

night for a week or ten days, will in some cases do much good. Simultaneously with the use of these means, it will be most important to apply several leeches to the cervix, at intervals of five or six days, for three or four times. It is especially in this form of uterine disease that the application of leeches does good. In several others it is a positive error, yet one by no means unfrequently committed. The patient will keep strictly to her couch for a fortnight, and subsequently must lie down as much as possible. Emollient injections of linseed tea, milk and water, or thin arrowroot, will follow the leeching, and be repeated two or three times a day. Careful attention to diet (avoiding stimulants), and the occasional use of tepid hip-baths, will also prepare the patient for the adoption of more energetic local treatment. In about ten or fourteen days from the commencement of this treatment cauterization may be practised. The solid nitrate of silver is less useful than the caustic nitrate of mercury, but it is valuable as an adjunct to the latter, and may be repeated at more frequent intervals. It is most certain that still more powerful escharotics, such as the potassa fusa or the actual cautery, exercise a salutary effect even upon the inflamed ulcer in any stage; I believe the universal experience of surgeons who have carefully tried this plan will be found to agree on this point; and in dispensary practice there is no alternative but to adopt it almost from the first. There is more delay and much more pain in the cure, but it unfailingly cures at length. After a short use of the milder escharotics, one or two applications of potassa cum calce are eminently useful, and astringent injections may supersede those of the emollient class; and now, the tongue being clean, the ulceration much less inflamed and more healthy, and the cervix softer, the proper time for quinine, and if necessary for iron, has arrived, and very rapid improvement will ensue. The ultimate change in the patient's condition, from that of premature old age, weariness, and wretchedness, to one of restored happiness, vigour, and youth, constitutes one of the most interesting of the silent triumphs of our art.

Sloane-street, Chelsea, Aug. 1861.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

STRANGULATED HERNIA; STRICTURE OF THE URETHRA;
HÆMORRHOIDS; PREVIOUS CONSTIPATION FOR TWENTY-
ONE DAYS; OPERATION FOR HERNIA; OPERATION FOR
STRICTURE; RECOVERY.

(Under the care of Mr. HOLT.)

GEORGE P—, aged sixty-seven, a labourer, was admitted on June 14th. He states that he has had hernia for upwards of six years, the protrusion being the result of severe straining to get rid of the contents of the bladder, in consequence of a stricture of the urethra, from the effects of which he had been suffering for more than thirty years, and was operated upon by the late Mr. Anthony White for retention of urine. He had only left the hospital one week, having been under the care of Dr. Radcliffe for constipation of twenty-one days' duration. At the time of admission he was in a very exhausted state; the intestine had been strangulated for three days, and he had continuous vomiting and hiccough, the vomited matter being stercoraceous.

Upon examination, Mr. Holt detected a very small tumour corresponding to the external abdominal ring, and extending but a short distance into the scrotum; it was hard and unyielding, had but a very slight impulse on coughing, and was not resonant upon percussion. The state of the patient not

admitting of any delay, and the taxis having been fairly tried under the influence of chloroform prior to Mr. Holt seeing him, this agent was again had recourse to, and the ordinary operation was performed. The intestine was found in an extreme state of congestion; but although much discoloured and slightly rough upon its surface, it was not brittle or emphysematous. Mr. Holt therefore decided upon returning it within the abdomen; the edges of the wound were approximated and retained by wire sutures, pad, and bandage, and opium was administered every four hours.

On the following day he was more comfortable; but the pulse continued feeble; the bowels had not acted; there was no passage of flatus; the vomiting and hiccough persisted. Continue opium.

On the second and third day he remained in the same state, still vomiting, and hiccough more decided; he also complained of pain over the abdomen, for which a turpentine fomentation was ordered. Continue opium.

On June 19th, five days after the operation, the bowels had not acted; the vomiting was less, and the hiccough had in a great measure subsided; he had also passed flatus per anum. To have a little wine, beef-tea, and continue the opium at longer intervals.

On the 23rd, nine days after the operation, the bowels acted slightly, an enema of warm water having been administered on the previous day, without, however, being followed by any result.

From this date he gradually recovered so far as the hernia was concerned, the wound healing kindly. But his stricture had continued to trouble him, and he had occasional retention of urine; the piles were likewise protruded, and bled during the efforts to relieve the bladder, and there was increasing difficulty in introducing the catheter, in consequence of a false passage, most likely the result of his attempts to introduce his own catheter.

