

Cases of the successful practice of vesicae lotura in the cure of diseased bladders / by Jessé Foot.

Contributors

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

Publication/Creation

London : printed for T. Becket, Pall-Mall, 1803 (Exton, Printer, Great Portland-Street)

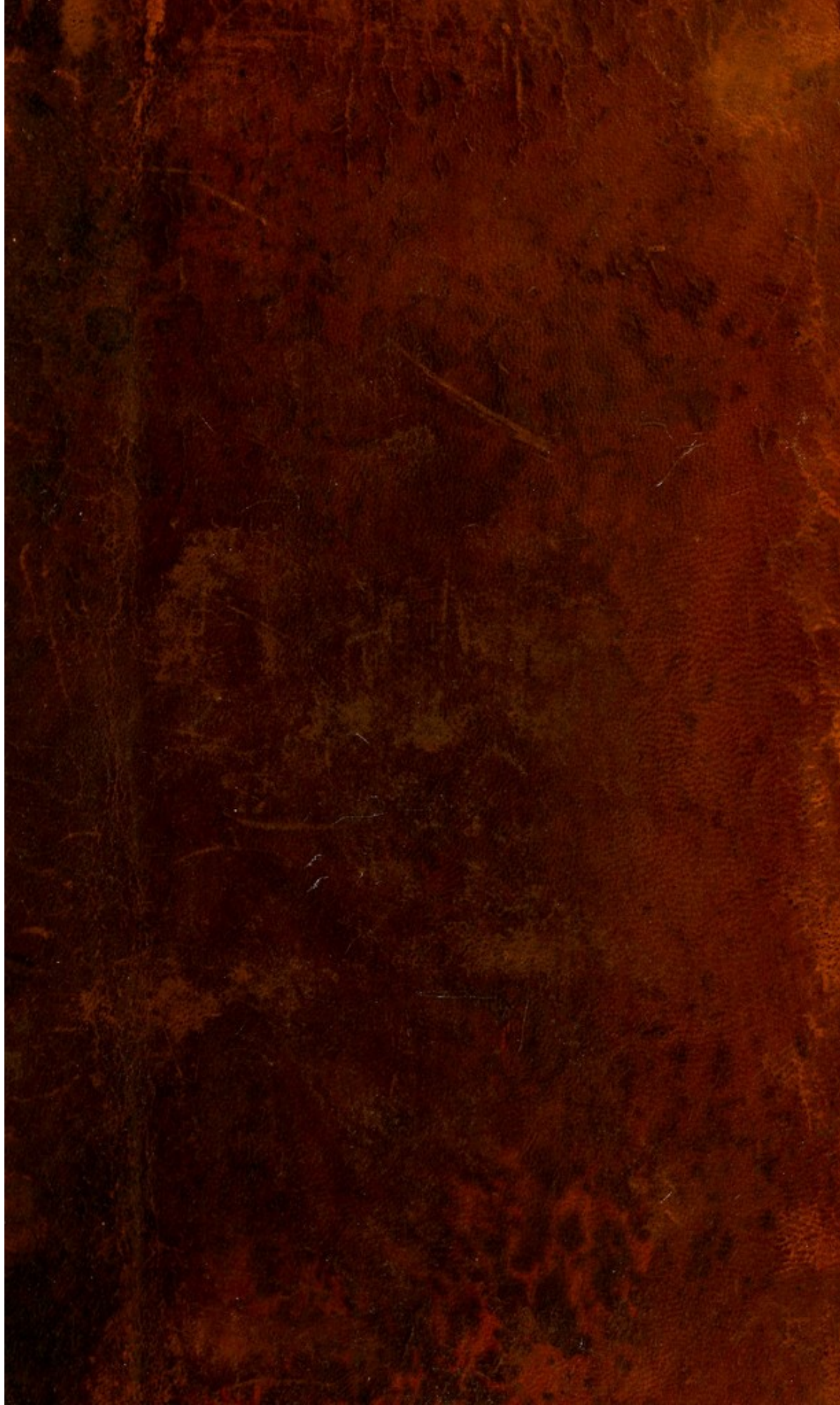
Persistent URL

<https://wellcomecollection.org/works/hut94yjh>

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.

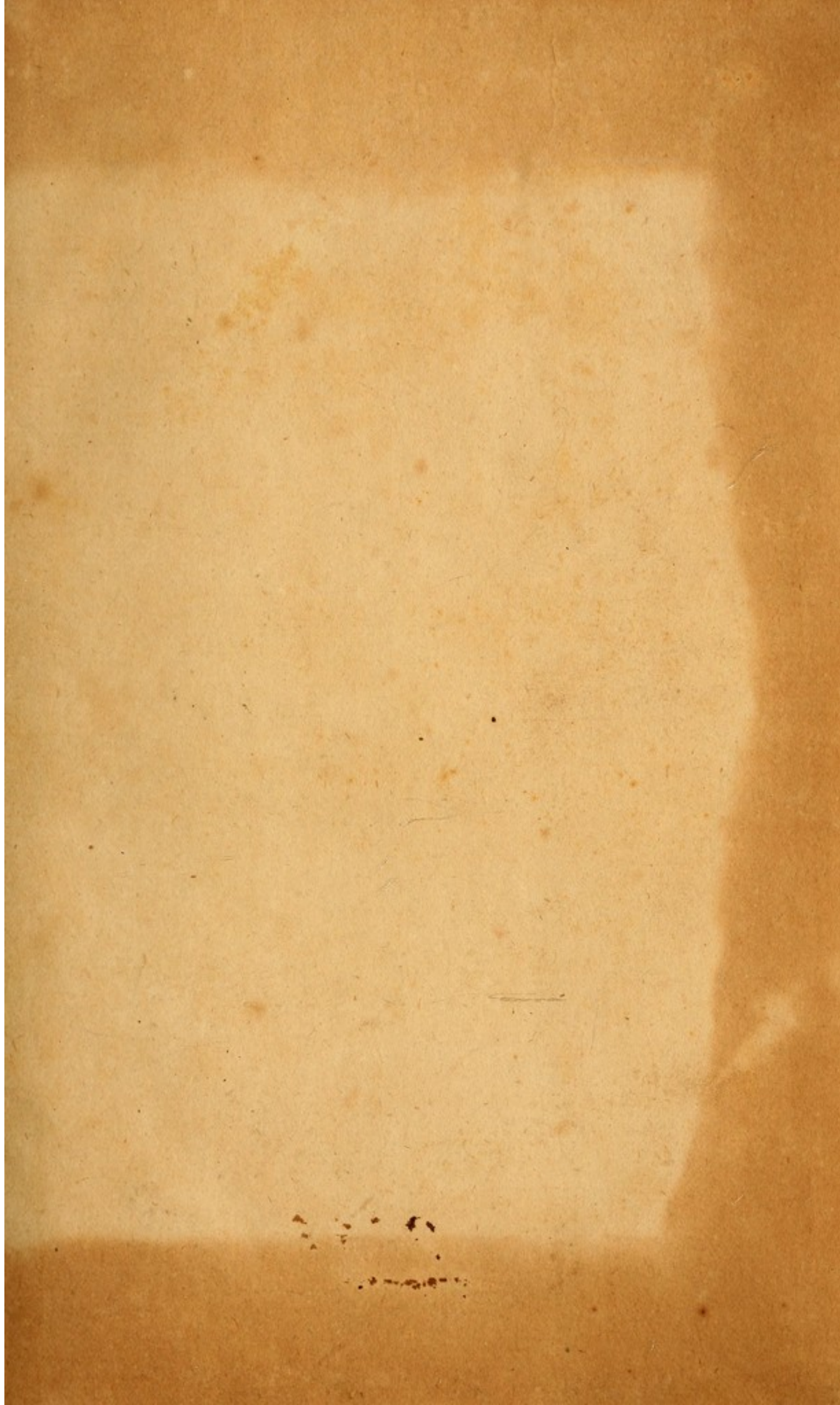
You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

