self under my care with a diseased urethra, which he had dreadfully suffered from for more than thirty years. The canal was irregularly thickened and contracted to four inches in extent, which began exactly four inches distant from the orifice, and terminated at the prostate gland. He had frequently undergone courses of bougies, and the application of caustic, without any beneficial result; at length ulceration took place in the urethra, the urine was extravasated, and a fistulous passage ensued in the perineum. In course of time this healed up, since which the passage gradually got worse, until it would not admit any thing larger than a No. 3 bougie, which, for the last six months, he has always been obliged to pass into the bladder before he could make water, and if he did not succeed in that operation he invariably suffered from retention of urine. His bladder, also, had partly lost its power, expelling only about half its contents. The urine was always extremely fetid and of a turbid dark colour, and there was very frequently deposited a considerable quantity of sediment at the bottom of the chamber-pot of a tenacious thick mucus, such as is secreted in diseases of the prostate gland.

Having given up all hope of deriving any benefit from the common mode of treatment, he made up his mind to have the diseased structure gradually divided by the stilette. This I accomplished by four different operations, from time to time, and during the whole treatment no unfavourable symptom occurred. At length I was enabled to introduce a No. 12 flexible catheter into the bladder, which I left there a few days. After this time I discharged my patient, allowing him to pass bougies for himself twice a week until the cure was completed. I have since heard from him by letter, in which he states—

‘I can now decidedly say from experience that your operation has succeeded to my fullest expectation. I have never any difficulty in making water, and I have invariably passed the bougie you desired me (No. 13) without stoppage, pain, or difficulty, every fourth day, and I can even pass a large No. 14.’

He can now expel the whole contents of his bladder: the urine is never fetid, and the prostatic secretion has entirely disappeared.”

XXIX.

REMARKABLE DISEASE OF THE HEART.

By DR. BUET.

A MAN, 45 years of age, of delicate constitution, narrow chest, and subject to palpitations for many years, with dyspnoea on walking quick or going up an ascent. To these were added habitual cough, sometimes dry, sometimes with expectoration. The digestive organs were often disordered, and there was considerable emaciation. The pulse was irregular, and auscultation aided by percussion shewed the heart greatly enlarged, the pulsations being loud and tumultuous, with a confused noise of bruit de soufflet and bruit de scie. In front, the respiration was entirely masked by the sounds of the heart, excepting under the left clavicle, and in the right side of the thorax, where it was sufficiently audible throughout. In the left side respiration only audible at the top of the lung. The *right* sounded well, except at one place near the nipple. The sound of the *left* side was dull pretty generally, except under the clavicle. The diagnosis formed was, great dilatation of the right ventricle, state of its parietes uncertain—dilatation with hypertrophy of the left ventricle—probable narrowing of the auriculo-ventricular opening of this side—the cardiac disease the principal one—lower half of left lung engorged—upper portion, as well as the whole of the right lung respirable. The case was, of course, pronounced to be fatal, and only mitigation to be attempted. Leeches were occasionally applied to the præcordial region, and digitalis with diluents were ordered internally. After some days the patient found himself greatly relieved—the dyspnoea disappeared—the irregularities of the pulse ceased, and never afterwards returned—the cough abated—the expectoration de-

creased. This was toward the close of last September. By the middle of December, he was free from cough and expectoration, and the dyspnœa was inconsiderable. The impulsion of the heart was also much diminished—appetite good, and the patient congratulated himself on the improving state of his health. Nevertheless the emaciation went on, and his strength became reduced. After this, the old symptoms gradually recommenced, and by the beginning of March last, he was forced to keep his bed. The abdomen swelled a little, as did the ankles. The remainder of the scene may be easily imagined.

Dissection. There was no serous effusion in any of the cavities, although the members were greatly infiltrated. Here M. Buet lauds the pleximeter of M. Piorry, and declares that by it the slightest degree of effusion in the thorax may be detected. M. Piorry examined the dead body before the chest was opened, and pronounced the absence of all effusion. This was verified on examination. The heart was enormously enlarged—at least equal to the size of a child's head. There was a large quantity of black-blood. The right auricle and ventricle were greatly dilated, double, at least, the usual size, while their parietes were very thin, that of the auricle not thicker than paper. The *left* ventricle was dilated to double the size of the right one, while its parietes were hypertrophied to the extent of an inch in thickness—of the densest structure, and deepest colour. The muscular fibres of this side of the organ were remarkably developed, and offered great resistance to the scalpel. The left auricle was in its natural state. The aorta was neither dilated nor contracted. The lung of the right side was slightly engorged but crepitant throughout. The upper half of the *left* lung resembled that of the right; but all the rest was hepatized in the last degree. There were neither tubercles nor supuration. No effusion into the abdomen.

Was this a case where Baron Larrey's mode of treatment was applicable? Whatever influence the counter-

irritation of the Baron might have had on the hypertrophy of the left side of the heart, it could not have been of any advantage to the passive dilatation of the right chambers. The Baron would, however, have put his favourite measures in force, but with what success we will not pretend to divine.

XXX.

DEATH FROM RUPTURE OF ONE OF THE SEMILUNAR VALVES OF THE AORTA. By DR. PLENDERLEATH.

THIS case, being short, we shall copy it verbatim from our cotemporary, the Medical Gazette, for reasons to be adduced in the sequel.

“A. B. immediately after an examination before the College of Surgeons, most honourable to himself, complained of being generally unwell, with symptoms of indigestion; to dissipate which he was recommended to go to the coast, and was visited for the first time on the third of last month. At that time he had regained his appetite, but complained of a sense of fulness and of oppression about the chest, occurring in paroxysms, with despondency and symptoms almost amounting to complete hysteria. His pulse was full and strong, and he was recommended to lose blood. Having neglected this advice, in two days the symptoms became so aggravated that twenty ounces were taken from the arm with relief. The strength of the patient, however, becoming impaired, he was confined to bed with the above symptoms almost daily occurring, and more or less aggravated, especially those of hysteria. The pulse became intermitting, attended with a sudden jerk, which last symptom was particularly observable in the carotid arteries. His thirst was at no time much increased, and the urine only decreased in quantity within a week of the termination of life, and did not shew the presence of albumen. The stethoscope, used by an experienced practitioner, did not indicate the specific nature of any disease of the heart. The