and there was an aching pain in the glans penis. He had passed no blood; the urine contained small pieces of mucus, otherwise it was clear and healthy. His tongue was clean. The bowels were regular; he had a good appetite, and, indeed, looked as if he were in excellent health. On sounding his bladder, a stone was readily detected. He was then in his seventy-fourth year.

On February 20th, with the help of Messrs. Morton, I performed lateral lithotomy along the line of cicatrix, which consisted of firm condensed tissue, and was hard to cut through. In dividing the prostate, about a dessert-spoonful of thick offensive pus escaped through the wound; this evidently had existed as an abscess, probably chronic, in the gland. A flattened oval calculus of uric acid, weighing three drachms, and a smaller one of oval shape, of similar material, weighing half a drachm, were removed; there were no facets on either stone. I could feel no enlargement of the prostate in the bladder. The part from which the middle lobe had been removed at the first operation was smooth and healthy, and was on a level with the floor of the bladder. The rectum was tucked up, in the form of a *cylindrical sac*, to the inside of the tuber ischii; this was probably occasioned by the contraction of parts after the first lithotomy. It treated a difficulty in keeping clear of the rectum whilst making the deep incision; but, by a cautious use of the knife, the bowel escaped injury. Hemorrhage was very free from a deep vessel, which could not be tied. A tube was placed in the wound, and pieces of lint plugged around it; this had the effect of preventing any further bleeding.

The next day, the patient was easy; he had suffered no pain; the urine flowed freely through the tube, which was taken out the following morning. On the third day, the pieces of lint were removed; his temperature was 101°, and pulse 72.

On the fifth day, the bowels were opened for the first time; a small portion of feces came through the wound.

On the eighth day, his temperature was 99.8°; pulse 72. The wound looked sloughy. Fecal material occasionally passed through it; but, from this time, he steadily progressed to complete recovery, and the wound healed most perfectly.

REMARKS.—The above case presents many features of unusual character and interest; it forms a sequel to the notes of the case published in the BRITISH MEDICAL JOURNAL of June 15th, 1878. The first and most interesting point is the fact of the man's requiring lithotomy a second time. One might be tempted to think that a small calculus may have been overlooked at the first operation, not an uncommon circumstance in the hands of the best lithotomists; in this case, no stone or fragment of stone was left in the bladder. The accidental removal of the fibrous growth from the prostate in 1876 required a careful exploration of the interior of that cavity, in order that the amount of mischief which had resulted from the use of the forceps might be ascertained. My finger swept the floor of the bladder; and nothing in the form of a calculus, or piece of one, was to be felt. Again, for a period of one year, he suffered no bladder-irritation of any kind. He certainly would have done so had the smallest portion of stone been left in the vesical cavity. At the end of twelve months, symptoms of stone began to show themselves, slight at first, but more severe as time went on, until, in the end, they culminated in great distress, and a second operation was imperatively required.

The next point is the condition of the floor of the bladder. Two years and a half had elapsed since the part was removed, and no further growth from the prostate had taken place. The wound made by such removal had healed, and the floor of the bladder was soft, even, and natural. The giving way of the rectum on the fifth day was an awkward and annoying circumstance. I am not surprised at it when I consider how near the bowel the knife must have gone, in consequence of the attachment of the rectum to the cicatrix, and how thin was the barrier between the intestine and the wound. The necessity that existed for plugging the wound with lint to arrest deep hemorrhage, and keeping the bowels too long confined, contributed, I doubt not, to produce this result; however, the patient's excellent constitution bore him bravely through these troubles. The rectal wound closed, the external one healed, the parts around became firm and sound. He is at the present time in good health, and in his 80th year.

The systolic bruit was still to be heard, and the irregular, intermittent beats of his heart still existed; nevertheless, the patient inhaled chloroform with perfect freedom, and without indication of danger.

