

heart healthy, rather large; and the abdominal organs were all apparently healthy, with the exception of the morbid appearances above described, and which were quite recent and dependent on this accident.

#### REMARKS.

All the symptoms observed during the patient's illness are readily explained.

The whole train of symptoms resembling those of ileus, are accounted for by the existence of a large hernia of the stomach; and although there was no strangulation, yet the organ was flexed at a very acute angle, and was sufficiently compressed where it was embraced by the diaphragm as to prevent anything (which entered its upper or thoracic portion) finding its way into the part which still occupied the abdominal cavity; hence the peculiar sound heard with each pulsation, caused by the agitation of the fluid contained in the super-diaphragmatic portion of the stomach, at each stroke of the heart. Again, the inability of the patient to vomit is accounted for by the circumstance that the diaphragm could not act upon that portion of the stomach contained in the chest, where also lay the cardiac orifice, and although nausea was a constant symptom, nothing was ejected but by a kind of eructation.

May 15th, 1869.

### COMPLICATED CASE OF STONE IN THE BLADDER.

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Philip F., aged 32 suffered in youth from morbus coxae, which terminated in destruction of the head of the femur and backward dislocation with shortening and ankylosis. After this he for years wrought as a farmer having no trouble from the limb, but the inconvenience from the want of motion and the necessary halt in his gait. His general health kept well for many years, but the combined influence of the dark variety of strumous habit, unwholesome diet, pastry, sweetmeats, overdone flesh, and very hard water ultimately told on his constitution; his digestive system gave way, too much work was thrown on the kidneys, the earthy parts of the urine were in excess and he began to suffer from symptoms of stone in the bladder. Ignorant of the true nature of his disease, he sought

relief from quack herbalists *et hoc genus omne* and after spending much money and losing much valuable time, during which he suffered intensely and had two fistulous openings formed from the bladder to the surface of the body, the one internal to the anterior superior spine of the ilium and above Poupart's ligament, the other slightly internal to the tuber ischii. Both these fistulae gave forth at first blood and matter followed by urine. He was induced to consult Dr. Lloyd of Stouffville who at once recognized the nature of his case and used such means as he considered necessary to build up the now much enfeebled health of his patient. Notwithstanding his best endeavours the patient continued to decline, and seeing death imminent, made his will and expected to die ere Christmas. Dr. Lloyd, although he considered the patient too low to submit to an operation, yet urged upon him the propriety of seeking other advice. I was consequently called in to see him in consultation with Drs. Lloyd and McCausland of Markham Village, and satisfied of the presence of the stone notwithstanding his long confinement to bed, his feeble state and bad constitution, I advised him to submit to the operation. His life was miserable, his bed wet, his room saturated with the strong odor of urine undergoing decomposition. He was harassed every hour or so with a desire to urinate, attended with the most excruciating pain. He was a burthen to himself and all around him. Glad of any chance of escape from his misery, he at once acquiesced and therefore fixed the operation for the 3rd of September, 1864. Accompanied by Drs. Adlington, McCausland, Martin and Valentine, I drove thirty miles to the rendezvous where I had the pleasure of meeting Drs. Lloyd and McCausland. The patient having been put under the influence of chloroform most skillfully and speedily by my friend Dr. Adlington, who had studied the art in the Edinburgh Infirmary under Prof's Simpson, Syme and Miller, I proceeded to the first step of the operation, the insertion of the staff. I was at once met by the difficulty caused by the right thigh crossing the mesial plain and being fixed, consequent on the old ankylosis of the hip joint, this having been overcome, and the stone being felt both by the staff and the finger in the rectum, I cut into the bladder in the mesial plain as