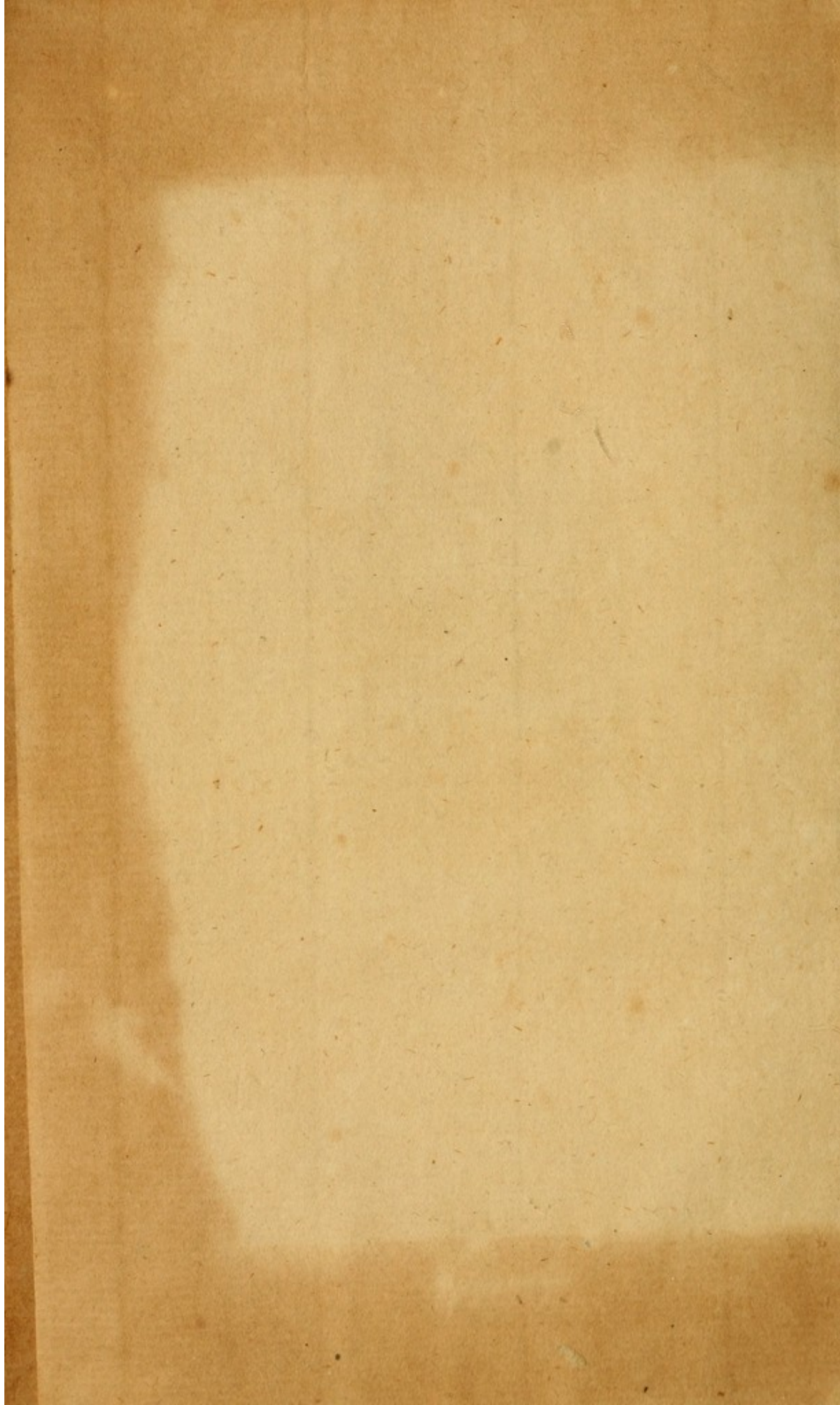


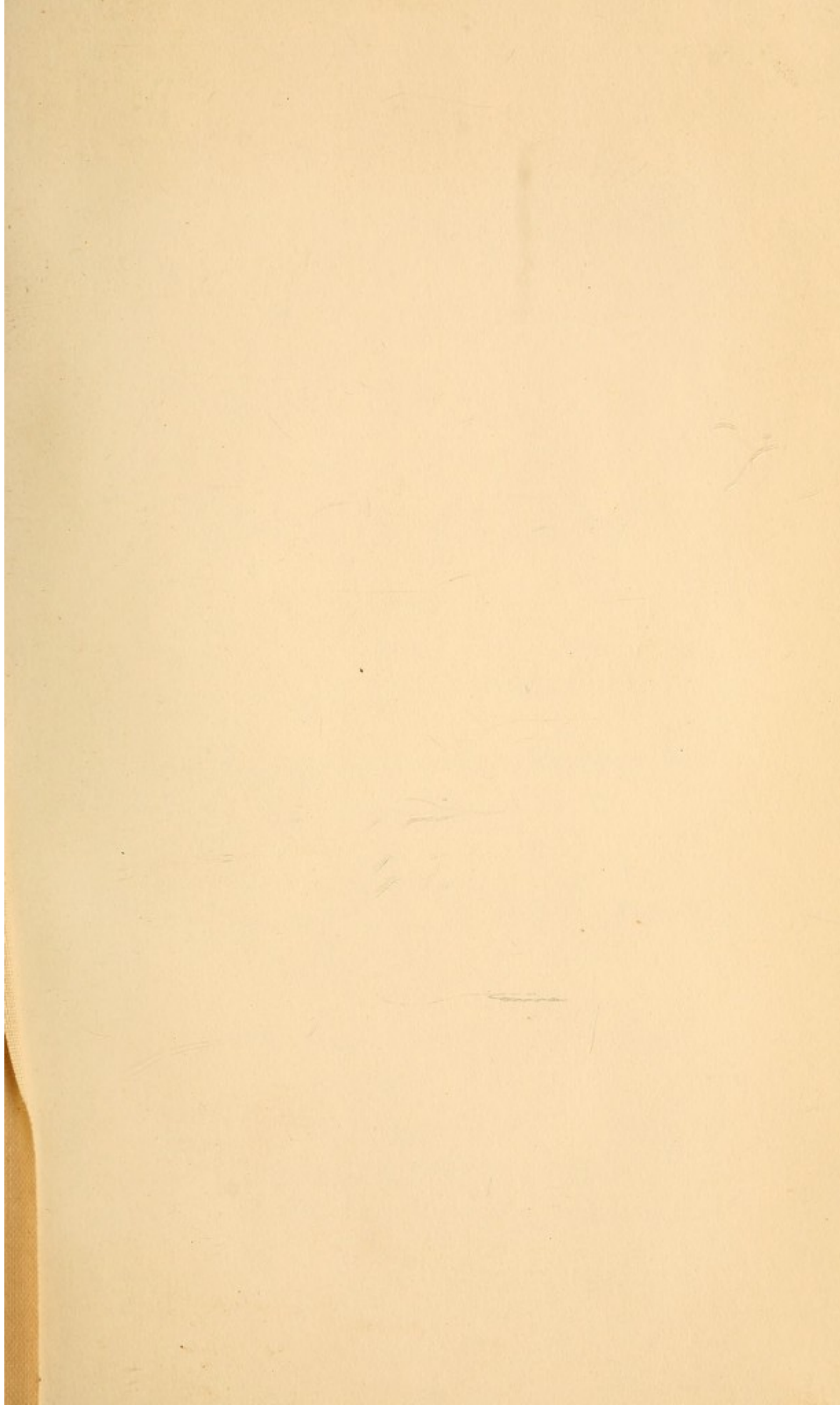
1786

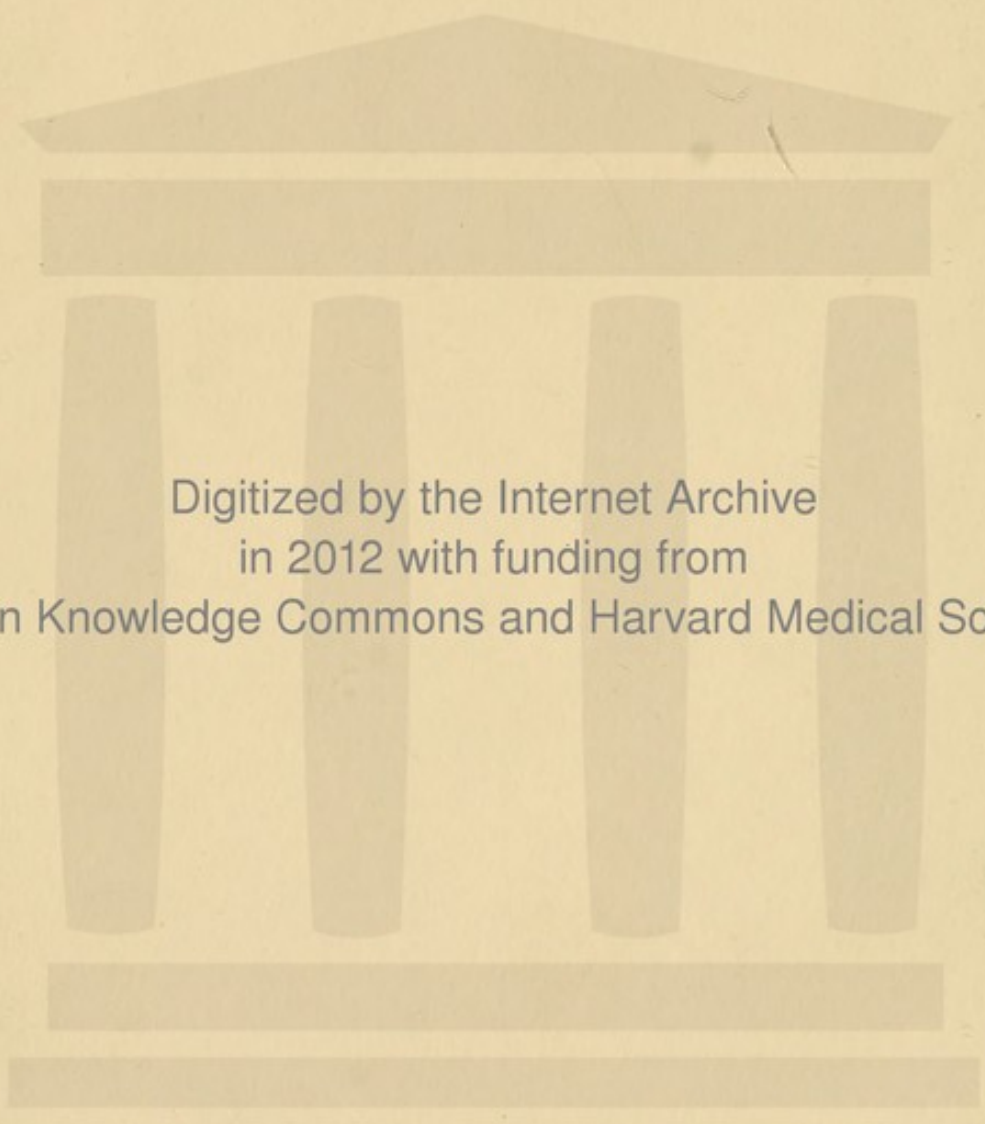


Dr. John Jeffries

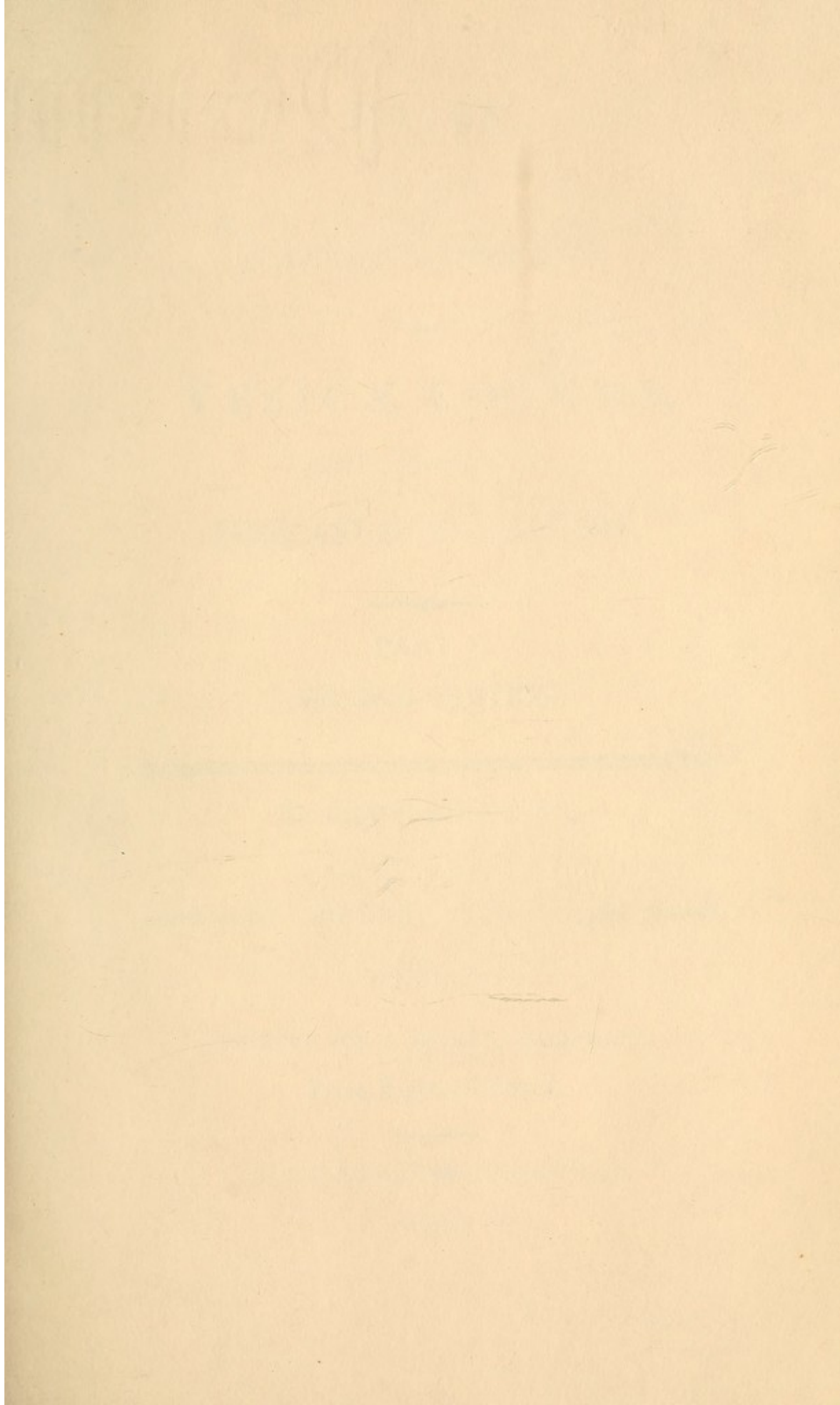


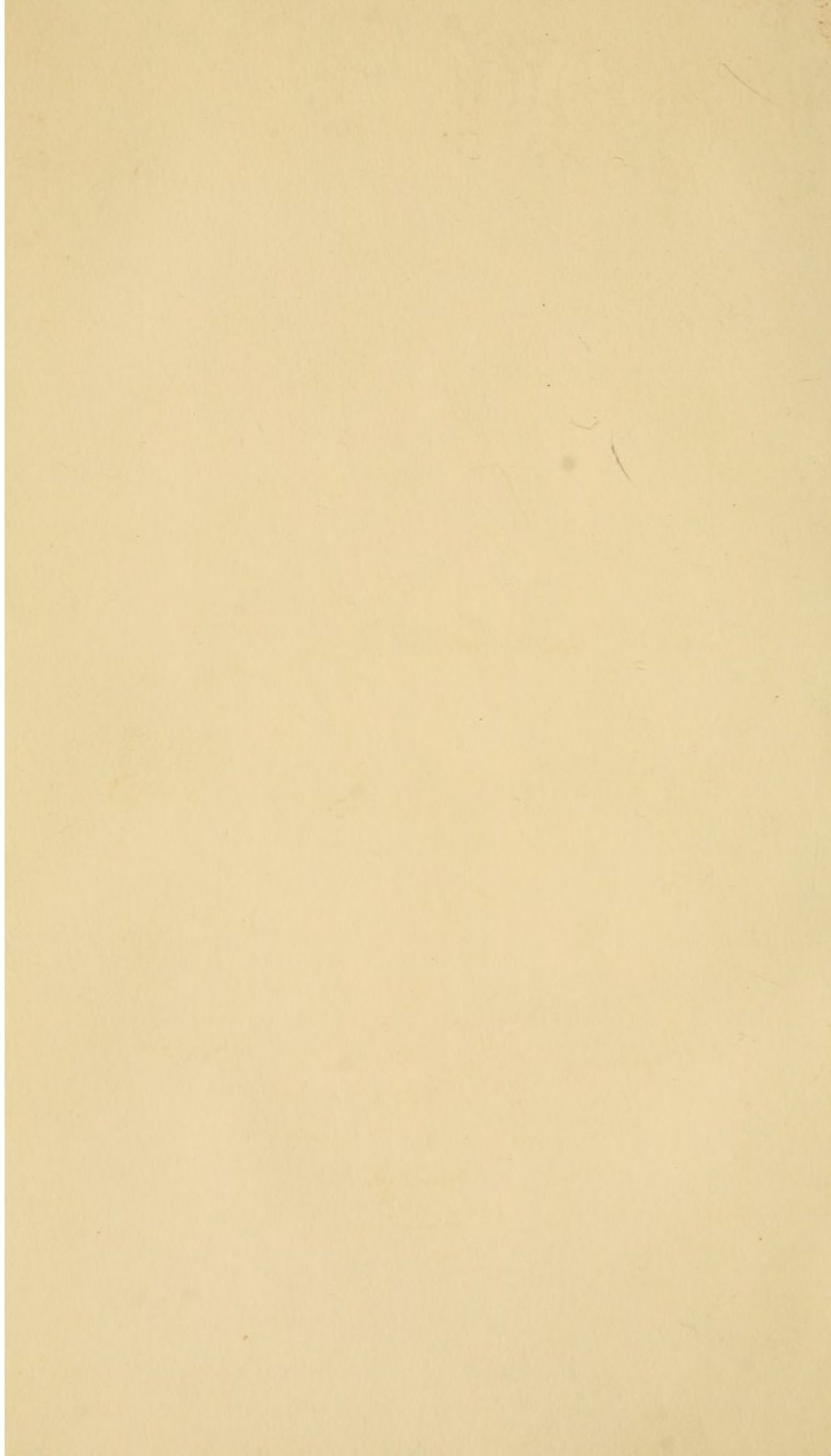






Digitized by the Internet Archive
in 2012 with funding from
Open Knowledge Commons and Harvard Medical School





17.F6

CASES
OF THE
SUCCESSFUL PRACTICE
OF
VESICÆ LOTURA,
FOR THE CURE OF
DISEASED BLADDERS.

—
PART I.
SECOND EDITION.

BY JESSÉ FOOT, Esq.

IN TENUI LABOR.

Virg.

LONDON:

PRINTED FOR T. BECKET, PALL-MALL.

Price Eighteen Pence.

—
[Exton, Printer, Great Portland-street.]

1803.

17. F. 6

CASES

OF THE
GEORGE BISHOP, M.D. F.R.S.
SUCCESSFUL PRACTICE
AN ACCURATE OF PHYSIOLOGY

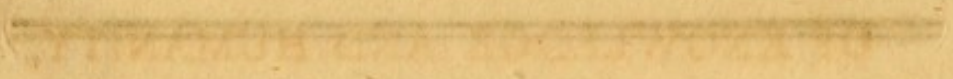
VESICÆ LOTURÆ

FOR THE CURE OF
AN ACCOMPLISHED SCHOLAR
DISEASED BLADDERS.

TO HIM

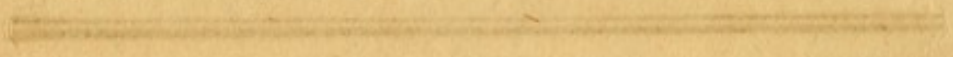
PART I.

SECOND EDITION.



By JESSE FOOT, Esq.

IN THREE VOLUMES.



ARE DEDICATED BY
LONDON.

PRINTED FOR T. BODLEY, BAILLI-MARTIN.

Price Eighteen Pence.

THE AUTHOR
[Linen, Printer, Great Portland Street.]

1802.

TO

GEORGE BIGGIN, Esq. F.R.S.

AN ACCURATE PHYSIOLOGIST

AND

AN ACCOMPLISHED SCHOLAR,

TO HIM,

WHO IS THE ORNAMENT

OF KNOWLEDGE AND HUMANITY,

THESE CASES

ARE DEDICATED, BY

HIS FAITHFUL SERVANT,

THE AUTHOR.

TO

GEORGE BIGGIN, F.R.S.

AN ACCURATE PHYSIOLOGIST

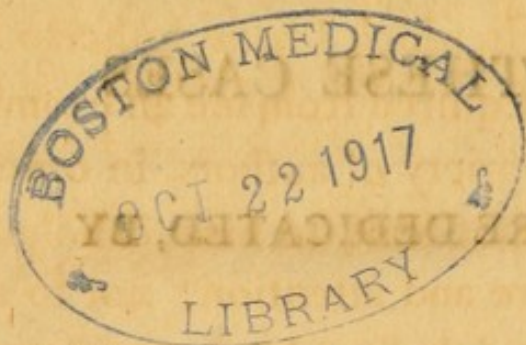
AND

AN ACCOMPLISHED SCHOLAR

TO HIS

WHO IS THE ORNAMENT

OF KNOWLEDGE AND HUMANITY.



THE AUTHOR

CASES
OF
THE SUCCESSFUL PRACTICE

OF
VESICÆ LOTURA,

&c.

OBSERVATIONS.

THE subjects which I have hitherto treated upon, have required from me an examination into a great variety of authors, in order that I might appear, at least, to have handled them with due care and attention; not to note as new, what had before been registered, and not to carry on inquiries without diligently tracing and concatenating former practice with that which I hoped to improve.

The only book to which I shall now refer the reader, upon this subject, is le Dran's observations in surgery; and it is to two pages alone of that respectable author, that I am to confine my present obligation, for having thus introduced into practice, one of the most important and valuable acts of surgery, which the history of that art has ever recorded.

Non fingendum, aut excogitandum, sed inveniendum,

says Bacon. But to what purpose is it, for the wise to invent, if what they invent be not applied? This neglected case, which I shall copy from le Dran, is the only case that I know of; and the successful treatment he gave it, is the only practice of the sort that I ever heard of. But if there should be any more cases recorded, where the practice has been repeated, and after a similar manner, I should esteem myself obliged to any one who points them out.

CASE BY LE DRAN.

OBSERVATION LXXX.

OF A DISEASED BLADDER.

[Translated from the French.]

“ THE bladder may be susceptible of many different diseases, and often very difficult to be known in their beginning; nevertheless, it is only by this knowledge, that a surgeon can properly undertake to perform a cure. We may say in general, that it is the property of diseases in the bladder, to create pains almost equal, during the whole time the urine is discharging; whilst the pains that solely depend upon a stone in the bladder are only felt with the first drops, if the stone is small, or when it is in the neck, and with the last drops when the stone is large.

“ On the 23d of May, 1725, a man of fifty-five years of age, was received into the hospital, who thought he was troubled with the stone. He could not retain above three or four spoonfuls of urine, which obliged him to make water every instant, and in the evacuation

tion felt severe pains, which began with the first drop, and continued to the last. As the patient complained of no other symptom that could denote it was a stone, I was in doubt whether he was attacked with that disease or not, and presumed that his bladder was grown horny, or at least disposed to an inflammation, since he drank plentifully of wine.

“ To be better satisfied of his condition, I sounded him carefully, and found no stone. I ordered him to be bled four times, prescribed him a regular diet, and emollient ptisans with barley, marsh-mallow roots, and linseed, to correct the acrimony of the urine, if possible, and by this means to relax the fibres of the bladder, which I plainly perceived were contracted, since in sounding him at a time when he had a strong inclination to make water, I did not find a drop.

Pursuant to this indication, I injected a strong decoction of marsh-mallow roots, morning and evening. This root leaves a mucilage in the urine, which fixing to the sides of the bladder, defends it from the acrimony of fresh
urine.

urine, and relaxes the fibres in the nature of an emollient cataplasm. A patient cannot be sounded morning and evening, without running the hazard of inflaming the urethra and neck of the bladder; therefore to avoid this inconveniency, I introduced the catheter in the morning, and drew it out at night. In using the injection, I desisted as soon as the pain felt by the patient convinced me that the fibres of the bladder were sufficiently distended; and left that quantity of it in, for a quarter of an hour, more or less, according to the patient's necessity of making water.

In the space of a fortnight, the bladder, which at first could contain only two spoonfuls of injection, resumed by degrees its natural capacity, which I knew, by the quantity of injection admitted without causing pain. To the decoction of marsh-mallows I added barley-water and honey of roses; and lastly, barley-water with the vulnerary water. The patient left the hospital in a month's time perfectly recovered."

The treatment of this case by le Dran,* was conducted in the only possible manner, that human wisdom grounded upon long experience and faithful observation could suggest; and with the properest Instrument that was then known, if we except the flexible catheter by Heister. The judgment and the art of this refined surgeon, of this modest and accurate physiologist, were fully competent to the most perfect intention. And there ought therefore to be some very strong reason assigned, why there should have been but this solitary case found upon record; especially when it is recollected, that so many cases demand a similar treatment, and if that similar treatment be omitted, such is the real value of this discovery, that no other method

* Henry Francis le Dran, Member of the Academy of Arts, Surgeon to the King of France, Senior Master of the Surgeon's Company, Eldest Surgeon and Demonstrator of Anatomy at the Hospital La Charité, appointed by His Majesty's Patent, Anno 1724.

can be a substitute for it. Of this I mean to be understood as speaking positively.

There ought therefore, to be some reason assigned, why this practice established by a man of such eminence, has been ever since discontinued. It was in my opinion owing principally to two causes.

First to the necessity there then was of introducing, either the metallic catheter, or the flexible catheter by Heister, as at that time there were no better instruments known.

The metallic catheter was too difficult an instrument to be introduced by every body, and too painful to be borne; too difficult to be used in common practice, seeing that the urethra very frequently is also contracted: and the flexible catheter invented by Heister, never could have answered the purpose. If judgment decided, that the plan of injecting the bladder was correctly right, yet judgment despaired of success from want of proper instruments, declined the attempt, and yielded to the impracticability of the design.

fig. Every surgeon was not a le Dran. Every patient was not in a state to endure a metallic catheter twelve or more hours within a diseased bladder, supposing that the attempt to pass it was successful. And it is not every surgeon that seems disposed to revive a dormant practice, however useful; he rather looks to follow the example of others.

It is I think impossible, in a book so constantly read, that the case could have been overlooked by every body until now. It must have been given up, it must have been declined in the very face of success beyond all possibility of contradiction. A case painful as the Stone, and that never could have been cured by any other method, then or now known; and a case fully and completely cured, by the unequivocal process of injecting the bladder.

The want of a better catheter than the metallic or the flexible one by Heister, might have been a cause for the practice having been discontinued for a former part
of

of the time, since this case was first published by le Dran. It might have been owing to necessity. But I fear that modern practice, since there has been a choice of an elastic catheter, may stand rather self condemned; seeing that by that very instrument, every former difficulty is obviated.

The second cause arises from want of discrimination. This cause is stated by le Dran also, as has been seen in his introduction to his case. The symptoms of obstruction in the urethra, of affections in the bladder arising from various causes, and of affections in the kidneys, all present themselves to those not conversant in treating complaints of this nature, without so much seeming difference, as to enable them to form any true criterion upon them; or to separate and distinguish one affection from another.

In the Fifth Edition of my "Critical Enquiry into diseases of the urethra and bladder," I have particularly noticed this observation; and I have there pointed out, for the first time, I believe, that it has ever been
 observed,

observed, a leading principle, by which a diseased bladder is always to be detected, and distinguished from any other cause with which it might be otherwise confounded. It is this: that at no time the bladder can hold more than a certain portion of urine, and of course that at no time, more than that portion, if so much, can be ever discharged at once. For example thus: suppose that a patient, for a series of time, has not been able to evacuate more than two spoonfuls of urine, upon any effort; and suppose that such has been the habit without any exception, for two or three months; suppose that mucus comes away with the urine, and at the same time, the urethra has been carefully distended by bougies; in that case, I should have no hesitation in declaring, that the capacity of the bladder was contracted, and that its contraction was just in proportion to the diminished quantity it would contain, from a comparative view formed with a sound bladder. Whereas in all other possible affections of the bladder, or within the bladder, there will be times when it is not contracted, that the full contents of a capacious bladder can

can be evacuated. This is a distinction *a priori*; but injecting the bladder will readily decide the question *a posteriori*, for just so much as the bladder will possibly hold, can be injected; and by the fluid being measured when it is evacuated, any further doubt about the nature of the case is completely removed.

