This disease is produced by various causes; but the history of such cases points to none more common than a previous labour, in which inflammation of the os uteri had commenced, had been unnoticed, and had been suffered to advance until the tissues became disorganized. When labour was concluded, and the patient recovered from its immediate effects, the inflammation which had but imperfectly subsided, was readily reproduced.

If such facts are true, you will admit that it proves the importance of a competent education among those who practise midwifery; and not only so, but the necessity of excluding from this branch of practice, those who do not prove themselves competent. I shall reserve to the concluding lecture some further observations upon this part of the subject.

In my next lecture, I shall enter upon the consideration of the second stage of labour.

Henrietta Street, Cavendish Square, March 1853.

GALACTAGOGUE AND EMMENAGOGUE EFFECTS OF WARM AND STIMULATING APPLICATIONS TO THE MAMMÆ.

By JOHN ROSE CORMACK, M.D.

DR. J. O. McWILLIAM published in the *Lancet* of September 7th, 1850, some very interesting details regarding the use, among the natives of the Cape de Verd Islands, of fomentations with the leaves of the *Ricinus Communis* and *Jatropha Curcas*, for the purpose of accelerating and bringing on, or increasing the flow of milk when the secretion was tardy or deficient after childbirth; and in the *London Journal of Medicine* for October 1850, Dr. Tyler Smith described some trials made by him with the leaves of the *ricinus communis*, for the purpose of showing that similar galactagogue effects might be produced in London as in Boa Vista, by adopting measures similar to those employed by the natives of that island. The method adopted by Dr. Tyler Smith was essentially that detailed by Dr. McWilliam.

Dr. McWilliam's account of the native practice is as follows:—

"The *bofareira* (*ricinus communis*) grows in most, if not all, the Cape de Verd Islands. That used by the natives for the purpose I have mentioned is called by them *white* *bofareira*, to distinguish it from what appears to be nothing more than a variety of the same species, the *red* *bofareira*. The white, or that which possesses galactagogue qualities, is recognized by the natives by the light green colour of the stem of the leaf; whilst the leaf-stem of the *red* is of a purplish red hue. The latter plant is carefully avoided, as it is said to be a powerful irritant; and if applied, as it occasionally has been, by mistake for the *white*, it produces an immediate and often immoderate flow of the menses.

"In cases of childbirth, when the appearance of the milk is delayed, (a circumstance of not unfrequent occurrence in those islands), a decoction is made by boiling well a handful of the *white* *bofareira* in six or eight pints of spring water. The breasts are bathed with the decoction for fifteen or twenty minutes. Part of the boiled leaves are then thinly spread over the breasts, and allowed to remain until all moisture has been removed from them by evaporation, and probably in some measure by absorption. This operation of fomenting with the decoction, and applying the leaves, is repeated at short intervals, until the milk flows upon suction by the child, which it usually does in the course of a few hours.

"On occasions where milk is required to be produced in the breasts of women who have not given birth to, or suckled a child for years, the mode of treatment adopted is as follows:—Two or three handfuls of the leaves of the *ricinus* are taken, and treated as before. The decoction is poured while yet boiling into a large vessel, over which the woman sits, so as to receive the vapour over her thighs and generative organs, cloths being carefully tucked around her so

as to prevent the escape of the steam. In this position she remains for ten or twelve minutes, or until the decoction cooling a little she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day. On the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, the application of the leaves, and the fomentation of the breasts, are again had recourse to. A child is now put to the nipple, and in the majority of instances it finds an abundant supply of milk. In the event of milk not being secreted on the third day, the same treatment is continued for another day, and if then there still be want of success, the case is abandoned, as the person is supposed not to be susceptible to the influence of the *bofareira*."

Dr. Tyler Smith did not subject his patients to the steaming process.

From a number of observations which I have made at various times, and in cases of very different character, I am fully satisfied that the cases of Drs. McWilliam and Tyler Smith do not in any way support the notion of a special galactagogue power belonging to the leaves of any particular plants. It will be found, I think, that simple warmth, still more hot fomentations, and in a yet higher degree stimulating embrocations and cataplasms, have an extraordinary power in exciting the mammary glands to the secretion of milk, even in circumstances apparently the most adverse to the performance of their function. The leaves of the *ricinus communis* and of the *jatropha curcas*, when applied to the mammæ, produce decided stimulation; as we might expect, when we remember that they belong to the natural family Euphorbiaceæ, of which acidity is the leading character. This acidity exists in a very high degree even in the seeds of the *ricinus communis*; and Pereira quotes, along with similar cases, the case of a girl, eighteen years of age, who died of gastro-enteritis, from eating about twenty of these seeds.

