following, when the stone was found by that instrument to measure two inches and a-half by two inches.

The operation was repeated five times, an injection of morphia being introduced into the bladder prior to each operation. The table which I used was somewhat after the plan of Baron Heurteloup's, and the only instruments employed were the lithotrite of Weiss, the stop-cock catheter, and the common hammer.

No difficulty occurred during the operation save the spasm, which was subdued, as before stated, by morphia. The detritus passed easily, and a quantity, which filled an ounce pill-box, was collected; but much, of course, escaped. No symptoms of stone remained, and on many subsequent soundings no vestige of a calculus could be discovered. He remained in perfect health, could take active exercise, and attend to his various duties of life with uninterrupted comfort for about a year, after which he was seized with repeated attacks and escapes of renal calculi.

As but little inconvenience was felt after the calculi had reached the bladder, my patient would not consent to anything approaching an operation, not even to the use of the sound. By degrees the calculi enlarged, the irritation increased, and at length, in Dec., 1839, when in his sixty-fifth year, he was compelled to submit to an examination. At this time there was enlargement of the prostate, much thickening of the coats of the bladder, muco-purulent deposit, and all the usual symptoms of stone.

The enlargement of the prostate, the existing irritation of the bladder, and the fact of there being more than one stone, induced me to propose the operation of lithotomy. The patient consenting, the lateral operation was performed on the 22nd Dec., 1839, and four calculi of triple phosphate formation, weighing about two drachms, were removed.

The operation lasted but a short time, no difficulty presented itself, and but little blood was lost. The first flow of urine through the wound was attended with agonizing pain, but this was subdued by morphia. The urine continued to flow for three weeks, and nothing more unsatisfactory occurred. At the end of a month he was perfectly cured and dined at his own table; but on the evening of that day he was attacked by a severe renal paroxysm, followed by the passage of another calculus from the kidney.

Nearly two years rolled on without inconvenience, and in March, 1842, then sixty-seven years old, he again consulted me, fresh symptoms having occurred. There was incontinence of urine, muco-purulent deposit to an extraordinary extent, with great pain and constant distress. Cupping, leeches, and warm baths were had recourse to, with a substitution of alkalis for other medicines, as the urine indicated. On sounding, a stone was distinctly discovered. A consultation was accordingly held with Mr. Heulstone, my late partner, and Dr. McCarrogher, and it was again determined to repeat the operation of lithotomy as offering the best chance of success. On the 19th of July last, in the presence of the above-mentioned gentlemen, I proceeded to the operation precisely in the same manner as before, but avoiding the old cicatrix, and removed a kidney-shaped calculus of the triple phosphate formation, weighing five drachms. Nothing particular occurred during the operation, which lasted

about five minutes; but the parts were extremely sensitive, much more pain being experienced by the patient than on the former occasion. The same excruciating pain was felt on the first flow of water as on the first occasion, and subdued by morphia; the quantity of blood lost was estimated at about two ounces. On the second morning from the operation one quart of water came away by the natural passage, and twenty-five napkins were saturated on that day; on the following (the third) morning I was surprised to find the opening permanently healed, and from that time not one drop of urine ever passed by the wound. In a fortnight he was comparatively well, and now, after the lapse of nearly three months, states that he was never better in his life.

REMARKS.

The foregoing case appeared to me to present features of sufficient interest to deserve record. The large size of the original calculus, the sacculated state of the bladder, the time required for the removal of the calculus from its position, with the complete success of the operation of lithotripsy, give an interest to the early history of the case. It is worthy of remark, too, that the prostate, in consequence probably of the calculus being enclosed in a sac, did not suffer previously to the first operation, but was considerably enlarged by the time that the first operation of lithotomy became necessary. There was satisfactory proof of the original stone having been entirely removed. The quantity of detritus, the continued absence of symptoms until after the renal paroxysms, and the stones subsequently removed having the appearance of original formations with distinct nuclei, are circumstances which establish this point.

The second operation presented some points of interest. The unusually small quantity of blood lost, the number of napkins removed on the second day, the sudden closing of the wound on the third day, and the rapid recovery of the patient, are points worthy of notice. Of course, it is quite impossible to say that the patient will have no return of his complaint, as the calculi are of renal formation. There is, however, no pain or tenderness in the lumbar region. It is also well worthy of remark that the dyspeptic headaches, to which the patient was originally subject, left him after the appearance of symptoms of stone. This fact tends to strengthen the general opinion, which my own experience confirms, that calculous disorders are closely connected with, and indeed dependent upon, derangements in the digestive organs.

Chichester, October 7, 1842.