Under these circumstances, it was determined to operate upon his stricture, and on July 16th—a little over a month since the previous operation for hernia—he was placed under the influence of chloroform, and Mr. Holt, having introduced his dilator, split the stricture, and immediately afterwards passed a No. 11 catheter into the bladder. There was scarcely any hæmorrhage. The patient was desired to remain in bed that afternoon, and take the usual mixture of quinine and opium—two grains of the former and ten drops of the latter—every six hours.

On the following day he expressed himself as being able to micturate with much greater facility. There was some scalding and he had a slight rigor.

On the second day from the operation a No. 11 catheter was easily passed, the stream was much improved, and he had not occasion to strain.

On the fourth day the catheter was again passed, and went in so easily that it was not considered requisite for him to remain in the hospital; accordingly he was discharged on the 21st, with directions to attend occasionally for the purpose of having the catheter introduced.

The foregoing case presented several practical points of considerable surgical interest. The existence of a severe and protracted stricture unquestionably gave rise both to the hernia and piles: the first showed itself after severe straining to micturate, and the second gradually supervened, the bowel being occasionally protruded in the efforts to obtain relief to the bladder; thus affording another example of the consequences of neglected stricture of the urethra. The diagnosis was uncertain as to whether the symptoms depended upon strangulated hernia, or on some internal mischief, such as gave rise to the twenty-one days' constipation, only relieved in the previous week; more especially as the tumour was described as being no larger than usual, was tense and without resonance, and devoid of impulse on coughing. Under such circumstances, Mr. Holt considered it right to operate, and upon exposure of a very small knuckle of intestine the mystery was revealed. The intestine was nearly black, but it preserved its polish, was firm, not emphysematous or patchy; and Mr. Holt considered it would be better to return it. He forcibly impressed upon the students the absolute necessity of avoiding the administration of purgative medicines: in a mild case the bowels would act of themselves; in a severe one the strangulated intestine required many days' perfect rest to recover itself. Patients never died from constipation; they frequently died from meddling interference to procure what is considered a knowledge that the strangulation has been relieved by the passage of fæces. If the surgeon is satisfied that the operation has been properly performed, he need have no anxiety

about the action of the bowels; the gradual subsidence of the vomiting and the passage of flatus per anum ought to be sufficient for any intelligent surgeon. In the present case the vomiting, constipation, and hiccough continued for many days, yet no attempt was made to relieve the bowels by purgatives; on the contrary, opium—the sheet-anchor in such cases—was steadily persevered with, and the patient recovered: another evidence that however hiccough may be regarded as characteristic of gangrene, it is not always to be relied upon. The stricture was obstinate and complicated with a false passage, and had been divided in the perinæum many years since by the late Mr. Anthony White; and although the patient was materially out of health from what has been already described, Mr. Holt remarked that he had no hesitation in introducing his instrument and splitting the stricture.

UNIVERSITY COLLEGE HOSPITAL.

TREATMENT OF THREE CASES OF SO-CALLED IMPERMEABLE STRICTURE.

(Under the care of Mr. HENRY THOMPSON.)

IT is less rare now than it formerly was to meet with strictures which are regarded as impermeable. Of course, a stricture is never really so through which some urine, however small in quantity, still passes. It may issue in a minute thread-like stream, or only in a succession of drops; it may pass thus entirely through the urethra, or it may be mainly passed through fistulous passages in the perinæum or scrotum, as in one of the following cases; but in almost every instance a certain portion still passes through the urethral canal, however contracted it may be. This being the case, there is great encouragement to endeavour to pass an instrument of some size through the narrowed channel, and in almost all cases this may be accomplished. Of course the instrument must be small enough to correspond with the size of the stream, and in extremely narrow strictures it must be exceedingly small, when the utmost care is required in manipulating it. If it can be passed through the stricture, by careful, patient, and gentle management, into the bladder, the advantage for the patient is great, and a far better result is accomplished than any other operative proceeding offers; for, being once introduced, it happens, in the great majority of instances, that it can be tied in for a day or two, that the stricture dilates under this process, and that, in the course of a few days, large instruments will pass with ease. The rapidity and the power of this means of treating such cases render it frequently one of very great value. Three illustrations of it have recently been under Mr. Thompson's care at this hospital, which may be thus briefly reported:—

CASE 1.—M—, aged forty-six, admitted April 27th, 1861, on account of old and confirmed stricture, occasioning frequent attacks of retention, for which numerous attempts to pass a catheter had been made, but without success. He suffers severely from this painful symptom of his complaint.

May 1st.—A tight stricture was found at the distance of five inches and three quarters from the meatus. Mr. Thompson succeeded in passing a small-sized silver catheter into the bladder and drawing off the urine. It was tied in in the usual manner.