My object at present is to establish, by the brief narration of a few facts, the following propositions:—

1st. Warmth and stimulants applied to the mammæ often act powerfully as galactagogues.

2nd. Warmth and stimulants applied to the mammæ often act powerfully as emmenagogues.

3rd. The leaves of the *bofareira* (or *ricinus communis*) and *jatropha curcas* act as galactagogues and emmenagogues; but not from their possessing any peculiar or specific power.

I. WARMTH AND STIMULANTS APPLIED TO THE MAMMÆ OFTEN ACT POWERFULLY AS GALACTAGOGUES.

CASE I. MILK RESTORED TO THE MAMMÆ BY HOT FOMENTATIONS. Last month, a lady, when nursing her infant, about seven months old, was attacked with acute bronchitis of moderate severity, which was successfully treated by low diet, and tartar emetic in small doses. At the end of four days, the bronchitis was cured; but the milk, which had previously been failing, almost entirely left the breasts. On the fifth day, from exposure to cold, she experienced a relapse of the bronchial affection. As she had been considerably weakened by the previous attack, and as the symptoms of the relapse were not sufficiently severe to justify recourse a second time to antimony, I ordered her to take a draught containing ammonia and chloroform, as an anodyne, expectorant, and diaphoretic, every eight hours; and to carry out similar intentions, I also directed a succession of pillow-cases, filled with heated moist bran, to be applied to the chest. When I saw her on the following day, after this treatment had been employed, she told me that she had profusely perspired for some hours; she was (after copious expectoration) free from cough, and pain in the chest; and, what was equally a source of pleasure and surprise to

her, *her breasts had become distended with milk.* This lady was able to resume nursing, and to continue it with the assistance of a suitable diet.

CASE II. EFFECTS OF A SINAPISM APPLIED TO ONE OF THE MAMMÆ OF A LADY, FIVE MONTHS ADVANCED IN PREGNANCY: EFFECTS OF WARMTH IN THE SAME CASE. A lady was under my care for bronchitis, at the same time as the patient whose case I have just sketched. She was directed one night to apply a sinapism over the sternum, which she did, but having fallen asleep, it slipped to the side, and remained undisturbed for about an hour upon one of the breasts. For some days, this mamma was very much larger in size than the other, and its areola was also much darker. From the delicacy of this lady, and the unusual severity of the weather, I directed her to wear a double flannel jacket, and a wadded wrapper round the chest. She tells me that *the breasts are larger, and the areolæ much deeper in colour than they ever were in any of her ten previous pregnancies even at the full time*; and these conditions were established while her general health was exceedingly depressed by illness.

CASE III. STIMULATING EMBROCATION INCREASING THE SUPPLY OF MILK. A lady, though in excellent health, had a very scanty supply of milk for her infant, when it was a few weeks old. She consulted me as to the use of means to remedy this evil; and I advised her to rub the mammæ gently, every six or eight hours, with an embrocation containing a small quantity of tincture of cantharides and oil of thyme, and to sheath the mammæ very warmly in wadding. *In a few days the milk was abundant.*

CASE IV. HOT POULTICES KEEPING UP THE SECRETION OF MILK WHEN THIS WAS NOT DESIRED. A lady suffered, after her confinement, from a succession of abscesses and abortive abscesses in the breast. The surgeon who attended her treated her by antiphlogistic medicines, under which discipline she passed some wretched months, from mental and bodily depression, aggravated by hysterical attacks. The local affection did not seem to make any satisfactory progress; and the great obstacle to a cure was stated to be the impossibility of getting rid of the milk, in spite of saline purges being freely administered. The mammæ during the whole of the period to which I refer, had been ceaselessly treated, night and day, with hot poultices and medicated fomentations. These applications were abandoned, and a generous diet prescribed. *In a few days there was not a drop of milk in the breasts*; and the abscesses, actual and threatening, had ceased to give any pain, and had, in fact, almost disappeared.

