

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 greater variety of cases / by Jesse Foot, Surgeon.

Contributors

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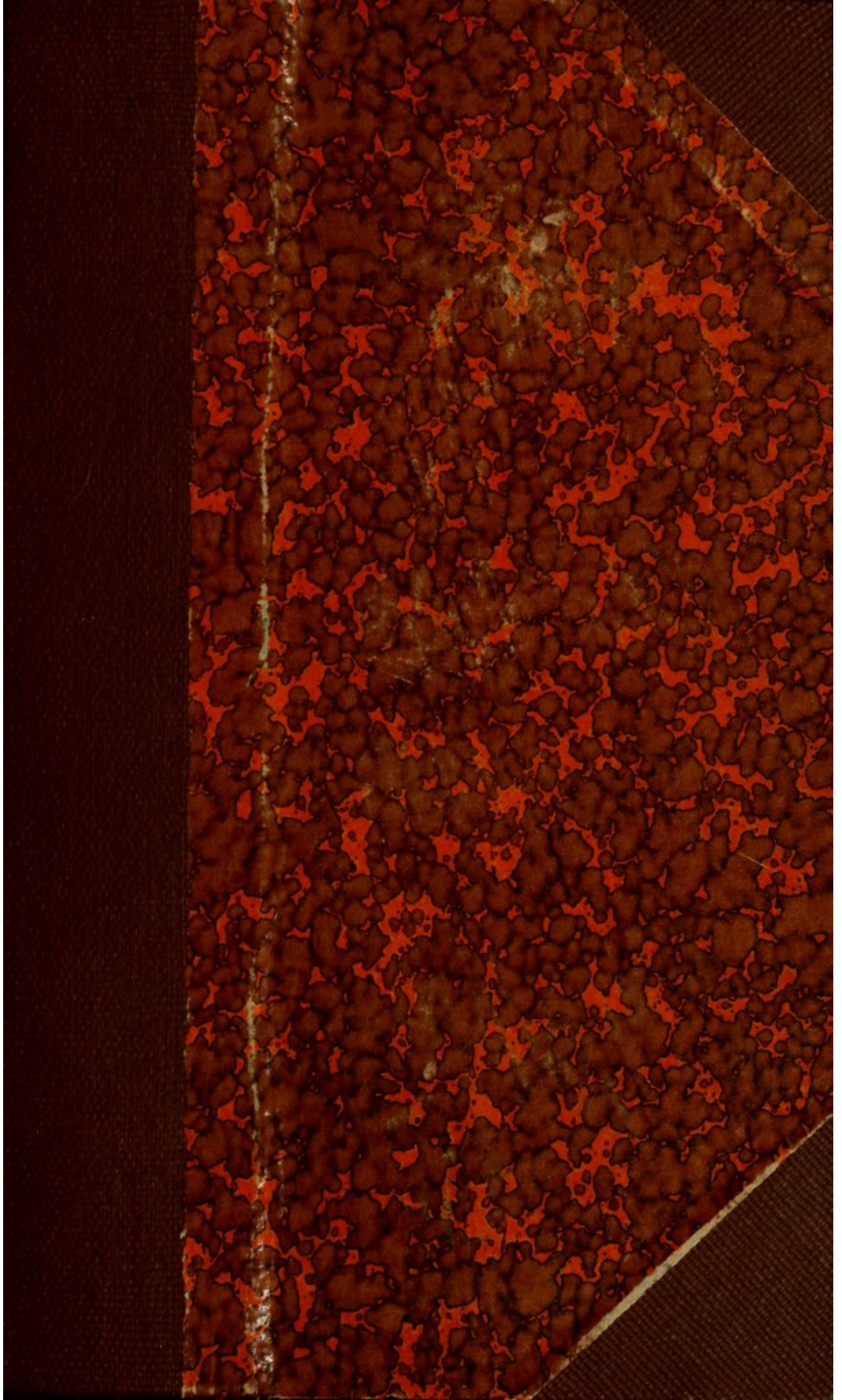
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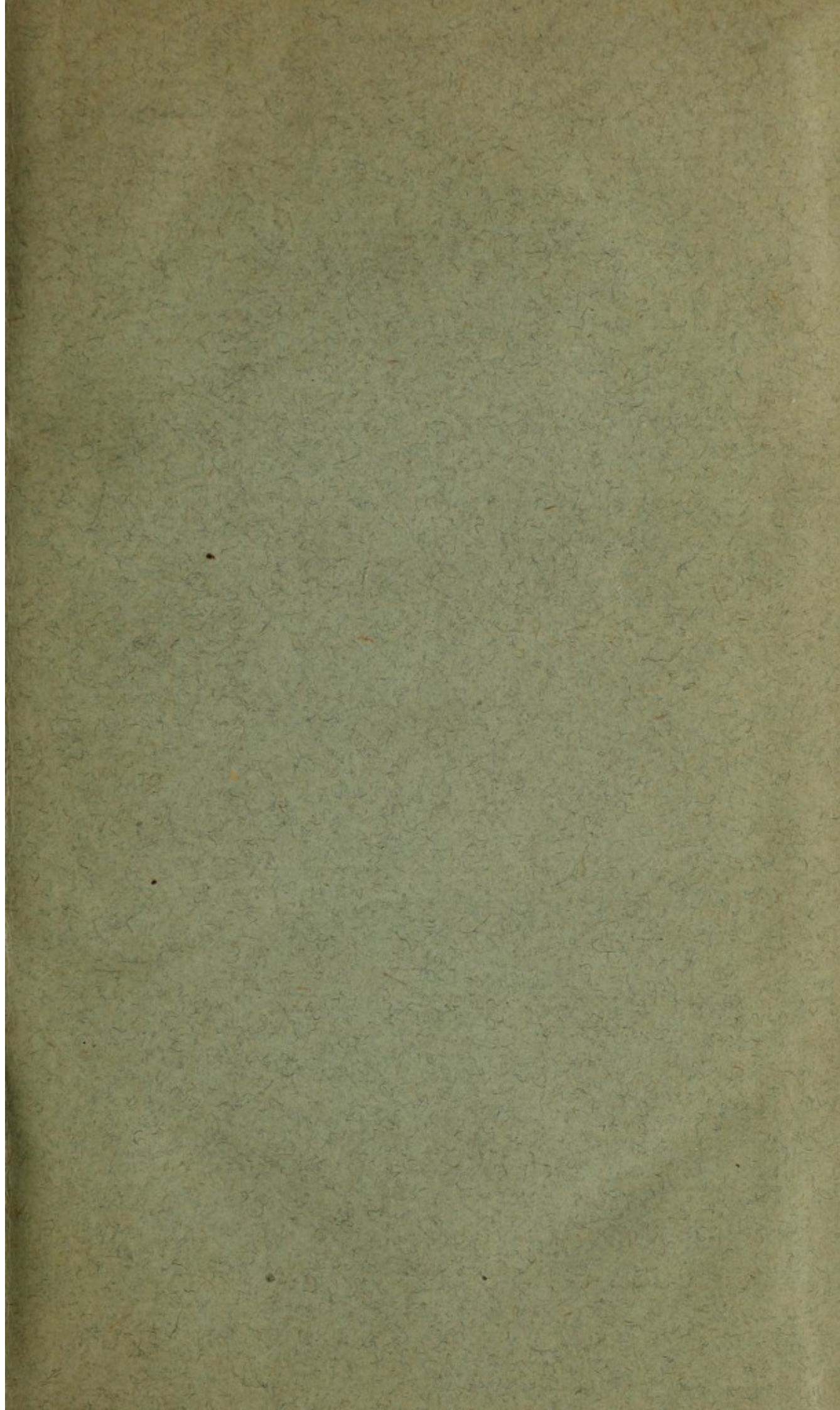
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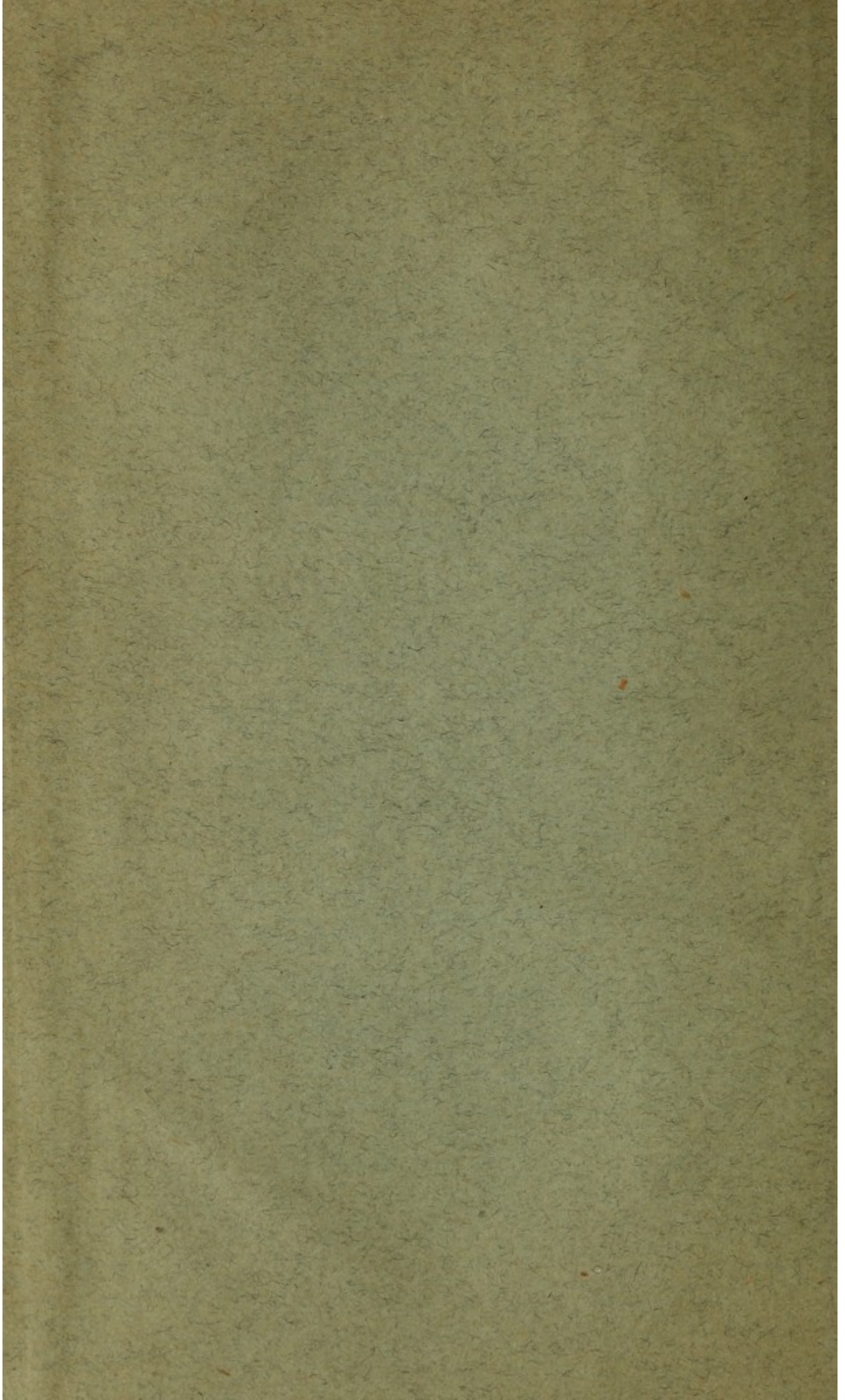
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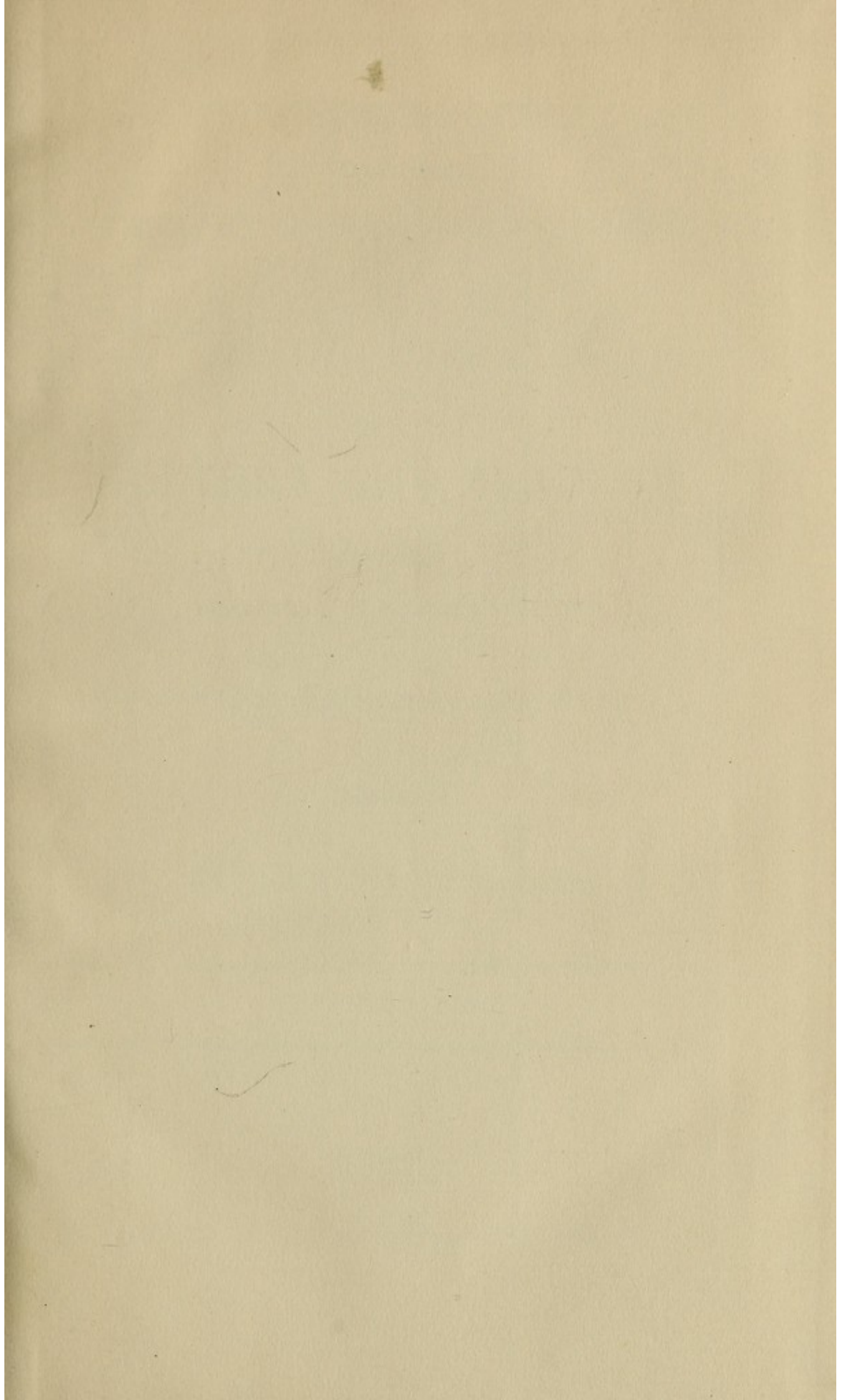
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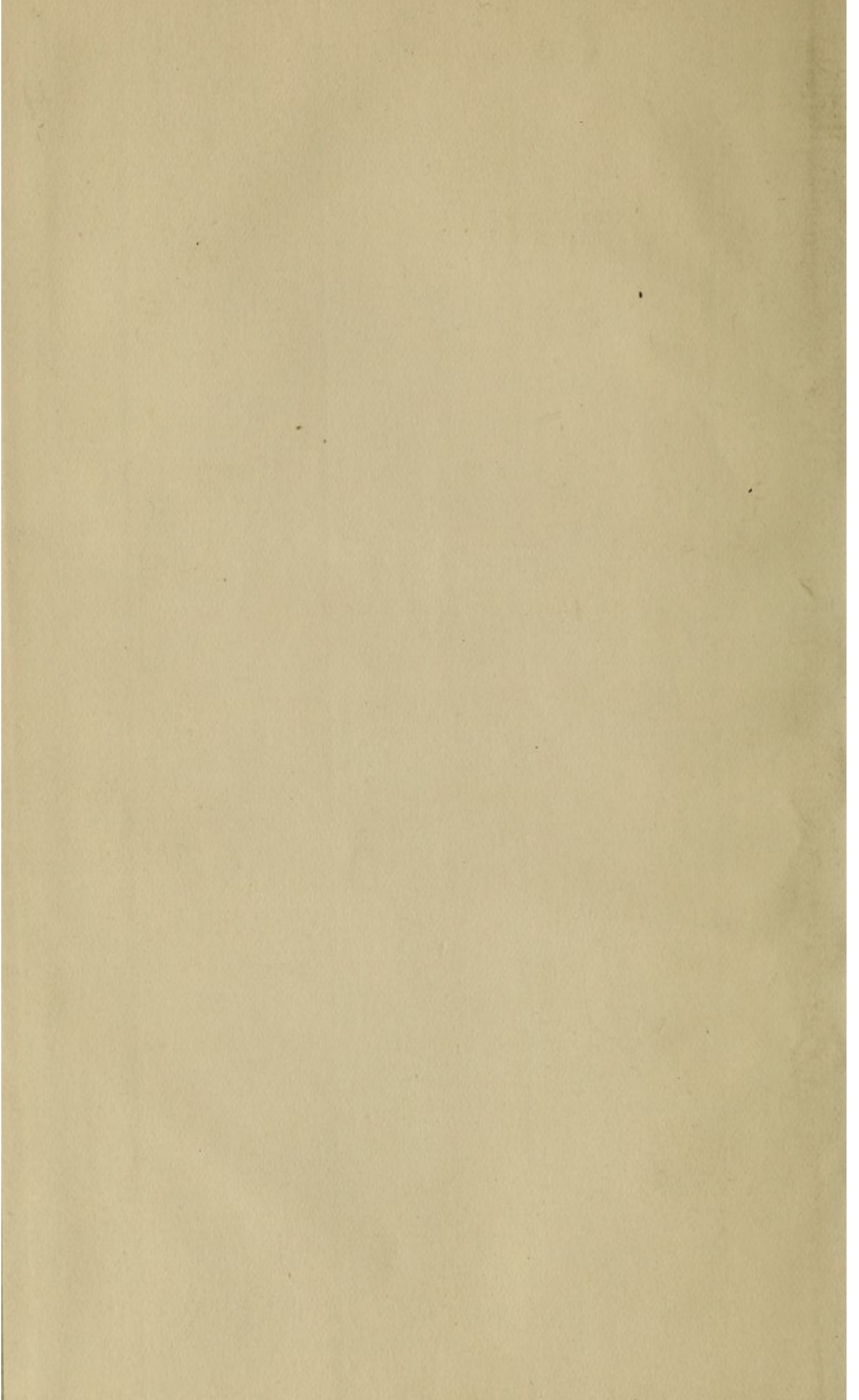


