I may likewise mention it to be my decided opinion, that purgative medicines of any kind should be avoided in enteritis, during the first few hours of attack; and that then the best aperient is the ol. ricini or small doses of the magnesiae sulphas, until late in the disease, when those of a more powerful nature may be advantageously had recourse to. The oil of croton (croton tiglium,) in its genuine state is said to have a powerful effect as a purgative, when a drop or two, only, has been applied to the tongue, unmixed with any vehicle. If this be so, it proves the great extent of sympathy along the mucous membrane of the whole alimentary canal, and furnishes us with a valuable remedy in a great variety of cases.

ART. VI.—*An Account of successful Treatment of a Case of Suppression of Urine.* By WM. BIDWELL, Member of the Royal College of Surgeons, London.

ON Thursday, the 8th of August, I was called to a man named Jenner, a carpenter, residing at Burwash, who had not voided urine for three days. He was verging on sixty, and of a plethoric habit. He complained of great pain in the course of the ureters and in the hypogastric region; anxiety was strongly depicted on his countenance; the pulsations of the radial artery were hard, full, and jarring, not exceeding ninety. No probable cause could be assigned for the complaint. Mr. Weston, the attending practitioner, had previously abstracted twenty-four ounces of blood, administered saline cathartic medicines, recommended the warm bath, and passed the catheter. On examination, I could not perceive that intumescence above the pubes which characterizes retention; nor did the sensation of a distended bladder present itself to the finger in the rectum.

I considered it, however, my duty to pass the catheter, but no water followed its introduction. I was now convinced the case was suppression. I ordered him to be bled in the erect posture, and, though nearly three pounds were abstracted, the depletion was not attended by syncope. I directed that he should be immersed in the warm bath twice during the night, and prescribed the following:

R. Pulv. Digital. purp. gr. j.

Syr. q. s. fiat pilula, omni 3tia horâ, cum haustu sequente sumenda.

R. Misturæ Camph. ℥jss.

Spirit. Æth. Nit. ℥iij. M. fiat haustus.

On visiting him the next morning, he expressed considerable relief, though the renal glands had not resumed their secretory functions. Perceiving great tumefaction, I applied cupping

glasses over the lumbar region, and abstracted blood to the extent of three pints. The anguish of the patient was still further alleviated by this evacuation. Convinced that nothing but bold and decisive practice could afford the most distant hopes of recovery, I ordered as follows:

R. Hyd. Submuriatis, gr. j.

Pulv. Digitalis, gr. ij. Fiat pilula, Stia quâque horâ cum haustu sequente sumenda.

R. Inf. Digitalis fol. recent. $\frac{3}{4}$ jss.

Spirit. Ætheris Nitr. $\frac{3}{4}$ ij. Fiat haustus.

And this plan of treatment to be persisted in as long as the suppression lasted.

I now took leave, requesting Mr. Weston to inform me of any material change in the patient. On Sunday afternoon he sent word, that the urinary secretion continued suspended, and that singultus and tendency to coma had supervened, with a sinking pulse. Conceiving the case as hopeless, I ordered the digitalis to be omitted, and to take the following:

R. Æther. Rect. $\frac{3}{4}$ ss.

Misturæ Camph. $\frac{3}{4}$ vj. M. Capt. cochl. ij larg. Stia quâque horâ.

On Tuesday I was informed that the man had discharged large quantities of urine, and was rapidly recovering. The kidneys had recommenced secreting the day previous, having been in a state of total inaction for six days.

The following reasons have induced me to publish this case:

First, This disease almost universally terminates fatally.

Secondly, The proximate cause of death has been proved to be apoplexy.

Thirdly, No regular treatment of this complaint is laid down by authors.

Warbleton, Sussex; August 26th, 1822.

ART. VII.—*Sarcomatous Tumor of the Breast successfully removed.*

By JAMES ELLIOTT, Member of the Royal College of Surgeons, London, and Surgeon to the Forces, Barbadoes.

MARY LAMBERT, ætat. forty, a woman of colour, 'native of Antigua, but now residing at Barbadoes, consulted me in January last (1822,) respecting a disease of her right breast. On examining it, I found a large globular enlargement of the mammary gland, for the most part hard to the feel, but irregular and knotty on the upper part: one spot, a little distance from the nipple, was soft and of a blue colour, easily compressible, evidently showing that a fluid was contained within. The tumor was very moveable, and apparently not morbidly attached