

served. All pleasant and agreeable speakers are good timists, and masters of rhythm. In listening to the clergyman in the pulpit, or the actor on the stage, the rhythmical principle may readily be recognised by beating time in accordance with the delivery of the speaker; and according as he observes or is deficient in this principle, his harangue will be agreeable or irksome to his audience.

Not a shadow of contradiction can be made to the fact that an observance of *rhythm* (whether consciously or unconsciously does not affect the question,) is the agency by which the exemption or relief from stammering is conferred in the examples I have offered.

This principle of *rhythm* is the key to all the educational trainings or orthophonic exercises, as they have been termed, to which the voice has been subjected by the professors of elocution. Few or none of them, however, appear to have appreciated its true value, or to have separated it from a variety of other regulations, such as posturising the tongue and lips, many of which could have but little influence on the stammer. We see the application of rhythm in the dramatic readings, which contributed, as we are told, so much towards the cure of Demosthenes, and in vast numbers of others since his day. The ancient orators assisted themselves in their oratory by causing a regular succession of musical sounds to be produced within their hearing. All teachers of elocution who at present profess to cure stammering make their patients, or rather pupils, read blank verse, in which a rhythmical measure is observed. Many stammerers relieve themselves instinctively by introducing a kind of chant into their conversation; others bow the head at regular intervals, and study to regulate the speech by an uniform motion of the head; others move the foot, or strike the right hand against the left. It is not the mere motion which produces the good result, but any action of the kind is a powerful auxiliary in establishing the rhythm first in the mind, and through it on the speech. Serres knew the good effects of a sudden movement of the body in the act of stammering, as is evidenced by his directing that some one standing near a stammerer should pull down the arm by a sudden jerk whenever the impediment appeared. He did not connect this fact with the principle I am treating of, and therefore it was of little use to him in the treatment of stammering. Unless the movement of the head, hand, or foot, be adopted successively or rhythmically, it is of little use. The gesticulations of public speakers are doubtless of great assistance in delivery, and upon close observation they will be found to preserve a measure or rhythm, however accidental the employment of them may seem.

The professors of elocution have put in practice the principle of *rhythm* in a variety

of forms, each pretending to have a system of his own, quite distinct from those of his cotemporaries. I know of one of this class who walks out with his pupils, and teaches them to use their steps as a rhythmical guide by which to regulate the voice. He begins his treatment by desiring them to utter a single syllable at each step; for example, a—walk—in—the—coun—try—is good—for—the—health. When this is done with facility, he is then taught to utter two, three, or more words at each step. I know another who, singularly enough, is himself a bad stammerer, for, having but a crude notion of the utility of rhythm he has never been able to cure himself entirely, but is obliged to talk as if he were declaiming in a tragedy. Others make use of the *metronome*, an instrument by means of which musicians educate themselves in *time* or *rhythm*, the elocutionary teachers using it to regulate the sounds of the voice instead of music. In France another instrument called the *muthonome* has been constructed specially to bring the speech of stammerers under the influence of rhythm. The only difference between the two instruments is in the shape and in the name; the principle is alike.

In all these different devices and examples it is at a glance evident that *rhythm* is the grand agent to which all lesser forms and observances are subsidiary.

These, then, are the proofs that the relief and often the cure of stammering by educational, or, rather, by rhythmical training, are founded on a solid and rational basis. In the next place, I shall proceed to state the grounds for believing that a principle, quite as important as that of rhythm, is involved in the treatment of stammering by surgical means.

(To be continued.)

## DISEASE OF THE URINARY BLADDER.

To the Editor of THE LANCET.

SIR,—In the following case of diseased urinary bladder some maggots were found in that organ at the post-mortem examination, and two of them I send for your inspection. I remain, Sir, your obedient servant,

S. D. FEREDAY.

Dudley, Nov. 13, 1843.

On the 3rd July I saw Joseph Round, ætat. 36, by occupation a collier, living near Dudley. He was of rather spare make, married, and had five children; his habits generally regular; his general health good up to ten months ago, when he suffered from symptoms of inflammation of the bladder, from which he has never perfectly recovered; but he has been able to follow his occupation more or less until the last month, when he

was taken with intermitting pain in the back and limbs, rigors, heats, and giddiness. His countenance now is anxious; he has some dyspnoea, and pulse 68; frequent vomiting; his tongue loaded with fur; and thirst. His stools are of a dark colour; he complains of pain across the loins, shooting forwards towards the left side, and there is tenderness on pressure below the left false ribs; he makes but very little urine, and passes it often; it is of very high colour, and he has smarting in the urethra after making it. He was directed to use hot fomentations to the painful parts, to take three grains of calomel and one grain of opium directly, and a diaphoretic mixture, composed of acetate of ammonia, and nitric ether, every four hours.