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A NEW
CRITICAL ENQUIRY
INTO THE
ANCIENT AND MODERN METHOD
OF
CURING DISEASES
IN THE
URETHRA AND BLADDER.
BEING AN
AMENDMENT OF FORMER EDITIONS,
AND
ILLUSTRATED BY A GREATER VARIETY OF CASES.

BY JESSE FOOT, SURGEON.

FIFTH EDITION,

LONDON:

PRINTED FOR T. BECKET, IN PALL-MALL.

1792.

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AMENDMENT OF FORMER EDITION
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BY JESSE FOOT, M.D.

FIFTH EDITION

LONDON

PRINTED FOR T. BURTON IN PATENT

1868

PREFACE.

THE present Edition consists of Arrangements from my Four * Lectures on Diseases of the Urethra and Bladder, in my late COMPLETE TREATISE ON THE VENEREAL DISEASE. It therefore will be considered as new to those who had only perused my former CRITICAL ENQUIRY.

Whether this Edition be an Improvement or not upon the four former—that is not for me to say. I am only to point out to the Enquirer, that what I have here said is the result of sixteen years practice; and that what I said before was the result of my first reflections.

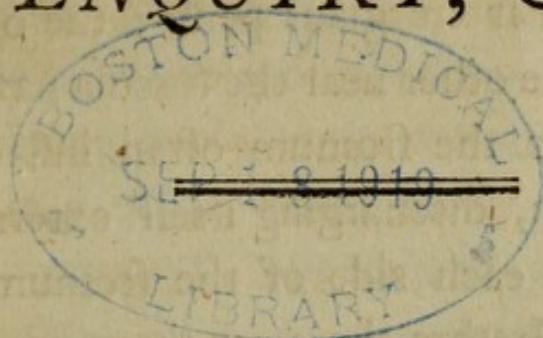
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* This is to account for its being addressed in the second person.

The Variety of Cases that I have given now, could not have been given then;—and the instructions that accompany them, could not have been suggested without the aids of some time and some experience.

