we effectually declare our knowledge of disease, or by which we advance in the alleviation of it. This one qualification may be worth while now to state. Some are willing to attribute considerable good from the use of colchicum. The practice of from twenty to thirty years here warrants the assertion, that in cases of acute rheumatism, (fibrous,) colchicum is most deceptive, often hurtful by its cumulative effects, and unless it does good in a few doses, the use of it should be altogether put aside.

Rather than to detail cases in their daily progress or variation, which mostly (as they are told) convey but little and are often passed unnoticed, would it not be more to the purpose to canvass the theory we hold, than to dwell upon circumstances comparatively insignificant?—to speak of disease philosophically rather than empirically? The proposition here ventured (and reiterated perhaps for the thousandth time) is that rheumatism is the effect of a vitiated condition of the blood, in which probably the carbon is in excess, or that both carbon and nitrogen are not in a ratio with the healthy condition of the fluid.

CASE IN WHICH A SILK HANDKERCHIEF WAS SWALLOWED BY A BOY AGED NINE YEARS.

By C. R. BREE, Esq., STOWMARKET.

A. P., aged 9, who is labouring under disease of the brain, producing frequent epileptic seizures and aberration of intellect, swallowed on Sunday, September 1st, a silk handkerchief, of light texture, such as are worn round the neck of children. It was nearly a foot square. The parents missed the handkerchief and suspected that he had swallowed it, as they had detected him in the habit of thus disposing of various other things on previous occasions. He complained of pain and did not sleep on Sunday night. As to Monday night, he fell asleep at nine o'clock, and did not awake until seven the following morning, and immediately after he had a motion, and with it the silk handkerchief, with the exception of slight discolourment, as perfect as before its strange journey. The child's bowels have been relaxed since, but otherwise it is none the worse for its dose.

Hospital Reports.

GUY'S HOSPITAL.

REPORTS OF SURGICAL CASES, WITH REMARKS. BY
JOSEPH HINTON, Esq., SURGEON, HAYES, NEAR
UXBRIDGE.

CASE III.—*Vesical Calculus: Lithotripsy.*

HISTORY.—Thomas C., aged 72 years, admitted under the care of Mr. Cooper, July 15th, 1846. He is a widower, residing at Merton, and is by occupation

a tailor. His habits of life have always been regular and temperate, and he has always lived pretty well; general health has been tolerably good, but for the last twenty years he has been troubled with asthma and slight cough. He has never suffered from indigestion, neither has he had rheumatism. In the autumn of 1844 he noticed that his urine occasionally deposited a thick sediment of a reddish colour, which disappeared at times, and then returned. At various times he consulted a surgeon, and generally experienced relief. About two months ago he got much worse, and at this time his symptoms were always aggravated by walking. By degrees he observed that the desire to micturate became more frequent, urine passed in small quantities at a time, and the stream of urine was often suddenly arrested after micturition. He frequently experienced severe lancinating pain at the glans penis. About six weeks ago a sound was passed, but no stone could then be detected; the symptoms, however, continued, and appeared to increase rather than diminish. A day or two prior to admission he came to the hospital, a sound was passed, and the stone detected.

State at Admission.—He is a short, stout, hearty-looking old man, with florid complexion, scanty grey hair, and blue eyes.

Nervous System healthy; pupils generally are a little dilated.

Respiratory and Circulating System.—Respiration regular and easy; he has slight cough at times, with greenish expectoration. Heart's action regular; there is a slight murmur in the first sound. Pulse 72, full and strong. General circulation good.

Digestive System.—He has no sickness, appetite very good, and he does not suffer from indigestion. The bowels are regular; the tongue is slightly coated and moist; the prepuce is very much retracted. He has great pain at the orifice of the urethra, which is very large. The left testicle is generally retracted on the pubes, but he cannot say how long this has been the case. He has constant desire to micturate, the accomplishment of the act being succeeded by great pain at the orifice of the urethra. The bladder itself, considering the age of the patient, appears remarkably healthy, and retains easily, and without pain, half a pint of water. Urine high coloured, moderate in quantity, acid, depositing on cooling a pinkish coloured sediment (urate of ammonia,) wholly dissipated by warmth.

Treatment.—R. Pil. Hydrarg., gr. ij.; Extr. Hyoscyam., gr. ij.; Ferri. Sulph., gr. ij. M. Fiat Pilul., ij., b. d.

Progress of Case.—July 18th.—He sleeps pretty comfortably, and on the whole feels much easier; the urine flows in larger quantities at a time, and he suffers less pain after; the bowels are regular, and the appetite, &c., good.

20th.—Continues comfortable. The urine is acid and contains less sediment, but this is of the same character, and disappears when warmth is applied. He is free from pain.

21st.—The bladder was again tried to-day; ten