Since the publication of this case in 1878, Mr. Reginald Harrison has recorded, in the sixty-fifth volume of the *Medical Chirurgica Transactio*, two cases of lithotomy in which tumours of the prostate were successfully removed. In one instance, the enlarged pro-

tion of the prostate seemed loose and disposed to come away; it was enucleated with the forefinger, and was about the size of a walnut, and analogous in structure to an adenoma of the breast; the patient made a good recovery. In the other case, a mass about the size of a hen's egg was shelled out, and was of similar structure to the above; this man recovered. The subject of recurrence of stone after lithotomy has been fully treated by me in *Holmes' System of Surgery*, vol. iv, second edition, 1870; and in the *Lancet*, May 18th, 1878; and will be again in a future communication.

A CASE OF PARTIAL LACERATION OF THE URETHRA SUCCESSFULLY TREATED BY CONTINUOUS DILATATION.

By D'ARCY POWER, M.A., M.B. Oxon., F.R.C.S. Eng.,
Curator of the Museum at St. Bartholomew's Hospital.

THE following case is one of interest, as it represents a type of injury which is usually attended with the most disastrous results to the patient, and in which the treatment is of little permanent benefit. The patient came under my care whilst acting as house-surgeon to Mr. Savory, but I have purposely delayed publishing an account of his injury in order to allow as long a time as possible to elapse, and to prove whether the benefit was in reality lasting, and not, as is too often the case, merely temporary.

S. Y., aged 23, a gasfitter on a railway, was admitted to Abernethy Ward, St. Bartholomew's Hospital, on March 20th, 1883, at 10 in the morning, with the following history. At 7 A.M., he had fallen astride the buffers from the top of a railway-carriage. After a few minutes' rest, he was able to walk home to breakfast, feeling a little pain in his hips. On trying to pass water, however, he experienced great pain in his perineum, and blood issued from his meatus. He therefore applied for relief at the hospital. On admission, his perineum and scrotum were bruised and cedematous. At 2 P.M., Mr. Savory introduced a No. 8 silver catheter, but, finding a slight resistance at the membranous part of the urethra, he immediately withdrew it. A good deal of blood followed the catheter. The patient was directed to hold his urine as long as possible. On the following day, blood-stained urine passed in a stream, though with pain and a sense of resistance to its flow. The patient only micturated once a day for the next week. On the sixth day after the injury, the urine ceased to contain blood, and the patient only felt pain when his bladder was full. On March 30th, ten days after his admission, a No. 8 silver catheter was passed into the bladder, and urine was drawn off. The patient was discharged on the same day. A fortnight later, the patient noticed that his urine began to pass in a smaller stream than before; and on April 22nd, this difficulty culminated in retention, a complication which the patient himself treated successfully by immersing his penis in hot water. On April 24th, the patient was readmitted to the hospital. At this date, a tight stricture was found in the membranous part of the urethra. A No. 2 silver catheter, however, was passed, and urine was drawn off, the instrument being allowed to remain in the bladder for five minutes. On April 27th, a No. 3 silver catheter was passed at 1.30 P.M., and retained in the bladder until 10 P.M. On May 1st, it was found that a No. 3 silver catheter would not pass, and a No. 2 could only be passed about a quarter of an inch into the stricture; it was left in this position about ten minutes.

On May 4th, a No. 2 could not be passed, nor could a No. 1 be introduced into the bladder; the urine, however, dribbled away.

On May 11th, after the patient had taken a warm bath, Mr. Savory passed a silver catheter, graduated from No. 1 to 3, into the bladder; there was no hemorrhage, but clear urine was drawn off. The catheter was retained for nineteen hours, during which time the patient passed a considerable quantity of blood-stained urine; his temperature fell to 97° Fahr. At the end of nineteen hours, the catheter was withdrawn, and was replaced five hours later when it was retained in the bladder without pain for a further period of eight hours.

