

**A critical enquiry into the antient and modern method of curing diseases in the urethra and bladder : illustrated by a great variety of cases : with a case of diseased prostate bladder and rectum, and an extraordinary case of abscess in perineo, and other destructive effects in consequence of stricture in the urethra / by Jessé Foot.**

### **Contributors**

Foot, Jesse, 1744-1826.  
Francis A. Countway Library of Medicine

### **Publication/Creation**

London : Printed for S. Highley, 1822.

### **Persistent URL**

<https://wellcomecollection.org/works/y57vm9w4>

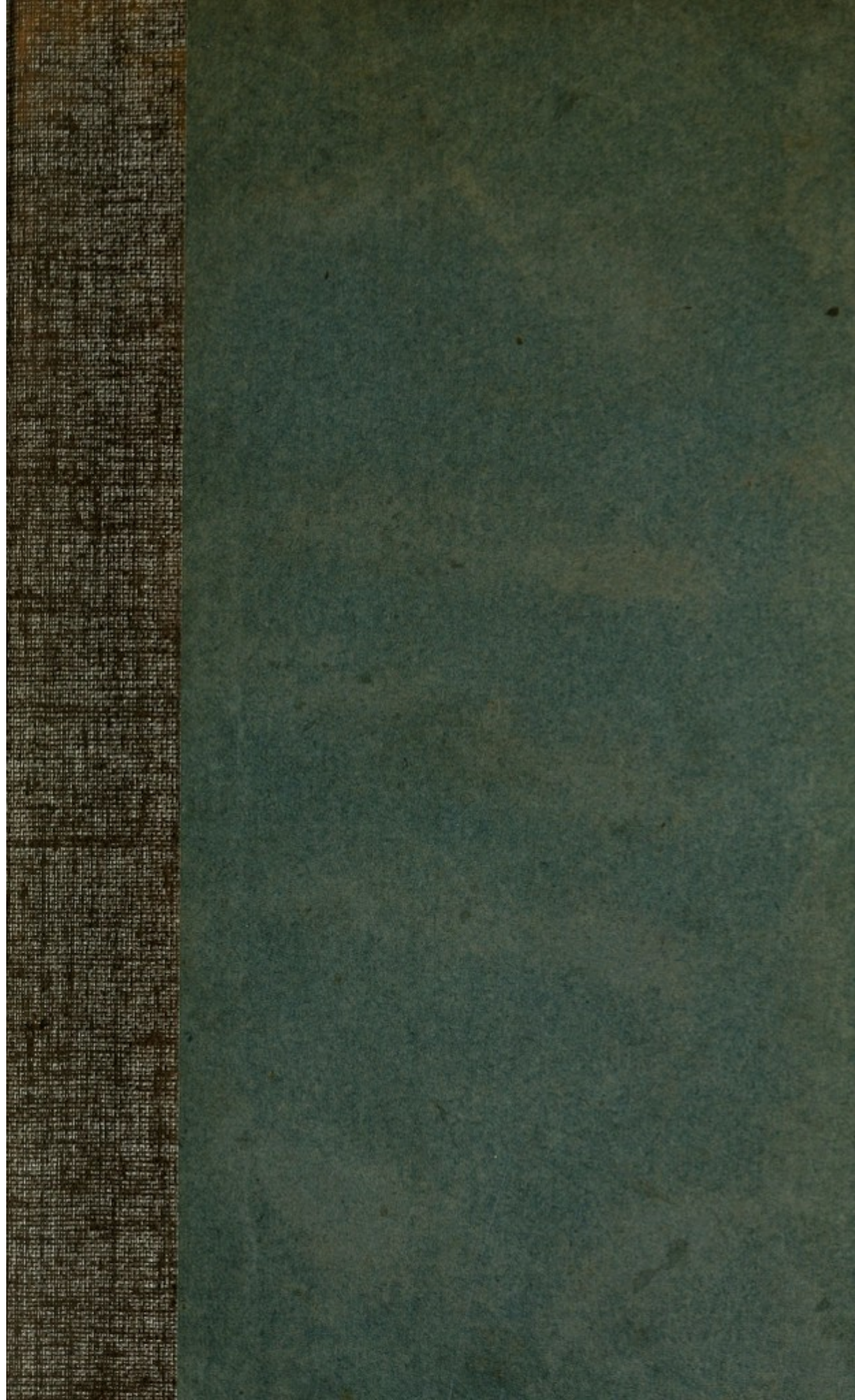
### **License and attribution**

This material has been provided by This material has been provided by the Francis A. Countway Library of Medicine, through the Medical Heritage Library. The original may be consulted at the Francis A. Countway Library of Medicine, Harvard Medical School. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>





BY-LAWS RELATIVE TO TAKING BOOKS FROM THE  
BOSTON ATHENÆUM.

I. PROPRIETORS of Shares and Life Share holders, by paying an annual assessment of *five dollars*, shall have a right to take out books from the Athenæum. Also, such subscribers to the Scientific Library as have already complied with the conditions of the transfer of that Library to the Athenæum, and paid the first assessment, shall by paying an annual assessment of *ten dollars*, have the right to take out Books in the same manner as the Proprietors; provided, however, that this right shall cease upon failure to pay this annual assessment, and that no person shall have a right to take out any Book till all assessments and other dues are paid.

II. Any person entitled to take out Books under the last article, may have at any one time three Volumes.

III. Books may be kept out of the Library one calendar month, and no longer, and every person shall be subjected to a fine of twenty cents a week for every volume retained beyond that time.

IV. Every book shall be returned in good order, regard being had to the necessary wear of the book, with good usage. And if any book shall be lost or injured, the person to whom it stands charged shall replace it by a new volume or set, if it belonged to a set, or pay the current price of the volume or set to the Librarian; and thereupon, the remainder of the set, if the volume belonged to a set, shall be delivered to the person so paying for the same.

V. All Books shall be returned to the Library for examination on the second Wednesday of May annually, and remain one fortnight. And every person then having one or more books, and neglecting to return the same, as herein required, shall forfeit and pay a fine of one dollar.

VI. When a written request shall be left with the Librarian for a particular book then out, it shall be the duty of the Librarian to retain the same, for the person requesting it, for one day after it shall have been first returned.

VII. The Librarian will attend, for the delivery and return of books, from noon till two o'clock every day, Sundays excepted.

VIII. The Trustees may, on special occasions, permit any person to use the Books belonging to the Athenæum, under such restrictions as they may think proper to impose.

IX. Very rare or costly Books, which cannot easily be replaced, are not to be taken from the Athenæum, except by a vote of the Trustees; and the new periodical Publications and new Works imported from Europe, shall be withheld from circulation, so long as the Trustees may deem expedient.

N. B. Persons sending for Books are requested to make a *written* order for them, and mark it in the *number* of the shelf and the *first* words of the titles as they stand in the printed catalogue.



THE BOSTON ATHENÆUM

THE BOSTON ATHENÆUM  
HAS THE HONOR TO ANNOUNCE  
THAT IT HAS RECEIVED  
FROM THE BOSTON MEDICAL LIBRARY ASSOCIATION  
A COPY OF THE  
"BOSTON MEDICAL LIBRARY ASSOCIATION  
BY AUTHORITY OF THE TRUSTEES."

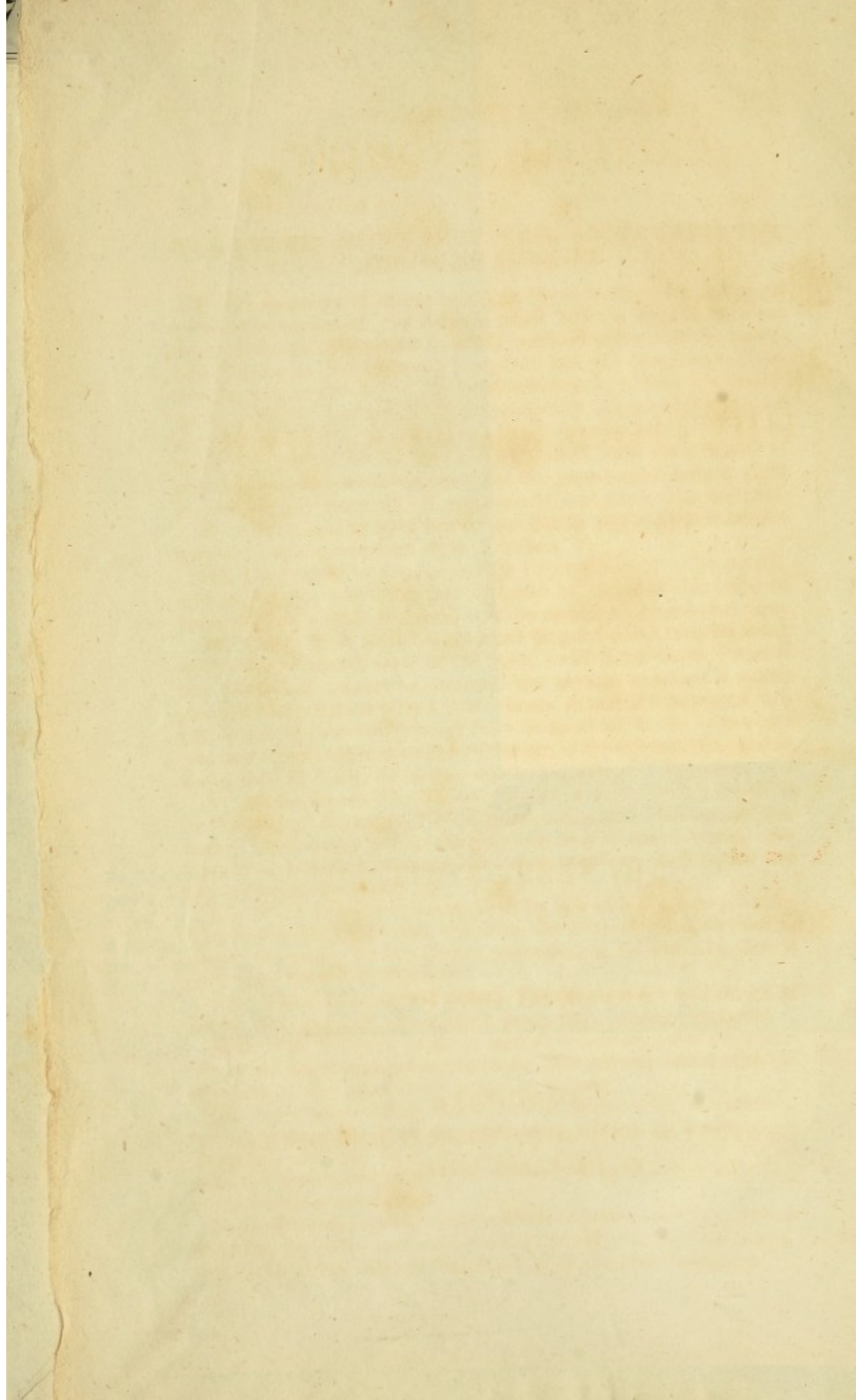
Deposited by the BOSTON ATHENÆUM  
IN THE LIBRARY OF THE

**Boston Medical Library Association,**  
BY AUTHORITY OF THE TRUSTEES.

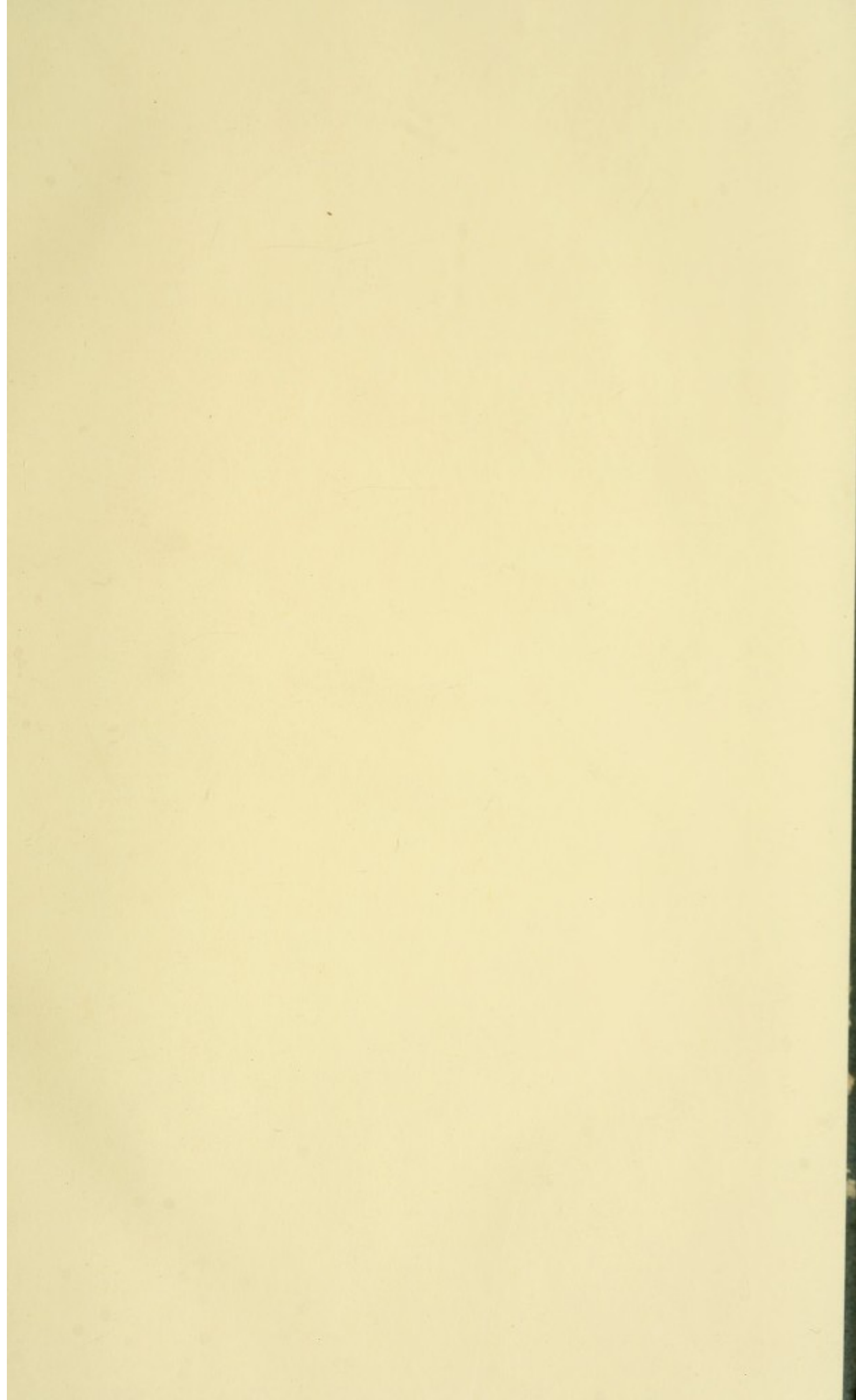
*W. T. Lane*  
Librarian.

Date *Jan 1895*




















Digitized by the Internet Archive  
in 2012 with funding from  
Open Knowledge Commons and Harvard Medical School



A  
CRITICAL ENQUIRY  
INTO  
THE ANTIENT AND MODERN METHOD  
OF  
CURING DISEASES  
IN THE  
URETHRA AND BLADDER.

---

Illustrated by a great Variety of Cases.

---

WITH  
A CASE OF DISEASED PROSTATE BLADDER AND RECTUM,  
AND  
AN EXTRAORDINARY CASE OF ABSCESS IN PERINEO,  
AND OTHER DESTRUCTIVE EFFECTS IN CONSEQUENCE OF  
STRICTURE IN THE URETHRA.

---

By JESSÉ FOOT,  
SURGEON.

---

SEVENTH EDITION.

---

LONDON:

PRINTED FOR S. HIGHLEY, MEDICAL BOOKSELLER,  
No. 174, FLEET STREET.

1822.



CRITICAL ENQUIRY

THE ANTIENT AND MODERN METHOD

OF CUTTING DISEASES

IN THE

URETHRA AND BLADDER.

Illustrated by a great number of Cases.

WITH

A CASE OF DISSEMINATED TUBERCLES OF THE LUNGS AND RECTUM.

1777

AN EXTRAORDINARY CASE OF GONORRHOEA IN FEMINIS

AND OTHER REMARKS UPON THE CONSEQUENCES OF

STRICTURE IN THE URETHRA.

BY JESSE FOOT,

SURGEON.

SEVENTH EDITION.

LONDON:

PRINTED FOR S. HIGGINS, MEDICAL BOOKSELLER,

NO. 17, FLEET STREET.

1803



A

## CRITICAL ENQUIRY,

&c.

---

**I**N order that some true idea may be formed of the anatomy of the parts which are subject to affections throughout the Urethra, I shall give a sketch of them, and of their situations and functions. This will assist in making observations with more truth, and in accounting for the varieties of symptoms which occur from a particular derangement of any particular component part within the Urethra.

---

The inside of the urinal canal is covered by an exquisitely fine and delicate membrane, very susceptible, and full of capillary blood vessels. On the surface of this membrane are found a great many little orifices, oblong, known generally by the name of lacunæ, various in their sizes. These lacunæ are the excretory ducts of as many small glands spread up and down the urethral substance. They pass into the spongy substance of the Urethra, to



the convex side of the internal urethral membrane, and open obliquely from behind forward into the great canal. Their edges are of a semilunar, or crescent form, on account of their oblique openings. There are two of these glands described by Morgagni, which are more considerable than the rest, situated near the glans penis; the one under the frænum, the other near the fossula navicularis. The gland near the frænum often inflames and comes to abscess, discharging itself externally, by two orifices on each side of the frænum. Further up in the Urethra there are three considerable lacunæ, described by Cowper. Two of these lacunæ or ducts make a considerable rout through the spongy substance of the Urethra, directing their course to two glandular bodies, of the size of a horse-bean, of an oval figure, flat, and situated on the two convex sides of the spongy urethral substance, near the ends of the crura penis. These two glands are covered entirely by the muscles called the *acceleratores urinæ*. The third duct leads to a gland, smaller than the two described, placed in the spongy substance of the Urethra, near the curvatures which the canal describes under the pubis, and often opens, by two orifices, into the Urethra.

In the cavity of the Urethra, towards its extremity, from without inwards, several anatomical points offer, very essential in themselves, and which demand the strictest attention. The prostate gland

is



is of a shape like a chesnut, and of the size of a small chesnut ; it is situated between the bulbous part of the Urethra and the Bladder, having its basis towards the Bladder, and apex towards the Urethra. It yields a limpid glutinous secretion, which is conveyed into the Urethra by several excretory ducts. At the bottom of the urethral canal, lying within the prostate and near the neck of the Bladder, an oblong ovular eminence offers, terminating forward in a point, called *caput gallinaginis*, or *verumontanum*. This portion of substance is commonly perforated by one, sometimes by two or three orifices, which are the excretory ducts of the *vesiculæ seminales*. There is a valve to each of these excretory ducts. The *vesiculæ seminales* are two bodies, appearing like little bladders, situated under the bladder of urine, and on each side of the prostate : each of them can be drawn into one single duct. They discharge into the Urethra by the one or more orifices above-mentioned. Such is the anatomical description of those parts, which, when diseased, demand particular attention, and engage a considerable portion of time to discuss, to explain, and to cure.

