

at length dilated to its fullest extent I attempted, by means of the ordinary lithotomy forceps of a small size, to withdraw the stone but found I could not move it in the least degree. Nothing was left but to divide the urethra in front of the calculus, which I did with an ordinary scalpel, and then the resistance being removed I readily grasped the stone and extracted.

I found the calculus to be of the lithic acid variety, alternating with phosphatic, and of the following weight and dimensions: Its weight was 742 grains Troy ($1\frac{1}{2}$ ozs. 20 grs.) and measure 2 7-16th inches in length, and 1 5-16th by $1\frac{1}{4}$ inches in breadth.

In the operation I employed no anæsthetic, the parts themselves being already insensible. She bore the operation admirably, and never afterwards suffered from any outward symptom. The urethra rapidly regained its former dimensions, but the incontinence of urine was not, of course, much, if any, relieved, the paralysis of the bladder remaining. In due time, however, I delivered her, after a natural labour (as far as the uterus was concerned), of a fine, healthy child, and her own condition, in general, seems to be much improved by this second act and process of child-bearing.

I submit this case, not on account of the operation, for that, under the circumstances was simple enough; but I look upon it as one of very great interest to the scientific accoucher and physiologist. In the first place, her sudden paralysis, occurring immediately after parturition, and for which no satisfactory cause could be assigned, was remarkable. Then, the fact that after six years, and while paraplegic, she should carry a child to the full term and pass through a natural labour, is none the less interesting and remarkable. When I performed extraction of the calculus *per urethram* I did so fully alive to the fact that little or no harm to the urethra or its contents was likely to accrue while the parts were in their then anæsthetic condition. It is easy to understand why concretions of the urinary salts should form in the bladder where its natural functions are impaired, and where sedimentary deposits may be retained for a considerable length of time.

A Visit to the London Hospitals. By WILLIAM H. MONDELET, M.D., C.M., Fellow of the Obstetrical Society of London, late House Surgeon Children's Hospital, London, England, &c.

London offers innumerable advantages to medical men who make it a point of devoting their attention to matters concerning their profession. On arriving in that great city, a world of itself, the stranger is completely lost, finding himself among people who, as a rule, are only interested in what concerns themselves, and to whom strangers present little or no novelty: he wanders about