On May 18th, a No. 1 silver catheter was passed with ease, and was kept in situ for forty-four hours, when it was replaced by a No. 3, which, except for an interval of three hours, remained in the bladder for forty-eight hours, and was replaced by a No. 4 on May 22nd. On May 27th, a No. 10 silver was passed, and was retained until the following morning. The patient was taught to pass a No. 10 black rubber catheter on himself, and was discharged with directions to introduce it himself every night, and to come to the hospital once a week. He followed his orders implicitly, and I saw him from time

to time, and satisfied myself that a No. 10 readily passed into his bladder. I then lost sight of him for a time, but he reappeared with retention after a drinking bout; he was relieved, and, since that time, he has been able to pass a No. 10, which he still does about once a fortnight.

The diagnosis in this case was rupture of the membranous portion of the urethra. The laceration was probably small, and, owing to the prompt treatment, and to the control which the patient appears to have possessed over his bladder, there was little or no escape of urine into the surrounding tissues. The wound in the urethra soon healed, and, for the time, the patient was cured.

After an interval of two or three weeks, however, the newly formed fibrous tissue began to shrink, and a "traumatic" stricture was formed. The patient again applied promptly for relief, and, by steady and almost continuous dilatation, the tendency to contraction was overcome. The contraction, however, was unusually rapid, as is shown by the fact that, whilst a No. 3 silver catheter could be passed on April 27th, No. 2 could not be passed through the stricture on May 1st, and, on May 4th, No. 1 would hardly pass as far as No. 2 had done forty-eight hours previously. The continuous dilatation being once commenced, however, the stricture rapidly yielded, and in a short time, as Sir Henry Thompson has shown is ordinarily the case, a leap could be made from No. 4 to No. 10. When complete dilatation had been thus effected, the stricture was prevented from contracting by the occasional but systematic use of a catheter. Until now, after the lapse of eighteen months, the patient has been so well drilled into habits of regularity in this respect, that it may be hoped he is safe from further trouble. These habits were further enforced by the prompt relapse which ensued upon their disregard.

OBSTETRIC MEMORANDA.

A YOUNG MOTHER.

I SEE recorded in the JOURNAL of October 10th a case of a young mother, reported by Mr. A. Eddowes Legat. The following may be interesting.

On December 1st, 1882, I was called to attend a case, for which I had not been engaged. The father of the girl came himself, and begged me to go at once, saying that they had no notion of what was the matter till that morning just before he started for me. The house was five miles away, so that some time elapsed before I could reach it; and, when I arrived, the girl had just given birth to a fine healthy boy, weighing over nine pounds. The placenta came away shortly afterwards; and the young mother did remarkably well. I inquired very particularly into the circumstances, and found that she was then 13 years and 6 months old. She commenced to menstruate when she was 11 years old, and was regular for over eighteen months. The parents thought she had got a chill when the catamenia ceased, and said that they knew nothing about her actual condition; in fact, they had thought such a thing impossible at her age. They had noticed her becoming very stout, and began to have fears that she was "filling with water," as her legs were swollen; and they told me they intended every day calling me to see her; but a friend of theirs had a daughter about the same age who had "filled with water," and been tapped, and had never recovered. The father was a lad 14 years of age.

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UNUSUALLY SMALL CHILD AT ALMOST FULL TIME.

In the JOURNAL of October 3rd, I reported a case of an unusually small child, which at birth only weighed 3 lbs. 4 oz., as I could not find any notice of a similar case. Since then, on October 27th, I attended a lady, Mrs. B., in her first confinement, when she was delivered of a female child, weighing 2 lbs. 8 oz. This is the smallest child of which I can discover any notice, and I can vouch for the weight, as the scales were perfectly correct. There was great difficulty for several days in getting the infant to take the breast, but it is now doing very well, and I have every reason to believe that it will live.