---

By all the permanent diseases to which the several parts in the Urethra are liable, from the commissure of the glans penis to the neck of the bladder, the stream of urine will become more or less im-



peded: and it is this impediment, with its concomitant symptoms, which proclaim the serious importance of such diseases. The original causes which produce them, have furnished a variety of doubts and conjectures. Much ingenious argument has been used upon this topick; for frequently these complaints come on at a period very remote from every previous assignable first cause. When they are present, they are too self-evident: how they were produced, and what gave rise to them, cannot always with so much precision be ascertained. Whether the difficulty of micturition originated in a diseased state of the Bladder, or in the Urethra, was formerly not easily distinguished: before that could be decided by the passage of a bougie or catheter, most of the complaints which we now find to originate in the Urethra, were attributed to gravel, stone in the Bladder, ulcers, or some other cause or defect within the Bladder. The symptoms of obstruction, by the impediment which the urine finds between its exit from the Bladder, and the part which is obstructed in the Urethra, will often produce such effects on the Bladder, as if the original complaint had had its rise there. And since the seat of obstruction is now so easily ascertained by the introduction of a catheter, or bougie, I am very sorry to remark, that I have frequently known the true nature of the complaint mistaken, and wrongly treated for years, which, if it had been judiciously ascertained would have



have yielded to right treatment in the progress of a month.

As every impediment to the stream of urine may be owing to a different cause, it must ever be an object of importance, to know what is the nature of the disease which produces that impediment. For, although the inflammatory consequences, which are brought on from every impediment, will be found to be of equal injury to the parts between the impediment and the Bladder, and although the description of all of them, as given by the patient, will be the same, because the symptoms of all will be similar, yet it will be expected from him who practises, that he should be able to discriminate the particular sort of impediment, and be able, *a priori*, to give some satisfactory opinion upon the nature of the case.

As I before observed, the inflammatory symptoms which arise from a retention of urine will be the same from every obstruction; but the nature of every particular obstruction has its own particular definitive marks, which the finger of observation will be able to point out, and which will assist in drawing a prognostick. Some knowledge of this may be acquired from a description of the obstruction; but more may be with accuracy ascertained by observing the stream of urine, and by an introduction of a bougie. The situation of the obstruction is first to be ascertained, for the nearer it is to the Bladder so much the worse, as it is further out  
of



of our reach, and as the most important parts have a concern in it.

It is necessary also for me to remark, that the greatest irritability does not always arise out of those cases where the stream of urine is smallest; for very often we find, when the stream of urine is very narrow indeed, that the patient does not solicit to discharge his urine more frequently than when the Urethra was sound, only he is a longer time in discharging it. And on the contrary, I have seen, when a bougie of a moderate size can be passed without much hesitation, such great distress, from a constant solicitation to urine, that the first glass of wine, or the slightest provocation, will disturb the patient, and his urine must be directly evacuated. These very essential differences ought to be attended to, and it will be expected from professional men, that they should at least attempt to account for them. An obstruction which is the nearest to the neck of the Bladder, will excite the greatest irritation; and from observation I am disposed to judge, in many of the instances when a constant solicitation to urine prevails, that it is not owing to a constitutional irritability in the patient, (that idea being too remote and vague) but to the particular part which is affected, to the nature and duration of that affection, and to his habits.

In order to discriminate properly, and to know how to speak upon each particular case, and to treat it in the best manner, we should never lose sight  
of



of the two first leading points ; these are, to ascertain the first cause of the obstruction, whether it was produced from *without inward*, or from *within outward* ; whether from a local inflammation on the part, either through Gonorrhœa or injections, or whether from bad conditioned urine, scrophula, scurvy, diseased bladder, diseased prostate, venery, or hard drinking. To cure the former will be much more easy than to cure the latter. But before any attempt be made, it is rational to aim at this knowledge of the case. I shall first of all endeavour to discriminate between an obstruction brought on from a local cause, and a constitutional one ; and then point out what may be the nature of either.

I conceive, that an obstruction produced from a local cause, must have had its origin either from inflammation, or from some impediment which has grown out of the membrane of the Urethra ; that it may be produced from a thickening of the membrane, from a thickening of the spongy substance of the Urethra, from pendulous fungi which hang loose in the Urethra, from warts in the Urethra, from an enlargement of some of the glands, or from a diseased state of the lacunæ. I conceive, that when an obstruction is produced from one of these local causes, and in which the constitution has no concern, there will be nothing like the difficulty in curing it, as when an obstruction is owing to a constitutional cause.

To



To ascertain the first cause, it will be necessary to enquire whether the patient has had a Gonorrhœa, and when he had it, how long it remained upon him, what was the degree of inflammation, and where it was chiefly seated. The distance of time between a Gonorrhœa and the time of the first appearance of an obstruction should also be ascertained. The condition of the health of the patient should be enquired into, his habits of living, the apparent state of his health, his age, and whether any particular constitutional disease be predominant in him at this time in particular, or has been. If the patient be young and healthful, if the obstruction hath followed the inflammatory effects of a Gonorrhœa, if there be no particular constitutional disease which leads to an obstruction, or if he has had a constant discharge from the Urethra since he had a Gonorrhœa, the case is clear, that it is owing to Gonorrhœa, and that some of the glands, or some parts of the membrane, are affected. If he had ever been subject to warts, they may be suspected; and when the obstruction is produced from warts, or from pendulous fungi, the urine will pass out, irregular, in a scattered and confused state, the force of the stream quite broken, especially at the latter end of urining, when the Bladder is nearly empty. For when the Bladder is full, the force of the stream will be strong enough to press down such loose substances, and it will come forth with  
a ful-



a fulness and strength almost equal to a stream in health. If it be owing to a thickening of the membrane of the Urethra, or of the corpus spongiosum, there will be seldom any discharge; the stream of urine will come forth very thin but strong, and it will be uniformly so, never varying into a large stream at any time, when the Bladder is ever so full, or when the inflammatory symptoms are ever so trivial.

Such are the simple traits of these diseases, and as they come before us, our judgment upon them may be either confirmed or corrected by the great assistance which we may gather from an introduction of a bougie. When the disease is owing to glandular affections, attended with discharge, a bougie will, on being introduced, and of such a size as is fitting to the opening, hesitate a little, but after it has passed, and has been lodged there for some time, it will, when withdrawn, be particularly loaded with mucus on those parts which touched the disease, and it will be withdrawn with facility. If the patient's urine directly follows the bougie, his stream will come forth amended; for the urine occupying the same space that the bougie did, the stream will keep in possession of it until it becomes faint for want of more supply, and then a protrusion will take place again.

When the disease is owing to loose substances in the Urethra, a bougie will be passed with very little difficulty, and almost of any size. The stream  
of



of urine will never be improved from it, but only when it follows the immediate withdrawing of the bougie, and in that instance it will come forth in a stream equal to the size of the bougie, as long as it is impelled by a continued force; so that the stream be constantly kept up by the same supply, and by an uniform expulsive force: for if that force be once interrupted, although there may be a sufficient supply remaining, yet the stream will not again regain its fulness. The force from the current of urine must be strong enough to press down the fungous substance and to keep possession, in order that it may flow uniformly. When this uniformity of the stream is interrupted, the stream will come forth divided; these divisions will intersect each other, and preserving their separate courses, pass out in two or more, and sometimes in scattered confused streams, and these weak and dripping, from a well-known principle in physicks, that a fluid passing from a narrow canal into a wider, will move proportionately slow to the narrowness of the canal from whence it flowed; hence the urine no longer describes that arch, when it is discharged, as it formerly did, when the passage was uniformly equal.

When the disease is owing to a thickening of the membrane or corpus spongiosum Urethræ, it will only admit a bougie which is smaller than the obstructed passage; and if there be force made use of in passing it up, it will require as much force

to



to withdraw it: for as the obstruction is not produced from any yielding substance, so will the bougie remain up the Urethra, as if it were enclosed in a tight case: it will neither be advanced forward, nor can it be withdrawn, without as much force as was applied for the introduction of it. Whilst the bougie remains in the Urethra, the thickened part can be felt externally, and when it is touched, it will convey to the finger a sense of having touched something possessed of solid hardness.

---

These are the chief obstructions which originate in the local causes I have already assigned. It must be evident, when they arise from a cause simply local, that as long as these obstructions remain, so long will the inflammation and retention of urine be supported; and that they will only abate when the obstructions are removed. And it must be also evident, that if the obstructions be not removed in due time, the continuance of the inflammation will increase a diseased alteration in the parts which are suffering. These conditions I deem to be curable, because they were not originally either produced, provoked, or supported, by any pre-disposition in the constitution. But I only mean to say, they are curable as long as the parts, when released from the obstructions, retain a power of being restored to a sound state; for if from any of these causes the disease has proceeded to  
that



that point when the parts, after opening the stricture, cannot be restored, palliation of the case, in that instance, must stand in place of a cure. It is therefore to be remembered, that the aggravated condition of parts, arising out of a disease in the Urethra, which is merely local, could have been prevented; when the same, produced from a constitutional disposition, might not; for the former is the consequence of neglect, the latter is the progressive effects of that in the constitution, which cannot always be foreseen, checked, or amended.

---

I shall proceed to enquire into such causes as may produce an obstruction in the Urethra, from *within outwards*. I mean to speak of the diseased state of the Urethra, when it is not brought on from any external violence.

A diseased Bladder will have very great influence on important parts within the Urethra, and will bring on obstructions of a most serious nature. The consequence of irritation on the internal surface of the Bladder, or about the neck of it, is, that when the urine is poured into it from the kidneys, it must be almost immediately again poured out. The Bladder not being in a state to retain a due quantity, the urine will come away dripping through the Urethra, and will erode and inflame the membrane and glands within it. Thus the Bladder cannot retain enough of urine to be expelled,



pelled, as it is in a state of health, nor is the Bladder in a condition for the expulsion of it, even if there were a full quantity contained within it. The internal membranous coat of the Bladder will be thickened by inflammation, the capacity of it will be lessened, and it will be deprived of all power of yielding to distention. I have seen the Bladder after a long inflammation more than half an inch thick, and I have seen the cavity of it reduced so small as scarcely to admit a pullet's egg, or to contain an ounce of water.

Irritation, on the sphincter of the Bladder, and parts around it, from a constant propensity to get rid of the urine, will produce an enlargement of the prostate gland, a thickening of the membrane of the Urethra, and many more deplorable symptoms. A bougie can generally be passed, but it will afford only a temporary relief. It will only take off the pressure of the enlarged gland, whilst it remains up the Urethra; on withdrawing it, the gland will again obtrude upon the passage, and block it up. When the disease has not commenced within the Bladder, but in the prostate gland, the same symptoms will be experienced, and the pressure of the prostate on the sides of the Urethra, and on the sphincter of the Bladder, will render the case so complicated that it will be difficult to say whether the disease began in the prostate or in the Bladder, whether it was without or within the sphincter of the Bladder.

As



As the prostate, whenever it is diseased, only obstructs the stream of urine, by compressing the sides of the Urethra, it rarely happens that a bougie cannot be passed, and a bougie, in such an instance, will contribute more than any thing else to assist our judgment in determining whether the seat of the disease be within or without the sphincter of the Bladder. For if it be the Bladder which is diseased, or the sphincter of it, whenever a bougie is passed, very little urine will come away; but if it be owing to a compression of the prostate on the sides of the Urethra, and if the Bladder as yet enjoy its healthful functions, whenever a bougie is passed, the urine will then flow in its proper quantity and stream, because the pressure of the prostate gland which gave cause to the obstruction is taken off. When the seat of the disease is doubtful, when it has not as yet been ascertained whether it be within or without the Bladder, if, upon passing a hollow bougie or a catheter, or even a common bougie, the proper quantity of urine which is in common contained within the Bladder be at any time discharged, the inference from it is, that the state of the Bladder is either sound, or not so far gone in disease, as that the condition of it cannot be remedied. This simple discrimination is of great importance; it will conduct us to form a true prognostick of the state of the Bladder, without which, by every other assistance, we may not be able to ascertain it.

It



It may not be improper to remark, that the Bladder is not only incapable, when diseased, of containing the destined portion of urine, and of retaining it for a certain time, but that sometimes the portion of urine may be defective from another cause, namely, from the urine not having been poured into the Bladder. And I state this fact, as it is so far relevant to the subject of my enquiry, that an error of the true cause may produce a method of treatment which would degrade our reputation and injure the patient. An inflammation on the kidneys, or a fixed disease state of them, will stop the secretion of urine, and unless that fact is not attended to, an error in judgment may lead to an error in practice. A puncture might be made into the Bladder, and that which is sought for might not be found. A stone might be imagined to lie in the neck of the Bladder, and to retard the passage of the urine. And as the urine does not pass, this being the result of the case, be the cause of it what it may, it is always necessary to find it out, in order to be able to procure, if possible, a discharge of the urine, or to say in a few words that it cannot be effected.

An ULCER on the surface of the Urethra will be a very troublesome and dangerous cause of obstruction of the urine; and more especially if the ulcer be situated on any part near the neck of the Bladder. The same irritation, the same solicitation to urine, the same dripping of the urine, the same  
exacerbation



exacerbation of symptoms which intemperance could produce on an ulcer within the Bladder, will be produced on an ulcer without; the same thickening of parts contiguous, and the same particular affection of the prostate gland, will be predominant in this as it will be in the other instance. One distinction between an ulcer without the Bladder and an ulcer within, is, that the discharge issuing from the former will precede the urine, if there be any thing like a regular act in urining; whilst the discharge from the latter may follow the urine. In the case of an ulcer in the Urethra, the bougie will cause more pain, and pass with more difficulty through the Urethra, than when it is seated within the neck of the Bladder. Before the bougie is passed into the Bladder, the diseased part will be sensibly affected when touched by it, and some discharge will be brought away upon it.

The parallel which I have drawn between them, as well as the little distinctions which there are between them, have been pointed out, on purpose that it may be seen by the Practitioner how they may be confounded together, and how, whilst they are thus conditioned, they may also be rightly defined. But if they should not be defined, when in that state which I have already described, in all probability a short time will convince us of the difference there is between them; for a formidable, and often a fatal symptom will arise out of an ulcer in the Urethra, which cannot arise out of an  
ulcer



ulcer within the Bladder: and here the parallel statement ends between them, and the ulcer in the Urethra is avowedly declared.

Before I proceed, it will be right to remark, that during the tremendous state of an ulcer in the Urethra, the patient will experience a constant lurking little fever, his tongue will be parched, he will be thirsty, and his spirits will be depressed. He will be much altered in his temper, his rest will be broken, his appetite will fall off; he will become thin and wasted by profuse nocturnal perspiration.

It is scarcely necessary to say, that if this ulcer cannot be cured, if its progress cannot be checked, if it be owing to an obstruction which may be between it and the external part of the Urethra, and which obstruction either is not or cannot be removed, or if it be owing to the lodgment of the urine, in consequence of the affection of the prostate gland, be the cause whatever it may, the event of the case will be of the most serious importance; for the urine will continue to aggravate those symptoms which have been already commenced, the ulcer will penetrate deeper and deeper into the substance of the Urethra, and the urine, which cannot find a passage by its natural channel, will seek it where it can be found.

The urine will seek to be evacuated through the perinæum, a tumour will be formed, and may be seen externally, the protrusion will most commonly



terminate in a fistulous opening, through which either the whole of the urine will pass, or it will pass partly through this way, and partly through its natural channel, if that be not wholly obliterated. I have seen patients endure this condition for years, that could not be relieved from it; and I have seen some recovered from it, and perfectly restored to health. I do therefore pronounce this to be the most favourable issue of such a case of extremity. Sometimes, instead of this opening into the perinæum, the urine will find a passage into the cellular substance of the Penis, will be insinuated throughout the Penis, will be collected in so redundant a quantity as to stretch the prepuce, and the whole of the integuments of the Penis and scrotum, to such a size that they could scarcely be thought capable of yielding to — a mortification generally then ensues, attended with the most excruciating pain, and the patient dies. For when the disease has gone this length, it is vain to seek a passage for the urine by the Urethra. The glans penis will be out of all reach, and such destruction of parts has already gone on in rapid progression, that every attempt for the preservation of life, I fear, will be hopeless.

I shall proceed to give some further definition of the other event from obstructed urine, where it finds a passage through the perinæum, and shall also endeavour to explain why this difference is eventually experienced.

When



When the urine forces a passage through the perinæum, the natural passage is not totally obliterated; a pain in the perinæum will be felt for some time before-hand, and it will be externally inflamed; a tumour will present itself very hard and red, and there will be, to the eye of inexperience, all the appearance of an abscess forming; it will become larger and larger, until it be the size of a hen's egg; it will begin to shine, and by degrees the skin will appear so thin as if it would burst; and will feel as if the contents were an accumulation of matter. Sometimes, even after it is arrived to this state, it will gradually disappear, and either from a cold, or any other aggravating cause, it will return again. For if there be an enlargement of the natural passage, so that the urine can find its way, then it goes down; but when that is not the case, it protrudes again in the perinæum, and it is certain only to burst from that cause. The fluid which passes forth is always urine. Now as this process of Nature takes up some considerable time, there being always some resource for the urine by a partial passage through the natural channel, the inflamed parts, about the fistulous opening which is made in the perinæum, have undergone a complete change, they are thickened and hardened, and the urine is prevented from being diffused throughout them, and thereby confined to the fistulous opening. This is not an incurable case; the cure of it depends upon the fol-



lowing circumstances: If it be brought on merely from an obstruction in the Urethra, which has been never attempted to be opened, and which is situated on the exterior part of the Urethra; or in other words, if the fistulous opening be between the obstruction and the neck of the Bladder, if the prostate be not diseased, and if the other parts between the fistulous opening and the Bladder, as well as the Bladder itself, be sound, and if nothing but the mere stricture exterior in the Urethra to the fistulous opening has produced it, there is no doubt but removing of the stricture will produce a cure. I shall treat upon the cure, and give a case in confirmation of it afterwards.

I shall now proceed to assign an enlargement of the glands within the Urethra, and an affection of the lacunæ in consequence of it, to be a cause of the impediment of urine. And when this comes on without any assignable local cause, by referring to the constitution, it will be generally found that a scorbutic habit will furnish ample argument to attribute it solely to that. The disposition of scorbutic habits is generally known to be slothful and venereal, and the propensities of such a constitution subject it to sit long and to drink hard, to seek an exhilaration of spirits by this habit of life, and to become the slave of sensuality, from want of vigour to shake it off. Seafaring men are most liable to obstructions from this cause, and those turned of forty, find them advance upon them.

