was found. One of the most remarkable of the symptoms was the *hæmaturia*. This was evidently of vesical origin, no sign of renal disease having preceded or followed it, while it was accompanied and succeeded by other signs of irritation in the bladder. It was, in addition, sudden and severe; and there was no exciting cause distinguishable. These are just the characters which mark hæmorrhage from cancer of the bladder. The urine, however, though carefully and repeatedly examined, afforded to the microscope no appearances which would tend to have confirmed the diagnosis, no cancer cells being perceptible, and the deposits presenting only the products of hæmorrhage and of inflammation of the mucous membrane. Another symptom of the disease was the difficult micturition, due perhaps to the position of the cancerous growth and the sense of dissatisfaction which followed the completion of the act, the belief of the patient being that something yet remained in the bladder to be discharged. I need merely allude to the alternation between the uterine hæmorrhage and the diarrhoea as a matter of interest. Of all the seats of vesical cancer the base of the organ is the most ordinary part to be affected. In this point, therefore, the case before us presented nothing peculiar, but it was remarkable in the independence of the deposit of contamination by mere contact with the uterus. For the most part it is thus that the bladder becomes affected, the disease spreading from the cervix uteri to the organs and tissues in its neighbourhood, but here the deposit in the bladder was perfectly isolated, having no connection whatever with the seat of primary disease.

Cancer of the Lymphatic Glands within the Pelvis is a complication of uterine cancer by no means rare. In the present case there was no physical evidence of it in any but one situation,—namely, as constituting the tumour felt in the vaginal examination to be pressing against the left side of the rectum. It is highly probable, however, that this was merely a part of a more extensive implication of the lymphatic system in the pelvis, if we may judge by a variety of symptoms which this, conjoined with intercurrent attacks of inflammation, will suffice to explain. I refer, of course, to the symptoms localised in the neighbourhood of the groins, of the hip, thigh, and leg, especially of the left side. The pressure exerted by these glands on the branches of the anterior crural nerve and on the sciatic, will account for the pain she experienced in these situations, for the obstruction to the return of blood, as pointed out by the enlargement of the veins, while the temporary œdema of the leg may be explained by an increase of their bulk and pressure under the influence of inflammatory turgescence. The character of the swelling, too, was remarkable; it did not commence with the ankle and extend upwards to the thigh, but on the contrary, began in the groin, and spread downwards to the leg.

This puts one in mind of *phlegmatia dolens*, in which the swelling usually follows this order, and its pathology presented nothing very different from that complaint. It differed in the swelling, being distinctly influenced by changes in the position of the limb. Must not the *ascites* which had followed on the lessening of the swelling of the leg be attributed to the influence of the same local cause? Most of the cases of *ascites* we meet with in practice are due to obstruction in the venous circulation of the abdomen; but there is also an inflammatory *ascites*, the result, not only of general contamination of the blood with non-excreted matters, as in renal disease, but also arising from a more local cause of irritation. This was probably the case in the present instance.

I must allude, before closing these few pathological observations, to the resistance offered by the abdominal muscles to the hand over the left side of the abdomen; in fact, where it would have excited pressure indirectly upon the diseased organs. It is a sign never to be neglected in the determination of abdominal disease, and when presented by one part more than by another, it is a pretty certain token of disease in its neighbourhood, even when no complaint of tenderness is made by the patient.

Leamington, April 4, 1849.

TOTAL SUPPRESSION OF URINE DURING SEVEN DAYS,

TERMINATING IN RECOVERY.

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

Dr. Watson, in his admirable "Lectures on the Principles and Practice of Physic," states (Lecture 77,) that "this affection usually occurs in persons who are advanced in life, and inclined to corpulency." He also writes as follows:—"Sir Henry Halford has related one of five instances of this disease that he had met with in the course of twenty-seven years; he says it was an exact copy of all the others that had fallen under his notice. As his account of the general course of the symptoms coincides with the statements of other writers, I may give you his narrative in lieu of a formal description."

"A very corpulent robust farmer, of about 55 years of age, was seized with a rigor, which induced him to send for his apothecary. He had not made water it appeared for twenty-four hours; but there was no pain, no sense of weight in the loins, no distension in any part of the abdomen, and therefore no alarm was taken till the following morning, when it was thought proper to ascertain whether there was any water in the bladder, by the introduction of a catheter, and none was found. I was then called, (says Sir Henry,) and another inquiry was made some few hours afterwards, by one of the most experienced surgeons in London, whether the bladder contained any urine or not, when

it appeared clear that there was none. The patient sat up in bed, and conversed as usual, complaining of some nausea, but of nothing material in his own view, and I remember that his friends expressed their surprise that so much importance should be attached to so little apparent illness. The patient's pulse was somewhat slower than usual; and sometimes he was heavy and oppressed. I ventured to state, (continues the author,) that if we should not succeed in making the kidneys act, the patient would soon become comatose, and would probably die the following night, for this was the course of the malady in every other instance I had seen. It happened so, he died in thirty hours after this in a state of stupefaction."

