

stone. I now, therefore, placed him under the influence of chloroform, and was able to make a much more satisfactory examination, and further ascertained that the stone was on'y a small one, and that the bladder was in a tolerably healthy condition. I again proposed to relieve him by lithotomy, and consent was this time accorded.

The steps of the operation were precisely the same in this as in the former case, and the stone was extracted with as great or even greater facility; for, being very friable, it in part gave way under the pressure of the forceps. I was much struck by the ease with which the neck of the bladder dilated under the simple pressure of the finger, no other instrument being necessary so far to open it as readily to admit the passage of the forceps and withdrawal of the stone. The hæmorrhage arising from the operation was very trifling, and, being under the influence of chloroform, the child appeared to suffer very little. On being visited in the evening, he was found perfectly free from the ill effects of chloroform, though it was a considerable time after being placed in bed before he recovered from its influence.

Oct. 6th.—Countenance calm and placid. He has passed a comfortable night; is free from feverishness; bowels have moved spontaneously; appetite good; he asks for his food and enjoys it. Pulse small, 160 morning, 140 evening. He possesses voluntary control over the bladder, and passes urine in stream at regular intervals and as the result of desire; there has been no dribbling from the first. It is discharged in part by the wound and in part by the urethra. He complains of a good deal of pain both before and during its passage.

Oct. 7th.—Still doing well, but exhibiting a general want of power. Is very pale and fragile in appearance. He has again passed a comfortable night, the bladder emptying itself at regular intervals of about two or three hours. He possesses perfect control over the organ, and has been free from the inconvenience of the constant dribbling, the result of the lateral operation. The pain on micturition has much diminished. The urine flows away equally by the wound and by the natural passage. He is free from fever; the body is soft and free from pain; the tongue clean; pulse 120, soft, and very feeble. The diet to consist of beef-tea, arrowroot, and sago; a little white-wine whey, or wine-and-water, to be also given from time to time.

8th.—Has had a rigor during the night, and screamed a good deal this morning before passing his urine, which came away entirely by the wound. Otherwise, the child seems doing well. The pulse is still calm, and free from irritability. The bowels have acted well, and he still asks for and enjoys his food. The control over the bladder remains perfect. To continue the nutritious diet, and rather increase the quantity of wine.

For a couple of days the child continued much in the same condition, his progress towards recovery being very slow; then came a small discharge of pus from the wound, followed by relief in the passing of urine, and improvement generally; the urine, however, still continued to flow entirely by the wound, and was somewhat ammoniacal. On the tenth day from that of the operation, it again began to pass by the urethra, and from that time continued permanently to do so. The progress of the child, however, was still slow; and it was not until the twentieth day that he was out of bed and moving about the house.

CASE 3.—Feb. 8th, 1859.—B. S——, aged fifty-seven, a stout, plethoric, dark-complexioned man, much accustomed to out-door exercise, has suffered from symptoms of stone for the last two or three years, but has steadily refused to submit to any operation for the removal of the calculus. I was some little time—after satisfying myself, as far as I could do so from symptoms alone, of the presence of a stone—before I could induce him to allow me to pass a sound into the bladder; but on being permitted to do so, had no difficulty in detecting a hard, clear-ringing calculus, of apparently no great size. Seeing that he was in all other respects a healthy man, I strenuously recommended its removal by lithotomy, but no arguments I could use were at that time sufficient to induce him to submit to the operation. But as time wore on, and his sufferings increased, interfering more and more with his occupation, his visits to me became frequent; and when at length he found himself altogether unable to move about, he reluctantly gave his consent.

I performed the median operation, and with as great success as in either of the former cases. Being a very corpulent man, and the depth of the perinæum being too great to admit of my being able clearly to define the groove in the staff with the forefinger of my left hand in the rectum, I did not attempt in

my first incision to open the urethra, but was content to sink my knife to the apex of the prostate body, and from that point freely to divide the external tissues of the perinæum from behind forward to the extent of about two inches and a half. I then sought cautiously for the groove in the staff with the finger introduced into the wound, and opened the membranous urethra by a second incision. A bulbous sound having now been carried along the groove into the bladder, and the stone been struck by that, the staff was removed, and the forefinger of the left hand, well greased, was passed upon the sound into the prostatic urethra, but was not found sufficiently long to reach the bladder. Having dilated the prostatic urethra to such an extent that the forefinger would move freely in it, I next passed a Weiss' three-bladed dilator, and found no difficulty in effecting much further and more free dilatation. With the blades of this instrument open, I then passed the lithotomy forceps through it into the bladder, and came in contact with and seized the stone. The smallest possible amount of traction was sufficient to bring it through the prostate. Its measurements when extracted were found to be—length, $1\frac{1}{2}$ inch; breadth, $1\frac{1}{3}$ inch; depth, $\frac{3}{8}$ inch.

