

foreign body. Upon examining the perineum, a hard tumour was found, about the size of a hazel nut, situated a little in front of the anus; with slight manipulation, the point of the instrument was passed on with a grating feel for about one-eighth of an inch, when a quantity of mucus—urine mixed with some pus—flowed out by the side of the catheter; each time it was moved, a distinct grate was felt against some foreign body, as I supposed an impacted calculus. I did not deem it advisable to use force; and as the little fellow was much relieved by the water which had come away, I determined for the present to remove the instrument.

I met Dr. Sutherland in consultation that evening; he confirmed my diagnosis.

We determined to remove the calculus, by operation, the following morning. In the mean time, an anodyne was prescribed, there being considerable restlessness.

The following morning, I proceeded to remove the calculus, aided by Drs. Sutherland, Gibb, and Mr. McMicking.

At the request of the mother, chloroform was administered. The little fellow was placed on his back, with the buttocks raised; a grooved staff was passed down to the calculus. All being in readiness, I proceeded to cut down in the *raphéc* behind the scrotum; after exposing the calculus, there was some difficulty in disengaging its head, which as soon as accomplished, the force of the urine was such as to drive it out several feet across the room. The urine pumped out of the wound in a jet, mixed with blood and pus; the quantity was considerable, fully a pint and a half. Cold cloths were applied, and the little fellow removed to bed; an anodyne was administered, to be repeated in two hours if necessary.

The day following, the patient was much better, quite easy, and cheerful; had taken a hearty breakfast; bowels twice open since the operation. The following day, Sunday, I handed him over to Dr. Scott, who persevered in the treatment, which consisted simply in keeping the child on his back with the buttocks supported, frequent ablutions being enjoined, so as to prevent excoriation from the urine, which almost wholly passed through the fistulous opening.

From this date up to the 2nd January, the wound gradually shrank; on that day it was quite closed, and the urine passed wholly through the natural passage. The calculus, from its unusually large size, deserves some attention. It resembles a bolt or rivet in shape, having a rounded head, the largest end of which presented forwards; the caudal extremity is also round and greater in circumference than the body; it stretched backwards towards the bulb of the urethra; it measures, in its largest diameter, an inch and one-eighth; the head is one inch in circumference, its weight is thirty-six grains; it presents the external characters of the lithates, most probably the lithate of ammonia.

It may be asked, why a catheter was not passed into the bladder after the operation? From its previous enormous distention, it was as well to avoid all sources of irritation. The result, however, of the case has been most satisfactory, and proves that 'tis not always necessary or judicious to follow any set rule in practice.

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ART. VI.—*Thoughts on Strangulated Hernia.* By HAMNETT HILL, M.D., *Bytown.*

If we might judge of the comparative frequency of hernia from the occurrence of cases where this malformation exists,