ON THE ENDOSCOPIC APPEARANCES OF THE URETHRA.

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My paper "On the Endoscope as a Means for the Diagnosis and Treatment of Urethral Disease" having served Mr. Henry Thompson as a peg on which to hang two communications to the columns of THE LANCET, I would venture a few remarks in reply.

Mr. Thompson's first communication can be dismissed in a few words, since its objects were simply to explain his long acquaintance with the endoscope; his belief that its employment would be attended with little advantage; and his preference for what he calls the *tactum eruditum*.

In his second article, however, he takes me to task for a statement respecting the contraction of the muscular fibres of the urethra, which requires a more extended notice. My statement was, "I have noticed in perfectly healthy urethras that there is a constant vermicular contraction of the wall of the canal, apparently passing towards the bladder; and this accounts for the well-known fact that foreign bodies in the urethra tend to pass in that direction." Mr. Thompson maintains that the movement, which he has also seen, "is precisely in the opposite direction; and also that foreign bodies have a strong tendency to pass outwards to the meatus, and not inwards to the bladder." In writing my paper, I recorded what I saw, or at least believed I saw; and it must be remembered that the contraction I witnessed was in the presence of a foreign body, namely, the tube of the endoscope. This contraction was *towards* the bladder, and would, as I believe, have tended to draw a foreign body, of smaller size and completely within the grasp of the canal, in the same direction. The experience of most surgeons corresponds, I believe, with my own as to the tendency of foreign bodies entirely within the urethra to travel on to the bladder; and even Mr. Thompson's own recorded experience goes the same way. In THE LANCET of Nov. 28th, 1863, he recorded a remarkable case of hair-pin in the male urethra (a case upon which I made some remarks in THE LANCET of Jan. 30th, 1864): here Mr. Dunn, who saw the patient immediately after the accident, found the pin already an inch and a half from the meatus; and Mr. Thompson, two hours after, found the pin "at least four and a half inches from it." Mr. Thompson has also recorded a case* where he removed a mass of sealing-wax from the bladder, which had been introduced into the urethra when in the form of the ordinary stick. Sir William Fergusson has recorded† a case where an entire elastic bougie, which had slipped within the urethra, found its way into the bladder, and was extracted by that gentleman with the lithotrite. Mr. Coulson removed by lateral lithotomy a piece of thermometer-tube;‡ and in a case under my own care I removed a piece of gutta-percha bougie with the lithotrite.§ Examples might be multiplied showing that the experience of a great number of surgeons contradicts Mr. Thompson's statement, but I will only refer to one more—namely, a case|| in which Mr. Henry Smith removed, by lithotomy, a glass flower-tube from the bladder of a man who had introduced it within the urethra with a string attached to it, and where, notwithstanding this precaution and the fact that *both ends were smooth*, it travelled backwards, instead of forwards, as it ought to have done according to Mr. Thompson's theory.

No doubt the effect of the involuntary muscular fibre of the urethra is, as generally stated, to keep the canal closed, except at the *fossa navicularis*, immediately within the meatus, where the walls do *not* come in contact: this, so far from tending to eject matters from the urethra, tends rather to retain the ordinary mucous secretions within the canal; and it is only when these are greatly increased, as in gonorrhœa, that they, from force of gravity, find their way out. The ejection of the last few drops of urine depends, not on the passive contraction of the urethral fibres, but upon the sudden contraction of the *accelerator urinae* muscle; and Mr. Thompson himself states

this in his work on Stricture, which, however, perhaps does not represent his present views on the physiology of the urethra, any more than the strong recommendation of metallic instruments of a special curve contained in it does his own treatment by elastic bougies. The same may be said of the expulsion of injections and of bougies. With regard to the expulsion of fragments of stone, I am inclined to lay much greater stress upon the force of the urine washing over them than upon any muscular action whatever; and in this I am confirmed by Mr. Thompson himself, for at page 196 of his "Lithotomy and Lithotrity" he says—"Supposing, however, a fragment to have become arrested in the urethra, and the patient to be able nevertheless to relieve his bladder in a diminished stream, the pressure of the urine usually brings it forward in a few hours to the orifice."

No mention occurs of the alleged tendency of the urethra to thrust out foreign bodies in any of Mr. Thompson's published works, so far as I can ascertain; but in a letter from that gentleman on "Soluble Bougies" published in THE LANCET of July 14th, 1866, he expressly states that it is unnecessary to introduce the bougie more than two inches and a half up the urethra, for, "as the bougie dissolves, the liquefied material is slowly driven backwards (since its exit is barred in front by the plaster), and soon penetrates as far as to the bladder."

In conclusion, I may notice that Hunter, in his essay on Gonorrhœa, whilst stating that the muscular action of the urethra is principally from before backwards, says, "This action I believe is often inverted, as in spasmodic stranguries." Also that, under the head of Caruncles or Excrescences of the Urethra, he mentions "bodies rising from the surface of the urethra like granulations," thus bearing out the appearances seen with the endoscope, though, as he states, he had met with them in but two instances.