During the operation there was somewhat smart hæmorrhage from the bottom of the wound, and, as it continued after the removal of the stone, I felt it necessary to remain a little while with my patient. Feeling that the power of control over the bladder would be retained, I had no hesitation in lodging a soft sponge in the wound, and, on removing that at the end of a couple of hours, the bleeding was found to have been entirely arrested. No urine was passed until at least an hour after the removal of the sponge, and then the bladder emptied itself by a few vigorous contractions of about three ounces of urine, freely intermingled with blood from the wound. When visited in the evening, the patient was found to be in all respects doing well.

Feb. 9th.—He has passed a restless night, but is comfortable this morning. His general aspect is calm and good. Pulse 78; skin soft and supple; he has no fever; the urine is discharged altogether by the wound, and is voided at regular intervals of two hours.

10th.—In all respects as well as yesterday. He has less pain in passing urine, and has perfect control over the bladder; takes his food with enjoyment, and is free from any unpleasant symptom whatever.

11th.—During last night he had a rigor of half an hour's duration, and perspired violently after it. He was much alarmed at this, and has consequently not been able to sleep. This morning he is quite comfortable again; has passed urine twice by the urethra; takes his food well; and is reassured as to his condition. Pulse 75; skin cool and soft; tongue cleaning; bowels somewhat confined. To take a small dose of castor oil.

12th.—In all respects improving. The urine is now being discharged in equal proportions by the wound and by the urethra.

From this time a daily report becomes unnecessary. Nothing occurred to interfere with speedy and entire recovery; and the patient is now, and has for some time been, enjoying himself in the country before buckling down to his ordinary, somewhat laborious, occupation.

East Parade, Leeds.

ON RETROVERSION OF THE UTERUS AND RETENTION OF URINE.

By MAURICE G. EVANS, Esq., M.R.C.S.

Two cases of retroversion of the uterus, with retention of urine, have very lately been published in THE LANCET. Their treatment has appeared easy and successful, presenting but little difficulty in restoring the displaced uterus to its normal position. Two cases also have fallen under my observation during the past three months. The first was that of a married woman, aged twenty-six, and between the third and fourth month of her second pregnancy. On getting out of bed in the morning, she found herself perfectly unable to pass a drop of urine. A heap of domestic remedies were resorted to, such as warm baths, fomentations, broom tea, &c., but without avail. At ten P.M. I saw her. The bladder was enormously distended, and very sensitive to the touch. Suspecting, from the history, that it was a case of retroverted womb, I made a

vaginal examination, and found the fundus low down in the pelvis, almost at the outlet; the os beyond reach. I introduced a catheter into the bladder without any difficulty, and drew off a large chamber-utensilful of high-coloured urine. Gentle pressure now applied upon the fundus sufficed to replace the organ. I then gave her an opiate, and left her comfortable. However, after the lapse of seven days, I was again sent for, and also on two subsequent occasions, seven days intervening between each attack of retention, and the uterus each time being easily replaced.

The second case was that of a married woman, aged forty-four, advanced to between the fourth and fifth month of gestation. While stooping for the purpose of milking a cow, she suddenly felt as if something moved (as she described it) in her inside, became faint, and was carried into the house and placed in bed, where she soon rallied. A few hours after, on endeavouring to micturate, not a drop of urine would flow. She underwent similar treatment to the first case, with the addition of copious draughts of gin-and-water. I saw her the following morning, twenty-four hours after the occurrence. The bladder was distended to its greatest limit, and exceedingly tender and painful. Some difficulty was experienced in passing the catheter, which gave exit to a small washhand-basinful of urine. I now endeavoured to rectify the uterus, but signally failed; all that could here be felt was the enlarged fundus. The bowels being rather constipated, three doses of castor oil were given during the day, which operated but feebly. I again visited her at the end of forty-eight hours, and found her much the same as previously. I could not get the uterus to move an inch; the catheter passed more readily. An enema was now administered, which acted in the course of twenty-four hours, well relieving the bowels. The bladder was emptied a third time, after which the uterus became movable. I passed two fingers of the left hand into the rectum, and made pressure upon the fundus of the uterus, hooking down the hitherto unreachable os with the forefinger of the right hand, and without much difficulty it returned to its natural position. The woman was kept in bed for a week, at the end of which time she was convalescent.

In the first of these cases, an over-distended bladder appears to have been the primary cause of mischief, this distension taking place during sleep. But in the latter, the uterus becoming suddenly displaced produced the secondary effect of retention. As both advanced in pregnancy, the liability to a repetition of the same became less, and finally impossible.

Narberth, May, 1859.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

LARGE ANEURISM OF THE ARCH OF THE AORTA; DEATH FROM SYNCOPE.