8. Pain gone from the loins; he has "striking" pain in the urethra, and down the inside of the thighs, with difficulty in making water; he got up several times in the night to micturate. The urine is now pale; a light cloud floats through it on cooling; there is no deposit in the vessel; the urine is acid, and is slightly coagulable by heat and nitric acid. Œdema of the feet came on three days ago; the tongue is covered with white fur; he had one stool yesterday and two to-day, which are slimy, mixed with blood, and accompanied by tenesmus.

10. Feels much better; passes his water more easily.

19. Has been getting better until yesterday, when, on the evening before, he was taken with distention and rumbling in the bowels, followed by a great discharge of dark blood mixed with mucus; he has lost the pain in the back and smarting in the urethra, and complains now of vertigo, dimness of sight, noise in the ears, and forgetfulness; his tongue is pretty clean and moist; the umbilical region full and tympanitic; there is a little tenderness at the epigastrium and right hypochondrium, though with no increased dullness in the hepatic region. He feels quite full, although he has taken scarcely anything; the chest is resonant on percussion; the heart's action regular; the pulse 84, of moderate volume, and compressible; oedema has now disappeared from the feet and ankles. He gets up three or four times in the night to micturate; passes about two pints of urine in twenty-four hours, of a pale colour; and perspires freely.

24. He states that the urine often comes forked, and in two streams, and it sometimes stops suddenly when he is making it; the glans penis is enlarged from constant pressure. Upon introducing a sound I found slight narrowing of the passage in the membranous portion of the urethra. Nothing was felt internally but a rough indurated surface at the fundus and towards the right side of the bladder; once a distinct metallic sound was heard by my assistant as well as by myself, but it seemed to come from contact

with a small point, which could never again be struck. It is right here to mention that when he was attended by us ten months ago he suffered a great deal from retention of urine, and in one instance a long time elapsed before the urine was drawn off, and a large quantity had collected. At that time, when he got better of the mucous inflammation, the symptoms induced me to sound him, and I then felt the same roughened surface, and thought I once struck a stone. Mr. Cartwright, who sounded him with me to-day, was inclined to the opinion of there being induration of some part of the mucous lining, that there might be encysted stone, and that the bowel complaint was sympathetic; during the following day he passed some clotted blood from the urethra, and some slight febrile symptoms appeared.

On the 29th there were several shreds of mucus floating in the urine. He now began to take decoction of uva ursi, with small doses of liquor potassæ, which had given him great relief in his last attack.

August 4. He now passes but little urine, often, and accompanied with much straining; the urine passed is of very high colour and strong offensive smell, and deposits pus directly it is made. The pubic region is much distended, with evident fluctuation; he feels quite full, and thinks his bladder full of urine, but he cannot void any. On passing the catheter the bladder seemed collapsed on the end of the instrument; no urine passed, and the end, on withdrawing it, was turned quite black.

5. On the introduction of the catheter to-day about half a pint of urine came away, when the end of the instrument became so impacted that it could not be rotated, although outwardly the bladder seemed as much distended as before; no mucus was found in the instrument, nor anything to stop it up.

6. Has been able to pass small quantities of urine without the aid of the catheter, of a strongly ammoniacal and fetid odour. After drawing off about a pint basinful of urine by the catheter, which he wished used from the relief it afforded him, the tumour seemed of the same size, somewhat hard, and more defined to the eye and touch than yesterday. Mr. J. H. Houghton saw him with me yesterday; the patient was placed in various positions, first leaning forward, then lying on either side, with a view to draw off the fluid by the catheter, but not a drop came. Upon depressing the handle of the instrument considerably, the curved end does not bulge above the pubes, as it does naturally in the upright position; and when lying down, that part is resonant which, in the upright posture, is dull on percussion. Mr. H. thinks that a sac is formed between the natural cavity of the bladder and the abdominal parietes, into which a considerable

quantity of urine has escaped; the tongue is moist and clean; the pulse 80, and soft.

