Having dilated this sufficiently to admit a fair-sized catheter, I was enabled to carry this down to the bulb, where existed the very narrow stricture which had given rise to the retention of urine, and the rupture of the membranous part. This I was enabled to divide, and to pass the catheter fairly into the bladder. I directed one drachm of sulphate of magnesia in saline draught every four hours, and a spirituous lotion to be applied to the parts affected.

24th.—Complete sphacelus of the scrotum and of the integuments of the perineum, which emitted a most offensive odour; directed quinine and ammonia every four hours, and a solution of chloride of lime (two drachms to a pint) to be constantly applied to the part affected. Visited him in the evening; a liberal allowance of wine, porter, and strong meat broth, and gave him—Tinct. Opii, Spr. Ammon., Arom., sing. m. xxx.; Aquæ, oz. j., horâ somni sumend.

25th.—Withdrew, cleansed, and replaced the catheter, which I continued to do every third day during the progress of the case, there being a strong disposition to calculous deposit. Continue the quinine of ammonia, and lotion of chloride of lime.

26th.—Pulse very feeble, 130. Continue the same plan, with cordial opiate at bed time.

27th.—*In statu quo*, with frequent hiccough; added musk to each dose of his mixture. Continue opiate draught and lotion. The same plan continued to 31st. Line of separation commenced.

June 1st.—Line of separation complete; pulse improved in power, less frequent; hiccough gone. The same plan continued till the 7th, when the sloughs, came away, leaving testes exposed. Continue the same, omitting the musk, but continuing the same liberal supply of wine, porter, and good broth, which he commenced from the first appearance of sphacelus.

13th.—Healthy granulations, and commencing cicatrization. The same plan continued.

August 27th.—Testes covered.

July 27th, 1850.—Requested to visit him in consequence of the closing of the morbid termination of the urethra, causing retention of urine; dilated this sufficiently to admit a catheter, which passed without obstruction into the bladder. He has continued well since.

In conclusion, I may perhaps be allowed to inquire what would have been the result of this case had it been treated on the professed principles of that most cruel of all fallacies—homœopathy? or on the plan recommended by the hydropathists? which, although more powerful, is scarcely less dangerous, and of which it may be said that much is not new, and the greater part of the little which is new is not true, as the more valuable part of the water cure was given us long since by Dr. Currie of Liverpool, Dr. Mason Good, and others; but when men attaching M.D. to their names can become such traitors to their profession, as to accuse regular practitioners of treating every fever patient indiscriminately, by bleeding, purging and salivation, they merit the execration of every honest member of that profession they have so grossly traduced, and when such men pretend to base their fallacies on

the principles of such characters as the immortal Liebig, I would refer them to one of this gentleman's published works for his opinion. "The existence of hydropathic institutions—those dens of covetous and rapacious gamblers, where the wretched invalid resorts to throw the dice for health and life; the rise and progress of the homœopathic system, which treats truth with scorn, and bids defiance to common sense, loudly proclaim the need which exists for the adoption of settled principles, definite methods of research, and a systematic arrangement to guarantee their attainment and retention."—*Justus Liebig*.

CASE OF FUNGUS HÆMATODES OF THE BLADDER.

By RICHARD V. GORHAM, Esq., M.R.C.S.

Read at the Meeting of the Suffolk Branch, June 27, 1851.

THE subject of this case, J. K., aged 67 years, a bricklayer and master builder, has been a sufferer from very early youth, from an irritable bladder, and also from severe vomiting, which lasted as many as three days when it commenced, but yielded to abstinence from food or drink and effervescent salines.

The irritable bladder increased to the time of his death, and was always aggravated after drinking, and particularly beer, but this combined with gin did not produce so much injury. He also had the gout when young, and twice during his illness. For three years this individual was my patient, during which time he was at intervals under my charge for symptoms of stomach, renal, and bladder affection.

In December, 1850, he was taken with slight hæmaturia, for which he took the gallic acid in five-grain doses, with marked benefit, this drug both restrained the bleeding in a short time, and diminished the albumen, which continued afterwards to show itself. It was required to give him an opiate at night on account of the great pain he felt both before and after passing the least drop of urine.

The distressing sickness noticed in the commencement of my acquaintance with him, never showed itself during his last illness, which would have aggravated his sufferings much. The hæmorrhoids and prolapsus ani were very distressing. During the whole treatment I had to bear in mind his gouty tendency, and to give him alkalies after his food, and the nitro-muriatic acid, diluted with a bitter, and sulphate of zinc before his food, and this for some time seemed to improve the symptoms, but at the end of January, 1851, the bladder symptoms increased in severity. I then had recourse to the infusion of buchu and uva ursi, with soda and soap, and from this time till his death, which took place in April, I made the bladder and kidneys the principal object of treatment.

