modes, incidental to the course generally pursued by our professors of chemistry, will doubtless make instruction expensive in the outset. Still, if the class of graduating students as a whole, or twenty-five of them for example, shall decide to pursue such a course, the total additional expense need not exceed twenty-five to thirty dollars for each student. This estimate is founded upon the supposition that the fixtures and outfit are provided, and the current expenses and a reasonable charge for tuition only to be considered.

With great regard, I am, my dear Sir, faithfully yours,

E. N. HORSFORD.

Dr. Henry I. Bowditch.

REPLY TO "STRICTURES ON 'STRICTURE OF URETHRA.'"

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On reading in your Journal of March 10th, the article "Strictures on 'Stricture of the Urethra,'" represented to be written by "a professor in a distant medical school," some feeling of pride was at first elicited, that my report should have merited the notice of any one; but more especially of one of so respectable a character. Detecting, however, in the *learned professor's* remarks, rather a fault-finding spirit, than that of a candid critic, and from its anonymous character exhibiting evidence of malice, at first I concluded to be governed by the old adage—"anonymous communications merit no notice." But being notified recently that the Southern Massachusetts District Medical Society is to convene at New Bedford in a few days, I judged that an opportunity would present itself for the reading of a communication to that body; and on reflection concluded to make the subject of one, for that occasion, a reply to "strictures on 'stricture of the urethra.'"

In reporting the case under criticism, it was not intended to enter into detail, but merely to give a very general account of it, for the purpose of placing it in some form before those of the profession who take an interest in perusing cases of singularity.

The *learned professor* quotes me as follows:—"The nature of the case under consideration was evinced by the retention of urine, and the groans of the patient." Here, that my meaning shall not be perverted, I must remind the professor that he should have quoted me a little further, as follows:—"I learned that when the patient was 9 years old, he received an injury, &c., and from that time there had been occasionally some difficulty in urinating—sometimes amounting to complete retention; but with the aid of quietude, rest and medicine, he was speedily relieved." What were those medicines? They were of a very mild nature; and nothing more than sweet spirits of nitre, and uva ursi that grew near the patient's house. In reference to what had been done by my predecessor, the learned professor further quotes me—"all was found to be judicious; and ordered, with some alteration, a continuance of the medical course, which consisted in aperients, diuretics, fomentations, and anodynes by draughts and enema." The above-named medicines, sweet

spirits of nitre and uva ursi, were the *remarkable diuretics* which the patient conceived, in former attacks of his malady, very much contributed to mitigate his sufferings. The professor further quotes me—"Aug. 22d, 2 o'clock, P.M.—Now sixty hours since micturition, with the exception of discharge of half an ounce in the interval of last visit." He should have quoted from the context as follows—"At 4 o'clock in morning, left my patient for a few hours. I have been absent much longer than expected," which gives the fair inference that I was absent ten hours from the patient from unavoidable circumstances. He then quotes—"bladder much distended, very sensible and perceptible to the touch in pubic region;" and puts the following questions:—"If the patient had been taking diuretics for sixty hours, and only half an ounce of urine had been voided during that period, would the author expect anything else but a distended bladder?" Second—"If the treatment the day before [or on my first visit] was judicious, why were the diuretics omitted, and a blister to the loins substituted?" Before these questions are answered, let us look a little further. There are different degrees of retention of urine, as well as varieties, which are often blended, and they are to be treated on general principles, and according to symptoms. On my first visit the distension of the bladder was not proportioned to the suffering of the patient; but on my second visit, ten hours after, a very material change had taken place. The pain and distension of the bladder had much augmented, as well as the pulse; and indicating twice the amount of inflammation, both general and local, with spasm of the urethra, as evinced by catheterization. When announced to the nurse that the bladder was more distended, she remarked, that "for the last eight hours the patient's perspiration had dried up; and that he had been very hot, and contrary to orders had indulged largely in cold water." Now I think we are better prepared to solve the learned professor's questions—for certainly, if on my second visit, and after an interval of ten hours, the bladder was more distended, and inflammation and spasm were present, it was in accordance with the views of the best practitioners of medicine and surgery to discontinue the diuretics and apply a blister, if, notwithstanding, on the first visit all was found to be judicious, and that I had more reason to hope for mitigation of symptoms, than to "expect a distended bladder." Among the numerous authorities that could be adduced, in support of the medical treatment of the case, let a few suffice. Dr. Good, on the treatment of retention of urine, says—"Inflammation is to be relieved by the ordinary means; and in addition to these, by anodynes, clysters and fomentations, a warm-bath, warm liniments (especially blisters to the perineum.) Spasm to be treated by the method just proposed for inflammation." Samuel Cooper—"It appears that almost every stricture, bad as it may be, is capable of being rendered still worse, and the morbid part of the urethra more impervious, by a spasmodic affection. Slight diuretic beverages may be prescribed." Drutt—"Stimulating plasters to the sacrum are sometimes of use." Dr. Thomas recommends—"In every instance of the complaint, whether arising from stricture, gravel, inflammation or spasm," diuretics of nitre, balsam of

copaiba, and other medicines of this class. From these quotations, and what already has been said, I hazard nothing in submitting the proposed question, as to the propriety of the use of the diuretics and blisters to the "present professor of surgery, or his illustrious predecessor, in the Massachusetts Medical College," with an undoubting confidence of a successful verdict.

