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CASE OF ENCEPHALOID TUMOUR OF THE BLADDER, WITH OBSERVATIONS.

By GEORGE P. MAY, M.D., Maldon.

Miss W.—, aged 37, being previously in good health, and actively employed in the duties of teacher in a ladies' seminary, about two years since, was attacked with hæmaturia, accompanied with pain in the loins, and a sense of bearing-down in the perineum. These symptoms ceased under the use of refrigerant medicines, and acidulated drinks, rest in the recumbent posture being at the same time enjoined. Immunity from this malady however, was not of long duration; any active exertion, or extended walking exercise being frequently sufficient to induce its recurrence. The hæmorrhage at this time was never excessive, the urine exhibiting no trace of blood for more than two or three days at a time. She was able to retain her situation, and to discharge the duties attaching to it until the end of the last year. Whilst spending the Christmas vacation in London, she was attacked with severe hæmorrhage from the urinary organs, the quantity amounting, according to her own estimate, to several pounds of blood. She returned home in January of the present year, her complexion pallid and pasty, physical energies much reduced, and complaining of pain and much sense of weakness in the loins and lower limbs. A few days after her return the hæmorrhage was renewed, which continued in a greater or less degree, without any intermission, for nearly four months. Sometimes the excreted fluid appeared to be for the greater part pure blood, coagulating at the bottom of the vessel; at other times a dark grumous sediment was deposited, the urine being tolerably transparent, but exhibiting a crimson tinge, and an acid re-action. She frequently voided small dark coagula, the passage of which occasioned considerable suffering. The calls to urinate were frequent and imperious, and attended by so much uneasiness in the hypogastric and perineal regions, as sometimes to cause fainting when the act was terminated. She complained very frequently of pain in the loins, which was aggravated by pressure; there was also much tenderness over the region of the bladder. After the hæmorrhage had continued a few weeks, the urine began to exhale an offensive odour, which soon increased to such a degree as to be exceedingly annoying to the poor sufferer. The stomach throughout was capricious and irritable, violent retching being frequently the consequence of taking aliment the most simple in character and sparing in amount. In the month of May the hæmorrhage abated, but the

urine remained very turbid, of a chocolate colour with stringy mucous matter floating in it. Occasionally a quantity of pink deposit, of a gelatinous consistence, was observed at the bottom of the vessel. The catamenia, which was very scanty at the commencement of her illness, soon entirely ceased. In the month of June the urine began to pass involuntarily. The constant oozing of the fluid, which continued to be of a very offensive character, was a source of great annoyance to her; and in spite of every precaution, three superficial sloughs formed on the sacrum and nates. It was suspected that the urine was discharged from the vagina, and not from the meatus; and the investigation after death proved this surmise to have been correct. In this sad condition, and exhibiting all the characteristics of anæmia, she passed the last three months of her life, and died emaciated to an extreme degree, September 5th.

It soon became evident that the nature of the case admitted but of a palliative treatment. Sulphuric acid, tincture of sesquichloride of iron, diacetate of lead, injection of cold water into the rectum, &c., were tried, with the view of checking the hæmorrhage, but with slight appreciable benefit. The excessive irritability of the stomach was sometimes allayed by prussic acid and effervescent. During her whole illness she found much relief from the use of acetate of morphia, which was very effective in alleviating her pain, tranquillizing the nervous system, and allaying vomiting and nausea.

Autopsy thirty-six hours after death. On opening the bladder, a few drachms of brown turbid urine were observed, containing some loose particles of white flocculent matter. A little below the neck of the viscus, and towards the right side, a tumour presented itself, irregular in form, about the bulk of a small orange. Its surface was broken down, and of a creamy consistence. In the centre, and towards the base, its character was firmer, intimately resembling cerebral matter in its colour, consistence, and general aspect. It was firmly and inextricably attached to the tissues of the bladder. The mucous lining was pulpy and thickened. In close proximity to the tumour, and towards the base of the bladder, was an aperture communicating with the vagina large enough to admit the tip of the forefinger; its edges were ragged and surrounded by an irregular deposit of medullary matter, similar to that of the larger mass. The left kidney appeared to be twice its natural size, mottled externally; the cortical and tubular structures were nearly obliterated, and their place supplied by an homogeneous granular degeneration of a yellowish colour, the

granules being distinctly visible without magnifying aid; the pelvis and infundibula were dilated, and their lining membrane exhibited a vascular arborescent appearance. The rest of the abdominal viscera were healthy. Circumstances prevented an examination of the contents of the thorax.

