

other which affords, or appears to afford, any better chance of success? I must confess, after having carefully searched the medical journals, and other publications, books, and pamphlets innumerable, treating upon the subject, I can find none; all seem to acknowledge that such cases, under all known plans of treatment, in the majority of instances, prove fatal.

4. Supposing a patient were so attacked, and seen by a practitioner within a short time from the commencement of the disorder; would not the state of collapse indicate the use of stimulants? Could there be any valid objection to the administration of drachm doses of chloric ether, in water or any other vehicle, every ten or even five minutes? Does not such a plan appear to afford a good chance of success? And, so far as the *rationale* of the treatment is concerned, it cannot be open to objection. Is there any other stimulant the use of which is preferable? If so, I have yet to learn its name, and shall be glad to be put in possession of facts proving its claim to such superiority. Save the case I have mentioned, I have never yet met with one in which the collapse was so sudden and complete. Should I be called upon to treat one, I should unhesitatingly adopt this plan, and am convinced, if anything would prove beneficial, it would. At any rate, the mortality under this plan of treatment could not well exceed that under all others.

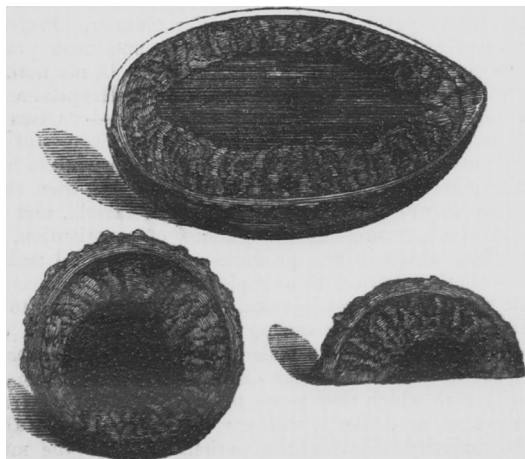
Considering it incumbent upon every member of our profession to do all in his power for the advancement of medical knowledge, I have ventured to lay before my medical brethren my experience in the use of this important remedy. Should these papers be the means of inducing any to give it a fair trial, I should esteem it a favour if they would oblige me with the results of their experience.

Bury St. Edmund's, September 18th, 1854.

✓ CASES OF LITHOTOMY.

By ALLEN DUKE, Esq., Surgeon to the Chichester Infirmary.

CASE I. Stephen Sylvester, aged 17 years, was admitted into the Chichester Infirmary on the 1st of August. He had pain and scalding in passing his urine, which contained a large quantity of muco-purulent secretion, occasionally mixed with blood, giving rise to strong suspicions of stone.



On examination, a calculus was readily detected, lying loose in the cavity of the bladder; but, in consequence of the extreme irritability of that organ, and in order to prepare the patient for an operation, he was put under the influence of the decoction of *pareira brava*, in combination with alkalis and sedatives. This medicine he continued

till the 8th of September, on which day I performed the lateral operation, and without difficulty extracted a calculus, weighing eight and a half drachms. In its centre was a piece of firm hazel wood, which had been broken from a stick that accidentally had perforated the rectum and bladder, as the boy was in the act of jumping over a heap of straw in a rickyard, a year previous to the date of his admission; but from the effects of which he had perfectly recovered—the bladder and rectum having healed—the urine passing through its natural passage.

The patient always persisted in saying, from the size of the stick, that it was impossible that a piece could have been broken off, and left in the bladder. It being supposed that the nucleus might probably be a piece of the bark, a transverse section was made, when, to our surprise, a solid piece of wood three-fourths of an inch in diameter was cut through, which, on making a longitudinal section, was found to be about an inch and a quarter in length. (*See woodcut.*)

Respecting the after-treatment of this case, I have no particular remarks to make; suffice it to say, that the patient went on most satisfactorily, with the exception of an attack of diarrhoea, and was discharged cured on the 1st of November; since which time he has remained perfectly well, and has enlisted as a soldier.

CASE II. William Bridger, aged 58 years, having for a considerable time suffered from symptoms of gravel and difficulty in passing his water, attended with spasmodic stricture, and occasionally requiring the use of the catheter; was admitted into the Chichester Infirmary on the 31st of July, labouring under the usual symptoms of stone. The urethra offered but slight resistance to the introduction of the sound, and a calculus was easily detected.

A mucilaginous draught, containing bicarbonate of potash and henbane, was ordered to be taken three times a day.

From the date of his admission to the day of the operation, he suffered very severely at times, and frequently required the use of the catheter, his bodily strength gradually declining.

August 10th. The operation was this day performed in the usual manner; but on cutting into the bladder, it collapsed in such a way, that it was utterly impossible by any instrument to discover the stone, which was previously so perceptible. The bladder was injected with tepid water, and repeatedly examined by those present; and, as no stone could be found, the patient, after the lapse of about three quarters of an hour, was removed to his bed. A tube was introduced, and a full opiate administered.

He went on very well till the 13th, when his tongue became dry and brown, and fever of a low type manifested itself. Diarrhoea supervened, and, in spite of every endeavour, he gradually sunk, and expired at 2:30 P.M. of the 17th, seven days after the operation.

EXAMINATION OF THE BODY, twenty hours after death. None of the internal organs betrayed any particular disease, except the kidneys and bladder, the cavity of which was in a sloughy state—its coats were greatly thickened, and when opened, a cyst was discovered on the left side, containing four calculi, of the size of common French beans.

By the side of the cyst was a cerebriform cancerous tumour of considerable size, from the upper surface of which sprang a kind of mammary process, which, when the bladder contained a quantity of urine, projected into its cavity, permitting the contact of the stone with the sound; but when it was empty, by the collapsing of its coats, the process rolled into the mouth of the sac, closing it so completely, that it was quite impossible to grasp the stone—clearly accounting for the unsuccessful termination of the operation.

The calculi consisted of lithic acid internally, having an external layer of the triple phosphate.

Chichester, September, 1854.