

26th.—No fragments, only some gritty detritus, have passed the last two days. The urine scalds while passing along the urethra; quantity not great; appetite not good. The patient is able to walk about the ward, although it is not considered advisable to allow him to move about much. To-day the fourth operation was performed.

27th.—The patient is suffering considerably under the irritation of so many angular bodies in the bladder, restless, and uneasy. To have a draught containing half a drachm of tincture of hyoscyamus three times a day; beef jelly.

29th.—The pain has been rather severe the last two days: he has had but little sleep. The bladder is very irritable, and urine is passed sometimes several times in an hour; no grit has passed since the 26th; the bowels are a little relaxed. He is sitting up on the side of the bed; face expressive of suffering; the pulse is quiet; there has been no shivering.

30th.—Last night the patient passed, in succession, several large pieces of stone, the size of peas, the portions passed belonging apparently to the outer part of a large calculus. During the passage through the urethra, the sharp, jagged outline of these fragments gave considerable pain, and the patient helped them along by manipulation outside the urethra. After these pieces had been passed, he became more quiet and slept well. Complains this morning of a little sickness. To have four ounces of wine daily. Mr. Coulson had determined on operating again to-day, but it was considered desirable to wait a few days longer before attempting another operation, the man being very weak and low, and evidently unfit for it. A large catheter was, however, passed, and the bladder thoroughly washed out with tepid water. One or two very small pieces came away.

June 1st.—The patient has slept very well; he feels low and weak. There was a little sickness yesterday; none to-day. The pulse is 90; skin moist; tongue red at edges, covered down the middle with a whitish fur. No detritus passed to-day or yesterday.

2nd.—Several small pieces have come away to-day, varying from the size of a pea to a pin's head. Mr. Coulson ordered the bladder to be washed out again to-day, and a quinine mixture, a dose of which is to be given three times a day.

6th.—For the last few nights the urine has passed involuntarily. No fragments have passed since June 2nd. The patient is very low and weak, and takes very little food. Pulse weak, but not over 90; tongue clean; does not complain of pain, only of excessive weakness; bowels have acted well from a dose of castor oil. He is, on the whole, better than he has been. To-day Mr. Coulson used the lithotrite for the fifth time.

June 8th.—Since the last operation the patient has passed seven or eight large angular fragments at different times, some of them as large as peas. He has more command over the sphincter of the bladder than he had at the last report. Appetite rather improved; pulse 80. To have chicken for dinner.

9th.—Sixth operation performed. A dose of tincture of opium was given after the operation, as on former occasions, and ordered to be repeated at bed-time.

12th.—No fragments have come away since last sitting; the patient has complete command over the sphincter of the bladder. He is still low, but better; does not complain of pain; pulse 70; tongue clean.

13th.—Some fragments have been passed to-day. The catheter is used every morning to empty the bladder completely.

16th.—Seventh operation performed to-day. A fragment, of shell-like form, came away in the blades of the lithotrite. The patient wishes to be allowed to sleep out of the hospital, which Mr. Coulson accordingly permitted him to do, thinking a change would act beneficially on his general health. The greater part of the fragments have now come away, and there seems to be but little left in the bladder. To come to the hospital for operation on the 20th.

20th.—The patient is all the better for change of air. The eighth operation was to-day performed. A few pieces have been passed since he left the hospital.

27th.—Ninth operation. Four large pieces passed since the 20th. The calculi are always met with at the right side of the bladder near the neck.

30th.—Tenth operation. State of patient very much improved; he appears now to be in very good spirits, and has recovered his lost flesh.

July 3rd.—Very few fragments have passed since last operation. A little pain before the act of micturition; appetite and spirits excellent. About ten days subsequent to the last report Mr. Coulson sounded the bladder, and could not detect the presence of any fragments. The cure was therefore now completed, and the patient was allowed to go home to his friends.

Remarks.—The chief points of interest which presented themselves in the case as above detailed may be briefly stated. The operation was always borne extremely well; no blood ever followed the use of the lithotrite, a sure sign that no injury was done to the bladder; no detritus was generally passed immediately after the operation, the second day after being usually the time at which the fragments came away. At the period when a large number of fragments with angular edges were present in the bladder, a nervous, irritable state was set up, which for a few days occasioned a little uneasiness as to the result of the case. This was, however, happily surmounted. For a time also the sphincter of the bladder was paralyzed, and the urine was passed involuntarily. This condition also disappeared as the bladder was emptied of its irritating contents. The calculi removed were composed of lithate of ammonia, with a little carbonate of lime, the proportion of the latter being, however, very small. The calculi were very hard, as was proved by the fact that the action of the screw was found necessary to produce crushing on all occasions that the lithotrite was used.

Not the least important fact relating to the treatment of the case was that the inhalation of chloroform was not at any time adopted.

Radnor-place, August, 1855.

ON A SUCCESSFUL CASE OF OVARIOTOMY.