Dean Street, Soho, }
Nov. 9th, 1792. }

A NEW CRITICAL
ENQUIRY, &c.



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

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

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

In the cavity of the Urethra, towards its extremity, from without inwards, several anatomical points offer, very essential in themselves, and which demand the strictest attention. The prostrate gland is of a shape like a chesnut, and of the size of a
small

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

By all the permanent diseases to which the several parts in the Urethra are liable, from the commissure of the glans to the neck of the bladder, the stream of urine will become more or less impeded : and it is this impediment, with its conco-

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

yielded to right treatment in the progress of a month.

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

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

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

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

In order to discriminate properly, and to know how to speak upon each particular case, and to treat it in the best manner, we should never lose sight
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of the two first leading points ; these are, to ascertain the first cause of the obstruction, whether it was produced from *without inward*, or from *within outward* ; whether from a local inflammation on the part, either through Gonorrhœa or injections, or whether from bad conditioned urine, scrophula, scurvy, diseased bladder, diseased prostate, venery, or hard drinking. To cure the former will be much more easy than to cure the latter. But before any attempt be made, it is rational to aim at this knowledge of the case. I shall first of all endeavour to discriminate between an obstruction brought on from a local cause, and a constitutional one ; and then point out what may be the nature of either.

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

To ascertain the first cause, it will be necessary to enquire whether the patient has had a Gonorrhœa, and when he had it, how long it remained upon him, what was the degree of inflammation, and where it was chiefly seated. The distance of time between a Gonorrhœa and the time of the first appearance of an obstruction should also be ascertained. The condition of the health of the patient should be enquired into, his habits of living, the apparent state of his health, his age, and whether any particular constitutional disease be predominant in him at this time in particular, or has been. If the patient be young and healthful, if the obstruction has followed the inflammatory effects of a Gonorrhœa, if there be no particular constitutional disease which leads to an obstruction, or if he has had a constant discharge from the Urethra since he had a Gonorrhœa, the case is clear, that it is owing to Gonorrhœa, and that some of the glands, or some parts of the membrane are affected. If he had ever been subject to warts, they may be suspected; and when the obstruction is produced from warts, or from pendulous fungi, the urine will pass out, irregular, in a scattered and confused state, the force of the stream quite broken, especially at the latter end of urining, when the Bladder is nearly empty. For when the Bladder is full, the force of the stream will be strong enough to press down such loose substances, and it will come forth with
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a fulness and strength almost equal to a stream in health. If it be owing to a thickening of the membrane of the Urethra, or to a thickening of the corpus spongiosum, there will be seldom any discharge; the stream of urine will come forth very thin but strong, and it will be uniformly so, never varying into a large stream at any time, when the Bladder is ever so full, or when the inflammatory symptoms are ever so trivial.

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

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

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

When the disease is owing to a thickening of the membrane or corpus spongiosum Urethræ, it will only admit a bougie which is smaller than the obstructed passage; and if there be force made use of in passing it up, it will require as much force
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to withdraw it: for as the obstruction is not produced from any yielding substance, so will the bougie remain up the Urethra, as if it were enclosed in a tight case: it will neither be advanced forward, nor can it be withdrawn, without as much force as was applied for the introduction of it. Whilst the bougie remains in the Urethra, the thickened part can be felt externally, and when it is touched, it will convey to the finger a sense of having touched something possessed of solid hardness.

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

ture, cannot be restored, palliation of the case, in that instance, must stand in place of a cure. It is therefore to be remembered, that the aggravated condition of parts, arising out of a disease in the Urethra, which is merely local, could have been prevented; when the same, produced from a constitutional disposition, might not; for the former is the consequence of neglect, the latter is the progressive effects of that in the constitution, which cannot always be foreseen, checked, nor amended.

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

A diseased Bladder will have very great influence on important parts within the Urethra, and will bring on obstructions of a most serious nature. The consequence of irritation on the internal surface of the Bladder, or about the neck of it, is, that when the urine is poured into it from the kidneys, it must be almost immediately again poured out. The Bladder not being in a state to retain a due quantity, the urine will come away dripping through the Urethra, and will erode and inflame the membrane and glands within it. Thus the Bladder cannot retain enough of urine to be expelled, as it is in a state of health, nor is the Bladder in a condition for the expulsion of it, even if there were a full quantity

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tity contained within it. The internal membranous coat of the Bladder will be thickened by inflammation, the capacity of it will be lessened, and it will be deprived of all power of yielding to distention. I have seen the Bladder after a long inflammation more than half an inch thick, and I have seen the cavity of it reduced so small as scarcely to admit a pullet's egg, or to contain an ounce of water.

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

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

It may not be improper to remark, that the Bladder is not only incapable, when diseased, of containing

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

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

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

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

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

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

The urine will seek to be evacuated through the perinæum, a tumour will be formed, and may be seen externally, the protrusion will most commonly terminate in a fistulous opening, through which either the whole of the urine will pass, or it will

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

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

When the urine forces a passage through the perinœum, the natural passage is not totally obliterated ;

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

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

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

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

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

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

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

Whether a continued disease of the prostate, which originated in Gonorrhœa, be supported by a constitutional disposition, or whether it were originally brought on from constitutional disposition,
it

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

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

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

of this disease, but he constantly grew weaker and weaker, from being exhausted through the great discharge.

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

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

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

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

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

ON THE
CURE OF DISEASES WITHIN THE URETHRA.

I SHALL now proceed to treat of the Cure of Diseases which arise within the Urethra. But first of all, it may not be unprofitable to inquire how these diseases were treated by those who originally furnished us with the history of them.

From the very beginning, it will appear, that the idea of a bougie was not wanting to those Authors who first wrote on these diseases; as Alexander Trojanus Petronius, of Castile, has said, “that the Urethra must be cleaned by a wax candle, or some such instrument.” Nor was the idea of corrosives or causticks wanting to this ancient Writer, for he says also, “in case of a caruncle,” by which is meant a protuberant projection of fungus, “gentle corrosives are to be introduced in a dry form, or by injection, such as one scruple of precipitate with two ounces of barley-water. “This,” he says, “is an effectual remedy in such a case, and operates with the least pain of any corrosive.” So that we see two great points in practice established as far back as the year 1565, namely, the application of the bougie, and the application of the caustick, both in a dry form as well as by injection.

Ambrose

Ambrose Parré describes very fully the method of treatment in use by the Surgeons at Montpellier, who prepared a corrosive ointment, spread over very fine rags, wrapped it about a wax candle, and passed it up the Urethra; they afterwards drew out the candle and left the end of the rag hanging out of the Penis. Others made a wax candle very slender but with a stiff wick, the end of which was medicated with escaroticks, and which was worn until the caruncle was consumed. Also rods of lead were thrust into the passage, as thick as it would permit, which served to dilate the stricture. These rods of lead were besmeared with quicksilver ointment, and kept in day and night.

Wiseman, who was Serjeant Surgeon to Charles the Second, and whose works on Surgery will be read by every man that is not a pretender to the art, or that is not fastidious of the opinions of others, has treated very minutely upon the subject of diseases in the Urethra. Wiseman was a very bold Practitioner, and appears to have gone every length in the treatment of obstructions, even much further than any Surgeon either before or since his time—for in more than one instance, he divided the Urethra, throughout the whole passage to the neck of the Bladder: but then he has the candour to tell us that it was to no good effect, as the urine never afterwards passed by the Urethra, but flowed from a puncture made, previous to this general operation, in the perinœum close to the neck of the
Bladder.

Bladder. He also practised the use of the bougie and the caustick. He used French candles, which were made taper fashion, passed them to the obstruction, bound them on, left them lying upon it, and directed the patient to take them out upon occasion of urining, and afterwards to pass them again. By the use of these, he tells us, that there was room made for the application of his own candles, which he armed with mercurius precipitatus: but he says, if, after the use of these, he did not succeed, he had another resource, which was that of passing a canula into the Urethra, and of conveying through it a grain of caustick up to the obstructed part.

Dionis, a Surgeon of the first eminence, in his *Demonstration of Chirurgical Operations*, enters into a discussion of obstructions in the Urethra: their cure, he says, is performed by conducting a caustick to the diseased parts, by means of a wax candle, which will destroy the old callosity, remove the stricture, and give an opening to the wax candle to pursue its rout into the Bladder. The obstruction being overcome, the sore is to be healed, and a leaden probe continued until the passage becomes free and open.

Thus we see that the system of curing, or attempting to cure obstructions in the Urethra, began in the year 1565, and continued to the year 1740, with very little variation in practice. Wax candles, leaden probes, and causticks, both in a liquid and
dry

dry form, were the chief remedies to which the cure was indebted. And as this practice became more diffuse, as quackery prevailed through France, before it reached England, and as the chief resource amongst quacks consisted in the various modifications of caustick, so were the mischievous effects arising from caustick more generally alarming, until Surgeons of reputation began to take the lead in decrying the use of it, and in banishing it from practice.

This reprobation of caustick for the cure of obstructions, began about the year 1740. In Saviard's Observations in Surgery, we find that method of cure strongly reprobated. "This bougie," says he, "armed with a strong caustick, has made a considerable eschar in the sphincter of the Bladder, and much inflamed the canal of the Urethra. A Priest of St. Genevive des Ardents came to the hospital at the same time, cruelly tormented by the effect of such another bougie; but the accidents were so sudden and violent, that there was no time for relief, the poor Ecclesiastick dying in four and twenty hours. These dismal accounts sufficiently explode," says he, "the danger of using too powerful catharticks. I dare even advance, in this place, the treatment by caustick ought to be banished the practice of Surgery."

The famous Le Dran, in his Operations in Surgery, followed up the censure of Saviard. "The medi-

medicines," says he, "made use of on these occasions, should by no means be irritating, and for this reason I should absolutely reject the use of any caustick introduced into the Urethra, on pretence of destroying the obstructions, since, as I have learned from experience, they serve only to eat into the canal."

Astruc was also decisive in his opinion upon this serious and important question. "But it is not worth while," says he, "to quote more Authors, upon the infinite number of contrivances and forms of applying cathereticks, since this mode of practice has been some time in disuse, for many reasons: first, because it is calculated solely for warts and caruncles which beset the Urethra, but by no means for other obstacles that may straiten that duct, by which the stranguary, which succeeds the Gonorrhœa, is most commonly produced, as is now confessed by every one. Secondly, because it is more safe; for cathereticks, which have force enough to consume caruncles, will, at the same time, inflame, corrode, and ulcerate the sound parts of the Urethra. I know that former Surgeons have endeavoured to obviate this inconvenience, by an apparatus of various kinds of instruments and remedies; but I know, at the same time, that all their cautions have been for the most part fruitless."

