Oct. 8th. The eye-ball has been very prominent throughout, and there is so much chemosis at the lower part, that the lower lid has been some days everted. There is some purulent discharge from the exposed conjunctiva; but nothing else of importance to note. A wet rag is kept applied to the lid.

Oct. 9th. The wound granulating and contracting; pulsations of pain still distinct. He is more sensible, but still occasionally noisy.

Oct. 24th. Progressively improving; pulsations of brain still distinct.

Subsequent to this, nothing of note occurred as far as regards the wound or general symptoms; he continued to improve, and the wound gradually healed. The eversion of the lower lid was very troublesome for some time; and the only plan that succeeded in overcoming the tendency to eversion, was keeping the eye closed, and pressure made on the lid, when replaced in its natural position, by means of a pad of lint. Keeping it shut up for a week, appeared to allow the orbicular muscle to recover itself, and subsequently there was no trouble from it.

He left the hospital in December. The wound was healed, but still the pulsations of the brain were visible. He was free from headache, and appeared in every respect well. The protrusion of the eye-ball was apparently diminishing.

[To be continued.]

ORIGINAL COMMUNICATIONS.

CALCULUS VESICÆ; SYMPTOMS EXCESSIVE, ONLY SLIGHTLY RELIEVED BY MEDICINES; OPERATION; RECOVERY.

By WILLIAM THOMAS BELL, Esq., late House Surgeon of the London Hospital.

ARTHUR SAUL, aged 62, custom-house officer and tollbar keeper, formerly in Her Majesty's Navy, of short stature, grey hair, blue eyes, and swarthy pale complexion, and extremely excitable temperament, greatly emaciated by his sufferings, came under my care in July 1854, with calculus in the bladder.

He has been under treatment for some weeks past, and during this time has suffered very urgently with symptoms of calculus. The alkalies, dilute nitric acid, pareira, and other bladder tonics, and morphia at night, and hipbaths, were administered: notwithstanding these, his symptoms kept increasing. He was sounded, and a calculus detected. He is now passing blood, with a large quantity of muco-purulent matter. Sufferings intense; every symptom of calculus aggravated.

About a year and a half ago, he had an attack of inflammation of bladder and prostate gland, which were relieved by appropriate remedies: and, from this time to the present, has remained in good health.

When a young man, he had stricture, for which he was treated in the Elsinore Hospital, and from which there still remains a thickening in the membranous portion of the urethra, prohibiting lithotomy.

July 28th. The patient's bowels having been freely moved by a purge and an enema, under the influence of chloroform, and in the presence of several of my professional friends, I performed the lateral operation of lithotomy, by making first incision in the perinæum, with a double-edged straight French scalpel, down to the staff, opening urethra with the same knife, and then introducing into the bladder a *bistouri caché*, for incising the neck of the bladder and prostate. After seizing the calculus with forceps, it broke to pieces, and was removed with the scoop and injections of water.

My lithotomy instruments were made by M. Charrière, of Paris, and are those commonly used by French surgeons.

There was no hæmorrhage. He was put to bed, and the

usual appliances used. About the fourth day, his urine began to pass by the natural channel; and from the first he progressed most satisfactorily, requiring nothing but an occasional dose of castor oil, tonics, full diet, porter, and gin, to keep up the powers of life. He continued to pass several minute fragments of calculus, after the operation, through the wound, and occasionally by urethra. At the end of a month, he was able to be removed home, a distance of a mile, and sit up several hours in the day. For some weeks after the wound had healed, a good deal of irritability of the bladder and frequent micturition continued. With these symptoms, I again sounded him, and could detect nothing. Urine very alkaline, depositing largely upon standing. I ordered him—

R. Acid. nitrici dil. ʒij; ext. pareiræ bravæ ʒj; decoct. pareiræ bravæ ʒviiss. M. Fiat mist. cujus capiat æger cochlearia ij magna ter die.

R. Argenti nitratis gr. vj; pulv. opii gr. vj; aquæ destillat. ʒviii. M. Fiat injectio.

Injectetur ʒj injectionis vesicæ semel in die.

and a plain, simple, unstimulating diet. Under this treatment, which was persevered in for about three weeks, he got perfectly cured.

The calculus was about the size of a walnut, consisting of phosphate of ammonia, lime, and magnesia, exceedingly soft and friable, and readily breaking up under the fingers.

Great Grimaby, Lincolnshire, Nov. 2nd, 1855.

ANALYSIS OF ONE HUNDRED CASES OF CEPHALALGIA.

By EDWARD H. SIEVEKING, M.D., Fellow of the Royal College of Physicians, Assistant-Physician to St. Mary's Hospital, etc.

In some remarks on the importance of headache as a symptom in fatal diseases of the brain, and on the numerous pathological conditions which are characterised or accompanied by headache, published in the *Medical Times and Gazette* (Aug. 12, Aug. 19, and Aug. 26th, 1854), I entered at length into the etiology of this very common and troublesome complaint. The following tabular view of one hundred unselected cases, taken in the order of occurrence from my memoranda of hospital and private patients, may serve to illustrate the affection, and to show how numerous the disorders upon which the symptom is based. The nomenclature of the probable cause is necessarily one upon which there may be diverse opinions. As I have had no theory to establish, it may at least be free from the objection, that it supports a foregone conclusion. In many instances, no doubt, several causes co-operated; the one that appeared to be the most palpable, and suggested itself most readily, has been put down. The reason why the cases amount to one hundred exactly is, simply, that I have stopped at the record of the hundredth case.

The affection was classed under the name of cephalalgia when this was the only or the most prominent symptom which induced the sufferer to apply for relief. The analysis alone will serve to guard me against the imputation of regarding it as a substantive disease.

In many of the cases there were undoubtedly complications of the probable pathological conditions: those have been set down as the efficient causes in the respective cases which appeared to indicate the mode of treatment to be adopted. The arrangement cannot therefore satisfy the demands of a scientific classification, as the causes do not all occupy the same relative rank: thus, in the case of syphilis, the intracranial state might be one simply of hyperæsthesia or of congestion; in the headache accompanying disease of the heart or dyspepsia, the same might apply. Our mode of investigation is not, however, sufficiently advanced to determine the *causa proxima* in all cases. We must, therefore, generally be satisfied with the more empirical proceeding of finding out the exciting or predisposing cause.