I might refer to other cases, which I have vividly in my memory; but the above, which have occurred within the last three months, seem sufficient to establish the first proposition; viz., that *warmth and stimulants applied to the mammæ often act powerfully as galactagogues.* I need hardly add, that along with the use of such means, the regular application of an infant to the breast would greatly assist in reproducing lactation, as, according to the testimony of various authors, this stimulus has of itself proved sufficient to restore the secretion of milk, and has actually caused it to flow, not only from virgins and other women who had never been pregnant, but even from males.* Excitement and sanguineous turgescence of the gland is induced; and these conditions afford to the organ both a power and a stimulus to perform its previously dormant function.

II. WARMTH AND STIMULANTS APPLIED TO THE MAMMÆ, OFTEN ACT POWERFULLY AS EMMENAGOGUES.

Warm clothing of the abdomen and limbs, hot hip-baths, and medicines which stimulate the bladder and rectum (such as ergot, cantharides, and aloes), have undoubted emmenagogue powers in properly selected cases of retarded or suppressed catamenia; and, indeed, they constitute, in various combinations, the principal measures by which the physician usually endeavours to excite the ovarian sinus

upon which menstruation depends. The observant physician knows well, that while his treatment is directed to the uterus through the ovaries, the effects produced upon the mammæ are generally very striking, and the first indications which he expects to find of the uterus being roused from its torpor are turgescence and tingling of the mammæ; phenomena which also usually precede normal menstruation. It is equally true, though not so familiarly understood, that measures which act directly and primarily upon the breasts, such as warm clothing to the bust, and the application of stimulants, not only cause them to swell and throb, but likewise stimulate the ovaries, and cause the menses to flow. The practice adopted by some practitioners, of applying leeches to the mammæ in amenorrhœa, owes its efficacy to fomentations used, and the irritation of the bites.

In 1834, Dr. Charles Patterson published, in the *Dublin Journal of Medicine*, a paper in which he described the emmenagogue power of irritation of the mammæ by sinapisms. This paper fell into my hands at the time of its appearance, when I was an Edinburgh dispensary pupil, practising, I believe, with more zeal than knowledge, and using, often with more confidence than discrimination, that plan of treatment which I had seen most recently or most enthusiastically recommended. In these circumstances, I successfully employed Dr. C. Patterson's method in amenorrhœa. The beneficial results which I then obtained, produced a very strong impression upon my mind as to the efficacy of irritation of the mammæ in producing menstruation; and the experience of nineteen maturer years has confirmed this impression.

As Dr. Patterson's facts do not seem to be referred to by subsequent writers, and as the practice which he recommends is so little noticed by authors, I subjoin an extract from his paper. Dr. Patterson writes as follows:—

"Mary Reardon, aged 24, of moderately corpulent habits, was admitted into the Rathkeale Hospital on the 10th of August 1832. She laboured under slight synochial fever, which in a few days yielded to venesection and purgatives. On the 19th August, symptoms which were considered of a hysterical character presented themselves, with pain in the upper and outer part of the right side of the chest. For the latter affection, a small sinapism was prescribed; but from inattention of the nurse, it was made so large, that it covered a considerable portion of the mamma. The sinapism remained on for half an hour. At the visit on the following morning, the 20th August, Reardon complained that the right breast was exceedingly painful—the pain being very different in its character from that which she had before experienced. On examination, the whole side of the chest was found considerably swollen: there was slight diffused redness of the skin; and though the mamma itself was enlarged to four or five times its natural bulk, yet there was no circumscribed hardness, nor any tendency to suppurative inflammation. On the 21st August, the right mamma and adjoining parts of the chest were found much more enlarged than they had been at the preceding visit. The left mamma and side of the thorax were unaffected; and it was announced by the nurse that the catamenia had that morning appeared, and were then in considerable quantity. This discharge, which, as the patient stated, had been for two years and a half wholly suppressed, continued to flow for two days; then it began to decline, and with it the tumefaction of the mamma gradually disappeared." (pp. 193-194.)

