great efficacy, requires to be employed with a due attention to such rules as experience teaches us to be best adapted to secure the objects which we have in view.'—*London Medical and Physical Journal*, for April 1827.

XI. *Formation of an Artificial Urethra, on account of a Malformation of the Genital Organs. (From the Magazin für die Gesamente Heilkunde; in the Bulletin des Sciences Médicales for February 1827.)*

THE subject of this case was an infant with malformed penis. The gland was merely a rudiment; the prepuce was wanting; the extremity of the gland, with a trace of an urethral orifice, was found at the inferior edge of the corona glandis: the penis was of its usual length, but there was no opening on its surface. An incision made upon the cleft which indicated the orifice of the urethra, conducted to no result. On the third day, the subpubic region was rather tense; M. Rublach then made an incision into the canal of the urethra, under the gland, and penetrated with difficulty, in the direction of the canal, through three-fourths of its length. A few drops of blood only followed; the abdomen swelled more, and the infant was restless: at night, a quantity of urine was suddenly expelled by the rectum, and the tension of the abdomen ceased. The next day, M. Rublach proposed to make an artificial canal through the penis, and he obtained a silver flexible sound, the end of which was flattened, and had a cutting edge. This sound pushed with difficulty in the direction of the neck of the bladder at length entered its cavity: the urine flowed immediately after; the sound was left in for some time; and the urine, ceasing to flow through the rectum, was discharged by the artificial passage which had been made by the operation.—*Lond. Med. Repos. and Review*.

XII. *Extraordinary Case of Chronic Inflammation of the Omentum and the Cellular Tissue of the Abdomen, in a young Girl who was incapable of Conceiving, but was reputed Pregnant. By G. STRAMBIO. (From the Annali di Medicina fisol, Pathol. in Bulletin des Sciences Médicales, February 1827.)*

MADemoiselle TAINI was born at the full period, and to all appearances healthy and well formed. At fourteen months old she

was weaned; she was then thin, pale, and with a large abdomen. The catamenia appeared at twelve years of age, returned regularly for twenty months, and were suppressed at this time for five months. In consequence of participating in the gaities of the carnival, she began to complain of pain in the right side of the abdomen, the size of which rapidly increased, and produced a suspicion of pregnancy: the reproaches of her parents aggravated her sufferings; purgatives had been administered without any alleviation,—when M. Strambio was called in towards the latter end of March 1822. She was then eighteen years of age, and had kept her bed for several days. Her face was pale; pulse hard, and frequent; skin burning; vomiting caused by taking food; the abdomen very voluminous, and more prominent on the right than on the left side; and on attentive examination, several hard and indolent tumours were manifest; pain was only produced in the subjacent parts by strong pressure. The left breast had disappeared; the right had for some weeks before augmented in size, and was tuberculated like the abdomen. Affection of the glandular lymphatic system, and violent inflammation of the stomach and bowels. An antiphlogistic treatment was pursued. A tumour, the size of an egg, on the right side of the rectum, prevented the introduction of a syringe or of the finger. Hydrothorax and anasarca ensued; and finally death, on the 22d of April.

The body was examined the next day. A great quantity of serum was found in the cavities of the pleuræ and of the pericardium; the lungs were in their natural state, or perhaps rather more flaccid. Nothing remarkable was discovered in the peritoneum. The stomach and intestines were filled with gas, and greatly inflamed; the omentum, detached from the viscera to which it adhered, had degenerated into a substance furrowed on its surface, very white both externally and internally, divided by portions of thin membranes and striæ of a pale rose colour, inodorous; it was elastic, and did not retain the impression of the finger; it was neither fat nor sebaceous, but medullary in its appearance. It occupied all the lower part of the abdomen to the umbilical region. It was disposed in separate masses, connected by membranous bands or cellular tissue. The left kidney, the spleen, the abdominal aorta, the intestinum rectum, of which the calibre was almost

obliterated, the ovaria and the uterus, which, according to M. Palletto, were in the virgin state, were imbedded in this substance. It obstructed the vagina two inches above the external orifice, and had completely obliterated the remainder of the canal. The mesentery, the liver, the kidneys, the spleen, and the bladder, were without alteration; the spleen was pale, but not increased in size; the right breast exhibited precisely the same appearance as the omentum.—*Id.*

XIII. *Clinique de la Pitié. (Nouvelle Bibliothèque Médicale, February 1827.)*

Two instances of cancerous affection of the stomach are reported as having occurred in this hospital, without any very marked symptom during life. One of them had many signs of gastric derangement on his admission, as loss of appetite, bitter taste, and constipation. The tongue was clean; there was urgent thirst, and considerable emaciation. The heat was natural; the skin dry and rugous; and the abdomen in some points painful. His digestion was imperfect. Alvine evacuations were procured with difficulty, but afforded some relief. The thirst, and a sense of weight in the stomach, were constantly oppressive. His countenance was pallid. Once during his illness vomiting occurred, but apparently gave him ease. Emaciation was extreme; his pulse fluttered; and at length death ensued. To the last moment he complained of a tormenting thirst.

Upon examination of the body after death, an extensive cancerous ulcer was found occupying the pylorus. The gall bladder was filled with inspissated bile, of which not a drop could escape through the biliary ducts. Small cancerous tubercles were spread over the surface of the peritoneum. The intestinal tube exhibited nothing particular.

The other patient had remarked a difficulty in his digestion for many months, although his appetite continued good. Very soon, a constant acute pain compelled him to bend forwards in walking. He had not urgent thirst, but had occasional vomitings. The alvine evacuations were rare. Together with these symptoms, the tongue was brown and furred; but the point and edges were not red. The countenance was pale; there was frequent vomiting of an acid mat-