

stone may be done without waiting. On the other hand, if, as in the case reported, the stone is firmly impacted midway in the spongy portion of the urethra, to press it back to the membranous portion must lacerate the urethra, which is quite likely to be followed by infiltration of urine or organic stricture.

2nd. Was it better to pass a catheter after the operation, or allow the urine to come in contact with the fresh wound in the urethra? On this point systematic works on surgery have nothing to say, while practical surgeons differ in practice. In the case reported we think the healing process would have been slower if the urine had been allowed to come in contact with the wound.—*Boston Medical Surgical Journal*.

CASE OF POISONING BY WORM LOZENGES.

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On Dec. 23rd, 1869, I was called to a child three years old, who, two hours previously, had eaten seven "worm lozenges," judged to contain *santonin* as the medicinal ingredient. I found her in clonic spasms of the left side; pupils widely dilated and uninfluenced by light; respiration, much impeded, eighteen per minute; a viscid, frothy *saena* issuing from the mouth at each expiration. The spasms involved every muscle on the left side of the body. The face was twitched into frightful contortions, and *pleurosthotonos* was developed every other second. Pulse fair, 160 per minute. No ability to speak or move. She had vomited freely before I saw her. I endeavored to produce *emesis* with *ext. ipecac. li.* and by tickling the *fauces* with a feather, without avail. I then gave her *chloroform* *gtts. v.* every fifteen minutes; also injections of diluted whiskey. In course of an hour the spasms began to yield and the pupils to respond to light; at the end of two hours she was perfectly quiet. I directed the *chloroform* to be continued should the spasms return, and left. An hour afterwards they did return, and I was again called. I found her worse than ever. Instead of the muscles of one side, both were involved in the spasmodic