Dr. Patterson's attention having thus accidentally been directed to mammary irritation as an excitant of the torpid uterus, he resolved to try its efficacy when a suitable opportunity presented itself. His next case is thus described:—

"Catherine Power, aged 19, applied to me on the 14th September 1832. She complained of headache, languor, loss of appetite, and inability to attend to her usual business, that of a servant. She stated, that about the middle of April, the menstrual discharge being then present, she incautiously exposed herself to cold in washing clothes at

* Cases in which men have suckled children are on record. The essential character of the gland is the same in both sexes.

a river. The catamenia then suddenly ceased, and had not since returned; and from that period she had been constantly subject to ill health. She had consulted different medical gentlemen, and taken a great variety of medicine, with little advantage. I directed that the clavicular half of the right mamma should be covered with a sinapism. It was allowed to remain on for thirty minutes; and on visiting her in six or seven hours after its removal, I found the whole right breast considerably swollen, hot, and painful. The next morning, the enlargement of the mamma was very much increased, the tumefaction having extended to the clavicle and axilla of the irritated side. There was no hard circumscribed or prominent tumour, but a painful, diffuse, elastic distension of the mammary gland, and surrounding cellular substance. On the evening of the day next succeeding the application of the sinapism, this poor girl with much joy reported that the catamenia had appeared. The flux having continued for two or three days in moderate quantity, she then found herself greatly relieved of the headache and other most distressing symptoms; and in a week her health was so far restored, that she ceased to require any further attendance." (pp. 194-195.)

I am disposed to regard irritation of the mammae as a convenient and rapid agency for the induction of menstruation; but one which must neither be rashly nor indiscriminately employed. In numerous cases it may be used alone; but, generally speaking, it may be advantageously combined with other means.

In cases of acute suppression of the menses, I am in the habit of prescribing, along with sinapisms to the mammae, warm clothing of the bust and limbs, and the hot hip-bath every twelve hours.

In anæmic amenorrhœa, it need hardly be stated, that irritation of the mammae is only calculated to do good in conjunction with, or after a course of, a metallic medicine, such as some of the preparations of iron, manganese, or arsenic. In such cases, where we can trace a monthly ovarian nîsus, though there be no catamenial flow, these periods should be seized as the appropriate times for using the sinapisms, and then also we may sometimes, by venturing a few doses of forcing medicine, such as cantharides and ergot, bring the case at once to a favourable issue.

The emmenagogue effects ascribed to the application of the leaves of the *ricinus communis*, by Drs. M'William and Tyler Smith, can easily be understood, when we remember their irritative character, and the consequences which we have found to be induced by irritation of the mammae caused by other stimulants.

"When the breasts," says Dr. M'William, "are small and shrivelled, the plant is said to act more upon the uterine system, bringing on the menses if their period be distant, or causing their immoderate flow if their advent be near."

In the subjoined case, related by Dr. Tyler Smith, the effect produced may have been owing partly to the application to the breasts, and partly to the application to the genitals.

"I have used," says Dr. Tyler Smith, "the remedy in a case of scanty menstruation of a remarkable kind. Owing to exposure to marsh malaria some years ago, the patient had scarcely a sign of coloured discharge at the usual catamenial periods. She used the infusion of the leaves of the red bofareira at the date of her period, applying the infusion and leaves to the breasts, and the vapour to the genitals, with the effect of producing, in two days, a considerable flow of the catamenia."

III. THE LEAVES OF THE BOFAREIRA DO NOT PRODUCE THEIR GALACTAGOGUE AND EMMENAGOGUE EFFECTS IN VIRTUE OF ANY SPECIFIC PROPERTY.

The facts which have been already cited point out pretty plainly that the effect of the leaves of the bofareira does not depend upon any specific property possessed by them; but simply on the determination produced by warmth and the irritative juices which they contain. That a good

deal depends upon the mere warmth of the poultices, is sufficiently obvious. I have seen frequent examples in my own practice. I will not, however, enter into the particulars of these cases; but will conclude by mentioning two circumstances, which thoroughly corroborate this view.

In the *Boletín de Medicina, Cirujía, y Farmacia* of 14th November, 1852, a short abstract was given of Dr. M'William's paper. In the same journal of the 19th December following, a correspondent writes to say, that in consequence of the notice which had appeared of Dr. M'William's paper, he had used fomentations of fig-leaves (*hojas de higuera*) to promote the secretion of milk in three cases, in which it had wholly or nearly ceased. In all the cases the benefit was decided. The Spanish practitioner wrote to confirm the practice recommended by Dr. M'William, but he has in reality, by using the wrong leaves, shown very clearly the galactagogue effects of poultices and fomentations, even when destitute of stimulating properties. I may likewise here state, upon the authority of a Spanish lady (with whom I conversed on this subject a few days ago), that in Cadiz women are in the habit of bringing back the milk to their breasts after it has left them in consequence of weaning the child, or of any other cause, by means of drinking an infusion of the wild lupin (*altramuz*), and applying to the mammae fomentations made with the same plant. This plant has no stimulant or irritative quality, and the efficacy of the poultices made with it must, as in the case of the fig-leaves, depend simply on heat and moisture, as in a common poultice. The internal use of the infusion might be dispensed with.

