The urine examined was passed after breakfast, and two hours elapsed before the examination.

June 25th. I insisted upon her leaving her place for a time, ordered her a light mixed diet, slight cathartic, and treated her in the usual way.

July 10th. Was discharged well. The oxalate had disappeared, and the quantity of urates and the specific gravity had gradually fallen off. Her catamenia are still absent.

These three cases are of the kind most generally met with, yielding readily to treatment and affording another proof of the progress of scientific medicine. In these and all other cases of oxaluria I have found great mental prostration a constant symptom; it did, not however occur early in the progress of the disease, but succeeded upon a continuance of bodily lassitude and lumbar pain. The appetite was always variable,—sometimes good, at other times wanting, and more frequently ravenous and unsatisfactory. The lassitude and lumbar pain were constant and invariable symptoms, and should, especially when combined with any hypochondriacal symptoms, raise our suspicions of the presence of the oxalate of lime in the urine.

The only satisfactory method of detecting the presence of combinations of oxalic acid in the urine is by the use of the microscope; and as everybody has not a good defining achromatic instrument, it is as well to observe that a moderately-powerful chromatic microscope, such as were in fashion twenty years ago, will suffice to detect the peculiar octohedra. I have, when away from home, frequently been obliged to employ one of these usually inefficient instruments, but have found them answering my purpose. The urine destined for examination may be placed upon a slip of glass, or in a watch glass, and then heated, to dissolve any crystals of urate of ammonia; or the urine may be filtered through fine blotting paper, which retains the crystals of the oxalate. Distilled water is used to wash these off previously to their being submitted to examination. These are the methods recommended by Dr. Bird, and, I believe, by Dr. Venables.

(To be continued.)

SHORT NOTES ON THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. OKE, M.D., Physician to the Royal South Hants Infirmary.

On Gleet.—A gleet signifies a discharge from the urethra, generally of a transparent or whitish colour, somewhat like serum, and it is not contagious. There are no particular characters by which a gleet can be distinguished from the chronic stages of gonorrhœa. The latter has apparently continued months, without producing in those who have been exposed to it any infection; whilst on the other hand, a mere lymphoid fluid has communicated gonorrhœa. In gleet, there

may be a yellow, profuse, and very offensive discharge, without its being infectious.

The cause of gleet has been attributed to a laxity of the vessels of the urethra; but this opinion does not agree with a just notion of secretion; since gleet is not more likely to arise from this cause—that is, relaxation, than the secretion of the natural mucus of the urethra; and the vessels secreting this mucus are active, not passive.

Gleet has been described as the result of an increased mobility and sensibility of the parts; but if this were the case, the fluid should be as inordinate in quantity as the alteration is in quality. Venereal irritation may leave a præternatural irritability of the part; and it is curious to observe that a discharge which was once contagious, may become innoxious without any sensible change of its properties.

When gonorrhœa is attended with any induration of the urethra, the discharge is seldom cured till the induration is removed. The bichloride of mercury given for a few weeks will, in such a case, be found useful.

Urethral discharge from the metastasis of gout, where no morbid alteration existed in the part, having the same appearance as that in gonorrhœa and gleet, proves that the discharge arises from irritation. Some persons of gouty constitutions, have urethral discharge once or twice a year; and a regular fit of the gout always removes it. Priapism also often comes and goes under the same circumstances. Ague will sometimes carry off gleet, and as the former subsides the latter will probably return.

Some cases of gleet are attended with great uneasiness and spasm in the perineum. These symptoms are first to be subdued by leeches, purgatives, &c., and then the urethral discharge may be suppressed. In the treatment of gleet, the principal indication is to correct the irritable state of the urethra, which causes the disease; but there is no medicine which can specifically fulfil the indication.

Cold bathing, partial or general, cannot be depended on, and often does harm till the inflammatory symptoms have subsided; after which it will generally be found serviceable. Bark, zinc, iron, &c., are employed; but these are seldom of use in men. Balsams and turpentine in large doses will frequently succeed and frequently fail. The diacetate of lead with opium, has been given with no certain success. Alum will probably be of greater use. The tincture of cantharides will sometimes succeed where the terebinthinate has failed; thirty drops may be given three times a day, adding a drop to each dose till strangury is brought on. Two or three drachms, or even six or seven drachms, of the tincture have been given in a day, without causing strangury; yet a single grain of the powder will sometimes produce the effect at once. [The lytta powder should always be given with great caution, as

* Continued from page 516.

it is very apt to produce severe gastric effects, which it may be very difficult to subdue. Mr. Pearson seems to have been aware of this from what follows.]

