at the membranous portion of the urethra—were at once enlarged by the passage of the No. 12 tube. Although he had previously experienced considerable pain when the passage of the catheters was attempted, he did not evince the slightest manifestation of pain during the operation, which he described as of the most trifling character. The No. 12 catheter was now passed, and the urine removed; quinine-and-opium was taken; and in the evening the urine was withdrawn by the catheter. This gentleman never had a bad symptom of any kind whatever; he was out on the following day; and a No. 13 bougie can be introduced without the least difficulty. He now passes the night without requiring to relieve himself, and only micturates three or four times during the day.

Colonel — consulted me in July, 1863, having suffered from stricture for twenty-five years, for many of which he had been under treatment by the ordinary dilating process, without, however, deriving any considerable advantage, no size larger than a No. 5 having been attained. He is now obliged to strain violently to expel his urine, which requires to be very frequently passed both day and night, and the urgency is generally so great that he has hardly time to reach a convenience before a small quantity will escape. Upon my first examination I found it impracticable to pass any catheter; I, however, eventually succeeded in passing a No. 2, which with difficulty was repeated upon three or four occasions; after which his military duties prevented his regular attendance, and I lost sight of him for some months. At the commencement of the present year he again consulted me, being then worse than ever. After great difficulty I succeeded in passing No. 2, and on the following day introduced the dilator and split the stricture with the No. 12 tube; the urethra was, however, so long that I did not get the full power of the instrument, and consequently could only immediately afterwards pass a No. 8. The pain was very trifling, and the hæmorrhage very slight. The quinine-and-opium was prescribed, and in the evening the urine was drawn off. This gentleman never had, beyond a slight scalding, the least inconvenience whatever. He was out on the following day; and now (rather more than two months from the operation) I can pass No. 13 with ease; his irritability has entirely ceased; he passes the whole night without requiring to make water, which he now accomplishes without straining, and he can eject it a considerable distance from his body.

Colonel — was sent to me by Dr. M'Ewen, of Chester, having been the subject of stricture for more than twenty-five years, during which time he had been under the care of various surgeons: at one time residing in the house of a surgeon in London for his more effectual treatment; and at another time was long subjected to the treatment of dilatation by retention of a catheter in the bladder. His stricture, however, invariably returned; and at the time of his consulting me he could pass a No. 5 catheter, but its introduction produced so much irritation that it was always followed by retention of urine and more or less irritability, which continued until he was compelled to introduce his catheter again. It was under these circumstances that he consulted me, hoping that by my treatment his urethra might be so enlarged as to prevent the irritation caused by the passage of the catheter. In answer to my inquiry what would be the result if he did not pass a catheter for some weeks, he informed me that the urethra then became so contracted that he had great difficulty in passing any instrument at all. Having taken lodgings close to my house, I passed the dilator and split the stricture with the No. 12 tube, and immediately removed the urine. In the evening the catheter was again introduced; but the following morning, although he had passed a perfectly quiet night, after returning from a cold water-closet, he had a rigor, which however did not last more than five minutes, but which for two or three days made him feel very ill, and rather interrupted the ordinary treatment. Beyond the rigor he never suffered any inconvenience; the passage of the catheter did not create any irritation, and was not followed by the slightest annoyance; but, on the contrary, his irritability subsided, and his urine was voided in a much more voluminous stream. In a fortnight he returned to the country; and in a letter I shortly afterwards received he stated: "I yesterday morning passed the instrument with more ease than I ever did before, and with no bad consequences afterwards. I sleep well through the night, being seldom obliged to get out of bed till five or six o'clock in the morning. If you at any time wish to refer a timid man to one who has experienced your treatment, you have perfect liberty to send him to me."

Mr. C —, an officer in the Hussars, came from India for the purpose of having my operation performed. He stated that for several years he had suffered from stricture, which had

latterly become so bad as to require him to obtain leave of absence for the purpose of having it remedied. At present he is suffering from irritability of the bladder, frequent micturition, great straining, and the urine occasionally only passing guttatim. On examination of the urethra, I ascertained he had two strictures, through which a No. 1 catheter could with difficulty be passed. Having taken lodgings in my neighbourhood, on the second day from his first consulting me, I succeeded in passing No. 1 into the bladder; and having retained it for two hours, it was removed, and the dilator substituted, the urethra being immediately enlarged with the No. 12 tube. As in the former cases, the urine was withdrawn, both at the time of the operation and subsequently in the evening, by the No. 11 catheter. Quinine-and-opium was prescribed. This gentleman never had a bad symptom of any kind whatsoever; he was out on the following day; and he now passes his urine in a full stream without the least difficulty or irritability. A No. 11 bougie can be passed with the greatest ease.

