infiltration. No *post mortem* examination was had, in consequence of his residence being fifty miles distant from Aberdeen.

CASE CXCVIII.—James Clarke, aged 55, mason, came under treatment on March 6th, 1865, and was operated on April 1st. The stone weighed 2 ounces $1\frac{1}{2}$ drachms, and measured $2\frac{1}{2}$ inches by 2 inches by 1 inch. With a quiet pulse, and urine both clear and copious, he went on favourably for eight days, the tongue only being dry; yet his desire for food was natural. On the ninth day, the pulse quickened a little; but there was no tenderness or local symptom anywhere, and he still took his food. On the twelfth day, he became faint, after sitting up in bed; and, continuing feeble, he expired on the evening of the thirteenth day (April 13th). Inspection revealed a collection of thick pus in the cellular tissue around the wound and neck of the bladder. The viscera of the abdomen were quite healthy. The coats of the bladder were thick and chronically inflamed.

CASE CXCIII.—David Stewart, aged 79, farmer, was admitted on July 7th, 1866, and was operated on July 14th. The stone weighed $7\frac{1}{2}$ drachms, and measured $1\frac{1}{2}$ inches by $1\frac{1}{2}$ inches by $1\frac{1}{2}$ inches. The patient was a large-built man, with a deep perinæum and a large cartilaginous prostate gland; yet the blunt gorget and chloroform made the operation easy. He went on well till the evening of the fifth day, when, after some freedom used in getting out of bed, he had a rigor, quickly followed by tenderness in the right pubic region, where a reducible hernia existed. The secretion of urine at the same time became nearly suspended. Leeches to the groin abated the pain and tenderness; but, although the general symptoms seemed at times cheering, the urine never came in natural quantity, and he gradually sank on the eighth day. Inspection revealed pus in the hernial sac, and a pinkish blush on the adjoining peritoneum. The liver was nutmeggy and friable; the kidneys were much diseased; the bladder sacculated and greatly hypertrophied.

CASE CCV.—James Sim, aged 75, farm-servant, was admitted on February 13th, 1867, and was operated on February 28th. The stone weighed 5 ounces 7 drachms, and measured 3 inches by $1\frac{1}{2}$ inches by $2\frac{1}{2}$ inches. He went on most favourably till the sixth day, when, the bowels not having moved, a moderate dose of castor-oil was given. It operated twice comfortably; but, from the moment it did so, he felt weak, the urine began to flow less copiously, and he became drowsy. Sinapisms were applied to the nape of the neck, and turpentine stupes to the loins. Brandy and spirits of nitre were given freely; but the secretion of urine never returned in quantity; the pulse, never before above 60, now quickened; his strength failed; and he quietly expired at 3 A.M. on March 7th. Inspection revealed no very unusual appearances in the wound or its surroundings. The walls of the bladder were thickened and rugous, and congested on its inner surface. The fundus of the bladder outside the cellular tissue looked as if exudation of lymph had taken place, and was undergoing the process of softening and becoming purulent; but no adherent or reddened spot could be detected on the intestinal or pelvic peritoneum. The kidneys were small and diseased; the ureters were as large as a man's thumb; and the pelves of both kidneys widely distended.

CASE CCXVI.—John Fraser, aged 67, crofter, was admitted on June 5th, 1869, and was operated on on June 16th, when a calculus weighing 1 ounce, and measuring $1\frac{1}{2}$ inches by $1\frac{1}{2}$ inches by $\frac{3}{4}$ inch, was removed. He died on the eleventh day after the operation, without one untoward symptom connected with the kidneys or bladder. Pain at the pit of the stomach, and latterly coffee-ground vomiting, preceded his death. *Post mortem* examination revealed cancer of the pylorus and ulceration of the mucous membrane of the stomach. It turned out, on inquiry, that he had laboured many months under that disease, but had studiously concealed it.

CASE CCXIX proved fatal two days after the operation. No details are given in Dr. Keith's tables, further than the weight of the stone and the date of death.

EMBOLISM OF THE CENTRAL ARTERY OF THE RETINA.

By C. S. JEAFFRESON, Assistant-Surgeon, Newcastle-on-Tyne Infirmary.