Cavendish-place, Oct. 29th, 1866.

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.

MIDDLESEX HOSPITAL.

PUERPERAL CONVULSIONS, STHENIC AND PLETHORIC,
WITHOUT ALBUMINURIA; GOOD RECOVERY;
CHILD LIVING.

(Under the care of Dr. HALL DAVIS.)

THE following case of puerperal convulsions unaccompanied by albuminous urine, and not preceded by œdema, affords an illustration of the sthenic and plethoric form of the disease, as also of the efficacy of free depletion in its treatment. Delivery by forceps had failed to arrest the malady. The treatment adopted was in conformity with Dr. Davis's teaching in such a condition, and was judiciously carried out by the obstetric assistant at the hospital, Mr. William Draper. As most usual, the patient was a primipara. Her case is as follows:—

Mary D—, aged nineteen, a well-developed, robust, plethoric woman. Has always lived well, and never had a day's illness. Has one sister, aged fourteen, who some years ago was subject to occasional epileptic seizures.

On July 25th, 1866, Mr. Draper was called by one of the midwives to see this patient in her primiparous labour. Before his arrival she had had two fits of convulsions, in which she had bitten her tongue and foamed at the mouth, her features being much distorted. He found the patient recovering from the second attack. She was in a semi-conscious condition. Face flushed; skin hot, but moist; tongue large and red, and lacerated by teeth; head hot; pupils rather contracted; pulse 120, full, and with difficulty compressible. Occasional slight muscular spasm. The child's head being at the pelvic outlet, where the midwife said it had been for about two hours and a

* THE LANCET, April 20th, 1861.

† Ibid., August 22nd, 1863.

‡ Ibid., July 2nd, 1859.

§ Ibid., Dec. 6th, 1862.

|| Ibid., July 7th, 1866.

half, Mr. Draper applied the forceps, and delivered a fine male child alive; it was slightly asphyxiated, but was quickly restored. The placenta was expelled in about twenty minutes, with only the usual discharge of blood, and the patient appeared quiet and comfortable. In three-quarters of an hour the convulsions returned, the paroxysms being more severe than before. Mr. Draper, having secured the tongue from injury, ordered sinapisms to the back of the neck and to the calves, cold to the head, and a powder containing five grains of calomel and twenty grains of jalap on the return of power of swallowing; also the following draught every hour: half a grain of tartar emetic, ten grains of nitrate of potash, twenty grains of potassio-tartrate of soda, and one ounce of camphor mixture. The greater part of the powder was brought up again. After this treatment the patient remained tolerably quiet for about two hours, when she had a second relapse, the fits being more violent and recurring more rapidly than hitherto, and she remained quite unconscious between the paroxysms. The face, as before, was flushed; respiration hurried and short; pulse 120-30, hard. As there was no albumen of consequence in the urine, about twenty-five ounces of blood were taken in a full stream from the arm. The pulse then became soft and compressible, and the patient shortly became conscious. She was now ordered five grains of calomel and one drop of croton oil; the above saline mixture to be continued. After this the patient had no return of the fits, slept moderately well during the night, and made a good recovery.

Such was the treatment indicated and pursued in the above case. But examples of puerperal convulsions occur from time to time in which, on account of the feeble condition of the patient, the practice of bloodletting is contra-indicated. In these the convulsions are satisfactorily treated by chloroform, its anæsthetic and sedative action being kept up so long as the disposition to their return shall continue, the bowels at the same time being properly cleared out by an efficient enema and a purge containing three or four grains of calomel. Should the patient not have been delivered, the relaxation of resisting tissues which chloroform induces will be a gain in the labour, and render delivery by the forceps, should it become necessary, sooner possible. As illustrations of the above remarks, the following two cases, which have recently occurred to Dr. Davis, may be quoted from his notes.

One was a primipara of about twenty-seven, not a plethoric subject. She had had before delivery much œdema of the ankles, of the hands, and also of the face in the morning. The urine was ascertained, by heat and nitric acid, to contain a large quantity of albumen. The os uteri was of about the size of a half-crown. Many paroxysms had occurred. Chloroform was exhibited and kept up for the necessary period. The convulsions were quickly subdued, the soft parts dilated rapidly, and an early delivery by the forceps of a living child was the result.

Another case of puerperal convulsions contra-indicating the treatment by bloodletting was that of a lady who had had four or five children. She was unhealthily fat, and of a highly nervous temperament. The disease came on some days after a natural delivery, and was consequent upon a mental shock. She had severely bitten her tongue before assistance was obtained. The urine exhibited no albumen. Violent convulsions were recurring at short intervals. Chloroform, given at each threatening of a paroxysm, was resorted to during about seven hours, the bowels being at the same time freely purged by aperients. With a little necessary care in regard to diet and due action of the bowels for a few days, this patient did well.