On March 28th, I find by my notes the first appearance of pus in the urine showed itself. This fluid was

turbid, greater in quantity than it had been for some days previously, very acid, great pain in voiding the least drop, slight delirium, with flatulence and great difficulty of breathing, for which I prescribed Æther Sulphuric c. Sp. Armocacis.

29th.—Increase of pus; slight delirium; great pain; no appetite, and great prostration of strength, with violent spasm of the larynx, nearly amounting to suffocation, which came on just as he was about trying to eat a small piece of mutton, and, in the attempt at swallowing it, which the æther draught relieved. From this date his nervous system lost its power, but there were no symptoms of effusion. The turbid and purulent deposits in the urine increased, and the depression also. The tongue now became for the first time brown, although its edges were clean; hiccup came on with great severity, for which I prescribed, (in conjunction with Mr. Beales, of Halesworth, who was now called in by the request of his friends, although I had suggested the propriety of some surgeon meeting me in consultation upon the case some weeks previously,) the nitric acid, with prussic acid and buchu, with a mustard plaster, to the scrobiculis cordis, but with no benefit. Musk, camphor, opium, and assafoetida shared the same fate in relieving it, when I had recourse to chloroform, in six-drop doses, twice a day, which calmed the patient, and stopped the hiccup. Previous to Mr. Beales' coming, I had for a fortnight begged my patient to allow me to introduce a catheter, to aid me in my diagnosis, but he would not submit, and it was passed with the greatest difficulty, although done admirably, by Mr. Beales, when we met, on account of the patient throwing himself about most violently. The instrument appeared to strike against a stone, or roughened surface, which we both found it difficult to diagnose, in consequence of the above-named cause, but the opinion we came to was, that there was severe mischief going on in the bladder, that it was corrugated, the prostate gland enlarged, and I thought disease of kidney. There was so very little albumen when Mr. Beales and myself tested the urine, that if there had been stone, he would have recommended lithotomy.

The evening of the day of consultation bloody and foetid urine was passed, and from this time portions of encephaloid matter were discharged with it, so as to render the room scarcely bearable. I told his friends the formidable nature of the disease, and to be prepared for the result. He was comatose for seven days, and was gradually sinking for four.

Post-mortem examination, seven hours after death.—The amount of disease was very great, both in the kidneys, bladder, and prostate gland. The first were congested, friable, and their pelvis were dilated and filled with purulent matter, the right especially, and imbedded in fat, caused by chronic pyelitis. The bladder itself was hypertrophied and corrugated in the posterior superior part. The tongue healthy. The anterior superior wall and upper part of the neck of the bladder was firmly attached to the back of the pubes and pyramidal muscles by a morbid mass of an encephaloid character; and whether this would have

gone on to open ulceration through the abdominal parietes, or have passed off by increased foetid discharge of urine, and thus have exhausted him, I can hardly decide, but I fancy the former. The prostrate gland was schirroid, and about the size of a very large chestnut. I beg to add, that for the last few days the patient passed but little water, and I had a doubt as to the propriety of introducing the catheter; but I refrained, in consequence of there being no apparent distention of bladder. Previously to commencing my *post-mortem* I introduced the catheter, when four ounces of very foetid urine came away. The liver, stomach, and viscera generally were healthy in appearance; there was abundance of fat also.

Remarks.—The practical remarks I should be inclined to offer on this case would be, to bear in mind first symptoms, such as the extreme pain, before and after passing the least drop of urine, in the course of the urethra, extending along the perineum, and even to the pubes, which was in some measure relieved by pressure upon the glans penis. The ability of the patient to bear exercise in a gig or even on horseback, and with this there was the want of any amount of hæmorrhage, so characteristic of this malady, and which obscured this case. The necessity of introducing the catheter in all obscure cases of urinary disease is of paramount importance, and particularly in one of so formidable a character as this; for although there is no chance of curing this dreadful malady, I fancy the distressing and agonising pain might be assuaged by demulcent and sedative injections, and by the introduction of a gum elastic catheter just sufficient to enter the bladder, thus allowing the escape of the smallest quantity of urine; for the natural or most common situation of these malignant growths is, according to Sir B. Brodie, in his excellent work on diseases of the urinary organs, near the neck of the bladder, which was the case in this instance; and the bladder having become a fixed point, from its attachment to the pubes, as brought to light by the *post mortem*, explains the reason of the forcing efforts, and inability to pass only a few drops at a time, and only when standing up.

I should have remarked that about three weeks before his decease the countenance became yellow or parchment like, and the legs and arms began to waste; and, strange to say, the pulse never failed till within a few hours of death, which was to be accounted for by the heart being sound.

Davenport's bimeconate of opium in solution acted most beautifully in the relief of this poor fellow's sufferings, and without producing headache.