The first case I am about to produce, was given over by me; and I had actually dismissed it as not to be relieved, when the patient beseeched me to give it a week's longer attention, and before he called again, I had resolved to try this method: as soon as I saw him, I put the case of le Dran before him, and he readily submitted to the application.

This case will be found to be of very long standing, progressively going on, and without the least prospect of getting rid of it's own calamity, by process of constitution, or by medicine, or by the most constant attention to a suffering patient. It had commenced in the year 1788, it had availed itself of the advantage of opinion of John Hunter, at a time when his fame was at the highest
cele-

celebrity; it had I may venture to assert, every advantage of recovering in the most temperate, rational and strictly correct patient, that can be found in any society. This must be taken into the account, as it shows that nothing retarded the recovery of the patient all this while, but the want of a right remedy. He favoured his condition as much as possible, and did not, like many patients provoke an aggravation of symptoms, by indiscretion either before or after he had submitted himself to the care of his surgeon. And although I have nothing to do with what patients bring upon themselves, before they apply, yet with all the anxiety and zeal natural to the profession, in the consideration of a man of honour, it is better and more for his interest to be without an irregular patient, than with one.

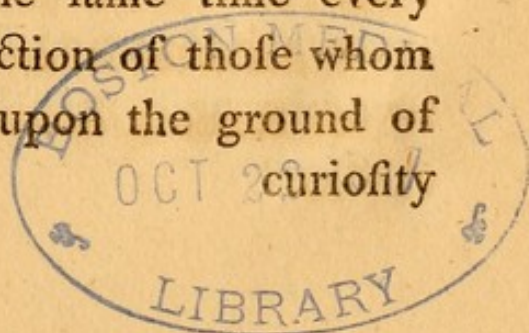
Dr. Whytt in the "Medical Essays and Observations, published by a Society at Edinburgh," has made the following observation.

"As authors have sometimes been accused
 " of framing histories to support a certain
 " theory,

“ theory, or raise the value of some favourite
 “ medicine, I thought it might be proper to
 “ add the gentleman’s own attestation of the
 “ truth of what has been above related.”

I perfectly agree with Dr. Whytt, as to the spirit of the question. But as I know the delicacy of patients and that the idea of their names being published would deter many from applying, I think it would be more decent and prudent not to publish names. That delicacy must be observed. And although there are some who cheerfully permit their names to be published, in attestation of their cases, yet I judge it more prudent that such, even should be suppressed; as the publicity of them might deter others from submitting their cases, for fear of an advantage being taken, against their inclinations. It is upon this principle, that I have accordingly formed the resolution not to publish the name of this patient, even although I had his permission, and the case is drawn up by himself, reserving at the same time every document for the inspection of those whom it may concern, either upon the ground of

c



curiosity or justification. But the above arguments may be rather considered as general, than particular to the following cases, as there is not one of them that cannot be attested, not only by the patients themselves, but by many more witnesses of a most respectable description; and such are their establishments, that I trust I have from them every thing to hope, in point of reputation, and nothing to fear.

CASE I.

HISTORY OF THE CASE OF H. A. Esq.

(Copied from his Letter.)

“ DEAR SIR,

“ YOU wish me to send you a statement of my case, from its commencement to the present time. I shall give it you as correctly as I can.

“ It was in the spring of 1788, that I was advised to apply to the late Mr. John Hunter, on account of a difficulty in discharging my urine, which I had for some time laboured under. He passed an instrument into my bladder, and pronounced my complaint to be a spasmodic affection on the neck of the bladder. He directed me to take hemlock pills, which I did to the number of more than four hundred. Finding no benefit from them, and strongly impressed with the apprehension of a stone forming, Mr. Hunter at my request sounded me, but without making

making any discovery of that sort. At length, finding the hemlock pills, instead of doing me any service, begin to affect my nervous system, having increased their number from two to eight in a day, I quitted them and their prescriber together; these pills being the only attempt he made towards my relief.

“ I went on for some years after, ignorant of the true nature of my complaint (as it has appeared since, Mr. Hunter himself was also) taking palliating things.

“ At the end of April 1796, I put myself under your care. You passed bougies into my bladder, and when you had arrived to that stage, as to be able to pass the largest, you began to enquire, if the symptoms were at all abated. That was not the case. The true nature of my complaint was yet to be ascertained. You had a consultation with Mr. Edward Ford. You sounded my bladder again, and discovered no stone, but found that the instrument could not sweep freely within the bladder. You recommended me to keep the urethra open with bougies, and to
live

live upon a diluting abstemious diet, calculated to palliate a condition you seemed to despair of curing. In short you dismissed me. But on my requesting to call upon you again, at the expiration of a week, and begging that you would in the mean while reflect upon what more could be done for me, you then shewed me the case by le Dran, and we readily resolved to try the same means.

“ To afford as clear an idea of my case as I possibly can, I conceive I should detail it, by stating what my symptoms were before the injection was applied to the bladder, and what they were after.

“ My symptoms before, were an almost continual inclination to urine, in the day time, and in the night rising for that purpose from the bed seven, eight, and nine times, with seldom any thing like a continued stream of urine, the volume small, and the quantity from two to three spoonsful, and that with great uneasiness. From the first of my finding the difficulty of
urining

urining above mentioned, my urine was accompanied with mucus; and it generally was of a strong red colour, mostly turbid, sometimes ropy, and it had continued thus for many years. Another formidable symptom was growing on me apace, a constant state of irritability, and which the most trivial incident, notwithstanding my own mental precautions, would frequently provoke; feeling at those times great irritation and uneasiness in the region of my bladder. Walking on wet grass, and being in damp rooms, would bring on a strangury.

“ Such, Sir, was my state as nearly as I can recollect, previous to the operation of injecting my bladder. Time by neglect, and by the want of proper treatment, of course gradually reducing me to a worse and worse condition.

“ The account of my subsequent condition will, happily for me, be more comfortable and pleasing. My urine has been no way perturbed or mucus discharged, since March last. I retain it much longer in the
day

day time, and I rise upon an average three times in the night only. The quantity of urine discharged in the night at those three times, is generally about three half pints. The quantity my bladder would hold when you first began to inject it, could not possibly ever amount to three ounces, with mucus included. You encreased the capacity of my bladder, so much by the operation of injection, as when you left off this time twelve-month, it would contain nearly fourteen ounces. And I have by injecting myself occasionally since, rather gained upon that quantity, although I have purposely discontinued it for more than a fortnight at times, without finding that I lost ground. The irritation on the bladder, I have greatly though not entirely subdued, by a rigid adherence to your directions of lessening my quantity of animal food; and I have experienced, that if at any time I forget myself and indulge that way, I am punished.*

NOTE BY THE AUTHOR.

* I exacted this mode of treatment from this Patient, because he was naturally a robust man, had a good appetite, and a tendency to inflammatory attacks. He was aged 58 years.

Thus,

“ Thus, Sir, I have endeavoured to fulfil your wish, in detailing my general case, and my present condition ; by which it will appear, that I have received very considerable benefit from your mode of treatment ; that my life is rendered more comfortable, and that I have a prospect of my condition being still more improved, by attending to the excellent system you have prescribed. Should the detail be eventually of any benefit, it will make me more happy ; and I am well assured it will not render you less so.

I remain with much esteem,

Dear Sir,

Your obliged and faithful servant,

H. A.”

NOVEMBER 24,

1797.

To Jessé Foot, Esq. Dean-street, Soho.

CASE II.

A GENTLEMAN from India, residing at Hammer-smith, applied to me, in the spring of 1797, for a complaint in his bladder. His symptoms were, a constant solicitation to urine, a discharge of two or three spoonsful at a time, and more mucus along with it, than I had ever been in the habit of seeing, except in one case before. His urine before it had settled, looked like whey. The patient was about 50 years of age, stoutly made, but harrassed by a hot climate and disease.

Independent of the bladder affection, he had a fever of a remarkable description, and which he told me was called in India, the jungle fever. It came on somewhat like an English intermittent, in point of symptoms, regularly at every full and new moon. At each of those periods, he was confined to his chamber, for four days. His pulse was quick,
his

his head ached, his stomach was sick, and his complexion was yellow. This debilitated him exceedingly, and kept him so much down, that he was not able to profit from his native air.

I went to HammerSmith but once to see him, and that was purely on purpose to examine the condition of his urine. To satisfy myself, whether pus or mucus was the sediment he described, as being constantly observed accompanying his urine; and I had the satisfaction to find that it was the latter.

From this time, although he told me that bougies would do him no good, I began to introduce the bougie to satisfy myself during the use of it, and to draw conclusions from observation, during the time of using it, what might be the nature of his complaint. And during the use of the bougie, as I suspected, from the nature of his periodical fever, that most probably his liver might be affected, I availed myself of that opportunity of giving him pills of quicksilver for at least five weeks. I found the return of his fever gradually

gradually declining, his pulse beating more flow and more firm, his strength encreasing, infomuch that he was able to walk to my house from Hammermith, which he could not do at first, and from this time his health began to mend apace. I then desisted from the mercurial course, and exchanged it for an infusion of columbo root and steel.

Notwithstanding this favourable alteration in his health, the bladder affection continued the same. The bougies had, before this time, completely opened the passage of the urethra; but the constant sollicitation to urine had not abated in the smallest degree. Mucus was still discharged, the portions of urine were as diminutive, and the irritation as great as ever.

This complaint had commenced many years ago. And my patient informed me, that he sought in India for remedies in vain, that he had been in the constant habit of using bougies, that he had given himself up as lost when he sat out upon his voyage home; and that his rest in particular was so much disturbed, that he had not known for years what
it

it was to enjoy a comfortable night. He was particularly attacked about eleven o'clock at night, and had a constant solicitation to urine till two or three o'clock in the morning; as if the irritation went on as long as there was any urine secreted, from what he had drank during the day; and then the parts became quiet. During these paroxysms, he had sometimes no command over his power of urining.

I had purposely kept back from the patient any intention of applying the Vesicæ Lotura, until this period of the case, from two motives. The one to open the urethra well, lest when I attempted to introduce the catheter, I might be disappointed. And the other to watch the nature of the disease, to see if it changed at all by time, by bougies, by fomentations, by clysters, by opiates, and by the remedies which I had used for his intermitting fever.

Finding at length, that the case of the bladder was confirmed in my mind beyond all possibility of a wrong prognostick, I imparted
my

my intention to my patient, and was fortunate enough, which gave me great satisfaction, to be able on the first trial, to introduce the catheter and inject the bladder. The Vesicæ Lotura had not been applied more than twice, before the patient declared his confidence in the remedy. I was at first, not able to leave more than half a wine glass full in the bladder, and that remained not longer than a minute. Whereas in a few days, the quantity received was encreased beyond expectation, remained much longer, and when evacuated, the patient described his sensations in the region of the bladder, to have been more soothed, since the commencement of the operation, than he had ever experienced before, from the first attack of the disease.

He repeated his visits every day, and every other day, very anxiously, until we arrived to the pitch of injecting at least twelve ounces at a time. At this period of the case, I invited Mr. Edward Ford, of Golden Square, during the process of injection, to see it. And shortly after, as I missed the patient for a week, and he being at that time provided
with

with the means of injecting himself, I sent my nephew to inquire after him, when he returned for answer, that he was so well, as not to need to come any more.

CASE III.

A GENTLEMAN of the Excise Office went down to Harrowgate, for the benefit of its water, but was completely disappointed. He there met a friend of mine, and it was in consequence of his recommendation, that he applied to me, in the spring of the year 1796.

He was about 56 years of age, tall but not corpulent, of a ruddy complexion, not that sort indicative of high health, but such a one as those have, who have been at sea, and have lived freely; whose hands and whose face have a tendency to a livid appearance; a sort of weather-beaten face. I questioned him as to his manner of living, and though as I suspected, spirituous liquors did make a portion in his drink, yet I am inclined to believe, that he did not take it to a degree of intoxication; and that he did not abuse his constitution more, by that privileged poison, than other moderate

moderate subjects do, who have yielded to the spontaneous habit of constantly taking it, or who have been driven to it, as a substitute for wine, since such a duty has been exacted upon that most necessary article of life; and since not even a drawback upon it, has been allowed even for the poor, in a work-house. Nothing is more common, and nothing can be more prejudicial, than for persons afflicted with bladder complaints, to take to gin; and nothing is more common, when once they have taken to it, than for them to like the disease for the sake of the remedy.

This patient's complaint, when I first saw him, was a frequent discharge of his urine, over which he rarely had any command. Sometimes it flowed from him as he walked about, involuntarily; and sometimes, when he knew his bladder was charged with a largish portion, he could not urinate at all. At other times, his urine would suddenly cease to flow, during the act of urinating; and upon these last occasions, his efforts would be increased, and his pain acute; profuse sweats would burst forth; and if he was then taking his
walk,

walk, as he was constantly in the habit of doing, from the office to his house at Islington, he was forced to lean for some time, where he could find a place, and by shifting his posture, he generally succeeded in obtaining an evacuation, and consequently procuring ease.

The symptoms of his case pointed out so plainly the nature of his complaint, that it did not require much consideration to determine it to be either gravel or stone, but most probably the former. Upon introducing a bougie of a middling size, I found the capacity of the urethra extremely narrow, towards the neck of the bladder; and the patient then informed me, that he frequently found clots of blood come forth with his urine. I ascertained another fact by inquiry, namely, that the capacity of his bladder was not lessened, or at least to no great degree. Thinking that the first thing to be done was to distend the urethra, I began the case with passing bougies for that intention, with recommending a fomentation of the decoction of poppies to be applied in the direction of the

D

urethra,

urethra, and with prescribing, then, a decoction of bark with elixir of vitriol to be taken frequently in the usual doses, but soon changed it for lime-water.

My patient went on thus till the month of August, without the smallest abatement of symptoms. Having about this time experienced the advantage of the *Vesicæ Lotura*, I concluded that it was expedient at least, to throw lime-water directly into the bladder, instead of sending it circuitously there, through the constitution; and more expedient than by the short passage even, invented and designed by Dr. Darwin. In order to be able to effect this, I passed the largest bougie I could get, to procure a passage for the catheter, as I had hitherto been foiled whenever I attempted to pass it.

This idea opened to me a very enlarged train of reflection; and my reading an excellent paper by Dr. Whytt, in the medical observations of a society at Edinburgh, encouraged and enhanced the value of it to that degree, that it was impossible for me to resist
the

the design. Nothing besides the want of proper instruments was the obstacle, at the time Dr. Whytt wrote his paper, to the practice then; and this has been the obstacle ever since, to this self evident process. A surgeon ought always, in order to reason fairly upon what has been done by former surgeons, to ascertain what instruments were known at the time they published their cases, and by that determine the degree of improvement, at least so far as instruments have a concern in the advancement of the art. Dr. Langrish has encouraged the same idea, but to his success also, the want of proper instruments was the obstacle; and that was what rendered the practice impracticable, at least upon the human bladder of a male subject at that time.

I succeeded in passing the elastic catheter, but not on the first attempt, injected lime-water diluted with warm water, and found what I was not at all surpris'd at, that the bladder would contain and retain more than eight ounces. I went on thus, not every day, for more than a month. The bladder was

able to hold the injected fluid, and the patient departed with it.

During the practice of the Vesicæ Lotura upon him, the patient regained his continence of urine, and scarcely ever called without bringing with him, fragments of gravel which he had discharged, and some with the greatest difficulty, of an irregular figure. I recommended him still to keep his urethra open with the largest bougies that the urethra would admit, during the process of injection. Whilst he was injecting, it very frequently happened, after the bladder had been fully distended by the repetition of the injection, that the water would stop all of a sudden; by then passing a bougie to dislodge the piece of gravel from the neck of the bladder, it would flow out again, until the bladder was empty. It was concluded upon the cessation of this symptom, that there was no more gravel to come away; and this was judged to be a proper criterion to decide upon, when the process ought to be discontinued. For as the bladder could be completely filled, and repeatedly filled, the pressure

sure of the full bladder in the expulsion of its contents, constantly brought the gravel within, to the neck of the bladder, when it either stuck fast, and thereby stopped the current of fluid, or came forth through the urethra with the current.

These equivocal symptoms having totally ceased, I discontinued the injection, leaving it to the patient to keep the urethra open with bougies. For as I could not take upon me to say, whether more gravel may or may not hereafter be formed, I thought it right for him to be prepared, with the only possible power of procuring the discharge out of the bladder, of whatever extraneous substance might have been hereafter collected within it. And as this gentleman left me perfectly satisfied and at ease, I rely upon it, that if he had ever since experienced any return of his complaint, I must have heard from him, or have seen him again.

I shall not take upon me to affirm, which of the three remedies I applied was the cause of dislodging the gravel, restoring the continence

nence of urine, and giving ease to the patient. If enlarging the passage of the urethra could have singly done it, an opportunity for that, was given for months, without any visible alteration, and whilst at the same time, the patient was drinking lime water. Whereas the fact is, that it was not until the application of the Vesicæ Lotura had been repeated, that the patient either regained his continence of urine, evacuated the gravel from the bladder, or found ease.

CASE IV.

A GENTLEMAN of very high eminence in literature, aged 66, who had enjoyed as good a share of health, as ever fell to the lot of any man, was attacked in the spring of the year 1797, with frequent sollicitations to urine, attended by strong sensations in the glans penis, and great pain during every act of urining. He had, at that time, a temporary lodging in St. Martin's lane, and applied to Mr. Winfield, a reputable apothecary in the same street, who treated his complaint in a judicious manner, and under whose care, the patient flattered himself that he was getting better.