Remarks.—In this case during the early stage of the disorder, some doubt existed as to the source of the hæmorrhage. The acute pain which the patient sometimes suffered in the loins, and which was generally brought on or aggravated by exercise, warranted a suspicion that the seat of hæmorrhage was in the kidney, and probably induced by the presence of a calculus. A closer investigation, however, satisfied me that the *fons et origo* was of a different character and in a different situation. A catheter was introduced into the bladder, which caused much pain in its passage from extreme sensitiveness of the meatus and neck of the organ. The instrument on passing the neck, received a direction towards the fundus. An obstruction was felt when the point was attempted to be passed downwards, and the effort was attended with excessive pain. The finger was then introduced into the rectum, and on turning the point upwards in the direction of the pubes, the existence of a somewhat bulky mass was detected, not very distinctly but sufficiently so to convince me of the presence of some abnormal growth connected with the bladder. The result of this examination, together with the presence, in all their severity, of the symptoms above detailed, left little doubt in my own mind and that of my father, (who assisted me in the examination and treatment of the case,) of the existence of a malignant formation in the bladder, and established a conviction of the hopeless condition of the patient.

Hæmorrhage from the urinary organs is a symptom which usually gives rise to much anxiety in the mind of the patient, and it becomes a matter of importance to determine its source, and the pathological conditions which give rise to it, as in many instances it depends on circumstances transitory or remediable, whilst in others it is consequent upon extensive organic changes, which baffle all the appliances of medical art. When the hæmorrhage arises from local injuries, the use of cantharides, turpentine, &c., vesical calculi, purpura, and in the course of adynamic fevers, the cause of the discharge is tolerably evident, but when it is consequent upon calculi in the kidney, or malignant growths in those organs, or in the bladder, the diagnosis is more obscure. I am inclined to think that much reliance cannot be placed on the appearance of the blood, as furnishing evidence of the seat of discharge, and with the utmost respect to the high authority of Dr. Prout, I doubt whether the equal diffusion of blood through the urine can be regarded as conclusive evidence of hæmorrhage from the kidney, as the same condition may and does obtain when the blood is furnished by the bladder. The accumulation of coagula in the bladder, occasioning pain and a sense of distension and a bearing upon the perineum, may induce a suspicion that the bladder is the seat of malady, and on the other hand pain in the lumbar region, and tenderness on pressure over the situation of the kidney, (connected it may be, with disease of that organ,) may exist in a great degree, as in the case already detailed,

whilst the hæmorrhage in fact arises from morbid structure in the bladder.

I have in my possession two calculi which I extracted a few years since from the right kidney of a woman, who died from long continued hæmaturia. They occupied the entire cavity of the pelvis of the kidney, and one of them, the size of a small nutmeg, is furnished with a sharp spine similar to a bramble thorn. Much of her suffering, which was at times excruciating, was referred to the rectum. She laboured under obstinate costiveness, and the passage of a small faecal mass was invariably attended with great pain. No stricture nor disease of the lower bowel could be discovered during life, and the *post-mortem* examination revealed an entirely healthy state of the whole alimentary tube. I am of opinion that the frequent presence of coagula in the bladder gave rise to the uneasiness which was referred to the rectum, and interfered with the healthy performance of its functions.

When, however, it occurs that pure blood follows the termination of the act of micturition, the urine at the commencement being tolerably clear, there is sufficient evidence that the blood is yielded by the bladder, and if any fragments of encephaloid matter be detected in the excretion, the diagnosis will be put beyond doubt, and in this case the microscope will be an important auxiliary. In cases where there is reason to suspect encephaloid disease in the bladder, Sir Benjamin Brodie has advised that the organ shall be injected with tepid water, and exploration made with a sound or catheter having a considerable curve, and if in connection with this, the examination of the bladder through the rectum be invariably resorted to, in some instances our means of diagnosis may be materially strengthened.

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ON THE EMPLOYMENT OF OPIUM IN INFLAMMATION.

By W. H. RANKING, M.D., Physician to the Suffolk General Hospital.

A correspondent of the *Provincial Medical Journal*, who propounded a short time since a number of queries, to one of which the following observations are intended as a reply, appears to have taken a correct view of the requirements of medical science in the present day, and has adopted an excellent means of obtaining a fulfilment of at least some of them. There can be little doubt in the mind of the reflective practitioner that our chief want is a correct appreciation of the nature, value, and applicability of our therapeutic resources; a knowledge of what they are capable and what they are incapable of doing; and when good arises from their use, of how much is to be considered as the *post hoc* only;—how much the *propter hoc*. He must see that there is a Scylla and Charybdis in the treatment of disease as well as in other things; that on one side of us is an overveining dependence upon drugs to the despal of the powers of nature; on the other too great a reliance on the powers of nature, to the refusal, almost impious, of the aid of the many medicinal agents which we cannot conceive that a beneficent Creator would have placed at our disposal if they had not some property which ought to cause