

pain at the neck of the bladder. The pain was much increased if the patient moved about. The urine was loaded with pus and albumen. Mr Cowell had examined the bladder at Dr. Basham's request, and detected the presence of a stone of moderate size, and, in consequence of the kidney disease, recommended its removal by dilatation rather than lithotripsy. The stone was removed readily after moderate dilatation, but its outer layers broke down under the pressure of the forceps, and were brought away in pieces after the extraction of the nucleus, and the bladder was carefully washed out with warm water. The stone was exceedingly friable, of chalky aspect, and composed of successive layers of harder and softer material, the former flaking off easily and in large pieces.

A subsequent examination of the stone showed it to consist almost entirely of phosphate of lime, with a very small amount of uric acid in the harder portions, and the slightest possible trace of ammonio-phosphate of magnesia. No bone was found in the centre of the nucleus, as was suspected might possibly have been the case. The stone weighed 128 grains.

The patient has since done well. There was no incontinence of urine until the fifth day, when the urine escaped involuntarily for about four or five hours. There has been no incontinence since, and the patient has been free from pain. The urine, examined six days after the operation, was of a light-straw colour, of acid reaction, and afforded a light-coloured deposit. It contained some pus, and about one-fourth albumen. Treated by acetic acid, no mucus was found, but the microscope showed a large number of pus-cells and a few blood-corpuscles, but not a single epithelial cell, with the exception of one doubtful renal cell. There were no casts.—*Lancet*.

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#### EXTRACTION OF CATARACT BY GRAEFE'S MODIFIED LINEAR SECTION.

Dr. David Little points out some of the dangers attending Graefe's method, and alludes to the operation proposed by Liebreich (*British Medical Journal*, December 2nd, 1871) for obviating them. He expresses the opinion that the results obtained by Liebreich's operation "are superior to Graefe's, as regards immunity from the worst inflammatory consequences. In performing this operation myself, I have been much pleased with the rapidity and ease with which it can be accomplished, and the comparatively little pain it gives the patient; at the same time, the great tendency to prolapse of the iris and its ultimate adhesion to more or