Dr. —, a medical practitioner in Ireland, consulted me in consequence of stricture, the symptoms of which very much resembled the preceding case—viz., frequent micturition, great straining, inability to propel the urine from the body, broken rest, and general debility. Upon his first visit, I succeeded in passing a No. 2, which was held with great tenacity, so as to require slight force to remove it. On the following day I passed the dilator, and enlarged the urethra with the No. 10 tube, afterwards removing the urine with the No. 10 catheter, and again passing it in the evening. He never had a bad symptom of any kind whatsoever; he went out the same afternoon, and in a fortnight returned to Ireland, passing his urine as freely as he ever remembered, a No. 11 bougie slipping into the bladder with great ease. I have lately had a letter from this gentleman, expressing his thanks for the great relief that had been afforded him, as well as an assurance that he will now perform my operation upon any cases of stricture that may come under his care.

The above cases have been but very briefly described. I have not considered it necessary to enter into every detail as to the exact situation or number of the strictures, &c., but have contented myself with recording them as they have occurred; and did I not fear to occupy too much of the space of THE LANCET, I could describe many more—some more severe, some less,—in all of which the same result has been attained.

In conclusion, I would venture to remark, that while it is perfectly optional with any surgeon acquainted with my method of treatment to employ it or not, as he sees fit, it is not desirable that practitioners who have never either read my observations or seen the operation performed should endeavour to persuade their patients not to submit to it, upon the plea that its performance must be attended with serious results. In two of the above cases the patients had been strongly urged not to have my operation performed, but as their surgeons had nothing to offer but the continued introduction of bougies (which were found to be quite useless), they preferred exercising their own common sense, and be subjected to a treatment which immediately relieved them from the continued torture they had previously undergone. In each of these cases the patient declared the pain of the operation was nothing as compared with what they had suffered from the passage of bougies. I again repeat, if surgeons will only ensure the dilator being passed fairly through the strictures, and not through the side of the urethra, as has been done, into the bladder, that the operation may be performed with as great safety as the most trifling operation in surgery. The pain is insignificant, and the urethra is immediately enlarged to its natural size.

Savile-row, August, 1864.

REPORT OF A CASE OF ANEURISM OF THE ABDOMINAL AORTA AND OF THE LEFT FEMORAL ARTERY.

By G. F. BONE, M.D. EDIN., M.R.C.P. LOND.,
SURGEON, ROYAL ARTILLERY.

JOHN W —, gunner, 13th Brigade, Royal Artillery; aged thirty three; service sixteen years (two years in the Crimea); an Irish ropemaker; married; emaciated, feeble, and sallow; an officer's servant; was twenty days (from Aug. 21st to

Sept. 9th, 1863) in hospital at an out-station, and during that period suffered from the following diseases or symptoms according to the report forwarded to me—viz., pain in the left kidney, alkaline urine, pericarditis, angina pectoris, aneurism of the left femoral artery (discovered on the 25th of August), and aneurism of the abdominal aorta (discovered on the 29th of August). The symptoms having become urgent, the patient was, on the application of the medical officer, removed to Woolwich for further treatment.

When he was admitted on the evening of September 10th, he could neither stand nor walk, nor even sit upright, owing to pain and general weakness; his muscles were soft, and his pulse was about 80 and weak. Auscultation at the heart did not detect any unnatural sound. Auscultation and palpation at the epigastrium detected an aneurism of the abdominal aorta, situated high up, close to the diaphragm. Its shape was globular; its size could not be distinctly ascertained; it was soft; its presence caused obvious fulness in the epigastric and umbilical regions on the left side. The veins of the left leg and thigh were swollen. The swelling was caused by the presence of an aneurismatic tumour of the left femoral artery at the spot where it enters Hunter's canal. It was about the size of an orange. The difference of measurements round the thighs, above the knees, was about three inches.

The patient did not assign any cause for the swelling of the thigh; it came on, or was discovered by him, during the night-time of the 25th of August, and then appeared to be the size of a walnut. He stated that he had been in hospital in 1851 for bubo (which was regarded as being of venereal origin). In 1854 he had an attack of inflammation of the arm; and in April, 1863, he was six days in hospital for "pains in the loins." Before he came to Woolwich, pressure over the femoral artery had been tried, the limb had been flexed, and medicines had been given internally.

I shall here give only an abstract of this man's case, though it is fully detailed by me in Case-book 1, fol. 107. &c.

The symptoms for the first few days were not very urgent. On the 15th of September, treatment, intended to be curative of both aneurisms, was commenced. The principal indications of cure appeared to me to be the following:—

1. To give the patient a diet that was nutritive and easily digestible.
2. To exhibit hæmatic medicines.
3. Also neurotic medicines.
4. To diminish the pressure of the blood in the sac in the abdomen, and in that in the thigh.

