

into the bowel, and using as much force as I could with the catheter, which I was fearful would snap in two, I thrust it through into the bladder, and drew off a large quantity of urine.

The instrument was tied in and kept in position for thirty hours, when it was taken out in the hope that the urine would pass naturally; but I was summoned again twelve hours afterwards, and found the patient again suffering from retention. I ascertained that a few hours previously another surgeon had been sent for, who tried for about half an hour to introduce the catheter, but failed even to find the orifice. I again used the same instrument, and, after an infinite deal of trouble, succeeded in passing it. This instrument was retained, and carefully watched morning and evening for a week, when, being found to lie loosely in the canal, it was removed. I left the patient under the care of a medical friend, who has since informed me that the catheter has not been again required, and that the condition of the diseased organ remains much the same.

Mr. N—, aged forty-two, applied to me on the 1st of Oct. last, with symptoms of stricture in its most aggravated form. He had no control over his bladder night nor day, being constantly in a miserable plight from wetting his clothes and his bed, and from painful irritability of the organ. He had suffered for twelve years, and although various attempts had been made, no catheter had ever been passed into the bladder. On examination I found a stricture at the bulb, impermeable to any instrument. For a period of three weeks I tried from time to time to penetrate the stricture; but although I used the utmost patience, I could not succeed. Therefore, on Nov. 2nd, I passed a bougie, armed with potassa fusa, down to the face of the stricture. This was at ten A.M. At eleven A.M. the next day the patient came to me in a state of great suffering, having passed no urine since three P.M. the previous afternoon. The bladder was greatly distended, and the urgency great. I kept him in my house for two hours, and tried various instruments, but could not relieve him. I therefore gave him half a drachm of tincture of opium, sent him into a hot bath, and told him to go home to bed and repeat the opium. At four P.M. he was in great distress, and the bladder more distended. I repeated the laudanum, and tried for half an hour to overcome the obstruction in vain. I ordered more opium, and visited him at nine P.M., taking with me chloroform and an assistant, with the view of puncturing the bladder, if a last attempt failed. This viscus was now enormously distended, and it was evident something decided must be done to prevent a fatal issue. The patient was somewhat under the influence of the large doses of opium he had taken. I took a firm No. 2 silver catheter, and, after a deal of trouble, managed to get its point into the face of the stricture. Having fully ascertained this, I passed my left forefinger into the rectum, and then, using all the force I could, pushed the instrument in the right direction into the bladder, and drew off about a gallon of urine. Of course I tied the catheter in the urethra, and kept in a succession of catheters for a fortnight, at the end of which period I was enabled to introduce a No. 15; and, in course of time, I discharged this gentleman, able to pass a large catheter for himself.

Each of these cases serves to illustrate some useful practical points, and for this purpose they are related. In both of them the urgency was so great and the difficulties were such that I almost despaired of giving relief but by tapping the bladder, and it was only after most persistent attempts and the use of almost unjustifiable force that I was able to insert an instrument into the bladder. The cause of the retention in each was different. In the first case, although an organic stricture in the usual place was present, the difficulty was mainly produced by the cancerous infiltration of the penis, the complete obliteration of the meatus, and the existence of the worst form of phimosis. This state of things might be prevented by the employment of a catheter in the earlier stages of the cancerous disease, so as not to allow the urethra to become blocked up. In the second case this formidable retention was evidently brought on by the use of the potassa fusa, an agent in which I possess the greatest confidence for assisting in the removal of the most inveterate stricture; and it serves to illustrate one of the objections which have been urged against the use of the caustic, and to mark the extreme caution with which it should be used. I have, however, not met with such a serious accident before in its employment, and I do not think that surgeons should withdraw their confidence from it because such a result does occasionally happen. The occurrence of retention in this case teaches us to be careful to watch the patient on whom it has been used, especially where a catheter cannot be passed through the stricture; for should such an occurrence

take place when the sufferer was not within the reach of competent surgery, most disastrous effects might be produced. I scarcely ever use potassa fusa except in those instances where the ordinary means have failed, and where a resort to a much more dangerous expedient—viz., the employment of the knife, would be considered necessary, and I may with truth say I scarcely ever fail in making my way into the bladder by the aid of this powerful agent; and although a serious accident, such as almost insurmountable retention, may follow its use now and then, as in the case here recorded, I do not consider that this circumstance should counterbalance the vast amount of good of which it is capable in proper hands. I regard the employment of large and repeated doses of opium as having been of the greatest value in this case; for, although I tried my utmost, I could not succeed in relieving the patient until he was sensibly under a certain state of narcotism. In cases of retention of urine dependant upon some sudden and temporary change in an organic stricture, the value of large and repeated doses of opium is much greater than that of chloroform, and I do not think that it is sufficiently appreciated in such cases.

