have been inflammation, and one would suppose much pain in the part, but I had heard no complaint whatever. I must confess that I was much surprised at finding so much mischief had been produced, and astonished that such a breach had been made in such an extremely irritable organ as the bladder, without causing more pain and inconvenience to the patient; all she complained of was a little heat about the vagina, and scalding; she sat up two or three times after the urine escaped, and in that position it did not run off so freely, but the moment she lay down, the bladder seemed to empty itself. Being fully satisfied of the nature and extent of the disease, the next thing was to set about the cure; in attempting this I was rather discouraged by what I had read and heard, and there was also a great reluctance on the part of the patient to having anything mechanical done; at last she consented, and I introduced rather a large-sized gum-elastic catheter through the urethra into the bladder: this had the effect of dividing the urine and scattering it about the vagina, but none passed through the catheter. Being fully satisfied that the catheter was in the bladder, I contrived to keep it there by tying a piece of tape to it, and then fastening it round the body and thighs; this was about 12 o'clock in the day; at 11 P.M. I called, and still found the urine running away, but the nurse said she thought she saw a little drop from the catheter. The woman was restless, and complained for the first time of a smarting pain in the passage, and wished me to withdraw the catheter; fearing the consequence of its running all night, I did so, and it was very evident, by its dripping when removed, that some urine was left in the bladder. I ordered her to continue the mixture she was taking, which contained morphine, spirit of nitrous æther, and camphor mixture, and left her for the night; next morning I was gratified at finding that there had been but a very little discharge of urine, and that she had passed a very small quantity twice in the natural way, and continued to do so all the day. The next day I fancied that there was a little fullness over the region of the bladder; fearing that any distension of the organ might produce fresh mischief, I attempted to pass the catheter again, but finding some little resistance I desisted, thinking I might do harm by persevering; the discharge of urine from the vagina grew less daily for about five days; the woman now makes water as well as ever, and suffers no inconvenience from what has occurred, except a sensation of feeling as though she wanted to make water when in an erect position.

Whilst I am on the subject of the urethra and bladder, I will relate a case that came under my care a few years since. I was consulted by a stout, robust exciseman, who seemed to be fond of tasting as well as gauging exciseable liquors, and when under the influence of it he was subject to retention of urine; he was half drunk when I saw him; the bladder was much distended, and the poor fellow appeared to be in great agony. He had been in the habit of passing a bougie himself, but that day he had not been able to get it into the bladder. On my producing the bougies, he pointed out the size of the one he had been in the habit of using, and without much difficulty or inconvenience I got it past the stricture, which no doubt was only spasmodic. I wished him to let the bougie remain a minute or two in the urethra,

but at that moment I was called out of the surgery, and was absent about five minutes, not more. On my return I found the exciseman laid back in the chair, snoring away, with the penis erect, but no bougie visible. I roused him, and inquired for the instrument. His reply was, that he had left it in the passage, but it was not to be seen. I now examined the penis, and about an inch and a half down the urethra I felt the end of the bougie. I tried to force it out, but in so doing altered its form. The heat of the part had so softened it, that I flattened the end by taking hold of it. The poor fellow became very much frightened. While I was deliberating on what to do, he had a strong desire to make water, accompanied by a sort of spasmodic jerking, which seemed to move the bougie. This continued at intervals of two or three minutes, till at last I had the satisfaction of seeing the end of the bougie peeping out of the urethra, and, as you may suppose, I took good care that it did not get out of sight again. On removing it, more than a quart of urine escaped.

I am aware that there is nothing very extraordinary in the medical or surgical treatment of either of the above cases, but the knowledge of the successful termination of two not very common accidents may tend to cheer and to give confidence to the practitioner who may be so unfortunate as to meet with similar cases in his practice, and this is the only object I have in view in drawing them up for publication.

I am, gentlemen,

Your obedient servant,

GEORGE KING.

Bath, Oct. 16, 1841.

RUPTURE OF THE UMBILICAL CHORD.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you think the following accident in midwifery worth noticing in your weekly journal, it is much at your service. Perhaps it furnishes a hint both to practitioners and nurses.