Such



Such as have eruptive faces, sore eyes, thick livid lips, rough skins, and impoverished constitutions, will be the most liable to them: their secretions and their urine will be more acrid, and if these were not the first cause, they will aggravate the symptoms. There is almost always a discharge from the Urethra attending this state of the parts, and which is thin and sharp. The glans penis will be red, or will be livid; the sebaceous glands will yield a thin discharge, and the prepuce will sometimes be thickened. The stream of urine will come forth strong but thin, and sometimes forked, and the Penis will swell during the act of urining. The orifice of the Penis will be glued up, and little ulcers will be found about it. Upon passing a bougie, we shall find that it will hesitate at every part of the Urethra where the glands are situated, but we shall also find, that we seldom fail in passing it. An exacerbation of symptoms will be experienced in this kind of obstruction, as it will be in any other, from intemperance.

The prostate gland, of all other glands, is, when diseased, most contributory to the worst and the most lasting symptoms. This gland is frequently liable to affections, from a double cause; it will either participate of a general inflammation, which may be found to pervade the whole of the Urethra through a Gonorrhœa, or it will become more seriously diseased from a constitutional cause, from scrophula, scurvy, hard drinking, gout, gravel, and  
from



from excessive venereal addictions. When an inflammation is excited on it from venereal stimulus, if the symptoms be attended to, and if there be no constitutional disposition to support the diseased state of it, it will most commonly be restored to its former state of health, with the rest of the parts, at the close of a Gonorrhœa; but when a Gonorrhœa has been neglected, I have been able to trace from thence a continued disease of the prostate, and which was habitually fixed on the patient as long as he lived.

From the effect which mercury has upon diseased glands, I should be afraid to make free with it, where I find a disease of the prostate; for I am apt to conclude, that if an injudicious quantity of it be given, the gland will be enlarged from that cause: at least, I can assert from experience, that mercury will stimulate and excite an enlargement of glands, which are previously obstructed, and will remove them further from a state of health, than they otherwise would have been, if so much mercury had not been introduced into the constitution. I therefore suspect, that an injudicious quantity of mercury will dispose the prostate to be more affected, when it has been previously affected through an inflammation brought on by Gonorrhœa. I shall go into a fuller explanation of this opinion hereafter.

Whether a continued disease of the prostate, which originated in Gonorrhœa, be supported by a constitutional



constitutional disposition, or whether it were originally brought on from constitutional disposition, it is not very material to be known, so far as the cure has any concern in it: for if the prostate be in a diseased state many years after a Gonorrhœa was contracted, no knowledge of the circumstance of the remote affection can benefit the present condition of it, and no idea of the original disease can be annexed to the present predicament. When the prostate is affected from a constitutional cause only, it generally comes on at the latter part of life, and generally from amongst those who have been subject to venery, gout, gravel, and hard drinking.

The first case I saw was of a Gentleman betwixt sixty and seventy years of age, who on account of this complaint had retired from the fashionable world, in which he had formerly lived with much splendour. This Gentleman told me, that he could trace his first attack to a Gonorrhœa many years before, but that the symptoms which I am about to give of his case, did not appear until within six years of the time that I saw him. I examined the parts, and found a fistulous opening in the perinœum, through which a part only of his urine sometimes passed; this fistulous opening would often become highly inflamed, and at other times it would appear as if the parts were quite free of complaint, and no urine would pass that way at all. Whenever he caught cold, or when-

ever



ever a fit of the gout was coming on him, he would then experience an exacerbation of symptoms. The part between the fistula and the anus was always hard and protruding. The enlarged state of the prostate could be easily felt from the anus. His living was very high in general; he would often drink a bottle of wine at supper. He seldom experienced a dysury after the fistulous opening, but before, he had been often in danger from it. Bougies irritated; he therefore never used them but when he was forced, in order that the urine might be evacuated. But there was a symptom attending this diseased prostate, which, I believe, accompanies sooner or later every diseased prostate, and this was, a discharge of mucus as thick as the white of an egg, and almost as much; it comes away sometimes after urining, and sometimes before. This mucus has a faint nauseous smell, and it will be noticed by those who sit in company with the patient. Whenever this discharge comes on in any quantity, the patient will become tabid, pale, and dejected. It has been suspected that the semen has a concern in this discharge. I cannot take upon me to say positively whether it has or not: but I do not believe that it has, for at a late time of life, and at the latter debilitated state of it also, it would be a phænomenon indeed, if there should be so redundant a quantity of that secretion from disease, which could not be produced in a state of health; besides, this mucus comes away  
without



without pleasure or pain, without any sensible effort whatever. It did not appear that this gentleman died of this disease, but he constantly grew weaker and weaker, from being exhausted through the great discharge.

Another instance of affection in the prostate gland, I saw on a gentleman who died in consequence of it, about eight years ago. He appeared wan, feeble, and emaciated at the time that he called upon me, and suffered great distress from his lamentable condition. His nights were passed without rest, and his urine was never evacuated at stated times. No bougie could be passed, and from that cause all his symptoms were greatly aggravated. The check to his passing a bougie was on the exterior side of a fistulous opening which he had through the perinæum.

I must remark, that there is generally a stricture on the exterior side of a fistulous opening; but whether the stricture, in this confirmed prostate case, existed prior to the fistula, or whether the fistula, through inflammation and thickening of the parts, produced it, is a point that cannot be decided, unless the progress of the case had been watched. When the prostate gland is the seat of disease, the passage will generally admit of a bougie, unless there be a thickening of the parts, and an adhesion of them from inflammation. These will produce an obstruction on the exterior side of the fistulous opening, and through which no bougie



gie will possibly be passed. It is a matter for inquiry, how it happens that a fistulous opening is to a greater certainty found to accompany a prostate case, although that fistulous opening be on the side exterior to the prostate, than from any other case of impediment within the Urethra. For it appears very reasonable to infer, that a fistulous opening will be the consequence of an obstruction which is exterior to it, yet in the instance of a prostate case, it is exterior to the prostate gland, which is the seat of obstruction. To explain this, it is to be observed, that the external opening of the fistula from without the perinæum will not be necessarily opposite to the internal opening from within the Urethra. The urine will find a passage where there is the least resistance, and that least external resistance may not be always directly opposite to the internal opening within the Urethra. This patient also had a discharge of nauseous smelling mucus in profuse quantities.

Another prostate case which I saw was not so far gone as the two former, already described. It was the case of a Clergyman, who, independent of this disease, appeared to have a tolerable stamen. He was about fifty-five years of age, had frequently been attacked with the gout, but never had had a Gonorrhœa. When I first saw him, a tumour had been for some time advancing in the perinæum, but had not burst, although it had often threatened. He was not conscious of the cause of this  
tumour,



tumour, and was greatly alarmed at it. It had been treated for a length of time as an approaching abscess, and it would very frequently appear on one day as if it would burst, and on the next it would again subside. This variation was entirely under the influence of his discharge of urine through the Urethra. When that discharge became more difficult, the retained urine would protrude, and when the impediment was obviated, it again passed through the Urethra. This patient could almost always pass a bougie, which accounts for his escaping so long from his threatening fistula. The same discharge of mucus accompanied this case also.



## ON THE REMEDIES

## FOR DISEASES WITHIN THE URETHRA.

So remote as the year 1565, bougies were in use, and escarotics had their advocates. The following authors, in succession, have treated on strictures in the Urethra, on bougies and escarotics. Alexander Trojanus Petronius, Ambrose Parré, Wiseman, Dionis, Saviard, Le Dran, Astruc, and Sharpe.

From an enquiry into the historical account of the variously contrived bougies, it is apparent that the sort of bougie said to be invented by Daran, was not so; as Ambrose Parré had formed a similar instrument, but had not brought it to such perfection. Daran was a French practitioner sixty years ago, and who cannot be considered in the sense of a Surgeon.

The fact was, that he had made an instrument which was best calculated, by a proper temperament of pliability and resistance, to pass up the Urethra—to pass over obstructions with the most facility—to remain up the Urethra with the least pain—an instrument which either possessed or ought



ought to have possessed no other qualities than barely the mechanical ones of smoothness, pliability, and strength, for the purposes of passing up the Urethra without danger, and remaining there without irritation. But if Daran had attributed to it alone its real properties, every person having once seen the instrument, could have made another similar to it, and the emoluments arising to him out of the invention, would have found at first, as they did at last, various channels; for in spite of the tricks and falsehoods which were employed by him, in endeavouring to possess the public with an idea that there was something specific in the composition of his bougies, which acted upon obstructions only so as to destroy them, and left sound parts in the Urethra unaffected; yet the truth was not long thus counteracted by such absurd doctrines.

Mr. Sharpe, as it may be seen in his Critical Inquiry, made bougies, the materials of which he has given the public, and those bougies which he intended should act mechanically only, answered in every respect as well or better than those which Daran made, and thus it was that the delusion could be no longer supported.

There are many advantages we avail ourselves of in the cure of obstructions by bougies; from the variety of the sizes they can be made of, and from the safety with which we can push them forward into the Urethra.

It



It is a circumstance of no small gratification, notwithstanding, as I have already shewn, obstructions in the Urethra arise from various causes, and the nature of those obstructions are also various; yet, from experience, I have ever found that bougies do either cure, or serve to assist every one of them. The cure of those obstructions which arise from Gonorrhœa only, and which are experienced early in life, are the first I shall treat upon. The facility of effecting this depends upon two circumstances chiefly—whether the obstruction be far up in the Urethra, or whether the stricture be not too narrow to admit a bougie of any size and sort; for if a bougie cannot be passed, depend upon it, the patient will never get well, or at least I never saw a stricture disappear spontaneously.

After having made the previous inquiries, the patient should evacuate his urine before you, and the stream of it should be marked. It should be also ascertained if there be no phymosis, nor defect of the meatus urinarius. A bougie should then be passed up to the stricture, and if it will not go through it, a smaller should be tried; but if it goes through, it should be suffered to remain as long as the patient finds he can bear it without much pain, or until he wants to evacuate his urine. Upon withdrawing the bougie, his urine will come out more flush, and the patient will feel that it is discharged in a shorter time, and with less exertion than he used to give to the act.

It



It sometimes happens, upon attempting to pass another, or the same again, that we are foiled ; but if it does pass, it should remain as the last, and be repeated according to the degree of irritation which it brings on : for with respect to the repeated and continued use of bougies, they cannot, where they do not irritate, be too often repeated, or too long continued : but in both these instances it must depend upon the feelings of the patient. In order to effect a cure, the size of the bougie must be gradually increased, until the stricture will admit one of the largest ; that must be continued also for some time, and must be left off gradually, but not totally discontinued, for it will be necessary to pass it up from time to time, once in a week for instance, a long while. By this it will be ascertained whether the ground which has been gained is preserved, or whether there be a disposition in the part to become narrow again.

After the bougie has remained for some time up the Urethra, there will be a considerable quantity of mucus about it. This is always considered as favourable to a cure, because it shews that the membrane enjoys its natural secreting power, and that the lacunæ yield the contents of the glands ; for if the obstruction be owing to a thickening of the membrane, or of the corpus spongiosum, this discharge may be reasonably considered as a main cause, as a *sine qua non* of the cure. It sometimes happens, that the parts are so exquisitely irritable,  
that



that a bougie cannot be endured; and it oftener happens, that after passing a bougie for a few times, the irritation which was great before it was applied, is very much lessened in the course of the use of it. This abatement of the irritation is to be expected, if the cure goes on as it ought; for as the irritation which existed prior to the use of a bougie, was brought on through a detention of urine between the stricture and the Bladder, so by opening the stricture that irritation will subside. But where, in consequence of irritation, the parts cannot bear a repetition of the bougie, and where the bougie is not passed often enough, or long enough, or where it cannot through pain be passed, then the Urethra will have to endure irritation from the stricture, and from the fruitless introduction of a bougie. For these reasons, if the bougie should increase the irritation at first, it may by a repetition procure a contrary effect, when the stricture becomes more dilated.

It will not be long after the familiar use of bougies before it be discovered, whether a cure will be effected through them or not. If the stream of urine keep pace with the bougie, if the stream continue to increase as the size of the bougie is increased, if there be no other irritation remaining than that which may fairly be inferred from the use of the bougie, one may reasonably expect that a cure will be perfected. But if, notwithstanding any bougie can be passed, the stream of urine be  
not



not improved as the bougie is enlarged, and if the irritation which was experienced before a bougie was applied, does not abate, it must be inferred, that the disease is of that nature, which the bare use of a bougie has not as yet removed, or possibly may not. For if the Urethra be beset with warts, or fungi, and if these be not destroyed by pressure—if a thickening of the parts have only yielded to the immediate pressure of the bougie—or if the glands which are enlarged have been only pressed down whilst the bougie was passing—if these, after withdrawing the bougie, again protrude and obstruct, the bougie will require to be used more frequently, and for a longer continuance, on account of the difficulty which is attending upon these circumstances, and on account of the doubts which may arise, whether a complete removal of the obstructing cause can be effected or not.

In these cases, where a bougie only procures temporary relief, it is of more importance that it should from time to time be passed, than we are at first aware of. To possess the power of always being able to pass a bougie, even in an incurable case, is of the greatest moment. That power once gained, should never be relinquished. For, although we may not be able by a bougie to remove the obstructing cause, yet, as whatever danger ensues, or whatever injury arises, will be in consequence of irritation from detention of urine, so will



a bougie always have the power of palliating such effects, and of bringing away the urine upon a pressing occasion, when otherwise an ischury would detain it. I have seen many live comfortably for years, who could not have existed a day without passing a bougie.

For where the bougie, by being passed, only puts aside the obstructing cause, and where it is passed when the Bladder is full, merely that the urine should come away, this is the manner by which that effect is produced. The bougie is passed into the Bladder, or up to the neck of it, at any rate it must be passed beyond the obstruction; it is then withdrawn very slowly, and during the time of withdrawing it the patient is keeping up the effort of urining, the stream follows close to the point of the bougie, and the force and strength of the stream retain the same opening which the bougie has provided for it; but as soon as the urine is almost evacuated, and the force of the current diminished, the obstructing cause again presses forward, and must be removed by a repetition of the operation, in order for the act of urining to be again repeated.

In these cases, the bougie can only procure a temporary relief, as the obstructing cause yields to its immediate pressure, but returns again when that pressure is taken off. I think I may venture this inference, and it will highly shew the important office of a bougie, that where it can be passed,  
the



the life of that patient may be said to be safe, and sometimes through the very act of passing it; and where it cannot, the patient is in jeopardy every hour. Therefore, it is found to be an essential point gained, to be able to pass a bougie; for if the difficulty, on the first attempt, be ever so great, provided that difficulty be overcome, there is as much probability, *a priori*, to expect that such a case will be effectually cured, as when the stricture was not so narrow; for the irritation was not increased merely from the stricture, but also aggravated from detention of the urine. If the small bougies which are in common use, and made from composition, cannot be passed—if they should be found too feeble, if when withdrawn they are bent, and come forth twisted at the top, a prepared catgut should be then introduced.

Of the application of prepared catgut to open, by the gentlest means, strictures which are very narrow, I have availed myself; and it was owing to the success which I drew from this practice, that I was induced to recommend it to the public attention, by a pamphlet; since which time I have had an opportunity of seeing a great variety of cases of obstructions in the Urethra—have been able to make my observations upon them, to learn what has been done for them by others—have been enabled to enquire into the various causes which have given birth to them, to ascertain, so far as it is possible to ascertain that which is remote from



sight, the peculiar symptoms attending upon each particular obstruction—and to adopt the best and mildest method of curing them, where that can be done—or to make use of the best palliative means that are fitting for incurable cases.

I hope that what I have hitherto said upon this subject may be well understood, that the ideas which I intend to convey are so plainly and perspicuously expressed, as to make my meaning perceptible; and then it will appear, that gaining a passage for the bougie home to the Bladder, is the great *desideratum*; that to effect this requires all the indulgence which human patience can grant—that if the smallest composition bougies do not effect it, catgut must be tried—that whether it succeed or fail on the first onset, it must be followed up, as the only commendable resource—that when it succeeds, the patient is out of all immediate danger—that the irritation must be kept down—that blisters are improper—that when a bougie can be passed of any size, although we have gained a great point from such an acquisition, yet it does not follow that a cure of the case is to a certainty to be the consequence—that the nature of an obstruction may be such as the bougie can only relieve temporarily—that it cannot always remove the cause, but by its pressure, it will generally palliate the effect.

I shall conclude this with leaving this impression on the Reader, that a bougie ought always to be



be introduced, whenever a disease is apparent within the Urethra, or about the region of it—that by a bougie, we derive an improved knowledge for defining whether it be a positive obstruction, or some other cause which from its nature produces equivocal symptoms, and renders the case doubtful—that by the action of a bougie on every obstruction, in all the variety of cases, we are enabled to draw a prognostic of the event, to demonstrate with precision the true nature of the case, to ascertain, in the clearest manner, whether it be curable, and to say with authority, that if it cannot be cured, it can be palliated; but without a bougie, the life of the patient would be insupportable.



## ON THE APPLICATION OF CAUSTIC

## FOR THE CURE OF

## STRICTURES WITHIN THE URETHRA.

---

THIS practice has confessedly been followed from the remotest accounts we have had transmitted down to us for the cure of Strictures within the Urethra; and in no instance can there be found in the practice of Surgery, more requisite judgment than when to apply or when to refrain from the use of caustic. It never ought to be applied in the first instance, for it should be ascertained if it be necessary towards a cure. And if it be necessary towards a cure, it should not be applied whilst the inflammatory symptoms remain in some degree unsubdued. By deferring the application of caustic, the irritability of the parts being subsided from previous means adopted for subduing inflammation, the consequence from the use of caustic will be more confined as to the  
mischievous



mischievous effects of its action: there will be by this treatment, no hæmorrhage, no predominant irritation, no shivering fits, and no formidable sloughings within the Urethra. Besides, after this manner, the application of caustic comes fairly into use; as it implies, that if the diseased stricture be not overcome, or cannot be overcome without it, then caustic is to be applied for obtaining that without which there had not been any effectual relief. In my Observations upon the New Opinions of John Hunter, I treated very freely on the subject\*.

\* In my Observations upon the New Opinions of John Hunter, in his Treatise on the Venereal Disease, Part the Second, page the 58th, is the following:

“I must, before I proceed to make my observations upon the plan presented by Mr. Hunter, candidly confess, that I have been strongly prejudiced in favour of the trial by caustic to overcome obstructions in the Urethra; and that when I perused the antient authors who had written upon the subject, I lamented the inadequate power of conveying caustic with safety to the obstructed part: and what was yet to be more dreaded, the mischief that might be committed by so potent an application acting on parts excluded from sight, and perhaps destroying such as did not conduce to the removal of the obstruction.”

“I have certainly adopted a method more safe and effectual than that we have already considered: and my reason for inserting this note here, is to prevent mischief from the use of the other apparatus, (meaning Hunter's). I shall not dwell upon its merit. Its simplicity is not the least of the perfection. I have embodied some caustic into the point of a small common



That bougies armed with caustic will effect a cure, when no other remedy can, is undoubted; and that the application of caustic should not precede but follow other means, is what ought to be never forgotten, for to begin with it is more dangerous than useful; first of all, the means for reducing inflammation and promoting relaxation should be practised; then, if the case should not be successful by these means, will be the fittest time for the effectual application of the caustic.

mon bougie, which may be conducted to the stricture through a canula. It may remain about four minutes, and may be occasionally repeated."