In consequence of this, instead of returning to his own house in the country, to nurse his condition, the patient paid a visit to a family, in the vicinity of Streatham; and finding there, that the symptoms had not subsided,
but

but on the contrary, were rather aggravated, he applied to a medical gentleman of that village, who gave him remedies to the best of his judgment, and who promised him, that his painful affections would soon decline, and that in a few days he would be well.

This prognostic not proving to be exactly verified, he took rather a sudden departure from the family where he was, and retired to his own house at Chifwick.

On his arrival there, he applied to his friend Mr. Curtis, a very respectable practitioner of that place, who after administering what medicines he thought proper for the case, and finding that they did not avail, recommended to the patient, to have a bougie passed up the urethra, the better to ascertain the true nature of the complaint.

The patient, not from want of confidence, but from dread, did not then adopt his surgeon's advice, but deferred, from time to time, that piece of salutary admonition. Such instances are very frequently seen, where the opinion

opinion given by one medical man will be rejected by a patient, which, when insisted upon by a subsequent one, will be adopted. This is done, without reflecting that no man who is denied the means of his own treatment, can either possibly confer a solid benefit on his patient, or come off from the case with credit to himself.

Under the dread therefore of every thing like a surgical operation, this patient went on, in a state of suffering during the summer, until the month of August, when I paid him my first visit at Chiswick. Having had the honour of knowing him, previous to this attack, I had the mortification of finding my friend somewhat changed by the constant pain of disease. But his urbanity, spirits, and manful deportment were as conspicuous as ever; or perhaps he then exerted himself, and displayed his powers, to shew that he was not easily conquered, with his friend by his side.

Mr. Curtis not being present, this was only a visit of observation. I found that his disease

ease

case was a constant solicitation to urine, attended with great pain, and an affection of the glans penis, never evacuating but the smallest portion, not exceeding a spoonful at a time, and consequently the repetitions amounting to more than forty times, in the course of the day and the night.

After having thus far informed myself, I requested that he would put by his urine in glasses, and agreed to meet Mr. Curtis, when we would pass a bougie, and further judge on the true nature of the case. On our meeting, we found the urine of a wheyish cast, charged with an uncommon quantity of mucus. We passed a bougie, found an obstruction in the urethra, but was able to pass a bougie of a middle size into the bladder. We recommended a fomentation of decoction of poppies, to the region of the bladder, and an opiate at bed time; and that the bougie should be repeated, increasing gradually its size. Soda water was also advised, as part of his drink. The patient soon acquired the knowledge of introducing his own bougie,
and

and soon arrived to the power of passing one of the largest degree.

When these remedies had had their fair play, without much seeming benefit, the act of urining being as frequent as ever, and the quantity at a time, as small as ever, we then recommended a system, somewhat of the tonic nature, to bathe the perinæum in cold water, in which bay salt was dissolved, and prescribed, as a medicine, infusion of columbo root with acid of vitriol. Thus we went on, without any abatement in the number of times of urining, although there was an apparent diminution of irritation and mucus, until the middle of the month of November. My patient then came to town, and the process of Vesicæ Lotura was then commenced.

We were fortunate in introducing the catheter at once. The fact was, that he did it himself better than any body else could do it for him. Whenever he failed, as it was sometimes the case, I could not then succeed. The first application gave a momentary pain, what was injected was not retained a minute,
and

and the quantity the bladder received was not half a wine glass of fluid.

We did not inject every day, rarely more than four times a week. The urine soon came away free from mucus, the irritation of the glans soon subsided, and the times of urining soon became reduced. I mean to be understood, as positively asserting, that before this patient had been injected twelve times, not a trace of his complaint was remaining. His appetite, his rest, his healthful portions of urine, and his healthful periods of urining, were completely restored within three weeks, notwithstanding we continued on the injection, to within a week of Christmas day.

After the first three weeks, he could go in a coach into the city, remain there two hours, and walk back again to St. Martin's lane, without urining. He could pass a night without urining more than twice, he who could not, three weeks before, without urining at least ten times, or more. This was effected without the least adventitious aid of medicine,

cine, without even an opiate, nor was he during the time, restrained in his diet.

The celebrity of this gentleman has so far attracted attention to his case, to his sufferings, and to his subsequent recovery, as to render it quite unnecessary for me to say any thing more in corroboration of it, than the plain detail of this history has already portrayed.

OBSERVATION.

It is to be presumed that the cases I have already given, and more especially those which follow them in Part II. will tend as far as they go, to distinguish the affections of urethra, bladder, and kidneys; to discover more readily the true seat of the disease; and to ascertain more clearly the true cause and treatment of it: and whether also it arises from inflammation, or scrophula, or stone, or merely from simple stricture in the urethra only.

We have lately seen an expensive work, engravings of the consequences of disease in these parts, as they have appeared in preparations after death; some from this collection, some from that, and some from t'other; but without the smallest explanation upon them, without a single instance of the symptoms,

toms, or the treatment of any of them, being described. The diseased appearances have been certainly recorded by the engraver in a very masterly manner. But without the history of the cases being annexed to them, to what good can these engravings tend? What possible purpose in practice can these answer? Can any practitioner understand or profit from them? They surely can never be considered of any other value, from want of the description of the symptoms of the cases being annexed to them, than as so many instances of parts in ruins being thus established upon record. The cause that produced either of them still remains as hidden as the cause of the stones at Stonehenge in Wiltshire; or the cause of the ruins now seen in Egypt. Dr. Baillie has, from choice, thrown his cases far back into antiquity. Dr. Baillie, Dr. Stukeley, and citizen Denon, have left their subjects equally open to conjecture.

We know these facts as they are thus seen in the engravings, sometimes before, and might know them always after death. And
when

when they are thus pointed out, with the circumstances of the cases explained with them, they are always of solid value. We know, that the bones of the cranium can be destroyed by the venereal disease; that the kidneys can be wasted by stone, by scrophula, and by true inflammation; that a fistula in ano can be connected with the rectum; that a catheter can force a passage into the bladder; that a bladder can be contracted; and that a stricture in the rectum can cause the fæces to destroy the villous coat, the cellular substance, and the muscular part of it; and by that means the fæces can and will pass into the abdomen, so long as the patient lives. But does this knowledge of what is possible to happen, and of what must happen by neglect, teach us how to prevent or to remedy such effects? Perhaps what I have asked might be thus answered: No such purpose was ever intended by the publication. If that be the case, I am answered. So much for the solid part of the argument.

The Doctor must excuse me, if I now become a little playful, and after my own manner,

ner,

ner, upon the phenomenon of his nymph in whose ovarium were found four real teeth, a curdly substance, and a lock of hair; and whose hymen was imperforated. The Doctor has given us the engraving, but the Royal Society has been honoured with a statement of the case at large. This might have been deemed a judicious distribution of so uncommon an occurrence in the fantastic display of nature. The Doctor has divided his smiles. But I might be permitted to observe, that there is in this plate, a smack of the flavour of uncle John. The true raciness of his vineyard. His touch in the brain, his fabulous supposition, and his assumptive importance, are strongly marked in the expression of this preternatural incident. There must be teeth in this preparation or nothing. Any thing resembling teeth, but not teeth, would not do. But is the Doctor aware, that this report of teeth before birth, is not altogether new? We have it, in utero, and well authenticated already by former anatomical reporters; but I must confess, nothing is said there of an imperforated hymen by them.

Nor do I know whether they published it in a fasciculus.

“ The midwife wonder'd, and the women cried,
O Jesu blefs us! he is born with teeth!!! ”

If I had been consulted, I should, most certainly, have recommended this preparation to have been sent to Don Saltero's, and placed in a conspicuous situation, close to the Spanish padlock. This would have brightened up the dying fame of this once highly renowned collection, now for ever eclipsed by those of Windmill and Great George streets, and Lincoln's-inn-fields. Don Saltero's collection has lasted its century. Time has brushed it away with all its cobwebs. Such will be the fate of the proudest of those which now remain, only because they have been since collected.

This has been, and now is, of serious consideration. If the collectors, or purchasers, for the honour of possession might be bought, and therefore, the honour is in the possessor,*

* If buying a museum makes an anatomist, buying a watch makes a watch-maker.

be ambitious after immortality, however they may affect to scoff at a comparison with Don Saltero, this modest Sloanean disciple of Cheney-walk, Chelsea, it would be well for them that their names were as certain to secure immortality as Don Saltero's is. He is recorded freely and independently by Sir Richard Steele in the Tattler; and who will dare to say, that the Tattler will not be read as long as the English be either a living or a dead tongue?

The successors to Don Saltero have not yet in their power to pronounce with Horace,

“ Exegi monumentum ære perennius,”

as Don Saltero has. To rival Don Saltero's fame might be a much more difficult task than they at first suspected. Another Sir Richard Steele must first of all be found to weigh their merit, to determine upon their value, and to rescue them from the “ sink of years,” whilst Don Saltero

“ Shall flourish in immortal youth !”

BOOKS WRITTEN BY Mr. FOOT;

AND PUBLISHED BY

T. BECKET, PALL-MALL.

1. 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 Quarto, 1l. 10s. Boards.

2. A New Critical Enquiry into the Ancient and Modern Method of curing Diseases in the Urethra and Bladder; being an Amendment of former Editions, and illustrated by a great Variety of Cases. 5th Edition, 2s. 6d.

3. Observations upon the New Opinions of John Hunter in his late Treatise on the Venereal Disease. 8s. 6d. Boards.

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

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

6. The Life of John Hunter. 5s. 6d. Boards.

7. Dialogues between a Pupil of John Hunter^r and Jeffé Foot. 8vo. 2s. 6d. 1795.

8. Cases of the successful Practice of VESICÆ LOTURA for the Cure of diseased Bladders. PART II.—Price 3s. 1803.

CASES
OF THE
SUCCESSFUL PRACTICE
OF
VESICÆ LOTURA,
FOR THE CURE OF
DISEASED BLADDERS,
WITH A PLATE OF THE APPARATUS.

ALSO,
CASES
OF DISEASED AFFECTIONS

FROM
PHYMOSIS,

With a Description of a New Mode of Operating for its Cure,
and a Plate of the Instrument for performing it.

—◆—
PART II.
—◆—

BY JESSÉ FOOT, Esq.

IN TENUI LABOR.

Virg.

LONDON:

PRINTED FOR T. BECKET, PALL-MALL.

Price Three Shillings.

[Exton, Printer, Great Portland-street.]

1803.

CASES
OF THE
SUCCESSFUL PRACTICE
OF
VESICAL TUBULAR
FOR THE CURE OF
DISEASED BLADDERS
WITH A PLATE OF THE APPARATUS

ALSO,
CASES
OF DISEASED AFFECTIONS
OF THE
UTERUS
WITH A Description of a New Mode of Operating for its Cure
and a Plate of the Instrument for performing it.

PART II.

BY JESSE ROOT, Esq.
in TOWN LABOR.

LONDON:

PRINTED BY T. BARNES, TAILOR-MAN.

Price 1/6 each Binding.

[Extra Price, Green Paper Binding.]

1803.

APPENDIX TO THE PLATE

- A. A flexible catheter.
- B. A silver tube.
- C. A bottle made from elastic gum.
- D. An ivory tube to fit the silver tube B.
- E. The bottle fitted to the catheter.
- F. A knife for releasing a stricture from
phymosis.

REFERENCE TO THE PLATE.

- A. A flexible catheter.
- B. A silver tube.
- C. A bottle made from elastic gum.
- D. An ivory tube to fit the silver tube B.
- E. E. The bottle fitted to the catheter.
- F. A knife for releasing a stricture from
phymosis.

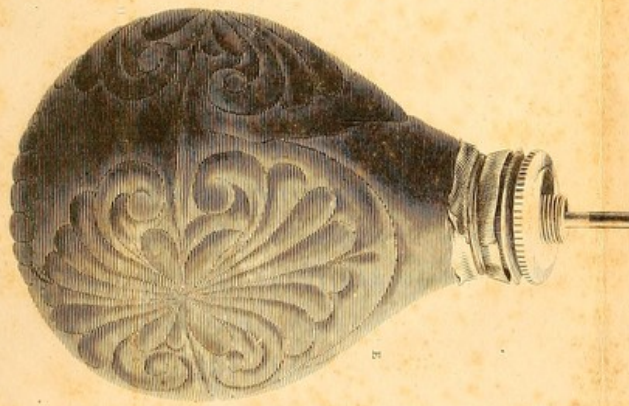
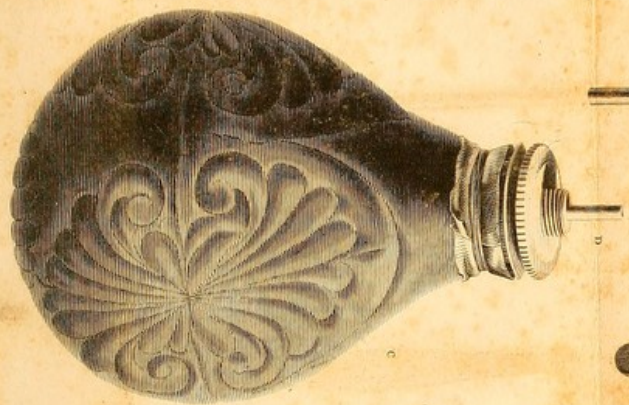


Fig. 1.

Fig. 2.



CASES

OF THE SUCCESSFUL PRACTICE OF
VESICÆ LOTURA.

ALSO,

CASES OF PHYMOSIS.

WITH

A DESCRIPTION OF THE
OPERATION FOR ITS CURE, &c.

OBSERVATION.

AS the first Case in Part the First, to which I must refer the reader, gave cause to this practice; I thought proper to inquire how the patient had been from November, 1797, to September, 1802.---The following is his own report in answer to my request.

CASE I.

Blackheath Hill, Sep. 13, 1802.

“ DEAR SIR,

“ I sit down with increased satisfaction to comply with your desire, that I would state to you my general condition, since I gave you my report of my former case, and its cure in November, 1797. This may happily be done in a very few words: But I do not know whether it will be right to confine myself to merely saying, that I have been far from retrograde in my experience of comfort, from my bladder complaint having been then left in a very improved state. Perhaps as so many years have since elapsed I should be more particular.

“ During all that time I have generally injected my bladder with warm water, and used bougies once a week. But when I have
deferred

deferred either application longer, I very seldom found any inconvenience from the omission. The average quantity of water injected has been from twelve to fourteen ounces. I have, in general, found little mucus in my urine, and when I have, a more frequent repetition of injection has dissipated it. But the cold easterly winds at all times, and particularly those so long prevalent in the spring of this year, affected my bladder very much, causing the most powerful, and the most acutely painful irritations, rising to actual inflammation on its neck, which were much mitigated by the remedies you prescribed, but not entirely removed, until a milder state of the atmosphere succeeded.

“With respect to the retention of my urine, I rise two or three times in the night: but for these few months past, and at present, I do not discharge my usual quantity.*

“I have generally adhered to the temperate diet prescribed, but have lately indulged

* The cause of this was owing to perspiration being increased from summer's heat.

Editor.

pretty much in animal food, without finding any bad effects from it. But I have always suffered in my bladder when I have at any time much exceeded my usual quantity of wine, abstaining rigidly, however, from the use of brandy, or any other spirituous liquors. Walking on wet grass, or in a damp room, continues still to teach me caution: and my bladder is still so susceptible, that any sudden strong emotion or agitation of mind immediately causes a degree of momentary irritation upon it.

“ After all, I may observe in general, that there is, and, I presume, ever will be, as a consequence of my complaint having been unhappily so long neglected before I applied to you for relief, a strong tendency in it to collapse and indurate, so as to induce my conviction that I owe the comfortable state I at present enjoy, solely to the frequent injections and I think there cannot be a shadow of doubt that had it been taken in time, and treated as you have treated it, I should have had to boast of a complete cure, as for humanity’s sake I trust many others are now rejoicing in. But after all, take my case,
together

together with my present condition, and I think it may be fairly considered as having done more honour to this most happy discovery of the Vesicæ Lotura, than any cases of its efficacy which may have subsequently come under your practice. I beg you to believe me at all times with the truest esteem and regard,

Dear Sir,

Your most obliged,
and faithful humble servant,

“ Jesse Foot, Esq.

H. A.”

This gentleman was married in November last.

CASE II.

This was a second attack of the same accomplished literary and eminent dramatic author, whose case is described as the Fourth in Part. I. It came on in January, 1800, two years after the first attack, from which period, till the symptoms then returned again, he remained all that time perfectly well.

It began with great irritation, and a profuse discharge of mucus. The patient urined every half hour, and consequently a very small portion at each time. His urine was mixed with blood: his pain and irritation were great and constant.

As he now resided at Brompton, and as it was conceived naturally that a great deal of care and attention was necessary for assisting a case of so severe and perilous a nature, he took lodgings near to me, and where he

was

was occasionally visited also by his friend Dr. Pearson.

The first intention was commenced by fomentations, by giving mucilaginous medicines with opiates, and by diluting ptisans. After persevering with these for more than a month, it was observable, that not one symptom was abated. On the contrary, the strength of a patient turned of seventy years, with all these symptoms, was greatly and alarmingly diminished: his appetite was gone, and milk diet was his main support.

I was so much alarmed at his situation, that I warned his most intimate friends of the approaching danger. I doubted of the success of a recurrence to save him by our former remedy, the *Vesicæ Lotura*. I feared that it would prove to be merely a golden dream. In short I dreaded to refer him to try to pass a bougie, in order to pave the way for injecting the bladder. My only feint hope was, in his having had himself experience in passing bougies: and this is a wonderful acquisition in a state of danger, for those

those that do know it, know the value of it, and how to appreciate and apply it.

He undertook it, and though he did not succeed the first time, he was conscious that he should, and did. In the course of a week I was enabled to inject the bladder. The bladder then by any possible power could not be made to contain more than an ounce of water. He did not evacuate so much, but it would hold that quantity. By continuing on the injection for one month, it was brought to the condition of holding half a pint. All the symptoms abated, and he was, under the direction of Dr. Pearson, completely restored to health, and has continued so to this hour. Astonishing as this might appear to some, yet this case defies the most stubborn sceptic upon earth. The inclination not to believe often arises from a wish that what is said, should not be true. There is that propensity in nature belonging to many men, and it is always discernable when they only half assent, or seem indifferent either to praise or blame. The fact is, that this gentleman is himself constantly and naturally warm in his report of his own case: and it
is

is too notorious to be denied, though one cannot hinder it from being disputed.

