traction, synchronous with the pulse in the carotids, and the first or ventricular sound. 2. Dilatation, during which the heart "was much enlarged by as active a force as that of contraction, (it was dilated even when by pressure we attempted to prevent it); whilst in the fingers, it gave a sensation as if it was first *forcibly* enlarged, and then a fluid rushed in, with one wave, communicating the feeling of a *thrill*. The dilatation was synchronous with the second or loud sound, but it appeared to continue after it." 3. During the systole, a third or downward movement of the whole tumor was observed, and this took place regularly and with considerable force.

"From the loud noise, or that caused by the reaction of the arteries on the blood expanding the semilunar valves, to the duller or that called ventricular, the space of time appeared to be about one-half of the whole time of the heart's action. The period of rest was all but imperceptible; indeed, it appeared inseparable from the dilatation and filling of the ventricles."

Finally, Dr. O'Bryen remarks, that no sound was produced by the contraction of the left ventricle, the sounds appearing to proceed from the neighbourhood of the valves.—EDS.]

CASE OF EXTRACTION OF A CALCULUS IN THE FEMALE.

By ROBERT STORRS, Esq.

SURGEON, DONCASTER.

(Read before the Meeting of the Provincial Medical and Surgical Association at York.)

ANN WALKINSON, of delicate constitution, mother of three children, aged 32, has suffered from difficulty of making water, and occasional stoppage of the stream, severe bearing-down pains afterwards, and other symptoms of stone, for six years, but until lately has always been considered to have had some tendency to prolapsus. About three months ago she parted with a small shell of calculus, since which her symptoms have been increased in severity. On my seeing her about this time, I considered her symptoms to be those of calculus, but, as she would not submit to an examination, I did not ascertain the fact until about a week ago, when I was sent for to her in a great hurry; she was in severe pain, and could, as she thought, feel the stone low down. I passed a catheter, and felt the stone distinctly, and as it seemed low down, I thought I could push it by a pair of dressing forceps. I introduced them, but could not bring it down. She was very anxious to have something done immediately: I, therefore, made her come to Doncaster, and on the following day I attempted extraction with an old-fashioned dilator and a pair of polypus forceps. I could easily push the stone, but had not power to bring it away.

On Friday, July 30, having obtained a screw dilator and forceps, with the assistance of Dr. Branson and Mr. Henry, I began its extraction. She was laid on a table with the breech over the edge, and the dilator introduced; the urethra was gradually expanded, and full dilation completed in less than ten minutes; during this time, however, she persisted that she should have a

stool, and obliged us to suspend the operation. She left the table, and had a motion; on her return the dilator was again applied, and dilatation completed in five minutes. The forceps were then introduced through the dilator, and the stone easily grasped, but it so frequently slipped away, that after a time we began to despair of accomplishing our object. Another pair of forceps were then tried, and easily passed through the dilated meatus; and after some difficulty, the stone repeatedly coming with its broad face foremost, it was at last brought away with the smaller end between the blades. It was of an ovoid flattened shape, and weighed two ounces and a half, avoirdupois; being hard, and composed of acid. There were only about six drachms of blood lost: at the time the urethra appeared entire, with the exception of the inner membrane, which was torn.

In the evening she seemed doing well, and passed a tolerable night; she made water several times, and could retain it easily, except when out of bed: the first discharge contained some blood, and but little afterwards.

July 31, 7 A.M. Pulse 108; urine freely voided; tongue clean and moist, but bright in the centre, no pain, no tympanitis. Ordered fomentations both to abdomen and pudenda.

12 A.M. Has just had a severe rigor, followed by pain in the abdomen, more tenderness, and some hardness. Pulse 128, soft and compressible; skin hot, great thirst. Ordered 8 leeches, and 5 grs. calomel, with 1 of opium.

Half past 3 P.M. Pulse 116, and soft; less pain and tenderness, less hardness; pain less; hot: once sick, of green and bilious matter. Feels very faint, and looks pale. Bran poultice.

10 P.M. Pulse 106. No pain: a little tenderness; has been sick, and urine has come away involuntarily.

August 1. Pulse 80. No pain, no tenderness; has had no motion, but urine has not been altogether retained. Ordered castor oil, six drachms.

8 P.M. Bowels have been freely moved; is in good spirits, and free from pain. Pulse 82.

August 2. She has passed a good night; urine has been freely evacuated twice, and none has come away involuntarily; it is slightly tinged with blood, and painful in passing.

ANALYSIS OF FOREIGN JOURNALS.

Journal des Connaissances Medico-Chirurgicales.
June and July, 1841.

THE original articles in these two numbers are—

1. *On pneumonia in insane persons*, by M. Thore.
2. *Case of pulmonary consumption successfully treated*, by M. Ponchet.
3. *Case of pregnancy complicated with hydatids*.
4. *Two cases of Cesarean operation, one of which was successful*.
5. *On rheumatic enteritis*, by M. Grifoulhiere.
6. *On the state of the pulse in new-born infants*, by M. Trousseau.

ON PNEUMONIA IN THE INSANE.

This is one of the most common and fatal diseases amongst insane persons, although it has been