

**A dissertation on the anomalous cases of disease affecting the rectum and bladder : connected with a constipated state of the bowels, and retention of the urine : submitted to the examination of the provosts, trustees, and medical professors of the University of Pennsylvania, as a candidate for the degree of Doctor of Medicine / by John A. Elkinton, of New Jersey (March 3d, 1822.) ... : April 10th, anno MDCCCXXII.**

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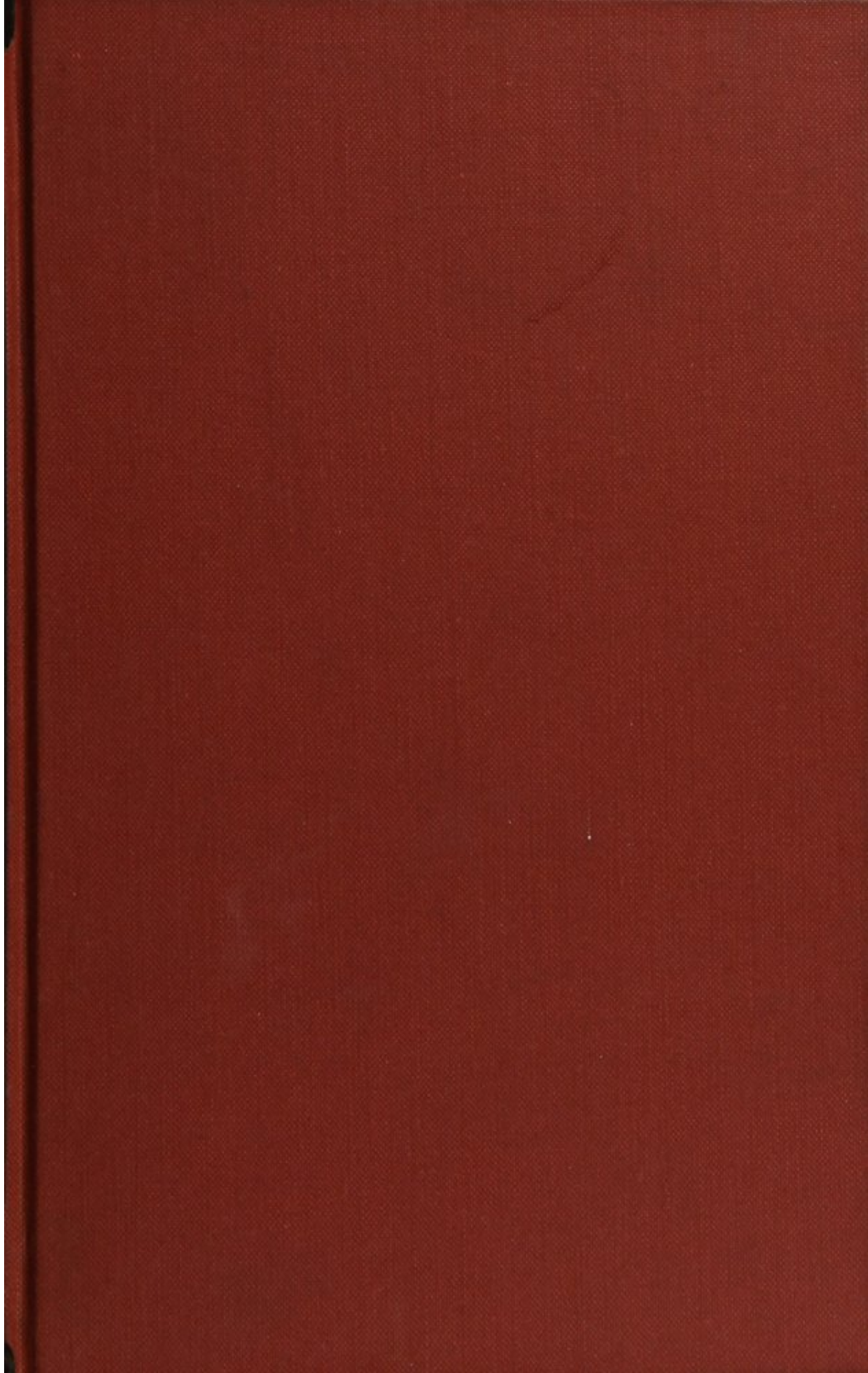
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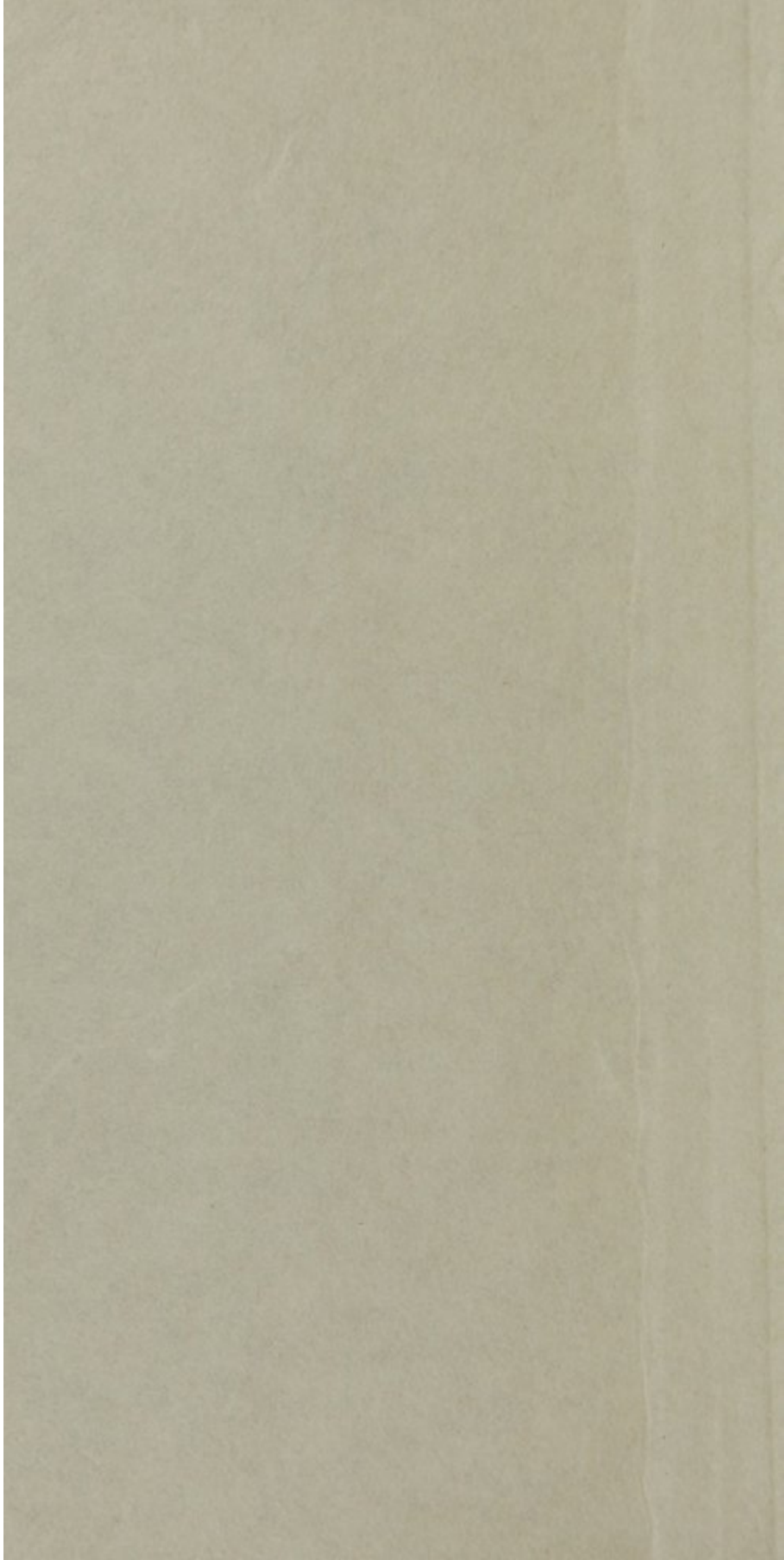
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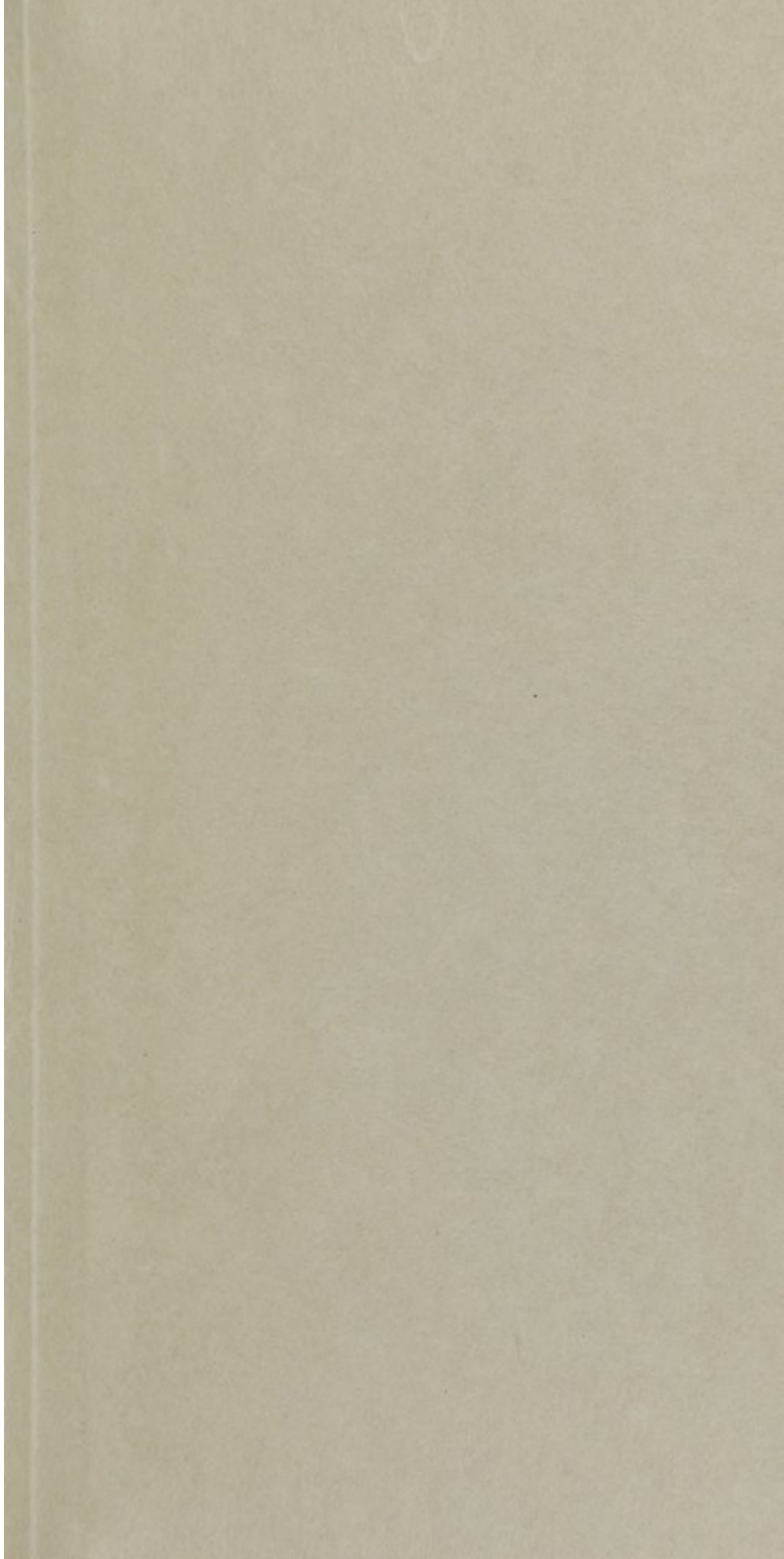
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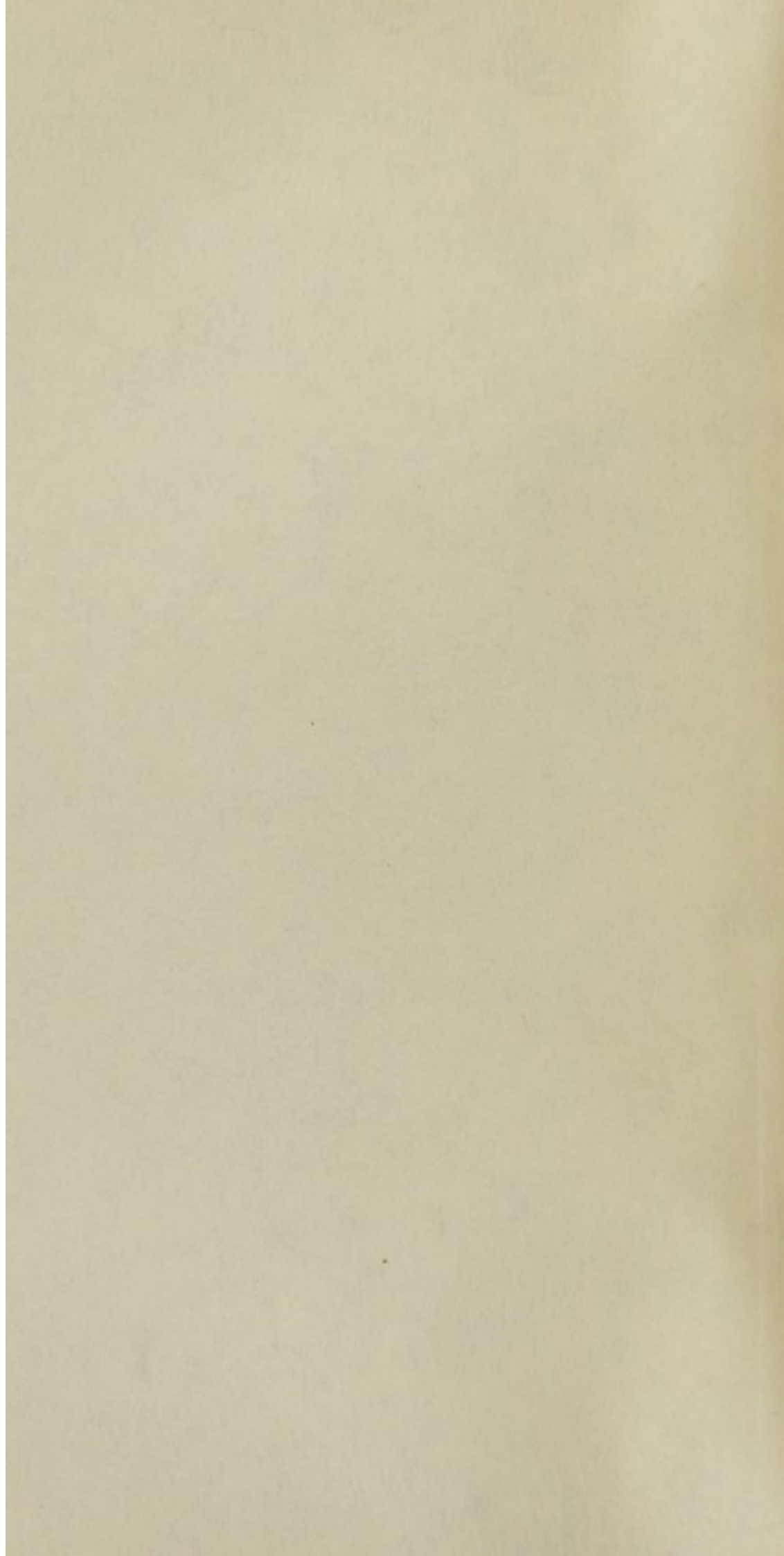
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AN