OBSERVATION.

Thus there having been a sufficient time elapsed since the application of the process of *Vesicæ Lotura* in my former publications, and having had the opportunity of ascertaining the state of two of the patients out of the four upon whom the process had been first tried, I have thought it a duty due to my readers to acquaint them of what had since occurred, and how the cases of these patients stood at the present time. These two were always considered as the most prominent and important cases.

Having gone very minutely in a former pamphlet, "A Critical Enquiry into the diseases of the Urethra," &c. and in my "Treatise on the Lues Venerea," into the nature, and variety of causes of affections of the urethra, bladder, and kidneys, as far as I then knew; it is my intention now only to remark upon the causes of these
separate

separate affections, as each case offers, for the sake of explanation upon it.

Amongst the causes, as the cases offer, I shall demonstrate to a physical certainty, that natural phimosis, and too small a perforation of the glans penis, are causes of dangerous affections of urethra, bladder, and kidneys, and that nothing but the operation fitting for either will be the foundation of a cure. This has not been generally attended to, or what has been generally done has been so done as to be disgraceful to surgery. Still I must be so candid as to allow that I know there are some, and these among my friends, who are apprised of the importance of this subject, and who treat it as I have done,

Cases produced from scrophula, from scurvy, from true inflammation, and from intemperate habits, will be particularly distinguished. The share that the application of the Vesicæ Lotura has in relieving some of them will be particularly remarked upon, as well as the limited share from reasoning upon a physical certainty, that the application of caustic can have in the cure of these affec-
tions

tions. It will be found that the worfe they are, and more dangerous they are, the greater will be the mischievous effects of the application of caustic. There cannot be an opinion more dangerous to science, than that desperate cases necessarily require desperate remedies. On the contrary, they are often subdued by patience, and the mildest means.

CASE III.

A young man, naturally of a robust habit of body, came to me, and gave the following report of himself. That he lived with a distiller of spirituous liquors in the city, and that he was constantly about the still, feeding the fire and pouring off the liquor. That he had been attacked with a complaint in his urinating two months before I saw him, and that he was an out-patient at an hospital, under the care of a physician: but finding that he did not receive any benefit, he was induced to apply to me.

Upon examining, I saw that he made his urine in very small quantities, about an ounce at a time, and that it was discharged with mucus. No surgeon had seen him, nor had any bougie been yet passed up the urethra to ascertain the cause, and the seat of his affection. He complained of the urgent
necessity

necessity of directly urining, and of the pain attendant on it. A bougie was passed of a sufficient size, to justify the assurance of my being able to pass a catheter, in order to inject the bladder. Warm water was injected into the bladder, and it received about as much as the urine discharged at each time, which I have observed was about an ounce. I put this case under the care of my nephew, Richard Foot, of whom I had formed, from his great talents, the best and brightest prospects, but who, alas! is now no more! He repeated the injection of warm water every day for three weeks, during all this time the bladder was constantly dilating, when every symptom, by this application, and this only, was removed, the bladder being restored to its full capacity.

CASE IV.

During the process of injecting the bladder of the patient, in Case III, he observed to my nephew, that there was another attendant on the distillery who had been obliged to quit the service, as bad or worse than himself. That he had been attacked in the very same manner, that he had been also an out-patient at the same hospital, and that he was not in a state of amendment. The young man came the next day.

Upon his being examined, and making his urine, that distinction which I have never had any reason to doubt, which is constantly discernable, and readily made between the discharge of ropy mucus, such as accompanied the urine of the former patient, and the pus which accompanied the urine of this patient pointedly offered to our observation. The pus was discharged in excessive quantities:

ties: the patient, who was a very comely young man, appeared tabid and exhausted. Injection of the bladder did not reach the case; and at the end of three weeks, during which time he was a faithful attendant in the hope of a cure, the process was discontinued as ineffectual.

OBSERVATION.

My opinion is, that the cause of both these attacks was owing to the action of the spirituous gas upon the habit. Not by their drinking spirituous liquors, as they both of them appeared to be cleanly, sober, and trustworthy men, but by the air they breathed being charged with the spirituous gas. That the kidneys of both were first of all attacked, that the former case was restored by the kidneys having not yet gone into abscess, but that the substance of the kidneys of the latter was quite destroyed. Although I have observed that neither of these two patients brought on their complaints by drinking spirituous liquors; yet, perhaps, there is not a more general cause for inflamed kidneys, and making bloody urine, and the worst of concomitant symptoms, than the habit of drinking spirituous liquors.

CASE V.

A very respectable clergyman, aged 54, called upon me, and stated his complaint to be a frequent propensity to urine, sometimes to the amount of ten times in a night.

Upon examining into the case, I found that I could pass a bougie of the middling size, and upon his urining before me, at a time when he was forced to discharge it, I found that he could only fill a wine glass of about two ounces. I asked him, whether at any time he could evacuate more than what he now did before me? He said, that he could but very rarely, and at the most not much more. That the repetition of urining increasing, and the quantity at each time diminishing, was what gave him so much alarm in the case. That he felt himself languid, and almost worn out by the small discharges, and the increased exertions. That

his

his nights were disturbed, and upon every exertion he was exposed to excess of perspiration, which, in a great measure, relieved him. His appetite fell off, and his digestion was accompanied with flatulence. I was confident, from what I had already observed, that what obstruction was perceived in the urethra was not the cause of all these effects. Having succeeded with the greatest facility in passing up the catheter, I began directly to inject the bladder. About two ounces of warm water was thrown up before it was obliged to be discharged. The patient seemed to be pleased with the effects of the operation. He said it soothed the sensations so uneasy in his bladder. It was repeated ten times in the ten following days. The quantity received by the bladder increased very fast. His portions of urine were increased, and his repetitions of urining diminished. He took the apparatus home with him, and followed up the practice himself. But when he left it off, he found a propensity in the symptoms to return, and then he returned to the process again.

OBSERVATION.

As every person should endeavour to find out the cause of a complaint, because it will lead to a cure, and as I always endeavour to find out a cause, by which I am furnished with resources for a cure; I must own that I was rather embarrassed in this case, in not finding out the cause. But very lately the patient called upon me in a state uncommonly mended, and told me, that, he was certain, vexation had been the cause of his complaint. That he had been forced into a suit of law, that now it was over, that his mind was at rest, and that the symptoms no longer shewed a disposition to return. I have every reason to think that this was the cause. He was not an irritable man, but he was a man of nice feelings, forced into contention he could not escape: and in all probability, had not the disease been thus counteracted, he would have fallen physically a martyr to it: and the more so, because I can take upon myself to say, that in this instance I am not provided with another remedy, that could have been a substitute for the Vesicæ Lotura.

CASE VI.

A wholesale tradesman in the city, aged 24, called on me for a complaint in urining. He appeared to be a very sober liver, and rather of an athletic habit. But there was an oddity in his manner that denoted him to be of an uncommon cast of mind. He said that he had frequent sollicitations to urine in the night time as well as in the day; that it kept him out of society; that it was imagined by his relations, that his complaints were merely fanciful; that he was positive as to what he suffered, and that he almost despaired of being ever better, as he had tried the effects both of bougies and medicines.

I passed a bougie, and found the urethra in a state of disease, near the neck of the bladder. By comparing bougies with those he had passed, I found that he had never passed

any of a sufficient size, to justify from that, the sound state of the urethra.

I then attempted to pass the catheter, but could not get the smallest into the bladder. There was evidently a tension on the region of the bladder, and the patient flinched on its being pressed.

At this time he made but a small portion of urine, which appeared turbid, and of a brownish cast. I requested him to have leaches applied to the perinæum, to sit over a hot decoction of poppies, or if convenient to foment with the same, and to call on me the next morning, bringing with him the urine he had made through the night. The urine was fair enough in quantity; he said it was made at seven times. Its appearance was of a brownish cast, such as I denote to be stale urine, that had remained in the bladder longer than it ought; and at the bottom there was, after it had stood awhile, a deposit of mucus.

I tried in vain to pass a catheter. But by repeating the application of leaches twice,
by

by the use of the poppy fomentation, and by increasing the size of the bougie, in the course of a fortnight I succeeded in passing the catheter, and injecting the bladder.

In this case, the bladder was found to be capable of holding about six ounces. This was twice as much as he was capable of evacuating ever at any one time. In the course of about two months, by passing bougies, and by injecting the bladder, it was brought to hold more than twelve ounces; and he could pass his urine in the same proportion, his repetitions of urining being consequently decreased.

OBSERVATION.

There being something wild in the manner of this patient's relation of any thing, I was at a loss to what cause to attribute this continued complaint, for he had persisted in describing it to have been of long standing. But towards the latter part of his attendance, he at last informed me, that when he was at school, he had hurt himself in the perinæum, by leaping over a tomb-stone; that the parts
had

had then been very much bruised, and that he had, for some time after, made bloody urine. I asked him, whether he could date the origin of the complaint to that time? he answered, that he had not been well of the consequences of that accident ever since.

OBSERVATION

There being something wild in the manner of this patient's relation of any thing, was at a loss to what cause to attribute this continued complaint, for he had persisted in describing it to have been of long standing, but towards the latter part of his attendance he at last informed me, that when he was at school he had hurt himself in the perineum by falling over a tomb-stone; that the parts

CASE

CASE VII.

A gentleman, about forty-eight years of age, sent to me to come to see him. I found him with a large family, in great anxiety about his situation. He appeared low, was confined to his chamber, and directly as I came in was in the act of urining; I looked at his urine, and saw it pale and turbid; and after it had stood a little while, I saw there was pus at the bottom of the glass.

What the patient thought to be of very great importance in relating, I did not think much of; therefore I shall not go into a statement of it. In this case there was nothing directly flattering that could be thought on, nothing that could be attained by any means that promised an instantaneous cure; for if any cure was to be expected, it must arise out of the strength of the habit, by the patient
sub-

submitting to strict regularity, and by deriving, from time, an advantage over a case which was, in the present condition of it, precarious and uncertain.

He had been a complainant for many years. He was a strong active man naturally, had been a very free liver, and it was at that time he had experienced an attack upon his kidneys, which had terminated in abscess. The situation in which I saw him proved to be an exacerbation of symptoms from the prevalence of easterly winds, which is ever inimical to every complaint in which the urinary secretions are concerned.

It did not appear that he had ever been totally free from a deposit of pus at the bottom of his urine at any period of the year: but there were periods when he was much better than at others, when he was more free from pain in urining, and when he could go through the day without relaxing from the cares of the day, and without aid for procuring rest at night.

I could

I could get a catheter into the bladder on the first trial: and after having injected his bladder, though he did not make more than a wine glass full of urine at one time, I found that the cause was not in the bladder, as it would almost hold its quantity, notwithstanding his sollicitations to urine were as frequent as ever, and the quantity discharged at each time as small as ever.

The season of the year being unfavourable to his quitting his room, I recommended to him a perseverance in injecting the bladder, especially as he found that it abated irritation, and that it acted as a fomentation. And I flattered him when the violence of the symptoms had abated with the severity of the season, that by the strictest diet, and guarding against obstructed perspiration, there might be a chance, from the length of time since the abscess of the kidneys had first been formed, that he might go on favourably; and that there were instances where partial abscesses have terminated by a perfect recovery, under the severest regimen.

OBSERVATION.

From observation it is apparent that it is possible that there might be an abscess formed in one kidney, and still the office of urining can be carried on by the other: and that there might be a partial abscess of one kidney without its so far destroying its organization, but that it might still discharge partially if not wholly its office.

And from this case, and another, which I shall produce, I am not induced to think that every abscess, even of the kidneys, if rightly defined, and timely attended to, is to be understood as altogether a lost case.

This was a case of October, 1798, and I know that the gentleman is still living, though not well of the disease. This was a complaint brought on from free living totally. But a scrophulous habit is the most general cause of affection of the kidneys, when it appears to be an affection independent of, and not symptomatic of a stricture in the urethra, or diseased bladder. Generally speaking, an abscess of the kidneys

is

is fatal. But I do not think it would properly be so, if discovered, and treated in due time. When an abscess of the kidneys proves fatal, it is because the first attack was neglected to be treated according to the most obvious means, and when the consequent symptoms have not been rightly defined.

CASE VIII.

A young gentleman applied to me for an affection in the urinary parts. It was in the latter end of the month of November, and when the season was remarkably severe. Upon examining into his state of urining, I found that the quantity he made at a time was from an ounce to an ounce and half; and as he made it each time by my desire in separate glasses, I found that there was pus at the bottom of each glass.

I passed a bougie without much difficulty, but it excited strong sensations of pain, and he appeared to dread the attempt of it at every repetition.

In making the necessary inquiries into the history of the case, as it stood previous to my seeing it; he told me, that he had lost a brother in the same state. He appeared to me not
much

much emaciated. He had red cheeks, and thick lips, which were constantly chapped and fore: and in his neck there were scars, demonstrative of a scrophulous habit. It immediately struck me that the complaint was of a scrophulous nature.

With some difficulty I succeeded in injecting the bladder, and found it contracted to a degree beyond any condition I had seen before. I tried every means to facilitate the injection of the bladder. I continued on injecting it for nearly a month. I flattered myself at one time that I had gained a little ground, but it was only visionary. He always appeared to me as if he despaired of getting well: and indeed the dread and the pain, that he expressed whenever any thing was done to him, absolutely led me to wish to decline offering to do any thing. Although such was the state of the case, his countenance, when nothing was to be done to him, would appear placid: he would dress himself, and walk out between breakfast and dinner, and might have passed as a young man in a fair state of health.

Upon

Upon a consultation held upon his case, it was determined, that he should proceed to some sea-port, in the west of England, there to avail himself of the warm sea baths, and the mildest air. He accordingly went there. It was in the spring following, that I had the melancholy account of his death.

OBSERVATION.

I have not found it an easy matter to say which of the parts was first attacked in this affection. It was evidently scrophula: but whether it commenced in the bladder and prostate, and in consequence of their being diseased, the kidneys became affected; or whether the affection of the kidneys was the first, and that of the bladder and prostate, a consequence, I am not prepared to answer. But at the commencement of this attack I should suppose this question might have been easily decided.

Nothing yet tried in the practice of surgery can so well ascertain the state of the bladder, as injecting it. It is a criterion by which the seat of a disease can be ascertained

to a certainty, whether it be in prostrate, bladder, or kidneys; or whether in one or all. In this case, I am positive the pus came from the kidneys, by the same portion of pus coming forth with the urine, before the bladder was rinsed with warm water, as well as after. A distinction here fairly offers itself, by which a prognostic of the event of a case, where the kidneys have gone into abscess, might derive some assistance.

Kidnies that have gone into abscess in consequence of inflammation from free living, or from any other true inflammatory cause, might and frequently, under correction by diet and medicine, do get well. But that expectation in an abscess of the kidneys from scrophula will be much more remote and doubtful. I saw a patient last summer, who had an abscess in one of his kidneys, and for some days the urine was full of pus. The sac of the abscess came away in pieces. These pieces used to stick in and about the neck of the bladder, and in the urethra, when the urine, as it was discharged, came forth with a gurgling flatus, that might have raised an extraordinary conjecture (as it did with the patient)

patient) as to the cause of such a phenomenon, if it had not been thus accounted for. These pieces thus discharged were observed from time to time. The patient is now well.

CASE IX.

It was in February that I was applied to, by a letter from Northampton, upon the case of a farmer, who had an attack in his urinary parts. The description of the case communicated by a clergyman was not sufficient for me to form any criterion upon it.

In the month of June I made a journey to the patient. I found a man about forty years of age, with a settled red on his cheeks, as if they were always flushed; and with one eye totally opake. His urine had found two or three passages through the perinæum, and part of the scrotum. These parts were all callous. Whenever he evacuated his urine, part came naturally, and part by these diseased openings,

I had brought with me the smallest catguts, small bougies, and small catheters. I remained

there a day and half; and every time I tried, I passed a catgut into the bladder; and when it was withdrawn, the stream of urine by the natural passage, became mended. I left some catguts, bougies, and catheters, with a surgeon, and departed with strong hopes that the natural passage would be enlarged, and that the diseased passages consequently would heal.

Towards the autumn, as he did not get better, the patient came to town, and under my care. My object still was the same, to enlarge the natural passage by every possible means. But I never succeeded. Sometimes I could pass a bougie, and sometimes not, just in proportion to the degree of irritation on the parts. There was one particular symptom in this case that always excited my worst apprehension of it. Every effort of urining, which was made by his getting upon his knees, produced so much pain as to cause the patient to utter groans loud enough to be heard even in the street.

After trying every thing which appeared probable to serve the case to no successful purpose,

pose, for nearly six months, the unfortunate sufferer ceased to urinate altogether: and for the last week of his existence became delirious, attended with the most profuse perspirations. Upon examination of the parts, with Mr. Edward Ford, it was found that the kidneys had gone into abscess, and that the bladder was contracted and abraded. There was sufficient evidence that the state of the kidneys was the cause of his death.

OBSERVATION.

In my review of this case, I have not the smallest doubt of its originating in scrophula. I was flattered with the hope of opening the natural passage of the urethra, or otherwise undoubtedly I would not have approved of his coming to London. His sufferings, his resignation, and the duties, as they were in the tenderest manner discharged by his affectionate wife, their constant devotion, and mutual loving kindness, made every day impressions more painful to me in proportion as I found the power of surgery, at least of mine, ineffectual. The profuse perspirations, and the delirium, were obviously produced

from no urine being secreted. I have seen many more instances of these symptoms coming on at the latter end of cases of the destruction of the kidneys.

OBSERVATION

In my review of this case, I have not the least doubt of its originating in hæmaturia. I was struck with the hope of opening the natural passage of the urethra, or otherwise, undoubtably I would not have approved of his coming to London. The discharging his excretion, and the better, as they were in the hospital, rather discharged by his affectionate wife, their constant devotion, and annual forcing kidneys, made every day more and more painful to me in proportion as I found the power of surgery at least of some individual. The private practitioners and the delirium were entirely produced

CASE X.