10. The swelling is somewhat increased laterally; he makes about a teacupful of urine at once with much straining. I now drew off about three pints of urine; it required a good deal of coaxing; it was necessary to be constantly changing the position of the instrument to keep it flowing in a small stream; rough, gristly surfaces were felt here and there over the bladder; the urine was neutral, as tested by turmeric and litmus paper. He had had no sleep since the 4th, but complained of constant nausea with a furred tongue, the pulse at 92, and constipation of the bowels. He now began to take decoction of pareira brava, with small doses of sulphate of magnesia.

16. I drew off, with some difficulty, about a pint and a half of urine, and subsequently an ounce and a half of pure pus.

Sept. 7. He had not passed any urine for two days, and would not allow the catheter to be used on account of the severe pain which its introduction occasioned; the abdomen is now much distended; the perineum oedematous, and painful on pressure; some large sloughs have passed by the urethra.

11. Makes but very little urine, and states that when he goes to the night-chair the urine escapes from the rectum along with the fæces. The abdomen is now quite flaccid; the tongue moist; he is unable to stand from excessive debility and emaciation; is taking a quarter of a grain of acetate of morphia three times daily.

22. Much weaker; motions still fluid; abdomen soft and flaccid, with no pain; passed another large slough from the rectum a day or two ago, which seems in one part covered with mucous membrane.

29. His countenance now is much sunk, and he is altogether in a very debilitated state; his tongue is slightly glazed and very red; his abdomen retracted. Not above a few spots of urine have passed by the urethra for some time; the stools liquid, and passed oftener than usual.

Oct. 20. He is now almost a perfect skeleton; no urine passes by the urethra; his pulse is scarcely to be felt; aphthous ulceration of the mouth set in yesterday. He continued much in this state till the 27th, when, after complaining of pain in the bowels in the morning, he died in the evening.

#### *Examination post mortem.*

We had much difficulty in obtaining leave to examine the body, but at the examination, which we were allowed to make of the bladder only, about thirty hours after death, we found the lower part considerably enlarged and firmly adherent to the sides of the pelvis; the very upper part was thickened in the centre, and nearer to the pubes so thin and soft that in making a slight attempt to sepa-

rate it with the finger it gave way. The interior seemed like a large cavern, not collapsing from the sides when opened; the surface was of an ashy-grey colour, and irregular, with sloughs an inch long, hanging from the sides in two or three places; the mucous membrane seemed here entirely destroyed; there was an opening communicating with the rectum about large enough to admit two fingers, where from its position, I should imagine the natural trigone vesicale would be; and farther back, behind this, inclining to the left side was a pouch large enough to hold a pigeon's egg, the edges of which were indurated to the feel. About two ounces of fetid purulent fluid lay in the posterior part of the bladder at the lowest part. I separated as much of the upper loose portion as I could, being about the size of half an orange, and which seemed permanently contracted; the substance was about an inch in thickness. The mucous membrane of this part was entire, of a darkish colour, and furrowed, so as to form a nidus for maggots, of which eight or ten crawled out when the part was put into spirit, and some of which were not yet separated from the husk. (I did not examine the detached portion until after it had stood in spirit a day or two.) There were some irregular thick deposits underneath the mucous membrane, of a hard white fibrous structure, entirely separate from the general thickening of the part, which was regular, and, in truth, hypertrophied. The prostate gland was not sensibly enlarged, and there was no calculus detected. The kidneys and intestines were not examined.

#### EMPLOYMENT OF NAPHTHA

AS A

#### REMEDIAL AGENT IN PHTHISIS.

*To the Editor of THE LANCET.*

SIR,—Mrs. A., a widow, aged twenty-seven years, by occupation an embroideress, consulted me on the 5th of March, 1843. She had enjoyed tolerable health till August, 1842, when she went to Brighton with her husband, who was then labouring under consumption, of which he died five weeks afterwards. She had been a close attendant upon him during the whole period of his illness, viz., three years. She attributed her complaint to cold and fatigue, with want of rest. She had cough, which she said had sometimes left her for two or three weeks, but it always returned again; while she sat quiet she was pretty free from cough, but on moving about, especially on ascending stairs, she was seized with it and considerable difficulty of breathing. She had no pain, and perspired only a little at night on the sternum. She felt a sinking at the pit of the stomach, with weariness, and wandering pains between the shoulders. Her pulse