In the autumn of 1872, he consulted me about pains in the abdomen, flatulence, and dyspepsia; he became jaundiced, and it soon became evident that he was suffering from malignant disease of the liver. He lingered until December 25th of that year. As the man had lived two years and eight months with an artificial anus, I was anxious to see what changes time and the operation had effected. Strong opposition was made by the friends to a *post mortem* examination. However, the consent of a part of the family having been obtained, I made a hasty inspection with the kind assistance of Mr. Barr, house-surgeon of the Dispensary, and during the temporary absence of the demurrers.

POST MORTEM EXAMINATION, December 26th, twenty-six hours after death.—The body was emaciated; the abdomen tumid. The peritoneal sac contained some serous fluid. The omentum was adherent by about half its inferior margin. The sigmoid flexure of the colon was enormously distended, and its coats hypertrophied. It projected out in front of the other intestines, and extended to the right side. It was at least about four inches in diameter, and about two and a half feet long. It contained a large amount of semifluid clayey feces. At about the junction of the colon with the rectum was the stricture. It appeared as if the gut had been tied with a string. There was some little external thickening. The stricture allowed the index-finger to pass through it, so that another finger passed *per anum* could touch it. The artificial anus appeared granular and congested. There was no induration. There was a limited fold of mucous membrane at the lower edge of the opening extending into the bowel; but the communication with the sigmoid flexure was as free as with the descending colon. The colon, with the exception of the sigmoid flexure, was contracted and almost empty. The rectum was contracted and empty. The liver was enlarged, hard, and congested. It was extensively infiltrated with cancer, which also appeared in white patches on its surface. Cancer was not found in the other viscera.

REMARKS.—It is evident that the feces passed from the descending colon direct into the sigmoid flexure, and there lodged until their accumulation caused the bowel to contract, or a voluntary or semivoluntary effort to be made for their expulsion. The large size of the sigmoid flexure would lead one to suppose that the bulk of the feces were retained for some time, and that the reservoir was never entirely emptied. It seems strange that the rectum should have been so completely "blocked" during life, that the stricture would allow nothing to pass, and yet that after death the finger should pass easily. There must have been some muscular spasm. To all appearance, the man might have been a useful member of society for many years, but for the unfortunate advent of malignant disease.

REMOVAL OF A FOREIGN SUBSTANCE FROM THE MALE BLADDER BY LITHOTRITY.*

By WILLIAM CADGE, F.R.C.S.,

Surgeon to the Norfolk and Norwich Hospital.

IN January 1871, a young engineer, aged 25, was sent to me by a medical friend under the following circumstances. A few evenings previously, while pursuing his studies by the help of a stearine candle, he noticed that the candle had "roped" down on one side, so as to form a long stick, like the slender wooden handle of a steel-pen. Detaching it from the candle, and moulding it between the thumb and forefingers of each hand, so that it resembled a straight bougie, he foolishly passed it down his urethra to a considerable extent. The warmth of the body probably softened it, so that on withdrawal it separated like melted glass, leaving several inches in the urethra. This gradually found its way into the bladder, and he said nothing about it for nearly a week. By degrees it began to cause some uneasiness; he had pain when running or walking fast, or when the bladder was empty. When the bladder contained urine he had no inconvenience, and the urine was clear and healthy.

Supposing that the material was real stearine, I found that its fusing point was 124 deg.; but having been once melted, as this had, its fusing point became 147 deg., so that there was no hope of melting it by any heat the bladder could bear. At the temperature of the blood it became soft and pliable, and quite insoluble by any possible agent. I had, therefore, no hope of removing it, except by mechanical means.

I examined the bladder carefully with a common sound, and also with a lithotrite, but could not detect or seize it. After a time, I tried again under chloroform, but could recognise nothing but a healthy bladder. Remembering that the specific gravity of stearine is less

than that of water, I could not of course expect to find it, like a stone, at the bottom of the bladder; but neither at the top nor bottom, neither with the bladder full nor empty, nor with any kind of instrument, could I meet with any foreign body. With such a soft and smooth substance I did not expect to elicit any sound; but with a fairly sensitive touch, and abundant experience in manipulating the human bladder under all conditions, I did expect to detect the enemy; and, not finding it, I began to suspect that the amount of it was smaller than the patient asserted it to have been, and that possibly it had been voided.

