to that of the respiratory organs, covered all these surfaces, and descended to the origin of the oesophagus. The distension of the capillary vessels of the lungs with black blood, was very marked. The vascular net-work of the pia mater, of the circumference of the brain, of the interlobular intervals, has been frequently found injected; but no material alteration, no well-defined inflammatory state of the brain, or its envelopes, has ever been traced. The cellular tissue of the pia mater has, however, been found distended with a sero-glandiform fluid, chiefly over the course of the principal arteries. The brains were always more or less injected; but one of the most frequent alterations is that of the mucous membrane of the air passages, which consists of a red tint, sometimes violaceous, and verging to brown in the bronchiae, and occasionally in the tracheae. Emphysema of the cervical region, and especially of the lung, has been often remarked. As to the precise source of the frothy secretion of rabid animals, nothing is known. The salivary glands are neither more red nor turdigious than in the ordinary state; on the other hand, the tracheae, the bronchi, the posterior faucæ, and the pharynx, contain it in abundance. These facts induce the author to believe that the saliva forms but a part of this morbid secretion.

**DOUBLE HARVEST OF Polygonum Tinctorium.**

The indigenous manufacture of indigo in France is making rapid strides to perfection, and a hope is entertained that the present supply will be produced to supersede the purchases from other countries. Hence, any contrivance calculated to diminish the cost of production is of importance. M. Saint-Hilaire has ascertained, that by cutting the stalk of the polygonum within two inches of the ground, in gathering the plant for use, a second crop of leaves will sprout equal in quantity to those furnished by the plants from which no previous harvest had been obtained. The author adds, that by putting leaves and stalks together in the macerating vat, the indigo is no less beautiful and abundant than when the leaves were separated. As the expense of that operation amounted to 300 francs per hectare, a saving of importance may be effected.

The plants upon which the author operated, were placed in the nursery of the Luxembourg, on the 29th of June. The first gathering was made on the 20th of August, and the plants are now nearly fit for a second harvest; but in order to produce a second crop equally rich in indigo with the first, the plantation should be made towards the middle of May, and the first gathering should be effected two months afterwards.

**ON THE TRANSFORMATION OF VEGETABLE ACIDS.**

M. Persoz read a memoir on this curious subject. The tartaric, racemic, citric, mucic, and gallic acids become transformed by the plumbic and manganic suroxides. Doebereiner demonstrated the fact as to tartaric acid, which was changed into the formic under the double influence of sulphuric acid, and the manganic suroxide. The author rejects the opinions of Doebereiner on this subject, and is disposed to conclude, that the tartaric acid is convertible under the influence of the suroxide alone, without the sulphuric acid. In the investigation of this question, he has performed several experiments,—first, on the action of the manganic and plumbic suroxides on the tartaric acid, then on their action upon the racemic, gallic, mucic, and citric acids. These experiments lead to a direct process for the preparation of formic acid. They also show the use of the manganic suroxide in determining the quantities of acid contained in vegetable juices, and also in distinguishing tartaric and citric acids. They bring to light a fact hitherto unknown, the decomposition of the plumbic tartrate, either by the plumbic or manganic suroxides, a decomposition so much the more remarkable, as it differs from all that our previous notions of these phenomena would have led us to anticipate.
was voided with extreme pain and increased frequency. At length the flow was almost continual, and the pain so intense as to forbid an attempt at lithotomy; the extraction was, therefore, executed above the pubis. Here, however, a new difficulty arose—the stone, on being seized, was found to have become pulpy, and it escaped from the forceps, with the exception of a nucleus, which was brought away. The remaining portions were then extracted by means of the finger, aided by the curette and the dressing forceps.

The softening of this stone seems to have resulted from the highly inflamed bladder and the alkaline secretions, which are usually met with in similar conditions of that viscus. Ammonia dissolves the mucus of the bladder, which matter is the cementing bond of the saline substances which form the stone.

**SPONTANEOUS LUXATIONS OF BOTH KNEES.**

M. Bouvier presented a very singular example of lateral incomplete luxation of the tibia, spontaneously effected after paralysis and articular pains. The patient, 60 years of age, is an inmate of the Salpêtrière. The two femoral-tibial articulations are constituted solely by the external condyle of the femur and the superior extremity of the tibia. The right knee projects inward, so as to form an angle of 150 degrees between the thigh and leg; but on the left side the axis of the leg has not deviated,—the corresponding surfaces of the tibia and femur being obliquely placed in respect to each other, as in the fractures designated by the term *bec-de-hâte*. This remarkable affection has not abolished the motion of the joints, nor has it greatly altered their solidity.

M. Géry read a new memoir on the laws of vision; but as it contains merely the history of this physiological question, it is not of sufficient importance for analysis here.