A merchant in the city sent to me, or at least his domestic surgeon applied to me in his behalf, to call upon him, with the hope of deriving benefit from the application of the Vesicæ Lotura. I found the patient in an emaciated state, but I obtained an easy access to his bladder. Upon injecting it, I found that it was not owing to the condition of the bladder, nor to the prostate, that the state of the patient could be attributed. The bladder had but very little concern in the case. Injection of warm water did neither harm nor good. His urine was discharged in very small quantities, and there evidently came away with it a great proportion of pus.

This gentleman had been so unfortunate as to have submitted to the application of
caustic,

caustic,* and, perhaps, that had aggravated his case: for at any rate, the most interested admirers of the practice of caustic must admit, that the application of it, to any good purpose, cannot extend beyond a stricture in the urethra, beyond the point where the caustic can come within contact of the part really and solely affected. They cannot say--- that if the stricture in the urethra be not the cause of the other affections, for which they who favour the indiscriminate use of caustic from that reason, or from an indifference to any reason, indiscriminately thus use it---they

* In apparently a similar case to this, that of Lord M—— at Chelsea; the caustic had been applied by Mr. H—— for a series of times, and he was left as well. Ultimately, a few months afterwards, upon opening the body, there was found a stone of three ounces weight in the kidney. There was never any other obstruction in the urethra, but that of irritation from the affection of the kidney. This I will, from my experience, take upon me to say, as I attended the case to the day of his death, and could sometimes pass a bougie, and sometimes it was impossible, just in proportion to the degree of pain and consequent irritability. I was never able to inject the bladder.

His Excellency, Baron K——, had the caustic also applied by Mr. H—— under the like mistake, for a supposed stricture in the urethra. I was called to him afterwards, and by injecting his bladder discovered a stone. In a few days after I saw him, he expired, and a very large stone was found in his bladder.

Two thirds of the cases, for which caustic is applied, are similar to these,

cannot

cannot say---that the influence of the caustic ought to extend beyond the part to which the caustic, at the point of a bougie, is thus applied. If by its application to a stricture in the urethra, when it was presumed that the stricture there was the cause of all the symptoms the patient was then suffering, any have done well who would not have done well by any other means, those might be thought well of, who treat cases after that manner. But from what falls within my observation from practice, I find that indiscriminately caustic is applied by one, or by some practitioners, without the smallest desire or intention of making any distinction whatever.

The result of this case is not particularly before me, I only saw it four times; but I am sorry to say, that I saw enough of it to be convinced, that I should not have applied caustic for its cure. This is my opinion of caustic for the cure of strictures; and I will venture to assert, that I have the opinions of all intelligent surgeons with me. I have since had the opportunity of knowing, that
this

this gentleman soon after died. This was beyond a question a case of the kidneys.

I would not have the reader to understand, that these are the only cases where I have seen caustic mischievously applied. I could furnish a volume of them. Caustic is wrongly and mischievously applied in every case that does not originate in the urethra: and caustic is wrongly and mischievously applied in every case that does originate in the urethra, unless the milder means have been first tried, and have failed, which they seldom will do if enough of art and attention be employed.

The action of caustic upon the urethra is very injurious to the kidneys. This is proved by the shivering fits which frequently follow the use of it. Some patients have a shivering fit after every application of the caustic. These shivering fits are caused from a retention of the urine in the habit, owing to the kidneys ceasing to secrete it. Subsequent to each shivering fit, profuse perspirations follow, as in the case of ague, by which channel the urine is carried out of the habit, until the kidneys are again in a state to resume their office.

office. The milder means should always be first tried, for if these should not succeed altogether, yet the inflammatory symptoms will be abated, and the danger of profuse hæmorrhage, mortification, and rigors, from the use of caustic, will be lessened.

☞ We find out these fatal cases from caustic, somewhat after the manner that the fox found out the fates of those who visited the lion that pretended sickness. We track the patients in, but never out.

CASE XI.

A gentleman, aged fifty-eight, of a very robust habit, and a high liver, applied to me in the month of December. I am thus particular in naming the season of his application, because I wish it to be understood, that every symptom of urinary affections is aggravated by the cold seasons, and more especially by easterly winds: and as it is at this season the patient feels himself the most alarmed, so it is at this season that he generally applies.

He appeared to be very much oppressed, and being a corpulent man, seemed as if his weight was too great for his strength. This arose from disease solely; as otherwise he was very agile and active. This is also a strong symptom of the constitution being acted upon by urinary affections.

Whenever the urine is baulked in its egress, it is also ever baulked in its secretion;
even

even when the first cause of complaint is not seated in the kidneys. The kidneys will become irritated, their process of secretion disturbed, more urinous fluid will be retained in the habit, and the redundance of it must go off in perspiration. The patient evacuated about three ounces of urine before me, and that was with difficulty. I endeavoured to pass a bougie into the bladder, but could not succeed. He returned to his lodging, where I visited him the next morning; and upon examining the urine, which he made through the night, I found a plentiful quantity, which had been evacuated in small proportions. It appeared dark and cloudy, like stale urine. There was some mucus in it, but no pus. He had no appetite, was much dejected, was very flatulent, and had had some shivering fits. These are strong symptoms of affections in the kidneys.

After having perspired freely under antimonial medicine and opiate, and being cupped, he found himself soon well enough to return to his seat in the country, where he remained till the spring, and then returned to town. Allowing for the difference of the season,
all

all his symptoms were still on him, but not to that exacerbated excess they were found to be in the month of December.

He passed the summer in this state, during which I was able to pass a bougie of any size, but that did not procure a discharge of an increased quantity of urine at one time, nor lessen its repetition. This was what demonstrated the difficulty of the case: and this was what proved the seat of the disease not to be in the urethra. When the exacerbations were great, the bougie could not be passed, but at other times it could be readily. The loss of appetite, the dejection of spirits, the flatulence, and the shivering fits frequently returned, and were successfully relieved by perspiration, by opiate, and by cupping.

Upon a consultation, caustic was applied, and a blister to the sacrum. These, as I feared, were injurious. They increased the repetitions of urine, and provoked the mucus: and at the same time the quantity of urine, upon the whole, was lessened by them. They produced a return of flatulence and
shivering

shivering fits, and all the concomitant symptoms already remarked. When the exacerbated symptoms had abated, and the patient was in his best state, I proposed the Vesicæ Lotura.

I passed for this purpose a catheter with some difficulty, and was astonished at drawing off more than a pint of urine. The patient was made quite easy. I threw up the warm water, it gave a great deal of pain, it excited strong sensations; and when it was discharged was deeply tinged with blood. I never saw, before nor since, this effect from warm water. The drawing off the water promised fair. It procured more ease than any thing else, but still it did not improve the natural discharge of the urine. But even this could not be always done, not when it was most wanted, nor when the symptoms were most exacerbated: profuse perspiration then was the grand relief.

When the urine could be drawn off, I found at length that it could be done with the largest catheter. This led me to pass a sound to search for stone, but found none.

The

The urine was now drawn off when it could ; and towards the autumn, the patient returned into the country, and remained there till the following spring, sometimes better and worse. The drawing off the urine frequently failed. He took bark and steel in the country by advice there. The next exacerbation was very severe. It followed directly after the medicine. He returned in the spring much worse. He again grew better under a diluting system, and his urine was drawn off again without much difficulty. The bladder could hold a quart. The urine had all along appeared stale, and loaded with much mucus ; but pus at this time was discovered amongst it, and this came on after the fierce attack in the country.

He could now draw off his urine himself. He took catheters with him, and bore a journey to Ramsgate, used the warm bath there, and succeeded constantly in drawing off his urine.

In this promising state somebody there seduced him from the warm to the cold bath. This was a death-blow to the case. I came
to

to him, and still, however, succeeded in drawing off his urine, but he evidently never recovered from this last attack.

He returned to London with great difficulty. The flexible catheter could no longer succeed. Mr. Lynn saw him, and drew off his urine in large quantities twice with the silver catheter: but the pain the patient felt, and the despondency that from this time seized him, induced him to reject more surgical assistance.

An eminent physician saw him for the last three weeks, and he expired the third of December, which was about two months after his return from Ramsgate. During the last week, it appeared that the secretion of urine had ceased. His perspirations were profuse. I expected that a delirium would have come on, but it did not. He lay rather in a comatose state, but at times was sensible to the last day but one.

Upon examining the case with Mr. Lynn, and his assistant, the urethra and prostate were
very

very little altered from a healthy state. The bladder retained its natural capacity. But round the sphincter of it, there was a nest of fungi. These fungi would not permit the urine to pass but in the manner that it had; and it had been remarked, that unless the catheter was long, and was passed far up, the urine did not come flush away through it, during the whole of the time of the urine being drawn off.

It was these fungi that gave the pain, and that bled when the warm water was injected into the bladder, owing to its force in the act of injection. The ureters were greatly distended. One of the kidneys was completely destroyed, and the other appeared larger than a calf's heart, and full of pus. There is not the smallest doubt, but the disease began with the fungi, and that the disease of the kidneys was the effect of the urine being detained. The kidneys had withstood, for a length of time, the attack, and were always disposed to return to a sound state, till they again felt the effect of exacerbated symptoms. The stricture in the urethra

thra was never more than a consequence of increased irritation originally produced, indifferently which, from the fungi or the kidneys.

CASE XIII.
A gentleman, aged seventy, had been long subject to a supposition of urine. I was called to him to draw off his urine, and found him in great distress, in consequence of a retention of more than twenty-four hours. I questioned that he might have a full dose of opium, and that as he lived he ran to me only in General Street, I would soon come again and try. I proceeded with some difficulty; and after drawing it off, I threw up warm water into the bladder, and let that out. After this I attended to the history of his case, and found it to speak of it in the most concise manner, to have been a long

He had been subject to a supposition of urine, and had undergone the operation of trepan to the bladder for its drawing off, and ever since, the supposition of urine had been

E

CASE

CASE XII.

A gentleman, aged seventy, had been long subject to a suppression of urine. I was called to him to draw off his urine, and found him in great distress, in consequence of a retention of more than twenty-four hours. I requested, that he might have a full dose of opium, and that as he lived so near to me, only in Gerrard-street, I would soon come again and try. I succeeded with some difficulty; and after drawing it off, I threw up warm water into the bladder, and let that out also. After this, I attended to the history of his case, and found it, to speak of it in the most concise manner, to have been as follows.

He had been subject to a suppression of urine, and had undergone the application of caustic to the urethra for it; during its use, and ever since, the suppression of urine had
 been

been more constant. The surgeon often failed in drawing it off. He then applied to another surgeon, and to another, and another. To the last that had failed, upon the two last attempts which he had made, the patient suggested his wish to try the effect of injecting warm water into the bladder. The surgeon assented to it very readily, and thought it promised very fairly. But perhaps the surgeon was not aware, or it might not have occurred to him, or he might be aware, that the bladder could not be injected, if a catheter could not be passed. I am positive that I have not so much dexterity in drawing off urine in a difficult case, as at least two of the four surgeons have, who saw this case; and therefore, I could not expect to succeed long where others had soon failed, by only using the same instrument, which had been used by them; by the flexible, or the silver catheter: and it was for that reason, that I took with me the apparatus for injecting the bladder, and applied it in the very first instance.

On my second attempt to draw off the urine, (for none would flow spontaneously) I found it much easier than the former, and I

again, after the urine was discharged, threw up warm water, and let it out, and threw it up repeatedly. This would produce such a relaxation in the urethra, that the catheter, as it was fastened to the bottle, could be passed in, and out of the bladder, and urethra, with as little impediment as on the soundest subject.

Mr. Irwin, the apothecary, being present at this, and every other time, appeared equally surpris'd and pleas'd at the fact. We were both satisfi'd that the whole of the difficulty in drawing off the urine arose from pain and irritation. This induc'd me, whenever I found a difficulty in passing the catheter into the bladder, not to persist in it, by using force, but to throw up warm water to the part which resist'd the passing the catheter, and this mode always succeeded, and has succeeded in every other case, where I have found it necessary to adopt it, beyond my most sanguine expectation. I am as much satisfi'd with this acquisition of knowledge from practice as of any other advantage which can be attributed to this process, and I

can

can recommend it with the strongest assurance of successful effect.

It must be observed, that all this while, this patient was evidently sinking. I had not the smallest doubt, but that his complaint was now in the kidneys, whatever it might have been when Mr. H. first applied the caustic. He was, when I saw him, wasted, and almost exhausted. He had a physician to attend to him, so that my department was confined solely to the drawing off his urine, which I effected without once failing by the means I have here related, generally twice a day, to within a few hours of his death, and which was about a month after I was first introduced to him.

CASE XIII.

A solicitor of eminence in his profession applied to me, in the autumn, for an urinary affection of long standing. I visited him twice before I attempted to do any thing for the case, in order, as well ^{as} I could, to obtain a knowledge of the true [^]nature of it.

I found that he urined seven or eight times in the night, from two to three ounces at a time; and that, at the bottom of the vessel, there was evidently pus. He had also an affection of his lungs, and at this time expectorated freely. He was a thin man, of uncommon good understanding, and abounding with patience and equality of mind, more than is commonly within the power of the afflicted. He construed every thing favourably. I soon became very much interested for him. His pulse were quick and low, and his appetite bad: he could not apply to
any

any business: he was troubled with flatus, and felt pain on one side near the region of the kidney: when he stood upright, or on the smallest motion, he urined: his rest was also very much disturbed with the frequent desire to urine. The glans of the penis was so irritable, that he could scarcely walk about the room, without being suddenly obliged to sit down. This was best obviated by suspending the penis, and what offered in theory was confirmed in practice. This troublesome symptom was thus abated.

The patient had been under the care of a surgeon, and a physician, before I saw him, and was, when I saw him, attended by an eminent apothecary, on account of the affection of his lungs. Upon attempting to pass a bougie, the difficulty was not to be overcome. But in this case also, by throwing up warm water through the catheter, up to where the stricture, or resistance rather, was, it gave way, and the bladder was successfully injected. It is to be observed, that in all the cases of affected kidneys and bladder, the irritation extends to the bulbous part of the urethra; and the practitioner, in cases of this description,

tion, should hesitate before he considers that to be a stricture, which in reality is only a resistance from irritation. The truth of this is strongly exemplified by the action of warm water in the last case. This was also the exact case of the present patient; and this had been his case from the beginning. This had been mistaken by his former surgeon, who considered the case, and treated it altogether as a stricture in the urethra; and it is evident, by the application of caustic in Case XII. that it had been mistaken also.

Now in this case, whenever the catheter was attempted to be passed, without the use of warm water, the resistance was obstinate, and frequently could not be overcome; and whenever the warm water was thus applied, the catheter would pass as if there were no obstruction at all. It passed in and out just as easy as it would in a sound urethra. The bladder was much contracted, and very rarely would retain the water injected. After a few ounces were thrown up, the propensity to discharge it became irresistible. This was also the condition in Case VIII.

The

The process of injecting was continued during the winter. The patient could throw up the warm water himself. He staid within doors the whole season. His health, and his kidney affection, gradually grew better. The chief medicines which he took were the nitrous acid, butter milk, extract of sarsaparilla, and bark. There were, at different periods, exacerbations. But in the month of May he was well enough to go abroad, and follow a little, his practice. The discharge of pus in his urine had decreased, but had not disappeared. The solicitations to urine had abated, and the pain in the glans penis, which hindered him from even moving, had totally subsided. At this time the patient continues in the above state. The discharge of pus comes from the left kidney only: and in my opinion, originated in scrophula.

The progress of the disease was continued during the winter. The patient could throw up the warm water himself. The fluid within does the whole labour. His health, and his kidney affection gradually grew better. The chief medicines which he took were the nitrous acid, bitter salts, extract of tartarilla and bark. There were a different period of exacerbations. But in the month of May he was well enough to go abroad, and for a little his presence. The discharge of pus in his urine had decreased, but had not disappeared. The solicitations to urine had abated, and the pain in the gland penis, which hindered him from even moving, had totally subsided. At this time the patient continues in the above state. The discharge of pus comes from the left kidney only; and in my opinion, originated in tubercula.

CASES

FROM

P H Y M O S I S.

OBSERVATION.

THE following cases are selected out of many more that have offered for my observation, in the treatment of urinary affections brought on, and maintained, by what I term natural phymosis, where the prepuce is so contracted over the glans penis, that no part of it can possibly be denudated.

The nature of this affection will be best explained by the cases. The cause of this affection is shewn by the stream of urine being obstructed in its passage from the bladder; from its not having that equal and proportionate egress out of the urethra as it is poured into the urethra from the bladder,

der,

der. The contracted prepuce makes a pressure upon the glans penis, by which the urine recoils upon the neck of the bladder, irritating and inflaming it more and more, till the bladder, and in process of time, the kidneys, become as much diseased from this cause, (as the following cases will demonstrate) as they possibly can be, from any other cause whatsoever.

The cause of this disease has been overlooked. No author has as yet noticed it. I myself had overlooked it, as the second Case will explain. And though it was not possible to pass a bougie, even upon a patient thus conditioned, without that condition being seen, yet it has not been generally supposed, or believed, or suspected, that where there was a natural phymosis and an urinary affection also, upon the same subject, that one was the sole cause of the other; or that the operation necessary for the release of the stricture from natural phymosis would be the only remedy for the cure of the urinary affection, brought on in consequence of it.

The

The operation for releasing this stricture has been hitherto performed for sexual gratification only. The stricture of the natural phymosis upon the glans, acts much more powerfully than any one could suppose it possible, if it was not accounted for by the reflection, that the variation in the proportionate size of the penis in different conditions, gives a strong and unequivocal explanation of it. When the penis is enlarged, the phymosis hinders the skin from complying with extention. In the last case, which I saw of a natural phymosis, the surgeon had been compelled to draw off the urine of his patient twice a day, till the patient was tired of it, without discerning, that the cause of this desperate condition was owing to this natural phymosis. The operation was performed, and though the patient was seventy-six years of age, and was otherwise an irritable patient, yet he has been enabled to dispense with surgical assistance, and his power of urining is gradually following the effect of the operation.

CASE XIV.