Half a grain of the powder will be sufficient at first, and the dose should seldom exceed a grain. Blisters to the perineum sometimes do good; and so will, occasionally, hard riding, strong shocks of electricity, and the introduction of a bougie. With regard to injections, all those kinds may be used which have been already recommended; but the misfortune is, that in giving up the injections the gleet will return, and continue till it wears itself out.

Affections of the Urinary Passages, or those Causes which interfere with the Natural Evacuation of the Urine.—These are of three kinds,—ischuria, dysuria, and enuresis. Ischuria signifies retention of urine, and may arise from causes in the bladder itself, or in the prostatic urethra.

When a patient labours under retention of urine, it may be ascertained by the length of time that has passed since any urine was voided, by intumescence of the hypogastric region, and by feeling a palpable fluctuation in the swelling; sometimes, however, the fluctuation is not very distinct, especially in corpulent persons. It may also be known by a round projecting body being felt on introducing the finger up the rectum. These symptoms are accompanied by painful and fruitless endeavours to pass the urine.

Cistitis.—When inflammation of the bladder is the cause, the distension of the viscus is always attended with most severe pain, and a considerable degree of symptomatic fever. If no relief be obtained in four or five days, mortification and death will ensue.

On being called to a case of this kind, the first thing to be done is to remove the inflammation, by taking blood from the arm; and a large quantity should be taken at once, so as to produce fainting, a result of the bleeding most likely to prove serviceable. It will also be proper to give purges and purgative glysters, so as to completely empty the bowels. Calomel is the best purge in such a case; warm bathing should be employed at the same time. After evacuating the system, opium will be found useful, given to the extent of a grain every hour till sleep is produced. This has caused such a relaxation of the vesical sphincter, and of the urethra, that the urine has flowed away involuntarily.

If there be time to use the above remedies, and no relief be obtained, it will be necessary to draw off the water with a catheter. During its introduction, no violence is to be used, as, by propelling the instrument with too much force, there is danger of injuring the urethra, making a false passage, or penetrating the walls of the rectum, which is by no means an uncommon accident.

An elastic-gum catheter is better than a metallic

one, as it is not so apt to do violence to the parts; but it does not always succeed, from its want of firmness, even with a stilette. In every case it may be tried first, and if it does not succeed, a metallic one must be used.

It is of great consequence that the instrument be not introduced in a hurry, and that it have a proper degree of curvature; the common curve is far too great; but where there is enlargement of the prostate gland, the curve of course must be greater.

When there is much difficulty, it will be useful to withdraw the stilette a little as the instrument approaches the bladder, which will have the effect of elevating its point a little more, and thus enable it to pass over any projection of the prostate gland.

Sometimes the introduction of a fine bougie into the urethra, and suffering it to remain a minute or two, will remove the spasm, and relieve the bladder, where all attempts to introduce the catheter have failed.

But when inflammation of the bladder has caused the retention, and every effort to evacuate the urine by the above means has failed, the puncture of the bladder becomes indispensable.

Modes of Puncturing the Bladder.—The first mode is by the urethra. The patient having been placed in the same position as in lithotomy, a deep incision is to be made in the perineum, a little behind the bulb, and the fore-finger of the left hand being passed into the rectum to guide the instrument and guard the intestine, a trocar is to be pushed through the perineal opening into the bladder. The perforator is then to be withdrawn, and the canula suffered to remain till the cause of the retention is removed.

The second mode is above the symphysis pubis. The canula should be about two inches long, if it be shorter, there will be danger of the bladder slipping off; and if it be longer, there will be danger of its being bored through the coats of the bladder. The puncture should be made an inch or an inch and a half above the pubes; if higher, the bladder, in contracting, may probably slip from the canula, and if lower the instrument may make a passage through the bladder into the rectum. Mr. Sharpe directs that the canula should have two rings, through which tapes may be passed and secured around the pelvis. The orifice should be closed with a small peg of wood, instead of a cork, which often breaks and becomes troublesome; a piece of sponge also may be placed at the end of the canula, to absorb any urine which may flow through it.

If the bladder slip from the canula, or the canula from the bladder, it will be difficult to re-introduce it, in which case a common female catheter may be used, as it will be passed more readily.

