tion of the canal is had, and its course carefully followed. In cases of multiple stricture, it is often impossible to pass it at once into the bladder.

False passages must be sedulously avoided, especially those leading down below the prostate. By placing the finger in the rectum, the existence of such passages and the wrong direction of the instrument can be readily discovered.

Three other points demand remark.

The usual seat of organic stricture I believe, with Civiale, Guthrie, Leroy, and Thompson, to be at or about the point of union of the spongy and membranous portions of the canal; but it is with great deference that I suggest my suspicion that it is placed more frequently both before and behind that spot—*i. e.*, both in the spongy and membranous parts of the passage—than is commonly supposed, notwithstanding the museum statistics to the contrary.

As regards the causes of organic stricture, my experience points most strongly to badly treated gonorrhœa as being far and away the most frequent. Either nitrate of silver injections have been used to arrest the inflammation, or, what is far more common, no injections have been used, but cubebs, etc., given internally; *i. e.*, the gonorrhœa has been allowed to cure itself. Of the twenty-eight cases mentioned in this paper, twenty-four followed gonorrhœa treated by internal remedies alone; two were traumatic; and one arose from the use of a strong "revulsive" injection of lunar caustic, and one from violence in a man trying to pass a catheter when drunk. Traumatic strictures are in every way the worst to deal with, from the non-elastic cicatricial material of which they are composed.

Lastly, I may remark that I have had three opportunities of examining after death cases of organic stricture of the urethra. One man was brought to my operative class, in whose urethra an old and close stricture was found. In a hospital case of head-injury, a catheter was with difficulty introduced, and, after death, the canal was opened; and the third case was that whose death I before recorded. In none of these was there any change discoverable in the mucous membrane. It was solely in the submucous areolar tissue that the induration and contracting agency was found. In two of the cases, it had nearly surrounded the passage, but was most dense and decided on the under surface; and in the third case it was considerably prolonged underneath the lining membrane, and somewhat implicated the substance of the spongy body.

It is requisite that a patient upon whom this operation has been performed should be taught to pass a bougie for himself, and that once in eight days for a time. This precaution is, I consider, essential, after all methods of treating organic stricture, and is even less required, so far as I have been able to observe, after Holt's method of treatment than after that by gradual dilatation.

A CASE OF SUICIDE BY STRYCHNIA:

DISCOVERY OF A LARGE RENAL CALCULUS AT THE POST MORTEM EXAMINATION: WITH SPECIMEN.*

By J. M. HEWARD, Esq., Stamford.

ON May 8th, when paying my official visit to the Borough Gaol, at 12.45 P.M., I went into the reception-cell, and found Esther Osborne, aged 56 years, dead. At 12 noon, she left the justices' room. At 12.25, dinner, with a pint of water, was taken to her. Only twenty minutes, therefore, elapsed from her being seen alive well, and my finding her dead.

She was lying face downward, at full length, upon her shawl, which she had spread out upon the floor. None of the solid food was eaten. Part of the water was thrown upon the floor; with the remainder she had mixed a packet of Battle's Vermin Killer, which subsequent evidence proved that she had secreted in the lining of her petticoat. The drinking-vessel had been well wiped out with her pocket-handkerchief. The pot was replaced upon the shelf, and the paper which had contained the poison was carefully hidden in the petticoat-lining. She had not vomited. Her linen was wet with urine.

At 4.30 of the same afternoon, I made a *post mortem* examination. The body was well nourished, and free from marks of violence. It was very rigid; the head was thrown back, the under jaw closely clenched to the upper. The arms were rigidly flexed on the chest; the fingers bent into the palms of the hands. The feet were extended. I opened the thorax and abdomen, and first removed the stomach. This, for two-thirds of its middle extent, was firmly contracted upon its contents. The cardiac and pyloric extremities being normal made the