INAUGURAL THESIS,

BY

JOHN A. ELKINTON,

OF

New Jersey.



BRIDGETON

PRINTED BY SIMEON SIEGERFED.

OCTOBER...1822.

L.  
Dr. Potter  
with the best wishes  
of the Author

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## PREFACE.

TO

DR. PHILIP SYNG PHYSICK,	<i>Professor of Anatomy.</i>
WILLIAM GIBSON,	<i>Surgery.</i>
NATHANIEL CHAPMAN,	<i>Practice of Physic et clin. pract.</i>
JOHN REDMAN COXE,	<i>Mat. Medica et Pharmacy.</i>
ROBERT HARE,	<i>Chemistry.</i>
THOMAS C. JAMES,	<i>Midwifery.</i>
WM. E. HORNER,	<i>Adjunct Prof'r Anatomy.</i>

GENTLEMEN,

AMBITIOUS to achieve the noblest object which can honour and emulate the character of a man, I this day begin the consummation which directs me to the most exalted, wished for attainment, or places me at once to the lowest grade of heart-rending animadversions and despondency.

It is an epoch in life, which will be cherished with pleasure, or thought of with sorrow, to the latest periods of memory.

The idea of success in such an undertaking, is like a dream to a thirsty man, who wakes but finds he is still wanting; or it is like the "music of carol," mournful, though pleasing to the soul. Its disappointments are more poignant to the mind, than the midnight gloom of harpies in a charnel-house. As it is insuperably exalted in its acquirement, it is tantamount degrading in its invectives.

From the happy expressions of a modern writer, I behold already the seducing flowers, whose fascinating beauties "invite me to partake of them with-



out restraint," but the autumn has not arrived, when the fruits will hang plentifully to reward the industrious and the meritorious.

When I behold the vast number of heads and pens which have thronged the pages of medical history with the improvements of their art: when I consider, too, that most of these records have appeared to us from a European origin; I entertain a notion of patriotic pride, that the day is not very far distant, when the sons of republican Columbia shall be able to subvert their ascendancy, and triumph over the archives of despotic Britain. To this wished for probation, which "age and injury has hallowed deep," in the annals of medicine, I am at present but a fugitive disciple. The anticipation, however, of such a happy and boasted conjuncture in American science, fills me with aspirations characteristic of the insulted genius of my country.

But, in thus liberally giving vent to intellect and sensation, it is not my wish to excite sympathy in the breasts of my preceptors, nor to animate them by my enthusiasm: I must be content for a time, to search out the path which has been trodden by a former traveller, whose labors have but cleared away the rubbish for my easier access to its destination; or, with more probity of confession, I am happy to imitate the stream that is "carried through a channel formed by art for its course."

But you, noble examples of industry and of genius, who appear to me like bright constellations, surrounded by terrestrial meteors, imitate the bold river, which overflows a whole valley, and where it does not find can force a passage, by its own natural impetuosity and strength.

The boundless expanse which is opening before my eyes, and the stream of knowledge which appears to flow not beyond my reach, inspire me with a zealous determination to fulfil the maxim, so appropriate in medicine, *nil desperandum*. In attempting



it, I feel myself like the little child, who, with a shell, dug a hole in the sand, to contain the water of the ocean. Nature, however, has bestowed upon me a medium portion of intellect; fortune has afforded me an opportunity to improve, which many great men never possessed. It is by my own exertions, therefore, that I am to attain the transcendent acme of modern improvement. With this principle, which I entertain as a desideratum to future eminence, I proceed to a description of the subject intended for this essay. In doing so, I approach it with a jealous uncertainty. If my success be equivalent to my endeavors, I trust I have nothing to fear. But future attestations must confirm the jeopardy. I engage in it like the infant commonwealth, at the time of the origin of the republic of Holland, which, it is said, represented a ship struggling amid the waves, unassisted by sails or oars, with this motto,—*Incertum quo fata ferant*,—I know not whither fate may carry me.

JOHN A. ELKINTON.

*Port Elizabeth, April 15, 1822.*



## ADDRESS

To JOSEPH CLOUD, Esq. one of the Officers  
of the United States' Mint.

RESPECTED SIR,

THE period has now arrived, when all my labors are to be summoned and exposed, before that tribunal where merit does not fail to be rewarded, nor industry approved. Had I observed a strict adherence to your precepts, or imitated your example, discretion would have afforded me unexceptionable qualifications, industry would have dissipated a "shadow of doubt," which now hangs over me.—Entertaining, however, the gladdening hope of an honorable conclusion of such irksome, yet pleasing researches, I now present myself before the ordeal of verbose attestations of my medical education.

Before I experience this testimony, it is proper that I should acknowledge the many useful instructions and admonitions derived from you, both in a physical and moral sense.

During the two years that I have lived in your family, and been engaged in coadjuvancy with your son, in the arduous pursuit of medicine, I knew no other but a father's house; I recognised no companion but a brother.

Your disinterested friendship, manifested to me throughout, must not be mentioned here. Your virtues as a man need not be mentioned to those who know them better than myself. Enterprizing in science, industrious in inquiry, of an indefatigable nature, you already rank among the brightest luminaries of our country. If urbanity of manners, a benevolent mind, and unremitting labors to benefit mankind and your country, be calculated to render you useful and respected, such are the well-known traits which ever gild your name, in the memory of

Your devoted friend, and well wisher,

THE AUTHOR.