Caroline-street, Bedford-square, Jan. 1863.

ON A CASE OF INDUCTION OF PREMATURE LABOUR BY DR. BARNES'S METHOD.

By F. M. CORNER, Esq., M.R.C.S.,
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THE following case illustrates in a most satisfactory manner the perfection of the method of inducing premature labour introduced by Dr. Barnes, and is an instance of a most useful application of the method in a case which could hardly have been relieved so successfully and so speedily by any other means.

My patient, aged about thirty, menstruated naturally at the end of July, when she considered she became pregnant of her third child. From this date to Sept. 10th she had a slight discharge of blood, lasting a day or so and disappearing for several days; and then (Sept. 10th) a large quantity of aqueous discharge, with reduction of the size of the abdomen, but no change in the fulness of the breasts or other symptoms of pregnancy. On the 23rd of October a larger loss of blood took place, attended by shrinking of the mammae, coldness in the abdomen and thighs, and a drain from the uterus of black thick fluid. Her general health underwent change, she feeling sickly, faint, and thoroughly "out of sorts."

I first saw her in the early part of November, and found a tumour, shaped like the pregnant uterus, reaching to the umbilicus, soft and doughy to the touch, and giving the impression of nothing beyond fluid within. Internally the os was found patent, the sound being readily passed several inches. After watching her for several days, I determined on exploring the interior of the uterus, believing in the presence of a deceased foetus.

On the 8th of November, having opened the os somewhat by a sponge tent, I at a quarter-past eight P.M. introduced Dr. Barnes's second sized bag, and inflated it, to secure moderate pressure within the canal, and left for an hour. It was then found that regular uterine pains had been established, and the os had dilated and seemed very dilatible. The largest sized dilator was then passed, and at intervals of a few minutes was progressively filled, effecting, like the one first used, dilatation and uterine action. At eleven P.M. the os was sufficiently dilated to allow of a full examination, when I found a tough membranous bag presenting, pressed down by each pain. This failing to make much progress, I gave a dose of ergot and punctured, liquor amnii escaping, and almost directly following, a foetus, of, I should fancy, three months' gestation. The head was encircled by the os for some minutes, so that before expulsion I could not determine whether it was living or not; it was not at all decomposed. I left at midnight, congratulating myself on the issue of the case.

I may briefly mention what struck me particularly in the use of these instruments: the ease with which they were introduced within the os by the aid of a pair of long, straight, narrow-bladed forceps, commonly used, I believe, for cleansing or making applications to the uterus; the absence of complaint on the part of the patient; and their speedy action in dilating

the parts and inducing natural expulsive pains. For the purpose intended by Dr. Barnes I have no doubt they will prove everything he has stated. Certain, safe, and speedy, what more can be desired? I never had any case the result of which pleased me more. Everything went on as one wished, neither more nor less.

David-place, Poplar, Jan. 1863.

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.

GUY'S HOSPITAL.

CASE OF ADDISON'S DISEASE OF THE SUPRA-RENAL CAPSULES, WITH REMARKS MADE AT THE AUTOPSY BY DR. WILKS.

(Under the care of Dr. GULL.)

WM. T.—, aged thirty-one, a publican, living in South-wark. As far as could be learned, he had been ailing about four months. He might not have been quite well before this, but he had no marked symptoms to attract attention. At this time he began to get weak, pale, and thin; and a neighbouring medical man who occasionally saw him gave him medicines with varying effects, it being his opinion that the patient was in a consumption. During the first three months of his illness he was still able to follow his employment, although he felt excessively weak, often had pain in his back, and repeatedly rejected his food. It was also said that he had various nervous symptoms, such as numbness in his legs; that there was some loss of sensation on one side of his face; and that he had some difficulty in retaining his urine. About a month before his death he went to a friend at Greenwich for change of air, but there getting worse, with increased pain in the back, &c., he went to Dr. Bradley, who thoroughly examined him, without being able to find any cause for his extremely ill appearance. He was scarcely able to get back to his house and take to his bed, when he sent for Dr. Gull to see him. This physician, after examination, found the case so obscure that he advised him to go to the hospital that he might more fully investigate his case. But Dr. Gull never saw him again; for after being carried to the hospital he became so prostrate, and had such constant retching, that he died on the following day. His face was sallow, but there was no discoloration to attract any marked notice. The only suggestion as to Addison's disease being present was started by Mr. Stocker, the resident medical officer, who, when called to the case, remarked on its obscurity, and said, for what he knew to the contrary, it might be (judging from the prostration and sickness) a case of supra renal disease. It may also be stated that, on Mr. Stocker relating the circumstances to Dr. Wilks in the inspection-room, the capsules were at once sought for upon opening the body.