Such was then my plan, for the purpose of demonstrating the difference from the plan by Mr. John Hunter; which was the following, and of which there is a plate at the end of his Treatise on the Venereal Disease.

A piece of wire with a port crayon at the end of it, to which a piece of caustic is fastened and introduced into the Urethra, up to the stricture, through a straight canula or hollow silver tube.

And other purposes of this plan by me have been proved by having established the following facts, viz.

I. That the mode of applying caustic was the chief cause of its danger.

II. That the mode of Mr. Hunter's was as dangerous as any other adopted before his time.

III. That I knew this practice of arming the bougie with caustic, as pointed out by me, would be hereafter adopted by Mr. Hunter and his pupils, without its being acknowledged—and that they would adopt it as their own—and that this was too obvious from the positive impracticability of their own master's plan.

cation



Such an application is not to be made indiscriminately; the smallest or the largest bougie armed with the caustic, may be necessary according to the nature of the stricture; and the duration of applying it and its repetitions, must be dependant upon the effect which the application produces.



ON THE REMEDIES FOR  
DISEASES WITHIN THE URETHRA,

CONTINUED.

---

I SHALL now take into consideration that obstruction which is attended with a fistulous opening into the perinæum, and through which all or part of the urine passes. A fistula might be produced either in consequence of an obstruction brought on from a local cause, or from a constitutional cause: and also either in consequence of an obstruction exterior to the stricture, or from a prostate, or some other glandular disease.

When it is produced by the passage of urine being blocked up, through an obstruction which is between it and the exterior orifice of the Urethra—when this is the only local cause, by removing the obstruction, and restoring the fistulous parts to a healing condition, there is not the smallest doubt but the case will be cured. But when it is produced from an incurable obstructing cause, then the fistula will remain, in spite of every attempt to prevent it: and indeed it would be in that case wrong to attempt to heal it up, as  
it



it may endanger a total stoppage of the urine ; for such opening is to be considered as an operation in Nature for the discharge of urine, which could not find a passage any other way. Therefore, at all events, the first step to be taken is to pass a bougie, and, until that be effected, nothing can be done for the fistula. After the passage for a bougie is gained, and after a large one is with facility introduced, it will be then seen, whether the obstruction between the stricture and the exterior orifice of the Urethra was the immediate cause of the fistulous opening ; for if it were, the fistula will relax of its hardness, the tumour will subside, and when the Bladder is full, the urine will flow flush, in a stream corresponding to the size of the bougie, and little or none of it will pass through the fistula.

But it may so happen, and it will be generally found to be the truth of the case, that when the prostate gland is the seat of disease, or when some other incurable disease produces this fistula, there will be also an obstruction between the fistula and the exterior orifice of the Urethra ; and then the callous thickened edges of the fistula itself will prevent the urine from passing, either partially or wholly ; and will also in many instances, prevent the bougie from passing into the Bladder. So that, at any rate, whether the obstruction between the fistula and the exterior orifice of the Urethra were the cause of the fistula, or the consequence



sequence of the fistula, there being an obstruction, in order to cure the fistula, it must first of all be removed.

If, after the passage is made free, the urine be evacuated as it ought, and if no other cause can be traced, which might have originally produced the fistula, there will not be found much difficulty in reducing the callosities, in dispersing the indurated and thickened parts, in disposing the fistula to heal, and in obliterating every remnant of the disease. For after the passage is regained for a natural current of the urine, when obstruction solely has produced the fistula, it is astonishing to see with what ready compliance the parts are disposed to recover their original condition. Not long since, a Gentleman applied to me thus conditioned: He was about thirty years of age, and from his appearance, I very much doubted if success would have attended any endeavour of mine, for he had as much eruption in his face as I had ever seen; and I concluded from thence, that his complaint would last as long as his scorbutic disposition did, and that the cause was in the constitution. But the issue turned out much more favourably than I expected.

Upon examination, I found there was a very large tumour in the perinæum, which was very hard round about it, but soft and red, and shining in the center. He made water, not at stated times, but it flowed from him by drops continually, as  
from



from a leaky vessel. I was told that he had had a Gonorrhœa about a twelvemonth before, that it spun out to an extreme length, that the inflammation attending it was very great, and that once he had an attack of an ischury, by which he was nearly losing his life. He had often attempted to pass composition bougies, but never succeeded. In the state I then found him, with irritability of the parts, with a large tumour, which I knew to be contained urine, and although it had not yet bursted forth through the integuments, yet I saw that it would not be long first: I would not attempt to pass a bougie, because I knew it would be vain; but preferred waiting until the urine should make its way through the fistula, when the inflammation would be less, and the bougie would have the fairer prospect of success. I applied a poultice and fomentation to the perinœum. I gave him opiates and pulvis antimonialis, and in the course of a week, the opening of the fistula gave a vent for the urine that way. I then attempted to pass the smallest composition bougies, but failed after various repetitions. I then repeated my efforts with small catguts: with these I succeeded. After having increased the size of them, so as to procure a fair stream of urine, and after being assured that little or none found its way through the perinœum, I joined my assistance in support of the natural disposition in the fistulous induration to subside and to heal; I continued the poultice, and dressed the  
external



external opening with fine powder of red precipitate; and in the course of three weeks, he was perfectly well, from the time that it first bursted. I do not chuse to enter into a panegyrick upon the preferable pretensions of the catgut, in gaining a passage where any other instrument cannot—for if what I have already said has, as it ought, engaged attention and belief, I have said enough: and to say more, at any rate, may be deemed superfluous.

A diffusion of the urine throughout the contiguous parts, comes next under our consideration to be cured. I have already observed, that whenever this deplorable condition unfortunately befalls a patient, the danger from it will be truly alarming; for it must be brought on from some part of the texture of the Urethra giving way to the urine. It comes on very unawares, without giving the least notice, no tumour pointing in the perinæum, as it does upon an approaching fistula; but the patient is generally feverish, and the symptoms of irritation, and difficulty of urining, are in a more aggravated state than common. Before a diffusion of the urine comes on, and at the time of its being on, there is an impossibility of passing the smallest instrument up the Urethra. Why, when the urine cannot find a passage through the proper canal of the Urethra, it should in some instances be diffused through the contiguous parts, and in others find a passage by an opening through the perinæum,



perinœum, it may be difficult to determine with any certainty, unless we can suppose that the texture of the parts, when the urine is diffused, gives way all at once, from its diseased condition, it not being possessed of that soundness and stability for inflammation to act on, as it is in the instance of a fistula, when from that reason the urine is confined by adhesion of the parts to the artificial canal which opens into the perinœum. I believe, in general, in cases of diffusion of the urine, that the substance of the Urethra has sphacelated; for, as I before remarked, it is always attended by a low and quick pulse, and a feverish heat.

If this idea be just, all hopes of success, from the most prudent precautions, are to be considered as proportionably distant. But this I can venture to affirm, in corroboration of it, that in two days after a diffusion has shewn itself, all the parts which are exposed to our view will put on a gangrenous aspect. And I know, that it was such an opinion as this which Mr. Pott held of the state of the parts, in the case which I have already quoted, when I described\* the symptoms of a diffusion, and which induced him to give opium in large quantities, and to leave the rest to the termination of Nature. For the conclusion cannot be far from just, and the inference which follows appears to

\* Vide Treatise of the Venereal Disease, 4to. ed. p. 279.



be too natural, that when the urine is diffused, in consequence of a destruction of the parts at least, if not in consequence of a mortification already commenced, some miraculous change in them must be brought about, before any promising prospect of life can be hoped for. From what I have said, it must appear, that I have not so much faith in the art we profess, as to promise that any treatment which may be laid down, will answer our wishes. But as something will always be exacted from us, while life is hesitating at departure, I shall endeavour to point out that which seems to be the most rational; for sometimes, it must be confessed, it does so happen, that cases which we judge to be lost, are restored; and when they are not restored, the reflection of having done our utmost, will not be displeasing.

I consider the Urethra, where the urine has been thus diffused, to have partly sloughed; and I suspect, in most instances, the sphincter of the Bladder and the contiguous parts are also in a sloughing state. I consider that what is to be done should be done without hesitation, on the instant the suffusion of urine is discovered, and that an opening should be made into the Bladder, as in the operation for the stone. The not being able to introduce a staff for a guide, and the general diseased condition of the parts being, in this case, additional obstacles, perhaps it may be remarked, that making an incision into the Bladder is a display of theory which cannot



not be applied in practice. But it is not absolutely necessary for the purpose which is intended, that the incision should penetrate the Bladder; for if it penetrate the Urethra, near to the sphincter of the Bladder, and between the obstructing part and the Bladder, an outlet may be thereby gained for future urine, and a catheter or bougie may be introduced by this opening, through part of the Urethra into the Bladder.

If this be done immediately, on the first discovery of the diffusion, if the Bladder be sound, and its sphincter unaffected, I see no reason why the case should be despaired of, although a mortification on other parts hath commenced. By the opening made, after this manner, some of the diffused urine will find a way, and be discharged: but what cannot, must be evacuated by incisions being made upon the parts so loaded. Spirituous fomentations should be applied, and opiates with bark and wine should be liberally administered. The passage once gained into the Bladder, should never be surrendered. Hollow bougies, for this purpose, are preferable. When the parts so loaded have subsided, a bougie should be introduced through the natural canal, and if it cannot be made to pass, after repeated trials, to that part which is already dilated, the Urethra should be farther dilated, until the bougie can be either seen to pass, or sensibly touched by the finger. For if the obstructing part be not dilated, every idea of a solid cure will



be impracticable: and if the first point be gained, namely, that of obtaining an evacuation for the urine by the means of the first incision, yet without overcoming the obstruction which is exterior to the incision, the utmost success which can be expected must be, that the first incision will generate into a fistula, as if the urine had naturally found a passage that way.

The cure of the diseased prostate gland is, of all others, the most difficult. When it is diseased in consequence of venereal inflammation in young people, provided there be no strong pre-disposing cause to the contrary, it will, by care and long attention, by doing every thing salutary, by keeping the part totally at rest, recover its former state of soundness. The requisites for effecting this are, opiate clysters, pulvis antimonialis and opium, sitting over a vapour bath, applying leeches, and using moderate venereal intercourse, but above all other remedies, injecting warm water into the Bladder. A grain of mercurius calcinatus, upon the first appearance of this attack, may be given every night for a month or more; and the greatest care should be observed to keep the constitution cool, and the parts at rest. Such serious attention, employed at first, will, in all probability, obtain a cure, where a disease of the prostate is provoked solely from an inflammatory cause. But if any induration be left after inflammation has for a time subsided, the same means, employed at a distant period, will fail



fail in reducing it, because the diseased parts are thickened, hardened, and the vascular system may be obliterated beyond all power of restoration. No part of the human body is so complex as the glandular. A diseased gland, in general, is not obedient to any system of cure. It is a part over which we have very little medical ascendancy, and to relieve which, when diseased, no theory has hitherto been certain.

Scirrhus tumours, in cold low habits, will remain in an indurated state sometimes for years, and no medicine will affect them. Indurations of the testicle, of the breast, of the tonsils, will frequently defy the power of medicine. So arbitrary are glandular diseases, that we are always glad to leave them at rest, by attempting no violent means, lest we should rouse them, and more especially when we find them free from pain; and so fearful are we of consequences, that, when we can prevail upon the patient, we are apt to extirpate them at an early period, lest they may become yet more formidable.

With respect to topical applications to a diseased prostate brought on from a constitutional cause, I do not promise much hope in any. When it comes on at a late period of life, as it often does, and when every assignable cause is very remote, what can the power of any topical application avail in such a case? If we knew which of the vices of the constitution, or which of the vicious practices,



first brought on an induration of the prostate, we might then, with some plausible reason, point out the means, if not of curing, at least of palliating the case. As for instance, if it were brought on and supported from hard drinking, an abatement in that will be the first indication; if it were brought on from venery, the practice must be moderated. But I believe, that generally an inflamed prostate, brought on from any stimulating cause, and neglected at first, will become scirrhus; and I believe scirrhus glands are owing to the vascular system of them being obliterated; and from that cause, medicine has not, nor can have but little or no influence over them.

Although it must be obvious from what I have said, that I am not sanguine in any system for the cure of a long continued diseased prostate, yet it will be expected from me at least to point out that which appears reasonable to be done. A bougie will always be necessary for assisting a discharge of the urine. The parts should be kept quiet by a very regular mode of life. The discharge of mucus will be moderated only by abstemious living. The body should be kept open, and the patient should be guarded against catching cold. I have said, injections of warm water into the Bladder, have been in many instances a cure.—Opiates should be occasionally used. Lime-water may be tried. Sea bathing is proper. These are the best palliatives that I know. Some have flat-  
tered



tered themselves that a cure is to be obtained by hemlock internally and externally administered, blistering the perinæum, and by passing a seton through the parts adjacent.

In consequence of retention of the urine, and in consequence of a long irritation on the parts in connection with the Bladder, it often becomes, from the one, stretched beyond its natural tone, and deprived of the power of expelling the urine: and it often becomes, from the other, thickened, the vascular system of it destroyed, the capacity of it lessened, and incapable of containing its due portion of urine. The inner surface of the Bladder, instead of being smooth, will be fasciculated, and sometimes ulcerated, yielding a discharge which comes forth with the urine, and making it an offensive and turbid mixture. This will be the effect of a long continued irritation.

To distinguish these differences is absolutely necessary, both for defining a disease which may be cured, as well as that which cannot: the one may be curable, but the other is not. Of the curable I shall first treat. The external membrane of the Bladder is muscular, the destination of it is to expel the urine, to conform the Bladder to contract whenever the urine be emptied, and to support it in repletion. The sphincter of the Bladder is connected to this muscle, and acts in conjunction with it, similar to the drawing string of a purse. Whenever the Bladder be over-stretched



stretched from retention of urine, it sometimes has happened, that not only the inner membrane of it has bursted, but the outer muscular membrane also. When this is the case, it will always be fatal. It has at other times happened, that the inner membrane only has given way. When this is the case, I do not know that it is often fatal; but I know not what the art of Surgery can do for it.

When neither membranes have bursted, but when both are stretched beyond that tone which they cannot immediately recover, they may be restored again; but it will sometimes require care, attention, and time, to be effected. If the sphincter of it, when the Bladder is thus affected, be closed, it cannot of itself be relaxed; and if it be relaxed, it cannot of itself again contract. In the one instance, the urine will not be discharged at all; and in the other, it will not be retained, but will be poured out of the Bladder as soon as it is poured into it from the ureters. The urine, when it is retained, must be drawn away by a catheter or hollow bougie: the latter may remain within the Bladder, especially if there should be a difficulty to introduce a bougie. Bark and opium should be given internally, a fomentation of water impregnated with aqua ammoniæ acetatæ, should be applied cold to the abdomen and loins, they should be rolled with a flannel roller, and as soon as the patient can, he should bathe in cold water.

If



If these means should fail, or be inefficient in confirming a cure, tincture of cantharides may be given, beginning with ten drops in gruel; or the balsam copaiva should be taken, and a blister applied to the loins.

But when the Bladder is in a state of disease, in consequence of a long and fixed inflammation, nothing but injecting warm water will be a cure for it. In this instance the urine will always be discharged in very small quantities, and often, and it will be for the most part turbid and offensive. The strongest criterion of this condition of the Bladder is, that at no time whatever will it or can it retain that full portion of urine, which the Bladder does in a healthful state. It is this symptom alone that will distinguish the disease of it, in this particular, from all other diseases which it may be exposed to suffer. The assistance that art can bestow, will be most beneficially found in the mildest diet, in keeping the mind calm and composed, and the body open; in quieting irritation by every means, and preserving the Urethra free of obstruction.

The ureters and kidneys do also suffer in consequence of obstructions in the Urethra. For these consequences, and the cure of them where it can be effected, I refer to the fourteenth, twenty-fourth, and twenty-fifth cases, which will be found in the subsequent statement.



## ON THE

## CURE OF DISEASES WITHIN THE URETHRA,

ILLUSTRATED BY CASES.

---

I SHALL proceed to lay before the Reader a variety of Cases, which have lately occurred, and I shall not omit selecting such as are simple, because it is necessary to be informed of the distinctions there are among them, and to acquire a general knowledge of their treatment. The simplest case is not to be passed by with inattention, as in ascending a ladder to gain the summit, you must begin with the lower steps. It is general knowledge that I am ambitious to inculcate: a comprehensive idea of diseases in these parts may be formed, by referring to the true nature of the cases, to the causes which produced them, to their supposed situation, to the remedies by which some of them were removed, and to the fatal cause by which a cure of others has failed.

---

## CASE I.

A Gentleman returned from India had a Gonorrhœa many years before he first departed out  
of



of England, and which was a long time in being cured, the discharge and inflammatory symptoms remaining much longer than they ought. Previous to his return, from the symptoms of which he complained, the nature of his disease had been suspected by the Surgeon to whom he applied; but from want of an assortment of bougies of various sizes, or from some other cause, he was not able to succeed in passing one through the Urethra. The Gentleman experienced at different times an aggravation of symptoms, and was once very near losing his life from a total stoppage of his urine: finding that he did not obtain the desired relief, and that he was threatened with continual danger, under such a constant dread he returned to England, and applied to me.

The symptoms then were a hardness above the pubis, a discharge from the Urethra, a frequent desire to make water, a soreness along the perinæum, and a pain in the loins. I saw his urine pass, it came away drop by drop; but when he griped the Penis so as to collect it in quantity, after it had passed beyond the obstructed part, as much as was then collected would come forth in a full stream. I remark this, to shew a distinction, which is, that to ascertain the true condition of the stream of urine, it should be permitted to flow out, if it can, without the Penis being griped; whereas, if the urine be retained for a time, by the fingers, the stream will deceive  
when-



whenever it be suffered to come forth. I attempted to pass the smallest of the composition bougies, but failed. I then attempted a small catgut, and succeeded: it was permitted to remain until he wanted to make water, when the stream was evidently improved; another was then introduced without difficulty, and was continued much longer than the former; and when this was withdrawn and the urine was again discharged, a larger catgut was introduced, which also opened the passage sufficient for a proportionate increase in the size of the succeeding catgut.

By this means, without any interruption, in the course of three days, a small bougie was passed, and the patient himself, from this time, was enabled to proceed in his cure. He passed a bougie once or twice in a day, as it suited him. He ascertained that he could bear the bougie up his Urethra two hours at a time without irritating. He took care to live abstemiously, to observe how long he could continue without a bougie in the Urethra, and yet return to the use of another, without the difficulty of introducing it being from that cause increased. He gradually enlarged the size of the bougie, and found the stream enlarged in the same proportion. He proceeded in this method, till he could pass a bougie calculated to pass up a sound Urethra; he persevered with a bougie of this description two hours every day, for a fortnight.

