal by means of a straight, probe-pointed bistoury, which was made to cut first directly upwards, and secondly downwards, slightly towards the patient's left side, dividing the inner wall of the urethra, this division not extending into the vagina. The child was put to bed, and soon afterwards transferred to a warm bath, which was followed by fomentations over the pubis, and the administration of one drachm of syrup of poppies.

For the next twenty days the child had not a bad symptom; she progressed very favourably, and was discharged in somewhat less than three months after admission. The wound in the urethra had healed up perfectly; the patient regained the power of retaining her urine, and did not suffer from incontinence, as sometimes happens after operations of this nature. The child was seen a few days ago by the dresser, who ascertained that the patient is perfectly well, both as regards general health and the capability of retaining her urine. This result is, however, consonant with Klein's opinion, as quoted by Samuel Cooper, who says, that incontinence of urine follows the use of the knife much less frequently than mere dilatation, and Scarpa held likewise, that incontinence almost always followed mere dilatation. The great difficulty experienced by Mr. Hilton in seizing the stone seemed to depend on the contracted state of the bladder, which organ could not be kept distended, owing to the shortness and width of the urethra. The patient was constantly kept in the recumbent posture, in order to take

off the weight of the bladder, when distended, from the urethra, and allowing the latter to heal.

The stone was examined by Mr. Bransby Cooper; it was one inch long by three-quarters of an inch broad, and composed, externally, of triple phosphate, with a thick middle layer of uric acid, the nucleus being urate of ammonia.

ST. THOMAS'S HOSPITAL.

Milk Abscess.

(Under the care of Mr. MACKMURDO.)

Abscesses in the female mammæ are at all times worthy of the surgeon's close attention, and though the various phenomena attending such affections have been accurately observed and described, cases may occur when milk abscess is rendered still more interesting from circumstances the occurrence of which is rare. In the case before us, the breasts presented an appearance completely different from what we usually see in acute inflammation of those organs, and it would at first sight have been embarrassing to assign a usual cause to such an extensively inflamed and irritated surface as was here seen. An unfortunate unguent had, however, had a principal share in the mischief, and it will appear by the sequel that the case would have been of a very simple nature, had not the poor woman given credence to the virtues of the "ladies' ointment."

From the memoranda obligingly furnished by Mr. Grabham, we find that the patient is about twenty years of age, married, of a very light complexion, and was admitted April 19, 1850, under the care of Mr. Mackmurdo. Her first confinement occurred eight weeks since, and she began at once to suckle her infant; but, as is too often the case, sore nipples came on, and, after much suffering and perseverance, she was compelled to deny her child its natural support, and bring it up by hand, though the secretion of milk was very abundant. Now, such a deviation from the course of nature requires very nice management, and, considering the large number of our hospitals and dispensaries, it is astonishing that people of humble circumstances will fly to mischievous nostrums instead of taking the advice which is gratuitously tendered in so many parts of the metropolis. Be this as it may, the patient had recourse, in her critical state, to the above-named "ladies' ointment," a compound which she describes as of a green colour, and exhaling the odour of turpentine!

The poor woman applied this stimulant very diligently to each breast. On the following morning these organs were violently inflamed, and a crop of pustules made its appearance, spreading towards the sternum and the inferior portions of the chest. The milk, which hitherto had been plentifully secreted, was arrested, the whole vascular energy being, probably, thrown on the inflamed, irritated, and suppurating surface. Three abscesses formed on the left side, and two on the right; they were allowed to take their own course; they burst, and discharged their contents. About fourteen days after the application of the ointment, milk began again to be secreted, and was of course mixed with pus.

On the patient's admission, more than a fortnight after the use of the turpentine, the breasts still presented a vivid red colour, which extended for a short distance below them; there was an abundant flow of milk from the whole surface of the organs, through a great number of small apertures, and the supply was still greater from a sinus left after one of the abscesses, situated a little below, and to the external side of the right nipple. The breasts had a moist, irritated, and chafed appearance; the pain was not very intense, but the patient looked very much reduced. A circumstance worthy of record is the total obliteration of the nipples, the original site of which could hardly be distinguished. There was not a cicatrix, as is sometimes found after the loss of the nipple by ulceration, but it appeared, both to the eye and the hand, as if that appendix to the breast had been quite absorbed, and the spot looked exactly like a congenital absence of the organ, though the patient stated that her nipples had been, before this attack, of the ordinary size.

