

spigot of wood at the end of a shortened catheter. He now removes the catheter, washes it, and puts it back again daily. He is up from his bed daily for a time, but is certainly losing flesh. Whether the mass felt through the rectum is due to simple hypertrophy of the prostate, or to a new growth in that organ, remains to be proved. Since the operation the mass certainly feels larger.

Stroud.

TOTAL SUPPRESSION OF URINE FOR NINE DAYS; RECOVERY.

By D. S. SHROFF, L.R.C.P. & S. EDIN.

I SAW a Mahomedan on Sept. 4th; he was about fifty-four years old, in a fair condition of body. His complaint was that he had passed no urine since the previous morning, and that he felt heaviness in the head and suffered from vomiting. He attributed his illness to keeping late hours during the last two nights. Present condition: The abdomen was moderately distended, and there was neither fulness nor dulness above the pubes. All the abdominal viscera were normal, and so were the thoracic, except that the sounds of the heart were weak, the pulse being 70, soft and feeble. Pupils were slightly dilated, but there was no conjunctival redness. There were headache, vomiting, and drowsiness. On the 4th, being requested, I passed a No. 9 catheter, which went in very smoothly, but not a drop of urine passed out, except that when I took it out a few drops of reddish urine trickled down. This total suppression continued till the 12th. To sum up, the symptoms present during the space of nine days were as follows:—Drowsiness, drooping of the lids, pupils slightly dilated, headache, extreme weakness, slight pain in the lumbar regions, puffiness of the abdomen, and constipation. There was vomiting, which was severe at times, but not always. The patient retained about two doses and a half of medicine out of four, about half a cup of soup, a cup of milk, half a bottle of soda-water, and about half a cup of barley water in twenty-four hours. Thirst was absent, and there was neither delirium, coma, nor fever.

Treatment.—I had a great mind to inject pilocarpine, but the patient would not consent. My plan was as follows: Hot vapour bath in the morning, which produced copious perspiration, hot hip bath in the evening, and fomentation on the abdominal and lumbar regions twice a day. The trunk all round the abdomen was well covered with flannel, and the feet were kept warm, but the head cool. Internally I gave stimulating diuretics and an occasional saline purge. Every evening I gave an enema of castor oil with soap-and-water to relieve distension as well as constipation. On the tenth day, September 12th, the patient passed a few drops of bloody urine three times from morning till evening. On the 13th at 8 A.M. twenty-four ounces of urine were passed; it contained very little albumen and deposited some mucus. An enema at 9.30 A.M. was given, which was followed by a copious semi-solid stool. Only two doses of medicine were taken and retained. On the 14th at 2 A.M. thirty-five ounces of deep-red coloured urine were passed with one motion. On the 15th at 6 A.M. five ounces of straw-coloured urine were passed. Two doses of medicine were retained. On the 16th in the morning forty-five ounces of urine were passed, the first eight ounces were bloody. An enema was given at 7 P.M., which was followed by a copious semi-solid greenish-yellow stool. Only one dose of medicine was taken. On the 17th from evening till next morning some urine was passed every three-quarters of an hour, the total quantity measuring about fifty ounces. It was of pale-straw colour and deposited mucus; but there was no albumen in it. One dose of medicine was taken. On the 18th—i.e., on the sixteenth day from the total suppression—the urine became normal in quantity and quality. After he began to pass water I stopped the baths but continued the fomentation. He had slight vomiting and slept longer, but complained of utter prostration.

Calcutta.

HOSPITAL SUNDAY AND SATURDAY.—The Hospital Sunday collections in Birmingham this year amounted to £4674, and the Hospital Saturday collection at Exeter realised £400.

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.

HOSPITAL FOR EPILEPSY AND PARALYSIS, REGENT'S PARK.

EXCISION OF A TUMOUR FROM THE BRAIN.

(Under the care of Dr. HUGHES BENNETT and
Mr. RICKMAN J. GODLEE.)

DURING the last few weeks several notices have appeared in various medical papers concerning a man at present in the above hospital, from whose brain a tumour has been successfully removed. This operation, performed, we believe, for the first time in the history of medicine, has naturally attracted much notice amongst the profession, and numerous inquiries have been made as to the truth of the reports. Pending the termination of the case, and the more complete and scientific account of it which Dr. Bennett and Mr. Godlee will doubtless subsequently publish, we are in a position to furnish our readers with the following brief narrative of facts.

Some weeks ago a young man, aged twenty-five, consulted Dr. Bennett, complaining of paralysis of the left arm. He stated that he was a farmer, that his family history was unimportant, that he had always led a temperate and healthy life, and that he had never suffered from any illness till four years ago. About this time he received a blow on the left side of his head from a piece of timber, the effects of which were temporary and did not interfere with his occupation. With the exception of occasional headaches he remained in his usual good health for a year afterwards, when for the first time he began to experience slight twitchings in the left side of his face and tongue. These gradually became more pronounced, and occurred paroxysmally at irregular intervals. Soon afterwards he was seized with a "fit," which began with a sensation in the left side of the face and tongue, running down the left side of the neck to the arm and leg, and culminating in general convulsions and loss of consciousness. For two and a half years, although maintaining his robust general health, he was subject to daily recurrences of these paroxysmal twitchings in the left side of the face without loss of consciousness, and to the more severe general convulsive seizures with loss of consciousness which occurred on an average about once a month. Six months ago for the first time he was attacked with spasmodic twitchings of the left hand and arm, and these continued daily to alternate with the twitchings of the face, the two rarely occurring at the same time. These continued till the patient came under observation. Since the affection of the arm began there has been no recurrence of the general convulsive seizures with loss of consciousness. Shortly after, weakness of the left hand was observed, and this paresis of the upper extremity has continued slowly to increase up to the present time. The patient was, however, able to continue at work till three months ago, when the weakness of the arm prevented him using his tools. Since then twitchings of a similar nature have taken place in the left leg, and subsequently in the left eyelid, occurring in paroxysms several times a day. Quite recently the left lower extremity was found weak, and the patient walked lame.

On examination the patient was found in robust general health. His intelligence as well as all his organs and functions were normal, except those about to be described. He suffered from frequent and violent pains in the head diffused over the vertex. There was nothing abnormal to be seen on the scalp, but on firm deep-seated pressure there seemed to be tenderness in the upper parietal region a little to the right of the middle line. The movements of the eyeballs and pupils were normal. There was well-marked double optic neuritis, most marked in right, but vision was normal. There was slight comparative immobility of the left side of the