I was desired to see a gentleman, about thirty years of age, who had a total stoppage of urine. After having drawn it off, he told me that he had frequently been very near the situation in which I found him, but that he generally had been relieved from it, by strong perspirations, and by the urine passing from him involuntarily, especially whilst he slept. I asked him, if he had consulted any one upon it before? He told me he had, and that the complaint had been deemed to be of a nervous description. I asked him, why it had been thought to be a nervous affection? He told me, because of the deafness he laboured under, supposing that both the complaints originated in the same cause. I did not judge it prudent to apprise him of my opinion then of his case, that the phymosis was the cause, lest the idea of an operation, abruptly started, might terrify him from me.

me. I saw his apothecary, a most respectable gentleman, and imparted to him my opinion of the case. The patient did not directly agree to an operation: and I was willing to see what could be done by drawing off the urine by catheter, by passing bougies, and injecting the bladder; as, if these failed, which I knew they would, the patient would then more readily consent to the operation, which though trifling in itself, yet as an operation, every one chuses to take time to think upon it.

I need not inform the professional reader, that the prepuce of the penis, as it is seen in its pendulous state, is not a termination of the cutis of the penis; but that the cutis is continued on, and doubled under, and terminated behind the glans penis, just as the cuff of a coat is doubled under, and sewed to the lining of it. In a state of erection of the penis, the whole of the skin of the prepuce is brought into use; and this demonstrates to any observer, whether medical or not, plainly the truth of this duplicature of it. When the penis is in a state of flaccidity, the prepuce is then a duplicature of it; and when

in

in a state of erection, it is no longer so. It is then, the part which is termed the duplicature of the skin of the penis in a state of flaccidity, that in this disease is contracted, and so strongly embraces the glans penis, that it cannot, without the art of surgery, ever be denudated: and hitherto, whenever this operation has been performed, it has been with a view to sexual enjoyment, which the diseased state of the case undoubtedly baulks, and not as a cure for diseased consequences.

A gentleman told me, that he had taken off a propensity in the prepuce to contract, by an instrument which he passed between the glans and prepuce, like a flattened forceps; and thus, by daily stretching the prepuce, and by the application of oil, resisted and removed the propensity altogether. This must be done in its progress, but cannot, in my opinion, when the contraction is complete. The old way of releasing the natural phymosis, was by dividing both the cutis and the duplicature, so that the cutis, and the duplicature, internally and externally, were both divided, even beyond the glans: and when the penis was in a state of flaccidity, the

the prepuce thus divided hung down, forming a bag behind the glans. The bareness of the glans excited strong disgust to the eye, and the operation became a violence to a part beyond reason, necessity, and propriety. I have seen some of these, after they have healed; and I saw one, the relation of which must appear to be a melancholy history. Within these five years, a gentleman who lived directly opposite to me, and who had a great estate in Suffolk, of about thirty-five years of age, and a batchelor, had this operation performed by a high Scotch physician,^(a) and his partner.^(b) Which of them was the operator I know not^(c). The operation

(a) God hath blest you with a good name; and to be a well-favoured man is the gift of Fortune; but to write and read comes by nature. *Shakespeare.*

(b) Which be the malefactors?
Marry, that am I and my partner. *Shakespeare.*

(c) *Ecce autem similia omnia, omnes congruunt:*
Unum cognoris, omnes noris.
Hic in noxa est, ille ad defendendam causam adest;
Cum ille est, hic præsens est, tradunt operas mutuas.
Terent. Phorm.

See all alike! the whole gang hangs together;
Know one, and you know all.

One does a fault, the other's hard at hand
To bear him out; when t'other slips, he's ready—
Each in his turn. *Colman.*

tion was so done, that both the cutis and duplicature were divided as far as beyond the glans. A great deal of inflammation came on, and the part swelled to a great excess.

The

Note upon Notes by the Editor.

Being in the habit of sending my writings for the perusal and review of my friends before I go to press, one amongst them, of a ludicrous turn of mind, sent back my manuscript with the above notes, peremptorily insisting that I should print them, or forfeit his friendship for ever. For said he, "It was an illiberal act to the whole profession of surgeons, and what the English physician never would have done, in the High Scotch Doctor to presume to fill such an office in this metropolis, to the exclusion of so much individual ability as is to be found amongst the regular practitioners in that art." Poor silly soul! I have obeyed him, 'tis true; but he little thinks that this same High Scotch Doctor, as he calls him, is as good a surgeon as he is a physician, and as good an apothecary as he is a surgeon. Poor silly soul! I say again. I have been brought into this scrape, merely owing to my good nature, and an overweening diffidence about me, by shewing my manuscript, that my errors might not go forth to the public uncorrected. But this altercation between my friend and the High Scotch Physician, has taught me to be more reserved in future.

Pol me occidistis, amici!

I never more will shew a manuscript of mine.

Note by the Coroner to the Editor's Character.

Westminster } The precise terms of anatomical knowledge and
to wit. } surgical art, not having been the study of my
early years, and never having perused Aristotle, either at school,
or

The gentleman discovered strong sensations of horror, and told his friends, that he would not survive his condition. He proved as good as his word.

As

or in my riper days, I should have been greatly at a loss to have made out the case, touching the matter in question, to the Twelve honest Men and true, whom I had convened by my summons, if I had not received the greatest assistance from the worthy Editor, who was the whole time at my right elbow.— Without his liberal information, none of them would have known which was which; especially as my summons neither reached the High Scotch Doctor nor his Partner, both being from home upon another operation.

Finis coronat opus,

Cloysters,

Westminster Abbey.

☞ The Editor feels himself highly honoured by the Coroner having thus made a public declaration of his services. The Editor, in his turn, cannot suppress his full approbation of the worthy Coroner's well adapted and appropriate motto. The Editor begs leave in this most public manner also to acknowledge the receipt of a note from the scrupulous sexton of Suffolk, at the head of which stands an eminent quotation from the grave-digger in Hamlet—

Is he to be buried in Christian Burial, &c ?

Shakespeare.

But the Editor rather wishes to suppress this note, and to substitute in its stead another quotation, from *Dr. Johnson*—

Let us be silent over the grave !!!

As I was entering my house, at noon day, the gentleman's friend, Mr. Lindsay, called out to me from the window of the deceased gentleman's house, to come over instantly. He had done the deed but a few minutes-- it was complete.---The ball had entered the mouth, and lodged under the os frontis, which it had elevated by its force. He was reclined upon the sofa, in a graceful position, with the pistol clenched in his hand. Upon Mr. Lindsay telling me the cause, I viewed the parts. The glans seemed like a child's head buried in a large pillow, or like the kernel in an apricot when cut in two.

A little reflection might have told this rash gentleman, that there was not the smallest cause for despondency in this case. It would have done as well as other cases under the operation thus performed, to a certainty. And when it had healed, if he had been well advised, the whole of the pendulous part might have been circumcised.

When the phymosis is complete, no part of the glans, not even the orifice of the penis, can be seen. Passing a bougie must
be

be done by searching for the orifice; as the prepuce not only embraces the urethra, but hangs a little over it.

The mode of operation is thus to be done with a bill-hook knife, such as is to be seen in the plate, made by Mr. Savigny.

About the sixth of an inch of the outer cutis, is to be divided from within outward; so that the point of the knife shall be seen passing out, and dividing about one sixth of an inch of the outer cutis: and this is all of the outer cutis that needs to be divided. This will naturally enable as much of the cutis as is divided, to be slid back; when only the duplicature will present itself; as much as does present itself must be divided in the same manner. This will allow fresh undivided duplicature to present itself, which is also to be divided after the same manner; and so on, till the whole is thus divided, and till the whole can be slid back behind the glans penis, leaving it completely denudated.

The treatment of the part is to be according to the principles of common surgery; to
be

be dependent upon the degree of inflammation, and the previous habit and age of the patient. One point must be always attended to; the prepuce must never be suffered to remain, for any time, slid back; as in one instance, where that was the case, it was with the utmost difficulty, that I could again bring it forward. The strangulated glans had hydatids upon it, and in the shortest time must have sloughed away. When the consequent inflammation will permit it, the prepuce should be slid backward and forward two or three times in a day, and whilst that was doing, the glans should be smeared over with oil of almonds. This will be sufficient in the simplest cases, and the whole will be well in a fortnight.

When the inflammation forbids sliding the prepuce backwards and forwards, the prepuce may be fomented with decoction of poppies, to which a little rectified spirit might be added; and oil of almonds should be injected round the glans, till the inflammation has subsided, so as that the glans can be denuded. I have never seen the divided parts unite again, and I think there is no reason,
in

in any one instance, to apprehend that they will. There might be other remedies appropriate for other appearances which might offer, according to the different habits of patients; but I have not seen, as yet, any necessity for more to be done than what I have described. But if there should be any such necessity, the surgeon will avail himself of it.

During the period of the healing of the divided parts, it is not to be expected that the symptoms of the affection of the bladder and kidneys, that have been brought on in consequence of the contracted prepuce, will abate. The operation in the end will favour the cure of the consequent symptoms. But the consequent symptoms, during the first fortnight, need only be treated and considered as inflamed parts, afterwards to be subdued; as parts inflamed, which, by proper means, can, since the stricture from phymosis is now released, be subdued, and which, without the stricture (which was the cause) being thus released, could never have been subdued.

The subject of this case was about thirty years of age, and as far as I can learn, he never had been able to denudate the glans. Consequently there had been all his life time a disposition in the effect of the urine recoiling upon the bladder, and which, by degrees had arisen to that state in which I found him. The neck of the bladder appears to be more particularly affected from this cause than from strictures in the urethra, as most of the patients thus conditioned are obliged ultimately to have their urine drawn off when it can be done; with some it cannot.

After my patient's prepuce healed, bougies were passed into the bladder: the bladder was injected with warm water, and the whole of the affection, which by any other treatment, I presume, would not have ended but with life, in the course of three months was completely dissipated. The neck of the bladder, at first, being, by length of time, callous and horny, resisted most obstinately; but the effect of warm water was very powerful in counteracting the propensity.

CASE XV.

In the year 1792, a gentleman was my patient, the account of whose case, at that time, I shall here extract from a former publication of mine. This will shew plainly what was the cause of his complaint, how it was overlooked, what chance he had of recovery without this operation for phymosis, and what has been since the consequence of the operation.

Here follows the case, by way of explanation, as it was published by me in the year 1792.

“ A gentleman consulted me for a very curious case, and one which I have not been able either to ascertain the nature of, or radically to cure. With the assistance I have given him, he seemed to be more satisfied than myself, as he is content to let it remain
in

in the imperfect state of cure, in which I now consider it. Whenever he catches cold, whenever the wind is easterly, whenever he drinks hard, or lies in strange beds, he becomes exposed to very severe attacks of the ischury; and when these attacks are over, his stream of urine returns as flush and full as that of any man, whose urinary parts are in a state of health; and he finds himself as well in every respect, as any sound person whatever.

It is now nearly three years since I first saw him. All his attacks of ischury have been removed by the warm bath, by pulvis antimonalis with opium, and by opiate clysters. The smallest of all bougies can, with some difficulty, be passed, whenever he is at the worst, and the assistance of a bougie, at that time, is found to be very essential; for independent of the use of it, the other means will not be effectual. But the strange part of the case consists in this: that when he is to all appearance well, when his stream of urine flows full, and when he has not the least irritation seemingly, no bougie has yet been passed into the bladder, not even a catgut. The attempt has been often made by himself,

by himself, as he is content to let it remain in

by me, and by another surgeon, and by each without ever succeeding."

Such was the state of this case in the year 1792; and from that time, to the time of the operation, for the release of the stricture from phymosis, which was done in the summer of 1797, every symptom became aggravated; inasmuch, that for many months before, and after the operation, the patient was in the most imminent peril of his life.

I shall just premise, that the patient was a strong robust person, of a sanguineous habit, between thirty and forty years of age, of an active disposition, lived rather highly, and very much in company, but was not naturally fond of drinking.

Previous to the operation, the stoppage of urine returned in much more rapid successions, attended by rigors, heats, and strong perspirations, and with seldom the power of passing the smallest catgut into the bladder. Besides the warm bath, antimonials, and bleedings, he at length was reduced to the necessity of taking 300 drops of tincture of
 opium

opium at a time for relief. These means had the effect of suspending the fatal issue of the case.

The patient had had, previous to my knowledge of him, a large chancre behind the glans, and it was at that period he perceived the coming on of the phymosis.

As soon as it struck me, that the phymosis was the cause of all these aggravated symptoms, and that it still thus maintained them, I recommended to him the operation. The thing in itself seems rather too remote to strike a patient's conviction directly; but the good understanding of this gentleman would not let the opinion escape him, and he submitted to the operation just as soon as persuasion from argument could have expected.

The operation was performed with the simplicity I have described, and the part healed as soon as I expected, never assuming any appearance that required more than the simplest treatment. But the symptoms of irritation, for two months afterwards, were much more formidable than ever. Whether these

these were thus provoked by the operation, though simple in itself, thus aggravating the affection, or not, I will not directly assert; but I believe that to be the case. By the retention of the urine in the habit, by the distress brought on the kidneys, and on the bladder, and by the state of the patient, in consequence of what he had suffered, both from the disease, and from the irritable condition which he was reduced to, by immoderate doses of opium, all these causes combined to aggravate the whole of the symptoms at this period of the case. The difficulty of urining was increased, and the urine was full of mucus. The abdominal region was hard and tender to the touch. Rigors, heat, and perspirations were strong. There was an obstinate costiveness, his nights were restless, and his stomach full of flatulence. His pulse occasionally was very hard and quick.

A physician of eminence saw him, prescribed leaches, warm bath, and antiphlogistic medicines. The symptoms abated, but constantly returned. He then prescribed calomel in small doses, and occasionally the
warm

warm bath; and after these, hemlock. Under the latter remedy he grew evidently worse. It being the summer season, the physician left London, and the patient then came directly under my care.

I considered the case to be true inflammation, and which had extended to the peritonæum. By repeated bleedings in the arm, by the most powerful antiphlogistic remedies, and above all, by the most sparing and simple diet, the whole of these symptoms gradually declined, and to this hour, have never again returned. I am in the habit of seeing the patient often, and find, upon inquiry, that he feels but very little inconvenience in urining.

There appears to be a rigidity about the neck of the bladder, as it will not admit of a large bougie being passed. I mean to inject up warm water, which I conceive will relax it, and tend to take off the remaining effect of that distress which it had experienced, and which of itself, though the cause be removed, it cannot get completely rid of. Nothing can look more natural than the state
of

of the prepuce. There is scarcely a vestige of the operation to be seen. This I deem to be a case of important demonstration, as to the effect of phymosis.

CASE XVI.

In the spring of the year 1800, being served with a subpœna upon a trial between a surgeon and a patient, I was, in consequence of this sort of introduction, applied to by an under officer of the court.

The patient was naturally a strong and active man, but had been for some time harassed by his complaint, and now appeared very much distressed. His complaint was a constant solicitation to urine, with great difficulty in discharging it. He had seen many surgeons before he had applied to me: he considered the case as desperate. I saw there was a natural phymosis, and upon attempting to pass a bougie of the smallest size, I failed. Upon more inquiry I found, that the stricture of the prepuce had followed an inflammation a few years back; and also, that no one to whom he had hitherto applied, had assigned to the stricture of the prepuce the cause of his

his present distress. His perspirations were very profuse, and his debility oppressive. These always are symptoms attendant both upon the impediment of its secretion as well as upon the discharge of urine.

The operation in this case was submitted to, and succeeded to the utmost expectation, with this exception, that on the Sunday following the operation, the patient called in great distress, having suffered the prepuce to remain behind the glans. It was, fortunately for him, just in time to be able to bring it forward. This was the case I before alluded to, relative to this situation, and it ought to be a warning. I cannot too strongly inculcate a caution against such a neglect; for happen when it will, with all its consequences, the surgeon, guilty or innocent, suffers his share in every thing that is unsuccessful. After the prepuce had healed, by catguts and bougies a passage into the bladder was obtained, but not without much difficulty; and every symptom of disease disappeared.

CASE XVII.

A gentleman, aged thirty-six, born with a phymosis, had been a patient of mine from the time he was at college. He had, from my first knowledge of him, an habitual discharge from the urethra, which baffled all endeavours to remove it. When he was about twenty-two years of age, an attempt was made by another surgeon and myself to release the stricture, but it was so awkwardly done, that he derived no good from it. The discharge from the urethra still continued, and rather increased than diminished. At different periods, symptoms of irritation came on to an exacerbated degree, so as to distress the patient very much. In short, for more than ten years he was thus conditioned, and all this time, he was, whenever he came to London, applying to me for bougies and other remedies.

When

When I told him, about four years ago, that I now knew how to serve him, and pointed out to him the manner of doing it, his confidence in me was not diminished: he gave me the trial. The operation was performed, and the parts healed without the smallest interruption. In two months after the operation to this time, not the slightest symptom of disease has been perceived.

CASE XVIII.

Of too small a Perforation of the Glans Penis.

A gentleman of the law, aged twenty-two, who had resided in Jamaica two years, was forced to return from thence, for a complaint in the kidneys and bladder, accompanied with a difficulty in evacuating his urine.

He told me, that he had enjoyed perfect health till within these two years; but that ever since he was in a warm climate, these affections were rapidly advancing, till they had arrived to that excess in which they were now experienced. To all appearance, no one could be, with any chance of recovery, in a worse state. Upon attempting to pass a bougie, I found there was, in limine, a great difficulty in passing it, I could scarcely get the smallest bougie to enter the perforation or orifice of the glans. There also appeared

a scar, left from a former ulcer, not directly upon the orifice of the glans, but on one side of it. Upon attempting again and again to pass up a bougie of that size, which any natural orifice would have readily admitted, I still found it impracticable.

I suggested to him, that the smallness of the orifice might be the cause of all his symptoms; that it was my firm opinion it was the cause; and that dilating, or enlarging the orifice, was the sine qua non of his ever getting well. The orifice was dilated after the following manner.

I passed the largest bougie I could into the urethra, and made my incision, upon the orifice enlarging it on its lower end. I considered that enough was done, when I could pass a large bougie. The point of a bougie was passed up twice a day till it healed. After this, I left his situation, for some time, to its natural action, without attempting any thing more, to see how far the relief thus given would be productive. The whole of the symptoms gradually abated. He discharged

charged at length his urine in a fair stream, at proper distances, and in proper quantities. But notwithstanding this effect of the operation, it is very singular to relate, that I was never able to get a bougie into the bladder, though nothing was omitted for at least six months, that I thought would conduce to it. The orifice was dilated two years ago, and he has ever since continued free from any return of symptoms.