Mr. Mackmurdo put the patient on full diet, ordered five grains of the aloes-and-myrrh pill every other night, fomentations and bread poultices to the breasts, and the discharge of the milk to be facilitated by kneading them with the fingers two or three times a day. Under this treatment the patient, who is of a cheerful disposition, (a very favourable circumstance,) gradually improved, the discharge of milk through the sinus soon ceased, though a large quantity was still discharged from the various other apertures, the inflammation diminished considerably, and about seven days after admission, Mr. Mackmurdo ordered glycerine to be applied. This substance

proved very beneficial, and the patient experienced much relief from its use. The pain and inflammation now gave way, the skin lost its vivid colour, the oozing of milk ceased, and the case progressed so favourably, that the patient was discharged a little less than a month after the commencement of the treatment. This case shows how effectually simple measures will remedy great mischief caused by popular nostrums. It is fortunate that the credulity of the people is not constantly so severely punished, for the extent of belief in the strangest notions is very great. We lately saw, for instance, in Guy's Hospital, a young woman suffering from milk abscess, who had allowed a great accumulation of milk after weaning, from the popular idea that it would be dispelled if she daily threw the milk drawn from her breast into the fire. She, however, soon found that the charm did not act, and it is to be hoped that she will take the trouble of warning others. But extravagant credulity is not confined to the labouring classes of society; we lately heard a physician of one of our large hospitals state, that not long ago, in a family of rank, a favourite dog was killed, slit open, and the fuming visceral surface of the poor animal applied to the leg of a patient suffering from sciatica. We noticed a short time ago, an example of another kind of credulity in an out-patient of King's College Hospital, under the care of Mr. Fergusson. This poor woman had caught cold a fortnight after the birth of her child, an abscess had formed, it was lanced, the matter let out, and she was in a tolerable state, when she foolishly left her usual medical attendant to go and consult an homœopathic sybil, in Pentonville. This worthy kept her very low, and gave her two drops of some fluid in a tumbler of water. The sac of the abscess soon became irritated; severe inflammation set in, profuse purulent discharge occurred, and the patient was brought to a wretched condition. She at last applied to Mr. Fergusson, who prescribed bitter tonics, lead lotion to the breast, good and generous diet, port wine, &c. The patient rapidly improved; she subsequently took quinine, and was, on the 30th of May, in a fair way of recovery.

To the Editor of THE LANCET.

SIR,—In your number dated June 1st is a very interesting and instructive report of a case of scalded glottis, treated at Guy's Hospital, and the long perseverance of artificial respiration, upon which its recovery depended, reflects great credit on the gentleman who had charge of it. There are two points, however, that demand attention. In performing tracheotomy, it is said—"Some difficulties were experienced, owing to the depth of the neck, the small size of the trachea, and the comparatively large calibre of the canula." Why, I would ask, was not laryngotomy performed?—a very much easier operation, and one which could have been done at once with the scalpel. The injury was confined to the larynx, and there is an anatomical reason why the tumefaction in such case, upon which the danger of suffocation depends, does not extend lower down. This has been explained by Mr. Prescott Hewett, in a paper published, some months since, in the *London Journal of Medicine*. In another part it is said—"The latter means," (alluding to artificial respiration,) "employed in the simple manner which has happily displaced the use of the bellows, is, indeed, of great value, and has saved life in many instances of suspended animation." When it is recollected that carbonic acid is exhaled in large quantities in respired air, and that such is unfit for the purposes of respiration, may it not be surmised that the long period during which artificial respiration was required was due to the supply of very impure air, and that had respiration been kept up by unrespired air, a very much shorter time would have sufficed? These observations suggested themselves to me whilst reading the report, and in giving utterance to them I trust I shall not offend.

I am, Sir, your obedient servant,

June 12, 1850.

MEDICUS.

THE RECENT DISCUSSION AT THE MEDICO-CHIRURGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—In answer to Dr. Tyler Smith, I beg to say, that in the discussion at the Royal Medical and Chirurgical Society, Dr. Locock *did* use the term "ulceration," as occurring frequently in his practice. It was not for me to alter the expression of Dr. Locock. On referring to the only other published account of the discussion, I find the term "ulceration" also attributed to Dr. Locock.

I am, Sir, your obedient servant,

THE REPORTER.