The learned professor further quotes me—"On examining the state of bladder and its appendages, per anum, find their condition more abnormal than anticipated. The inferior portion and cervix enormously thickened, prostate barely distinguishable." Upon this quotation he asks two questions, first, "Which is situated nearest the verge of the anus, the prostate gland, or the inferior portion and cervix of the bladder?" In reply to this question, I am reminded of an anecdote of one of the presidents of a college in New England, many years since. It seems that he was hearing the recitation of a very dull scholar, and the question came up as to the belief of the existence of things, although invisible to the eye. The scholar could not understand how it could be, when the president illustrated the principle in a very clear light. The scholar still persisted in the negative, when the president very sarcastically asked him if he had faith in the existence of what he sat upon, and if he ever saw *that*. Second, "How does it happen that the 'inferior portion and cervix' of a bladder should become 'enormously thickened,' when distended and attenuated to such an extent as to contain 'more than five pints of high-colored, ropy urine?'" Samuel Cooper, in his *First Lines of the Practice of Surgery*, speaking of the retention of urine, says—"The bladder generally, in adults, has contained six or seven pints." Dr. Good, speaking of the quantity of urine contained in the bladder, says—"It has occasionally amounted to eight or nine pints, and there is a case given by M. Vildé, in the *Journal de Medecine*, in which it equalled sixteen pints." I now trust that the reader, without imputing to me large marvellousness, will believe that if the "inferior portion and cervix" of a bladder should become "enormously thickened," enough of the organ may remain undiseased, "when distended and attenuated, to contain more than five pints of high-colored, ropy urine."

In alluding to my visit on the 31st, the learned professor further says—"Some symptoms of peritoneal inflammation appearing, the author of the paper recommended the radical operation for stricture of the urethra. After cutting down upon the point of the catheter at the seat of the stricture, I would ask the writer if he thinks he would have been 'several times foiled by an interposing smooth substance, obviously of a membranous structure, either a fold of the mucous membrane of the bladder, or a partial membranous partition,' had he attempted to perform this operation when the bladder contained more than five pints of urine, and before it was punctured above the pubis? Or, if a male catheter had been passed into the wound above, and directed under the pubis, and into the prostatic portion of the urethra from within outwards, so as to be felt in the perineum, the operation would not have been more safely and expeditiously performed?"

In reply to the first question, it will be remembered that I stated the whole region, including the triangular space to the bulb, was much enlarged, distorted, and so indurated that it scarcely resiliated to the touch. This abnormal condition of the parts, at this stage of diagnostic information, "per se," was sufficient objection to the common radical operation—as was proved in the sequel by clear demonstration of the existence of a membranous partition, in attempting to bring the catheter in contact. Moreover, in depressing the external end of the catheter, no urine escaped—thereby showing that the *timid surgeon* could not depend upon any distension of urine, in the perineal region, as a guide through an urgent operation, and to compound for ignorance in anatomical knowledge; and that paracentesis above the pubis was the only judicious operation that could have been resorted to with safety. The proposed mode of operating embraced in the second question, I deem unscientific and perfectly impracticable. The catheter is not the proper instrument to be used, where such an operation is necessary and practicable.* No case exists in the records of surgery, where a membranous partition of the bladder, of equal degree of firmness as in the present case, was attempted to be lacerated by a sane man, with the blunt end of a catheter, or proposed as in any degree worthy to be a substitute for the one which I practised, with at least ordinary success.

The learned professor, in concluding his remarks, alludes to the time that the patient was under my care, and his removal "to the Massachusetts Medical Hospital."† If this is done to insinuate that it was uncommonly protracted, I would suggest to him the perusal of similar cases, reported in this and other journals; to see whether they generally terminated more speedily and successfully than the one under criticism.

Having now touched upon all the questions of the learned professor, I am inclined to think that he will require all his stock of "*charity*" for his own purposes, and have none to spare "for the author," or "for the surgical character of the Southern Massachusetts Medical Society."

In conclusion, I would inquire of the learned professor, after all his display of sparkling learning and wit to vilify a *faithful report* of an *interesting surgical case*, if he has not utterly failed in making the *organ* of his criticism the *receptacle* of "*scientific truth*" or an *expositor* "of error"—either "*theoretical*" or "*practical*"; but on the contrary has not involved himself in a series of *absurdities* and *errors*; and if the words of Horace are not in point—"Parturient montes, nascitur ridiculus mus."

Very respectfully yours,

Wareham, May 5th, 1852.

PEREZ F. DOGGETT.

FELLIS BOVINI, AS A MEDICINE.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE bile from the gall of the ox has long been known to possess medicinal properties, and to some extent it has been used by the profes-

* See Boston Medical and Surgical Journal, vol. xxvii., page 341.

† For explanation of *removal*, vide original report of the case.