(Under the care of Dr. RADCLIFFE.)

THE history of the following case points to a rupture of the arch of the aorta, most probably through an atheromatous ulceration, giving rise to an aneurism, which at first pressed upon the right bronchus. Its increase gave rise to the symptoms of pressure upon the trachea and œsophagus; it appeared above the sternum, and enlarged until it had attained the size of an infant's head. Finally the cuticle about the centre of the tumour became very thin, of a red colour, and, for some days before death, seemed on the eve of bursting. The patient's sufferings were intense, from the constant dyspnoea, which amounted to a feeling of suffocation on the morning of the day on which he died. It, however, ceased at night, and for the first time since his stay in the hospital he lay down to sleep, but a few minutes only had elapsed when he was found dead from syn-

cope. In such a case as this the most usual termination is from rupture of the aneurism, and it was actually looked for from day to day. For the following notes we are indebted to Mr. Arthur Charles Judges, clinical assistant to the hospital:—

Robert H—, aged forty-six, cooper, was admitted into Burdett ward on January 4th, 1859, when he gave the following history of himself:—About two months since, whilst engaged at his usual work, he felt the right side of his neck and chest as it were fixed, as if it were tied down with a cord; also a pain in the right half of the forehead, eyeball, and below the malar bone. Coincident with this there was great pain in the head generally, with giddiness and faintness—in fact, the hammer fell out of his hand, and he himself would have fallen had he not been supported by one of the men working with him. He felt, and continues frequently to feel, a sensation of contraction in the right side of the thorax, extending to the vertex of the head, causing him to gasp for breath. When the above-mentioned pain came on, he was straining himself by driving some iron hoops on to a butt, using a large heavy hammer.

On admission, he complained of the pains above alluded to; dyspnoea; cough, with slight expectoration of small pellets of tough, stringy mucus, colourless, save from the floating carbon of the atmosphere. On percussion, both sides of the chest were resonant, the right rather more so than the left. On the upper part of the right side anteriorly, the respiratory murmur was not quite so loud as natural, and the expiratory murmur was slightly rough; posteriorly the sounds were natural. Heart's sounds healthy; pulse 80, regular, and of good strength; tongue pale, white, and moist; bowels confined; appetite good. He was thereupon temporarily ordered a slightly laxative alterative mixture, and to have middle diet.

Jan. 10th.—There is some difficulty of deglutition, with increase of the dyspnoea, especially when in a recumbent position; indeed, so much so that he cannot lie on his back or right side, sleeping only on the left side. On taking a deep inspiration, pain is felt under each clavicle. Pulse now about 100; the same at either radial; both small and thrilling under the fingers. At the right sterno-clavicular articulation, and bulging above it, there is a small tumour perceptible, pulsating, and thrilling under the fingers. Both sounds of the heart heard distinctly here, as well as all along the course of the aorta, increasing until they reach the right sterno-clavicular articulation. On the opposite side the sounds are much less distinct. The pain on swallowing is felt exactly opposite the cricoid cartilage, and shortly afterwards in the epigastrium.

By the beginning of February the aneurismal tumour had rapidly increased in size, and pulsation was very visible to the eye. The breathing is generally rough, and on the right side there is a strong, harsh, blowing inspiratory murmur.

Feb. 11th.—The tumour is much larger; breathing much harsher and more difficult. There is a slight difference between the pulses at the two wrists, the right one being rather stronger.

By the middle of the month, the tumour was slowly increasing in size; the dyspnoea greater; cough very troublesome, with the same scanty sputa; the right pulse decidedly more full and strong than the left. The expectoration has contained a streak of blood, but that only after using the greatest violence to excrete it.

Shortly after that, there seemed a diminution in the differences of the pulses, the numbers being just the same at either wrist, and of much the same power. The increasing difficulty in breathing, and the constant irritative cough, and almost total absence of sleep, necessitated the exhibition of an opiate every night, repeated at discretion, according to the urgency of the symptoms. His diet was also altered to beef-tea, and extras of a less solid character than meat; and, in addition, four ounces of wine daily.

In the early part of March, there was a slower increase in the size of the aneurism, but the dyspnoea increased, and with it the want of sleep at night. Small doses of morphia were given occasionally, and the bowels kept open by castor oil.

By the middle of the month, the tumour had greatly increased in size, and extended up the neck, apparently in the course of the sheaths of the carotids.

No material alteration (except a steady increase in the size) was observable until about the 1st of April, when a sudden increase in the size of the tumour took place, after having suffered a night of great agony from the exhaustion consequent upon the laborious breathing. The lower part has a red, turgid appearance, tender on pressure, with a shiny surface, as though nothing remained but the cuticle to burst, and that possessing a semi-decomposed look.