IV. CONCLUSION.

I have now made out a good plea in favour of warmth and irritation of the mammae, being regarded as powerful galactagogue and emmenagogue agencies; and I have also shown that the interesting facts recorded by Drs. M'William and Tyler Smith are not examples of specific action, but illustrations of a general principle, which may be rendered available in rational therapeutics.

Injurious effects may so readily be produced by *excessive irritation of the mammae* upon themselves, upon the ovaries and uterus, and (as a consequence of the undue excitement of any of these organs) upon the whole system, that, in following the practice recommended in this paper, it is necessary to proceed with caution.

FIRST, as regards the *mammae* themselves, care must be taken not to produce too much irritation, lest troublesome inflammation be excited in them, and in the glands of the axilla;—consequences which I have seen produced in such a degree as to require, for several days, cooling lotions and general antiphlogistic measures.

In irritable subjects, or when the effects of the treatment cannot be daily ascertained, stimulating embrocations ought to be preferred to sinapisms. When sinapisms are applied every eight or twelve hours, for some days continuously—as is sometimes necessary—they ought to be compounded of two or three parts of bread to one of mustard; and a fold of soft linen ought to intervene between them and the skin. By attending to these conditions, patients will generally endure the poultice without injury for half an hour or an hour; and a greater amount of benefit will be obtained than by causing violent stimulation for a short period. It is always essential to maintain, during the intervals, great local warmth, by means of abundance of cotton wadding. If mammary irritation have been carried so far, through mistake or accident, as to necessitate recourse to refrigerating lotions and lowering treatment, it need hardly be remarked, that the object for which it was used is not likely to be accomplished.

SECONDLY, as regards the *ovaries* and *uterus*, the effects produced upon these organs must be attentively watched; for the very greatness of the power which irritation of the mammae exerts over these organs, may constitute an element of danger. In endeavouring to excite menstruation,

we must take care that we do not excite inflammation of the ovaries, or of the womb. When we find the patient complaining of severe pain in the loins, and suffering from general fever, we ought at once to discontinue mammary irritation, and prescribe rest in bed, abdominal fomentations, and the frequent use of the hip-bath. In cases of this description, as in ordinary attacks of dysmenorrhœa, we may often not only relieve pain, but accelerate a resolution of the inflammation, by administering opiate enemata.

Caution on the part of the practitioner will generally enable him to prevent or speedily remove the evils and inconveniences to which reference has been made. They may, however, so easily occur through the want of it, and lead to so much discredit and embarrassment, that I have been anxious to give them the prominence which they deserve.

Essex House, Putney, 10th March, 1853.

ON DISTICHIASIS.

By HAYNES WALTON, Esq., F.R.C.S., Surgeon to the Central London Ophthalmic Hospital, Assistant-Surgeon to St. Mary's Hospital, etc.

DISTICHIASIS having been lately brought before the members of the Association through the medium of our JOURNAL, I am desirous to record my own views respecting that condition of the eyelashes which this term is meant to imply.

Distichiasis, from *dis*, twice, and *στῖχος*, a row (one of the many pedantic words that yet obscure the writings devoted to diseases of the eye), is usually employed to signify that a second, or supplemental, row of cilia or eyelashes exists; but the correctness of this, as a pathological state, I dispute. The matter is not devoid of practical interest, and this I purpose to show in a subsequent communication on the treatment of certain affections of the eyelids.

