communicated by professional friends,—cases in which chronic, vesical, or renal disease has destroyed the patients at periods, after the operation, varying from a few months to two, three, or four years. These facts, coupled with the reports of successful operations for lithotomy contained in this and preceding numbers of our Journal, have suggested to us that surgical science would be much advanced by distant reports from the great provincial and metropolitan hospitals, drawn up in a tabular form, and referring to either operation. We are aware of the great difficulty of collecting the history of patients for periods, after operations, varying from months to years; but obstacles greater than these have been surmounted by the perseverance of men zealous in the pursuit of medical knowledge. The subjoined would, perhaps, answer for the tabular report—*Eds.*]

LITHOTOMY OR LITHOTRITY.

Name, Age, &c.	History of the Patient before the Operation.	Operation, and its immediate consequences.	History of the Patient after the Operation.
Under this head the residence and employment of the individual should also be stated.	State the duration and severity of the symptoms of calculus; the presence or absence of prostatic disease, &c. also the state of the general health.	This will include the operation itself, with its consequences during a period varying from a fortnight to five or six weeks, with the treatment. (In Lithotrity, report the degree of suffering endured by the patient under operation; and the number of sittings, &c. should be set forth.)	Under this head should be entered the general health and condition of the urinary organs during three or four years after the operation.

WORCESTER INFIRMARY.

A FATAL CASE OF DIABETES, WITH REMARKS.

By CHARLES HASTINGS, M.D. Physician to the Infirmary.

MARY HANLEY, æt. 50, was admitted into the Worcester Infirmary on Dec. 10, 1831.

About nine months previous to her admission, her mind was much depressed on account of some domestic occurrence, ever since which time her spirits have been very low indeed, which, together with *over-work*, was the cause of her illness. Previously she was in very good health, and, to use her own words, never knew what being ill was. About three months previous to her entrance into the hospital, intense thirst, accompanied with copious evacuation of urine came on, and she neglected applying for advice.

Her symptoms on admission were—preternatural evacuation of urine, which was sweet; great thirst; skin dry; tongue foul; bowels confined; pulse 96; emaciation; debility; rest impaired; amenorrhœa for three months.

Dec. 12. Complaints of pain in the bones from cold; no sleep at night; thirst abated; pulse 96, weak. Calomel, two grains; opium, one grain, every night. Castor oil, one half ounce occasionally, when requisite. Meat diet.

14. Slept better last night.

16. One pint of urine yielded by evaporation one ounce and two drachms of saccharine matter; residuum resembled treacle in taste and appearance. Opium, one grain, twice a day; rhubarb, five grains; washed sulphur, fifteen grains, twice a day.

19. Thirst abated; tongue furred, dry; skin dry; bowels open, but stools are hard; pulse 100, stronger.

20. Pain in lumbar region; cough slight; breath short; soreness in epigastric on coughing.

22. Lumbar pain relieved; tongue furred; bowels regular; skin dry. Cupping-glasses to the loins.

24. Tongue moist and cleaner; skin moist; bowels regular; pulse 96; is much better with regard to cough

and general health. To be bled to six ounces. Calomel, one grain every second night.

Jan. 2. Countenance improved; skin moist; specific gravity of urine, 1.029,—one ounce, two drachms, and one scruple of saccharine matter from one pint of urine by evaporation.

10. Cough troublesome. Compound camphor tincture, twenty drops; decoction of barley, one ounce, twice a day.

13. Improves. One ounce and two drachms of saccharine matter from one pint; pulse 120.

14. Complaints of pain in chest when she coughs; skin moist; bowels regular; pulse 124. A blister to the painful part of the chest.

16. Blister has caused a good deal of excitement; countenance flushed; thirst.

20. Thirst increased; great debility; profuse perspiration; tongue furred, dry; bowels regular. Dilute sulphuric acid, ten drops; tincture of hyosciamus, thirty drops; infusion of roses, one ounce,—to be taken every fourth hour; omit the calomel and the mixture.