## TO DR. JOSEPH PARRISH.

BELoved PRECEPTOR,

IT were wholly incompatible with the intention of this essay, to attempt any such detail without descanting for a few moments upon your superior claims to the full completion of it. Sensible of the high importance of the profession I am about to engage in, I cannot fail to cherish, as dear to my recollection, the many useful hints and practical cautions, which you have so unsparingly impressed upon your pupils. But while I impose such obligations to you, it would be injustice to my feelings, and an inexplicable digression from your practices, not to mention the name of your colleague, who is so much revered and respected by you, and whose name is always associated with honor and judgment.

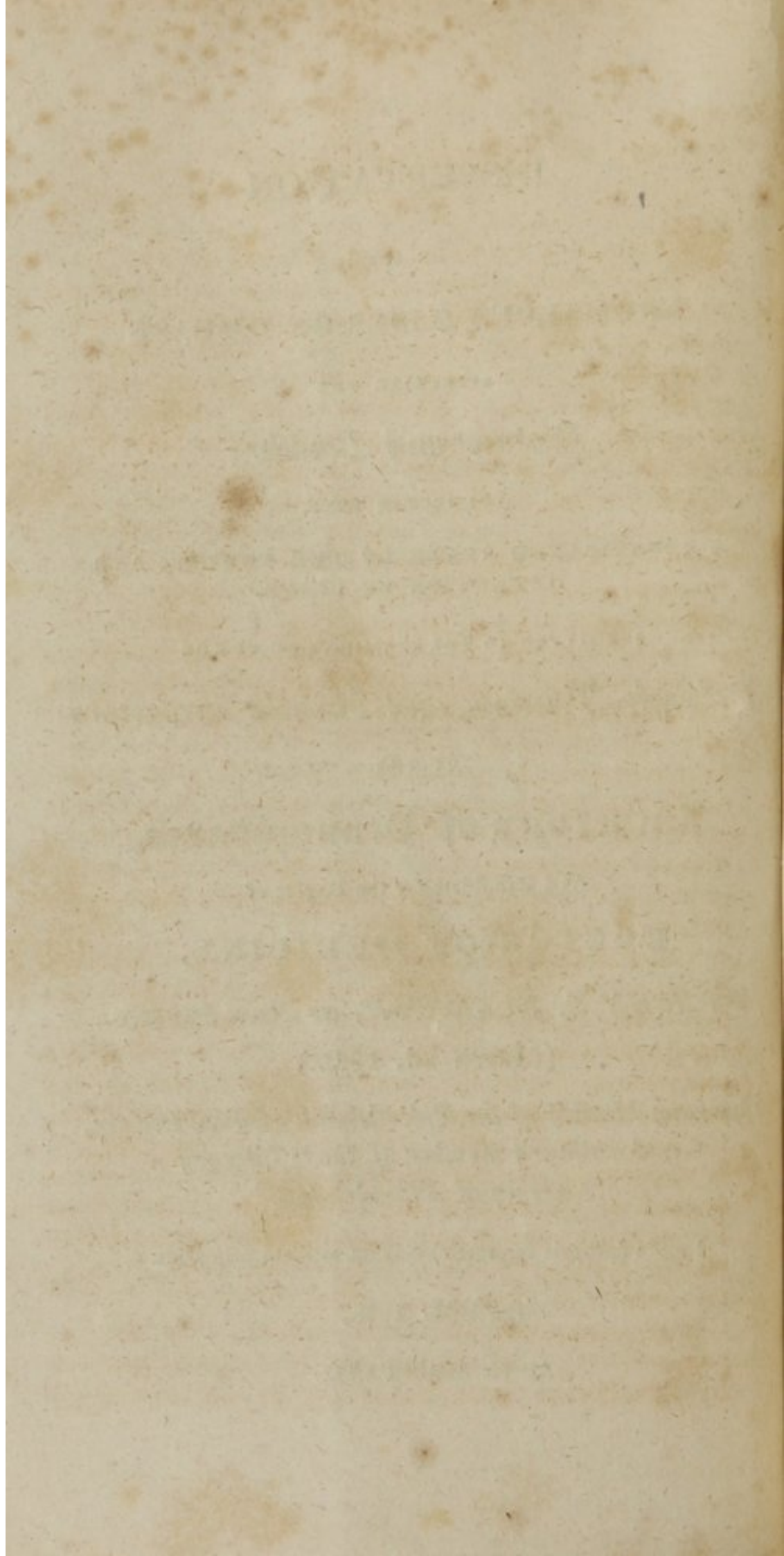
Dr. PHYSICK, as a surgeon, stands unrivalled.— As a physician none excel him. He has become the idol of American physicians and surgeons; and whenever I speak of you, I must also think of him. Were I to say, in all your surgical lectures and instructions, you directed our attention in an emphatic manner, to some occasional prerogative of Dr. Physick, I might speak in terms of exaggeration. But his name has become the anthem of your class, and all echo his just praises, without inquiry or scepticism.

To you, and often from him, I owe many valuable precepts, which in practice will become “an anchor of hope” in many cases I may be called to.

Not including the formal title of a preceptor, your familiar and pleasing intercourse with your class, allows me to say for myself and all, we regard you as our medical father.

Cherishing a lively sense of respect and gratitude, for your unfeigned zeal to promote my advancement in medicine, and your personal interest for my moral character, since I have been under your direction, I beg you to accept this discolored fragment, as the smallest tribute of respect and esteem, due from

Your affectionate Pupil.





## INTRODUCTION.

IN looking over the last number of Dr. Chapman's Medical Journal, I was extremely gratified to find contained in it, a description of a disease, which bears some relation to one I have selected.— Dr. La Roche has there detailed, at some length, a very extraordinary affection of the bowels, which fell under his care, and was successfully managed by appropriate remedies. Though the progress and nature of this case be somewhat different, yet the accuracy of its description, and the careful arrangement of its separate stages, affords me ample reason to suppose any analogous cases would meet with approbation in a dissertation.

The diseases of the alimentary canal are numerous and diversified. Before entering into an account of the disease of which I am to treat, it may be proper to give a pathological description of this structure, as concerned in diseases to which it is most liable.

Bichat, by his attention to *structures*, has done a vast deal to the advancement of his profession, and deserves the respect of the medical world, by his more particular vigilance of inquiry into the use and nature of the *mucous membrane*.

Inflammatory affections of the mucous membrane, daily become the subject of medical aid. We find this very extensively diffused. Beginning at the nares, we have under the name of the Schneiderian membrane, this mucous membrane. Extending our views a little further, we trace it lining the nose, the fauces, and passing down through the trachea, is distributed to the remotest ramifications of the lungs. It also ranges through the œsophagus, lines the stomach, and whole alimentary canal, and ultimately passing through the rectum, terminates at the anus.

