phragm—nothing the worse for the fearful illness he battled against so successfully, and with so much interest in a professional point of view.

Mansfield.

NEW SELF-RETAINING CATHETER.

By J. HODGSON WRIGHT,

SENIOR SURGEON, HALIFAX INFIRMARY.

VARIOUS forms of self-retaining catheters have been in use for some time. I would now bring to the notice of the profession the one represented by the accompanying sketch, and which I have found from more than two years' experience to answer admirably. Its introduction is very simple.

The catheter chosen may be stretched on a steel or soft metal stylet, as the surgeon may judge best. When so stretched that the shoulders of the instrument form no obstruction to its passage, it is tied, and the string passed through the eye in the handle of the stylet, and then fastened, to prevent its springing back into its natural shape. Care must be taken that the stylet is not too large to prevent its moving quite freely within the catheter, and that the end is well rounded, to avoid its penetrating the india-rubber whilst on the stretch. When in the bladder the string is cut and the stylet removed. If the patient has to go about, it is well to cut the catheter short, and apply a small wooden peg, which can be removed at will. It will be necessary to use an instrument sufficiently large to prevent the movements of the patient forcing it out.

The advantages of this catheter, in my opinion, are these—viz., it is easier of introduction in difficult cases, there being no wings to interfere with its manipulation in the urethra should the right tract have been at once followed, the large-sized opening into the instrument giving easy exit for urine or ropy mucus, and, from its position at the lowest part of the bladder, allowing the last drops to escape more perfectly. It is also impossible for the coats of the bladder to fall upon the opening, and thus impede the flow. It will be found to protrude but a short distance into the bladder, and to cause but little irritation.

The instrument figured is made by Messrs. Weiss, who have been very successful in carrying out my idea.

Halifax.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

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.

STRICTURE OF THE URETHRA; ORCHITIS; PYÆMIC SYMPTOMS; PERINEAL SECTION; RECOVERY.

(Under the care of Mr. HULKE.)

THAT stricture of the urethra is not always the trifling affection that it is frequently supposed to be is fully proved by the following case. Apart from extravasation of the urine, a neglected stricture may become the source of serious and alarming constitutional disturbance, and may, in fact, be the indirect cause of death. There is little doubt that in this case the rigors and the extremely high temperature were in a great measure due to blood-poisoning; but the rapid abatement of the graver symptoms

after the relief of the stricture by operation seems to show that the local condition had some part in the production of them.

Ed. W.—, aged thirty, was admitted into the Handel ward on April 9th with swelling and tenderness of the left testicle and epididymis. The patient denied the presence of a urethral discharge, and stated that he had not had gonorrhœa for ten years. Ordered an emetic and purgative mixture to be taken every three hours to purgation and nausea, and to have six leeches applied.

April 11th.—Pain less after the leeches; swelling about the same; tenderness less; bowels freely open; a constant feeling of nausea yesterday and to-day; a purulent urethral discharge detected. Ordered an injection of lead to be used frequently; the emetic draught to be omitted.

12th.—Swelling and tenderness less; no evidence of sup-puration.

18th.—Swelling and tenderness much diminished; a slight discharge from urethra still present. To have a suspensory bandage.

22nd.—Complains of pains across the loins. Ordered an embrocation consisting of equal parts of opium and soap liniment.

23rd.—The emetic and purgative mixture to be repeated every three hours.—9 P.M.: A rigor set in; tongue dry and brown.—9.15: Temperature 106°6' during the rigor; pulse 160, almost imperceptible.—9.20: Temperature 108°4'; rigor abating.—9.28: Rigor over; temperature 108°6'; pulse 160.—10: Temperature 105°; pulse 132; respiration 32. Tongue moist, coated, red at tip and edges. Urine acid, sp. gr. 1010, about one-eighth part albumen.—10.20: Ordered five grains of sulphate of quinine, to be taken at once.—10.50: Rigor returned, and lasted ten minutes.—11.55: Temperature 104°7'; pulse 124. Patient sweating profusely. Bowels relaxed; motions pale and offensive.—12: The quinine repeated.

24th.—1 A.M.: Temperature 105°6'; at 6, 98°8', when five grains of quinine were given.—9: A rigor commenced. Temperature 106°2'; tongue dry and thickly coated. Ordered ice to suck.—10: Temperature 105°6'; to have ten grains of quinine and ten drops of dilute sulphuric acid at once.—3.30 P.M.: Temperature 98°8'; a fifteen-grain dose of quinine given.

25th.—Had a tolerably good night; perspired but little; a slight rigor about 5 A.M. Vomited once, and had bowels opened twice during the night; no jaundice.—10: Temperature 101°3'; pulse 92. Complains of painful and frequent micturition.—3 P.M.: Temperature 104°8'; quinine repeated.

26th.—1.30 A.M.: Temperature 106°5'; quinine repeated.—9.30: Temperature normal; quinine repeated, and again at 4 P.M., when temperature was 103°8'.—11: Temperature 97°8'.

27th.—5 A.M.: Temperature 104°1'; quinine repeated, and again at 10 P.M., when the temperature was exactly the same.

28th.—The temperature varied from 99°8' to 103°3', and the quinine was given once.

29th.—The quinine was given twice, at 10 A.M., when temperature was 104°3', and at 6.30 P.M., when it was 105°. Patient has not had a rigor since the 26th, but complains of frequent micturition and pain at the end of the penis during the passage of the urine, which he cannot retain long; pain and tenderness over the loins. Face pale; no jaundice. Ordered half an ounce of brandy every half-hour.

30th.—A stricture was discovered, and perineal section at once performed; after which the temperature gradually subsided, so that by May 5th it was normal.

May 4th.—No urine has passed through the incision for two or three days, but it has passed freely through the catheter.

9th.—Urine alkaline, cloudy, sp. gr. 1006; contains a trace of albumen and some blood-corpuscles.

11th.—Catheter removed, and its end found to be coated with creamy pus. The wound in the perineum is small, healthy, and granulating; tongue clean; appetite good.

12th.—In micturition, more urine flows through the perineal incision than through the urethra.

18th.—A No. 7 catheter was passed on the 15th, and a No. 8 on the 17th; and on the evening of the latter day he thrice passed a portion of his urine by the natural passage.

20th.—Brandy diminished to four ounces in twenty-four hours.