3rd.—No. 4 was substituted.

4th.—He had a slight attack of fever, and the catheter was removed.

7th.—Another instrument (No. 3) was introduced and tied in.

8th.—It was exchanged for a gum elastic instrument (No. 4).

9th.—No. 6 was introduced and tied in.

12th.—No. 10 has been reached through gradual steps by continuous tying in.

13th.—Nos. 9 and 10 were passed and removed.

14th.—The same.

15th.—He was instructed in passing a gum catheter for himself, but managed clumsily, produced a little bleeding, and had a rigor afterwards.

24th.—His urethra has been maintained at No. 10 by passing instruments. The stream is full. His symptoms have disappeared, and he is ready to leave for the country, but stays only to learn how to pass an instrument for himself before he is permitted to take his discharge.

28th.—He is finally discharged, free from all his former

symptoms, and passing a full stream of urine at the usual intervals of time.

CASE 2.—R—, aged fifty-six, admitted May 12th, 1861. Lives in London; has had stricture for twenty years, and been under repeated and long-continued treatment; but an instrument was never yet passed into the bladder. He has been in hospital two or three times for retention of urine, and for treatment of the stricture. Has now four or five fistulous openings in the perinæum, on the nates, and in the scrotum, which is much inflamed, through which most of the urine passes; much of it escapes involuntarily during sleep. His local condition and his general health are exceedingly bad.

May 14th.—A close stricture was found five inches from the meatus. After much difficulty, a No. $\frac{1}{2}$ silver catheter was introduced through the stricture and into the bladder, removing about twenty-five ounces of urine; it was not tied in.

17th.—The same instrument re-introduced, and tied in.

18th.—An attack of shivering and fever; instrument removed. Opium and brandy administered.

21st.—He has quite recovered; urine passes a little better, but is, as usual, loaded with pus and mucus. No. $\frac{1}{2}$ again introduced, and the bladder emptied.

22nd.—Fever and constant micturition. Hot hip-bath and aperient.

24th.—His bowels having been opened, the same catheter was passed, and tied in. Opiates administered, and his usual amount of stimulant.

26th.—He took his catheter out at night. In the day Mr. Thompson introduced No. 1, and tied it in.

In this manner, with several relapses, the treatment was pursued, until, in the beginning of June, a No. 9 gum catheter was reached. He had attacks of irritation and pain, with frequent micturition, after the instruments were withdrawn, rather than during the time of their sojourn in the urethra.

By the middle of June his symptoms had much improved; he retains his urine three or four hours; passes it in a good stream; a small quantity only comes through a fistulous opening; two of these have healed; his health is improving. Nos. 7 and 8 are passed every third day.

June 24th.—He has made excellent progress. To be discharged, and attend twice a week as an out-patient, in order to learn to pass an instrument for himself, which it is necessary to do, as his bladder never empties itself, on account, not of any existing obstruction, but of the weakened condition of its coats, from the organ having been so long distended with urine, the overplus of which only has been discharged at each act of micturition.

July 5th.—He passes a No. 8 gum catheter for himself with ease. His fistulae have healed. He has little now to complain of, and is in better health than he has been for many years.

CASE 3.—R—, a young man, admitted on the 8th of July last. He has been treated for stricture for many months, but no instrument has yet been passed.

July 9th.—The stream is exceedingly small; a stricture was found at five inches from the meatus; and an attempt to pass an instrument was unsuccessful. No. 1 catheter was the smallest employed.

11th.—To-day, after some difficulty, No. $\frac{1}{2}$ was passed into the bladder, and the urine drawn off. The catheter to be tied in in the usual manner.

12th.—Exchanged for a gum catheter, No. 1.

14th.—The former is removed, and a No. 3 gum catheter is introduced in its place.

18th.—After several changes, No. 9 was used to-day, and removed. There have been no rigors nor the slightest bleeding, and not a single bad symptom of any kind has occurred throughout.

25th.—He was finally discharged to-day, No. 10 having been reached, which he is now learning to pass for himself. All the symptoms have disappeared.

ST. GEORGE'S HOSPITAL.

TUMOUR NEAR THE MEATUS URINARIUS OF A FEMALE; REMOVAL.

(Under the care of Mr. POLLOCK.)

TUMOURS of an erectile and polypoid character in the female occasionally grow from the mucous membrane, close to the orifice of the meatus urinarius, or in the areolar tissue surrounding it. Such cases are now and then witnessed amongst