cance of a method of research, which has so far altered our preconceived conceptions, and which is likely, in the near future, to introduce clearness into a subject, which heretofore has eluded most conscientious investigation.

Lack of space prevents anything more than a passing allusion to the services of Henle, Meynert, Waller, Türk, Ehrlich, Flechsig, Charcot, Westphal, Gudden, Waldeyer, Lenhossék, His, Kölliker, Gowers, and many other investigators, all of whom have materially advanced the knowledge of the finer anatomy of the nervous system.

It is natural with the renewed interest which recent research has aroused, that special laboratories should have been established. The subject has already grown far beyond the scope of a general anatomical and pathological course; its literature is increasing almost daily, and the microscopic technique, required for the successful preparation of specimens, has developed into a special study. In view of these facts a number of laboratories have been opened, whose general object is to offer courses of instruction in the methods of hardening, imbedding, cutting, and finally staining and mounting of nervous tissue, according to the various more or less complicated processes, already alluded to. Of such laboratories the best known are those of Obersteiner in Vienna, of Weigert and Edinger, who work together in Frankfurt am Main, of Mendel and of Oppenheim in Berlin. Each of these laboratories is devoted solely to the study of the normal and pathological anatomy of the nervous system. With certain restrictions in the case of the Weigert-Edinger laboratory, they are all open to students. Original work with the publication of results is, in general, desired, but of course is in no sense compulsory, the main object being to provide adequate instruction in methods which are essential to a correct understanding of the finer anatomy of the nervous system. It is probable that, within a short time, a third laboratory will be opened in Berlin under the direction of Professors Jolly and Siemerling; a better indication than this of the enthusiasm which the work is arousing could hardly be given.

In addition to such practical instruction, Professors Waldeyer, Mendel and Siemerling each offered during the last winter "Semester" a course of lectures, extending through the entire term on the normal anatomy of the central nervous system. It goes without saying that the lectures were most amply illustrated by dissections of the fresh brain, by hardened preparations, diagrams, enlargements of microscopic specimens thrown on the screen, and the free use of sections that were taken serially in various directions and through various regions of the brain and cord; the finer anatomy, nuclei of the cranial nerves, and especially the course of fibres, in every case, receiving a large share of attention. To the special student the value of such courses of lectures supplementary to practical microscopic work is self-evident. The crowded lecture-rooms are, however, but another evidence of the widespread interest which the general medical student and physician, as well as the specialist, feel in a subject, which a few years ago they would have left almost completely out of their medical training.

Without drawing comparisons, or prying into causes, it is, at least, interesting to note the fact of the contrast between the English-speaking countries and the

continent of Europe in this matter of the scientific investigation and teaching of brain anatomy. Reasons aside, it is evident that England and especially America are so much behind, as scarcely to be able to claim any recognition. Of 175 references to the literature in Lenhossék's latest publication ("Der feinere Bau des Nervensystems," Berne, 1893,) only four or five English names appear and but one American—a disparity which is, unfortunately, evident enough in many departments of scientific work, but which in this case is more than usually conspicuous. It is most earnestly to be hoped that the immediate future may see a change, and that a subject, which, on the face of it, is of the utmost scientific and practical importance to physiology and psychology, as well as to pathology, may have a small place, at least, in the optional laboratory training of the American medical student.

Clinical Department.

A CASE OF LITHOLAPAXY.

BY FRANK M. SHERMAN, M.D., NEWTON LOWER FALLS, MASS.

Mrs. C., aged forty-seven, widow, mother of seven children, passed "sand" with the urine eighteen years ago. Eight years ago, soon after the birth of her youngest child, she began to have pain in the bladder region, especially during micturition, and then began to notice a deposit in the urine. These symptoms have steadily increased in severity. Eighteen months ago she began to have incontinence of urine, this also has continued.

June 17, 1893, I was called, and found her suffering with fever, chills, pain, frequent desire to micturate, tenesmus, incontinence of urine, and loss of appetite. The urine contained a large amount of pus and blood. Examination showed extreme tenderness of the bladder. The bladder cavity was small, and a stone was plainly felt. There was evident dilatation of the neck of the bladder and of the upper part of the urethra.

For the next three days the bladder was washed out with boric-acid solution and the same drug was administered internally.

The general and local conditions being much improved, with the assistance of Dr. W. B. Lancaster, of Wellesley Hills, litholapaxy was done on June 21st.

Using cocaine anesthesia, the Bigelow lithotrite, and Newell's evacuator, and short, straight, open-end tubes (which worked perfectly in evacuating the *débris*), the only difficulty found in the operation was the trouble in keeping enough water in the bladder to easily manipulate the lithotrite.

The stone (phosphatic) was about one and one-half inches in diameter. The bladder was washed out daily for a week. The urine and the washings contained much muddy and sticky detritus for several days, then became clear.

Recovery was uneventful. There was no rise of temperature. Patient was up and about in eight days.

The incontinence still continued; and July 1st a soft "doughnut" pessary was introduced into the vagina, which effectually controlled it.

On August 3d the bladder was examined and washed out. The urine was found clear. No signs of re-formation of the stone. The pessary is still necessary to control the incontinence.