So far has Astruc, in his theory, militated
against

against the application of caustick. To the above opinions I shall also subjoin that of our own countryman, Mr. Sharpe, who says, “ however, at all
 “ times there have been enterprising men, who
 “ have endeavoured, by escharotick applications at
 “ the extremity of their bougies, to make way
 “ through these obstacles which resist the bougie
 “ or the leaden probe ; and to say the truth, this
 “ practice has been avowed by the ablest Surgeons
 “ of the two last centuries ; but at present it is
 “ universally condemned, and indeed it has been
 “ so almost ever since Saviard’s time. The ob-
 “ jections to the use of caustick were, the difficulty,
 “ and almost impossibility of directing them, so as
 “ to eat through all the diseased parts of the Ure-
 “ thra, without destroying the sound part ; the
 “ impracticability of preventing the Urethra from
 “ contracting when it healed, as much, if not more
 “ than it was at the time of applying the escharo-
 “ tick. And lastly, the pain was so excruciating,
 “ and perhaps the application was sometimes so
 “ poisonous, that an immediate mortification of
 “ the Scrotum, Penis, and Bladder, were some-
 “ times known to ensue ; upon these accounts, the
 “ use of escharoticks seems so have been entirely
 “ rejected.”

They who knew Mr. Pott’s practice, must have also known that, upon this question, he held the same language with the Authors I have already quoted ; and I have it in my power to say, that I

have heard him reprobate, in the warmest terms, the application of caustick to remove the obstructions in the Urethra. He ever considered the mildest treatment, as that most fitting to cases thus conditioned.

Of the application of prepared catgut to open, by the gentlest means, strictures which are very narrow, I have availed myself; and it was owing to the success which I drew from this practice, that I was induced to recommend it to the public attention, by a pamphlet about twelve years ago: since which time I have had an opportunity of seeing a great variety of cases of obstructions in the Urethra—have been able to make my observations upon them, to learn what has been done for them by others—have been enabled to enquire into the various causes which have given birth to them, to ascertain, so far as it is possible to ascertain that which is remote from sight, the peculiar symptoms attending upon each particular obstruction—and to adopt the best and mildest method of curing them, where that can be done—or to make use of the best palliative means that are fitting for incurable cases. I shall in my future instructions for the cure of obstructions, point out the share which a prepared catgut has in promoting it. Of the bougie which Daran has to claim the merit of preparing, I am now to speak.

From the history of bougies that I have lately given, it is apparent the idea of Daran was not
new,

new, for the same instrument had been more slovenly applied by Ambrose Parré. I shall not consider Daran at all in the sense of a Surgeon; I shall only consider him as the maker of a bougie, the application of which to the purposes of obstruction is amongst the first of modern improvements that the art can boast of. If you read Daran to know what his bougie was composed of, you cannot find it out. If you read him to know any thing about obstructions, you will not understand him, for he neither addresses you as a scholar, a man of reason, or a man of truth. If you seek to know from what he says, how it comes to pass, that the bougie which he brought into practice, enjoys such preferable advantages to all former ones, you will find yourself so harrassed and bewildered with unintelligible jargon, that you will give up the pursuit.

The fact was, that he had made an instrument which was best calculated, by a proper temperament of pliability and resistance, to pass up the Urethra—to pass over obstructions with the most facility—to remain up the Urethra with the least pain—an instrument which either possessed or ought to have possessed no other qualities than barely the mechanical ones of smoothness, pliability, and strength, for the purposes of passing up the Urethra without danger, and remaining there without irritation. But if Daran had attributed to it alone its real properties, every person

having once seen the instrument, could have made another similar to it, and the emoluments arising to him out of the invention, would have found at first, as they did at last, various channels; for in spite of the tricks and falsehoods which were employed by him, in endeavouring to possess the public with an idea that there was something specific in the composition of his bougies, which act upon obstructions only so as to destroy them, and left sound parts in the Urethra unaffected; yet the truth was not long thus counteracted by such absurd doctrines.

Mr. Sharpe, as it may be seen in his *Critical Inquiry*, made bougies, the materials of which he has given the public, and those bougies which he intended should act mechanically only, answered in every respect as well or better than those which Daran made, and thus it was that the delusion could be no longer supported. Mr. Sharpe saw clearly that a bougie which possessed any other quality, than that which was the mildest of all possible substances, was not a fitting instrument to remain in the Urethra. Since that time, men who have learned the art of making bougies, employ themselves in it, and sell them to the Surgeons; and we who buy them, seeing them in their true light, have only to examine whether they be good or bad, whether they be well or ill made, whether they be too soft or too hard, whether they be finely polished or too rough, whether the linen be not rotten, or whether the composition

sition has not been worked up too hot, so as to affect the linen, and endanger the breaking of the bougie within the Urethra. These points should be attended to.

There are many advantages we avail ourselves of in the cure of obstructions by bougies; from the variety of the sizes they can be made of, and from the safety with which we can push them forward into the Urethra. For it must not be forgotten, that it was owing to injuries brought upon the patients from caustick and rough instruments, that these bougies, as soon as they were invented, became so much sought after, that they are now in constant and general use, and that, in my opinion, they still maintain their preference, notwithstanding they have been attempted to be supplanted by a revival of the method of cure by caustick. Bougies of this composition can also be made hollow, a stilet can be passed through them, and the urine can be drawn off through them: they will often pass when a silver catheter cannot; and if it be necessary to let them remain up the Urethra, for the urine to be discharged through them, they are, in that case, far preferable to the silver catheter. But the most preferable of all catheters is that which has been lately made of the elastic gum, and which may be had from Mr. Savigny. No Surgeon should be without an assortment of them.

It is a circumstance of no small gratification, notwithstanding, as I have already shewn, obstructions

structions in the Urethra arise from various causes, and the nature of those obstructions are also various, yet, from experience, I have ever found that bougies do either cure, or serve to assist every one of them. The cure of those obstructions which arise from Gonorrhœa only, and which are experienced early in life, are the first I shall treat upon. The facility of effecting this depends upon two circumstances chiefly—whether the obstruction be far up in the Urethra, or whether the stricture be not too narrow to admit a bougie of any size and sort; for if a bougie cannot be passed, depend upon it, the patient will never get well, or at least I never saw a stricture disappear spontaneously.

After having made the previous enquiries, the patient should evacuate his urine before you, and the stream of it should be marked. A bougie should then be passed up to the stricture, and if it will not go through it, a smaller should be tried; but if it goes through, it should be suffered to remain as long as the patient finds he can bear it without much pain, or until he wants to evacuate his urine.—Upon withdrawing the bougie, his urine will come out more flush, and the patient will feel that it is discharged in a shorter time, and with less exertion than he used to give to the act.

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

After the bougie has remained for some time up the Urethra, there will be a considerable quantity of mucus about it. This is always considered as favourable to a cure, because it shews that the membrane enjoys its natural secreting power, and that the lacunæ yield the contents of the glands for if the obstruction be owing to a thickening of the membrane, or of the corpus spongiosum, this discharge may be reasonably considered as a main cause, as a *sine qua non* of the cure. It sometimes happens, that the parts are so exquisitely irritable, that a bougie cannot be endured; and it oftener happens, that after passing a bougie for a few times, the irritation which was great before it was applied,

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

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

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

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

tain it. I have seen many live comfortably for years, who could not have existed a day without passing a bougie.

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

In these cases the bougie can only procure a temporary relief, as the obstructing cause yields to its immediate pressure, but returns again when that pressure is taken off. I think I may venture this inference, and it will highly shew the important office of a bougie, that where it can be passed, the life of that patient may be said to be safe, and sometimes through the very act of passing it; and where it cannot, the patient is in jeopardy every hour.

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

I hope that what I have hitherto said upon this subject may be well understood, that the ideas which I intend to convey are so plainly and perspicuously expressed, as to make my meaning perceptible; and then it will appear, that gaining a passage for the bougie home to the Bladder, is the great *desideratum*; that to effect this requires all the indulgence which human patience can grant—that if the smallest composition bougies do not effect it, catgut must be tried—that whether it succeed or fail on the first onset, it must be followed up, as the only commendable resource—that when it succeeds, the patient is out of all immediate danger—that the irritation must be kept down—that blisters are improper—that when a bougie can be passed of any size, although we
have

have gained a great point from such an acquisition, yet it does not follow that a cure of the case is to a certainty to be the consequence—that the nature of an obstruction may be such as the bougie can only relieve temporarily—that it cannot always remove the cause, but by its pressure, it will generally palliate the effect.

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

ON THE
CURE OF DISEASES WITHIN THE URETHRA.
(CONTINUED.)

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

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

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

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

in order to cure the fistula, it must first of all be removed.

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

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

Gonor-

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

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

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

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

If this idea be just, all hopes of success, from the most prudent precautions, are to be considered as proportionably distant. But this I can venture to affirm, in corroboration of it, that in two days after a diffusion has shewn itself, all the parts which are exposed to our view will put on a gangrenous aspect. And I know, that it was such an opinion as this which Mr. Pott held of the state of the parts, in the case which I have already quoted, when I described* the symptoms of a diffusion, and which induced him to give opium in large quantities, and to leave the rest to the termination of Nature. For the conclusion cannot be far from just, and the inference which follows appears to be too natural, that when the urine is diffused, in consequence of a destruction of the parts at least, if not in consequence of a mortification already commenced, some miraculous change in them must be brought about, before any promising prospect of
life

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

life can be hoped for. From what I have said, it must appear, that I have not so much faith in the art we profess, as to promise that any treatment which may be laid down, will answer our wishes. But as something will always be exacted from us, while life is hesitating at departure, I shall endeavour to point out that which seems to be the most rational; for sometimes, it must be confessed, it does so happen, that cases which we judge to be lost, are restored; and when they are not restored, the reflection of having done our utmost, will not be displeasing.

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

and the Bladder, an outlet may be thereby gained for future urine, and a catheter or bougie may be introduced by this opening, through part of the Urethra into the Bladder.

If this be done immediately, on the first discovery of the diffusion, if the Bladder be sound, and its sphincter unaffected, I see no reason why the case should be despaired of, if a mortification on other parts hath commenced. By the opening made, after this manner, some of the diffused urine will find a way, and be discharged: but what cannot, must be evacuated by incisions being made upon the parts so loaded. Spirituous fomentations should be applied, and opiates with bark and wine should be liberally administered. The passage once gained into the Bladder, should never be surrendered. Hollow bougies, for this purpose, are preferable. When the parts so loaded have subsided, a bougie should be introduced through the natural canal, and if it cannot be made to pass, after repeated trials, to that part which is already dilated, the Urethra should be farther dilated, until the bougie can be either seen to pass, or sensibly touched by the finger. For if the obstructing part be not dilated, every idea of a solid cure will be impracticable: and if the first point be gained, namely, that of obtaining an evacuation for the urine by the means of the first incision, yet without overcoming the obstruction which is exterior to the incision, the utmost success which
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can be expected must be, that the first incision will generate into a fistula, as if the urine had naturally found a passage that way.