**GUY’S HOSPITAL REPORTS.**

**PRACTICAL HINTS ON THE TREATMENT OF STRICURE OF THE URETHRA.**

BY BRANSBY B. COOPER, F.I.S.

Mr. Cooper strongly recommends attention to the treatment of constitutional symptoms in stricture of the urethra, mild instances of which may be removed by general remedies alone, whilst severe cases are protracted if the aid given be solely instrumental. Mr. Cooper agrees with the best surgeons of the day in depreciating the application of force in the passing of instruments, except under certain circumstances, which he specifies, and which are rarely met with.

Strictures have been divided into mixed, permanent, and spasmodic; but Mr. Cooper discredits the existence of the latter, and does not believe the urethra to be muscular, and opposes the opinion of Howship, who asserts he has seen the urethra by its own contractile power dislodge a moderate-sized bougie. Mr. Cooper has watched for some such manifestation of muscular action; but has never observed it, except when the bougie was passed up to the bulb, to which we know a muscular apparatus is attached. He is aware that sudden obstruction of the urethra does occur, but attributes it to a distension of a portion of the corpus spongiosum, somewhat similar to the venereal intumescence of that structure, but produced by a morbid cause. The mistaken views on this point have been confirmed by the fact, that the operation of a bougie relieves both this affection and muscular spasm; muscular fibre may, however, be affected secondarily, if the distension occurs at the bulb, or in the membranous proportion.

The Causes of Stricture.

The most frequent cause is a morbid action set up in the urethra itself; one of the most frequent kinds of which is inflammation from the long-continuance of gonorrhoea. Stricture of the urethra may also result from disease of the surrounding parts, the prostate rectum or bladder; or it may be produced by local or general irritation, in which case it may be distinguished by suddenness of obstruction, by its tendency to bleed, and the diarrhœa of the patient. The most frequent seat of stricture is the most vascular—*the membranous and bulbous sections of that canal.*

**Treatment of Stricture.**

The sedative plan of treatment is adapted to the irritable stricture,—the warm-bath, opiates, or other narcotics, leeches, belladonna fomentations, and, in case of necessity, caustic bougies. Where there is a disposition to spasm, recourse should be had to bleeding, opium, and belladonna injections. When the stricture from its thickness resists the gentle introduction of bougies, the obstacle may often be overcome by injecting warm water into the urethra, through a canula, to which a syringe is fitted. In the irritable form of stricture, force should never be used; for it is frequently destructive of the organization of the urethra, and is sometimes fatal to the patient.

Force is justifiable in a very few cases only; the amount of force cannot be expressed in words, it must be measured by the tact and judgment of the surgical practitioner, and should never be carried to an imprudent degree. If there be present severe symptoms of retention, calling for immediate relief, and the catheter can be brought to right angles with the position of the recumbent patient, being then, but not until then, checked in its progress,—it is plain that the stricture is situated in the membranous portion of the urethra, where the operator may safely use force, judiciously applied, provided the prostate gland be healthy. The danger which would be incurred in other portions of the urethra, is here prevented by the firm attachment of the canal to the surrounding parts of the deep fascia of the perineum, and by the guidance of the instrument by the operator. If the stricture be situated in such a manner as far as he thinks prudent, but has failed to pass the obstacle, he should cut down on the membranous portion of the urethra, for otherwise there is danger of perforating the prostate gland or rectum, or lacering the canal, in which latter case the stricture is almost certain to recur. In cutting upon the membranous portion of the urethra, an incision of two inches in length should be made along the raphe, which should be used as a guide in the place of the staff. The urethra is to be felt for whilst the patient strains, and opened; when a female catheter should be introduced into the bladder, and the urine withdrawn. The next step has for its object the division of the stricture; which, if the obstacle be (as is usually the case) behind the serotum, should be done in the following manner: A male catheter should be passed to the stricture, its point felt for in the perineal incision, and the adventitious growth between it and the finger divided by the knife. The male catheter should then be passed into the bladder, and retained there; the catheter should be maintained in the bladder (although this measure has been condemned), for if it be withdrawn, urine may be extravasated in the urethra, and the stricture will certainly become more formidable than ever. If the stricture be in front of the serotum, it is not safe to divide it with a knife; but its relief must be attempted by bougies, which are always more likely to effect the desired object after the urethra has been opened posteriorly.

The recommendation of caustic has been confined by Mr. Cooper to a few cases only, but we wish the employment of this agent had been still further restricted by him, more especially as he advises the use of potassa fusca, which is so very soluble, and which in the hands of young or incautious surgeons may prove most mischievous in lighting up violent inflammation.

**DR. ASHWell ON undue LACTATION.**

Having stated that undue lactation has not received a fair share of attention, and made honourable mention of Dr. Marshall Hall, "the only author who has bestowed upon it more than a few incidental remarks," Dr. Ashwell proceeds to assert, that exhaustion, generally attended with