I maintain that the supposed new row consists of the natural cilia merely displaced; and that the idea of super-added eyelashes is an error, which arises out of the normal yet irregular disposition of the manner in which they are set on the lid, and which becomes very apparent when the extremities of those which are most internal are turned inwards and away from those which are most external. The deception is still greater, when abortive cilia supplant those along the inner margin of the eyelid, and grow without any curve, but straight, and incline rather towards the eyeball than in any other direction. I have observed examples of abortive eyelashes growing inwards, nearly at a right angle to the tarsal cartilage. Of the truth of the assertion of the irregular disposition alluded to, any one may convince himself by selecting for experiment a healthy eyelid, separating the most internal of the eyelashes with a probe, and producing the so-called distichiasis. This is, in fact, what is done by disease, and is effected in three ways—by the agglutination of some of the cilia with lachrymal secretions, in certain affections of the conjunctiva, or of the Meibomian glands, in consequence of which they are turned against the eyeball; by long-continued malposition in inversion of the eyelid; and, most frequently of all, by disease of the edge of the eyelid, producing pathological changes in the dense fibro-cellular tissue that surrounds the hair follicles, and perhaps also by changes in the follicles themselves. A case, remarkably illustrative of the last clause, came under my notice at the Central London Ophthalmic Hospital. A lad was brought there with chronic inflammation of the upper eyelid, of three years' duration, by which the edge of the lid was considerably thickened, and the eyelashes separated into two distinct rows. Several months afterwards, when all traces of preternatural vascularity had ceased, and the eyelid had nearly recovered its natural size, the duplex arrangement of the cilia was no longer apparent.

So far as I am aware, there are not any physiological facts that at all support the theory of hair being developed after fœtal life; that is, there is not on the surface of the

body any secondary formation of hair follicles, these being of primary existence. The appearance of hair on parts apparently devoid of it, after the application of blisters, or the accession of increased vascular action, has been often advanced in proof of the secondary creation; but this argument is quite demolished by the fact that the entire surface of the body, with the exception of the palms of the hands and the soles of the feet, is thickly set with hair follicles; and by the deduction from this fact, that when hair is so accidentally developed, the phenomenon must be ascribed to hyper-nutrition of normal germs.

Those who contend for the existence of distichiasis, but cannot overcome the fact of there being no secondary creation of hair, declare that the irregular eyelashes, although proceeding from old hair follicles, perforate the lid more internally than natural. This cannot be, unless the hair pass through the tarsal cartilage (a supposition that is manifestly absurd); for the most internal of the eyelashes, as every one who has dissected the eyelids minutely, knows, issue as close as it is possible by the side of the cartilage.

In the *Dublin Quarterly Journal of Medical Science* for February 1853, the reviewer of my treatise on "Operative Ophthalmic Surgery," makes the following remarks on this question:—"It has always appeared to us surprising, that any one could imagine this extraordinary growth, how it could be, or why it should be produced. We have examined a very large number of persons affected with the disease under consideration, and could not, in any case, discover the extra number of cilia, comparing the diseased with a sound eye in the same person—the only possible way, we maintain, by which a fair and correct opinion can be formed; for it is obvious that, if we were to compare the number of cilia to be found in the lids of one suffering from the complaint, with those in sound eyelids in another person, we would be proceeding upon very irregular principles, were we to found any argument upon such data."

69, Brook Street, Hanover Square, March 1853.

REMARKS ON A NEW KIND OF CATHETER, MADE OF VULCANIZED INDIA-RUBBER.

By W. VINER BEADLE, M.D.

FINDING, in a case some time since under my care, that the ordinary catheters produced or kept up irritation of the mucous membrane of the bladder, and produced also great general disturbance, I was induced to try a catheter made of vulcanized India-rubber.

CASE. Mr. H., aged 80, had at different times suffered from incomplete retention of urine; but the attacks had always hitherto passed off without instrumental assistance. In this attack, after exposure to cold, he had felt colicky pains in the umbilical region, combined with slight diarrhœa. He had constant calls to micturition, though unable to pass more than a small quantity at a time, and that in drops. In a day or two, the retention becoming urgent, and the pain severe, although urine was still passed, he applied for assistance. The bladder, having become more distended, had in the same ratio lost more of its contractile power, and no longer possessed the power of lessening its cavity, or expelling the contents. Such was the state in which I first saw him, on the 16th of July. Being five or six miles from my residence, and unable to return that night with instruments, I prescribed fomentations and an anodyne. These measures afforded little relief.

July 17th. Early this morning, I used the catheter, drawing off a good deal of urine, of a dark colour, and which, on cooling, showed a considerable deposit of mucus. The catheter passed easily; and the prostate, though tender, did not seem greatly enlarged. I prescribed the following pills to be taken at bed-time, and an aperient draught in the morning:—

R. Pilulæ hydrargyri,
Pilulæ saponis comp. aa gr. v. Ft. pil. ij.

July 18th. The urine was drawn off. It was still dark,