

of rather florid complexion, and with hair turning grey. Notwithstanding the frequent loss of blood, he declared that he had not grown perceptibly thinner. During the day, he required to pass urine frequently, but the length of the intervals was very variable; at some times he was able to go two hours, at others being compelled to micturate every five or ten minutes. Movements increased the frequency, and gave rise to some pain, which, however, was never excessive. There was never any retraction of the testes, nor had he ever suffered from sickness or diarrhoea. He was sounded by Mr. Bellamy, but no calculus could be detected, and he was ordered a mixture containing small quantities of tincture of perchloride of iron and tincture of opium. The urine was almost always tinged with blood, but the amount and colour varied greatly; at times the urine being bright scarlet, and at others the amount of blood being so small as only to be detected by microscopic examination. No calculous matter was passed during his stay in the hospital, but when the quantity of blood in the urine was larger there was usually to be found a large number of whitish flocculent masses at the bottom of the receptacle, which proved, on examination, to be small amounts of decolorised fibrin.

During the absence of Mr. Bellamy the patient came under the care of Mr. Morgan, who on sounding the bladder was unable to detect the presence of any calculus, but the sensation was given of the presence of a soft uneven mass lying at the posterior part of the bladder. Examination per rectum showed the prostate to be slightly enlarged, but did not assist in determining the nature or size of the new growth. Accordingly the patient was placed under the influence of ether and again sounded, when the previous conjecture was still further strengthened. The bladder was then washed out by means of an apparatus which Mr. Morgan has lately devised for the examination of detritus after lithotomy. The result of this was the removal of a large quantity of the decolorised fibrin with a good deal of fresh blood; but under the microscope no characteristic epithelial cells could be detected.

On May 11th the patient was again placed under ether, and a staff having been passed, and the patient being in the position for lithotomy, Mr. Morgan, having first divided the skin in the middle line a little above the anus, passed a lithotomy knife down to the groove in the staff and made an incision of the urethra of about three-quarters of an inch in length. Through this wound the left forefinger, aided by the pressure of the right hand on the abdomen above the pubis, was able to explore the greater part of the walls of the bladder, as pointed out by Sir Henry Thompson. There was found to be a quantity of soft velvety growth springing from the posterior wall, and generally diffused, but one large mass grew as from a pedicle, and this was easily grasped between the blades of a lithotrite, and removed through the incision. A full-sized catheter was introduced through the wound and secured. Very little bleeding followed the operation, and the patient passed a comfortable night. On the following day the catheter came out of its own accord, and was not replaced. On the second day the patient was slightly feverish, but after the bowels had been well relieved this passed off, and he made a rapid recovery; so that he was up and about the ward on the sixth day after the operation, urine being passed by the urethra only every two or three hours, and containing hardly any trace of blood.

The growth removed resembled a filbert in size and shape, and in structure consisted of a rather contracted pedicle from which sprang innumerable branchlets, which again were subdivided into small villous prolongations. The villi consisted of a basement containing vessels, and were covered by layers of epithelium of a squamous character.

At his own request, the patient returned home at the end of a fortnight, and Dr. Raper, who has attended him since, reports in a letter dated July 12th, that he "remained very much better for some time after he returned home; his water was comparatively free from blood, and he only required to pass it once in two or three hours; sometimes there was a little blood-stained mucus at the bottom of the chamber, and a few gritty particles passed at times, similar to what he had been passing before he went to the hospital, but less in quantity and in size. Since Friday last he has not been so well, the blood has much increased and he has to pass water more frequently, often two or three times in an hour; also the water passes less freely, and he has more pain and feels weaker."

DISTRICT HOSPITAL, WEST BROMWICH.

RUPTURE OF LIVER; DEATH IN THIRTY-FOUR HOURS.

(Under the care of Mr. SANSOME.)

G. R.—, aged forty-six, was admitted, Aug. 25th, about 4 P.M. He was a labourer, employed at some chemical works near the hospital. In the afternoon he was standing behind a stationary truck for the purpose of coupling it to others coming up behind and drawn by horse power. For some purpose he stepped out before the hinder trucks had been quite drawn up, the buffer struck him in the back, knocking him forward on to the buffer of the stationary truck with such force that the latter was propelled about two yards.

On admission he was suffering from severe shock, his features being pinched and sallow, surface cold, and pulse feeble. The conjunctivæ were not discoloured, and there were no marks of violence about the body. The area of hepatic dulness was somewhat extended posteriorly. Hot fomentations were applied, opium administered internally, and milk only ordered. About midnight eight ounces of clear, high-coloured urine were drawn off, but catheterism was subsequently needed. Next morning the same conditions obtained, except that the dulness was not so extensive. He suffered acute pain and nausea; the shock seemed intensified, and stimulants were ordered, but without avail. About 8 P.M. all pain ceased, and he expressed himself much better. This continued till 11 P.M., when delirium supervened; he rapidly sank, and died at 12.30 A.M. on the 26th.

At the post-mortem, fourteen hours afterwards, the body was found to be well nourished and muscular. On opening the abdomen a large quantity of clear bloody fluid escaped, and on the posterior border of the right lobe of the liver was a gaping jagged wound, three inches in length and one inch in depth at the centre, which was the deepest part. Three inches anterior to this was another wound two inches long, about one-twelfth of an inch deep, but in which the capsule was not in its entire extent torn through. The gall-bladder and duct were uninjured. There were numerous clots around, and the ascending colon and surrounding structures were much discoloured. The other organs were healthy.

It will be observed that the patient lived thirty-four hours after the receipt of the injury.

GUEST HOSPITAL, DUDLEY.

LATERAL LITHOTOMY; EXTRACTION OF A LARGE URIC ACID STONE, WEIGHING THREE OUNCES AVOIRDUPOIS.

(Under the care of Dr. UNDERHILL.)

B. J.—, aged twenty-three years, a fender maker, of average development, but very anæmic, was admitted on June 2nd, 1882. There was no particular family history, and he had had no illness of moment until the present. He stated that when a schoolboy he experienced pain when micturating; that this had continued until the present time; that slime sometimes followed the urine, and that the stream had sometimes stopped suddenly, but that he had not observed any blood in it. For five months before admission he did not work, and remained chiefly in bed, the agony during micturition, which was frequent, being intense, and the urine turbid. During that time a sound was twice passed without a stone being detected; possibly it did not completely enter the bladder, as there was slight hypospadias, with much spasm and irritability of the urethra. Under ether a large stone was detected on June 9th. The man being under the influence of ether, left lateral lithotomy was performed in the usual way; the stone was grasped with difficulty, and the forceps slipped twice during the attempt to remove it (as there were none at hand suitable for a very large calculus). The incision was then extended in a backward direction with a bistoury; the stone was again grasped, and after long and steady traction, with much force, was extracted. The sphincter ani was slightly lacerated during the last part of the operation. A fair amount of hæmorrhage took place, which soon ceased on bringing the thighs together. The mucous membrane of