By SEAMAN GARRARD, Esq., M.R.C.S.

H. R.—, aged twenty, unmarried, a domestic servant, slenderly formed, but well-proportioned, light complexion, dark hair and eyes, and having the appearance of a person seven or eight months advanced in pregnancy, stated that she had always enjoyed good health; that in the month of October last she and her friends observed that she had become stouter than usual. It was, however, not attributed to ill-health, but to the supposed beneficial effects of a change of air and residence. Shortly afterwards, she was suddenly seized with violent pain in the right hypogastric region after some unusual bodily exertion.

The surgeon of the family was consulted, and her pain was relieved; but from this time she rapidly increased in size, and was in consequence obliged to leave her situation. The catamenia first appeared at the age of thirteen; and she has menstruated regularly ever since. Upon examination of the abdomen a soft and fluctuating tumour was found, occupying almost its entire front, with however a greater prominence and inclination towards the right side. Percussion everywhere yielded a dull sound, except in the upper part of the epigastric and left hypogastric regions, where resonance was very distinct, showing the boundary of the tumour in that direction, and affording, in addition to the inclination of the enlargement to the right side, reason to diagnose a large encysted tumour of the right ovary. The uterus was perfectly healthy. There was no bulging of the tumour to be felt between the neck of the uterus and either side or back of the pelvis; but anteriorly between the neck of the uterus and the bladder a kind of distended fulness could be discovered, but which gave no fluctuation on percussing the front of the abdomen.

On the 25th of April last I performed the operation of ovariectomy, by an incision through the abdominal parietes, extending from just below the umbilicus to the pubis. The cyst was thus exposed at its lower part, and proved to be binocular; the two cells perfectly divided by a nearly perpendicular septum. The larger cell lying anteriorly, and occupying the front of the abdomen; the smaller one, the back and lower part. It was the lower part of this posterior cell which was indistinctly felt between the bladder and neck of the uterus, but which was so covered by the anterior cell that no fluctuation could be conveyed on striking the abdomen externally. These cells were then successively tapped, and twenty-two pints of fluid of the usual character drawn off. The fluid from the posterior cell was of a darker colour than the other. The collapsed cyst was then attempted to be drawn forth, but it was found to be immovable from adhesions. I then introduced my hand, and found that the cyst was adherent anteriorly to the parietes of the abdomen throughout almost its whole surface. These adhesions, however, readily yielded to the hand, giving a sensation very similar to that of separating an adherent placenta. Portions of omentum were then found adherent, but with a little care were readily peeled off. On trying to separate the cyst from the right

hypogastric region, the seat of the severe pain in the earlier stage of the disease, a very strong band of adhesion was found firmly uniting it to the abdominal parietes. This would not yield to the fingers. I, therefore, after separating the cyst in every other part, tied the pedicle with a strong single ligature, and divided it. The cyst was thus left attached only by the firm band of adhesion just mentioned, and which by gentle traction was drawn down within sight, then divided with the knife, and the cyst removed entire. The wound (about four inches in length) was then closed by sutures, plaster, and bandage, and the patient placed in bed.

Much time was occupied in separating the extensive adhesions of the cyst; and the patient was a good deal exhausted in consequence. For a few hours after the operation she suffered great pain in the situation of the ligature on the pedicle, and extending down the thigh. This, however, was quite relieved by opiates; and she slept at intervals during the night. She vomited a clear green fluid five times in the night, once the next morning, and again at noon; but not afterwards. She took an opiate night and morning for the first three days; and her diet was restricted to cold water exclusively, of which she sipped a little occasionally, in the three days taking but little more than a pint. The bladder during this time was relieved solely by the catheter, and the bowels well acted on by an enema on the sixth day. Her recovery was rapid and complete. With the exception of the severe pain for a short time immediately after the operation, and the vomiting in the first night, she had not an unfavourable symptom. The wound quickly healed by the first intention, and by the seventh day was perfectly cicatrized, excepting the aperture at its lower end, where the ligature on the pedicle passed out. This remained firm and immovable for eight weeks, when it came away.

The tumour was a simple binocular cyst, with no solid portion whatever. The empty cyst weighed fourteen ounces, and, when inflated, measured three feet two inches in its largest, and three feet in its lesser, circumference.

It is now more than three months since the operation, and the patient continues in good health. She is quite well and strong, and intends to resume her occupation as a domestic servant as soon as she meets with a situation.

Halesworth, Suffolk, August, 1855.

REPORT OF A

CASE OF CEREBRAL SEIZURE, ASSOCIATED WITH INORDINATE URINARY FLUX.

By JAS. P. SCOWCROFT, Esq., M.R.C.S.

