

The bladder contained a small quantity of urine; its muscular tissue, was, as we might, *a priori* expect, considerably increased.

The position of the subject, dressed and confined, precluded (which I regret) the possibility of examining the urethra.

A few observations suggest themselves to me, while hurriedly detailing this case, to which I should wish briefly to direct attention.

The most frequent concomitant of long continued stricture, is thickening of the coats of the bladder; distended ureters from a backward flow, (though the possibility of "backward flow" is denied by many,) comes next; and lastly, disturbance of the function, and arrest of the secretion of the kidney. In *unrelieved* retention, however, the urine, not finding passage *per vias naturales*, makes an opening for itself through some portion of the bladder by sloughing, and the patient obtains temporary relief.

That Mr. S. first laboured under retention of urine, there can be no doubt—the pain in, and fullness of the hypogastric region, with inability to micturate, were abundantly indicative of such a condition. Nor is there less doubt, that retention yielded and gave place to renal Ischuria. The question now occurs, whence arose this suppression? How is it that kidneys, which, at the beginning, acted so vigorously as to send to the bladder more fluid than could be there disposed of, so soon failed in their offices altogether? The imperfect drainage from them of the prepared fluid, and its consequent lodgement, even for a short time, must have paralyzed their efforts altogether. The period at which symptoms of uremic poisoning first manifested themselves, favours this view; the appearance of the kidneys, after death, supports it.

The symptoms of uremic poisoning (occurring long after all difficulty with the urethra had passed away) presented certain anomalies. The drowsy condition to which the circulation of urine in the blood generally gives rise, was not only, not well marked, but frequently absent altogether.

The most remarkable feature in the case was the presence of the vast number of crystals upon the skin. These, upon examination, were found, as I have already observed, to be crystals of oxalate of lime. Under the microscope they presented the appearance which Hassal delineates in the *Lancet* for April and May, 1858, being generally of an octohedral form. Exposed to a white heat, on a piece of porcelain foil, they were carbonized; changed to brown, moistened turmeric paper; and effervesced. They appeared with the first copious perspiration, and increased in numbers and in size, as time wore on. The records of medicine, so far as within my limited reach, do not furnish a parallel example.

Montreal, 29th April, 1859.