sion of urine, from the effects of which the patient in all probability would die. But this may be modified, as you see here (showing the instrument), where you have no curve in the instrument, but merely a straight catheter, having at its extremity a stilette, which, by means of a screw at the opposite end, may be made to protrude any required distance. I will tell you of a case in which I first employed it. A man who had previously been under the care of Mr. Earle, at Bartholomew's Hospital, was admitted here and placed under my care; he had stricture, and I never could pass a catheter for him; I therefore had him taken to the operating theatre, and I cut into the perinæum on the left side of the raphe; then dissecting down to the urethra, I laid it open behind the stricture; and having passed the instrument I have just shown you into the urethra, and drawn the penis as forward as possible, I passed one finger of my other hand into the opening of the urethra close under the symphysis pubis, and then screwing out the stilette, and being guided by my finger, I pressed it forwards through the stricture. Having done this, I removed the instrument, and replaced it by a common gum catheter, which I left there several days to prevent the irritation which would have been produced by allowing the urine to flow over the part, and the patient entirely recovered. I can recollect the time when the surgeon used to cut into the perinæum, and, what was called, dissected out the stricture: I say "what was called," for, in fact, the surgeon did not know what he was doing; this I have from persons who saw the operation performed. I never saw it done in this hospital, but it has been done in others. I have been told that sometimes the surgeon succeeded, but in most cases the patients died: and certainly it does appear absurd, when there is an operation so simple as the one I have been describing, to venture on one extraordinary in itself—dangerous in its consequences. When the opening has been made, as directed in my operation, the catheter is immediately passed, which entirely prevents effusion taking place. In the two last cases you have seen in the Hospital, the instrument could be got through the stricture, but the difficulty was this: it always produced a fit of shivering, so that it could not be allowed to remain. The operation you saw me perform the other day was as follows: I cut down into the perineum till I could feel the staff at the part where it passed through the prostate gland; then, turning the knife forwards in the groove of the staff, I divided the stricture in the direction of the penis, and I could feel that I was cutting through a hard gristly substance. The question then was, whether an instrument was to be passed through the urethra, or the opening made in the perineum? The latter was decided upon, and the patient is going on tolerably well. The urine is already alkaline.—*London Medical Times.*

HÆMOPHYTIS, WITH SUPPURATION OF RIGHT LUNG, AND HYPERTROPHY OF THE HEART.

By John P. Harrison, M.D., Cincinnati, Ohio.

MAJOR P., an eminent lawyer, possessed of a quick and ready talent for public speaking, had, before I saw him, several attacks of pulmonary

hemorrhage, which were brought on by severe professional labor. Several months before my first visit, an abscess had formed in the right lung, and a large quantity of pus had been discharged.

April 20th, 1843.—This day, in consultation with his attending physician, a gentleman of intelligence and practical tact, I saw the patient. He was slowly recovering from the severe illness, connected with the suppuration of the lungs, and from a recent eruption of blood from the lungs. Upon careful examination of his chest, by auscultation and percussion, no tubercles could be detected in either lobe of the lungs. There was evident hypertrophy of the right ventricle of the heart, and a cavity existed in the lower portion of the right lobe of the lungs.

The action of the heart was very powerful, lifting up the hand when it was placed over the cardiac region. Our diagnosis was a cavity in the lower portion of the right lung, whence the copious eruption of pus had issued, which the bursting of the abscess had occasioned two months ago; some condensation of pulmonary tissue around the location of the cavity of the abscess; no tubercles in either lung; hypertrophy of the right ventricle of the heart.

Having been freely depleted by the lancet, before I saw him, no further detraction of blood was employed. Nitrate of potash, digitalis and tart. emetic were given pretty freely, so as to moderate the action of the heart, and subdue the tendency to hemorrhage. Under this treatment he improved very much, and in a few weeks was able to go out in fine weather.

He had, however, one or two returns of hæmoptysis during the spring and summer, brought on by imprudent exposure, and the exercise of his professional duties at the bar. Once he experienced a renewal of the hemorrhage from the lungs by indulging, agreeably to the advice of a physician who was not in attendance, in animal food. His health, under a strict vegetable diet, and regulated mode of living as regards exercise, and abstinence from all attempts at speaking, greatly improved, and I heard nothing of him for several months till his last illness.

October 3d.—Saw him; pain very intense in the right and lower portion of the chest; some serous effusion in the right cavity of the thorax; absence of respiratory murmur in the inferior portion of the right lung; pulse weak and quick, action of the heart tumultuous and irregular; general strength much reduced; slight anasarca of ankles.

Some days before this date he had exposed himself—had a return of the hæmoptysis, for which he had been bled.

The effusion into the cavity of the thorax increased, day after day, until he died, on the 11th of October.

Section-cadaveris, on the 13th of October.—A gallon of serum was found in the right side of the chest; a few miliary tubercles at the upper portion of the right lung; about two thirds of the right lung (the lower portion) was hepatized; a cavity, of an irregular shape, which would hold half an ounce of fluid, was found in the inferior part of the right lung. The right ventricle of the heart was much thickened in its walls—no dilatation, or contraction, of the cavities of the heart; a pint of serum in the left cavity of the chest.

Originally, as far as the history of the case could be ascertained, this was an attack of hypertrophy of the right ventricle of the heart; the lung affection was consequent to the urgent impulsive power of the central organ of the circulation, throwing the blood with morbid force and quantity on the pulmonary apparatus. The abscess of the lungs resulted from the inflammation, set up in the parenchyma, affected with the hemorrhagic congestion of blood.

The valuable life of this gentleman might have been prolonged by a most scrupulous avoidance of everything calculated to disturb and quicken the action of the heart. But such was the great activity of his mind, that in despite of repeated cautions, he constantly transgressed the only measure which could have effectually protected him from a renewal of the pulmonary attacks.—*Western Lancet*.

CASE OF POISONING BY THE CASHEW NUT.

By P. Le B. Stickney, M.D., Philadelphia.

JAMES B——, a lad about 16 years of age, was poisoned by rubbing upon the back of his hand, the acrid juice of the cashew nut.

The effects of the poison were first manifested, by an excessive inflammation of the affected part, accompanied with pain and an almost intolerable itching.

This was followed by an eruption of small red pimples, which soon suppurated, bearing a close resemblance to the pustular eruption produced by croton oil. In a short time these pustules discharged a very small quantity of thin pus, coalesced, and became covered with a thin pellicle, filled with serum, giving to the skin the appearance of having been covered with small blisters.

The blistering or desquamation of the cuticle was confined to the part upon which the juice had been applied, excepting the lips, which being repeatedly rubbed by the hand presented a similar appearance, whilst the swelling and pustular eruption extended to the other parts of the body.

The penis and scrotum were enormously distended by an œdematous swelling, but the eruption was confined entirely to the scrotum.

The urine, which was voided in large quantities, was of a dark bottle-green color, possessed its natural smell, and deposited no sediment. Unfortunately it was not analyzed, and we have therefore no means of satisfactorily accounting for this peculiar color.

The general health of the patient was not materially affected. On the first appearance of the swelling, there was some fever and thirst.

Saline purgatives, with warm and cold fomentations, and poultices of the slippery elm bark, were used with benefit.

A poultice of bread and milk, with the common plantain leaf, appeared to be most serviceable in removing the swelling and itching—perhaps the flax-seed poultice would have answered equally as well.

The cashew nut is a product of the *Anacardium Occidentale*, a small tree growing in the West Indies and other parts of tropical America.