

the symptoms, but smooth and velvety. I always take this opportunity to explore the bladder for stone or other foreign bodies; for the finger is a sound with brains in it, and therefore worth much more than the ordinary metallic sound. Usually the upper margin of the meatus is slightly lacerated by this operation, and sometimes free bleeding takes place. This, however, I have, with one exception, always been able to stay by a piece of absorbent cotton moistened with Monsel's solution. The exception occurred in the person of this very woman. When I previously dilated her urethra she was pregnant. The vessels of the vulva were accordingly enlarged and engorged, so that the bleeding from the slight rent of the meatus was altogether more than I had bargained for. As no astringent seemed to be of any service, I passed in a needle deep down to the bone, and closed up the wound by a stitch. Those of you on the front seats can see the notch in the meatus still left by the former operation. Candor compels me to mention one objection to this operation, and that is the possibility of permanent incontinence following it. In my own cases this has never happened, but I saw one example of it in which the thumb had been forced into the bladder. But supposing this dilatation does no good; what then? Put the woman to bed; drain off her urine by such a self-retaining catheter as the Skene-Goodman. It is so short that it barely goes in beyond the neck of the bladder, and the holes in its bulb are so small that the thickened and softened mucous membrane is not likely to be sucked into them and be torn off, as it will in the ordinary catheter with larger openings. If this should fail, try a milk diet and rest. Inject into the bladder, though never more than an ounce at a time, solutions of nitrate of silver, slowly increasing the strength by two grains every other day, till thirty grains to the ounce are reached. Keep the solution in the bladder not longer than five seconds, then withdraw it; and if the pain be great, use a hypodermic of morphia. Weak solutions of carbolic and of salicylic acids are highly spoken of; so especially are a two-grain solution of quinia and a five-grain one of chlorate of potash. Braxton Hicks hands a two-drop solution of hydrochloric acid. He injects this daily, an ounce at a time, repeating it till the urine flows off clear. He then follows it with one ounce of water in which from one to two grains of morphia are dissolved. One hint about the use of the ordinary flexible catheter in these cases: when drawing off the urine do not let the tip of the instrument go much beyond the neck of the bladder, else the mucous membrane will flap down violently upon it, and be bruised. When fluids are injected, the tip of the catheter need not enter the bladder at all, but preferably should stop just short of the neck. Sometimes every kind of treatment will fail, and then we may be obliged to put the bladder at rest by making an artificial vesico-vaginal fistula. There

is one more disturbance of the bladder peculiar to females, and that is incontinence of urine, that may be found to follow even such slight succussions as are imparted by laughing, coughing, or by running. This generally happens in women who have borne many children, but I have seen it as well in unmarried women of weak fiber. Apart from ferruginous preparations, the best remedy that I know for this infirmity is a combination of tincture of belladonna, fluid extract of ergot, and the tincture of nux vomica. If this fails, I should recommend the application of carbolic acid, or of even nitric acid, to the urethra, with proper hygienic treatment.

STRICTURE OF THE URETHRA; RETENTION RELIEVED BY RECTAL PUNCTURE; SUBSEQUENT EXTERNAL URETHROTOMY; PROFUSE HÆMORRHAGE; PYÆMIA; DEATH.

(UNDER THE CARE OF MR. HEATH, UNIVERSITY COLLEGE HOSPITAL.)

W. D.—, aged fifty-four, a chair-maker, was admitted at 8.30 a.m. on June 21st, 1878, with retention of urine, the bladder being distended to the umbilicus. He was catheterised by the house-surgeon for ten minutes without success; then put into a hot bath for an hour, in which he passed sufficient urine to relieve his most urgent symptoms. After this another attempt was made to pass a catheter, but without success. In the afternoon Mr. Heath attempted to pass a catheter, while the patient was under ether, Nos. 4, 3, 2, and 1, English silver, and Nos. 3 and 2 French, being used in vain. The catheter passed into a false passage to the right of the urethra. There was free hæmorrhage from the urethra, the blood coming out in jets. Mr. Heath punctured the bladder through the rectum, and drew off a pint and a half of dark urine. The tube was tied in, and the patient put to bed.

He passed a quiet night, though he obtained no sleep. Next morning he was in no pain; the tongue pale and moist; the pupils moderately contracted; the bowels acted twice in the night, with each stool was some coagulated blood; the abdomen was natural, there was no dulness above the pubes, and no supra-pubic pain; the urine ran freely through the tube, and was mixed with blood.

On the 24th at his visit Mr. Heath attempted to pass a catheter, but failed, the false passage being entered, and profuse bleeding following again.

On the 26th, in the morning, the tube slipped out of the bladder. There was a small superficial sore over the sacrum. At 2 p.m. the patient was placed under ether, and Mr. Heath performed