22. Blister nearly healed; still very thirsty; cough troublesome; expectoration slight occasionally.

27. Cough troublesome; spirits very low.

30. Cough very troublesome, at night particularly;

expectoration muco-purulent; slight dyspnœa; pulse 118; about two days ago, under the right breast, she had violent stitching pain, with dyspnœa. There is now soreness on pressure on that part; and on applying the stethoscope there, the respiratory murmur was not natural, and on examining the posterior part of the chest, distinct *pectorilquy* was discovered at the upper part, about the scapula, also lower down, between it and the spine, on both sides, but the right was the most distinct. About six weeks ago she perceived a soreness in that part. Opium, one grain, every fourth hour.

Feb. 3. There are also symptoms of tubercular softening at the lower part of the right side, and also on the left, at the posterior part of chest. Pulse 120; residuum from one pint of urine weighed one ounce and a half and one scruple; consistence much thicker, and dark like treacle.

9. Complaints of great debility; no appetite; cough the same.

After she left the infirmary, there was no preternatural evacuation of urine; her cough continued troublesome; and there was at one time an appearance of anasarca, but she became gradually weaker, and died in a state of great exhaustion on the 15th of April, 1832.

Ejesta.		Injesta.		Days.	Ejesta.		Injesta.		Days.
Qts.	Pts.	Qts.	Pts.		Qts.	Pts.	Qts.	Pts.	
4	1	3	0	Dec. 14.	4	1	3	0	Dec. 31.
4	1	3	0	15.	3	1	3	0	Jan. 1.
4	0	3	0	17.	3	0	2	1	11.
4	0	3	0	19.	4	0	3	0	20.
1	0	3	0	21.	4	0	4	0	23.
4	1½	3	1	22.	3	0	3	0	26.
3	1	3	0	23.	2	1	2	1	Feb. 9.
5	0	4	0	24.					

Sectio Cadaveris. April 17.

Emaciation to the last degree. No anasarca.

Thorax: Close adhesion, not of a recent nature, between the pleura pulmonalis and pleura costalis, of the upper lobe of right lung. There was also adhesion between this lung and the pericardium. Elongated adhesions between middle lobes of left lung and pleura costalis, and close adhesion between upper lobe and pleura costalis.

On removing the right lung, a cavity burst, and emptied itself into the right pleura.

Mucous membrane of the trachea and bronchial tubes inflamed and thickened, and full of bloody mucus. The membrane lining the smaller air passages inflamed.

A vomica occupying the whole of the superior lobe of right lung, and for a considerable space only prevented

from bursting into the cavity of the chest by the pulmonary pleura.

Whole of middle lobe hepatized and full of miliary tubercles closely connected together.

Inferior lobe free from tubercles, and its structure in some degree hepatized.

Left lung: Bronchial membrane quite as much inflamed as in right lung.

A very large vomica, occupying the whole of the superior lobe, and the greater part of inferior lobe.

Inferior lobe free from tubercles, but very much hepatized, and full of frothy serum.

Heart pale, and rather enlarged; fibres thin and pale. Both auricle and ventricle on the right side of her heart very full of blood. A polypus situated in the right ventricle, and adherent to its internal surface.

Left side of heart healthy; valves healthy on both sides.

Abdomen: Liver enlarged, and of a nutmeg appearance. Vessels much congested; small quantity of bile in gall bladder; pancreas inflamed.

Patches of increased vascularity in some parts of stomach, and not confined to its upper part. Considerable quantity of mucus in the stomach, and towards the piloric orifice; the membrane much thickened. Spleen healthy.

Mesenteric glands very much diseased.

The cellular membrane surrounding the right kidney quite healthy; there was very little fat.

The kidney perfectly healthy. Rather more blood than natural. The state of the left kidney exactly the same. There was remarked on the surface of left kidney a small vesicle about the size of a pea.

OBSERVATIONS.

In the fifteenth number of the *Midland Reporter*,* I have detailed several cases of diabetes; and amongst other remarks I have there stated, I am induced to think that diabetes, in itself, is not so untractable a disease as we have been taught to believe; but it is, like dropsy, so frequently connected with, and produced by, extensive organic lesion, that the patient frequently sinks, not so much from the diabetes, as from the mischief resulting, as the effect of the previous disease of the vital organs. The truth of these observations is, I think, much supported by the appearances which presented themselves on inspection of the body of Mary Handley. Whoever carefully considers the extent of the tuberculous degeneration in this case, must admit, that to it, and not to diabetes, must be attributed the fatal issue of the case. This tuberculous degeneration was manifested in the lungs, in the liver, and in the mesenteric glands; besides which there was chronic inflammation of the stomach and pancreas.