PAINFUL AFFECTION OF THE CERVIX UTERI.—EXCISION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I send you what I think you will suppose may be about a third part of a uterus, including the neck, which I removed under the following circumstances:—

Ann Sprental, a pauper of Retford parish, aged seventeen, during the last two years had been attended, each year by a different surgeon, and each surgeon had requested a different physician to see her occasionally. I do not know how she had been

treated before I undertook the parish duties; but the inflammatory stage was over, and I found her with the following symptoms:—Countenance expressive of disease; skin blanched, as if from hæmorrhage, but of a yellow-white color; pulse quick and thready; flesh reduced and flabby; constant watchfulness (no sleep); acute and almost incessant pain in the regions of the bladder and rectum, increased on passing urine or stools; and the os uteri and its neck exceedingly sensitive. Both the breasts were enlarged, one more so than the other (as generally occurs in these cases); the secretions were scanty and unhealthy. She made no complaint of the head or back. There was no redness or tenderness of the vagina, or tenderness of the uterus beyond its neck. The neck of the uterus, and a little beyond it, was firm; and just beyond the circumscribed firm part she did not complain on pressure.

Soon after I began to attend her she had hysterical retention of urine, requiring the use of the catheter every eight or twelve hours during some weeks.

The remedies which I tried were—a more nourishing diet; the carbonate of iron; Fowler's arsenical solution; quinine; a warm hip-bath gradually reduced to a cool one; fetid pill with zinc, and valerian tea with tincture of castor; the hydriodate of potash. Then mere palliatives—decoction of pareira brava root containing soda and the tinctures of henbane and tobacco; opium in the rectum; fetid injections; balsam of copaiba with turpentine injections; the application of lunar caustic and of extract of belladonna to the neck of the uterus, &c.—all to no purpose.

She was sent to the Nottingham Hospital, and she returned without having obtained relief. She and her parents begged I would try some fresh remedies, though I was not then the parish surgeon. I considered the removal of the painful part of the uterus the only resource; to which they all readily assented, declaring that death would be preferable to such a constant state of suffering.

Although I did not know that the affection would ever assume a malignant character, yet there was no prospect of an improved state of health to subdue the complaint; her sufferings had become intense from shooting, quivering, and burning pains, “as if lightning passed suddenly through the body;” she was undermining the health of her parents and of a younger sister (all living together in two small rooms in a closely confined locality). I could not prevail upon the parents to have her placed, without her own consent, in the workhouse; and removal of the painful part might give her a chance of getting rest and strength. I explained the consequences of the operation with respect to its endangering life, as well as the uncertainty of its affording relief, and the certainty of its preventing child-bearing. After which, as they all still begged to have the part removed, I excised it beyond the sensitive point; not more than three or four ounces of blood were lost.

The patient never suffered such violent pain after the operation, as she did previously, nor had she any difficulty in passing her urine or stools. But when she was relieved from pain, the overseers withdrew the additional parish allowance, and those neighbours who had been charitable became tired of the continued demand for animal food and porter. These circum-

stances I did not know of until a supply from myself was too late. The mother and the child were both worn out by sickness, poverty, and starvation. The daughter died fourteen months after the operation, and the mother did not long survive her.

At the period of the patient's death I was too much engaged to examine the head or spine; but I removed the contents of the abdomen and pelvis. The bladder, the remaining part of the uterus, and a portion of the rectum were thickened, and all connected with each other by morbid adhesions. They probably were so when I removed the affected part of the uterus.

Although I do not suppose the operation would have been a means of restoring the girl to health if she could have had every advantage from a nourishing diet, fresh air, &c., yet the foregoing case is calculated to prove the extent to which disease and nervous affections may advance in youth, when the subject is placed under adverse circumstances; and it affords another instance of the slight hæmorrhage which occurs after the removal of a considerable portion of the uterus.

Many years ago I saw a girl, aged twenty-five, who had considerable enlargement and elongation of the neck of the uterus. This species of enlargement generally feels soft, but in the case now alluded to it was as hard as gristle; the vaginal discharge was unusual in odor and in quantity. The pains so much resembled those of true cancer, that I believed the disease would increase so as to destroy life; but, instead of increasing, the affection gradually diminished until the girl was in a tolerably good state of health; she left this neighbourhood, married, and had a child, though she did not live long afterwards. I was told by her relatives that she died of “the old complaint,” for the medical man who attended her said “it was a disease of the womb.”

I am, Gentlemen,

Yours very respectfully,

W. ALLISON.

East Retford, Oct., 1842.

ASIATIC AND ENGLISH CHOLERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—If we may judge from some late communications to your Journal and the “Medical Gazette,” the *questio vexata* of what is Asiatic cholera has yet to be solved. Thus, we have on the one side two cases of Asiatic cholera forwarded you by Mr. West, of Poole, and one to the “Medical Gazette,” by Dr. Ayres, of Thame (Medical Gazette, Sept. 30), whilst on the other we have Mr. Salter, a gentleman of thirty years' experience in the locality of Mr. West's cases, giving us an article on the “Diagnosis of Asiatic and English Cholera,” in which, though he courteously disclaims any “desire to impugn the correctness of your very respectable correspondent's observations,” he urges the importance of correct diagnosis, and in the latter part of his article remarks with respect to what he terms the “genuine oriental cholera.” “In the first case that came under my observation, I felt that I was in the presence of a new disease, and that what I then witnessed I had never before seen; and I have