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 lithotritry 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 lithotritry credit."

As neither the appearance of the urine, nor the presence of excitement forbad, 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

crepitation was heard at the inner part of the sub-clavicular region of the left side. Venesectio ad oz. xij. Adde Liq. Ant. Tart., m. x., sing haust.

4th. Slept better; spoke of himself as being more comfortable, and the expression of his countenance was less anxious. His bowels were opened twice; pulse 112; had coughed up about an ounce of mucus. The dullness on percussion was more circumscribed, and the crepitation more distinct and general.

5th. Was much the same, but the expectorated mucus was frothy; countenance less indicative of suffering.

6th. His expectoration was slightly tinged with blood; he was restless, and his pulse 96. R. Tinct. Opil., dr. ss.; Haust Salinæ, oz. j. M. fiat haust hac nocte sumend.

7th. This morning he was altogether better, his pulse had dropped to 84, he had passed a good night, and his cough troubled him but little.

He gradually improved after this time, until the 17th of April, when he was made an out-patient.

I lost sight of him from this date, until the evening of May 2nd, when I was sent for by his friends in the greatest haste, the messenger expressing his belief that my patient would be dead before I could reach Fordham. I found him in a state of extreme collapse, covered with a profuse and cold perspiration; his breathing was scarcely perceptible, and he was pulseless at the wrist. On enquiring into the cause of this state, I found that he had been suddenly seized with a violent fit of coughing, and had brought up a large quantity (nearly a quart) of pus, which had been thrown away on to a dunghheap. On search being made, however, the cause of all his trouble was found, covered with pus and extraneous matter. I have kept it to this day, and am happy in having an opportunity of showing it to you.

He rallied after a little time, stimuli having been given freely, and heat applied externally, when I was enabled to examine the state of his chest. I found puerile breathing on the right side, and pectoriloquy with gurgling over a considerable extent, midway between the clavicle and the nipple, on the left side; in fact every evidence of a large cavity, communicating with a bronchus, and containing more or less fluid. His pulse was at 140, and he shortly began to suffer from restlessness and cough.

I ordered him to be well watched, to be kept very quiet, to have nothing but warm milk to drink, and gave him an anodyne.

I visited him on the following day. He was still restless, but his state was slightly improved. Pulse 130. He had expectorated about a pint of matter between my visits. Continue same diet. R. Liq. Morph. Acet., m. iv.; Tinct. Hyoscy., m. xij.; Vin. Ipecac., m. vj.; Mist. Camph., oz. j. M. Fiat haust. sextis horis sumendus.

The next day I found him better. Pulse 114. He had not so much constitutional disturbance, and his cough was less frequent. He gradually improved. His restlessness and hectic left him after a while, his expectoration by degrees diminished in quantity, his pulse fell to 90, and after the exhibition of tonics and a

better diet, (which, through his good luck in having a liberal master, could be regulated according to circumstances,) he left his bed, and slowly and cautiously returned to his accustomed employment, suffering much, however, occasionally from shortness of breath, and pain in the left side of the chest; but these symptoms entirely disappeared after a time, and when I saw him, with my friend Dr. Duncan, we both agreed, after carefully examining him, that he was in robust health,—that his respirations were quiet, slow, and equal,—that his pulse was quiet and regular,—and that he had no cough; that, in one spot, midway between the left clavicle and nipple, and towards the sternum, there was more blowing breath-sound, and more vocal resonance than natural. There was no difference in the relative expansion of the sides of the chest, and the left side was neither contracted nor drawn in on respiration; in fact there was evidence of a small bronchial dilatation, but of no further abnormal condition, and he is now able to do the work of an able-bodied labourer.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JULY 25, 1849.

THE questions which have usually occupied the attention of those who take a prominent part in the proceedings at the Anniversary Meetings of the Provincial Medical and Surgical Association, viz., Medical Reform and Parochial Medical Relief, are so completely at a standstill, that there will most probably be scarcely any discussion on either of these subjects at the approaching meeting; but there is a point of the greatest importance, which concurrent circumstances combine to press upon our notice, as one which is more peculiarly adapted for the consideration of those about to assemble at Worcester, the birth-place of the Society; under the presidency, too, of its founder, and with the necessity which exists, for the selection of a new Secretary and Editor, upon the proper choice of which officers must in a great measure depend the future stability of the Association.

The subject to which we allude, is the careful examination of the internal machinery of the Society, with the view to repair—if repair be needed—the derangements which may have taken place in riding through the storms encountered during the seventeen years of its duration. This machinery consists of a President, Council, and Secretary, which is that usually adopted in societies of a similar description; the only peculiarities consisting in the large number of