The objects of treatment were to obtain coagulation of the blood at the sac in the thigh, and deposition of plastic matter on or in the walls of the sac in the belly.

1. To fulfil the first indication, roast-chop diet was ordered, and in addition two eggs for breakfast.

2. To fulfil the second indication, I prescribed as follows:—Sulphate of iron, two grains; sulphate of soda, from twelve to fifteen grains: made into a very fine powder, and one to be taken three times a day in water. This medicine the patient took every day until he was discharged on the 1st of March, 1864.

3. To quiet the disorder of the innervation, the soap pill, and draughts containing tincture of opium, and a liniment of soap and opium, were prescribed.

After the general health of the patient had improved, the good diet that had been ordered appeared to be the only anodyne needed; and the opiates were discontinued. Alcoholic stimulants were contraindicated. With the exception of an occasional pill of rhubarb, or a dose of Epsom salts, no other medicines were used.

4. To effect the fourth indication: in addition to the hæmatic medicines, rest in bed was ordered, and the patient was supplied with a urinal and with a bed-pan. A Signoroni's tourniquet was applied over the femoral artery high up in the thigh; and the patient was taught to apply pressure with increased or diminished force as circumstances required, and he was told to remove the instrument altogether if it became troublesome.

Events of the treatment were the following:—

On the 25th of September the patient was so easy that he declared he felt better in health than he had been for a long time back.

On the 28th of September (thirteen days after the treatment had commenced) the pulsation in the femoral aneurism ceased.

On the 30th of September the pulsation returned, but was not strong. No pulsation of the tibial arteries was to be felt.

On the 1st of October the beating in the femoral aneurism ceased entirely, and it never returned. Absorption of the tumour soon afterwards commenced; it went on gradually,

and eventually there was no difference in the measurements of the lower parts of the thighs. And when the patient was discharged from the hospital he could stand erect, and walk well without support.

As to the internal aneurism. On the 3rd November it was noticed that the well-defined globular swelling over the aorta could no longer be distinctly felt in the epigastrium, owing, it was believed, to the effusion of plastic matter, or to contraction of the aneurism. The patient's general health was good, and his urine, formerly depositing either a red or a white sediment, was clear and straw-coloured.

On the 17th November the patient felt so well that he begged to be allowed to get up and go about. He could do without opium at night. Permission was given to him to get up in the afternoons.

On the 1st January, 1864, the thrill in the epigastrium and the impulse were felt but indistinctly, and the murmur was fainter.

On the 20th February the fulness in the epigastrium had ceased to be obvious, and when the patient was in the erect posture the murmur was only faintly heard. The plastic matter effused in the course of the aorta could be plainly felt.

In the last week in February he was brought before the invaliding board, and on the 1st March he was discharged from the hospital, and a few days afterwards from the service. At that date it was supposed that the brigade would shortly move from Woolwich, otherwise I should have detained him some time longer under observation. Subsequently to his discharge he was admitted into a metropolitan hospital, and was discharged therefrom in a few days.

Note respecting the medicines prescribed.—The sulphate of soda and the sulphate of iron, according to Dr. Billing, are sedatives, and astringents of the bloodvessels (see his "Principles of Medicine"). "Iron acts mainly on the contractile elements of the capillaries. By this agency it governs the diffusion of material between the capillary circulation and the elements of the surrounding tissues, and under its use the daily excretion of urea is augmented, the body gains weight, and other signs of increased nutrition present themselves" (see Pokarowsky in "Year-book of Medicine and Surgery" for 1862). And according to the late Professor Miller (see p. 514, ed. 1844, of his "Principles of Surgery"), the sulphate of soda is a chemical salt, increasing the blood's power of forming a dense and firm coagulum. Dr. C. J. B. Williams notices, in his "Lectures on the Successes and Failures in Medicine" (see THE LANCET for 1862), the hæmostatic property of cream of tartar, to which potassio-tartrate of antimony forms a useful adjunct when there is much excitement of the circulation. And I may mention that about five years ago I had occasion to treat a soldier for an acute aneurism of the right popliteal artery, which was marked by much pain and by excitement of the circulation. Recovery in that case was very rapid, cream of tartar and tartar emetic being the chief though not the only remedies. The case is to be found in THE LANCET for 1859.

Woolwich, August, 1864.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

NECROSIS OF THE LOWER JAW.

(Under the care of Mr. LE GROS CLARK.)

J. G.—, a labourer, aged thirty-six, was admitted on the 11th of November, 1863. His illness commenced six months previously with what he supposed to be toothache, for which he could assign no cause. He had four teeth removed from the left side of the lower jaw, but without relief. About this time he perceived that there was some discharge into the mouth,