The principal objection to this operation is, that in corpulent persons the bladder cannot easily be felt, there being a great depth of fat between it and the

integuments. When the patient is thin, and the bladder is felt high in the hypogastric region, the operation is safe and easy.

Instruments that remain in the bladder longer than eight or ten days become incrustated with calcareous matter, which is separated from the urine, they should therefore be removed every three or four days, for the purpose of cleansing them.

To prevent the difficulty of introducing the instrument again, some have recommended a double catheter, forgetting that the inner will require cleansing as well as the outer one.

The third method of puncturing the bladder is through the rectum. It was first practised in France by M. Fleurant, and in England afterwards by Dr. Hamilton, of Lynn Regis, and next to him by a Mr. Bentley, near Hull; since then it has been frequently performed in this country and generally with success.

The following is the mode of performing the operation:—The patient being placed as for lithotomy, two fingers are to be passed into the rectum, to the part where the distended bladder can be felt, and then a slightly curved canula, containing a trocar, with its point drawn a little within the distal orifice, is to be introduced by the left hand upon the fingers of the right, up to the point to be punctured, and when the end of the canula is felt pressing upon the tumour, the perforator is to be pushed forward into the bladder, and a sufficient length of the canula propelled with it.

After the bladder has been emptied, the canula should be kept in communication with the cavity of the bladder for forty-eight hours, to prevent the wound being healed by the first intention; but should the rectum be unable to bear the irritation of the canula, it must be withdrawn at once, as in all probability the urine continuing to flow through the wound, will prevent its being healed.

The urine generally continues to flow through the artificial passage till the urethra is made free, when it resumes its natural course, and the wound heals.

If there be preternatural enlargement of the prostate gland, or any excrescence within the neck of the bladder, this method of puncture is impracticable; and when it can be performed, the puncture should be judiciously and carefully made, so as to avoid wounding the vesiculæ seminales and entrance of the ureters.

In females, the bladder has been generally punctured above the pubes, and the mode of performing the operation is exactly the same as in the male; during pregnancy, however, there is great danger of wounding the uterus, without great care, and in such a case it has been recommended to puncture the bladder through the vagina. [This method is now generally preferred.]

When the urine returns by the urethra, it is loaded with a yellow flocculent mucus, which is of no importance, and will go off in a few days. During the

cystic inflammation, and the progress of the case, the greatest attention must be paid to diet.

Another cause of ischuria vesicalis is a loss of tone of the muscular coat of the bladder, so that it cannot contract upon and expel the urine. The bladder is a viscus of a compound character. Its body is elastic, dilating to receive the urine, and contracting to expel it; whilst the fibres around its neck form a sphincter muscle to give it a containing power. Now, whatever tends to diminish the expelling power of the bladder becomes the cause of retention of urine.

This loss of power may take place from various causes. The first and most common is, a disregard to the stimulus of the urine, when a call is felt to evacuate it; for if the urine be detained, the desire of voiding it is lost for a time; and if this disregard to the calls of nature become habitual, the bladder accommodates itself to hold a larger quantity than is natural, and loses proportionately its susceptibility.

The inconvenience of this dilatation might not be felt till the patient is advanced in years, or has fallen into some unusual irregularity, when the body of the bladder ceases to be able to expel the urine.

The common quantity, which the bladder in a natural state contains, is from one pint to a pint and a half; but from habit it may become so dilated as to contain considerably more than a gallon. The bladder is said to be capable of containing all the urine that is secreted in twenty-four hours, and the average has been stated at four pints three fluid ounces.

As the bladder becomes more and more distended the patient feels unable to void the urine; or the attempt is made with great pain; the bladder having lost its expelling power.

Even when the catheter is being used, the bladder does not always regain its power at once, but requires a repetition of its use for some time. In these cases the bladder dilates gently and gradually, and without much, if any pain, till a tumour is felt rising, as the distension continues, in the hypogastric region, and it sometimes reaches as high as the umbilicus.

Sometimes after the retention has been long neglected, there will be an involuntary discharge of urine, but without lessening the size of the tumour or giving any relief, the bladder not being at all reduced by it. The quantity of urine escaping is only equal to that which is secreted and distilled into an already-distended receptacle, which, in fact, now becomes an overflowing bladder.

In such a case the patient will often declare there is nothing the matter with his bladder and that he makes the usual quantity of water. [The impression of the patient sometimes is, that instead of making too little he makes too much.] But if with these symptoms a tumour is felt above the pubes, the catheter is to be at once introduced.