I have deemed it right to quote this case in detail, representing as it does the five fatal instances met with by the late Sir Henry Hallford, in order that the case about to be related may be compared with it, and to show that the constitution might sometimes tolerate excrementitious poison in the circulation for a much longer time, and even recover from its baneful effects.

A gentleman, 75 years of age, of short stature and spare habit of body, had, in the earlier part of his life, suffered severely at times from disordered function of the urinary organs, but for many years past he had enjoyed an exemption from his complaint by observing a more abstemious diet, and by taking alkalines, at the recommendation of an eminent London surgeon. Supposing that he had completely got rid of his complaint by this treatment, he ventured to return to his former habit of incautious living. The result was, that he became again subject to the same symptoms, and in one of these attacks, at the latter end of October last, he was attended by his medical friend, Mr. John Rushworth Keele, an experienced surgeon of this town. The symptoms became alarming, and as a total suppression of urine had taken place, I was requested by Mr. Keele to meet him in consultation on the 31st of October. It appeared that the attack was preceded by rigors, which were followed by symptoms of renal obstruction; that the warm bath, with other suitable means, had been tried; and that a common-sized catheter had been judiciously introduced, to ascertain whether any urine was retained in the bladder, but no urine was found.

When we saw the patient in consultation the following facts were noticed:—No urine had passed since the 30th; there was no distention of the pubic region; and upon another cautious and facile introduction of the catheter by Mr. Keele, the bladder was found quite empty; there was no pain nor uneasiness of the loins, along the ureters, or in the course of the spermatic nerves; neither was there any contraction of the cremaster muscles; but there was a more frequent desire to make water than is natural, and so extremely urgent was the call, that he required the vessel to be handed instantly, "lest (according to his words,) the urine should flow over the bed." Each effort was exceedingly straining and painful, as in dysuria, and caused him to cry out loudly, but the only result of his efforts was a few drops of bright blood. The system was but little disturbed; the tongue moist, and not much furred; the pulse about 90 in the minute,

and regular; the skin cool; and what was very remarkable, although he had been a person of a very irritable temper, he had now become subdued, placid, and composed.

Supposing from the patient's advanced age, that the suppression may be caused by atonicity or degeneration of the structure of the kidneys, we decided on first trying the effect of stimulant diuretics.

R. Olei Terebinthinæ purificati, guttas xv.; Tinctr. Hyosciami, m. xxv.; Aquæ Cinnamoni, oz. j. Misturæ Acaciæ, q. s., adbene miscend. Capiat hanc dosin quarta quaque hora. Fricetur subinde in lumborum regionem Linimentum Terebinthinæ.

At an evening visit, finding that there had been no action of the kidneys, the following was ordered with a repetition of the warm bath.

R. Pulveris Ipecacuanhæ Compositi, gr. iv.; Nitratiss Potassæ, gr. x.; Misturæ Acaciæ, Syrupi Simplicis singulor, dr. j. Misturæ Camphoræ, oz. j. Misce pro haustu quartis horis sumendo. Capiat cras mane Olei Ricini, oz. ss.

November 1st. He has passed a tranquil night, with snatches of sleep; the bowels have been moderately acted upon; the same strainings of the bladder continue; but there has been no secretion of urine. He has been sick and has vomited.

Sumat haustum sequentem inter effervescentiam, quarta quaque hora cum granis quindecim Acidi Citrici in Aqua pauxillo diluti.

R. Sodæ Sesqui-Carbonatis, scr. j.; Liquoris Opii Sedativi Min. quinque; Spiritus Ætheris Nitrici, m. xx.; Syrupi Simplicis, dr. j.; Aquæ Destillatæ, oz. j. Misce

Vespere. He is much the same in every respect; no urine has passed. Repetatur balneum tepidum et pergat iisdem medicamentis. Repetatur Olei Ricini, oz. ss., primo mane.

November 2nd. The vomiting continues, and there is the same ineffectual straining to make water, voiding only a few drops of blood. Between these distressing efforts he lies down in his bed calm and composed. The tongue is somewhat furred, and the pulse between 80 and 90 in the minute. The bowels have not responded to the castor oil. Applicentur cucurbitulæ cruentæ regioni lumbali, et injiciatur per anum enema purgans.

He was also directed to take a dose of some aperient pills, to which he had been accustomed, if the bowels should require them.

3rd. The strangury, suppression, vomiting and constipation continue as yesterday. He remains composed in the intervals of endeavouring to pass water, but there is no tendency to coma. Repetantur balneum tepidum, enema purgans, et pilulæ aperientes.

4th. The symptoms continue with but little variation; the stomach resists everything, and he is evidently weaker; not a drop of urine has been passed. The catheter is once more easily and cautiously introduced for the satisfaction of his relations; but no urine whatever was found in the bladder, and no blood followed its withdrawal.