When from any cause this delicate structure becomes irritated or inflamed, we have disease presenting in different forms, according to the nature (or



violence) of the cause producing it. But I cannot hope to confine, within the narrow limits of a thesis, the various descriptions of morbid actions which take place in it. My present object will not allow me to extend my research, beyond that which is commonly defined the alimentary canal, beginning at the pylorus. The most common and frequent disease appertaining to this part, is perhaps Dysentery. Of this we are rendered sensible by the frequent discharges, attended with blood and mucus, which is so common an attendant on this disease, manifesting the rupture of some small blood vessels, consequent to inflammation.

I will first consider what takes place in inflammation of the Schneiderian\* membrane of the nose.—We have in the first stage coryza, with an increased serous discharge, frequently attended with sneezing. After this there soon follows a discharge of more concrete mucus, by which the superficial vessels being irritated, rupture, and not unfrequently bleed. The same course of things may follow in the pulmonary system. It is by no means a rare circumstance, to see a thick mucus thrown off by coughing, and sometimes tinged with blood. In the course of the intestinal tube, there is but this difference. The discharges, at first, are not apt to be so thin; but we soon have evidences of increased secretion and excretion going on from the part.

In inflammation of the mucous membrane, there is not so much danger to be apprehended, as inflammation attacking the †serous membrane. In the former instance, nature seems to carry the lancet in her own hands.

As the nose is apt to bleed from increased action in its vessels, so also is it with the lining membrane of the alimentary canal.

\* *Or pituitary.*

† *Peritoneum.*



## DISSERTATION, &amp;c.



AFTER this prolix introduction, I wish now to lay before you the history of a disease, some cases of which have fallen under the notice of Dr. Parrish, which I shall describe from my notes on his lectures. It is a constipated condition of the bowels, which occurs occasionally under a very obscure form; and might be confounded with a disease of an extremely opposite character—*prima facie* with diarrhœa.

A mass of impacted fœces may be accumulated in the intestines, either the colon or rectum, which proving a source of irritation, to such a degree, that the peristaltic action will be very much increased, without the patient being able to evacuate the offending matter. In such cases, there is mostly a liquid discharge, which is never succeeded by any relief to the patient.

The indication in these cases, would seem most to call for astringents, and a practitioner might *a priori* consider himself safe, in resorting to them, when a directly opposite plan of treatment is required.

This species of constipation (for it may be regarded as an anomalous shape of that disease) often approaches in a very insidious way. A person may have daily evacuations, but the bowels will discharge irregularly, a part of irritating fluid, and retain a portion of fœces, until at length this condition of things will be induced. In all such instances, we must naturally conclude, great pain and irritation will result. When such a condition of things does occur, great efforts are made by the patient to obtain relief. The afflicted sufferer will strain, and have liquid stools, but no respite from pain will be experienced. In an individual thus affected, the contiguous inflammation may be, and often is very evident. Thus we find a frequent disposition in the patient to make water, and a practitioner unacquainted with the real nature of the disease, might suppose



him to be laboring under an affection of the bladder. But we can easily comprehend, how such local congesta in the rectum, producing irritation and inflammation, might be propagated to the bladder and produce the phenomena mentioned.

From the same cause, the uterine system has been suspected in females, when the primary complaint was traceable to impacted fœces contained in the bowels.

There is a description given of this disease in one volume of the "London Medical Observations and Enquiries," in which is contained some cases. One of which that occurred to Dr. Fothergill, I shall mention here previous to enumerating those which fell to Dr. Parrish.

*CASE*—Dr. Fothergill was called some miles out of London, to see a gentleman who labored under a diarrhœa which resisted all the means, tried by the practitioner in attendance. On discoursing with the patient, observing that he had severe pain and distress, and when he found no relief to follow the liquid discharges, which were frequent, his views were at once extended to the cause. He stated that he believed it possible, an impacted mass of fœces in the bowels, might be the cause. Impressed with this opinion, he directed the apprentice of the apothecary in attendance, to introduce his finger into the rectum. This was done; and it was found that an impacted mass of fœces was lodged there, which with his finger and the use of a spoon, he broke down and removed. By this simple expedient, a cure of the diarrhœa, and relief from all unpleasant symptoms, was speedily effected.

In another volume, I believe of the same work, there is recorded the case of a lady, an account of which I cannot give exactly as it may appear there, (not being able to lay my hands on the work lately,) but I have it in my power to give the particulars of her case.

*CASE*.—This lady was affected with severe pain, and the symptoms were obscure. At one time the uterus was suspected, at another the bladder, and much was done for her, but she obtained no relief.



Two or three months had elapsed, before a practitioner was called into consultation, who really understood the nature of her complaint. He suspected a mass of impacted fœces in the intestines; which he brought away although it was situated as high up as the sigmoid flexure. Relief in this instance was obtained too late. The poor patient was worn down, and finally yielded to the conquest.

A recollection of these cases, may account for the mature understanding, and successful treatment of those, I am now to present you with, which were properly managed under the direction of Dr. Parrish.

*CASE 1st.*—Sarah Jefferson (a respectable woman) several weeks after parturition, was attacked with great pain and distress in the abdomen. When I visited her (says Dr. P.) she began a description of her case, by saying she labored under a “putrid lax.” This term was applicable from the extreme fœtor which attended her evacuations. On making farther inquiry, I ascertained that she had been affected for some time, and obtained no relief from evacuations. The disease of the abdomen increased. In observing her case I suspected a mass of impacted fœces in the bowels. My inquiries tended to confirm the suspicion. She was taking OPIUM, PORT WINE and BARK to restrain the lax. I immediately explained to her the cause of her suffering, and my views of the subject. She comprehended me, and was fully disposed to enter into them. A plan of evacuations was entered on by cathartic medicines. First OIL was tried as she was a delicate woman. Her stomach retained the *oil* well and a number of doses were given. By this means I happily succeeded in bringing off a large quantity of hardened fœces, to her indescribable relief. She said she thought the mass had been lodged there for five weeks. The discharges at first were very offensive; the fœtor almost producing syncope. This speedily subsided and there was an end to the disease.

2d. About the same time \*I attended a little girl in the family of Captain O’Conner in Southwark.

\* Dr. Parrish.



This case very much resembled diarrhœa. But my suspicions were excited from the fact, that no relief followed the discharges, and that there was an impacted mass of *fœces*, which required removal. There was also in this case, considerable fever, which required the use of the lancet several times. A large *blister* was applied to the abdomen, *injections* and *cathartics* were employed. She discharged a large quantity of hardened *fœces* and relief was obtained.

A mass of this kind may collect, without producing any very severe constitutional affection, but which is very troublesome to the patient.

3d.—An old gentleman in this condition, took purgative medicines, but no relief was procured. He was sensible of some mechanical impediment. The nature of his case was explained to him;—and as he did not wish any one about him, he succeeded with his fingers, in breaking down the impacted mass, free discharges came on, and the disease was cured.

4th. A son of Mr. Dubarry, Merchant, a small boy, had great distress in his bowels. He strained much at stools, had liquid evacuations, mixed with a little blood; a mass of indurated *fœces* was suspected, and a short space of time confirmed the apprehension. An injection which had been ordered, was resisted at once mechanically; and upon examination the rectum was found filled with *fœces*, like a ball, which proved an opposing barrier to previous resources.—The only way to proceed, was to break down the mass by operative means. This was effected with a round handled desert spoon, taking the roundest part of the handle. This being done, the cathartic medicines administered, then acted; and he was relieved.

