

formed, small and deeply depressed; in nearly all, either a hair or a black point (the remains of one) could be detected. These were again removed, and the hairs as far as possible pulled out with forceps. An ointment composed of equal parts of the creasote and nitric oxide of mercury ointments was then applied. He was ordered three drachms of cod-liver oil and half a drachm of syrup of iodide of iron three times a day; also full meat diet and a pint of porter.

May 27th.—The crusts had not re-formed on the scalp; that on the chest had also disappeared, and for the leg the same treatment was now directed to be used. He had a more healthy appearance, and was in every way improved. The skin was redder than natural where the crusts had been.

Upon microscopical examination, the powdery matter of the crusts presented none of the elements of pus, but consisted of branching torulæ, appended to each other at acute angles; separate joints and delicate fibres were also observed; but beside these, rounded flattened plates were evident, not epithelial, for there were no nuclei, neither had they the angular appearance of squamous epithelium.

After several weeks the specimen, which had been prepared in a dry state, but the air excluded by gold size, presented torulæ still more distinct in its outline; the epiphyte had evidently grown, and increased in all its proportions.

(To be concluded.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

LARGE CALCULUS IN THE BLADDER OF A BOY; LATERAL LITHOTOMY; RECOVERY.

(Under the care of Mr. FERGUSSON.)

IN continuation of our reports of cases of calculus in the bladder, published last week, we append additional examples, some of them possessing points of interest to the pathologist and the surgeon.

In the first of the following instances a stone had been detected four years ago, the patient being then only five years of age. During that long period he continued to suffer more or less from the symptoms of calculus, and when the operation was performed for its extraction its size was found to be considerable, as was to be expected. This did not prove any obstacle to its removal, for on the introduction of the forceps into the bladder by Mr. Fergusson, at the moment of the withdrawal of his finger from the wound, a gush of urine threw the stone with its long axis between the blades, and it was, we may say, instantly extracted. It is this process which adds the charm to his operations for stone, and makes lithotomy appear one of the most beautiful, and at the same time the simplest, of surgical measures. This fortuitous circumstance, however, does not always happen, unless the bladder contains some fluid to direct the course of the stone; but with Mr. Fergusson, judging from an experience of witnessing his operations during a series of many years, we may say it is the rule, for the bladder is rarely or never empty of fluid. Under such circumstances lithotomy becomes an operation, in some hands, of easy accomplishment in from thirty to sixty seconds, as we have seen it done by Mr. Fergusson, Mr. Paget, Mr. Erichsen, and other surgeons.

The annexed case was furnished by Mr. H. Rogers Bell,

the house-surgeon, from the notes taken by Mr. Wm. Bell, the dresser of the patient.

Wm. P.—, aged nine years, the son of a policeman living at Deal, was admitted on the 11th of November, 1864, suffering from stone in the bladder. He is a rather delicate-looking boy, but has always had plenty of food and exercise. About four years ago he was taken to see a surgeon, because he could not pass his urine without great pain, who found that he had a stone in his bladder. Some medicine was prescribed; but the difficulty of micturition still continued. The lad became slightly better for six or seven months; but the pain and difficulty in passing urine again returned. For the last month there has been so much pain that he has not been able to micturate in the standing posture, but has to sit down; the water then passes slowly, and with a good deal of straining, containing at times blood. On admission, his urine contained pus; he passed his urine frequently, and a little at a time; there was a slight trace of albumen.

Nov. 19th.—The boy having been taken into the operating theatre, and placed under the influence of chloroform, Mr. Fergusson performed the lateral operation for lithotomy. The stone was caught by the forceps in the first gush of urine, in the diameter most favourable for its extraction. It was a very large one for a patient so young, being $5\frac{1}{2}$ in. round in one direction, and $4\frac{3}{4}$ in. in the other. It was composed of lithic acid, covered at its middle with phosphates.

Dec. 28th.—The case has progressed favourably; the wound is gradually closing. The urine a day or two back came wholly by the urethra; to-day some came by the wound. The urine on the 24th contained a good deal of pus and mucus; but it is now becoming clearer. There is but a slight trace of albumen, owing to the presence of the pus.

MULBERRY CALCULUS IN THE BLADDER OF A SHIPWRIGHT; LATERAL LITHOTOMY; RECOVERY.

(Under the care of Mr. FERGUSSON.)

The symptoms in this case (the notes of which were taken by Mr. M. A. Wood, the patient's dresser) are well explained by the presence of a mulberry calculus. They are more painful than those arising from any other form of stone, and in the present instance had existed for eighteen months, chiefly venting themselves on the neck of the bladder.

Wm. M.—, aged twenty-one, was admitted on the 10th of November last, with a stone in the bladder. He is a shipwright, living at Poplar; has always enjoyed good health; family healthy. He is temperate, lives well, and takes plenty of exercise. For the last eighteen months he has noticed that his urine was thick, and contained a whitish deposit. He is in almost constant pain in the situation of the neck of the bladder, which is much increased by moving. The pain obliges him to pass water every two or three hours. After he has voided a little, the pain is relieved for a time; but when his bladder becomes emptied, the pain increases considerably, and causes him to strain. He says his urine never stops when he is passing it, except when the pain causes spasm. He suffers from an itching feeling along the urethra; has no pain in the testicle or elsewhere. Four or five months ago he passed some blood in his urine on two or three occasions. No albumen or mucus. Mr. Fergusson with the sound detected a stone.

Nov. 19th.—Chloroform having been administered, Mr. Fergusson performed the lateral operation for lithotomy. A mulberry calculus of the size of a small walnut was extracted without any difficulty.

21st.—Doing perfectly well; pulse 80; no bleeding; urine comes away freely; no tenderness of abdomen.

Dec. 1st.—The urine comes wholly by the urethra; the wound is healing rapidly.

17th.—Discharged cured.

CALCULUS OF THE KIDNEY, BLADDER, AND URETHRA, WITH PERINEAL ABSCESS; FORMER HISTORY OF STRICTURE; FATAL RESULT.

(Under the care of Mr. PARTRIDGE.)

This case forms not an inapt companion to the remarkable one published in our "Mirror" of last week, and which was under Mr. Prescott Hewett's care at St. George's Hospital. Here was an old stricture successfully treated, but subsequently neglected by the patient himself. Symptoms of stone supervened, with the formation of a perineal abscess, and death. A large stone blocked up the left renal pelvis, another occupied the bladder, and a third and smaller one was in the urethra. No operation would have been of any value under such circumstances; and the case is as clinically instructive and valuable