

axis being held within the grasp of the forceps; the whole operation, however, not exceeding three minutes. The calculus proved to be lithate of ammonia in its composition, it was of an oval form, but flat, three-eighths of an inch in thickness, and one inch and a half in length at its longest diameter. So unusually flat a calculus I have never before seen, although it has been my good fortune to have witnessed a great many operations for stone on both the young and old; still it is not by any means rare.

*Necrosis of carpal bones, their removal by operation.*—A lad aged 13 years met with an injury to his wrist about 15 months ago, which produced inflammation in the joint, and subsequent disease of the bones of carpus. This was followed by swelling, suppuration around the diseased bones and the formation of fistulae and sinuses on the dorsal aspect of the joint, through which a probe found its way to necrosed structures. He became a patient in Bartholinew's Hospital, and was brought into the operating theatre on the 5th August. Mr. Stanley observed that hitherto amputation appeared to offer the only resource in cases of this kind, but that on the present occasion he would endeavour to remove all the portions of diseased bone, so that a chance might be afforded of saving such an important part as the hand. Chloroform being administered, Mr. Stanley made a semi-circular incision on the dorsal aspect of the hand, commencing at the styloid process of the radius and bringing it round to the same process of the ulna, the convexity being towards the fingers; the flap was then carefully dissected back, when all the bones of the carpus were removed in fragments, in a necrosed state, with a pair of flat forceps. The lower ends of the radius and ulna were healthy, but the carpal ends of the metacarpal bones were sawn off and removed as they were implicated in the disease. There was much bleeding and the operation was a tedious one; the flap, which was very thick nicely filled up the cavity formed by the removal of the diseased bones, and was retained in position by three stitches. The forearm and hand were then carefully placed in a box splint, lined with a pad, and light bandage was applied over both, with a piece wet lint over the wound. The operation was satisfactory enough, and my friend Mr. McWhinnie (one the assistant Surgeons) informed me, that this was the first of the kind ever performed for the removal of diseased bone in this Hospital amputation having always been the invariable rule. Mr. Stanley spoke rather doubtingly about the operation, but there cannot be a question of its success if we take the numerous examples of such in the other large hospitals of London.

*The Cholera.*—At no period since the first advent of this disease, has so much been written upon it as at the present time, and notwithstand-