In all such cases, the diet should be such, as is not calculated to cause induration of the feculent matter.

How far the CHARCOAL would have effected many of the purposes, wished for, in some of these cases, I am unable to say, from any experience of my own. But from the opinion of Dr. Chapman on this arti-



cle, I should suppose it might be beneficial in those cases, attended with extreme fæter and putrescency.

The indications for cure here are obvious. In the first place we are to endeavor to keep up the peristaltic action by cathartic medicines; as CASTOR OIL, SENNA, RHUBARB with SOAP, or what has been found exceedingly beneficial, a combination of 10 grains of Jalap, with 20 grains of Cream of Tartar. In addition to these injections are to be used, if they can be thrown into the bowels. The WARM BATH by inducing relaxation is of great use, and was found singularly beneficial, in the case of the child last mentioned. The LAC SULPHURIS and MAGNESIA, might here answer a very good purpose. If we can trace the cause, to a want of bilious secretion, it would be proper to endeavor to excite the action of the liver, by administering *mercurial purges*. To answer this end, 5 grains of the blue pill given every other night, would seem to be the most appropriate remedy.

These cases have appeared to me of rather unusual character; and as there would be a liability to confound such with diarrhœa, I have chosen more fully to impress them on my recollection, than to trouble you with any instruction, to be gained from their history, to make such the subject of my essay.

I shall be excused descanting on the gravitating tube of Dr. Wistar, by which he managed to pass injecting fluid up the intestines, in these cases; or to delineate the different resources of our art, which have been used, and which every skilled practitioner must be made sensible of, whenever he is to treat such a condition of the bowels. In some, we find mechanical means required to break down the offending mass; in others, the vis modi of medicine, alone counteract the malady; or at least the vis vitæ, or the action of the vital principle, overpowers it. Each of these I have endeavored to describe in their proper places; and I shall now proceed to detail a brief history, of a similar affection, substantiated by parallel cases, which more directly comprizes the boundaries of Surgery.



TO THE PROFESSOR OF SURGERY,  
*DR. GIBSON.*

I propose to close my dissertation, with the description of some cases of an affection of the bladder, of rather an insidious character. I cannot, however, take one step towards a surgical thesis, without first acknowledging the high respect I entertain for your professional abilities, and successful labors in imparting the improved state of the science of surgery to your pupils. The engaging manner by which you have amplified the theoretical researches of the student, by indefatigable endeavors to instruct and improve; the important operations which you have spared no pains to shew us, through the winter's toil, in all which we discovered agility and expertness, with a manifest knowledge of the subject you were engaged in, calculated to encourage the intrepid operator, cannot fail to raise the admiration of every one at all conversant with your success.

At the same time that you awaken in your hearers the spirit of emulation and industry, throughout all the departments of surgery, you would have none of us to imagine that any thing like perfection has ever yet been attained in any branch of it.

Analogous in some respects with the preceding, I shall devote the remaining portion of this imperfect essay, to describe a disease which concerns the bladder. This affection is characterised by retention of urine, soreness of the abdomen on pressure, great pain and tenderness. The first of these, viz. retention of urine, may come on slowly, or be suddenly induced. Most of the cases I shall enumerate, are such as are incidental to low forms of fever; where the aid of the surgeon, if timely interposed, might often save a valuable life. In some fevers, the kidneys appear to become paralysed, as in the yellow fever last summer, and no urine is secreted. This is different from those cases which I am about to consider.

The following cases presented an opposite condition of things; where the kidneys do secrete plenti-



fully, but from some obscure cause, the bladder is unable to evacuate its contents. But where we have discharges taking place *incogitabile et jussu libidinis*.

By retention of urine, correctly defined, we mean that condition of the urinary apparatus, where the kidneys secrete, but the bladder is unable to expel it. Or it may arise from some mechanical impediment, or obstruction to the discharge, situated at the neck of the bladder, or in the course of the urethra. In every case of the kind, great pain and danger must ensue, if relief be not timely afforded. We generally ascertain this state of the bladder, by examining the parts above the pubis; where we most commonly discover an elevated tumor. This soon becomes tender to the touch, continues enlarging, and is attended with no inconsiderable distress to the patient. The system becomes irritable, and great febrile action speedily follows. It is not uncommon, in many of these cases, after having tried the usual remedies, for a very deceptive symptom to come on; which, without considerable circumspection, is calculated to lull into a melancholy calm the young and inexperienced practitioner. I allude to the copious discharges which take place, after the occurrence of which, upon visiting the patient, we find the bed clothes, and parts contiguous, completely wetted with the quantity. This state of affairs may exist for a time, and unless attended to, and relieved, will speedily prove fatal. The urine flows involuntarily, and the patient is wholly unconscious of what is going on. With all this no relief follows. The distention is still maintained. This incontinence in the discharge of urine should induce a practitioner to suspect the bladder at once in all cases.

Before attempting an exposition of the manner in which I account for this sudden and involuntary gush of urine, which is so frequent a concomitant, I shall add to it another peculiarity, which is still more delusive, and equally pregnant with danger. Cases have occurred, and occasionally do occur, where the urine is discharged periodically, by the



exigencies of the patient; and the bladder, notwithstanding, will be in a state of considerable and increasing distention.

A fact of this kind occurred in the practice of the late Dr. Wistar, which is particularly interesting, and so fully confirms this fortuitous occurrence, that I shall give an account of it.

He attended a patient with diseased prostate gland. During his visits, the condition of the patient led the doctor to inquire into the state of his urinary functions. He inquired if the urine were evacuated; and was told that the bladder had emptied itself. Upon extending his sagacious investigation still further, he examined and found the bladder had risen above the pubis, and that it gradually increased in size. Though we find here that the bladder was under the control of the will, the quantity of urine voided was not adequate to the surplus secreted.

It may be proper here to remark, that in some cases of low fever, attended with delirium, insensibility, &c. the bladder may be considerably distended and enlarged, without being known by the patient or his attendants. This I consider of the utmost importance to be attended to.

My Preceptor, Dr. Parrish, relates a case in his lectures, which strikingly illustrates this fact.

He received a note from a physician in the country, requesting his attendance on a patient, who was affected with a low form of fever. After describing the nature of his fever, the writer casually mentioned, as an accidental circumstance, that he had incontinence of urine. Dr. Parrish, being aware of the nature of the case, and anticipating the condition of the bladder, provided himself with the necessary instruments. When he arrived at the patient's, upon examination he found the bladder very much distended. By the introduction of the catheter, he succeeded in drawing off large quantities of urine, and thus greatly mitigated the distresses of his sufferer.