stomach appear in the form of a dumb-bell. I opened it. In the contracted portion, the mucous membrane was deeply corrugated and congested. The stomach contained nothing but a glairy fluid, loaded with the Battle's Vermin Killer; and this was chiefly in the pyloric end, and thus, as it were, locked in by the central contraction. There was scarcely at all a blue stain in the cardiac end. None of the poison had passed into the duodenum. The intestines were void of flatus; the bladder was quite empty and hard. In the chest, the lungs were congested. The heart was contracted so firmly as to appear like a cricket-ball. On cutting into each ventricle, the left was completely empty; every drop of blood had been squeezed out. The right contained a slight moisture of blood. The blood of the body generally was fluid and dark. In the cranium, the membranes of the brain were greatly congested; the brain-substance was normal and healthy. Whilst examining the abdomen, the following conditions with respect to the kidneys were discovered. The pelvis of the right kidney contained a large calculus, chiefly made up of uric acid, and weighing 285 grains. In consequence of the obstruction to the flow of urine through the ureter, the kidney had become dilated, and appeared like a cyst. It measured ten inches long, five inches across, and four inches from front to back. In some parts, its walls were so thinned out that scarcely anything but peritoneum remained. It contained a dirty, flaky, uriferous fluid. The left kidney was hypertrophied; otherwise healthy.

Other evidence at the inquest proved that the woman went into the gaol with a threepenny packet of Battle's Vermin Killer. A chemist informs me that such a packet contains about eight grains of strychnia. Assuming that all the powder was taken, the dose was large; and death was most rapid. You will bear in mind that only twenty minutes elapsed between the woman being seen alive and dead. In this time she had taken poison from her petticoat-lining; had mixed it with some of the water; and, after drinking it, had carefully wiped out the vessel with her pocket-handkerchief, replaced the pot on the shelf of the cell, and had again hidden the paper which had contained the poison in her petticoat.

I find that Professor Maschka of Prague (*vide* the New Sydenham Society's *Biennial Retrospect* for years 1865-66, p. 42) "insists on the fact that it frequently happens that animals, to which large doses of strychnia have been given, remain quiet for a time, and are then suddenly attacked by a spasm in which they instantaneously die." I think that death in this case was as sudden as Professor Maschka describes. Once let the heart be contracted as firmly as I have stated, and I cannot imagine life continuing another moment.

Now, with respect to the renal calculus, I drove over to the village where the woman had lived, to inquire about her medical history. I learned for certain that she had never complained of illness for twenty years preceding her death, but that she enjoyed most excellent health. She drank much ale daily, and often went to bed intoxicated. The only point that I could learn was that, during the last two years of her life, she had had an enormous appetite—always hungry, and craving for food. I think most probably the irritation in the kidney caused this morbid appetite. As an analogue, I may refer to the greatly increased appetite of many women during the first few weeks of pregnancy, the uterine irritation being doubtless the cause; or to the more general fact that irritation in any viscus supplied by the great sympathetic mostly excites some morbid sensation in the stomach.

AMPUTATION OF THE RIGHT ARM AT THE SHOULDER-JOINT: WITH EXCISION OF THE SCAPULA.

By VINCENT JACKSON, Esq.,

Surgeon to the South Staffordshire General Hospital, Wolverhampton: Fellow of the Royal Medical and Chirurgical Society.

SAMUEL C., aged 35, was admitted into the Wolverhampton General Hospital in December 1864. He was employed on the Great Western Railway as a labourer; and whilst so employed, was knocked down, being struck on the back by the buffer of an engine, the wheel of which passed over and crushed his right arm. As quickly as possible, I believe, he was conveyed to the Hospital; but not before a considerable quantity of blood was lost. At half-past six in the evening, shortly after his admission, I saw the patient. He was an unusually well developed and strong man; his face was pale, but not blanched; the countenance expressive of suffering great pain. He was perfectly sensible, and anxious for something to be done to his arm. His habits were intemperate.

On a careful examination, it was ascertained that a compound comminuted fracture of the right arm and forearm existed, and also that the shoulder-blade was broken in more than one place, although the skin

* Read before the South Midland Branch.