

be much safer than chloroform, and it is pleasanter and acts more rapidly than ether. In administering it he uses Dr Jenker's anæsthetic apparatus, by which the quantity is easily regulated, and without any waste of the remedy.

At Spencer Well's invitation I was present at one of his operations for ovariectomy, or rather the removal of an immense fibro-cystic tumor from the posterior portion of the uterus. He operates slowly and carefully, and in this case as in every other, and I have witnessed several since my arrival here, the pedicle is tied with a strong silk ligature and returned to the abdominal wound closed by sutures, no drainage tube being left in.—*Dr. Cushing, Pacific Med. Journal*

### RAPID LITHOTRITY.

Dr. E. L. Keyes (New York Pathological Society) exhibited several specimens of calculi, each of them interesting as illustrating some special point.

The first case illustrated the mildness of rapid lithotripsy and its efficiency. The patient, a man of sixty-three, after a varied set of bladder symptoms, was examined by Dr. Van Buren in October, 1877, and a calculus detected. The patient could not remain in New York for operation, but returned to his native city, where a surgeon put him to bed for seven weeks while he was being relieved of his stone by ordinary lithotripsy, and kept him, in all, from his business three months, removing considerable calculous material—phosphatic.

As the bladder symptoms continued, however, and his surgeon failed to find any further fragments to crush, the patient returned to New York in October, 1878.

Upon examination, one large and two small angular fragments were found in the bladder. The urine was highly ammoniacal and full of pus. Kidneys sound.

At a single sitting of rapid lithotripsy, lasting about an hour (Keyes's lithotrite, Bigelow's washing apparatus), about one and one-half drachm of phosphatic stone was removed from the patient's bladder.

No more reaction followed this operation than had habitually attended a sitting by the old method. No anodyne was given excepting *M. v. Magendie's* solution hypodermically at the time of the operation. The ammoniacal odor rapidly disappeared from the urine, there was no chill, no fever. The intervals of urinating lengthened, the first day from one up to two hours, and in a few days reached three and four hours.

On the sixth night the patient slept all night a thing he had not done before for several years. An examination ten days afterwards failed to detect any stone, and the patient left the city for his home.

Nothing could illustrate the advantage of rapid over slow lithotripsy more forcibly than this case.

The second case was that of a man of sixty-eight, who had carried a smooth uric acid stone in his bladder for several years. This was totally removed at one sitting, by rapid lithotripsy, in forty-two minutes. The stone was one and one-half inch in its long, and about three-quarters of an inch in its short diameter. The first crushing lasted twenty minutes, and four minutes' washing yielded 177 grains; the second crushing lasted six minutes, and 4 minutes washing yielded 40 grains; the third crushing lasted four minutes, and two minutes' washing yielded 19 grains of fragments.

Here a stone weighing half an ounce is taken from the bladder in three-quarters of an hour. Recent exploration of the bladder proves the absence of stone. The patient made a good recovery. He had no chill, and but little fever after his operation. The case is a typical one as illustrating the value of rapid lithotripsy.

The third specimen shown by Dr. Keyes was a number of small phosphatic calculi of varied size and a mass of mortar-like material, one side of which was flat and blood-stained.

These specimens were taken from an old gentleman after death, upon whom no operation had been attempted, on account of his general condition during life. The specimens were shown to illustrate the method of formation of phosphatic calculi within a diseased bladder. The mortar-like mass had been torn off from a semi-ulcerated surface within the bladder to which it was firmly adherent. The smaller calculi represented phosphatic accumulations around small nuclei which had become detached from this mass, while the mortar-like (phosphatic) material itself was deposited only (and quite firmly) upon a roughened, eroded surface of the bladder wall. On no other portion of the mucous membrane was there any deposit.

Dr. Keyes re-affirmed the proposition formulated by Thompson, that phosphates, amorphous or crystalline, are not apt to accumulate into stone in the bladder, excepting upon a nucleus, or upon roughened, ulcerated, excoriated portions of the bladder wall. A smooth mucous membrane is the best guarantee against the formation of phosphatic stone; but, unfortunately, a bladder which is sufficiently inflamed to allow the precipitation of crystalline phosphates very rarely remains long smooth.—*Med. Record*, Nov. 16, '78.

### DIABETES MELLITUS CURED BY EXTRACT OF NUX VOMICA.

Two cases are reported by Dr. Eng. Zarzana, in the *Gazzetta Medica di Roma*. The first patient, a woman, had been passing a very large quantity of water for three years; she was very weak, her