In June, 1812, while on a visit to Columbia, Dr. Parrish was invited by Dr. M·Corkle, to see a fe-



male, who was affected with a low form of fever, resembling Typhus Mitior. This patient was also seen by Dr. \*Griffiths. The case was one of an obscure form. A swelling was found to exist above the pubis. Ten days previous Dr. M'Corkle perceived a slight tumefaction, just above the pubis, which increased, and there was some tenderness on pressure. She was a young woman, the mother of three children. At this time, she had a cool skin, tongue furred and brown in the middle, and she appeared to be in a state of Utero Gestation. But the fluctuation of a fluid could be felt, as in a case of ascites. Connected with this, the tumor was circumscribed, filling up the epigastric region, which extended, and occupied the anterior and central part of her abdomen.

It was also too long of forming, to be recognised as dropsy. Dr. P. at once suspected the bladder. He enquired of the physician in attendance, relative to this point, and found by him that she had not a suppression of urine. Some time previous to this stage of the disease, it was ascertained that for *one day* she had passed no urine: but that at this time she did pass it voluntarily. To this fact all the nurses and attendants gave testimony. Disregarding this weight of evidence, the doctor requested the catheter might be introduced.

She was already very much exhausted. The catheter was introduced, the urine poured out, and the tumefaction rapidly subsided. After draining it off to the amount of a quart, there was discovered an evident faltering in the strength of the patient.

The catheter was now withdrawn. The mischief, however, was discovered too late. She became more exhausted than before the operation, sunk rapidly, and died.

This faltering may be accounted for on the same principle, as tapping in dropsy. By taking away too suddenly the stimulus of distention, which Dr. Chapman regards as the "chief prop of existence," and the Professor of Surgery very judiciously cau-

\* Or Griffiths.



tions us against thus leaving the system in a flaccid and unalterable state, for debility and death. The tumefaction in these cases was evidently from the distended state of the bladder.

The discharges which I mentioned took place, in the first condition referred to, where it was involuntary and unsuspected by the patient, I will now undertake to explain.—After the bladder attains a certain degree of distention, rising above the pubis, and pressing against the abdominal muscles, it acts as an extraneous body, and stimulates them to action. Pain is at once induced, and by the spasm which results from this irritation and unnatural condition of the parts, the abdominal muscles take on contraction, and thus cause a portion of urine to be thrown off. The abdominal muscles being incapable of action, below the surface at which they are at rest, of course cannot compress the bladder sufficiently to evacuate its contents.\* By which rationale, the bladder must always contain a portion of urine, so long as the kidneys carry on their peculiar province of secreting, unless the officious surgeon interpose his art.

I have now enumerated cases which come on slowly, and where of an obscure nature. All of which required the catheter to obtain speedy relief.

The catheter, in these cases of retention of urine, may be regarded as the *PRIMUM MOBILE*, and is the “anchor of hope” in many of the diseases of the urinary organs.

I shall now mention a case, suddenly induced, which was brought on by cold, and cured by *GIX*.

Long continued exposure to cold, may bring on a spasmodic contraction, at the membranous portion of the urethra, or in the parts contiguous, and thus cause retention of urine. In all or most of these cases, *stimulants* are called for and may be often used with advantage.

\* It is understood that the independent action of the bladder is obstructed, by the paralyzing influence of the disease, which more or less concerns that viscus; and its muscular contraction remains entirely enfeebled.



*CASE.*—A watchman brought a negro man to Dr. Parrish's, in cold weather, about midnight, who he found laying in the street, unable to pass his urine. He was requested to be taken to the watch-house, and kept warm till morning, when he would have him sent to the Alms House. The Doctor was not sensible at this time, of the suffering of the patient. The poor fellow would not go, but continued howling under the window, until at length Dr. P. was obliged to get up, and let him in for his relief. He was shaking with cold, unprotected, and suffering great pain. Dr. P. attempted to pass the catheter, but the patient was so extremely cold, and shivering, and the spasm so great, that his efforts were unavailing. Regarding it as the effects of cold, he gave him some *Gin.* He then wrote a note which he gave to the patient, and despatched him to the Alms House. Next morning calling to see him, he was surprised to find, all unpleasant symptoms had subsided, the spasm was relieved, he passed his urine freely, and went away well.

The diseases of the urinary passages, is a very interesting and extensive subject for investigation. The limits of a thesis, forbid any elaborate discussion, which the subject prompts me to engage in. In that of which I have been treating, I have perhaps not given it that latitude of inquiry, which it most required. But I have already said too much: if I have erred in tautological recapitulation, it is because I was excited by the zeal which led me to it. If I have not said enough, it is for want of practical experience, to justify further details.

With this, gentlemen, I conclude. I cannot but apologise for the errors, and imperfections, this discourse contains. Sensible of the importance which is attached to it, I feel an unqualified hesitation in offering this faint picture before you.

Surgical diseases at this crisis of my studies, appear to me most interesting, and gratifying in their successful management; many of which call forth all the fortitude of the mind, all the resources of our art. To become eminent, however, an anatomical knowledge is the first step to qualify any man.



Without which, we might as well attempt to traverse the atlantic, for any destined port, without a rudder to our barge to guide us. In fact may I not say, that every error in surgery, both in operating and disease, originates from a gross neglect of morbid anatomy, and consequent ignorance of the real condition of parts, subservient to such affections. If I cannot say so at this enlightened day, I can easily behold yonder age, whose names a short century has scarcely buried in oblivion; when the searing iron was preparatory to fatal secondary hemorrhage, and huge knives like pruning hooks, with barbarous butchery, severed from the soldier, an arm or a leg, whose bravery would not allow him to declaim, against such brutal exercises of ignorant quackery.