This



This was considered by him as a bougie of a standard size for keeping the Urethra in a sound condition. He continued to pass it afterwards in the following manner, in order to ascertain whether he kept his ground: at first every other day, then twice a week, and for a long time after, once a week, not chusing to leave the bougie off altogether, lest the obstruction should again come on, and he should have to do more for the removal of it, than could possibly be necessary by these precautions; and knowing also, that if the obstruction did return, he must return to the use of a bougie of such a size only as could be passed.

At the close of this case, and not before, I applied an injection of the vitriolic fluid, which completely stopped the discharge: but it had previously, during the cure, become more kindly and less, and every other symptom was removed.

---

## CASE II.

A Naval Officer came from his station to England, to be cured of this complaint, because he could no longer do his duty. This case was also in consequence of a former Gonorrhœa. He was a very young man, and although he was able to pass at times a small bougie, yet he did not find that relief which rendered him capable to perform his duty. He had lived freely, and I believe had  
carelessly



carelessly applied the remedies proposed for him. When I first saw him, his stream of urine was very small, he had very little discharge, the solicitation to evacuate his urine was constant, and the irritation of the contiguous parts was very great. I could pass a small bougie, but it was done with difficulty, a great proportion of the bulbous part of the Urethra appeared to be thickened and inflamed, so that the bougie required force for passing it, and force also for withdrawing it, as if the Urethra closed upon it and griped it. Finding that the bougie gave him great pain, and that he could not bear it to remain up the Urethra, I advised him to be bled, to live very sparingly, to go into a warm bath, and to throw up an opiate clyster every night. By these means the irritation had so far subsided as to permit a bougie to be passed with more facility, and to remain up the Urethra for a longer time. That which was feared to be at first impracticable, was afterwards, in the course of this case, found to be procured with the greatest ease.

In a fortnight he could pass a bougie himself without much pain, he acquired an increase in his stream of urine, his calls for the discharge of it were less frequent, he was furnished with bougies of increased sizes, he followed up the use of them, and returned after two months to his station again. This patient was also advised to pass a bougie from time to time, in order to keep his ground, and to ascertain the future state of the Urethra.

CASE



## CASE III.

A Gentleman about thirty-five years of age, of a strong constitution, who drank at least a bottle of wine every day, and sat up late at nights, found that he had more frequent calls to make water, and was a longer time in discharging it than formerly. He had also a teasing sensation in his glans Penis, and an unpleasant feel along the Urethra. Upon seeing his stream of urine, I found it much diminished from that of health. I succeeded in passing a small bougie, but the irritation from it was too violent for me to proceed, until he had gone a few times into the warm bath, and had for some time abated of his habits of drinking, and sitting up late at nights. When I returned to the use of bougies, I found my expectations highly answered, and he his discipline well rewarded; for by gradually increasing the bougie, he soon got well. And although my advice to him was, to pass a bougie now and then, for the better ascertaining the state of the parts, and for preventing a return of symptoms, yet, as I have had the opportunity of knowing the fact, I find he has not since passed a bougie, nor has he as yet had any occasion for it.

---

CASE IV.

A Gentleman about fifty years of age applied to me, when he was in extreme pain, from an inability



lity to evacuate his urine. I found him with some bougies by his side, which, he said, he had been in the habit of passing, but now could not. He had had this obstruction for many years, and he thought it was produced from a long-protracted Gonorrhœa. I made an attempt with the same bougies, but failed. I hastened home, and returned with some catguts. One was introduced, and it succeeded in procuring an ample discharge of urine. This gave my patient great encouragement, and he being conversant in the method of introduction, I left him some catguts to proceed with: with these he so far opened the passage as to be soon capable of introducing bougies—with these he got so well as to be able to go about his professional concerns, in which he appeared to be very anxious and deeply engaged. From that reason, as soon as the inconvenience and danger in his case was removed, he neglected perseverance in his cure, and became as bad or worse afterwards than he had ever been, the irritation having increased to a greater extent, and the stricture having diminished the stream more than when he first applied. In this situation I saw him the second time. A repetition of the former means were adhered to, with more diligence, and continued with similar attention. He submitted to persevere in the use of a standard bougie, after the passage was opened, and I am assured that he now continues very well.



## CASE V.

A Gentleman, aged twenty-two, applied to me with symptoms of the following description: an uneasy sensation along the Urethra, a frequent desire to evacuate his urine, some discharge from the Urethra, and a diminution in the stream of his urine. He had had a Gonorrhœa twelve months before, and presumed that his complaints were a continuation of that disease. He had not, from the beginning, ceased to inject. I must here remark, that the constant solicitude of patients seems to be bent to the importance of the discharge. They, not knowing causes from effects, judge that the discharge is the cause of all their other complaints; and the discharge being seen by them, when the other complaints are hidden and obscure, their anxiety goes no further, and their faith rests upon the belief, that if the discharge be stopped, the whole will be at an end. But the truth is, that the discharge is the effect of obstruction, and of irritation produced through it; that the obstruction being once removed, the discharge will cease of course; and that every power which can possibly be applied to stop it, will be vain and ineffectual, previous to the removal of the obstruction.

The smallest bougie could only pass through the obstructed part, and this being effected, the consequences were fully answered. The size of bougies



gies were graduated, and their application regulated. He could bear one up the Urethra two hours, twice a day, without irritation. His stream became enlarged, his irritation abated, and he got well in two months.

---

### CASE VI.

A Gentleman, aged fifty, had, for four years, repeated attacks of the ischury, and twice a swelling of one of his testicles. At each time these attacks came on, he imagined he had contracted a fresh Gonorrhœa, and that the high symptoms of inflammation were all in consequence of the virulence of each Gonorrhœa. It was at the time of one of the inflammatory paroxysms being on him, that I first saw him, and it was not till then that his complaint was ascertained. I saw him with an inflamed testicle, with shivering fits, with a constant desire of making water, and with only the ability of discharging it in the smallest quantity. These were the effects of a long-neglected obstruction, and I very much doubted, in my prognostick, whether the parts, thus brought into disease from such long irritation, could have been ever again restored to a sound condition, even after the obstruction, which was the cause, had been removed. But the event of this case will shew, what can be sometimes endured, what parts will sometimes



sometimes undergo in suffering, and yet again recover their pristine state of health, when once the cause of their disease is discontinued. I fomented the parts with decoction of poppies, to which I added camphorated spirits. I kept the testicle suspended, and the patient to his bed. I gave him the pulvis antimonialis, with opium, and I succeeded in passing a small bougie. On account of the irritation, I did not permit it to remain long in the Urethra. He drank barley-water mixed with mucilage of gum arabic during the time of an exacerbation of the symptoms, and in a short time they were so far abated that he could bear a more frequent and longer application of the bougie. As the passage became enlarged, his irritation became less; and in process of time, under the strictest regulation in the use of bougies, and temperance of living, he got completely well. My chief apprehension, in the event of this case, was, that the Bladder would not have recovered its organization; but where the disease is not too far gone, it is wonderful to see how alarming symptoms do suddenly disappear!

---

## CASE VII.

A Gentleman, fifty years of age, very corpulent, and who had drank hard, for some time



had experienced a constant irritation in the Urethra, and a dilatory diminished stream of urine. Upon his first application to me, I found he had been advised to take the tincture of opium, and opiate clysters. His language also was, that he could not bear bougies, for that whenever one was passed, every symptom was violently increased. I desired him to let me see his stream of urine, and pass a bougie. With the latter he complied with some reluctance. I then told him (what from experience I knew would be found to come true) that his case was in its nature very simple, under right treatment; but that the consequences of neglecting or omitting that treatment, more especially to a man of his corpulency, would be fatal—that if no catheter could be passed, when an ischury was on him (and it was most probable that it could not) every other resource was fraught with danger of life—that the best opportunity for commencing to open the passage for bougies was, when the symptoms of irritation were at the mildest—that notwithstanding what he had advanced against the use of a bougie, his not being capable of bearing it, from its increasing the irritation, yet a bougie was his only remedy—and that to bear the use of it, he should live very temperately, use the warm bath, and by degrees try to retain it up the Urethra gradually longer and longer. I told him also, that a bougie at  
first



first which could only pass through the opening there was in the obstructed part, must naturally aggravate the symptoms, which, after some use, would as naturally, by the passage being more open, abate them ; and what could not be effected by the first week, would be found to be done only by a longer continuance of the process, under a proper regulation ; for if he found himself getting better, there was no occasion for haste ; the passage being opened, that point being once secured, and the irritation having abated, he would then to a certainty get well at his leisure. He submitted to the use of bougies, with the other instructions I before laid down, and his cure was gone on with to the utmost expectation.

---

### CASE VIII.

A man from the country, aged twenty-seven, was recommended by letter to me from a Surgeon. He told me that he had had a Gonorrhœa for some time on him, which, notwithstanding he had constantly used injections and other remedies for it, was apparently worse than ever. For some time he had had a constant desire to make water, both by night and day ; he was often obliged when on horseback to dismount, and sometimes, from his situation, he had undergone



such misery, by retaining his urine, that a most profuse perspiration had bursted forth at once from him, and which for a time afforded him relief; he also declared himself to be a most miserable man in another respect, for that he was under promise of marriage, but dared not fulfil it. This case had never been treated otherwise than as an obstinate Gonorrhœa, and in all probability had he not applied where the practice is habitual to refer, from suspecting motives, such symptoms to the cause of obstruction, he would have never got well. I passed a small bougie, and found a palpable obstruction. I wrote to his Surgeon, and gave him some bougies, with the necessary instructions how to proceed in the use of them. I heard from the Surgeon soon after—that he proceeded successfully in the cure, that the passage was open, that the irritation had subsided, and that only some discharge from the Urethra remained, which was effectually afterwards stopped by an injection of the vitriolic fluid.

---

### CASE IX.

A man about fifty, from the country, applied to me, and seemed under very great agitation. He told me that he was a married man, and father of a fine family; that he had laboured with  
a great



a great difficulty in the expulsion of his urine; that, by night as well as day, he had unremitting inquietude; that his belly was hard; that he had a nervous fever on him: that he had been for more than twelve months under the care of a Physician in the country; that he had tried various kinds of remedies to no salutary end; that he had been a fortnight in London; that he had, during that fortnight, been under the care of a Physician, who had treated his complaint as if it were a dropsy, and administered some strong purgative medicines; that on the day I saw him, he found so increased a difficulty in evacuating his urine, that his Physician was induced to draw it off, but failing in the attempt, and the man being alarmed at the sight of a slight hemorrhage, it was this which brought us together. I found him nervous to a degree, his belly was very hard, and sounded hollow; I saw him attempt to make water, which he could not effect. I attempted to pass a very small bougie, and succeeded, but no urine followed. I directly gave him forty drops of tincture of opium, and sent him home to bed. I called on him a few hours afterwards, and found that he had evacuated more than a pint of water. This I was very glad to see, because I knew the Bladder could not be in a very bad state of disease when it can contain a pint of water. I desired him to be fomented with a strong decoction of



of poppies, and to have an opiate clyster, his body also to be kept open by castor oil. I found that in order to expel his urine, he had been in the habit of taking forcing diuretics, and especially gin and water. These I desired should be omitted, and, in their stead, I gave him barley water with mucilage of gum. I passed daily a small bougie, which sometimes, in the first week, would go through the obstruction, but at others would not. Well knowing that perseverance soon overcomes this difficulty, which very often baffles thus in the beginning of the progress of the case, I found in the course of a fortnight, there was no more check from that cause. The patient himself was by that time capable of passing a bougie; he had a proper assortment, with instructions for his future proceeding. Before he left town, he could ride on horseback, his belly became softer, his appetite and spirits increased, the discharge from the Urethra which he had, was greatly diminished, and I know he is well at this time.

---

### CASE X.

A person aged thirty-five, married and sober, applied to me, after having been under the care of others before; he therefore was apprised of the nature of his complaint, and that the seat of it was



was in the Urethra. His residence was out of London, and from that cause I was curious to ascertain how such a disease could originate with him. He told me, that many years since he had had a Gonorrhœa, that it was a long time before the discharge stopped, and that ever since he had been progressively afflicted with his present complaint. His symptoms were, a great difficulty of making water, with a very thin stream, and as the urine was passing, his glans penis swelled, as much as with an erection; he was better in the Summer than the Winter, and always at the worst in dry Easterly winds; if he caught cold he was certain to feel the bad effects from it, or if he drank rather too much, which for that reason he seldom indulged. He said, he had experienced many severe attacks of the ischury, from which he had very narrowly escaped; and also added, that unless he could find more relief than he had hitherto experienced, at succeeding attacks, he should be lost. He told me that his present system of treatment was to pass up a bougie as far as he could, and there to leave it; but that as yet no bougie had gone further, which appeared to be about three inches up the Urethra, and this was effected by a soft bougie, badly made. I then attempted to introduce a small catgut, and succeeded. I kept him in town or three days, until he himself was capable of passing a small bougie through the Urethra.



Urethra. I told him that the object was to endeavour by every means to keep the ground he had gained, that he should gradually increase the size of the bougie, that he should foment the perinæum with decoction of poppies, and that if he were attacked again with an ischury, he should take ten grains of the pulvis antimonialis with one of opium, and also a clyster with forty drops of tincture of opium. I saw him a second time a month after, found that he had diligently passed the bougie, and that he had no ischury; but I was surprised to find what little progress he had made in the increase of size of the bougie which he could pass, there being scarcely a shade of difference between the first and the last at the end of a month's constant application. I passed one myself, and ascertained, that a great part of the Urethra was thickened, for it was with some force that I could introduce it, and it remained up the Urethra quite tight and fixed, as if the Urethra griped upon it. With unusual difficulty I also withdrew it. I then told him that his hope of cure rested upon a faithful attention to instruction, that nothing could be done but through perseverance, and that by unremitting attention to the use of bougies, in proportion as the Urethra was distended, and when a discharge from the Urethra was seen upon the bougie (for the bougie at this time came forth dry) he then would find his industry daily rewarded. I provided



vided him with some very stiff bougies, and he returned a month after, considerably improved in his case; a bougie of a larger size could be introduced with more facility, and some discharge was beginning to come away upon the bougie. I desired him to rub in a little quicksilver ointment along the perinœum, in order to assist a discussion of the thickened part, and to proceed as before in the use of the bougie. In a month after, I saw him so much improved, as to pass with ease a bougie of a very fair size. I told him to keep to one of that size, and to regulate the use of it so as to keep his ground. A few months after this he returned to me, almost as bad as ever, for he had been out of bougies, and thinking himself well, he had carelessly neglected the introduction of one for more than two months; but by a return to the same means, with much less difficulty, he soon regained his advantageous ground, and has been prudent enough ever since to keep it, by now and then remembering to pass a bougie.

---

### CASE XI.

A Physician did me the honour of consulting me for a complaint in these parts, but it was not as yet ascertained what was the true nature of it.

He



He had experienced a frequent desire to evacuate his urine, he found that he was longer in passing it, he felt a constant teasing sensation about the region of his Bladder, he had some little discharge, his mode of life was exemplarily sober, and he was not more than thirty-five years of age. He had consulted other Physicians about his case, who were of opinion, that the seat of complaint was in the Bladder. It is strange to be told, he had never as yet passed a bougie. This circumstance will bring to recollection what I have often dwelt upon, that whether the seat of disease be in the Urethra or not, the introduction of a bougie helps the judgment to define it; and that many a disease terminates fatally, which could be cured in a very little time, and in a very simple way, when the true cause and seat of it were ascertained. I passed a very small bougie on the first attempt. I found his stream very small, and the obstruction very simple in its nature, for from that time my patient became his own Surgeon, by only recurring, from time to time, for more bougies, and these in increased sizes. The last visit he paid me, I had the pleasure to hear that every disagreeable symptom was declining. He further remarked, that he had a brother, remote from London, who had been for a long time ill of what was supposed to be a complaint in his bladder and kidneys, and that he would take  
care,



care, from the insight which his own case afforded, to have the true cause of the case of his brother ascertained.

---

## CASE XII.

A person, in the parish of St. Anne, aged forty-five, applied to me for a difficulty in making urine. He had no discharge from the Urethra. He was a married man, and in general sober, but not strictly so. He was constantly solicitous of making water. His rest at night was very much disturbed, and his occupation through the day interrupted. I attempted to pass a bougie, but did not succeed. I then had recourse to a catgut, and with this I did succeed. I repeated the catgut, until such time as I was enabled to introduce a bougie, and with that, by a gradual process, I obtained a perfect passage; his diseased symptoms disappeared, and he became perfectly recovered. This case was attended in the Summer, and in the Autumn of the following year (it may not be unworthy of the record to state it) his wife was brought to bed of three living children at one birth.



## CASE XIII.

A Gentleman, aged twenty-five, had contracted a Gonorrhœa near twelve months before he applied to me, during which time he had been his own Surgeon, and the chief applications which were made use of consisted of an injection, in which calomel formed the basis, and pills of calomel. But as he found that the calomel injection did not stop the discharge, he sometimes had applied an injection with Goulard's extract. I must premise that, during the history of the case, before he applied to me, I could not understand that the inflammatory symptoms had ever subsided; but that this novice (for so I am authorised to call him, because he did not seem to be even in possession of that theory which a man of education could readily acquire, in one afternoon, from books) had, in the very face of inflammation, gone on with the calomel injection, for the most part of the time. When I first saw him, I found on him the following symptoms: a profuse discharge, and very thin and bloody; the point of the Penis appeared tumid and red; the orifice of the Urethra had serous vesicles on it; he made his urine with difficulty; his erections were painful; his emissions were so replete with pain, that he felt at the time as if he was cut by a sharp instrument; his stools  
also



also excited a similar sensation; he complained of pain in his loins, and about the pubis; he could not bear riding on horseback, and even sitting at table was creative of great uneasiness. For the first six weeks I was not apprised that he had any obstruction in the Urethra, because he had misled me, by saying that his stream of urine was very full. I therefore contented myself with using antiphlogistic means, but not in the manner that I wished, nor all those which I expect the greatest benefit from. For this gentleman being with his father, and being also of opinion, that if he was desired to apply more than one remedy, it was enough that he made choice of one only, I was forced to do as well as I could, but not as well as I would. In short, I never met with a case that gave me more trouble. I desired him to foment the perinæum with poppy decoction, I gave him the mucilage of gum, I kept his body open with castor oil, and I recommended opiate clysters. But this was not complied with. I then gave him tincture of opium, at stated times. The fomentation was troublesome, instead of which he used the warm bath. His diet I requested to be low, and that he should drink but little or no wine. I found out that he sat up late at cards: this I also desired that he would not do. When I was flattered with the idea that the inflammatory symptoms had abated, I ventured on an injection of the vitriolic



triotic fluid; this stopped the discharge whilst he used it, but still the inflammatory symptoms remained. Finding myself foiled, I determined to pass a bougie: but whether it was from fear or pain, my patient could not give me the opportunity then of ascertaining if there was an obstruction or not. On another day, the fact was proved, that all this irritation proceeded from obstruction. I persisted, as well as I could, with my sedative means, and gave him instruction how to pass a bougie, after having myself shewn him that a small one would pass. This, instead of doing, as I directed, morning and night, he went from home, and did in the middle of the day, in a slovenly manner; for in the morning he wanted to sleep, and in the evening he still played at cards. However, in process of time he was able to bear the bougies up his Urethra, and he was disposed to use them night and morning. His symptoms all abated, his discharge spontaneously stopped, the whole of the irritation declined, and the bougie, which at first came forth dry from the Urethra, at last was covered with well-conditioned mucus. We persisted in the use of bougies, which effected a cure.



