been very great; within the last three months her agony had been extreme, and the straining efforts to pass water almost constant. The urine was neutral; it contained large quantities of mucus and blood. The tongue was dry and coated; the appetite was very bad; the pulse was feeble and frequent; sleep was almost absent. Sounding gave her great agony; but the stone, which appeared to be of large size, was immediately struck. I ordered ordinary diet, a warm hip bath every night, and a suppository of ten grains of compound soap pill at bedtime, and dilute nitric acid, with tincture of hyoscyamus in a decoction of pareira brava, every four hours.

June 20th. She was somewhat relieved. The urine contained less blood and mucus, but was still neutral; the efforts to micturate were less frequent and painful.

June 22nd. A staff being passed into the bladder, I slid a probe-pointed bistoury upon it into the bladder, and made an incision downwards and outwards parallel to the left descending ramus of the os pubis. The sphincter vesicæ was scarcely incised, but at the lower and outer part the incision was about three-fourths of an inch in length. I dilated the wound with the forefinger. The stone was readily grasped, but being very soft, was crushed into numerous fragments by the pressure of the forceps. The fragments were removed from the bladder by the scoop and syringe.

After the operation, a short gum catheter was placed in the upper part of the wound, and the vagina was plugged with a bladder stuffed with tow. This plan prevented the escape of urine through the wound, and was continued six days. The plug was then removed, and the bladder evacuated by a female catheter every two hours. On the tenth day she was allowed to pass her urine without the catheter.

On her discharge from the hospital, a month after the operation, her power of retention was almost, but not quite perfect.

In April 1852, Mr. Leamon, Jun., of Tavistock, called on this woman at my request, and found her quite well. She retained her water perfectly, but when pregnant it passed at times involuntarily.

Judging from the quantity of calculous matter removed, and from the largest segments of the laminæ extracted by the forceps, I estimated the size of the stone to be equal to that of a moderately sized walnut. It was composed principally of phosphate of lime.

The question of lithotrity was entertained by the surgical staff (Messrs. Whipple, Derry, and myself) when the patient entered the hospital; but the extreme agony induced by sounding, the excessive irritability of the bladder, the large amount of mucus and blood mingled with the urine, and the probable large size of the stone, led to a negative decision.

Again, the probability of the stone being of large size made me adopt incision rather than dilatation.

My own conclusions in reference to operative proceeding in cases of stone in the female are—

1. If the bladder is healthy, the urine normal, and the calculus of moderate dimensions, to practise lithotrity.

2. If the bladder is very irritable, the urine containing mucus, or mucus and blood, in anything more than ordinary quantity, and the stone of moderate size, to perform the operation of dilatation by the rapid process.

3. If the bladder is irritable, the urine unhealthy, and the stone of large size, to operate by incision after the mode practised by Mr. Fergusson, being careful to avoid incision of the vesical orifice of the urethra, as insisted upon by that gentleman.

I would venture to express the opinion, that careful plugging of the vagina during the first few days subsequent to the operation is a valuable addition to the after treatment, being a means adapted to facilitate rapid healing of the wound, and, as a natural consequence, the due retention of urine in after life.

lymouth, August 16th, 1854.

CASE OF DIFFICULT LABOUR, NECESSITATING INSTRUMENTAL ASSISTANCE.

By J. HINTON, Esq.

DURING the month of March, I was requested to see a patient, on whom the midwife had already been attending more than fifteen hours.

I gathered the following history. The patient, aged about 30 years, had had four children; the labours had been lingering; but had not required interference. She had now been in labour about twenty-four hours; the membranes had ruptured, with a very copious flow of liquor amnii; since which, the case had progressed very slowly; the pains were feeble, and for some hours they had almost ceased. On examination, I found the brim of the pelvis somewhat contracted, the other portions of the passage were of average size; the presentation was partial face, the brow being the depending portion; the left eye (which was open, and the eyelids very loose and flabby) and the bridge of the nose could be plainly felt. The point of the nose was somewhat flattened against the pubes, on which it seemed to rest, otherwise the head was not in any way impacted.

As the patient was apparently strong and healthy, and the child most probably dead, I did not hesitate to give the ergot a full and fair trial. The pains which it produced were quite unlike those which generally follow the use of ergot: they were neither very much increased in force, nor was the interval destroyed. The head advanced but slightly; indeed, the pains appeared to be cut short from their full action. She took several doses of ergot, quickly repeated; and as she now appeared to be suffering from the tediousness of the labour, I applied the forceps; but all the force which I dared apply failed to make much impression. Leaving, therefore, the forceps applied, so that, if necessity required, I might use them subsequently to perforating the head, I proceeded to this latter operation.

As the head was by this time dilating the external labia, perforation was easily accomplished; it was followed by a very copious gush of clear liquid, and almost instantly by the birth of the head, before even the blades of the forceps could be removed; the labour was speedily terminated; the placenta, which adhered somewhat firmly, had to be removed by the hand. The patient progressed very favourably.

After birth, the cause of detention was explained: from the back of the head there extended a large bag, now nearly empty, and reaching to the nates. Apparently, it was an extension of the scalp: and at its junction with the head it was covered with hairs. The neck itself did not measure more than two inches in diameter; and the bag could certainly have contained from two to three pints of fluid. In the occipital bone there was an aperture sufficiently large to admit the point of the finger, and through this the communication with the head was maintained; it was, in fact, similar to spina bifida.

The child had certainly been dead some days. It was a finely made, and in other respects well formed child: the brow and upper part of the face was black and much disfigured.

Blaina Iron Works, August 14th, 1854.