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CASE OF STRICTURE OF THE URETHRA OF LONG STANDING,

CURED BY CUTTING DOWN UPON THE CONTRACTED POINT.

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ON the 26th of May, 1834, six o'clock, A. M., I was called upon to attend William Bentley, of Sheepcote street, Birmingham. On my arrival I found him laboring under all the distressing symptoms of complete suppression of urine, of some hours duration; great distention of bladder; high fever; quick, hard pulse; furred, dry tongue; great anxiety, and ammoniacal odor of breath; has had warm baths, and two strong anodyne draughts, without relief, by order of Dr. Eccles. I immediately had recourse to the catheter. The urethra was very irritable, and I found a formidable stricture at the bulb, rigid spasm of the membranous portion, and a very much enlarged prostate gland, being full as large as a hen's egg; but by perseverance, and raising the point of the catheter with the finger of the left hand in the rectum, I succeeded in its introduction into the bladder, and drew off upwards of two quarts of urine, at once affording complete relief. I then ordered an enema, to be administered as soon as he had recovered from his exhaustion, and an anodyne draught at bedtime.

I called during the day, and made some inquiries into my patient's history. He is sixty years of age, and by trade a carpenter; has been more abstemious in his habits than otherwise, occasionally, only, taking a drop too much. His appearance is that of a dark-haired, thin, pale man, about five feet six inches high, not emaciated, but still looks like one who has seen some hardship. He bears a good character for industry, and has reared a large family; his general health good. He states that he has had difficulty in making water for twelve years, but that twelve months ago he was suddenly seized with a stoppage of his urine, and with anxious desire to void it, after walking half a mile on a hot day, and drinking a draught of porter while he was heated; since then has had occasional attacks of this sort, accompanied by severe pain in his back and lower part of his belly; but these attacks went off, by rest and quiet, without medical assistance. Has been subject to hæmorrhoids for twenty years, which are very painful occasionally; to hydrocele of the left scrotal sac for twelve years, and has been in the hospital here several times for relief, but no permanent cure effected, the sac being

now much distended with fluid. Never had gonorrhœa or syphilis of any kind.


27. To-day I was sent for, and found my patient laboring under the same symptoms as yesterday. I again attempted the catheter, and I suppose was an hour using every manœuvre possible to introduce it, but without success. He complained most horribly of the pain and irritation I gave him, although I used but very little force. His pulse was hard and full, which, with his other symptoms, induced me to, immediately, tie up his arm and bleed him to faintness. Administered an enema, and gave him an anodyne draught, containing forty drops of Batley's sedative solution, and to have constant fomentations of poppy-head water to the abdomen and perineum.

Three hours after. The distressing symptoms continue, and the bladder seems fast distending. I attempted the catheter again, but did not succeed. I now directed my attention to the scrotum, thinking that, from its great distention with fluid, it might exercise some sympathetic influence over the bladder. I punctured it, and drew off the fluid collected. Applied six leeches to the perineum, and gave a starch injection, containing 3j. of laudanum. An hour after, I used the catheter again, but without success. His symptoms were now of that alarming nature that I determined upon calling in further assistance. Mr. Freer and the late Mr. Chester were sent for, when, after many fruitless attempts to pass the catheter, we determined to puncture the bladder, as being the only means left to save my patient. This I immediately did about three inches above the pubis, and through the canula. I introduced an elastic gum catheter into the bladder, which remained in the new-made passage for twelve weeks, during which time I had to combat several severe attacks of peritonitis, which I subdued by the steady and persevering use of calomel and opium, warm fomentations, glysters, and strict watching, scarcely ever leaving him for more than two or four hours at a time, day or night, during the whole period of twelve weeks' painful confinement.

About every fifth or sixth day I had recourse to the catheter, which I at last succeeded in passing into the bladder. I now felt delighted at the prospect of a speedy cure to my patient, and a termination to my anxiety and care; and for five days he went on well, sat up for several hours in the day, enjoyed his meals, and slept well at night. The inflammation of the prostate had been reduced by leeching, and other suitable means, and he was now gaining strength rapidly. He, however, on the fifth night, and he says in his sleep, pulled the catheter out of his bladder, although I had secured it with tape; and when I called at midday, expecting all was going on well, I was exceedingly mortified to find my patient with his bladder painfully distended, and unable to void his urine. I immediately attempted to pass the catheter per urethram, but could not succeed, from its excessively irritable state. The gentlest introduction of a well-oiled gum catheter produced therein excruciating pain and spasm, rendering it impossible to pass it more than two or three inches. Here was a condition to be in! the punctured wound had quite healed; my patient's bladder full and painful; he was

very weak and reduced, and seemed now to resign all hope of relief. I, however, cheered him, gave him an anodyne draught and a starch injection, with 3j. of laudanum, and ordered fomentations to be constantly applied.

