of the size of split peas, and smaller; the cavity of the fourth ventricle had also several roundish and oblong hard substances, attached by pedicles to its walls, something like the *carneæ columnæ* and *chordæ tendinæ* in the cavities of the heart; the sac was quite at the base of the erectile tumour, and was only punctured at its apex on the passage of the second needle.

There was nothing in the appearance or form of the tumour, or in the appearance or symptoms of the child, to indicate the existence of *spina bifida* or cerebral malformation. The child never showed any signs of paralysis or cerebral symptoms of any kind until the convulsions immediately preceding her death.

SUCCESSFUL CASE OF LITHOTRITY.

By Wm. JEAFFRESON, Esq., F.R.C.S., Framlingham, Suffolk.

(Read at the Suffolk Branch Meeting of the Provincial Medical and Surgical Association, held at Brighton, July 15th, 1849.)

John Lee, aged 75 years, after suffering severe symptoms of calculus vesicæ for several months, submitted to lithotripsy on the 15th of November, 1848.

In the presence of my friend, Mr. Evans, and my son, I introduced Costello's hollow silver sound, with more than usual difficulty, apparently from thickening or contraction in that part of the urethra immediately anterior to the prostate gland; but after injecting the bladder, I had, on introducing my smaller percussor, no difficulty in seizing a calculus, measuring about seven lines in diameter, which was crushed through its entire substance, as evidenced by the necessity for repeated application of the hammer. One of its larger fragments was also seized and crushed.

On my visit on the 18th, with Mr. Evans, I was disappointed; no detritus had passed, probably from the thickened state of the urethra, which induced the observation from my friend,—"Well, if you succeed in this case, I shall give lithotripsy credit."

As neither the appearance of the urine, nor the presence of excitement forbid, I seized and crushed four fragments, bringing away the hollow of the female blade completely filled with detritus.

On the 21st I visited him with my neighbour, Mr. Wilson, and was gratified at receiving a few fragments, the produce of the last operation. These were the first which had passed during the intervals.

25th. Three fragments were crushed at this sitting; 29th, four; December 4th, three; 8th, four; 11th, three; 15th, three; 19th, three; 23rd, three; 28th, three; having in the interval had some severe catarrh.

On the 30th two more.

January 2nd, 1849. In the absence of my son, three fragments were removed; 6th, three ditto; 9th, three ditto; 13th, three ditto; 16th, three ditto; 20th, two ditto; 22nd, two ditto, small; 25th, one ditto, small.

27th. Could detect none, and all symptoms removed.

30th. The same.

June 4th. John Lee presented himself at my request, and expressed himself quite well.

ACCIDENTAL INTRODUCTION OF A

"PUFF-DART" INTO THE LEFT BRONCHUS, FOLLOWED BY ABSCESS;

AND ITS EXPULSION DURING A FIT OF COUGHING, ENVELOPED IN PUS: COMPLETE RECOVERY.

By R. S. NUNN, M.R.C.S., Surgeon to the Essex and Colchester Hospital.

(Read at the Suffolk Branch Meeting of the Provincial Medical and Surgical Association, held at Brighton, June 15th, 1849.)

Henry Taylor, a stout florid young man, groom to the Rev. Mr. Herring, of Fordham, was admitted into the Essex and Colchester Hospital at half-past five in the afternoon of the 1st of March, 1845. His appearance indicated considerable constitutional disturbance, his countenance being anxious and suffused. He was suffering from great dyspnoea, and frequent short cough, which produced pain about the upper part of the sternum. His breathing was hurried and difficult, but his pulse not very excited, being only 84 per minute.

He states that whilst playing at a game called "puff-dart," one hour previously, in making a deep inspiration preparatory to blowing the dart through the usual tube, he inspired the projectile, which was formed of a nail, wrapped round at one end with worsted, and of which the accompanying cut is an accurate representation.

On examination by the stethoscope, the only specific sign distinguished was a loss of the respiratory murmur on the left side. He was ordered Hydrarg. Chlor., gr. v.; Pulv. Jalapæ, gr. x. Fiat Pulv. hac nocte sumend; Haust Sennæ cras mane. Low diet.

2nd. He passed but an indifferent night, sleeping soundly, however, at intervals. There was but little alteration in his breathing; his pulse was rising, and his tongue coated; the bowels had been freely opened. On percussing the chest, it was found that the right side was resonant, and as it should be, whilst there was very decided dullness in the upper part of the left side, more particularly in front, and no respiratory murmur was to be heard in any part of this side of the chest. R. Liq. Ant. Pot. Tart., m. xx.; Mist. Salinæ, oz. j. M. fiat haust teritiâ quâque horâ rep.

3rd. Slept but little during the night, and the expression of his countenance still anxious; his skin hot, harsh, and dry; pulse 112, and no improvement in the chest symptoms; His bowels had not been relieved, but the first dose of the antimony had produced vomiting, which relieved him for awhile. He had expectorated some glairy mucus, and slight