

latter measure. By a careful dissection the colon was reached, and gases escaped. Notwithstanding the severity of the two operations, the child did well, and the motions passed through the abnormal orifice, the patency of which had been secured in the usual way. Six days after the operation, MM. Cloquet, Velpeau, and Jobert were called in consultation to decide upon further steps. It was agreed that no renewed attempts should be made on the natural imperforate anus, and no fresh operation at that period undertaken. At six months old the child was well and cheerful, evacuations regularly taking place at the lumbar opening, the new aperture being usually stopped by a wax plug. M. Amussat, jun., had an opportunity in 1859, seven years after the operation performed by his late father, of seeing the little boy. The latter was quite well and lively, notwithstanding the artificial anus, the evacuative functions having been very regular in their performance. The child wears in the aperture a wax bougie, fastened by an elastic belt.—*Lancet*.

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#### TO SECURE A CATHETER IN THE URETHRA.

The difficulty in effecting this object, especially in strictures, in which it may be desirable to keep the instrument in the stricture for purposes of prolonged compression, is well known. The following ingenious contrivance from Mr. Hunter in the *Lancet* is therefore worthy of attention. Slip a ring of bone or other suitable material over the penis, and fasten it to the pubes by a tape or broad band going round the pelvis. The extremity of the catheter can then be easily attached to the ring by a couple of pieces of tape or thread. With such an arrangement, a patient can walk about and pursue his ordinary avocation without discomfort.

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#### CYSTOTOMY WITHOUT A STONE.

By T. PAGET, Esq., of Leicester.

Instances are not entirely wanting, nor, indeed, extremely rare, in which the bladder has been opened for a stone where none existed; but I am not aware of any narrative given of such a case by the operator, with the symptoms simulating stone, and leading him to take the false step; the post-mortem appearances, and the explanation they afford. Having, then, recently placed myself in the situation of such operator, I deem it right to supply the desideratum, however little satisfactory the explanation as a practical guide. The case was received at the Leicester Infirmary by Mr. Marriott, the house-surgeon, and entered as, "September 24, James Branson, aged three years height months; symptoms of stone. Examined twice by Mr. Marriott, and stone found the second time." Not, however, as he told me when reporting the case, with sufficient distinctness to settle his mind for an operation. The history given by the father and the woman who had had care of the child since its mother's death two years ago, was that it had violent pain in micturition, losing much rest by frequent calls, attended by sudden stoppages of the stream and the making of a larger quantity immediately after, violent squealing, pulling of the parts, and forcing of fæces. Around the anus were several livid lumps of hæmorrhoids. There had been no hæmaturia. It was reported that no urine ever passed except while in a sitting posture. The child was healthy looking. Sept. 26th: The child having been prepared for the operation by having had the bowels emptied yesterday and an opiate enema this morning, the sound was introduced, and an indication of stone immediately given; but the click, though audible, was not sufficiently clear to encourage an incision. After repeated attempts, the sound was producible at will; but did not impress all equally as being the click of an uncovered stone.