OBSERVATION.

I have relieved two more cases of this sort. They were taken in time, so that the symptoms produced in consequence of them, had not gone such a length as they had in the above case. But it was the symptoms they had in consequence of the smallness of the perforation, and not the smallness of the perforation, that induced these two patients to apply to me.

CASE XIX.

On the Value of the Use of Catgut in gaining a
Passage into the Bladder.

An eminent tobacconist residing at the west end of the town, had been troubled with a stricture in the urethra for many years. From his description of the case, it did not appear, that the surgeon, who had been in the habit of attending him, and for a long while, had ever passed a bougie into the bladder. He had been to Holland upon commercial business, and returned last October in the following condition.

His scrotum was swelled to an enormous size, and in a state of sloughing in more than one part. The rest of it was hard and livid. His prepuce had sloughed off. His penis was hard and horny. His abdomen was tense about the

region

region of the pubis; and of course his feverish symptoms ran very high.

Upon examining into his mode of urining, I found, that whilst he was at Harwich, on his return from Holland, a tumour in the scrotum and perinæum had bursted, and that after this, seven-eighths of his urine passed that way. When he urined before me, from the aperture in the scrotum, there issued a stream; and from the perforation of the penis the urine came drop by drop, with only now and then a little stream. The patient, I am persuaded, thought that all was over with him, at the time that I first saw him. My plan was directly taken. It was, to enlarge, if possible, the natural passage, and to prevent the progress of sphacelation. I fomented almost constantly with poppies, poulticed with linseed, and excited and maintained a generous perspiration with wine whey.

The next day I tried to pass a bougie, but could not succeed. The smallest was too feeble, and a larger could not be passed. When I got the smallest about two inches up the urethra, and, finding I could pass it no further,

further, tried to withdraw it, the bougie seemed as if it was held tight by the urethra, actually elongated the penis in withdrawing it, and which was effected not without a little force. I then took with me the smallest catgut, and passed it with ease. This success induced me to stay with the patient for two reasons; to give him encouragement, and to watch the effect. It remained up till he wanted to urine, and when withdrawn, there followed a very fair stream. This practice was repeated, always increasing the size of the catgut.

The scrotum assumed a better state. Less urine passed by the diseased opening every day. The ulcer in the scrotum commenced to heal, and every part of the case took a most favourable turn. But one morning, when I called, I found the scrotum had again inflamed, almost as much as when I first saw it. Still the opening by the natural perforation of the penis was improving. My patient looked very much alarmed at this new attack, when I told him, that the case was still as promising as if the relapse had not happened. That whilst the urine was suffered to pass
over

over the diseased aperture in the urethra, some drops of it had escaped through it, and thus maintained the diseased appearances. That I was confident I could pass a catheter into the bladder; and by drawing off the urine, the case would cure itself. A catheter was readily passed. The patient shortly passed it himself: and in the course of two months, he was as well as any person could possibly be.

OBSERVATION.

It is now nearly twenty-eight years ago, since I first recommended the use of catgut. I took the practice from Monsieur Le Dran. Neither the hospital practice, nor private practice in England, had then adopted it, and I am sure my readers will call that more than vanity which I must now feel, when I am able, at this expiration of time, to state, that nothing but that instrument, the catgut, could have saved the life of this patient; and that the practice of using catgut is most followed by those that judge best upon the nature and cure of obstructions in the urethra, especially the most of all intricate cases.

If

If I should ever be induced to offer more practical observations to the public attention, I should be tempted to it, by laying before them a body of intricate cases, where there were but the smallest hopes of getting a passage into the bladder, and yet by catgut, the cases have proved successful.

The fault of practitioners, and of theorists in surgery, is trusting too much to individual ability, and which is in reality, the arrogance and vanity of ignorance. Improvements are abused by it; for arrogance and vanity have neither eyes nor ears. Transcendancy over the rest of the orders of creation consists in the power that men have of accumulating their ability. When we say, that such a thing is now brought to perfection, we acknowledge by that confession the force of accumulated ability. Proportional contributions produce the solid comforts of existence. No one will deny, but that the profession of a surgeon has a great concern in enlarging human happiness; and that the practice of it is most beneficial, when it is most liberal. It were to be hoped therefore, that so advantageous an art should never be stained by base and
selfish

selfish conduct. The prosperity of it has been ever my first object. My contentions have been pointedly applied, to clear away whatever has obstructed and defaced it; and to expose and attack whoever has dishonoured and defamed it. The fungus upon the oak will cripple its growth, impoverish its vigour, vitiate its quality, and diminish its value.

FINIS.

BOOKS WRITTEN BY Mr. FOOT;

AND PUBLISHED BY

T. BECKET, PALL-MALL.

1. 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 Quarto, 1l. 10s. Boards.

2. A New Critical Enquiry into the Ancient and Modern Method of curing Diseases in the Urethra and Bladder; being an Amendment of former Editions, and illustrated by a great Variety of Cases. 5th Edition, 2s. 6d.

3. Observations upon the New Opinions of John Hunter in his late Treatise on the Venereal Disease. 8s. 6d. Boards.

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

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

6. The Life of John Hunter. 5s. 6d. Boards.

7. Dialogues between a Pupil of John Hunter and Jeffé Foot. 8vo. 2s. 6d. 1795.

8. Cases of the successful Practice of VESICÆ LOTURA for the Cure of diseased Bladders. PART I. 1s. 6d. 1798. SECOND EDITION.

BOOKS WRITTEN BY M. FOOT

AND REVISED BY THOMAS PAUL-MARIE

1. A Complete Treatise on the Origin, Progress, and Cure of the LUES VENEREA, AND OF STRUCTIONS IN THE BUBOES, HERETICALLY a great number of Cases being a Century and a half since first published. One Volume Quarto. Years 1790 and 1791.

2. A New Critical Enquiry into the Ancient and Modern Method of curing Diseases in the Uterus and Bladder; being an Amendment of former Editions, and illustrated by a great Variety of Cases. 5th Edition, 2s. 6d.

3. Observations upon the New Opinions of John Hunter in his late Treatise on the Venereal Disease. 8s. 6d. Boards.

4. An Essay on the Bile of a Mad Dog. 2s.

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

6. The Life of John Hunter. 4s. 6d. Boards.

7. Discrepancies between a Faith of John Hunter and John Foot. 2s. 6d. 1795.

8. Cases of the Venereal Disease of VESICÆ POTURÆ, &c. &c. as it is treated by the Author. PART FIRST. 1798. SECOND EDITION.

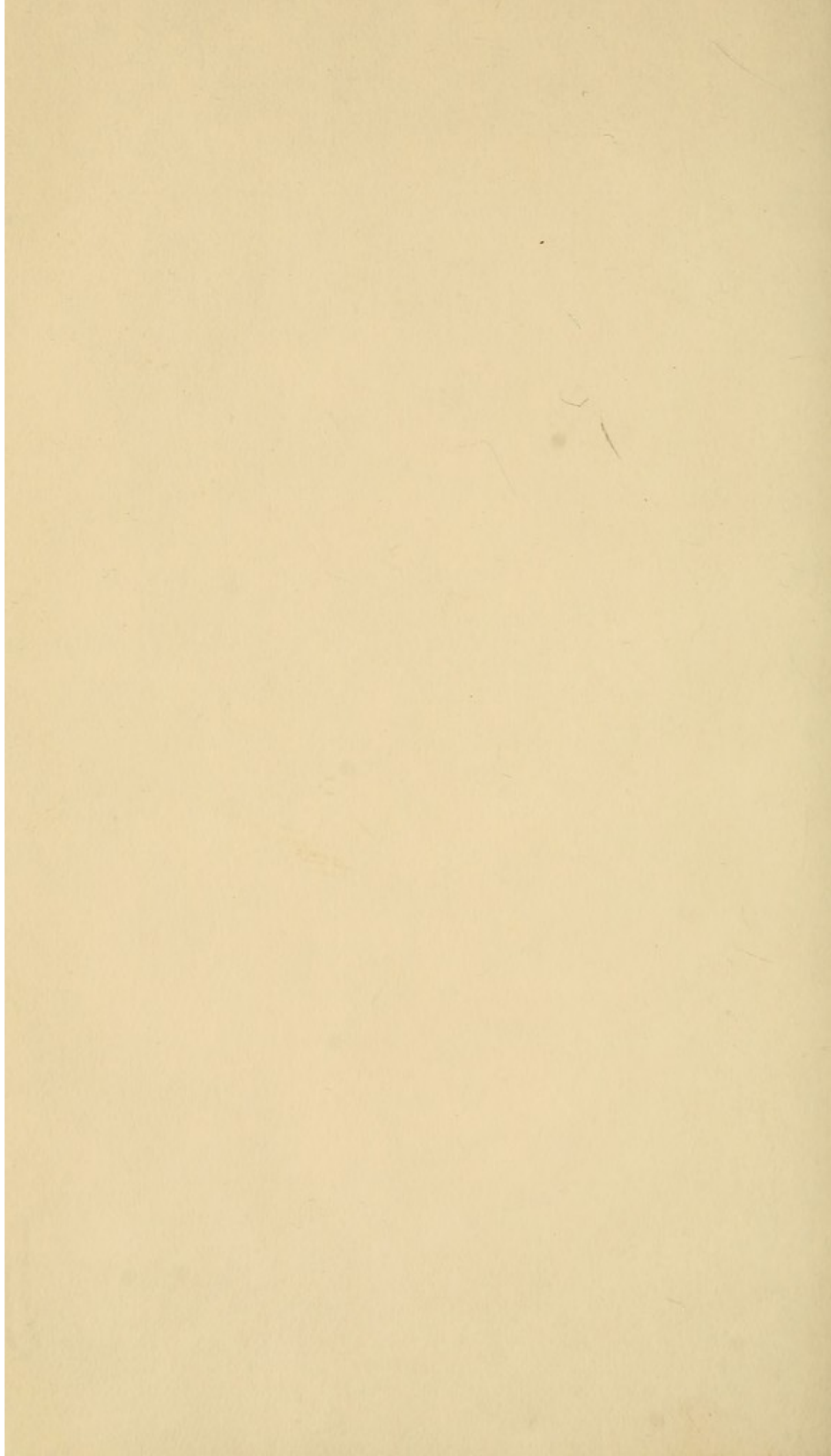
ERRATA.

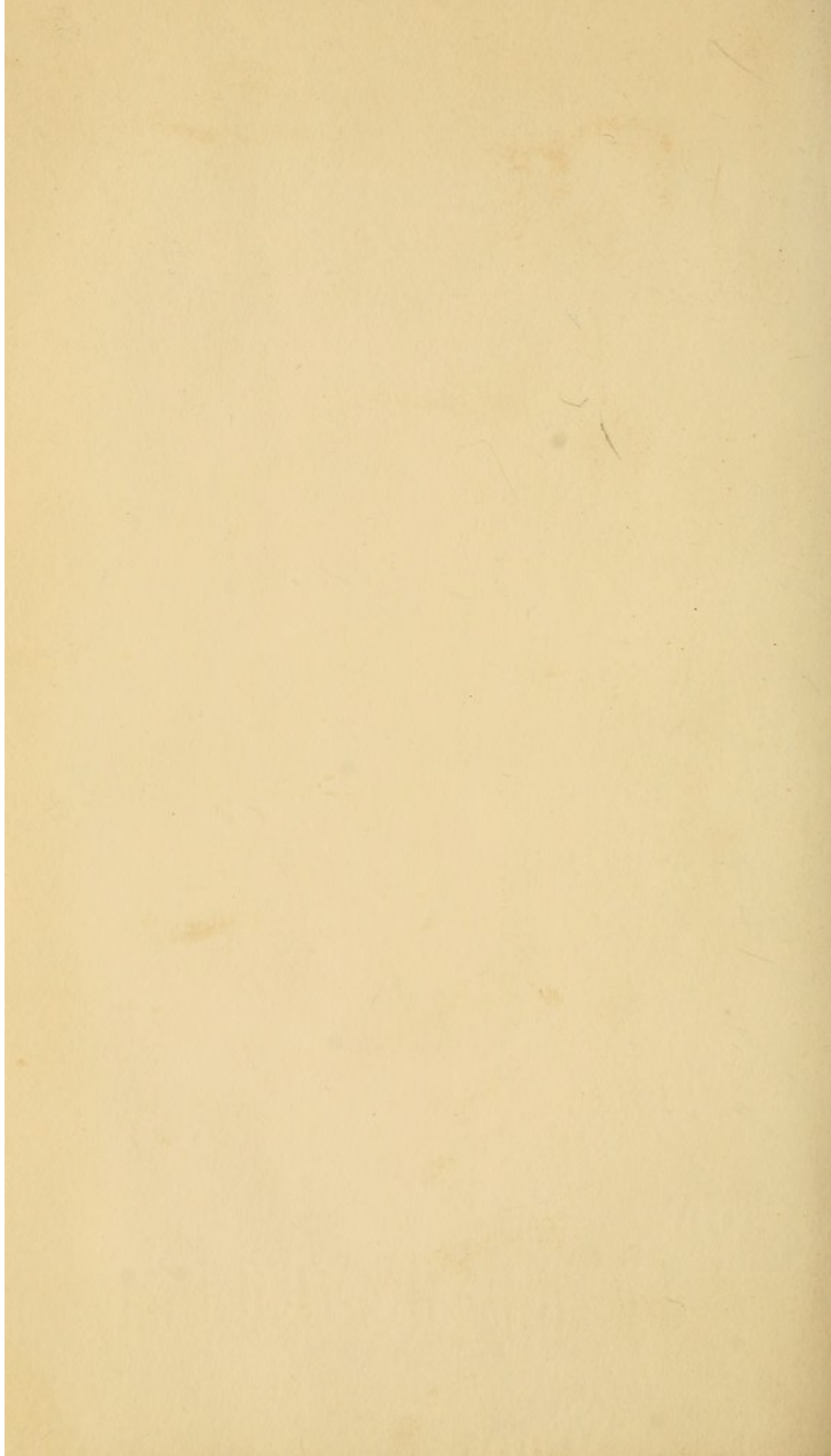
Pages 30 and 31, for prostrate *read* prostrate.

Page 65, for theg lans *read* the glans.

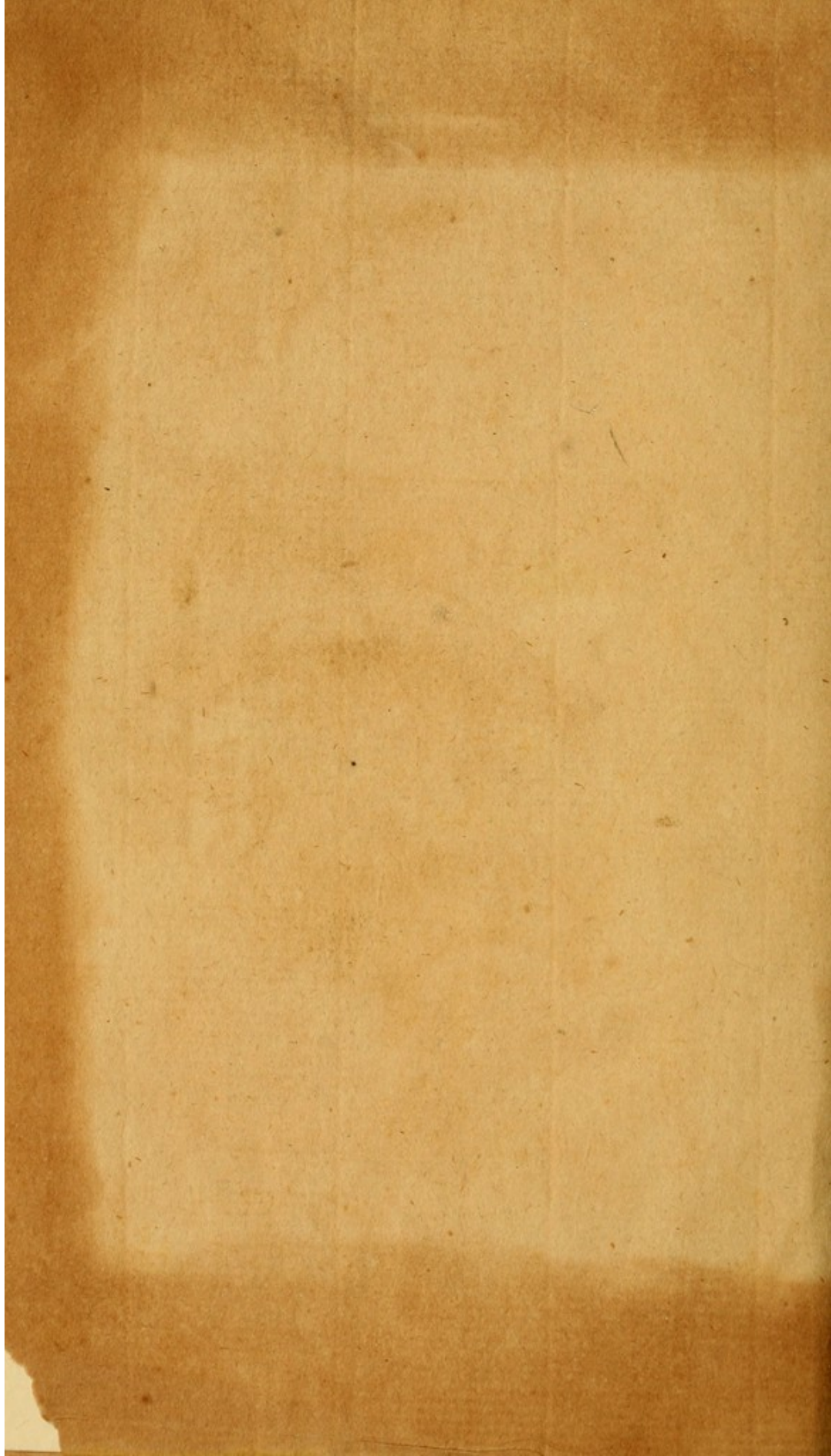
ERRATA.

Page 60 and 61, for problem read problem.
Page 62, for the last read the same.









~~6. 11~~
33. 6

