

STRICTURE OF THE URETHRA.

Dr. Willis P. King, of Sedalia, Mo. (*St. Louis Cour. of Med.*) describes a new and novel method of dilating a stricture of the urethra, so as to admit of a catheter. His first case was in a child ten months old, and was one of *urethral obstruction*. He introduced a small brown hard rubber instrument down to the membranous portion of the urethra, where it stopped, and then gently and steadily forced warm water into the instrument from his mouth, at the same time holding the urethra close to the catheter. The water opened up the way and the instrument passed into the bladder.

His second case occurred in a man 35 years old who had a urethral stricture which he utterly failed to pass even with the filiform instrument belonging to Gouley's divulsor. He then introduced a No. 6 silver catheter down to the stricture, attached a rubber syringe, and forced water into the bladder. After doing this, forcibly and rapidly, two or three times, he followed the passage of the water by gently pressing the end of the catheter towards the space between the thighs. *The catheter passed into the bladder*. He withdrew it, and then passed Gouley's divulsor and divulsed the stricture.

[Utzman, of Vienna, teaches it is impossible to force water into the bladder when the *compressor urethrae* is intact.—Ed.]

CANCER OF THE PLEURA AND HÆMORRHAGIC PLEURISY.—At the Société Médicale des Hôpitaliers, February 12, 1886, M. Dieulafoy reported a case of cancer of the pleura and hæmorrhagic pleurisy. A young man, aged 23 years, was admitted towards the end of July, 1884. M. Dieulafoy practised thoracentesis, the symptoms being urgent, and two litres and a half were drawn off. The general state of the patient was apparently excellent, and it was surprising to see a fluid evidently hæmorrhagic escape. It was now remembered that slight hæmoptysis and sharp intercostal pains ushered in the attack. But the diagnosis of hæmorrhagic pleurisy is always difficult. It was so in this case, and M. Dieulafoy could not be certain as to the

cause of the constant recurrence of the hæmorrhage, even after twenty-five thoracenteses. One litre of the fluid first drawn off was brownish red, from the presence of red blood corpuscles (10 to 12,000) it contained fibrine—about $\frac{1}{10}$. Dyspnœa returned and necessitated a second thoracentesis of 800 to 900 grammes, which gave but slight relief. Very soon the pleura had to be punctured again, and seven thoracenteses were practised in two months. The general condition continued satisfactory; no fever, appetite unaffected, no wasting; still the attacks of dyspnœa were very severe, the patient constantly crying out for the aspirations, of which 32 were practised, representing 19 litres of fluid and two litres of blood. The last liquids contained no fibrine. The diagnosis could only be between simple hæmatoma, tubercular hæmorrhagic pleurisy and pleuro-pulmonary cancer. But the fluid from a pleural hæmatoma is rather red than brown, has but slight tendency to recur, and disappears after several thoracenteses. Tubercular pleurisy has likewise less tendency to recur, and there was neither fever nor expectoration, and vacilli were not found in the sputa or pleural fluid, and the latter inoculated into guinea pigs gave negative results. The patient personally, and in his family history, presented no symptoms of a strumous diathesis. We were thus reduced by exclusion to a diagnosis of cancer of the pleura, necessarily primary, as there was no other organ apparently injured.

Besides, the patient had persistent intercostal pains and also the pseudo-rheumatismal pains in the joints that M. Lancerang has pointed out as occurring in cancerous cases, although no anatomical lesions of the articulations were found at the autopsies. At the end of five months our patient was so much better that he left the hospital for a few days, but had to return, and thenceforward began to run down, gradually getting thinner, and requiring hypodermic injections of morphia to relieve pain. The dose of morphia had to be increased in frequency and strength, up to 0.50 centigrammes daily ($7\frac{1}{2}$ grains). Death occurred 18 months after the commencement of the disease. During the last seven months aspirations had to be resorted to twice only. At the post-mortem