In the month of June last my attendance was requested upon J. L—, aged sixty-three years, who had for a long period enjoyed good health. The messenger intimated that he left the patient in an apoplectic fit. On seeing him, two hours afterwards, I found that he had recovered consciousness so far as to be able to answer my questions intelligibly. He then gave me the following particulars:—He had for some days past suffered from occasional twitching of the muscles on the left side of the face, and pain in the occiput, extending down the spinal column, and immediately prior to the fit had, according to his own statement, (concurred in by exclamations of surprise on the part of his attendants,) parted with gallons of urine; indeed, utensils could scarcely be provided speedily enough. I desired him to endeavour to walk, with assistance, and discovered upon the attempt being made that he was hemiplegic on the right side. I adopted the best treatment which suggested itself, and for three days the patient steadily improved, and was able with the support of a stick to walk across his apartment. On the fourth day, however, he was seized with a second attack, which proved fatal.

Remarks.—This case appears to me worthy of record, from the fact it apparently demonstrates—viz., that, in some instances, the function of the brain or cerebellum being partially arrested prior to their temporary suspension, the amount, and doubtless the quality, of the urine secreted is influenced in a remarkable degree, that secretion having been previously normal in all respects. I regret exceedingly that, owing to untoward circumstances, no opportunity for analyzing the urine was afforded. The history of the case is therefore not so complete as could be desired. I venture to conjecture, however, that if the urine was not really saccharine, it would have been found to possess the characteristics of diabetes insipidus.

West Houghton, August, 1855.

CASE OF STRANGULATED FEMORAL HERNIA. OPERATION; RECOVERY.

By CHARLES NEATE, Esq., M.R.C.S.E.

EARLY on the morning of the 7th July last, myself and partner were hastily summoned to Mrs. W—, housekeeper to a gentleman residing about two miles distant. Upon our arrival we found her suffering from all the urgent symptoms of strangulated femoral hernia. The tumour, which was situated in the right groin, and about the size of a hen's egg, was extremely hard and painful when touched, but the abdomen exhibited no signs of any preternatural distension. The tongue was dry, brown, and much furred; the pulse small and quick, and the countenance painfully anxious.

The patient is sixty-six years of age, and the mother of eight children, and has been the subject of rupture for the last few years. She has almost constantly been in the habit of wearing a truss, and had never before found any difficulty in reducing the hernia whenever it came down; but on the morning in question she failed in all her attempts. Vomiting, it appears, had made its appearance shortly after the gut came down, and soon after our arrival fecal matter was thrown up. The warm bath, the taxis, and other remedies, were immediately resorted to, and persevered in as long as we deemed it prudent; but all our efforts proving fruitless, we determined upon operating at once. Placing the patient in the proper position, the back supported with pillows, and the knees bent upon the pelvis, I carefully cut through the more superficial coverings of the tumour, and came down upon a membrane having the appearance of a hernial sac containing omentum and adipose matter. This I divided, and, upon examination of the fat, found that it was not contained in the omentum, but was only a mass of fatty tissue, between whose folds something was contained. Here, upon making another incision, a small quantity of rather dark-coloured fluid escaped, and a cavity of an oval shape, with a constricted neck, leading up to the crural ring, was exposed to view, and upon raising the whole mass, we discovered the hernial sac covered by a remarkably thin layer of cellular membrane. This being laid open, a portion of small intestine was exposed, assuming rather a chocolate appearance. I then, with a hernia knife, guided by my forefinger, divided the stricture, returned the gut, and closed the wound by sutures and strapping. About an hour after the operation, the bowels acted freely, having previously administered a draught of castor oil and tincture of rhubarb.

On the second and third days there was some suspicious tenderness and tension of the abdomen, together with a drawing up of the knees, all of which symptoms readily yielded to a few doses of calomel and opium. On the eighth day the patient was allowed beef-tea and nutritious diet. The wound suppurated healthily up to the fourteenth day, on which occasion it was dressed for the last time. On the following day the patient walked down stairs in excellent health, and to all appearance as strong as usual.

Remarks.—In almost all cases of strangulated hernia we find one or two points of interest, especially amongst varieties of textures to be seen in the coverings of displaced viscera; and in this case, more particularly owing to the peculiar appearance of the fatty cellular membrane found on the external surface of the sac, I was for a moment somewhat embarrassed. Usually this membrane is so thin as to be almost transparent, but in some cases the fatty portion of the membrane is so great as to appear like thickened omentum. Sometimes we find cysts fully developed between layers of adipose matter, which have gradually accumulated, varying both in size and number, and in some rare instances containing a large quantity of fluid, and when opened have all the appearance of an old hernial sac, the real hernial sac being found by either cutting through the layers of fat, or turning them aside. The case here related presented the like peculiarities, and as other surgeons meet with similar cases, a recital of the above may prove useful.

Brewood, Staffordshire, August, 1855.

ON A CASE OF HYDROPHOBIA.

By CHARLES B. GARRETT, M.D.

THE following remarks by Dr. Marshall Hall in the first of his "Memoirs on the Nervous System," page 27, struck me so forcibly, that I am tempted to forward to THE LANCET a brief outline of a case of hydrophobia. Dr. Hall says, "As free