Post-mortem examination, Dec. 30th, 1862.—No disease in the body except in the supra-renal capsules; no excess of white corpuscles in the blood. Both the supra-renal capsules were destroyed, and converted into large masses of an albuminous substance; these being considerably larger than any which had yet occurred in the hospital. They also consisted of a material indicating a much more recent formation than in most cases which have been before observed. They had contracted adhesions to the parts around, so that the right tumour had to be torn off from the under-surface of the liver; and this tumour had also involved the coats of the vena cava, so that on opening this vessel a slight projection was seen on its inside, as if the disease would soon have penetrated to the interior. The diseased organs, or masses of morbid material which took their

place, were not weighed, because it was wished that they should be preserved on the kidneys; but they were probably as heavy as two-thirds of the weight of the kidneys themselves, or certainly more than half, for the kidney was not double the size of the capsule which was attached to it. The substance composing the diseased organs was of a soft material, of a whitish colour, of the consistence of tallow or lard. It cut with a smooth surface, but at the same time was friable and easily broken up. The material was of the same character as had been met with in previous cases, but it had never been seen in such abundance or in such purity as in the present instance; for in former cases, although it was regarded as the originally-formed substance, it had undergone a fatty decay into yellow masses of so-called tubercle, or had become in part cretaceous. None of these ulterior changes now exhibited themselves, and thus no doubt could be felt that the deposition had taken place in a comparatively recent period. The organs were so enlarged, and the surrounding parts so necessarily involved, that the semilunar ganglia were more than usually encroached upon. The right ganglion was actually embedded in the diseased mass, whilst the left lay close to the capsule, and its nerves were all involved.

We were fortunate enough to be present at the examination of this interesting case, when Dr. Wilks favoured us with the following remarks:—He said that it tended to corroborate the opinion of Dr. Addison, that the discoloration was only a final attendant on very chronic cases; the opinion of this physician being that the constitutional symptoms preceded the discoloration of the skin, and that if by chance the patient was cut off at an early period of the complaint, the disease in the capsules would be found indicative of a comparatively recent change, and no pigmentation of the skin would be present. This man's symptoms dated back for four months only, a very short illness compared with that observed in the generality of cases. The great size of the diseased organs, and the more than usual implication of the semilunar ganglia might afford an explanation of his speedy death. Dr. Wilks also remarked in reference to the present case, that seeing there was no other disease in the body except that of the capsules, he thought it not unreasonable to connect that disease with the illness and symptoms of the patient, and much less unreasonable did it appear when similar symptoms and disease had been associated in numerous other well-established cases. Nevertheless a very universal scepticism existed amongst those who had not witnessed any example of the malady; and thus in literary criticisms a doubt was thrown upon the truth of Addison's discovery, the objections arising from the fact that discoloration of the skin was not always present, and that pigment occurred in the skin under various circumstances; also, that if the symptoms were due to implication of the organic nerves of the solar plexus, the former should vary with the size of the diseased capsules. Several other objections of a like kind have been started, but all of them of minor consideration compared with the main facts pointed out by Addison. Such critical writers, although tacitly admitting these facts, produce a general disbelief in the mind of the reader, and therefore it is essentially necessary to insist upon the simple statement of the discoverer, which is equivalent to this—that if an independent and destructive disease of the supra-renal capsules, produced by inflammatory or tuberculous deposit, exists, it is a fatal affection, attended by a remarkable asthenia, and in a certain proportion of cases by a discoloration of the skin. This is the broad statement which appears to require corroboration in the minds of the profession. The fact of the organs being affected by secondary deposits of tubercle and cancer, or by fatty degeneration, (a common enough change,) is altogether beside the point; for although these are matters worthy of consideration, they only serve to burden the main question before us, and by their obscurity tend to eclipse it. Dr. Wilks also remarked that the author of the discovery once asked a very pertinent question in relation to the disease known by his name, and it was this: If in a certain patient he stated that a disease of a particular kind should be found after death, and the prediction were verified, what were the chances in favour of or against that statement being a scientific inference or a mere guess; and should the result be regarded in the light of cause and effect, or as a simple coincidence? What also would be the chances for or against this prediction being a scientific deduction if the same association of symptoms and disease were foretold in a dozen cases? Those who maintain that these stand in the relation of mere coincidences should think of the probabilities against such an occurrence. It might even be further stated, that if (apart altogether from a diagnosis of the disease) a remarkable set of symptoms have been met with in connexion with a disease in a