WESTMINSTER HOSPITAL.

TWO CASES OF ACUTE RHEUMATISM, WITH CARDIAC AFFECTION.

(Under the care of Dr. RADCLIFFE and Dr. BASHAM.)

THE good effects resulting from judicious stimulation in heart complications of rheumatic fever are well shown in the following cases, for notes of which we are indebted to Dr. Maclure, registrar:—

Ann H—, aged thirty-seven, was admitted on the 14th of May, having had rheumatic fever for twelve days. Her ankles, knees, and wrists were red, swollen, and painful; and she had profuse acid perspirations, with considerable fever. She was ordered a pill with a quarter of a grain of opium every six hours, and a draught containing half a drachm of bicarbonate of potash and ten grains of nitrate of potash in an ounce of camphor mixture every four hours; beef-tea and milk.

On the next day she complained, in addition to the other symptoms, of sharp pain in the left side, with dry cough and dyspnœa. Respiration 36; pulse 120, small and weak. A loud friction sound was audible over the cardiac region, but no endocardial murmurs. A blister was applied over the heart, and the pills and saline draught continued.

May 16th.—She had passed a restless night, and the cough and dyspnœa were much increased. She was obliged to sit up in bed. The face and lips were blue, and there was great anxiety and distress. Respiration 40; pulse 112; the skin moist, and the bowels confined. She was ordered two eggs and coffee in addition to the beef-tea and milk, and half a drachm of sulphate of magnesia with ten minims of Battley's sedative solution in one ounce of acetate of ammonia mixture every three hours; sherry wine, six ounces.

On the 17th and 18th she remained much the same. Her nights were restless, with delirium, and there was extreme dyspnœa with much cough. The friction sound was no longer distinct, and the heart's sounds were muffled. Loud bronchial râles were heard all over the chest; pulse 130, weak; the bowels open.

19th.—Being no better, she was ordered six ounces of brandy instead of the wine, and a draught containing five grains of carbonate of ammonia and thirty minims of sulphuric ether in one ounce of camphor mixture every three hours.

21st.—She was better, having had quieter nights, and the breathing was much easier. The cough was less frequent and more loose; the bronchial râles less loud; pulse 100, weak; the joints were free from pain. The same medicines were continued.

From this time she gradually improved. She slept better, and had only occasionally some attacks of dyspnœa. On the 31st she was so much better that the sulphuric ether and ammonia were discontinued, and she was ordered a grain of quinine three times a day. The friction sound did not reappear, and the respiration became natural.

She was discharged recovered on the 10th of July.

Sarah B—, a pale, delicate-looking young woman, aged seventeen, was admitted on the 16th of August, under the care of Dr. Basham. She had had rigors on the 13th, followed by pain and swelling of the elbow and knee joints, and fever. This was the third time she had suffered from rheumatic fever, and the heart had been affected in one of the previous attacks. On admission, the pulse was 90, full and sharp; the skin hot and dry; and the tongue furred. On examining the heart a loud systolic murmur, most distinct at the apex, was heard; but its action was regular, and there were no signs of recent pericarditis. She was ordered ten grains of Dover's powder at night; and a draught, containing twenty grains of nitrate of potash, every four hours.

The patient complained on the 20th of dyspnœa and faintness, which came on during the previous night. There was some tenderness about the intercostal spaces over the heart, its action was very tumultuous, and the sounds less distinct than they were, without any alteration in the murmur; pulse 108; respiration 42, short and catching; bowels open; tongue furred, but moist. A large, hot linseed poultice was ordered to be applied to the chest, and changed frequently. The Dover's powder and the saline draught were continued.

She was worse on the 21st. There was much dyspnœa, the respirations being 50 in a minute, with a rapid pulse; tongue furred; skin perspiring; countenance anxious; action of the heart violent, with diminished impulse; no fresh murmurs. She was ordered to take five grains of Dover's powder every four hours; six ounces of wine; beef-tea and milk.

On the 22nd she passed a restless night, and the dyspnœa continued, with lividity of the countenance; respiration 70; pulse 120, and more steady; urine scanty, and high-coloured; bowels open; temperature of the axilla 100.2. She was ordered twelve ounces of wine, and a draught, containing fifteen minims of sulphuric ether and three grains of carbonate of ammonia in an ounce of camphor mixture, every four hours.

24th.—She was better; had had some sleep, and the face was less livid and anxious. Pulse 118; respiration 60; temperature 99°.

26th.—Aspect much improved; breathing easy; respiration 36; pulse 100. The tongue was cleaning, and she had slept well. Up to this time her distress was too great to admit of a satisfactory examination of the chest, but to-day the left side was found to be dull posteriorly, with bronchial breathing; mixed with fine crepitation; and there was some bronchophony. On the right side the sounds were healthy. The heart's action was more tranquil. There was some dry cough.

28th.—Breathing continued comparatively easy; respiration