stimulant—the brandy, which, latterly, was given to a considerable amount. At any time during the past year it appeared that she would have recovered, if she could have been induced to eat, for there was no evidence of disease of any organ. She could at any time converse quite rationally, and her ideas were sound on most subjects, except the persistent idea of wishing to die. Abstinence from food was the way in which she desired to end herself. She swore violently, and resisted determinedly when she was fed. Latterly she would not open her mouth without the use of great force. She was once or twice made to open her mouth by stimulating the digestive muscles with a small galvanic battery.

On the 20th of September her body was examined. She was extremely emaciated; skull-cap natural; the membranes healthy; slight venous congestion; brain flabby and pale, but no trace of altered structure. In fact, no disease could be found in any organ of the body, after a very minute and careful search, excepting a few old adhesions of the right pleura, and a very few isolated tubercles. All the organs were healthy, liver particularly so.

Remarks.—In the first place we will remark on the total absence of disease in the brain and its membranes, and contrast the deranged ideas of this case, which were remarkably similar to those of A. B.; yet in his case there was amply sufficient to account for the symptoms, while in this there were some similar delusions with no disease of structure. What becomes of the phrenological indications—alimentiveness, and veneration, and love of life, quite as much deranged as in the previous case, but no trace of alteration of structure in those organs? It must be confessed that if the other case seemed to confirm phrenology, this as completely sets it at nought.

Notwithstanding, I believe that there is in all cases of insanity structural alteration, but it escapes our imperfect means of detection.

With regard to the mode of feeding adopted in this case, there is little room for two opinions. We hear a great deal of the facility which some people have of overcoming the obstinate refusal to take food manifested by insane patients; but in this case all means of persuasion and all modes of administering food were tried before it was found absolutely necessary to employ the stomach pump. It is true that in very recent cases, where the patient retains some amount of bodily strength, artifice is often successful, such as strong exercise, exciting hunger, and then making a companion or an attendant eat in the patient's presence. Often, also, by the administration of opium until unconsciousness ensues, and in that state placing food in the mouth, it is swallowed mechanically, and the patient continues eating when sensibility occurs; for, when once the first reluctance to eat is overcome the patient yields without further effort. However, none of these modes succeeded in this case, nor was there any disease of the digestive or other organs to lead to the hope that on its removal her obstinacy would give way. There

remained, then, no other resource but mechanical feeding. Although in the former case there was great disinclination to eat, and absolute refusal at times, yet that patient yielded to one or two applications of the tube, and could be fed with the spoon or feeding-cup; but in the last case nothing but force could get a particle of food into the stomach.

There is another case now under treatment, with mental symptoms very similar to the first here recorded, but with a better hope of recovery. I will report it at some future time.

CASE OF STRICTURE OF THE URETHRA.

By W. JEAFFRESON, Esq., FRAMLINGHAM.

Read at the Suffolk Branch Meeting, held at Framlingham, June 27, 1851.

I HAVE more than usual satisfaction in directing attention to the case I am about to relate, as, although it occurred fourteen or fifteen years since, I was again called to the patient in July, last year, and therefore can speak positively of its results.

Case of aggravated Stricture, followed by Rupture of the Membranous part of the Urethra, consequent Extravasation of Urine, and Sloughing of the whole of the Integuments of the Scrotum and of the Perineum, exposing the Muscles as if dissected for demonstration.

J. N., a mechanic, married, and with a family living in a parish five miles from Framlingham, and thirteen from Saxmundham, applied to my late friend Mr. King, surgeon, of the latter place, on the 21st of May, 1836, suffering retention of urine from neglected stricture. Being unable to pass a catheter, of the smallest size, Mr. King advised him to drive carefully home, and to send for me immediately. In returning home in a cart, *not very easy*, and over rough roads, the membranous part of the urethra gave way, and the scrotum and perineum became distended with urine, by which he was for a time relieved, and did not send for me till the following day, when the distended parts were highly inflamed and of a dark dusky hue. I at once persuaded him to allow me to make a deep incision into the perineum from the membranous part of the urethra, along the raphé, to very near the sphincter ani externus, which gave exit to a very large quantity of highly offensive matter and urine.

This patient had suffered more than three years from blennorrhœa, during which period he had consulted many practitioners, regular and irregular, and had for many months placed his confidence in Franks' essence of copaiba. There was complete obliteration of that portion of the urethra, embraced by the glans, and it terminated by a morbid opening posterior to the glans, just at the junction of the frænum preputiæ.

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