The cure of the prostate gland is, of all others, the most difficult, the disease itself being incomprehensible. As I before remarked, when it is diseased in consequence of venereal inflammation in young people, provided there be no strong predisposing cause to the contrary, it will, by care and long attention, by doing every thing salutary, by keeping the part totally at rest, recover its former state of soundness. The requisites for effecting this are, opiate clysters, pulvis antimonialis and opium, sitting over a vapour bath, abstemious living, and moderate venereal intercourse. A grain of mercurius calcinatus, upon the first appearance of this attack, may be given every night for a month or more; and the greatest care should be observed to keep the constitution cool, and the parts at rest. Such serious attention, employed at first, will, in all probability, obtain a cure, where a disease of the prostate is provoked solely from an inflammatory cause. But if any induration be left after inflammation has for a time subsided, the same means, employed at a distant period, will fail in reducing it, because the diseased parts are thickened, hardened, and the vascular system may be obliterated beyond all power of restoration. No part of the human body is so complex as the glandular. A diseased gland, in general, is not obe-

obedient to any system of cure. It is a part over which we have very little medical ascendancy, and to relieve which, when diseased, no theory has hitherto been certain.

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

With respect to topical applications to a diseased prostate brought on from a constitutional cause, I do not promise much hope in any. When it comes on at a late period of life, as it often does, and when every assignable cause is very remote, what can the power of any topical application avail in such a case? If we knew which of the vices of the constitution, or which of the vicious practices it was that first brought on an induration of the prostate, we might then, with some plausible reason, point out the means, if not of curing, at least of palliating the case. As for instance, if it were brought on and be supported from hard
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drinking, an abatement in that will be the first indication; if it were brought on from venery, the practice must be moderated. But I believe, that generally an inflamed prostate, brought on from any stimulating cause, and neglected at first, will become scirrhus; and I believe scirrhus glands are owing to the vascular system of them being obliterated; and from that cause, medicine has not, nor can have but little or no influence over them.

Although it must be obvious from what I have said, that I have not much faith in any system for the cure of a long continued diseased prostate, yet it will be expected from me at least to point out that which appears reasonable to be done. A bougie will always be necessary for assisting a discharge of the urine. The parts should be kept quiet by a very regular mode of life. The discharge of mucus will be moderated only by abstemious living. The body should be kept open, and the patient should be guarded against catching cold. Opiates should be occasionally used. Lime-water may be tried. Sea bathing is proper. These are the best palliatives that I know. Some have flattered themselves that a cure is to be obtained by hemlock internally and externally administered, blistering the perinæum, and by passing a seton through the parts adjacent.

In consequence of retention of the urine, and in consequence of a long irritation on the parts in

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

To distinguish these differences is absolutely necessary, both for defining a disease which may be cured, as well as that which cannot: the one may be curable, but the other is not. Of the curable I shall first treat. The external membrane of the Bladder is muscular, the destination of it is to expel the urine, to conform the Bladder to contract whenever the urine be emptied, and to support it in repletion. The sphincter of the Bladder is connected to this muscle, and acts in conjunction with it, similar to the drawing string of a purse. Whenever the Bladder be over-stretched from retention of urine, it sometimes has happened, that not only the inner membrane of it has bursted, but the outer muscular membrane also. When this is the case, it will always be fatal. It has at other times happened, that the inner membrane only has given way. When this is the case,
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I do not know that it is often fatal; but I know not what the art of Surgery can do for it.

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

But when the Bladder is in a state of disease, in consequence of a long and fixed inflammation, I

do not know a cure for it. In this instance the urine will always be discharged in very small quantities, and often, and it will be for the most part turbid and offensive. The strongest criterion of this condition of the Bladder is, that at no time whatever will it or can it retain that full portion of urine, which the Bladder does in a healthful state. It is this symptom alone that will distinguish the disease of it, in this particular, from all other diseases which it may be exposed to suffer. The assistance that art can bestow, will be most beneficially found in the mildest diet, in keeping the mind calm and composed, and the body open; in quieting irritation by every means, and preserving the Urethra free of obstruction.

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

ON THE
CURE OF DISEASES WITHIN THE URETHRA,
ILLUSTRATED BY CASES.

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

CASE I.

A Gentleman returned from India had a Gonorrhœa many years before he first departed out of England, and which was a long time in being

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

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

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

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

This was considered by him as a bougie of a standard size for keeping the Urethra in a sound condition.

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

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

CASE II.

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

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

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

CASE III.

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

CASE IV.

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

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lity to evacuate his urine. I found him with some bougies by his side, which, he said, he had been in the habit of passing, but now could not. He had had this obstruction for many years, and he thought it was produced from a long-protracted Gonorrhœa. I made an attempt with the same bougies, but failed. I hastened home, and returned with some catguts. One was introduced, and it succeeded in procuring an ample discharge of urine. This gave my patient great encouragement, and he being conversant in the method of introduction, I left him some catguts to proceed with: with these he so far opened the passage as to be soon capable of introducing bougies—with these he got so well as to be able to go about his professional concerns, in which he appeared to be very anxious and deeply engaged. From that reason, as soon as the inconvenience and danger in his case was removed, he neglected a perseverance in his cure, and became as bad or worse afterwards than he had ever been, the irritation having increased to a greater extent, and the stricture having diminished the stream more than when he first applied. In this situation I saw him the second time. Our meeting was not a little interesting to us both; for he thought he had the claim of applying whenever he pleased, without expecting any remonstrance for neglect; that the consequences were all to himself; and I thought that no credit, no self-applause, no conscious pleasure, no

gratification, the result of a zealous attention to the discharge of duty, could be obtained through a patient with such a sentiment, and therefore I told him, that it was expected he would be more attentive to his case, if he desired my future instruction. He submitted to my resolve, because it was for his interest. With some difficulty I passed a catgut again. If I had failed, the cure would have been by me despaired of. A repetition of the former means were adhered to, with more diligence, and continued with similar attention.— He submitted to continue in the use of a standard bougie, after the passage was opened, and I am assured that he now continues very well.

CASE V.

A Gentleman, aged twenty-two, applied to me with symptoms of the following description: an uneasy sensation along the Urethra, a frequent desire to evacuate his urine, some discharge from the Urethra, and a diminution in the stream of his urine. He had had a Gonorrhœa twelve months before, and presumed that his complaints were a continuation of that disease. He had not, from the beginning, ceased to inject. I must here remark, that the constant solicitude of patients seems to be bent to the importance of the discharge. They, not knowing causes from effects, judge that

that the discharge is the cause of all their other complaints ; and the discharge being seen by them, when the other complaints are hidden and obscure, their anxiety goes no further, and their faith rests upon the belief, that if the discharge be stopped, the whole will be at an end. But the truth is, that the discharge is the effect of obstruction, and of irritation produced through it ; that the obstruction being once removed, the discharge will cease of course ; and that every power which can possibly be applied to stop it, will be vain and ineffectual, previous to the removal of the obstruction.

The smallest bougie could only pass through the obstructed part, and this being effected, the consequences were fully answered. The size of bougies were graduated, and their application regulated. He could bear one up the Urethra two hours, twice a day, without irritation. His stream became enlarged, his irritation abated, and he got well in two months. This gentleman was also told to apply, from time to time, a standard bougie, which he also neglected ; but I can take upon me to say, his obstruction has not returned.

CASE VI.

A Gentleman, aged fifty, had, for four years, repeated attacks of the ischury, and twice a swelling

of one of his testicles. At each time these attacks came on, he imagined he had contracted a fresh Gonorrhœa, and that the high symptoms of inflammation were all in consequence of the virulence of each Gonorrhœa. It was at the time of one of the inflammatory paroxysms being on him, that I first saw him, and it was not till then that his complaint was ascertained. I saw him with an inflamed testicle, with shivering fits, with a constant desire of making water, and with only the ability of discharging it in the smallest quantity. These were the effects of a long-neglected obstruction, and I very much doubted, in my prognostick, whether the parts, thus brought into disease from such long irritation, could have been ever again restored to a sound condition, even after the obstruction, which was the cause, had been removed. But the event of this case will shew, what can be sometimes endured, what parts will sometimes undergo in suffering, and yet again recover their pristine state of health, when once the cause of their disease is discontinued. I fomented the parts with decoction of poppies, to which I added camphorated spirits. I kept the testicle suspended, and the patient to his bed. I gave him the pulvis antimonialis, with opium, and I succeeded in passing a small bougie. On account of the irritation, I did not permit it to remain long in the Urethra. He drank barley-water mixed with mucilage of gum arabick during the time of an exacerbation of the symptoms, and in a short time they

they were so far abated as that he could bear a more frequent and longer application of the bougie. As the passage became enlarged, his irritation became less; and in process of time, under the strictest regulation in the use of bougies, and temperance of living, he got completely well. My chief apprehension, in the event of this case was, that the Bladder would not have recovered its organization. But where the disease is not too far gone, it is wonderful to see how the alarming symptoms do suddenly disappear. This gentleman also never recurs to the use of bougies, although he was likewise instructed to do so.

CASE VII.

A Gentleman, fifty years of age, very corpulent, and who had drank hard, for some time had experienced a constant irritation in the Urethra, and a dilatory diminished stream of urine. Upon his first application to me, I found he had been advised to take the tincture of opium, and opiate clysters. His language also was, that he could not bear bougies, for that, whenever one was passed, every symptom was violently increased. I desired him to let me see his stream of urine, and pass a bougie. With the latter he complied with some reluctance. I then told him (what from experience I knew

I knew would be found to come true) that his case was in its nature very simple, under right treatment; but that the consequences of neglecting or omitting that treatment, more especially to a man of his corpulency, would be fatal—that if no catheter could be passed, when an ischury was on him (and it was most probable that it could not) every other resource was fraught with danger of life—that the best opportunity for commencing to open the passage by bougies was, when the symptoms of irritation were at the mildest—that notwithstanding what he had advanced against the use of a bougie, his not being capable of bearing it, from its increasing the irritation, yet a bougie was his only remedy—and that to bear the use of it, he should live very temperately, use the warm bath, and by degrees try to bear it up the Urethra gradually longer and longer, in point of time. I told him also, that a bougie at first which could only pass through the opening which there was in the obstructed part, must naturally aggravate the symptoms, which, after some use, would as naturally, by the passage being more open, abate them; and what could not be effected by the first week, would be found to be done only by a longer continuance of the process, under a proper regulation; for if he found himself getting better, there was no occasion for haste; the passage being opened, that point being once secured, and the irritation having abated, he would then to a certainty get well at
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his leisure. He submitted to the use of bougies, with the other instructions I before laid down, and his cure was gone on with to the utmost expectation.