The first and almost only indication is to draw off

the urine; and as there may be no morbid alteration of structure either in the urethra or neck of the bladder it will be done with the greatest facility till the cure is effected. The bowels are to be kept open at the same time.

The principle by which the surgeon is to be guided with regard to the frequency of passing the catheter is, that the bladder must never be suffered to be abnormally distended. The usual times recommended for drawing off the urine are night and morning; but in some cases it will be necessary to do so three times a day or oftener.

The principal objection to the frequent introduction of the catheter is the irritation produced in the urethra; and when the catheter produces this effect, it has been proposed to obviate it by suffering a gum-catheter to remain in the bladder properly secured, to prevent its displacement. When the patient is confined to his bed, this might easily be done, but few can walk about with it; and if they can do so, the advantage of horse exercise must necessarily be lost; when, however, there is no hope of restoring the expelling power of the bladder, the plan of wearing a catheter will be very useful.

During the first five days of drawing it off, the urine will probably flow through the catheter very slowly, and the first symptom of amendment will be the expulsion of the urine with greater force, and a perceptible action on the instrument; and sometimes also there will be considerable pain felt on the expulsion of the last drops of urine, from the bladder contracting upon the catheter.

The bladder may recover itself in a week or two; sometimes from eight to fourteen weeks are required. But when there is no amendment observed in four or five months, a cure can hardly be expected.

Sometimes there is an intermission of the complaint for a day or two, when it returns, and this variableness may occur to the patient several times during the cure.

The diet should be temperate and nutritious, and if the person has been accustomed to wine it should not be absolutely forbidden. Exercise on horseback may be taken with advantage; cold bathing, or the local application of cold, may be used. Blisters may be applied to the sacrum, and friction with a strong solution of camphor upon the groins and region of the bladder may be also of service.

Bark and preparations of iron may be administered when the system is weak, but it is uncertain whether they in any degree accelerate the cure. Electricity will not be found of great use, and it occasionally produces a bloody discharge. These remedies, however, are not to be so much relied upon as the catheter, which must be continued till the bladder can empty itself by its own natural efforts.

Temporary retention of urine, where there has been

no previous habit of retaining the urine, will be sometimes speedily relieved by applying cold water to the penis and perineum, to the legs and feet, and by endeavouring to void the urine in a cold situation. Towards the end of the cure bougies may be advantageously used, which do good probably by stimulating the neck of the bladder.

Retention may also be occasioned by common paralysis of the bladder, the sphincter remaining in a natural state. This is an uncommon cause of retention, though the symptoms are nearly the same as in the preceding kind. There is usually a slight degree of uneasiness about the neck of the bladder, and the propelling power is below the natural standard, from a defect of nervous energy.

The catheter must be introduced as recommended in the former case; and as the urine will not always flow through it, from the muscular coat of the bladder not possessing any contractile power, it is necessary to press upon the abdomen to evacuate the fluid.

Friction, with camphor and blisters, might be of service, though the grounds of hope are less evident in this species of the disease than in the former. The patient may remain ten minutes in a bath heated to 110° with benefit; bark, and the cautious use of the powder of cantharides, three times a day, have been also found beneficial. By these means the power of the bladder will probably be in some degree restored.

(To be continued.)

ON THE EFFICACY OF THE SULPHATE OF BEBEERINE IN STRUMOUS OPHTHALMIA.

By HENRY LLEWELLYN WILLIAMS, M.D., Edin., M.R.C.S.E., Surgeon to the Beverley Dispensary, Fellow of the Botanical Society of Edinburgh, &c. &c.

Scrofulous affections are most certainly on the increase; nor is this so much to be wondered at, when we take into consideration the existence of many things likely to favour and promote such complaints,—such as an enlarged population, without a proportionate increased means of support, and the close unhealthy houses in which the children of the poor are huddled together in a state of abject filth. It is not, however, the object of this paper to enter upon a discussion of the cause of affections of this nature being more frequent than they formerly were; suffice it to say, such is the case.

Of scrofulous affections, none are more frequent and troublesome to contend with than strumous ophthalmia, occurring generally between the periods of infancy and puberty. In our large towns it is so common an affection, that of ten cases of inflammation of the eye, eight will be of this kind. It is known by several different names: thus it has been termed pustular, from the appearance of a number of minute pustules upon the surface of the organ; it has also by Dr. Mackenzie been called phlyctenular ophthalmia, as he believed it to affect the conjunctiva not so much as a mucous