or accoucheur ever inflicting or witnessing a moment's pain, while pursuing his blessed work of saving human life, and of relieving those many ills that flesh is heir to.

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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.

Ischuria Vesicalis, from Mechanical Causes in the Bladder and Ureters.—This species may be caused—firstly, by the passage of large stones through the ureters. These sometimes produce such distension of the canals that they lose their obliquity of insertion into the bladder, and allow the urine to regurgitate into them. Such patients usually complain of a sense of weight and uneasiness about the loins, together with the symptoms of vesical irritation. After death the bladder is found to be small, and perhaps not above half its natural size, whilst the ureters and pelves of the kidneys are much enlarged and dilated. The cure must be attempted upon general principles; but there is little to be done in such cases. [Many years ago, the late Mr. Corfe, a highly respectable practitioner of this town, shewed me a box containing at least one ounce of renal calculi, of a pale colour, and the size of large peas, which had been passed from time to time by an elderly man, whilst taking the "Haerlem drops," which is a balsam of turpentine. This medicine, I suppose, by increasing the secretion of urine, washed the calculi from the pelves of the kidneys, and not being too large to pass the urethra, they found their way out of the body. Terebinthinate medicines are well adapted, and will probably be found efficacious, for the expulsion of retained calculi, which form in the pelves of the kidneys, from an atonic condition of their membranes.]

Secondly, by vesical calculi. The effects of calculi in the bladder, being well-known, will not be enlarged upon here. There are instances where the stone has adhered to the bladder, and the bladder has contracted adhesions to the abdomen; so that an abscess has formed, and the stone has been discharged above the pubes.

Thirdly, from excrescences. These occasionally form in the orifices of the ureters or in the neck of the bladder, causing either ischuria or dysuria. The urine will be loaded with mucus or a purulent fluid, and the symptoms will be very similar to those of stone—so much so, that the two diseases are easily confounded, before the introduction of an exploring

instrument to ascertain the true character of the case. The introduction of a sound into the bladder may lacerate the excrescence and give rise to a fatal hæmorrhage.

Ischuria vesicalis may arise—secondly, from causes contiguous to the cavity of the bladder. Firstly, from enlargements of the prostate gland.

When the size of the prostate is much augmented, it materially affects the exit of the urine. The disease frequently begins by increased sensibility of the gland and pain in the perineum; but such symptoms are so equivocal, that it is often difficult to recognize the disease by them; indeed the complaint may continue many years without any particular enlargement or obstruction to the urine.

As the disease advances, there will be an irritability or smarting in expelling the urine or semen; and sometimes a discharge of blood at the same time.

An enlargement of the prostate rather increases than contracts the size of the urethra; but it prevents the proper action of the vesical sphincter and the acceleratores urinæ muscles, so that the last drops of urine are with difficulty expelled, and the patient, consequently, is not able to resist the frequent calls to pass the urine. When he begins to make water, it flows properly; but when the bladder is nearly emptied, it passes guttatim. At the same time there is generally a sense of weight and fulness about the anus, with an obscure and throbbing pain. In evacuating the fæces the patient feels as if something filled up the rectum; and the anterior part of the stool is marked by a sulcus. After the expulsion of the motion, the evacuation does not seem to be complete; and during the voiding of the urine, there is a strong desire to go to stool, as if a considerable quantity of fæces could be evacuated; but this inclination arises from the pressure of the enlarged gland. When the enlarged prostate has become so bulky as to prevent, in a great measure, the egress of the urine, the efforts of the patient will often obstruct it altogether; the sides of the canal will contract, and the abdominal muscles will press upon the neck of the bladder against the prostate, and close the canal; the patient therefore will void his urine better when no efforts are made.

This disease cannot always be ascertained by anal examination, as the enlargement sometimes projects into the neck of the bladder, and this enlargement consists of its third or middle lobe, but by an examination with the sound, it may be ascertained very distinctly, the anterior projecting part of the prostate proving an obstacle to its introduction. In this case it will be necessary to give the instrument a greater curve than is usual, or assist it to tilt over the gland by pressing the beak upwards by the finger passed into the rectum. The obstruction ought never to be overcome by violence with the catheter, or a false passage may be made through the gland.

* Continued from page 568.

An abnormal coldness and lividity of the glans will sometimes be found symptomatic of an enlargement of the prostate. As there are different stages in the progress of the disease, they will be considered separately.