CASE VIII.

A man from the country, aged twenty-seven, was recommended by letter to me from a Surgeon. He told me that he had had a Gonorrhœa for some time on him, which, notwithstanding he had constantly used injections and other remedies for it, was apparently worse than ever. For some time he had a constant desire to make water, both by night and day, he was often obliged when on horseback to dismount, and sometimes, from his situation, he had undergone such misery, by retaining his urine, that a most profuse perspiration had bursted forth at once from him, and which for a time afforded him relief; he also declared himself to be a most miserable man in another respect, for that he was under promise of marriage, but dared not to fulfill it. This case had never been treated otherwise than as an obstinate Gonorrhœa, and in all probability had he not applied where the practice is habitual to refer, from suspecting motives, such symptoms to the cause of obstruction, he would have never got well. I passed a small bougie, and found a palpable obstruction. I wrote to his Surgeon, and
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gave him some bougies, with the necessary instructions how to proceed in the use of them. I heard from the Surgeon soon after—that he proceeded successfully in the cure, that the passage was open, that the irritation had subsided, and that only some discharge from the Urethra remained, which was effectually afterwards stopped by an injection of the vitriolic fluid.

CASE IX.

A man about fifty, from the country, applied to me, and seemed under very great agitation. He told me that he was a married man, and father of a fine family; that he had laboured with a great difficulty in the expulsion of his urine; that, by night as well as day, he had unremitting inquietude; that his belly was hard; that he had a nervous fever on him: that he had been for more than twelve months under the care of a Physician in the country; that he had tried various kinds of remedies to no salutary end; that he had been a fortnight in London; that he had, during that fortnight, been under the care of a Physician, who had treated his complaint as if it were a dropsy, and administered some strong purgative medicines; that on the day I saw him, he found so increased a difficulty in evacuating his urine, that his Physician was induced to draw it off, but failing in the attempt,

attempt, and the man being alarmed at the sight of a slight hemorrhage, it was this which brought us together. I found him nervous to a degree, his belly was very hard, and sounded hollow; I saw him attempt to make water, which he could not effect. I attempted to pass a very small bougie, and succeeded, but no urine followed. I directly gave him forty drops of tincture of opium, and sent him home to bed. I called on him a few hours afterwards, and found that he had evacuated more than a pint of water. This I was very glad to see, because I knew the Bladder could not be in a very bad state of disease when it can contain a pint of water. I desired him to be fomented with a strong decoction of poppies, and to have an opiate clyster, his body also to be kept open by castor oil. I found that in order to expel his urine, he had been in the habit of taking forcing diureticks, and especially gin and water. These I desired should be omitted, and, in their stead, I gave him barley water with mucilage of gum. I passed daily a small bougie, which sometimes, in the first week, would go through the obstruction, but at others would not. Well knowing that perseverance soon overcomes this difficulty, which very often baffles thus in the beginning of the progress of the case, I found in the course of a fortnight, there was no more check from that cause. The patient himself was by that time capable of passing a bougie; he had a proper assortment with in-

I. instructions

tructions for his future proceeding. Before he left town, he could ride on horseback, his belly became softer, his appetite and spirits increased, the discharge from the Urethra which he had, was greatly diminished, and I know he is well at this time.

CASE X.

A person aged thirty-five, married and sober, applied to me, after having been under the care of others before; he therefore was apprised of the nature of his complaint, and that the seat of it was in the Urethra. His residence was out of London, and from that cause I was curious to ascertain how such a disease could originate with him. He told me, that many years since he had had a Gonorrhœa, that it was a long time before the discharge stopped, and that ever since he had been progressively afflicted with his present complaint. His symptoms were, a great difficulty of making water, with a very thin stream, and as the urine was passing, his glans penis swelled, as much as with an erection; he was better in the Summer than the Winter, and always at the worst in dry easterly winds; if he caught cold he was certain to feel the bad effects from it, or if he drank rather too much, which for that reason he seldom indulged. He said, he had experienced, many severe at-

force

tacks of the ischury, from which he had very narrowly escaped; and also added, that unless he could find more relief than he had hitherto experienced, at succeeding attacks, he should be lost. He told me that his present system of treatment was to pass up a bougie as far as he could, and there to leave it; but that as yet no bougie had gone further, which appeared to be about three inches up the Urethra, and this was effected by a soft bougie, badly made. I then attempted to introduce a small catgut, and succeeded. I kept him in town for three days, until he himself was capable of passing a small bougie through the Urethra. I told him that the object was to endeavour by every means to keep the ground he had gained, that he should gradually increase the size of the bougie, that he should foment the perinœum with decoction of poppies, and that if he were attacked again with an ischury, he should take ten grains of the pulvis antimonalis with one of opium, and also a clyster with forty drops of tincture of opium. I saw him a second time a month after, found that he had diligently passed the bougie, and that he had had no ischury; but I was surprised to find what little progress he had made in the increase of size of the bougie which he could pass, there being scarcely a shade of difference between the first and the last at the end of a month's constant application. I passed one myself, and ascertained, that a great part of the Urethra was thickened, for it was with some

force that I could introduce it, and it remained up the Urethra quite tight and fixed, as if the Urethra griped upon it. With unusual difficulty I also withdrew it. I then told him that his hope of cure rested upon a faithful attention to instruction, that nothing could be done but through perseverance, and that by unremitting attention to the use of bougies, in proportion as the Urethra was distended, and when a discharge from the Urethra was seen upon the bougie (for the bougie at this time came forth dry) he then would find his industry daily rewarded. I provided him with some very stiff bougies, and he returned a month after, considerably improved in his case; a bougie of a larger size could be introduced with more facility, and some discharge was beginning to come away upon the bougie. I desired him to rub in a little quicksilver ointment along the perinœum, in order to assist a discussion of the thickened part, and to proceed as before in the use of the bougie. In a month after, I saw him so much improved, as to pass with ease a bougie of a very fair size. I told him to keep to one of that size, and to regulate the use of it so as to keep his ground. A few months after this he returned to me, almost as bad as ever, for he had been out of bougies, and thinking himself well, he had carelessly neglected the introduction of one for more than two months; but by a return to the same means, with much less difficulty,

ty, he soon regained his advantageous ground, and has been prudent enough ever since to keep it, by now and then remembering to pass a bougie.

CASE XI.

A Physician did me the honour of consulting me for a complaint in these parts, but it was not as yet ascertained what was the true nature of it. He had experienced a frequent desire to evacuate his urine, he found that he was longer in passing it, he felt a constant teasing sensation about the region of his Bladder, he had some little discharge, his mode of life was exemplarily sober, and he was not more than thirty-five years of age. He had consulted other Physicians about his case, who were of opinion, that the seat of complaint was in the Bladder. It is strange to be told, he had never as yet passed a bougie. This circumstance will bring to your recollection what I have often dwelt upon, that whether the seat of disease be in the Urethra or not, the introduction of a bougie helps the judgment to define it; and that many a disease terminates fatally, which could be cured in a very little time, and in a very simple way, when the true cause and seat of it are ascertained. I passed a very small bougie on the first attempt. I found his stream very small, and the obstruction very simple in its nature, for from that time my patient became
his

his own Surgeon, by only recurring, from time to time, for more bougies, and these in increased sizes. The last visit he paid me, I had the pleasure to hear that every disagreeable symptom was declining. He further remarked, that he had a brother, remote from London, who had been for a long time ill of what was supposed to be a complaint in his bladder and kidneys, and that he would take care, from the insight which his own case afforded, to have the true cause of the case of his brother ascertained.

CASE XII.

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, he seems to be more satisfied than myself, as he is content to let it remain in the imperfect state of cure in which I now consider it. Whenever he catches a 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 man whatever. It is now near three years since I first saw him.

him. All his attacks of the ischury have been removed by the warm bath, by the pulvis antimoni-
alis 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 to appearance well, when his stream of urine
flows full, and when he has not the least irritation,
no bougie has yet been passed into the Bladder, not
even a catgut. The attempt has been often made by
him, by myself, and by another Surgeon also, and
each without ever succeeding.

CASE XIII.

A person, in the parish where I lived, aged forty-
five, applied to me for a difficulty in making urine.
He had no discharge from the Urethra. He was
a married man, and in general sober, but not
strictly so. He was constantly solicitous of making
water. His rest at night was very much disturb-
ed, and his occupation through the day interrupt-
ed. I attempted to pass a bougie, but did not
succeed. I then had recourse to a catgut, and
with this I did succeed. I repeated the catgut,
until such time as I was enabled to introduce a
bougie,

bougie, and with that, by a gradual process, I obtained a perfect passage; his diseased symptoms disappeared, and he became perfectly recovered. This case was attended in the Summer of 1789, and in the Autumn of 1790 (it may not be unworthy of the record to state it) his wife was brought to bed of three living children at one birth.

CASE XIV.

This is a continuation of the second case which I gave in my *Critical Enquiry*, and it serves strongly to prove in evidence, the consequent effects of indolence and neglect. This gentleman had experienced, for eight years before he first applied to me, which was at least fourteen years ago, a very narrow stream of urine. It was with the most difficult efforts and strainings that he could evacuate his urine. When he first applied to me, I remonstrated with him on the danger of his condition—that a man so corpulent as he was, and who lived very high, would, without every exertion, run the risk of his life; and that if, as a seafaring man, he should be attacked with an ischury, whilst upon his voyage, then his fate would be inevitable. He used the warm bath, he was bled, and as the perinœum was thickened and indurated, quicksilver ointment, in small proportions, was rubbed along it. The smallest catgut then found a passage on
the

the first introduction. There proved to be three obstructions, one a little way up the Urethra, and the others at a distance of about an inch and a half from each other, further on. Upon his withdrawing the first catgut, he made his water with more happiness than he had for the last two years. A larger was immediately introduced, and the size of the catgut graduated. Within four days the stream was natural, and he could pass with ease a bougie of any size. His hour of departure was then come. He was furnished with bougies, and also with catguts, in case, from his natural propensity to indolence, he should be reduced to apply to them again. This was the state of his case, at least fourteen years ago; and if he had been then only at the pains of now and then passing up a standard bougie, there would have been an end of the case. In the Autumn of 1789, he sent for me into the City, when I found him in very great pain and inflammation. The region of his kidneys was the seat of his complaint. Upon examining the stream of urine, I found it as small as it formerly had been. He had a great discharge from the Urethra, he made bloody urine, his pulse was very strong, and he could scarcely turn in his bed. In this condition also it was expected that he was either to sail, or lose his voyage. A Physician saw him with me; and the conclusion of his case at this time was, that after going into the warm bath, and losing at least seventy ounces of blood, with other

antiphlogistic means, he was enabled to go upon his voyage. Whilst he was away, he experienced another attack of his kidneys, which, from the same treatment, terminated also favourably for him. As by this time he was convinced that his own indolence was the cause of all these dangerous attacks, on his return, in the year 1790, the means for opening the obstruction were repeated, that had been put in practice fourteen years before. These were submitted to, soon after his arrival, so that there was time for me to see them carried into effect before he sailed again; and I can say, with truth, that he is now completely well.