## CASE XIV.

A Gentleman fifty years of age, applied to me with the following symptoms: a discharge from the Urethra of a thin acrid nature, a redness of the glans penis, and a turgidity and soreness of its orifice: he had pain in his loins, a hardness above the pubis, and a soreness along the perineum. So irritable was the condition of this patient, that the first glass of wine at dinner was no sooner drank, than he was obliged ever to quit the table, and evacuate his urine. The gentleman had laboured under this complaint for a long time, and being in the habit of indulging promiscuous venery, he thought his case was a succession of Gonorrhœas. He was one of those also who asserted the right, which they most undoubtedly possess, of doing themselves mischief, for he was his own Surgeon; but being about to marry advantageously, he did me the honour to consult me. For more than a month I trusted to his own report of his case, and, during that time, I found every means that were tried ineffectual. I then requested that he would evacuate his urine before me, which I saw come forth in a small stream, and scattering. I attempted to pass a small bougie, but failed. I then attempted a catgut, but did not succeed in that. I waited for a few days, and applied leeches to the perineum,



nœum, sent him to the warm bath, and prescribed him a very low regimen. I had him to lodge near me, and for two more days I was foiled in passing the catgut. On the third day I succeeded, and was so happy also, which is not always the case, to introduce the second soon after the first was withdrawn; his stream of urine improved with the increasing opening, and in a few days we were able to pass up a bougie; but his cure was for a long time retarded, owing to the great irritability of the parts, which we all along endeavoured to keep under by poppy fomentations, and by tincture of opium; the pain in his loins was also very troublesome: however, the passage of the Urethra was fairly opened, and my patient married.

---

#### CASE XV.

A Gentleman who was very temperate in his manner of living, about fifty-five years of age, applied to me with a long train of complaints, and I think had gone through most part of the materia medica in his recital of remedies for his case, before I was permitted to examine him; and when I shewed him a bougie, and asked his leave for introducing it, he was astonished at the novelty of the attempt, for he had never before seen such an instrument, although he had consulted



sulted Physicians for a long time, and had taken the variety of medicines, through their prescriptions, which he had already described, for the cure of this tedious and vexatious case. His symptoms were, a very great tension of the abdomen, pain in the loins, a constant desire to make water, which came from him very often incontinently; but the immediate cause of his application to a Surgeon, at this time, was a tumour which was advancing in the perinæum. There was also very much induration, which extended as far as the anus. The tumour itself appeared soft and shining, very red, and almost disposed to burst. I acquainted him with the nature of his case, that his urine was about to pass through where the tumour pointed, and that the event of the case wholly depended upon circumstances, whether he could be got well or not. I attempted to pass a catgut, and succeeded with a very small one. I told him if I could obtain a passage, that his tumour would subside; for which purpose, as one catgut was withdrawn, another was directly passed, and the urine flowed in an improved stream. The tumour subsided, as the obstructed part was opened; and as bougies in increased sizes were introduced, it disappeared: but still there remained an induration in the perinæum, nor would the urine, when an opening was obtained of the obstructed part, ordinarily flow without the introduction of a bougie.



When the patient solicited to make water, he passed a bougie, and then it would immediately follow it; and upon examining into the cause, I found the prostate gland was very much enlarged. This gentleman has since been often under the necessity of drawing off his water by a flexible catheter, as often as the urine will not follow a bougie as it is withdrawn, and that is an advisable practice; but I have latterly thrown up warm water into the Bladder, and found the best of effects from it. A Baronet whose Bladder was so injected lived to the age of 84, with a diseased prostate; and in another aged Gentleman, the affection was entirely suspended.

---

#### CASE XVI.

A Gentleman, aged twenty-five, sent to me for a large tumour which he had in the perinæum, and which he attributed to having rode a considerable distance on horseback, and very fast. He told me that he had had a Gonorrhœa upon him for three years, which nothing could abate, and that during the greatest part of that time, his stream of urine had diminished, but that at present it came from him as through a dripping stone, which he received in a bottle made of elastic gum. He did not then suspect that the tumour in the perinæum was in consequence of the obstruction in the Urethra. When I interrogated him



him upon the careless neglect of himself, he replied, that his present state could not be prevented, for that bougies had been attempted, but would not pass; and that he had not compounded with the misery of his case, until he had despaired of a cure of it. He was a very active young man, and appeared to be in as good a state of health as the nature of his complaint could admit. I told him, that the tumour in the perinæum was an effort of Nature to convey the urine that way, when it could no longer pass through the common canal. I attempted to pass a catgut repeatedly, but failed. I told him, that the tumour would soon burst, and when the urine had found a passage that way, the inflammation would subside, and then a trial might be made again, of introducing a catgut, with a prospect of more success. The tumour shortly after did burst, and the urine came away in part through that opening, and in part through the Urethra. After making use of every sedative means, and by keeping the patient upon very low diet, I succeeded in passing a catgut, and followed up that success, by constant repetitions, until, in a very few days, I was enabled to introduce a bougie. After I could introduce a bougie, I then drew off his water with a flexible catheter, and taught him to effect the same, so that no urine might pass by the diseased opening. By these means he recovered his natural



passage in a most rapid manner, and the diseased opening, without any art or difficulty, healed.— And as there was no other provocation for all this exacerbation of symptoms, but mere obstruction in the Urethra, and which a bougie, when introduced and repeated, did remove, so did he get well by this treatment.

---

### CASE XVII.

I was called up in the night to a Gentleman, aged thirty-six, who could not evacuate his urine. He had been ill, and was attended by a Physician. He was lately come from Paris, and had brought with him a powder, which was to form the basis of an injection, for the cure of a supposed Gonorrhœa: but this was not the cause of the Physician's attendance; the patient had a fever, and it was for this that he was sent for. I found him in great pain, and that he had not discharged his urine for the whole day. I passed a small bougie, hoping that the urine, if I could introduce it, would follow. I found a very obstinate stricture in the passage, the bougie passed into the Bladder, but no urine followed. I waited and tried again, still no urine followed. I then introduced the smallest of all flexible catheters, made of elastic gum; I passed this, but not without partly withdrawing the stillet. When I  
had



had got the flexible catheter into the Bladder, I passed up the whole of the stillet, and then withdrew it. His urine followed, but the stream was so small, that it was an hour in the whole in coming away. I took from him more than a quart of water. By this time the Physician came, who was also sent for. We left our patient with a bougie up the Urethra. We met the next day, when he had had a rigor, and he also had another in the evening. His pulse was very quick, and his mind was disturbed. His rigors were more severe than any I had ever seen, but once. We suspected formation of matter somewhere, but there was no evident sign; he made his urine tolerably well. In four days, a tumour was discovered in the perinæum; and in three days after, a large abscess was opened, from the anus to the scrotum: from this issued a great quantity of matter, and it was discovered that the greater portion of his urine came this way also. We then gave him bark, in full quantities, for his fever was at an end, and he was very low and reduced. I dressed the abscess with dry lint, and (according to those admirable directions of Mr. Pott) in a very light superficial manner. I drew his water off by the flexible catheter, and as he recovered, I advised him to do the same in the night-time. The obstruction was removed by the daily use of a bougie, and in the course of three months he got completely well.



## CASE XVIII.

A Gentleman, aged thirty-five, sent for me at twelve o'clock at night. I found that he could not evacuate his urine. He had drank that day a great deal of wine, and the wind was cold and easterly. He had an obstruction in the Urethra, of which he was previously conscious, but had never done any thing for it. He did not recollect to have made water since his dinner. He was in great pain; his abdomen was very hard, and his Penis was almost shrunk up, and scarcely any part of the pendulous part appeared. His pulse was very quick, and he was shivering. I could not pass the smallest instrument up the Urethra. I made him sit over warm water. I gave him opiates in great proportion, both by the mouth and by clyster. He was soon after seized with an incessant vomiting. I began to question him, whether he had before been in this predicament? He told me, that he had not. I asked him, if he usually evacuated his urine in any quantity? He said, that he made as much at a time as he ever did, only that it was longer in coming. I was very glad to hear the last answer which he made me, because I was certain that his Bladder was not materially injured. I then told him, that if he did not succeed in making water, in the course of two hours, I should take it from him through a puncture, and that I had  
not



not a doubt of the safety of the operation, for that there was not the least danger in the operation itself, it being scarcely to be felt, and, as a French Author expresses it, "like plunging the point of a sword into water." At seven in the morning I made a puncture above the pubis, and evacuated a large quantity of water. I then gave him two grains of opium, a draught of wine whey, and left him to rest. At two, I passed a small bougie, with little difficulty. He had perspired freely, and slept sound. His urine had, during his sleep, dribbled from him. His Bladder did not immediately recover from distension. I applied aqua ammoniæ acetatæ to his abdomen, proceeded with bougies, and with them perfected a cure.

---

### CASE XIX.

A Gentleman, aged forty-five, robust and active, a generous liver, but not a drunkard, consulted me for an uncommon complaint. He had been, for more than twelve months, obliged to get out of his bed, sometimes four, five, six, seven, eight, and even nine times a night, in order to allay painful erections. If he lay awake, these did not come on; the pain of them awoke him, and they would not abate until he evacuated a portion of urine. This disease, of course,

harassed



harrassed him very much for the whole of the time of its being on him. He rose very early to avoid it, and in lieu of this defect of rest, he used to sleep in his chair after dinner. During the whole of the day, he was as well as any man could be, nor had he these erections when he was sleeping in his chair. I must observe, that these erections were not attended with any lustful passion—his power, and his gratification, in that way, was fair, equal, and proper; and he made his water, during the day, in the usual proportion, and at the usual distances of time. I passed a bougie, but did not find much obstruction, nor were his symptoms truly indicative of such an expectation. But knowing, as I do, that a little obstruction, on a free liver, will be often productive of great irritation, I chose to make that ground good, and advised him to persist with bougies; which he did for three months, until the case was clear, that they did him no benefit. During the use of the bougie, he had a swelled testicle. I also, during this time, advised him to the warm bath, to the antimonial powder with opiates, and to live abstemious; but that he did not strictly attend to. We then consulted with an eminent Physician, upon the nature and the cure of this singular case; the result of which was, that he should apply leeches to the perinæum twice a week, that he should go to the warm bath twice a week, that he should

take



take opiate clysters every night, keep his body open, take saline draughts with camphire, during the day, live almost upon vegetables, and drink no wine. This system was pursued, with very little infringement, for more than two months. Our patient was lowered, but his disease was not conquered. To live on thus, he could not bear, and when he returned to wine, he was as bad as ever. Even at the time of his abstemious regimen, he was obliged to get out of his bed three or four times in the night. As he had gone on in this low system for a sufficient time to procure all its effects, we were induced to try what a bracing system would do, both in a general and local sense, for which bark was given in liberal doses; and, as it was in the Winter season, a strong solution of sal ammoniac in water (instead of the cold bath) was applied with a sponge about the seat of the disease. In these he found essential service, and with these he proceeded. But if he took the bark, and omitted the sal ammoniac wash, his painful erections returned. On the contrary, if he applied the wash, and omitted the bark, they did not. By a continuance of this system for a long time, I do not hear him complain, for I have the honour of knowing him intimately; although I am persuaded, that he is not now quite free of the complaint, and that neglect of his remedy, together with too free living, will provoke a return of it. I was anxious  
to



to know what Authors had said upon the nature of this disease, but I have not yet been able to find a similar case; the nearest to it is in Dr. James's Dictionary. It does not come at all under the description of a Satyriasis. The disease appears to me to have been first excited by too constant a habit of uniform free living, and the warmth of the bed provoked an irritation, which habit made familiar. So that the disease, in the end, may be said to be, what Dr. Cullen expresses, a congestion where vessels are dilated and filled, and by which they are stimulated to a stronger action.

---

### CASE XX.

A Gentleman, aged fifty-eight, had applied to me two years before this last attack, which proved fatal to him. On the first, I was called up to him early in the morning, and found that he could not make water. I immediately recognized his person, having very often seen him in the streets of this metropolis. He was an active man, and with a strong constitution; his mode of life, in point of eating and drinking, was rather abstemious. I found him in great pain, under a suppression of urine. He told me, that it was a case of many years standing, and that he had not (through careless inattention) been able, for many years, to pass a bougie. He said, that he was in  
the



the habit of making water very frequently, and that he always made a very little at a time. He had not, at this time, evacuated a drop for several hours. I directly bled him in the arm, gave him forty drops of tincture of opium, and sent him to the warm bath. On his return home, I gave him an opiate clyster, and a grain of opium to be directly swallowed. He fell into a sleep, and his urine came from him whilst he was in it. I endeavoured then to pass a bougie, but failed; and then a catgut, but with no better success. However, by means of the antimonial powder, of opium, of mucilaginous drinks, and of low living, he overcame this exacerbation, and returned to his former state. When I took leave of him at that time, I told him, that, from the long while his obstruction had been on him, his Bladder was far gone in disease—that the only prospect he had, was to relieve the Bladder from its distress, by opening the passage in his Urethra—that the most favourable opportunity for it was, when he was freest from inflammation; and to effect this, I left him some catguts, and some small bougies; and I have not a doubt but if he had followed my advice, he would not have died from this cause. When he sent to me the last time, which was also very early in a morning, I found him exactly in the state I had seen him two years before. I directly pursued the same means I did before, and his urine also this time came



came from him when he was asleep. I then also attempted to pass both bougie and catgut, but with no success. I had the mortification to see those I left, two years before, untouched. After he awoke, I requested that the urine he made in future should be put by: this I found to be more than half mucus, which adhered to the bottom of the pot, and so closely united as to form one mass. I found that he did not recover from this attack as he did from his former—that the disease was more pressing—that he had a symptomatic fever—that his return of urining was not without great pain—that his spirits were very low—and that he seemed to despair. His following night was very much disturbed, and his urine mixed with full as much mucus as the day before; his solicitations for the discharge of it more frequent, and his febrile symptoms not abated. Towards the night he could no longer evacuate his urine, his pain increased, and a vomiting ensued. From this time, that symptom never left him, his pains became worse and worse, his shrieks were heard all over the house. Another Surgeon saw him with me, when it was debated, whether or not a puncture into the Bladder could be attended with any prospect of success? The result of our opinion was, that it would not. At the close of this evening, there were evident signs of his approaching catastrophe, and the next morning he expired. Upon examining the state of the parts,

the



the Urethra was found to be contracted for some length, to the neck of the Bladder, and the parts in the highest state of inflammation; a bougie of the smallest size could but find admittance through the contracted part. The prostate gland was sound, the Bladder very far gone in disease, the coats of it very much thickened, and the internal parts of it irregular, and fasciculated—in some parts ulcerated. The kidneys were enlarged, but sound.

---

### CASE XXI.

A stout young man, Purser's Clerk on board the Earl of St. Vincent's ship, had a natural Phymosis, and for which nothing had ever been done for releasing it. About two years before I saw him an ulcer had opened in his right groin, which whilst he was at sea continued to spread in a circular direction round the penis and scrotum. After the Surgeons at sea had tried to stop its progress for more than twelve months, during which Mercury had been repeatedly administered, without any good effect, the patient was left at the Nore, where he remained four months, and still getting worse and worse, he came to London, lodged near Lombard Street at a Mr. Rackam's, and was attended by a Surgeon of St. Thomas's Hospital, and consulted another Sur-



Surgeon of the same Hospital. Here he remained under their care six weeks. By this time the ulcer had spread still further in the circular direction. The state of parts of the patient when I first saw him was a broad ulcer around the penis and scrotum, exposing the spermatic chords, and the attachment of the PENIS to the PUBIS. Slips of adhesive plaster were worn to support the parts. The discharge was ichorous, and the patient so young and so strong was very much emaciated. When he removed the coverings, I, upon examining the state of his penis, detected the Phymosis; for, being in the habit of practice in these cases, I was led the more readily to it. I asked the young man to let me see him urinate; and we waited for two hours till his call for urinating was pressing. There issued but a very small stream from the orifice of the penis, and at the same time, there was a sudden increased discharge from the ulcer, and which proved to be urine mixed with matter. It was clear that the case had not been yet seen in its true light, as nothing before had been done for such a case up to this moment. The glans penis could be sufficiently denudated, to see the orifice of the penis, and therefore I at once passed a small catgut and succeeded in getting into the Bladder. The next day the catgut was repeated, and never withdrawn but when he urinated. The operation for Phymosis was performed as I have de-



described it in my Treatise of Vesicæ Lotura, Part 2nd. Having so far made the ground good, the natural passage was dilated from day to day so much, as that within a week, a small flexible catheter could be introduced, and in process of time a larger one. The urine from this time was not suffered to be evacuated but through the catheter. The patient now became quite comfortable, and drew off his urine. The ulcer was completely healed in two months. When the Earl of St. Vincent resigned the office of First Lord of the Admiralty, this young man was made a Purser by him. He went to sea, and was directed for more than twelve months at least not to empty the Bladder but through the catheter. I saw him two years afterwards, when the diseased opening in the Urethra which had been the cause of the ulceration was healed, and the Urethra perfectly sound.

---

### CASE XXI.

A Gentleman who had been in the habit of consulting me for many years had an insurmountable Stricture, which at various times, especially in cold seasons, brought him into the most precarious situations. The Stricture was seated nearer to the neck of the Bladder than any I have ever seen, and was the consequence of a



natural Phymosis, which had been released by an operation, but still the Stricture could not be overcome. It had continued to recur in exacerbated degrees for many years, and he seldom recovered without the most powerful evacuations, and long repeated. Nothing at the best of times could be passed up the Urethra above the size of the smallest bougie. About two years ago, after his having undergone one of these exacerbated fits, and after he had been reduced to the lowest state, it was suggested to him to try the application of caustic by the medium of a very small bougie. It was applied and remained only forty seconds. This was repeated every other night. After the eighth repetition of the caustic, the inflammation produced from it placed him for a while in a state of great jeopardy. But eventually when this inflammation had subsided, he was able to pass bougies (without caustic) and so to increase their sizes, that he is now perfectly well.

There will be in this case no chance of the disease returning, because the Phymosis, which was the cause of Stricture, was released by the method I have stated in my publication of Cases from the successful practice of VESICÆ LOTURA, for the cure of diseased Bladders.

This patient before the application of caustic was examined by other Surgeons, all of whom were satisfied that the prostate was sound. In a case of such long standing, of so much inflammation,



mation, and directly in the seat of the prostate, it is very well worth remarking, that a diseased prostate gland is produced from some other more occult cause, than from local contiguous inflammation.