I called again in three hours; in the meanwhile a slight oozing of urine had commenced from the puncture in the abdomen, and on my removing the bed clothes a fine stream of urine, of the thickness of a pin, jetted to the height of fifteen or twenty inches. Taking advantage of this, I seized the catheter and bored it into the bladder, and relieved my patient. I again left him tolerably comfortable.

We now went on much as before; he in bearing his sufferings, and I attempting to relieve them, for another period of seven weeks; during which time I used, at intervals, every means possible to again enter the bladder per urethram, but without success. I could pass the catheter somewhere, its full length, but certainly not into the bladder. By this time my patient's mind was so harassed by his distressing situation, that he hoped I would end his miserable existence, or devise some means of relief from this most extreme state of suffering. I then determined upon performing the lateral operation; to this he joyfully consented, and with the kind assistance of Mr. Baynham and Mr. Welshman, I accomplished it. My patient's health had been much shattered, certainly, but there yet remained considerable courage, and for some time the thought had struck me, that I could take advantage of the opening into the bladder through the abdomen, and render the operation less difficult, and success far more certain. With this view I prepared a sound a little longer than the common one, and bent it into this shape , and having placed my patient on the table, secured as for lithotomy, I passed a sound down to the bulb of the urethra, this being quite as far as I could go with certainty; and having placed it in the hand of one of my kind assistants, I withdrew the gum catheter from the bladder, through the wound in the abdomen, and introduced the prepared sound through the same passage. Having found the neck of the bladder, I pushed the sound into it as far as I could, and placed it in the hand of Mr. Welshman. Thus prepared, I made my incision down to the point of the sound in the urethra, and dissected carefully on till I could distinctly feel the sound in the neck of the bladder, when, having fixed my knife on its point, I gently withdrew it, and followed with my knife, dividing in its course part of the prostate gland and the neck of the bladder. Having now obtained a satisfactory entrance into the bladder, and this being accomplished without much loss of blood, my patient bore up well. He was now placed in bed, and the wound left open, with the view of keeping up a steady drain from the diseased gland, and an easy passage for the urine. At the end of three weeks my patient not having had a bad symptom, and the prostate very much diminished, I ventured upon passing a catheter down the whole length of the urethra, and healing up the wound in the perineum (the one in the abdomen was perfectly so). To effect this I had a silver trough made, which I introduced through the wound into the bladder; then passed an elastic gum catheter down the urethra, and fixing its point in the trough, I

passed it into the bladder. The trough was then withdrawn, and the wound dressed with caustic and lint. At the end of nine days the wound in the perineum was quite healed, and I withdrew the catheter, and in a few hours my patient made water, to use his own expression, "as well as ever he did in his life." It is now nearly three years and a half since the operation, and he has remained perfectly well, never having once complained of difficulty in voiding his urine.

The hæmorrhoids are much better, and he has ever since been able to follow his occupation with comfort.—*London Lancet.*

#### ANIMAL MAGNETISM IN LONDON.

[An able writer in the *London Lancet*, after describing some experiments which he witnessed at the University College Hospital, by Baron Dupotet de Sennevoye, makes the following observations. Whether they contain a true solution of the mystery of animal magnetism or not, they are worthy of attention in the present unsettled state of the public mind on this interesting subject.]

And now I come to the impression made on me in the way of explanation. I entirely give up the idea of collusion on the part of the patient; she was much too pretty and light-hearted to be the instrument of a cold-blooded and painful fraud. To say no more of the pinching and the snuff, it would have required a long drilling to teach a girl the symptoms to be counterfeited; and what would be the chance of a foreigner's finding the requisites united, in an out-patient in the University College Hospital?

The explanation, I apprehend, lies in a much shorter compass. It is simply, that the waving motion of the hands (which it is observable is as perceptible to the patient when the eyes are shut as when open, especially if the face be turned towards the light, as anybody may convince themselves by experiment with their own hands) produces an action on the brain (akin, perhaps, to the dizziness produced by the sight of running water), sufficient in *some* epileptic patients (in the actual case, one out of two) to bring on a real repetition of the epileptic fit. I never felt any doubt that the patient was in one of her epileptic fits; and the remark of the women is confirmation of the identity. What troubled me, was the idea of what would become of us all if the patient never recovered, and we were brought before the coroner. How the recovery was brought about, I admit to be the mysterious point; but if we will only keep our wits about us, and not be run away with by admiration of the marvellous, we must be on the point of finding out the whole. The fact already ascertained, I maintain to be, that certain motions before the eyes produce a cerebral affection, capable of inducing epilepsy in certain states of predisposition. There is nothing in this more wonderful than in many other facts established by experiment. For example, a few weeks ago I experienced, for the first time, what I remember hearing the servants talk of when I was a boy, that certain patterns upon walls and furniture produce giddiness. I was in a room