During the 5th and 6th, he went from bad to worse. The matter evacuated by the stomach became dark and fetid; an urinous smell was perceptible in the

breath; the pulse fell; the temperature of the extremities was diminished; and his mind wandered.

On the evening of the 6th, there was no improvement in any respect; and he appeared fast approaching the moribund state.

On the morning of the 7th, I called as I supposed for the last time. Finding my colleague and one of the patient's sons with unusually cheerful faces, and enquiring the reason, I was requested to go up-stairs and satisfy myself. There, to my great astonishment, I saw that the patient had during the night passed an ordinary chamber-vessel nearly full of urine, somewhat tinged with blood; and I soon found, that instead of the subdued and placid manner exhibited during the whole time of the suppression, his natural irritability of temper had returned; for upon congratulating him upon so great a change for the best, he sharply and pettishly exclaimed,—“Better, Sir, Better! how can that be possible, when it must be evident that I am sinking into the grave every moment!”

In this, however, he was mistaken, as the kidneys continued to act, the vomiting subsided, the bowels resumed their functions, and under the care and attention of Mr. Keele, he gradually recovered as good a state of health as so formidable a malady at his advanced age could allow us to expect.

He still occasionally suffers from dysuria; but there has been no return of the ischuria renalis, although it is probable the latter might again take place.

I shall not go into the question of the proximate cause of the renal obstruction, as such an enquiry would be merely hypothetical and inconclusive; neither shall I allude to the treatment as having been successful, as the removal of the suppression cannot fairly be attributed to any of the means employed. I have stated the case (very briefly) to shew that we are not always to despair of recovery where the suppression of the urinary secretion is total, and where the cerebral functions might be exposed to the full action of an excrementitious poison during seven days. If the suppression had not been complete,—even if a few ounces of urine had been secreted in the seven days, I should not have deemed the case worthy of being recorded. Doubtless many of my professional brethren could adduce instances of urinary suppression, and perhaps with the like result; nevertheless, I believe such instances to be of uncommon occurrence.

It is singular that under circumstances so favourable to its production there should have been no comatose condition of the brain, for, although the mind occasionally wandered on the sixth and seventh day of the ischuria, there certainly was no coma; it is, however, probable, that the subdued and composed state of the nervous system was the incipient sedative effect of the urinous poison circulating in the blood, and that, had it been longer retained, a fatal coma would have been the result. This opinion is strengthened by the fact, that with the restoration of the renal function, the composed state of the patient was at an end, and all his former moral irritability returned.

Southampton, February 22, 1849.

ON ABSCESES OF THE PELVIS UNCONNECTED WITH PARTURITION.

By JOHN S. BARTRUM, F.R.C.S., Surgeon to the
Eastern Dispensary, Bath.

(Read at the Quarterly Meeting of the Bath and Bristol
Branch Association, March 22, 1849.)

The cases to which I wish to draw attention are—pelvic abscesses, not connected with parturition, which, not being of every-day occurrence, nor, on the other hand, presenting any very marked peculiarities, are yet of sufficient importance to receive special notice, particularly as they often cause the patient prolonged anxiety, and in their earlier stages present difficulties in diagnosis which the issue of the cases only solves. Moreover, they well illustrate how much the powers of nature will effect towards cure without receiving any more surgical aid (though that, indeed, is much) than is derived from general and constitutional remedies, without any treatment being applied to the parts at first attacked.

My attention was first drawn to diseases of this class in 1838, while acting as clinical clerk to Dr. Watson, at the Middlesex Hospital, when two cases of inflammation of the pelvic peritoneum came under my observation. Not being under the care of Dr. Watson, I did not take notes of them, but well remember that in one case there was found a large accumulation of purulent matter in the pelvis, while the abdominal peritoneum was unaffected. The other case, I believe, recovered.

CASE I.

The case which first came under my own care and notice was in a lady, single, aged about 30, of the most active temperate habits, who for two or three months had suffered from depression, languor, and a dull pain in the head and loins.

On March 30, 1842, she was attacked with pain in the bowels and groin, with a feeling of weight in the right lumbar region, extending to the pubes, which being accompanied by sickness, and the excretion of gravel was ascribed to the passage of the gravel down the ureter. On the second day there was tenderness and obvious fulness in the right iliac and hypogastric regions; the spinal column was nowhere tender. There was at first some sense of prolapsus, and continued pain in passing a motion, and bearing down in the rectum. Prior to this attack, and at each recurrence of the subsequent minor attacks, there was pain in the bladder, and partial stoppage of the urine. She continued in a weak feverish condition for a fortnight, when, while sitting at table, there escaped from the vagina a large quantity of offensive purulent matter, mixed with flakes of lymph; this discharge continued for several weeks. She had not suffered from habitual constipation. In this convalescent state she came under my care, still complaining of pain in the right iliac and inguinal regions, the