

Mr. Price stated that about two or three years since, he had removed a full-sized lithic acid stone from the bladder of a man aged sixty-four; and in about eighteen months afterwards his patient again sought his advice for the relief of similar distressing symptoms affecting his urinary organs. The existence of calculi being proved, the man again submitted to lithotomy, and five stones were removed. In this instance the incisions were made on the same side of the perinæum, and the same tissues were divided, as in the first operation. The patient made as rapid a recovery from the second operation as from the first.

The patient now in the hospital has gone on uninterruptedly without a single untoward symptom.

PARTIALLY ENCYSTED CALCULUS; REMOVAL BY
LITHOTOMY; RECOVERY.

(Under the care of Mr. LAWSON.)

THE following case will be found not less interesting and important than the preceding:—

John M—, aged sixty-five, late a corporal in the 16th Hussars, was admitted into the above hospital on July 23rd, labouring under all the usual symptoms of stone in the bladder. He dates the first symptoms as far back as 1819, when he suffered intense pain in the loins, for which he was under treatment in the Bristol Military Hospital. He was subsequently discharged, unrelieved, and admitted into the old York Hospital, Chelsea. After having been there some time, he gained relief; but on attempting one day to micturate, a small calculus passed from the bladder into the urethra, where it became impacted, and was removed by the surgeon. In 1820 he was invalided from the army. Since that period, he has continued to suffer more or less from pain in the loins, and has at various times passed by the urethra gravel and small calculi. His urine, so far as he can remember, has, ever since his first attack, deposited a tenacious, ropy sediment. The present urgent symptoms commenced about eighteen months since, and have continued to increase in severity.

The condition of the patient on admission was that of extreme emaciation and debility. He had an almost incessant desire to pass his urine, and complained of a heavy, dragging pain in the loins. His urine deposited a large amount of mucus, and some pus. No casts were detected under the microscope. On examining the bladder with a sound, Mr. Lawson detected a stone, evidently of large size, and lying close to the prostate.

On the 29th of July, the usual operation for lithotomy was performed by Mr. Lawson, and a large lithic acid calculus removed. Some little trouble was experienced in catching hold of the stone, in consequence of its lying in a pouch of the bladder close to the prostate, from which it was with difficulty dislodged. The stone presented an appearance very characteristic of its having remained for some time partially encysted. A clear margin around its long circumference marked the depth of its seat in a pouch of the bladder; while above this line there was a copious reddish deposit, evidently of more recent date than that which formed the bulk of the calculus. The patient has progressed most satisfactorily since the operation.

CLINICAL RECORDS.

EXTENSIVE FRACTURES OF THE SCAPULA AND NINE RIBS; DEATH.

THE injuries were too extensive and serious, in the following case, to permit of recovery. The wonder is that the patient's sufferings were not more acute, when we consider that many of the ribs were broken in two places. We avail ourselves of the following notes, clinically reported by Mr. J. E. Davey, one of the pupils of the hospital.

Francis A—, aged sixty-seven, traveller, was admitted into the accident ward of Guy's Hospital on the 8th of June, 1859, under the care of Mr. Cock. The patient, a strong, healthy-looking man, of temperate habits, was attempting to cross the road in the Borough, when he was knocked down by a Hansom cab, the wheel passing over his shoulders from the left to the right side. He was picked up and conveyed to the hospital. On admission, he was very much prostrated, but perfectly sensible. On the left side, several ribs were diagnosed to be fractured; and finding he had no use in the left arm, and the clavicle not being fractured, an examination was made in the region of the scapula. Crepitus could be distinctly felt and

heard by the stethoscope, and Mr. Cock detected emphysema. There being such severe injury, and so many ribs fractured, a flannel bandage, just tight enough to support the parts, was applied. At first he could only lay flat on his back, with the shoulders slightly raised. He had no cough, but after a day or two he suffered from a kind of bronchitis (which he frequently had in winter). He never expectorated anything but a white, frothy mucus, and there was not the slightest stain of blood. The lung on the left side did not seem to be doing its work, and on the right side puerile breathing was very audible. The patient was too ill to allow of proper examination of the chest.

June 9th.—At times quite delirious; great difficulty of breathing; bowels opened; tongue slightly furred; pulse 94.

10th.—Still very ill; has passed a very bad night; great difficulty of breathing. Ordered, half a drachm of tincture of opium. At eight P.M., being very much more oppressed, he was ordered two ounces of brandy, and an antimonial pill with opium every four hours.

11th.—Much the same.

12th.—He has passed a rather better night, but is still very much oppressed and very restless; has no pain, but complains of great difficulty of breathing.

13th.—Died this morning, an hour previous to his death suffering from extreme dyspnoea.

Post-mortem examination, twenty-two hours afterwards.—No signs of decomposition. Rigor mortis present. Body tolerably healthy for an old man, but considerable excess of fat. Head not examined. All the upper ribs of the left side were fractured, and most of them in more than one place. The first nine were fractured in their middle, and all these, except the first two, at their angles also; the broken ends projected inwards; but the pleura was only slightly injured. Scapula fractured transversely immediately below the spine, the fissure running through the neck, but not quite penetrating the glenoid cavity. From this spot another short fissure came downwards and inwards into the middle of the bone; and besides this fracture, another longitudinal one existed, running down the back of the bone at a distance of not quite half an inch from the edge: a rim of bone was thus completely broken off. On opening the chest, the left lung was found collapsed; about eight ounces of blood in the chest. There was no lymph on the pleura, except at a spot on the posterior surface and upper part of lower lobe of the lung. On scraping off the exudation, a laceration an inch in length, but quite superficial, was seen. The right lung was healthy. Pericardium healthy. A considerable excess of fat on the surface of the heart; valves and lining membrane healthy; peritoneum, jejunum, ileum, and cæcum healthy. Liver excessively fatty. Prostate slightly enlarged, especially the middle portion, which projected into the bladder, and must have caused some impediment. Bladder also hypertrophied.

SIMPLE EXTENSION IN CONTRACTION FROM BURNS.

WE lately had the opportunity of observing the treatment of a case of deformity arising from an old burn in a little boy, nine years of age, under Mr. Coote's care at St. Bartholomew's Hospital, which is worthy of notice. It is a plan in use, we believe, at the Orthopædic Hospital, and consists in the proper application of simple extension, perseveringly carried out. The boy was admitted on the 7th of April, with his lips and mouth drawn downwards from a burn in the neck when an infant. The cicatrix possessed the usual characters of hardness and thickening. By suitable appliances the head and chin were kept extended, with the effect of bringing back the lower lips and jaw to their natural position, and getting rid of the extreme deformity which had heretofore existed. The mouth can now be closed.

The effect of extension is to cause the absorption of the adventitious material present in the cicatrix, and thus permit the latter not only to become soft and extended, but permanently to remain so.

A VITREOUS FOREIGN BODY SUCCESSFULLY REMOVED.

A POPULAR notion prevails that wounds produced by contact with glass are of a very festering character, and that when portions of that substance remain lodged the danger becomes very much increased. In small wounds of the fingers and hands, wherein minute fragments of vitreous substances sometimes get forced in, much swelling and inflammation will occasionally ensue from the irritation which they cause; but, as a