ALTHOUGH most ophthalmic surgeons must have seen cases of embolism of the central artery of the retina, they are still of sufficient rarity to be worth putting upon record.

R. M., aged 28, whilst following his usual occupation as a bricklayer, became suddenly conscious of the rapid approach of blindness in his right eye. He described the blindness as having commenced in the centre of the field of vision, and gradually spread towards the periphery

with such an amount of rapidity that, in a few moments, total darkness was produced. He left his work in great alarm, and the following day presented himself to me.

On examining the state of vision I found the left eye normal. In the right eye the whole field of vision was obscured, with the exception of a small portion in which it was highly amblyopic, recognising only obscurely the presence of the finger when held up. After his pupils had been thoroughly dilated with atropine, I examined him with the ophthalmoscope. The size, colour, and shape of the optic disc, the reflection from the fundus, and the condition of the vessels on the left side, were normal. On the right side, the optic disc was unaltered in colour, but the retinal arteries were reduced to the most minute threads, the veins congested, and for some distance surrounding the macula lutea there was a paleness of the fundus which made the redness of that spot stand out in prominent contrast. On searching for signs of cardiac disease, I found that, although there was no murmur of any kind, there was distinct evidence of hypertrophy, and that the heart's action was irregular and intermittent.

The chief peculiarities in this case are, the manner in which the blindness supervened, and the retention of a certain amount of vision in a very small portion of the field. The former I believe never before to have been noticed; and the latter, though noticed, not satisfactorily explained.

The only explanation I can offer of a portion of the field of vision still retaining sensibility is, that some spot in the retina must derive its blood-supply, partially, at least, from some other source than the retinal artery; and if vision improve, we must expect to find it increasing the area of this spot, where if any collateral circulation is established, we may most reasonably look for it.

WASP-STINGS.

By C. D. H. DRURY, Pulham St. Mary.

DURING the last fortnight or three weeks, I have been called upon to treat no less than seven cases of illness arising from the stings of wasps.

On August 21st, my cook, while making pastry, was stung in the forefinger of the right hand by a wasp. In less than half an hour she felt exceedingly depressed and weak, and complained of severe headache; and her hand was so swollen that she could not bend her fingers. The eyes were red and bathed in tears; the face puffy, swollen, and dusky; and she was completely covered with an urticarious eruption. I could not find any remnant of the sting in the finger, and only with difficulty the place where the sting had entered. I ordered her at once to bed, and gave her fifteen minims of aromatic spirits of ammonia every half hour. She dipped her hand in a strong solution of carbonate of soda, but this only increased the pain; poultices, however, gave immediate relief. The ammonia, too, seemed to do much good; for after two doses the headache abated, the rash began to decline, and she felt much better, although the local pain remained. She scarcely closed her eyes all night, and in the morning I found the arm much swollen as far as the axilla—where she now complained of most pain, although I could not detect that the glands there were increased in size. The lymphatics of the forearm were enlarged and hard. Poultices were continued, the hand was kept in a sling, and an aperient mixture with ammonia given during the next day. By this time the swelling of the arm had subsided, and on the morning of the following day she was sufficiently well to resume her ordinary duties.

Three days afterwards, she was again stung—this time at the back of the neck. In a very few minutes she felt so depressed, weak, and faint, that she had to be supported upstairs to bed. In half an hour her face was of a dusky, red colour, and swollen, and her body covered with an eruption, and she suffered from violent headache. I gave her a glass of brandy and hot water, and soon she felt much better. I saw her again in four hours. She then complained of urgent thirst, and was very restless—felt inclined to, but could not, sleep. Her throat felt hot and painful; and on examination, I found her tonsils red and swollen. Her pulse was quick and full. I ordered the neck to be bathed frequently and her throat to be gargled with hot water, and barley-water to be given to drink. I again saw her about five o'clock in the morning. Her throat-symptoms were somewhat relieved, but she was still very restless, and the eruption which remained was of a dusky hue, very like the rash of measles. There was well-marked coryza. In the course of the day she went home; and I heard from her frequently. The eruption lasted for three days and then began to fade; and now—six days from the date of the sting—she reports herself well, but weak.

On August 25th, my page and housemaid were both stung in the hand. The page had a swollen hand and arm, and much local pain for