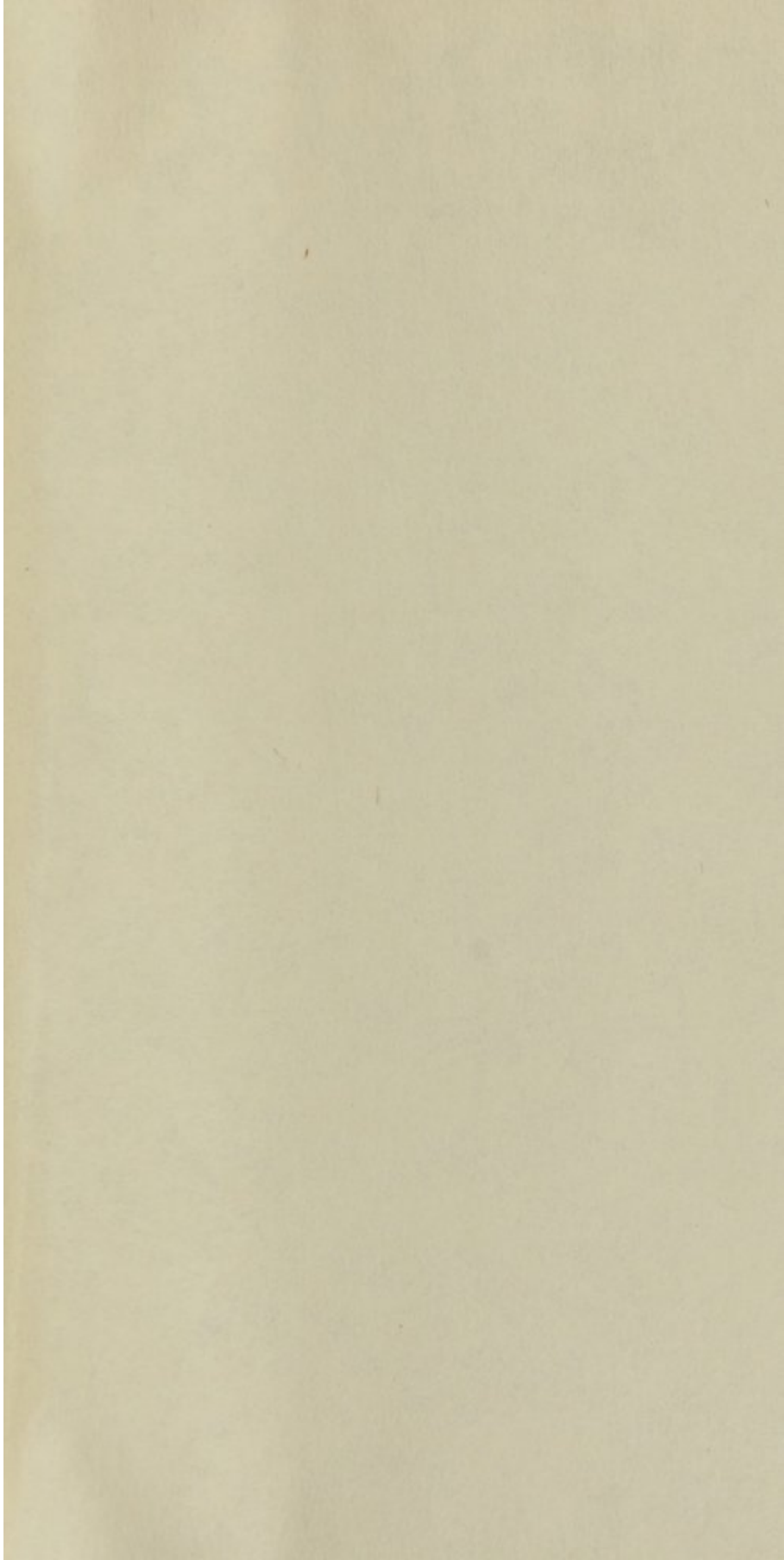
The importance of studying minutely, the structure and functions of the human frame, and its basis, anatomy; must be deeply impressed upon the mind of every man, who is desirous of practising his profession, with reputation to himself, and benefit to the afflicted.

The frequency of diseases; the various situations and forms in which they present; the different states in which the same disease is often found; the variety of treatment depending upon diversity of circumstances; the knowledge of anatomy required in operating; and the danger of mistaking one disease for another, of a very different kind; are circumstances which ought to infuse fear into the heart, and agitation into the consciences, of all those, who presume to call themselves qualified surgeons, without at first having considered every thing, relating to so important a branch of their profession.

With this advantage in surgical practice, which the professor of that science has often and emphatically expressed to us the importance of possessing; after having extorted from all our own physical abilities, and employed all the means which the art affords; in the language of a teacher, we are next to "invoke the kingdom of Heaven itself," from whence we never fail to obtain succor.

Very respectfully, gentlemen, I remain yours, &c.

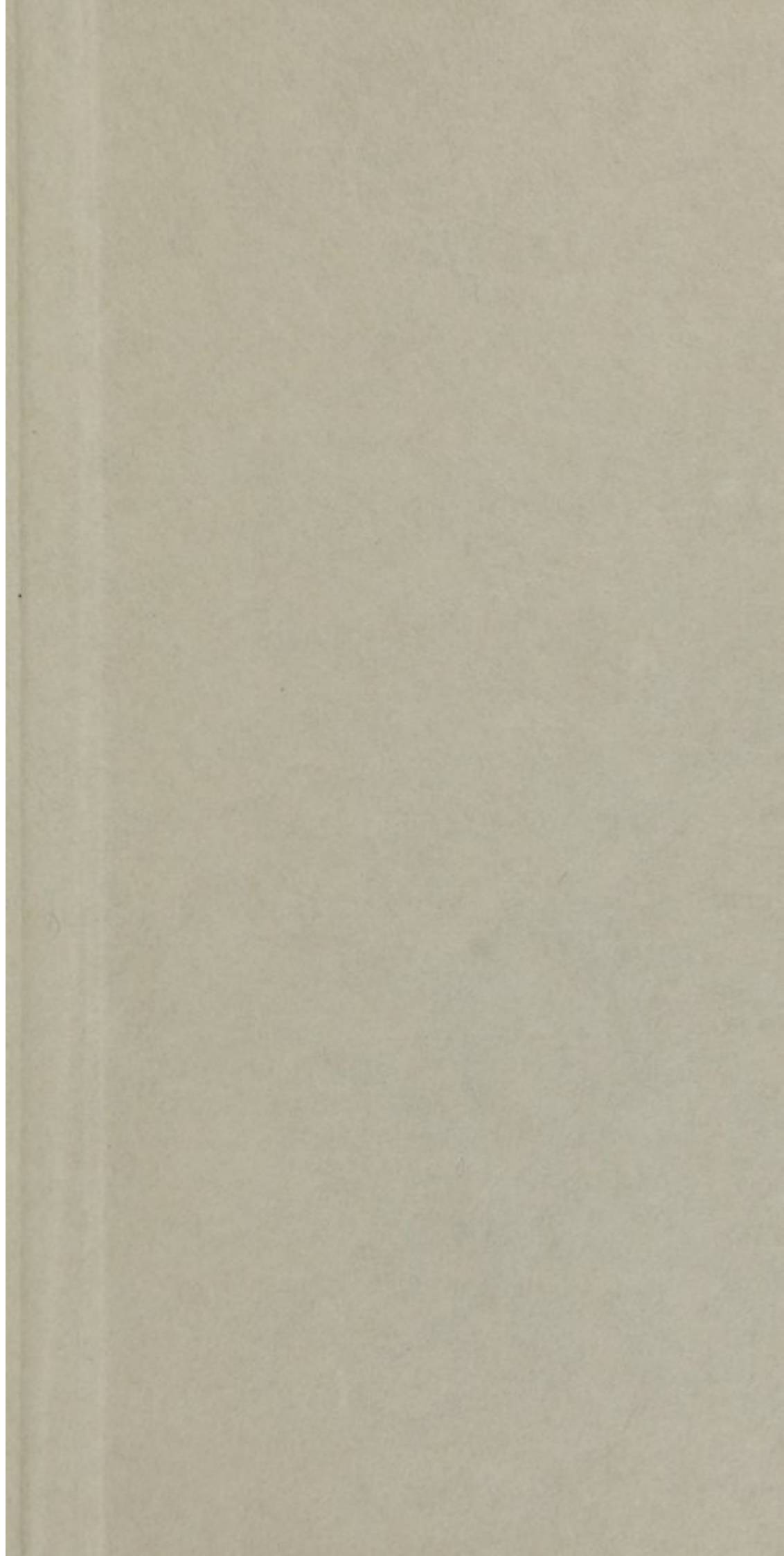
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