

—from a similar cause, and in a similar manner, to that of the muscular coat of the bladder sometimes becoming thickened when a stricture exists in the urethra.*

In beginning with the heart the matter may be explained thus:—The continued laborious exercise to which that organ was subjected, in consequence of the daily employment of the patient, produced in the first instance hypertrophy, and that hypertrophy increasing the power of the left ventricle, the blood was propelled with augmented force against the wall of the aorta, and overcame its elasticity, giving rise to dilatation,—the dilatation then producing disease of the valves, in the manner already explained. One of these two explanations comprehends, I presume, the pathology or pedigree of this disease. The former is, perhaps, the one most likely to be true.

Salisbury Street, Strand, Jan. 1834.

CASE OF

IMMENSE TUMOUR WITHIN THE PELVIS.

By CHARLES GRAVENOR, Esq., London,

On the 28th of last month, I was requested to visit a widow, named Cox, residing in Bell Court, Fleet-street. Upon seeing her, my attention was drawn to the very distended state of her abdomen, the swelling being so extensive as to occupy nearly its whole extent. It was hard, uniform, and free from pain. She told me that she first perceived the enlargement about ten years since, and that it had been gradually increasing till the present time. Two years ago, it occasioned, as it did at present, retention of her urine, and at that time she was relieved by the use of the catheter. After the employment of the instrument for a short time, the urine was passed naturally, and so continued without interruption until the last two days, since which time she had been unable to pass any fluid from the bladder.

The patient, in addition to the retention of the urine, was now greatly emaciated, and had a short dry cough; her pulse was 120 and weak; the tongue was dry and chapped; the mouth and fauces were in an aphthous state; she had great thirst; her skin was hot and dry; and her bowels were confined. Her age was 44. She

gave birth to one child some years since, when her labour was natural, though severe. She had now been a widow for several years, menstruated regularly, and had not felt much indisposition till the last week, when she told me, in addition to the foregoing particulars, that she had experienced feverish symptoms in consequence of her having got wet.

The occasional introduction of the catheter, for at times the urine was expelled naturally, and the exhibition of aperients when requisite, formed the plan of the treatment which I pursued till her death on the 3rd instant.

The abdomen was examined a few hours after death, when upon dividing the integuments, the muscular fibre was observed to be greatly attenuated. Reflecting it, the tumour presented itself, covered by the peritoneum, which, except at the upper part, was closely united with the fascia of the abdominal muscles arising out of the pelvis, and ascending as high as the liver, the arch of the colon being thrust up as far as possible, and the small intestines concealed behind the tumour, the spleen lying upon it. The uterus and ovaries were in natural condition, being in front of the tumour, and the bladder was pushed forwards over the pubes.

The tumour was of a circular shape, except that, inferiorly, it had a narrow part situated in the pouch, between the rectum and the vagina, to which parts, as also to the bladder, it was firmly adherent. Posteriorly the body of the tumour was free from adhesion, as the hand passed readily behind it. Upon its removal from the body it was measured around its middle part, and found to be thirty-four inches; its weight was nearly three-quarters of a cwt.

It was covered entirely with a smooth membrane. On being cut into, it exhibited a dense, hard, granulated structure throughout, except at the interior of the narrowest part, where a small substance of a smooth, compact, cartilaginous texture was discovered, imbedded in that which formed the mass of the tumour. There were three or four small collections of pus near the surface of the tumour, and one or two of serum. The cavity of the peritoneum contained about a quart of serum.

1, Rolls Buildings, Fetter-lane,
7th January, 1834.

* It is a little singular that this state of the bladder has not before now been dignified by the appellation of "hypertrophy."