Inflammatory Stage.—It is not asserted that there is a plegmonous inflammation in every enlargement of the prostate, nevertheless it does sometimes occur, and it is indicated by pain and tumour in perineo, and by retention of urine.

This condition of the prostate will best be subdued by local bleeding, especially by a large number of leeches applied over the site of the gland, by the warm bath, and by brisk purgatives. The patient is to be kept on low diet, in perfect rest, and in the horizontal position. After the evacuation by the bowels, if there be much pain, opiate enemata should be employed; at the same time it will probably be necessary to draw off the urine with a small elastic-gum catheter; at any rate the urine should never be suffered to remain in the bladder longer than twenty-four hours. If the disease should not yield to the above treatment, blisters may be applied to the perineum.

Abscess of the Prostate.—When suppuration has taken place in the gland, besides the ordinary disturbance of the system, indicative of the formation of matter, a soft tumour will be felt in the perineum, and by pressing the gland between the rectum and perineum, a fluctuation can sometimes be felt. The abscess may open spontaneously into the rectum or urethra, or through the perineum.

If there be great tension, evident fluctuation, or a tendency to gangrene, an opening must be made through the perineum, as it is desirable that the outlet should take place there.

Sometimes gangrene of the bladder takes place near the prostate, and the slough separates. If this happen at the lateral parts of the bladder, a permanent incontinence of urine is to be dreaded. The sore should be dressed down, and a catheter kept in the bladder. It may also be useful to introduce a bougie occasionally, to keep the perineal passage perviable.

From the violent efforts of the patient to make water, the abscess may burst into the urethra; if so, he finds ease at once, and speedily recovers. The same thing may happen from the introduction of a catheter or bougie. Sometimes a large quantity of matter is discharged per anum. In this case emollient injections may be used, but no advantage will be derived from external applications. After the rupture of the abscess bark may be given, with a nutritive diet.

Enlargement, with Induration of the Prostate.—In this condition of the gland, the patient suffers principally from the effects of pressure. The pain is less severe, and the disease less rapid, than in the former case. The indications are, to attempt a resolution, and if this cannot be accomplished, to palliate the symptoms.

It is to be feared that no remedies are possessed by medical science of any determinate power to act upon the prostate gland affected with enlargement and induration. It is usual to give small doses of mercury, with the extract of hemlock, but the former often exasperates the disease, and particularly when used locally as an ointment. The chief remedies from which benefit is derived are blisters and a seton. These, especially the latter, have been found useful in several instances. If the patient is not able to make water, or to empty his bladder, it will be necessary to pass the catheter three times daily, and occasionally it may be useful to leave the instrument in the bladder. Frequent attacks of strangury ought ever to be prevented,—that is, voiding his urine six or seven times a day, drop by drop, after powerful efforts. Sometimes the introduction of a bougie, by separating the sides of the cavity, will enable him to discharge his water. The bowels are to be kept open, and opium may be given.

The best way of administering opium is to make up two or three grains in a pill, and to use it as a suppository. One or two of these may be introduced up the rectum every day, when there is any great degree of irritation. The pill may be placed upon the top of a glyster-pipe, and so pushed up the rectum, and then anything (a bougie for instance,) passed through the tube will dislodge the suppository, and leave it near the posterior part of the prostate.

This plan of applying opium locally has been adopted with much palliative advantage in cancer of the uterus.

Constipation may become the cause of retention of urine. Some persons have a stool only once in seven, ten, or fourteen days. The fæces thus accumulated may press on the neck of the bladder, and obstruct the passage of the urine.

The water is to be drawn off with the catheter, but so long as the fæcal pressure remains, the ischuria will continue. A glyster is the best remedy, and by evacuating the fæces, will effectually relieve the patient.

Hæmorrhoids.—The veins of the rectum being in a congested and tumefied state, may also compress the neck of the bladder, and if they are high up and varicose, suppression of urine may supervene, and be attended with alarming symptoms.

There may be no external appearance of piles, and yet, upon examining the rectum, it may be found filled up with grape-like tumours. These sometimes suppurate, discharge largely, and then get well. Occasionally, from continued pressure, they become gangrenous, and drop off.

Piles are often relieved by clysters; if not, leeches, or the lancet, may be employed. Clysters will be found the best purgatives. When they cannot be used, the mildest aperients are to be substituted,—such as manna, or the precipitated sulphur; the

patient should at the same time sit over the steam of hot water. Suppositories are hardly admissible, but should there be much pain, a solution of opium may be injected into the rectum. The best clyster will be a pint of broth, a fluid-ounce of castor oil, two drachms of the balsam of copaiba, and a few drops of laudanum, (if there be much pain,) thrown up twice a day.