I should like to know if there be any evidence of so small a child on record, of course excepting the children of "dwarfs." The parents are both of average height. Dr. Ramsbotham says, "some children at full time have been known to weigh even less than 5 lbs.," but he evidently never met a case in which the child weighed 2½ lbs. only. Pregnancy was well advanced in the eighth month. I find it extremely difficult to keep the infant warm, and should be extremely obliged for any suggestions.

S. JEBB SCOTT, M.B., Wood Green, N.

CLINICAL MEMORANDA.

PERNICIOUS ANÆMIA: OBSTINATE HEADACHE.

SOOKEA, Hindu, aged 28, was admitted to the River Estate Hospital early in 1885. Her chief complaint was of obstinate headache. She had a small goitre, and was also anæmic, though at this time not to a marked degree. Treatment both in hospital and as an out-patient proved unavailing, and she was sent on to the Colonial Hospital on April 7th. She returned to the Estate Hospital on July 4th, complaining more than ever of the headache, and becoming noisy and maniacal at night. The anæmia was now intense, giving her face a ghastly appearance, so much so that one could scarcely believe she belonged to a dark-skinned race. The headache continued, unchecked by any remedy, and almost limited to the right side of the head. On August 3rd, the right side of the face was swollen, and the left foot. She was wasted almost to a skeleton, and was found to eat plaster from the wall of the hospital when she had opportunity. Obstinate vomiting sent in, together with great pain and swelling of the left leg, and continued till her death on August 8th. She was conscious till the last.

The necropsy was made eighteen hours after death, and showed general advanced anæmia. There were no visceral lesions. The columnæ carneæ of the heart showed no fatty striation. In the neck was a globular goitre, about three inches in diameter, but it was not pressing on the trachea or other neighbouring structures. The brain was anæmic, but otherwise healthy.

This is an extreme case of the anæmia so common among the Indian immigrants in Trinidad. Its chief interest lies in the severe and intractable headache, which was its most distressing symptom, and, taken together with the obstinate vomiting at the close, was sufficient to suggest the possibility of a cerebral tumour. The chief drugs tried were potassium-iodide and bromide, iron, arsenic, cinchona, and chloral. They were all equally unavailing.

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PREVALENCE OF RHEUMATISM IN VINEGAR-MANUFACTORIES.

Nor having heard, or seen in any book, that men who are subjected to the fumes generated in the manufacture of vinegar suffer from rheumatic affections, perhaps I may be allowed to say a few words on the matter.

For some time past, I have, conjointly with Mr. C. Hadley, had the medical charge of the men who are engaged at the Birmingham Vinegar Brewery, and during this time I have noticed the large proportion that rheumatic affections make of the diseases for which these men have required our treatment. Acute rheumatism, lumbago, rheumatic gout, and tonsillitis, seem to make up the majority of the cases. The patients themselves ascribe these affections in great part as being due to the acetous vapours, though I have no doubt that, in some instances, exposure to cold has had much to do with it. The elimination of morbid material by the skin must, to a certain extent, be hindered by these fumes, as vinegar is a common remedy for checking an undue amount of perspiration when topically applied, and perhaps the acetic acid, when introduced into the system for a length of time, may be changed by chemical processes into lactic acid.

I merely record this as a clinical observation, as it may be of some interest to those studying the etiology of rheumatism.

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THERAPEUTIC MEMORANDA.

STRYCHNINE TO PREVENT FLOODING.

In a number of cases, strychnine administered along with iron for a month before labour has exerted a remarkable influence in preventing post partum hæmorrhage, where severe flooding has occurred in previous labours.

A. WALKER, M.D., Newton Heath, Manchester.

KING'S COLLEGE.—The Sambrooke Exhibition of £60 has been awarded to Mr. Sandifer, and that of £40 to Mr. Cargill. The Warneford Scholarship of £25 per annum, tenable for three years, has been awarded to Mr. Soutter; and the Science Exhibitions, given by the Clothworkers' Company, have been awarded to Messrs. Hendrich and Paxon.