He went on for a month or two, still feeling sure that the foreign body was there, but not suffering much, except when he ran or walked briskly, or allowed the bladder to empty itself; then he had pain and irritation along the urethra. I desired him to take effervescent citrate of magnesia, and this had a curious effect. After a few doses, the urine let fall a considerable quantity of white flocculent deposit, the like of which I had never seen, and which at first sight I hoped might be the stearine, in some way disintegrated by the urine and the salt. This happened time after time; it only required one or two spoonfuls of the citrate, and this curious deposit surely occurred, and ceased when the medicine was discontinued; but I found that it was entirely a phosphatic deposit; it disappeared with heat and nitric acid, and exhibited the well known crystals under the microscope.

He left Norwich and went to reside in Somersetshire, and one day he passed a spiculum of the candle, very slender, nearly an inch in length, and studded with minute calculous crystals. Small atoms of uric acid and phosphatic stone were occasionally passed with the urine, and he had gradually increasing vesical irritation.

He returned to Norwich in August for further investigation. While he was under chloroform, after careful searching with a common sound, I detected something which gave a rough feel, and almost a sound when touched, lying at the bottom of the bladder towards its right side, where it seemed to be fixed: it was not a very distinct sensation. I dare not have performed lithotomy on such slight evidence of a foreign body; still I thought it was there, and, noting exactly its situation, I introduced a No. 9 lithotrite with a narrow blade. Almost at once I seized some soft material, which by pressure seemed to mould itself into the instrument. Holding it firmly, but still gently, I withdrew the lithotrite. It required some tractile force to make it leave the bladder; I even felt a doubt whether I had not got a fold of mucous membrane in the blades; but I held to it, and gradually it yielded and came away. It was a portion of the candle, filling the whole length of the blades of the instrument, and extending an inch from the tip, where it had clearly separated by a fine tail from another portion still in the bladder. At a second and a third introduction of the lithotrite other pieces were removed, each about the length and size of the male blade of the instrument, and all studded over with uric acid crystals; then the urine escaped, and I deemed it advisable to do no more at that sitting. Considerable cystitis followed, and he was sharply ill for a few days. He voided fragments of calculous matter, and two or three other pieces of candle; then the cystitis ceased, the urine cleared, and he felt greatly better. Putting the pieces together, they measured about six inches. I have no doubt that the foreign body had become entangled and fixed in the mucous membrane of the bladder at the point indicated, and that it was detached and disintegrated, and chiefly removed by the lithotrite.

Again he left Norwich, but in about a month he wrote to say that twice since the operation the flow of urine had suddenly stopped. Each time he drank freely of weak brandy-and-water, and each time he succeeded in passing a piece of candle encrusted with stone. All irritation then quite subsided, and he has remained up to this time perfectly well.

ABSCESS OF LIVER AFTER TYPHOID FEVER.

By GEORGE CHATER, Esq., Tenby.

SARAH, wife of Drum-Major Conel, 2nd Battalion 9th Regiment, aged 26, was first seen by me on May 23rd, 1873, and recommended to come into the cottage hospital, Tenby, as soon as possible. On May 28th, she was admitted, and a more unpromising case could hardly be received into the wards. Her skin was sallow, harsh, and dry; tongue coated with a brown fur. She had constant thirst, with disposition to vomit, attended with distressing pain in the right side and abdomen, sometimes of a tearing, at other times of a dull aching character. There was very great emaciation, and she had had no sleep or rest for many weeks past. The bowels were at times constipated or very much relaxed. She described her life as a "continued misery", and entreated that something might be done to give her ease, if possible. The pulse

* Read before the annual meeting of the East Anglian and Cambridge and Huntingdon Branch.