Ischuria Urethralis.—1. *Inflammation of Cowper's Glands*. These are situated near the bulb of the urethra, and are often affected in violent gonorrhœa.

The nature of this disease may generally be known by the seat of the tumour. If suppuration takes place the matter may be evacuated by the excretory ducts of the glands into the urethra, or adhesions having been formed in the cellular membrane below, it may be evacuated externally.

In the onset of the disease resolution should be attempted by purging, leeching, enemata, and the hip bath; and if required, blood may be taken from the arm. If matter should have formed, it should be let out by the lancet as soon as fluctuation can be felt, lest fistula in perineo be produced.

When first called to this case of retention, it will be proper to pass a small gum catheter to evacuate the urine; or a fine bougie may be substituted, and the water will frequently flow by the side of it. The catheter should always be passed with caution, keeping the point as much as possible against the upper part of the urethra that it may glide over the enlargement; but it will sometimes unavoidably take a false route.

If, when the abscess is opened externally, no urine passes through it, it proves that the urethra has not been perforated; but though no urine passes through the opening at first, a slough may separate several days afterwards, and then the urine may escape through the aperture. Fistula in perineo will of course be the result.

When the urethra has been perforated, and, is consequently contracted, it will be necessary to employ bougies; and when induration remains about this part of the urethra, it will often yield to mercury, but is very apt to return from any occasional cause.

2. *Abscess in the Cellular Membrane between the Urethra and Perineum*. This may be the consequence of gonorrhœa, falls and blows, or from obstructions or erosions of the urethra.

If, from either of these causes there be an opening into the urethra, the urine may not only make its way into the cellular tissue, but extend as far as the tuber ischii and sphincter ani, the patient, perhaps, being able to make water in some degree all the time. Sometimes the urine will fill the cellular membrane of the scrotum and penis, which will quickly run into mortification, or produce the erysipelatous œdema or abscess.

The treatment of this case is to evacuate the infiltrated urine by adequate incisions into the scrotum and

perineum, or else there will be extensive sloughing. The patient is to be purged, and if necessary, the urine is to be drawn off; but the catheter ought not to be left in the bladder lest it should irritate the urethra. The parts are to be bathed with spirit and hot water, and bark should be administered internally. Sometimes the perineum and part of the urethra have been destroyed; and yet with care the patient has recovered.

If there be no stricture between the aperture and glans penis, no particular advantage can arise from keeping the catheter in the bladder, or the employment of bougies before the inflammation has subsided, and the parts are beginning to heal; if, however, the parts are long in healing, the catheter may be kept in, and when the abscess has nearly healed, a bougie may be introduced every day.

If the aperture remain fistulous, the daily introduction of a catgut bougie into it, smeared with blistering ointment, may perhaps dispose the sinus to heal.

3. *Effusion of Blood into the Cellular Membrane*. This cause may prevent the evacuation of urine, and it generally arises from violent contusion of the penis. Free scarifications are to be made so as to evacuate the fluid, which has flowed into the tissue, and such dressings are to be applied as are adapted to contused parts in danger of gangrene.

4. *Sloughing of the Corpus spongiosum*. This may become a cause of ischuria. When an ulcer has destroyed the glans, or a part of the urethra beneath the integuments, the aperture of the canal will become so contracted, that the stream of urine will gradually diminish, and at last become obstructed altogether. The part of the canal behind the contraction will be dilated, whilst the urine will issue in a very small stream through the integuments. This state of the parts may be relieved by introducing a fine probe through the aperture, and by cutting upon it so as to divide the urethra sufficiently; a bougie must then be introduced, taking it out when the patient has occasion to make water.

5. *Phymosis Infantum* may be considered another cause of ischuria.

Infants are born with a prepuce generally so narrow as to prevent the glans being uncovered; and if there be room for the urine to pass out, it is all that is necessary; but if there be no aperture, or if it be too small, retention must take place within the cavity of the prepuce.

This tightness of the prepuce will not be perceived till three or four hours after birth, when the child will appear uneasy, and a swelling will begin to form between the glans penis, and pubes, which goes on increasing till it appears like a hydrocele, the narrowest part being towards the symphysis pubis, and the broadest at the extremity.