CASE XV.

A Gentleman, aged twenty-five, had contracted a Gonorrhœa near twelve months before he applied to me, during which time he had been his own Surgeon, and the chief applications which were made use of consisted of an injection, in which calomel formed the basis, and pills of calomel. But as he found that the calomel injection did not stop the discharge, he sometimes had applied an injection with Goulard's extract. I must premise that, during the history of the case, before he applied to me, I could not understand that the inflammatory symptoms had ever subsided; but that this novice (for so I am authorised to call him, because

because he did not seem to be even in possession of that theory which a man of education could readily acquire, in one afternoon, from books) had, in the very face of inflammation, gone on with the calomel injection, for the most part of the time. When I first saw him, I found on him the following symptoms: a profuse discharge, and very thin and bloody; the point of the Penis appeared turgid and red; the orifice of the Urethra had serous vesicles on it; he made his urine with difficulty; his erections were painful; his emissions were so replete with pain, that he felt at the time as if he was cut by a sharp instrument; his stools also excited a similar sensation; he complained of pain in his loins, and about the pubis; he could not bear riding on horseback, and even sitting at table was creative of great uneasiness. For the first six weeks I was not apprised that he had any obstruction in the Urethra, because he had misled me, by saying that his stream of urine was very full. I therefore contented myself with using antiphlogistic means, but not in the manner that I wished, nor all those which I expect the greatest benefit from. For this gentleman being with his father, and being also of opinion that, if he was desired to apply more than one remedy, it was enough that he made choice of one only, I was forced to do as well as I could, but not as well as I would. In short, I never met with a case that gave me more trouble. I desired him to foment the perinœum with poppy decoction,

I gave him the mucilage of gum, I kept his body open with castor oil, and I recommended opiate clysters. But this was not complied with. I then gave him tincture of opium, at stated times. The fomentation was troublesome, instead of which he used the warm bath. His diet I requested to be low, and that he should drink but little or no wine. I found out that he sat up late at cards : this I also desired that he would not do. When I was flattered with the idea that the inflammatory symptoms had abated, I ventured on an injection of the vitriolic fluid ; this stopped the discharge whilst he used it, but still the inflammatory symptoms remained. Finding myself foiled, I determined to pass a bougie : but whether it was from fear or pain, my patient could not give me the opportunity then of ascertaining if there was an obstruction or not. On another day, the fact was proved, that all this irritation proceeded from obstruction. I persisted, as well as I could with my sedative means, and gave him instruction how to pass a bougie, after having myself shewn him that a small one would pass. This, instead of doing, as I directed, morning and night, he went from home, and did in the middle of the day, in a slovenly manner ; for in the morning he wanted to sleep, and in the evening he still played at cards. However, in process of time he was able to bear the bougies up his Urethra, and he was disposed to use them night and morning. His symptoms all abated, his discharge

charge spontaneously stopped, the whole of the irritation declined, and the bougie, which at first came forth dry from the Urethra, at last was covered with well-conditioned mucus. We persisted in the use of bougies, which effected a cure. It must not be forgotten, that, at the latter end of his case, he was also advised to bathe in cold water, and to wash the perinœum, when he did not bathe, with sal ammoniac, dissolved in water.

CASE XVI.

A Gentleman fifty years of age, applied to me with the following symptoms: a discharge from the Urethra of a thin acid nature, a redness of the glans penis, and a turgidity and soreness of its orifice: he had pain in his loins, a hardness above the pubis, and a soreness along the perinœum. So irritable was the condition of this patient, that the first glass of wine at dinner was no sooner drank, than he was obliged ever to quit the table, and evacuate his urine. The gentleman had laboured under this complaint for a long time, and being in the habit of indulging promiscuous venery, he thought his case was a succession of Gonorrhœas. He was one of those also who asserted the right, which they most undoubtedly possess, of doing themselves mischief, for he was his own Surgeon; but being about to marry advantageously, he did me the honour to
consult

consult me. For more than a month I trusted to his own report of his case, and, during that time, I found every means that were tried ineffectual. I then requested that he would evacuate his urine before me, which I saw come forth in a small stream, and scattering. I attempted to pass a small bougie, but failed. I then attempted a catgut, but did not succeed in that. I waited for a few days, and applied leeches to the perinœum, sent him to the warm bath, and prescribed him a very low regimen. I had him to lodge near me, and for two more days I was foiled in passing the catgut. On the third day I succeeded, and was so happy also, which is not always the case, to introduce the second soon after the first was withdrawn; his stream of urine improved with the increasing opening, and in a few days we were able to pass up a bougie; but his cure was for a long time retarded, owing to the great irritability of the parts, which we all along endeavoured to keep under by poppy fomentations, and by tincture of opium; the pain in his loins was also very troublesome: however, the passage of the Urethra was fairly opened, and my patient married. After his marriage he neglected his case, and in a short time died of an inflammation in the kidneys, out of London.

CASE XVII.

A Gentleman, turned of sixty, applied to me
for

for a known obstruction in the Urethra, but was not able himself to pass a bougie. Upon my making the attempt I also failed, but succeeded with the catgut, and as the irritation was not very great, we soon obtained a very fair opening. This gentleman was also of that negligent disposition, that he would not have been at the pains of attending to his state, had he not been about to marry. He did marry in three weeks after his first application to me. The point of this case is found to be, that he can only obtain relief through bougies, but no cure; that he cannot live without them, for very often he cannot evacuate his urine without first of all introducing a bougie.

CASE XVIII.

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

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

tate

tate gland was very much enlarged. This gentleman has since been often under the necessity of drawing off his water by a flexible catheter, as often as the urine will not follow a bougie as it is withdrawn. Thus it is that this gentleman passes a life as comfortable as the nature of his case will admit, evacuating his water by passing a bougie first, by introducing himself a flexible catheter when a bougie fails, and by living exemplarily temperate.

CASE XIX.

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

had not compounded with the misery of his case, until he had despaired of a cure of it. He was a very active young man, and appeared to be in as good a state of health as the nature of his complaint could admit. I told him, that the tumour in the perinœum was an effort of Nature to convey the urine that way, when it could no longer pass through the common canal. I attempted to pass a catgut repeatedly, but failed. I told him, that the tumour would soon burst, and when the urine had found a passage that way, the inflammation would subside, and then a trial might be made again, of introducing a catgut, with a prospect of more success. The tumour shortly after did burst, and the urine came away in part through that opening, and in part through the Urethra. After making use of every sedative means, and by keeping the patient upon very low diet, I succeeded in passing a catgut, and followed up that success, by constant repetitions, until, in a very few days, I was enabled to introduce a bougie. After I could introduce a bougie, I then drew off his water with a flexible catheter, and taught him to effect the same, so that no urine might pass by the diseased opening. By these means he recovered his natural passage in a most rapid manner, and the diseased opening, without any art or difficulty, healed.— And as there was no other provocation for all this exacerbation of symptoms, but mere obstruction in the Urethra, and which a bougie, when introduced

duced and repeated, did remove, so did he get well by this treatment.

CASE XX.

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

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

CASE XXI.

A Gentleman, aged thirty-five, sent for me at twelve o'clock at night. I found that he could not evacuate his urine. He had drank that day a great deal

deal of wine, and the wind was cold and easterly. He had an obstruction in the Urethra, of which he was previously conscious, but had never done any thing for it. He did not recollect to have made water since his dinner. He was in great pain; his abdomen was very hard, and his Penis was almost shrunk up, and scarcely any part of the pendulous part appeared. His pulse was very quick, and he was shivering. I could not pass the smallest instrument up the Urethra. I made him sit over warm water. I gave him opiates in great proportion, both by the mouth and by clyster. He was soon after seized with an incessant vomiting. I began to question him, whether he had before been in this predicament? He told me, that he had not. I asked him, if he usually evacuated his urine in any quantity? He said, that he made as much at a time as he ever did, only that it was longer in coming. I was very glad to hear the last answer which he made me, because I was certain that his Bladder was not materially injured. I then told him, that if he did not succeed in making water, in the course of two hours, I should take it from him through a puncture, and that I had not a doubt of the safety of the operation, for that there was not the least danger in the operation itself, it being scarcely to be felt, and, as a French Author expresses it, "like plunging the point of a sword into water." At seven in the morning I made a puncture above the pubis, and evacuated
a large

a large quantity of water. I then gave him two grains of opium, a draught of wine whey, and left him to rest. At two, I passed a small bougie, with little difficulty. He had perspired freely, and slept sound. His urine had, during his sleep, dribbled from him. His Bladder did not immediately recover from distention. I applied aqua ammoniæ acetatæ to his abdomen, proceeded with bougies, and with them perfected a cure.

CASE XXII.

