adopt a mixed diet, on account of the difficulty of obtaining proper vegetable food. Experience shows that neither a strictly vegetable nor animal diet is best adapted to the preservation of health, but a generous substantial one, either animal or vegetable. We have an illustration in point. It is well known that the Hindoos of the lower provinces of Hindostan, whose diet is principally vegetable, are small, effeminate and short lived; while the Mussulmans of the same region, who employ considerable animal food, are a stout, athletic and more healthy race. But the Hindoos of the upper provinces, whose diet is still more exclusively vegetable, are more vigorous, robust and healthy than the Mussulmans. The cause of the difference obviously is that the first subsist principally on rice, the second on a more generous diet, animal and vegetable, while the latter make use of wheat and the various productions of more temperate regions, more varied and generous than either of the others, though almost exclusively vegetable.

After what has been said, this part of our subject requires but few additional remarks. The art of preserving health in India, as in almost every tropical climate, may be stated in almost a single sentence. A substantial diet, such as will afford gratification to the appetite, and at the same time supply the waste of the system; a dry and airy habitation; active exercise, that will afford exhilaration to the mind as well as the body; habits of cleanliness, which cannot be secured without daily bathing; a cheerful spirit, enlivened, so far as circumstances will admit, by social intercourse; and last, but not least, an active faith and firm reliance on the benevolent bestower of all good, without whose blessing all other efforts must prove abortive, cheered by the hopes, the blessed hopes and consolations of the Gospel—these are the means which reason and experience have pointed out for securing health and longevity. When the great principles of physiology shall come to be thoroughly understood and acted on by all, then we may expect that the great mortality which has prevailed among missionaries ever since the commencement of the enterprise in modern days, will be greatly diminished, and health and long life will be the portion of those who have voluntarily exiled themselves from home and kindred, to become pioneers in the onward march of christianity, to bring glad tidings and publish peace to the perishing children of men.

Balasore, Hindostan, July 31, 1846.

CASE OF RETENTION OF URINE, CAUSED BY CANCER OF THE PENIS—OPERATION—CURE.

By A. B. Shipman, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case occurred to Dr. Wm. F. Cooper, of Miles, Cayuga Co., a few weeks since, and I am induced to report it as possessing some features of rather a novel character. The subject of the disease was an

old man, by the name of James Carpenter, æt. 70, yet had always been healthy up to within eighteen months. He had led, for the last fifteen years, a wandering, vagabond life, leaving a wife and family to provide for themselves. He was five years with the Wyandot Indians, and the balance of the time going from place to place, picking up a scanty subsistence; but, so far as the story of the old sinner can be credited, and public report also, licentiousness has not been one of his besetting sins. I make these remarks for the purpose of doing away what was prevalent in the neighborhood, viz., a belief that his afflictions were the result of a violation of the seventh commandment. His story was this—that two years ago a small warty excrescence appeared on the prepuce, which was sore and itchy. This eat away slowly, when, six months ago, it had destroyed the prepuce and glans penis. This was followed by a diminished stream of urine, so that he did not fully empty the bladder at any time. About four months ago an ulcer came on the dorsum of the penis, about the middle portion. This eat down to the urethra, and the urine found its way with great difficulty through this opening. This ulcer was of the size of a York shilling, ragged, sloughy, with inverted edges, and was excessively painful. The pain was of a sharp, lancinating kind, and had always been so from the beginning of the first sore. Dr. Cooper, on seeing the case, and ascertaining that the bladder was constantly full, and what urine escaped was forced out in a dribbling manner, and finding no means of removing this with a catheter, as the openings in the urethra were nearly closed by the disease, proposed a consultation. On visiting him and making an examination, I found him as has been described. A most intolerable fœtor filled the house, notwithstanding the utmost care at cleanliness. Remains of penis hard as cartilage, almost to within three fourths of an inch of body. The old man's general health was good, and he was vigorous for one of his years. His distended bladder gave him much pain; the tumor rising high as the umbilicus; no urine passed beyond the ulcer on top of penis. A fine probe could not be made to pass into the urethra. I gave it, as my opinion, that the disease was cancer, and that an operation of removing the penis was all that offered any relief. This opinion Dr. Cooper concurred in fully.

While Dr. C. retracted as much skin as he could, with a straight bistoury I removed the penis within a quarter of an inch of the body. It bled profusely, six arteries requiring ligature. The patient made water freely in a fine large stream, which gave him great relief. A catheter was placed in the bladder, and we found skin enough to cover nicely the stump of the penis. The penis was diseased to within half an inch of where it was cut off; the urethra impervious, and the penis of a scirrhous hardness. The patient has recovered perfectly.

Cortlandville, N. Y., October 27, 1846.