When there is any (the least,) aperture, a fine probe or small director should be passed through it, and the

prepuce divided up to the corona glandis; if it be quite closed, an opening must, of course, be first made into the cavity.

6. *Calculi in the Urethra* is another cause of retention of urine; and there are other causes peculiar to women, such as excrescences about the meatus urinæ, prolapse or retroversion of the uterus, prolapse of the vagina, and accumulation of the menstrual fluid in cases of imperforate hymen, all of which are to be treated according to their respective requirements.

Rupture of the Bladder.—Both sexes are liable to this sad result. When it takes place from the pressure of the cervix uteri on the neck of the bladder in cases of retroversion, there must, necessarily, be great inattention on the part of the practitioner. There may be, certainly, some difficulty in introducing the catheter, but this may generally be accomplished, and if it cannot, the bladder may be punctured.

Rupture may be also produced by pressure of the child's head in a labour which has lasted many days; when, therefore, but little water is passed, whatever may be said by the nurse in attendance to the contrary, it is probable that the urine is accumulating in the bladder, and the catheter ought to be introduced without delay.

[The young practitioner, when conducting a tedious labour, ought frequently to examine the state of the bladder, otherwise it may gradually become distended without his being at all aware of it, and suddenly burst into the abdominal cavity.]

The bladder generally ruptures near the fundus. The symptoms indicating the event are a sudden sensation of something having given way, severe peritonitic pain, tension of the belly, and constant vomiting of a dark-coloured fluid, and if the catheter be introduced, no urine, or else a very small quantity of turbid and fœtid urine will be evacuated.

Patients in general die in three days after the rupture. The abdominal viscera, as well as the peritoneum, are found after death highly inflamed from the irritation of the acrid urine.

Rupture of the bladder may be occasioned by falls, and such a result may be suspected by the pain and tension of the abdomen, and by there being no desire to make water. Death always follows this result in a few days.

It seems rather extraordinary that after rupture has taken place, a patient shall void a few ounces of urine through the catheter; but as the rupture usually takes place at the fundus, it may easily be supposed that a small quantity of urine may remain towards the neck of the bladder.

The bladder is sometimes ruptured from a stone in its cavity. Whenever the bladder is in a morbid state and retention of urine comes on, mortification often takes place in forty-eight hours.

In the treatment of this case, no especial good can

be done. Pain may be alleviated by the warm bath and opium; but no particular advantage would be derived from puncturing the abdomen to evacuate the water.

[I cannot agree on this point with Mr. Pearson. Puncturing the abdomen and evacuating the effused urine, and washing out the peritoneal cavity by means of a stomach-pump, at the same time keeping a catheter in the bladder would, at the very least, give the patient the possibility of an escape from death, which must inevitably follow if no attempt be made to evacuate the urine from the peritoneal cavity. If the stomach can be cleared of a poison by this means, through a natural channel, why should not the peritoneal cavity be cleared of the poison of urine through an artificial one?]

If the bladder has been wounded by a ball near the pubes, the water may be evacuated through the wound, and the patient might recover.

Cystocele.—This is a displacement of part of the bladder, and was not understood by the ancients, except Lanectus, who gave a good account of it. It consists of a partial prolapse of the bladder, either through the abdominal rings, or into the vagina.

The part recedes under pressure, which causes a desire to pass the urine. This protrusion may be incarcerated as an intestinal hernia, but in its incipient state it may generally be remedied by the application of a proper truss or pessary.

[Some years ago I met with a case of vaginal cystocele, in an elderly lady, which for a long time passed unnoticed, and became extremely difficult of management.]

(To be continued.)

CASE OF POISONING BY YEW BERRIES.

By JOHN LLOYD, Esq., Surgeon, Bath.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association.)

I was requested a few days since by your Honorary Secretary, Mr. Bartrum, to present to this meeting the particulars of a case of poisoning by yew berries, and as but few cases are on record, and this being the only one in sixteen years of extensive practice I had met with, I did not hesitate to comply with his desire, and considered a brief history of the tree and its qualities would not be uninteresting to this Society.

Taxus baccata is the Latin name of the tree; derived from *taxōv*, an arrow. The common name yew is derived from the Celtic word *rw*, meaning green, its leaves being persistent. It is of the coniferous order. It and the savin, I believe, are the only two poisonous plants of that order in this country. It was planted by our ancestors in churchyards, as a place of security, on account of its furnishing the best bows; and I see in "Castle's Botany," that by a statute of the 5th of Edward the 3rd, every Englishman was directed to have a bow