---

### CASE XXII.

A Barrister had applied to me for the complaint of a Stricture in the Urethra some years ago, which had been neglected by him. His health seemed to be much impaired; and a Stricture in the Urethra had almost obliterated the passage for urine. There was a high degree of inflammation in this case. Upon every attempt to pass a bougie, a considerable hæmorrhage followed. No bougie could be passed through the Stricture at this time, and the urine under much forcing came away drop by drop. This case was treated after the following manner. The perinæum was fomented with decoction of poppies, and leeches were applied. By these means being repeated, a catgut succeeded in perviating the Stricture; and by these means also any bougie which was attempted to be passed no longer excited hæmorrhage. Being certain that henceforth I should not be so liable, from the application of caustic, to the consequences of excessive bleeding, as if it had been applied in the first instance,



I passed up to the Stricture one of the smallest caustic bougies, in order that it might reach the seat of the Stricture, and which a larger could not; by a repetition of the caustic bougie of this small size, I found the stream of urine greatly increased, and the violence of the action of the caustic by no means formidable. By proceeding from time to time to increase the size of the bougie, the case in the course of four months was completely cured, and the patient's health restored. The value of this case consists in demonstrating two essential points in practice. One is, that the cure of a case by caustic should not be commenced, until the inflammatory symptoms are reduced; the other is, that by applying too large bougies indiscriminately armed with caustic in the very first instance, the caustic will not reach the direct scite of the Stricture, but will be mischievously acting on a part of the Urethra where it ought not to have been applied.

---

### CASE XXIII.

A man about 30, a Tuner of Piano Fortes, had a small aperture of the orifice of the penis, which in process of time produced a most formidable Stricture, and of which the following statement was the consequence. He was at times given to indulge in drinking too freely; and in one of these  
states



states he was attacked with a suppression of urine. His wife applied for assistance, and the person who came to him forced a passage into the Bladder; but scarcely any urine afterwards passed by the natural way. I saw him with another Surgeon a few days after this had happened; and we found that the urine was discharging from the Bladder under the integuments of the abdomen, and that it lodged there. The patient lay on his back, perspired profusely, and had hiccups. It was deemed to be a lost case. A catgut however opened the Stricture, and the natural passage for the urine became increased. Punctures were made over the pubis and above each ilium, from whence issued the extravasated urine, and from whence eventually large sloughs of cellular membrane were thrown off. The hiccups which remained for a week abated, and eventually the whole of the urine passed by its natural way. But the Stricture being too stubborn to yield to bougies, the caustic was applied at the latter end of the case. The orifice of the penis was dilated, and the man, who is employed in my neighbourhood, and whom I see almost daily, is now well.

*Dean Street, Soho,  
August 8th, 1811.*



states he was attacked with a suppression of urine. His wife applied for assistance, and the person who came to him forced a passage into the bladder; but scarcely any urine afterwards passed by the natural way. I saw him with another surgeon a few days after this had happened; and we found that the urine was discharging from the bladder under the incisions of the abdomen, and that it lodged there. The patient lay on his back, perspired profusely, and had hiccups. It was deemed to be a lost case. A catgut however opened the stricture, and the natural passage for the urine became increased. Discharges were made over the pubis and above each thigh, from whence issued the extravasated urine, and from whence eventually large sloughs of cellular membrane were thrown off. The hiccups, which remained for a week abated, and eventually the whole of the urine passed by its natural way, but the stricture being too stubborn to yield to bougies, the caustic was applied at the latter end of the case. - The office of the penis was dilated, and the man, who is employed in my neighbourhood, and whom I see almost daily, is now well.



A C A S E  
OF  
DISEASED PROSTATE, BLADDER,  
AND RECTUM,  
SUCCESSFULLY TREATED.

---

BY JESSÉ FOOT, SURGEON.

---

LONDON:  
PRINTED FOR S. HIGHLEY, 24, FLEET-STREET.  
1814.

*[Price Sixpence, or Four Shillings per Dozen.]*



A CASE

OF

DISEASED PROSTATE, BLADDER,

AND RECTUM,

SUCCESSFULLY TREATED.

BY JESSE FOOT, Surgeon.

LONDON:

PRINTED FOR B. NICHOLS, 24, FLEET STREET.

---

Nichols, Son, and Bentley, Printers,  
Red Lion Passage, Fleet Street, London.



## C A S E, &c.

---

**I**N October, 1813, a person came to me from Bromley in Kent, to have my advice on his complaints; and, as he had already taken up his abode at a friend's in Bedford-square, for that intent, we devoted this first visit to a conversation on the nature of his symptoms, the time they had been on him, the remedies which had been used, the medical gentlemen under whose care he had been, and on the whole of that information which can be better collected from a patient himself, than from any body else.

He was at the advanced age of sixty, of an uncommon calmness of disposition for one so terribly afflicted and so very much emaciated. He was a married man, of very sober and regular habits, had been first attacked a year and a half ago with a disorder in his bowels, for which he had from the beginning consulted an eminent physician of the Borough hospitals, and whose prescriptions he brought with him. He had also consulted a surgeon of St. George's hospital, and a surgeon of the Borough hospitals, some time before he applied to me.

Doubts having arisen that the disease was a Prostate case, which was the opinion of the surgeon of St. George's hospital, he consulted the surgeon of the Borough hospitals, who sounded his bladder in search of stone; but none being  
found,



found, and the case proceeding from bad to worse, in the face of all the remedies hitherto administered, it was at length decided that he laboured under an incurable Prostate case; and the patient was viewed in the light of one condemned to the excesses of suffering, so long as life supported him in the endurance.

Having heard attentively that evening all he had to say, I promised him that the following morning I would satisfy myself, by an examination into his case in the fullest manner I possibly could. He accordingly came, and gave me his report of the night he had passed: that from eleven at night to nine in the morning he had urined ten times; and that he had also made many attempts without being able to urinate at all, especially when he wanted to go to stool, which was also as distressing to him as the act of urinating, as he would have the solicitation to stool for two, and oftentimes three hours, before any stool could pass. He got out of bed every time he urined, or tried to urinate.

I examined the Prostate; it was enlarged and fixed. I passed a gum catheter of a middle size; it went readily into the bladder. The urine was drawn off, and measured, by a scale cut on a glass cup, two ounces. This was the largest quantity he was in the habit of discharging at any one time. The first half of the urine came away clear, the other was of that turbid appearance which resembles chalk mixed up with thin mucilage; and this, of course, was all that the Bladder could hold. The *sphincter ani* was found to be very rigid. I filled the Bladder with warm water by injection. It could not bear more than two ounces and a half, and that extension of the  
Bladder



Bladder produced great pain. The catheter I chose was of an extraordinary length, and I was enabled to pass it to the *fundus* of the bladder, which I conceived to be so contracted as not to admit of containing, by any effort of extension, more than two ounces and a half. The circumstance of the turbid urine, as well as the clear urine, coming away through the catheter, and of the turbid urine being the last that passed, proved to me that this was a disease of the Bladder and Prostate, and that the Prostate was not the part only diseased. When the whole contents of the Bladder were drawn off, the pain the patient expressed was exquisite. He could neither sit nor stand quiet, for some time. On the evening, the Bladder was filled with warm water again, and it was again drawn off to much the same amount as in the morning. The filling the Bladder with warm water was from henceforth repeated daily, twice a day. The additional resources were sitting night and morning on a bidet filled with hot decoction of poppies, and on the second night eight leeches were applied to the perineum. His bowels were relieved by castor oil taken over night, but there was always a difficulty in procuring an evacuation. The time it occupied from the first peristaltic inclination to that of the evacuation would include the best part of the night, during which he experienced a more than ordinary difficulty of urining. He described himself as having lost the power and assistance of the abdominal muscles, and I found that the *acceleratores urinæ* and *sphincter ani* were strongly affected by their increased efforts through such a protracted time of disease. Finding that by the prescriptions mercury had been  
given



given to the patient for some considerable time, I from that cause gave him none. I had promised him, notwithstanding the pain he felt, that if he would submit to try the extension of the bladder for *three weeks*, and if then he was not better, I should give up the pursuit. I, therefore, thus continued the process; when, for the first four days, there appeared but little variation from the beginning, neither in quantity, appearance of the urine, nor in any other symptom. But it was rather thought that his days were better, but not his nights, which was the time his stools were disposed to pass, and which was very distressing to him. In the subsequent four days, the Bladder became so far dilated as to receive nearly four ounces of warm water, and the solicitation to urine in the day-time was somewhat abated. But still the difficulty of procuring stools distressed him throughout the night, and shortened his intervals of urining. Before a fortnight had passed, the Bladder was brought to contain six ounces of warm water. A new complaint then arose: his right testicle was swelled, but not accompanied with so much pain as it had been when swoln before, after he had consulted the surgeon of St. George's hospital, when it confined him to his bed a month. By giving it support, and applying compresses dipped in *Aq. Ammon. Acetat.* this complaint disappeared in four days; for we know that a testicle once having swelled does not give the pain a second time in swelling, and that it is with much less difficulty reduced. During this interval I desisted from injecting the Bladder, but renewed it on the fifth day. I now for the first time began to give him the *Uva Ursi* in liberal doses. Finding that the difficulty of obtaining



taining stools was a continued theme of complaint, I began to question him very narrowly upon this part of the case; and it appeared from his answers that his bowels had been disordered three months before his difficulty in urining came on; that he did not recollect at any time that he had, or was capable of discharging, a figured stool of natural dimension, such as confirms the bowels to be in a sound state. Besides, he answered, that, although he had often taken clysters, they were generally returned without *faeces*. I passed the largest urethra bougie I had, and found an obstruction in the *rectum*, about five inches from the *anus*. Small rectum bougies were from this time daily passed, gradually increasing their sizes. This he adroitly did himself. From this time his stools evidently began to be more compact, more ready in coming away, and more easy in their evacuation. This complaint of his bowels had been on him more than eighteen months, as his prescriptions for it proved, by their dates.

Towards the latter end of the third week, his recovery was no longer a matter of doubt. Seven ounces and a half of warm water could be injected with ease, and drawn off without pain. The urine began to change from the wheyish appearance it had to that of a sound state. Nothing new was done for the case from this time; nothing further but repeating the injection of warm water twice a day, passing the rectum bougies, taking the *Uva Ursi*, and sitting over the decoction of poppies. At the close of the fourth week, the Bladder could contain eleven ounces, and the patient could sit throughout the night at the theatre, without a call to urine. He then made a trip to Bromley, and returned a week after, when, for the last time,



time, his Bladder was injected with warm water, and eleven ounces and a half returned through the catheter. At this period he urined at healthful distances, and his stools passed with less irritation, and more approaching to a condition of health. When he had expended the graduated sizes of rectum bougies I had furnished him with, I recommended him to have some made of *spermaceti*, of increased sizes, and of proper length. I saw the patient in the middle of January, when he described himself to be well.

In this Case I have not gone into the theory of the Diseases of Prostate and Bladder, and of the advantages of *Vesicæ Lotura* in expanding a contracted Bladder, because I have done this already in a former publication of *Cases of the successful practice of Vesicæ Lotura* \*.

It has been shewn by the relation which I have given, that this Case was by me difficult to be defined; that two hours attention to it daily, did not unfold to me a knowledge of its true nature, until a fortnight had passed. I am afraid I may be censured for want of that ready intuition which some practitioners possess, who limit their visits to about five minutes, and others who correspond by letters upon cases; but I must confess, by either of these methods I should never have discovered that which, in this extraordinary Case, has contributed towards so rapid a removal of it.

JESSÉ FOOT.

Dean-street, Soho,  
Feb. 21, 1814.

\* Second Edition, Parts I. and II.

---

Nichols, Son, and Bentley, Printers,  
Red Lion Passage, Fleet-street, London.



AN  
EXTRAORDINARY CASE  
OF  
ABSCESS IN PERINÆO,  
AND OTHER  
DESTRUCTIVE EFFECTS  
IN CONSEQUENCE OF  
STRICTURE IN THE URETHRA.

---

BY JESSE FOOT, SURGEON.

---

LONDON:  
PRINTED FOR HIGHLEY AND SON, 174, FLEET STREET,  
By Nichols, Son, and Bentley, Red Lion Passage, Fleet Street.  
1816.







## CASE, &c.

---

**A** COMMISSIONER from Somerset Place requested me in June 1815, to visit one of the Clerks in his office, whom he described to be in a state of extreme danger. I accompanied him to the apartments of the patient, whom I found in an alarming condition.

I saw a young man, with a most afflicting countenance, lying upon his back, incapable of turning himself, and hardly able to give utterance to his words. There was so powerful an effluvia in the chamber, that the Commissioner directly left it. Upon the removal of the bed-clothes, the SCROTUM appeared to be sloughed away, so



that both the Testicles, with their vascular appendages, were presented entirely bare. A Tumour on each Groin, the skin of which began to assume a florid appearance : these Tumours were soft, and fluctuated at the touch. The Prepuce, which entirely obstructed all possibility of sight of the GLANS PENIS, was in a sphacelating state. An Abscess had formed IN PERINÆO, through which the Urine passed in a partial manner ; some passed through this aperture, some by the URETHRA, and some was lodged under the integuments in the Groin, owing to the Urine not being discharged by the aperture in the PERINÆUM so fast as it was evacuated from the Bladder. There was an evident connection between the Tumours in the Groin and the Abscess IN PERINÆO ; or otherwise the whole of the substance of the PENIS would have sloughed when the SCROTUM sloughed. The Tumours in the Groin were produced from the lodgment of Urine there, owing to the Patient's lying always upon his back ; therefore, I at once determined that he should be raised upon his knees on every effort of urining, and that preserved the PENIS from destruction, by



preventing more Urine being suffused under the Integuments of the Groins.

The Physician and Surgeon who had visited him till now, had prescribed for him Bark, Wine, Opium, and Spirituous Fomentations; but they had not made any attempt whatever to obtain the natural passage in the URETHRA, nor had any opinion been formed of the nature of that obstruction which gave cause to so destructive a devastation.

It would seem from this that they despaired of the Case, since, by the sphacelating state of the Prepuce, the Glans was thus quite obscured, so that no Instrument could be passed into the Urethra. It would seem so, or how could it otherwise be possible, that no trial was made of any Instrument—knowing, as most Physicians and Surgeons must, that without a passage for the Urine through the URETHRA could be regained, the extravasated Urine would destroy the whole of the parts to which it had access, and thus the Patient must become a victim to the Case? Hiccoughs had already appeared; his Pulse



was quick, low, and fluttering; and his condition, if not speedily relieved, was evidently critical.

Having described the situation of the Patient, I shall now point out the Treatment.

I attempted to pass the smallest Catgut, and, by guessing at the orifice of the PENIS, to introduce it. This was effected, after many trials, and a CATGUT passed through into the Bladder. It was left till the Patient wanted to urine. An increased quantity of Urine followed this first success. Another Catgut was directly passed; and as often as it was possible, Catgut was passed after every act of urining, except at night-time; and the inconvenience from any omission was evident the ensuing day. Another circumstance retarded the case: my Nephew and Assistant fell ill of a TYPHUS Fever, and all the attendance devolved upon myself. After a week's perseverance in the use of the Catgut, the stream of Urine was large enough to carry off all the Urine by its natural way, and the progress of sphacelation was stopped. I had it in contemplation to have separated the Prepuce, if embarrassed in passing the



Catgut ; but I found it not necessary. The parts were simply dressed with dry lint, over which a Linseed Poultice was laid. In the course of a fortnight, the discharge from all parts of the ulceration began to be kindly, and the common Bougie could be introduced into the Stricture *AD LIBITUM*. Granulations began to appear, and conceal the Testicles; and the discharge from the Abscess *IN PERINÆO*, which had been profuse, owing to its connexion with the Tumours in the Groins, began to abate in quantity. The state of the Patient began to assure him of his escape from the most imminent danger to that of the most promising safety. His appetite, his sleep, and his spirits were all returned. The Prepuce in three weeks had sloughed, the Tumours in the Groin had disappeared, and the discharge in the *PERINÆUM* confirmed to us, that the Urine passing there was very much lessened, if not totally ceased; but it having been a *FISTULA*, and consequently the edges callous, it became a doubt with me whether it could be brought to heal in the state it was. I therefore scarified it every day, and dressed it with Powdered Red Precipitate, judging that it was much more preferable



so to do, than to cut away any part thus connected with the Urethra, lest from such a loss of parts, I should make (as I do not doubt some have done, by cutting away what appeared as callous) an everlasting Fistula, by such mistaken practice. In the course of seven weeks, the whole of the diseased parts were cicatrised, and the Abscess IN PERINÆO, the last that was healed, was completely and securely closed. No means were used to the Sores but dry Lint and Linseed Poultice; none to the URETHRA but the Catgut, and common Bougie, increasing their sizes; none to the Abscess IN PERINÆO, but Scarification and Precipitate; and not one single dose of Medicine of any sort was given from the beginning to the end of the Case.

#### OBSERVATIONS.

This Case cannot be said to be a Case succeeding as it were by accident. Simple as the Treatment of it has appeared to be, that simplicity of Treatment must be concluded to have been the cause of its success, where in the treatment there was no variation, and where the



best means only were from first to last employed for obtaining the best end. Nor is this a solitary instance of the advantage of the use of Catgut, when patiently persevered in. Similar cases to this have already been published by me, and may be found in my Pamphlet entitled, *A Critical Enquiry into the Antient and Modern Method of Curing Diseases in the Urethra and Bladder*. As for example,

Case XV. p. 84; Case XVI. p. 86; Case XVII. p. 88; Case XXI. p. 97; Case XXIII. p. 102.

Also in Part II. of my Pamphlet entitled *Vesicæ Lotura*, Case XIX. p. 87.

*Dean-Street, Soho,*  
*October, 1816.*

---



last means were from first to last employed  
for obtaining the best end. For this a solitary  
instance of the advantage of the use of Lignum  
when partially preserved in. Similar cases to  
this have already been published by me, and may  
be found in my Pamphlet entitled, "Critical  
Exposure into the Antient and Modern Method  
of Curing Diseases in the Lungs and Bladder."  
As for example, Case XV. p. 81; Case XVI. p. 86; Case  
XVII. p. 88; Case XXI. p. 97; Case XXIII.  
p. 102.

Also in Part II. of my Pamphlet entitled "A  
New System, Case XIX. p. 87."

Dean-Street, Soho,  
October, 1816.

There is a set of notes at London, 1817.  
and a set of notes at London, 1817.  
and a set of notes at London, 1817.  
and a set of notes at London, 1817.  
and a set of notes at London, 1817.  
and a set of notes at London, 1817.



BOOKS WRITTEN BY MR. FOOT;  
AND PUBLISHED BY  
HIGHLEY AND SON, 174, FLEET STREET.

---

1. A Critical Inquiry into the Antient and Modern Method of Curing DISEASES of the URETHRA and BLADDER; illustrated by a great Variety of Cases. 8vo. 4s. boards. The SIXTH Edition.