Your obedient servant,

E. COPEMAN.

A short time since, I was summoned in haste to attend Mrs. C. in labour. I had previously had intimation that her labours were generally very quickly over, and therefore hastened to her assistance with as little delay as possible. When I arrived, however, I found it "all over," the child born and dressed, and the placenta removed. The patient was pale and faint, having, as I understood, lost a good deal of blood before the expulsion of the placenta. On my making inquiries about the infant, the nurse put on a countenance portentous of mischief, real or imaginary, such a one as accoucheurs desire not to look upon, though often doomed to behold. She told me she had been much frightened, and that something was "very wrong" with the child. The cause of her alarm was as follows: the umbilical cord had been twisted about the neck and body of the child, and being very thin, and the child forced into the

world in a great hurry, had been torn off close to the navel, there being not enough left to admit of a ligature being placed upon it. As the child was bleeding very much, the nurse, in the hurry of the moment, pinched up the skin surrounding the navel, and tied a piece of cotton round the whole, by which means the hæmorrhage was stopped. By passing a small curved needle and ligature through what small portion of cord was still remaining, I was enabled to draw it out just far enough to put a few threads round it without including any portion of skin. I then removed the ligature which had been applied by the nurse, and found it had not been tied tight enough to injure the skin. No sloughing ensued, the umbilicus closed at the usual time, and the child suffered no further inconvenience.

Coltishall, Oct. 2, 1841.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SATURDAY, OCTOBER 23, 1841.

MUCH as has been written on the subject of medical reform, far more must yet be indited ere the public at large, or even the profession itself, becomes sufficiently imbued with that clear perception of what is needed—that full conviction of the necessity of amendment, without which no adequate reform of the medical profession can be obtained. Desirous of lending our best aid to a cause in which we feel a deep interest, we shall, on the present occasion, offer a further illustration of what the exigencies of the profession and the well-being of the community appear to us to demand.

Previously to any specific inquiry, however, we wish to call attention to a few preliminary considerations, that seem to be too generally overlooked. In the first place, it is essential for reformists of all kinds to bear in mind the *vis inertiae* which indisposes the great mass of the people at all times to any great political change. It is natural that reformists should overlook this; and that, incited by the very ardour which makes them reformists, and mistaking their own convictions for those of the general community, they should imagine that what they see so clearly, and believe so confidently, must, of necessity, be equally obvious to, equally admitted by, all!

This is a great mistake—and by committing it reformists immeasurably damage their own cause, retarding the accomplishment of their designs by the very energies through which they aim at effecting them.

On the unreasonableness of the disinclination to change referred to, it is vain to argue. It is enough that it exists, and it is the part of true wisdom so to deal with it as to overcome its resistance to salutary changes by the only means by which this can ever be weakened, namely, by enlightening the public mind, and by proving, irrefragably, that the amendments sought are both safe and needful. The public feeling alluded to is itself right, and deserves not to be treated either with ridicule or reprehension. There is great truth in the remark of Hooper, that “change is not made without inconvenience even from worse to better.” Yet, disregarding both the public indisposition to change, and the reasons by which this could be justified, reformists are ever prone to urge for hasty adoption whatever speculative views they may have themselves formed, and to oburgate all who will not keep pace with their wildest contemplations.

They who have watched the progress of medical reform for the last forty years, will be at no loss for illustrations of the tendency, on the part of reformers, here adverted to.

For dealing with the public reluctance to innovate, ridicule and reproach, though the means customarily resorted to, are about the worst that can be employed; for thus urged, the parties assailed, like the fabled traveller and the wind, only draw their cloak of prejudice more closely around them. A far better mode is, by clear dispassionate reasoning, to show that the amendments projected are founded in truth and reason, and that it is for the advantage of all parties that such amendments should be carried into effect.

Another error into which reforming zeal is too often betrayed, is that of disregarding the existing state of things, with reference to which all political emendations require to be modified. An evil is perceived, and a remedy is imagined, which the projectors, aiming at an ideal perfection, would carry to an extent that would annihilate much which needed not to be disturbed. With this error the more zealous medical reformists are, in many instances, chargeable.

A further error, much too prevalent, is to impute to all who may cling to existing institutions and uses corrupt motives in the preferences evinced. With respect to the great mass of the community, such a charge is egregiously untrue. For the tardiness with which so many open their minds to the expediency of reforming projects, many reasons may be assigned which have no relation either to corruption or selfishness.

All minds are not equally percipient of political derangements, and the proportion is not large of those whose faculties are capable of tracing to their