The kidneys in this case were particularly healthy, which affords at least one decided fact to prove that disease of the kidneys is not essential to the existence of diabetes; whereas the very diseased state of all the organs subservient to alimentation, unavoidably leads us to conclude, that their functions must have been imperfectly performed, and consequently to infer, that the diabetes arose from that source.

INJURY OF THE EAR. DESTRUCTION OF THE TYMPANUM.

WILLIAM JONES, æt. 21, was brought in on Tuesday evening, Nov. 3d, 1840. The account which he gave is, that he was playing with a girl on the Saturday preceding, having at the time a pipe in his hand, and that she struck his arm and forced the sharp end of the pipe into his ear; a piece of the pipe broke off, and one of his companions contrived to get it out with a knitting needle and pair of scissors; the piece was about an inch long, and at the end it seemed as if a fragment had been broken off, which was

thought to be still in the ear. Vomiting very soon ensued. The next day attempts were made to get this supposed fragment out, and renewed on the following day, but without success. When brought in, he complained of being very sick, with almost incessant vomiting; great pain in head and ear, with excessive tenderness on pressure about the mastoid process; eyes red, and distress of countenance. A probe was passed gently in to the depth of an inch and a quarter. The auditory process of temporal bone was bare, and of course the tympanum destroyed. No further attempts were made to find the supposed broken bit of pipe. To have a cathartic pill, and a cathartic mixture every four hours.

4. Has slept a good deal, and his head is much easier. Used the speculum to-day, but could see nothing like a pipe; the denuded bone was apparent.

16. He has been going on very well; leeches have been repeated. He is perfectly deaf, as we have shouted into that ear, stopping up the sound one, without his hearing.

GUY'S HOSPITAL.

ANEURISM MISTAKEN FOR RHEUMATISM!—HERNIA
OVERLOOKED—CHOREA—EXOMPHALOS.

IT is difficult to comprehend how some of the mistakes arise which are occasionally met with in general practice; and that too in cases where the symptoms as clearly indicate their cause, as the signs on a finger-post do the direction of a road. To bring these errors, when they do occur, before the notice of the profession, must be always useful, not merely to prevent a repetition of the particular instances themselves, but rather to induce, in the treatment of disease, that constant system of careful inquiry which can alone furnish us with security against their occurrence. The man who has had to pay for an undetected dislocation will, perhaps, be rendered a careful practitioner for the remainder of his life; but the wise man will attain the same end by taking advantage of the experience of others rather than his own. Two important cases bearing on this point have been admitted into Guy's Hospital within the last three weeks. The first, a case of popliteal aneurism, but much closer to the division of the artery than usual, had been treated as a rheumatic affection of the muscles of the calf—the stiffness, swelling, and the pain, which latter is generally described by subjects of external aneurism as similar to that of rheumatism, having been sufficient to lead the practitioner to this view of the case. Stimulant applications had, therefore, been used, and the patient ordered to walk about as much as possible. Under this treatment, as might be expected, the symptoms of the patient rapidly became more and more distressing, and his health proportionably impaired. A physician was, therefore, called in, who at once, upon examination, detected the nature of the disease under which he was labouring, and which had now advanced to a considerable extent. Pulsation was extremely distinct, and indeed none of the usual signs of popliteal aneurism were wanting, excepting that, from its position, it appeared to the eye rather like a swelling of the upper portion of the calf, than the ordinary tumor in the ham. By the advice of the physician, he entered Guy's Hospital, and the case being urgent, the femoral artery was tied two or three days after his admission. Notwithstanding the impaired state of his constitution, he is rapidly progressing towards recovery.

The second case was, previous to the patient's admission into the hospital, treated as one of simple constipation. After the usual routine of purgatives, a dose of croton oil was administered, and this not being successful, was followed at intervals by two other and larger doses. In the meantime the patient had been gradually getting worse, and he now complained very much of pain and tightness about the abdomen—hiccups appeared—and indeed all the symptoms consequent on strangulation of the intestine showed themselves. The abdomen was now examined, and below the line of the right groin was found a femoral hernia

* See *Midland Reporter*, No. 15. p. 214.