2. A Complete Treatise on the Origin, Theory, and Cure of the LUES VENEREA, and OBSTRUCTIONS in the URETHRA, illustrated by a great Variety of Cases; being a course of Twenty-three Lectures, read in Dean Street, Soho, in the Years 1790 and 1791. One Volume 4to. 1l. 10s. boards.

3. Observations upon the New Opinions of JOHN HUNTER in his late Treatise on the Venereal Disease. 8vo. 8s. 6d. boards.

4. An Essay on the Bite of a Mad Dog. 8vo. 2s.

5. A Plan for preventing the fatal Effects from the Bite of a Mad Dog, with Case. 8vo. 6d.

6. The Life of JOHN HUNTER. 8vo. 5s. 6d. boards.

7. Dialogues between a Pupil of JOHN HUNTER and JESSE FOOT. 8vo. 2s. 6d. 1796.

8. Cases of the successful Practice of VESICÆ LOTURA for the Cure of diseased Bladders. PART I. and II. SECOND EDITION. 8vo. 4s. 6d.

9. Important Researches upon the Existence, Nature, and Communication of *Syphilis* in Pregnant Women, New-born Infants, and Nurses. 8vo. 2s. 6d.

10. A Review of Mr. EVERARD HOME'S Practical Observations on the Diseases of the Prostate Gland, and of his important Anatomical Discovery. 8vo. 2s.

11. A Case of DISEASED PROSTATE BLADDER and RECTUM, successfully treated. 8vo. 6d.



## BOOKS PUBLISHED BY HIGHLEY AND SON.

1. A PRACTICAL MATERIA MEDICA, in which the various Articles are fully described, and divided into Classes and Orders, according to their Effects. Their Virtues, Doses, and the Diseases in which they are proper to be exhibited, are fully pointed out. Interspersed with some Practical Remarks, and some select Formulæ. To which is added, a General Posological Table. 12mo. 5s. boards.

2. A TREATISE ON EPILEPSY, and the Use of the Viscus Quercinus, or Mistletoe of the Oak, in the Cure of that Disease. By HENRY FRASER, M. D. &c. 8vo. 2s. 6d. sewed.

3. A MEDICAL DICTIONARY, containing an Explanation of the Terms in Surgery, Medicine, Midwifery, Anatomy, Chemistry, &c. &c. By JOHN JAMES WATT, Surgeon. 2nd Edition, foolscap 8vo. 7s. bds.

4. The EDINBURGH NEW DISPENSATORY, containing the Elements of Materia Medica and Pharmacy: with accurate Translations of the London, Dublin, and Edinburgh Pharmacopœias. By JOHN THOMPSON, M. D. 8vo. 12s. boards.

5. NOSOLOGY, or a SYSTEMATIC ARRANGEMENT of DISEASES into CLASSES, ORDERS, GENERA, and SPECIES, with accurate Definitions. Translated from the Latin of WILLIAM CULLEN, M. D. Small 8vo. 2s. boards.

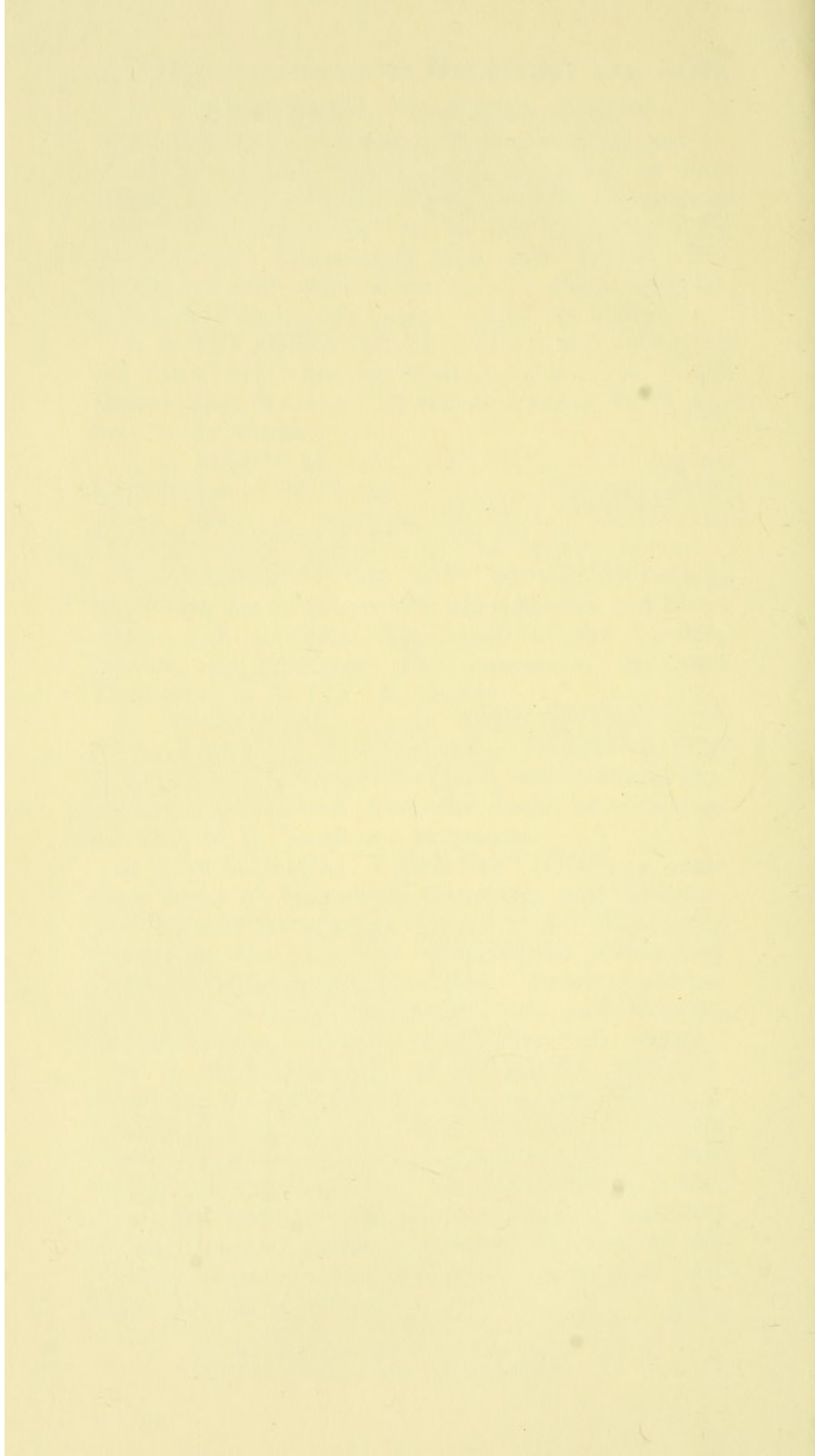
6. ANATOMICAL EXAMINATIONS; a complete Series of Anatomical Questions, with Answers. The Answers arranged so as to form an Elementary System of Anatomy, and intended as preparatory to Examinations at Surgeons' Hall. To which are annexed Tables of the Bones, Muscles, and Arteries. Second Edition, improved, 2 vols. 8vo. 12s. boards.

7. A CATALOGUE of MEDICAL BOOKS, containing the most Modern and Approved Works on Anatomy, Surgery, Medicine, Midwifery, Materia Medica, Chemistry, Veterinary Surgery, Botany, &c. Sold by HIGHLEY and SON. To which is added, A List of all the Lectures delivered in London, with the Terms, Hours of Attendance, &c.—The Pay of the Medical Department of the Army, Navy, and East India Company's Service.





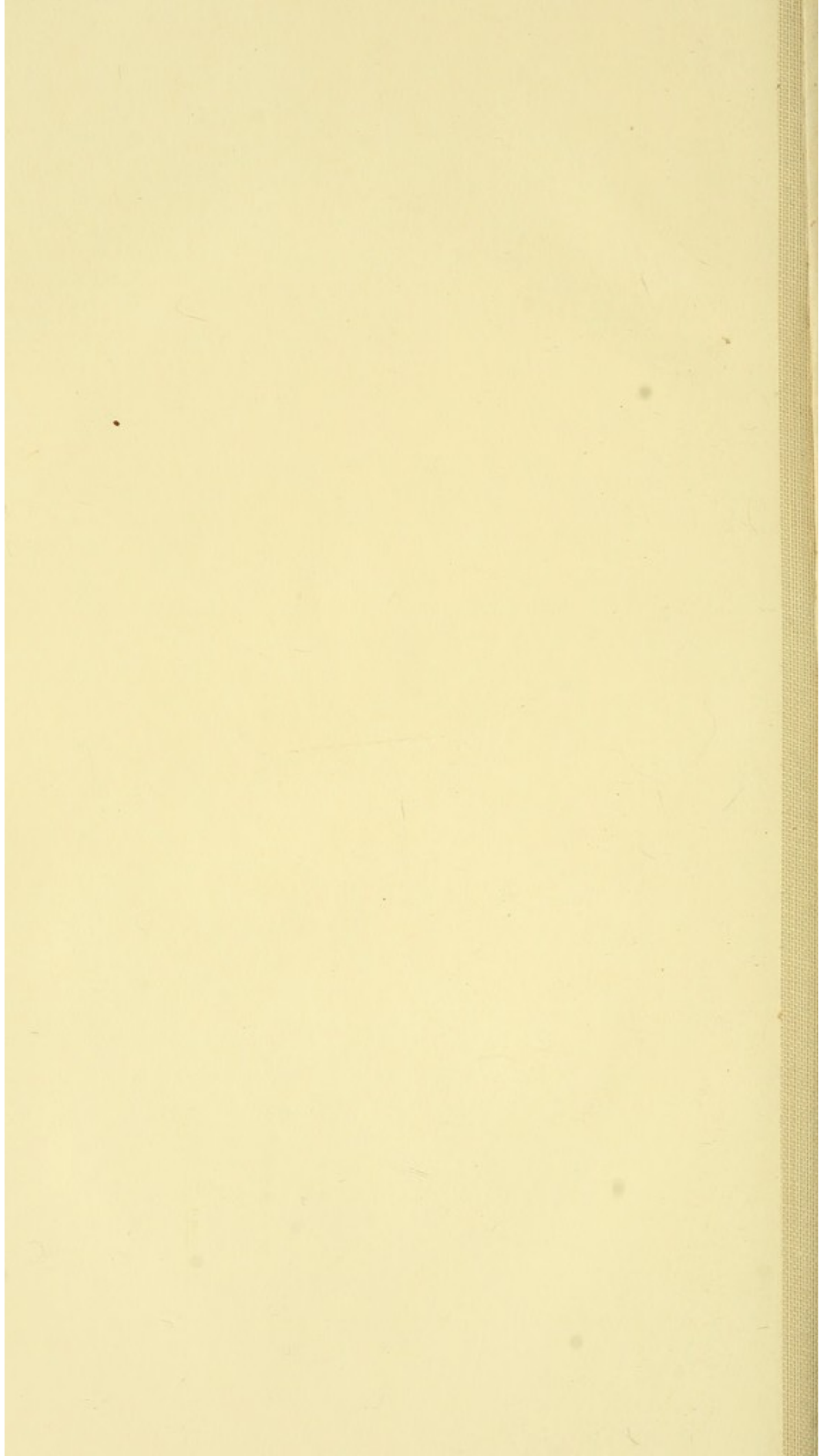




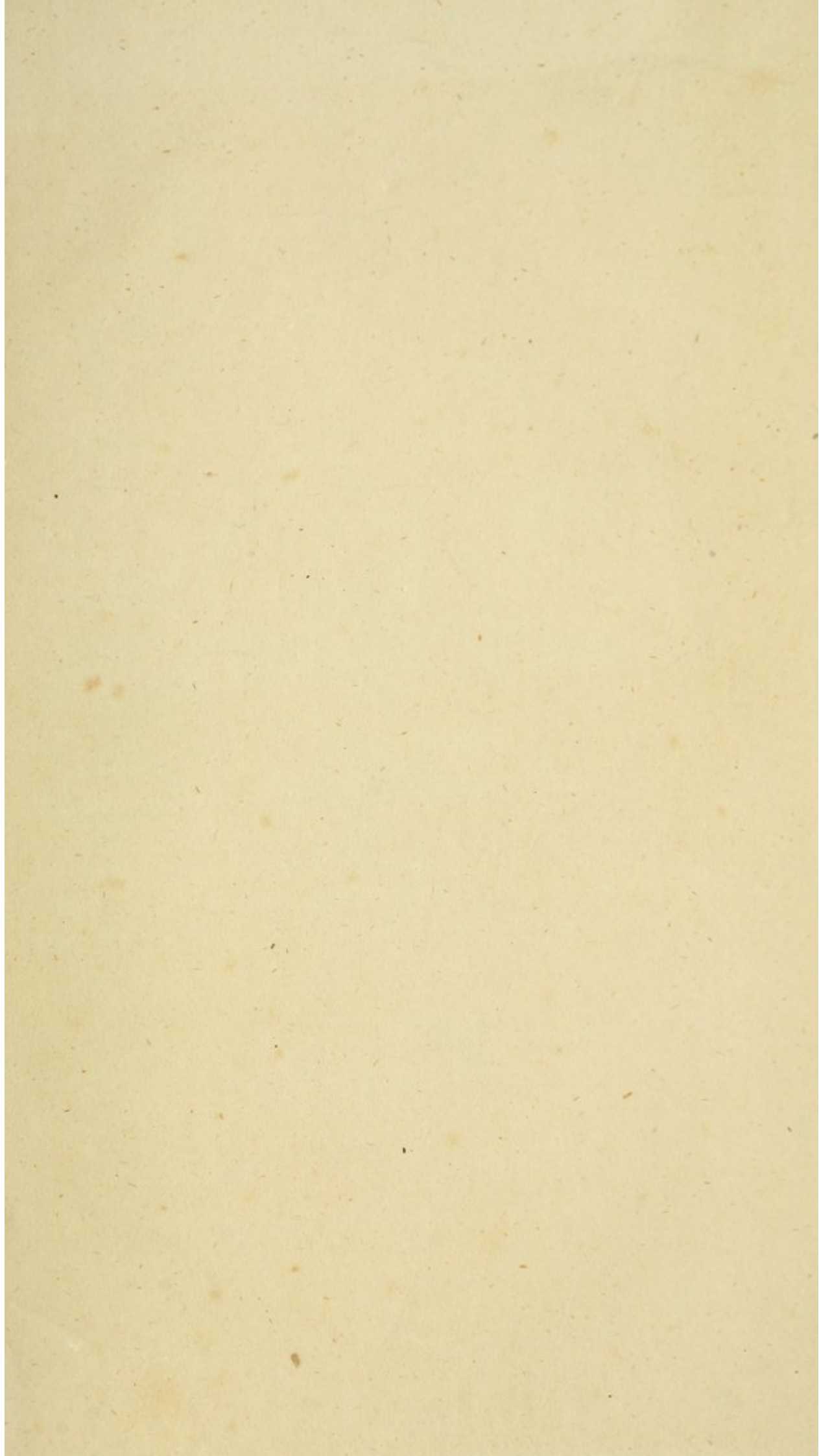




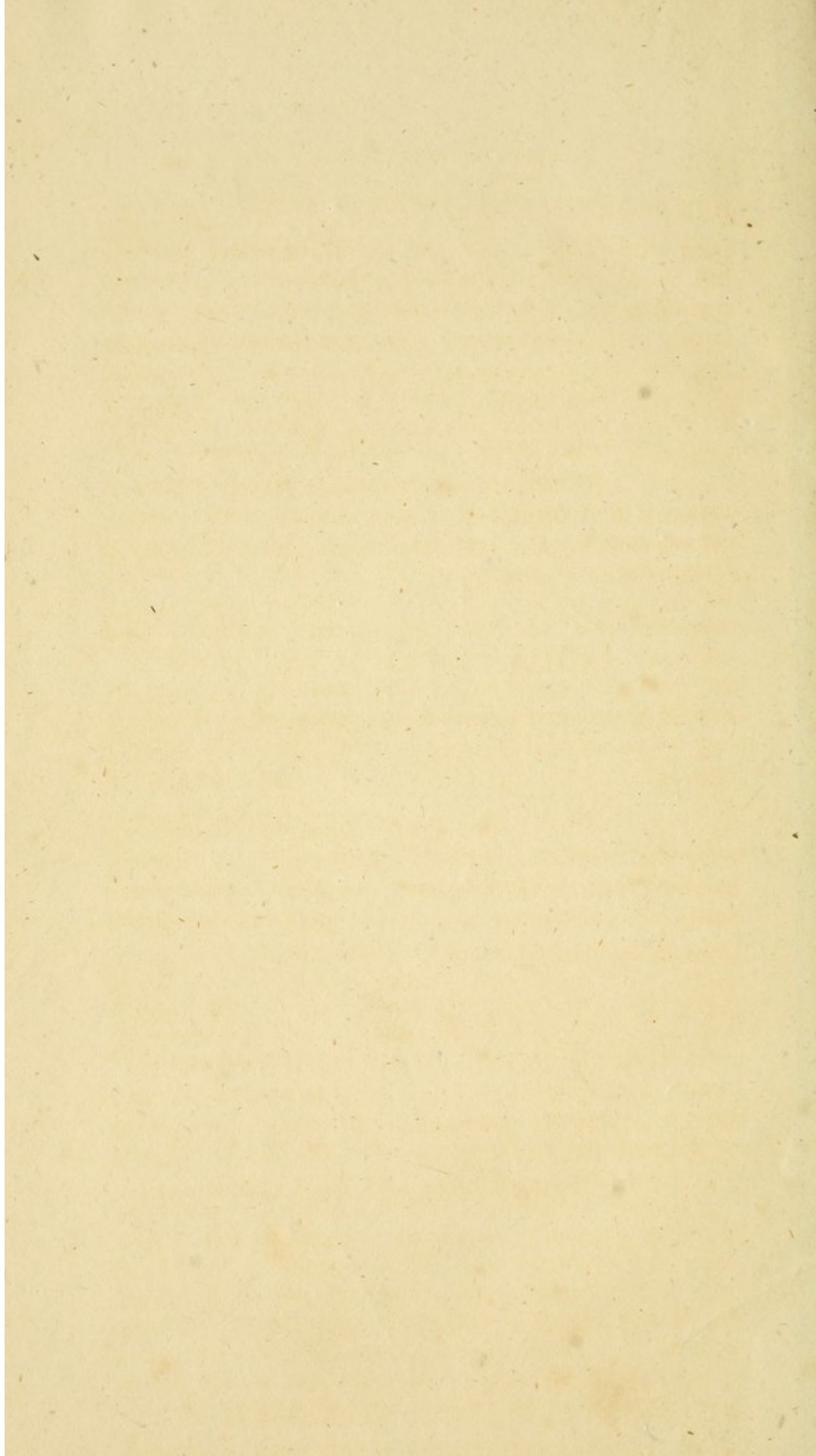














21