A Gentleman, aged forty-five, robust and active, a generous liver, but not a drunkard, consulted me for an uncommon complaint. He had been, for more than twelve months, obliged to get out of his bed, sometimes four, five, six, seven, eight, and even nine times a night, in order to allay painful erections. If he lay awake, these did not come on; the pain of them awoke him, and they would not abate until he evacuated a portion of urine. This disease, of course, harrassed him very much for the whole of the time of its being on him. He rose very early, to avoid it, and in lieu of this defect of rest, he used to sleep in his chair after dinner. During the whole of the day, he was as well as any man could be, nor had he these erections when he was sleeping in his chair. I must observe, that these erections were not attended

tended with any lustful passion—his power, and his gratification, in that way, was fair, equal, and proper; and he made his water, during the day, in the usual proportion, and at the usual distances of time. I passed a bougie, but did not find much obstruction, nor were his symptoms truly indicative of such an expectation. But knowing, as I do, that a little obstruction, on a free liver, will be often productive of great irritation, I chose to make that ground good, and advised him to persist with bougies; which he did for three months, until the case was clear, that they did him no benefit. During the use of the bougie, he had a swelled testicle. I also, during this time, advised him to the warm bath, to the antimonial powder with opiates, and to live abstemious; but that he did not strictly attend to. We then consulted with an eminent Physician, upon the nature and the cure of this singular case; the result of which was, that he should apply leeches to the perinæum twice a week, that he should go to the warm bath twice a week, that he should take opiate clysters every night, keep his body open, take saline draughts with camphire, during the day, live almost upon vegetables, and drink no wine. This system was pursued, with very little infringement, for more than two months. Our patient was lowered, but his disease was not conquered. To live on thus, he could not bear, and when he returned to wine, he was as bad as ever. Even at the time of his abstemious

stemious regimen, he was obliged to get out of his bed three or four times in the night. As he had gone on in this low system for a sufficient time to procure all its effects, we were induced to try what a bracing system would do, both in a general and local sense, for which bark was given in liberal doses; and, as it was in the Winter season, a strong solution of sal ammoniac in water (instead of the cold bath) was applied with a sponge about the seat of the disease. In these he found essential service, and with these he proceeded. But if he took the bark, and omitted the sal ammoniac wash, his painful erections returned. On the contrary, if he applied the wash, and omitted the bark, they did not. By a continuance of this system for a long time, I do not hear him complain, for I have the honour of knowing him intimately; although I am persuaded, that he is not now quite free of the complaint, and that neglect of his remedy, together with too free living, will provoke a return of it. I was anxious to know what Authors had said upon the nature of this disease, but I have not yet been able to find a similar case; the nearest to it is in Dr. James's Dictionary. It does not come at all under the description of a Satyriasis. The disease appears to me to have been first excited by too constant a habit of uniform free living, and the warmth of the bed provoked an irritation, which habit made familiar. So that the disease, in the end, may be said to be, what Dr.

Cullen expresses, a congestion where vessels are dilated and filled, and by which they are stimulated to a stronger action.

CASE XXIII.

A Gentleman, aged fifty-eight, had applied to me two years before this last attack, which proved fatal to him. On the first, I was called up to him early in a morning, and found that he could not make water. I immediately recognized his person, having very often seen him in the streets of this metropolis. He was an active man, and with a strong constitution; his mode of life, in point of eating and drinking, was rather abstemious. I found him in great pain, under a suppression of urine. He told me, that it was a case of many years standing, and that he had not (through careless inattention) been able, for many years, to pass a bougie. He said, that he was in the habit of making water very frequently, and that he always made a very little at a time. He had not, at this time, evacuated a drop for several hours. I directly bled him in the arm, gave him forty drops of tincture of opium, and sent him to the warm bath. On his return home, I gave him an opiate clyster, and a grain of opium to be directly swallowed. He fell into a sleep, and his urine came from him whilst he was in it. I endeavoured then to pass a
O bougie,

bougie, but failed; and then a catgut, but with no better success. However, by means of the antimonial powder, of opium, of mucilaginous drinks, and of low living, he overcame this exacerbation, and returned to his former state. When I took leave of him at that time, I told him, that, from the long while his obstruction had been on him, his Bladder was far gone in disease—that the only prospect he had, was to relieve the Bladder from its distress, by opening the passage in his Urethra—that the most favourable opportunity for it was, when he was freest from inflammation; and to effect this, I left him some catguts, and some small bougies; and I have not a doubt but if he had followed my advice, he would not have died from this cause. When he sent to me the last time, which was also very early in a morning, I found him exactly in the state I had seen him two years before. I directly pursued the same means I did before, and his urine also this time came from him when he was asleep. I then also attempted to pass both bougie and catgut, but with no success. I had the mortification to see those I left, two years before, untouched. After he awoke, I requested that the urine he made in future should be put by: this I found to be more than half mucus, which adhered to the bottom of the pot, and so closely united as to form one mass. I found that he did not recover from this attack as he did from his former—that the disease was more pressing—that he had a symptomatic fever—that his
return

return of urining was not without great pain—that his spirits were very low—and that he seemed to despair. His following night was very much disturbed, and his urine mixed with full as much mucus as the day before; his solicitations for the discharge of it more frequent, and his febrile symptoms not abated. Towards the night he could no longer evacuate his urine, his pain increased, and a vomiting ensued. From this time, that symptom never left him, his pains became worse and worse, his shrieks were heard all over the house. Another Surgeon saw him with me, when it was debated, whether or not a puncture into the Bladder could be attended with any prospect of success? The result of our opinion was, that it would not. At the close of this evening, there were evident signs of his approaching catastrophe, and the next morning he expired. Upon examining the state of the parts, the Urethra was found to be contracted for some length, to the neck of the Bladder, and the parts in the highest state of inflammation; a bougie of the smallest size could but find admittance through the contracted part. The prostate gland was sound, the Bladder very far gone in disease, the coats of it very much thickened, and the internal parts of it irregular, and fasciculated—in some parts ulcerated. The kidneys were enlarged, but sound.

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POSTSCRIPT,

ON MY PLAN FOR THE APPLICATION OF CAUSTICK.

IN my Observations upon the new Opinions of JOHN HUNTER, in his Treatise on the Venereal Disease, published in November 1786, part the second, page the 58th, is the following paragraph:

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

The consideration of the use of the application of caustick and the danger arising from the methods of applying it hitherto contrived, then led me to the following plan of introducing the caustick, then invented and published by me—and of which the following is a copy from page 68 of the above observations, &c. in 1786.

“ The fact is, if caustick must be used, I have certainly adopted a method more safe and effectual than that we have already considered : and my reason for inserting this note here is, to prevent mischief from the use of the other apparatus, (meaning Mr. Hunter’s). I shall not dwell upon its merit. Its simplicity is not the least of the perfection. I have embodied some caustick into the point of a small common bougie, which may be conducted to the stricture through a canula. It may remain about four minutes and may be occasionally repeated. Mr. Sharpe observes, that escharoticks, mixed in plaster, lose their corrosive property ; but by constant trial, day by day, I think I have prevented this, as I keep the bougie in glass well stopped. Those so disposed are welcome to see, or try it.”

This was shewn also in every course of my lectures.

Such was my plan published in the year 1786 for the purpose of demonstrating the difference from the plan by Mr. John Hunter ; which was the following, and of which there is a plate at the end of his Treatise on the Venereal Disease.

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

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

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

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

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

I shall not here repeat my observations upon the history and application of the caustick, having already stated them at large from page 52 to page 86 of the above observations.

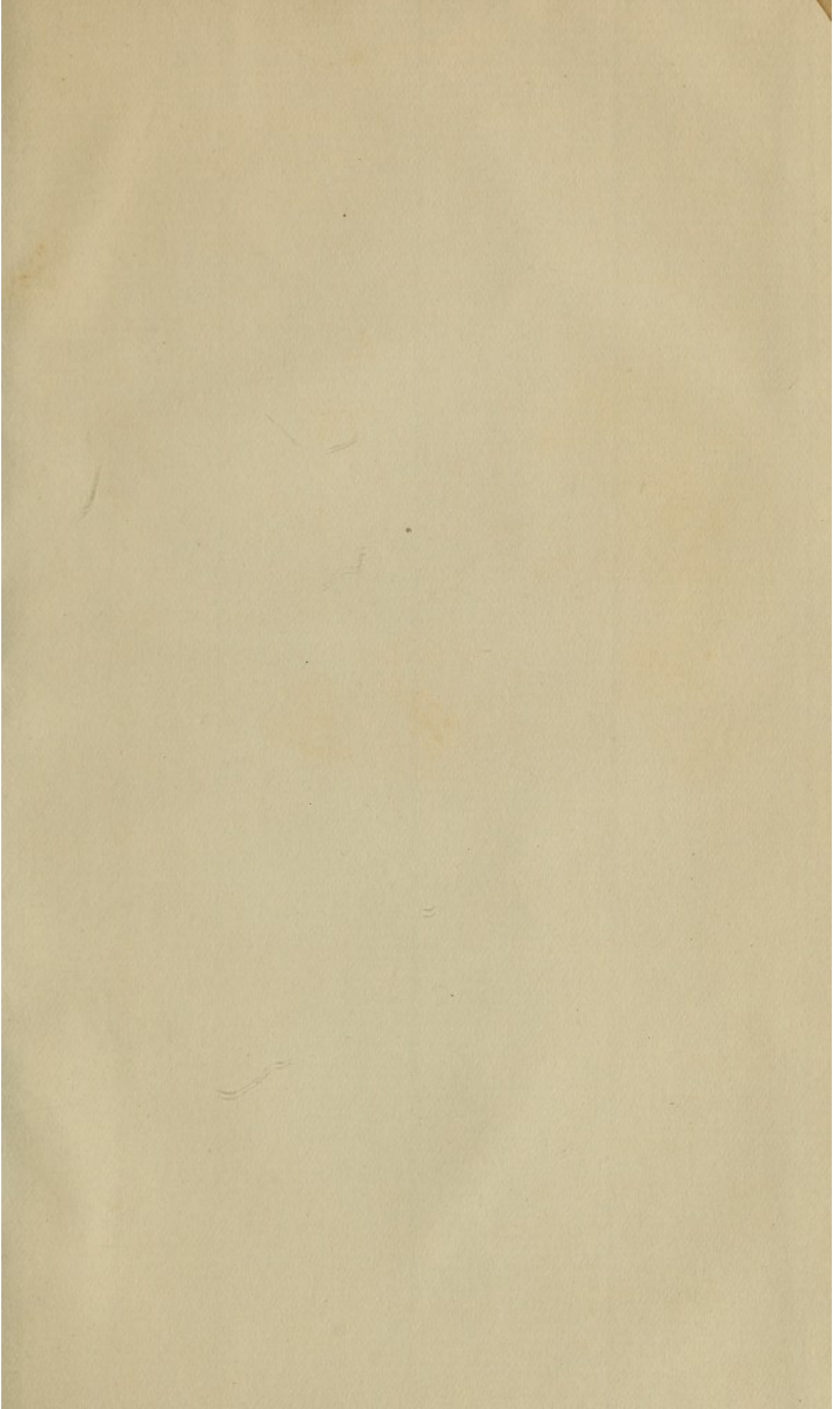
Consequently I can now have but few more observations to make. The most material are to caution practitioners against an inconsiderate and indiscriminate application of the caustic without first ascertaining the true cause of complaint in the urethra—and to assure patients that there are not many cases in which the application of caustick is necessary, or preferable—not in all most certainly.

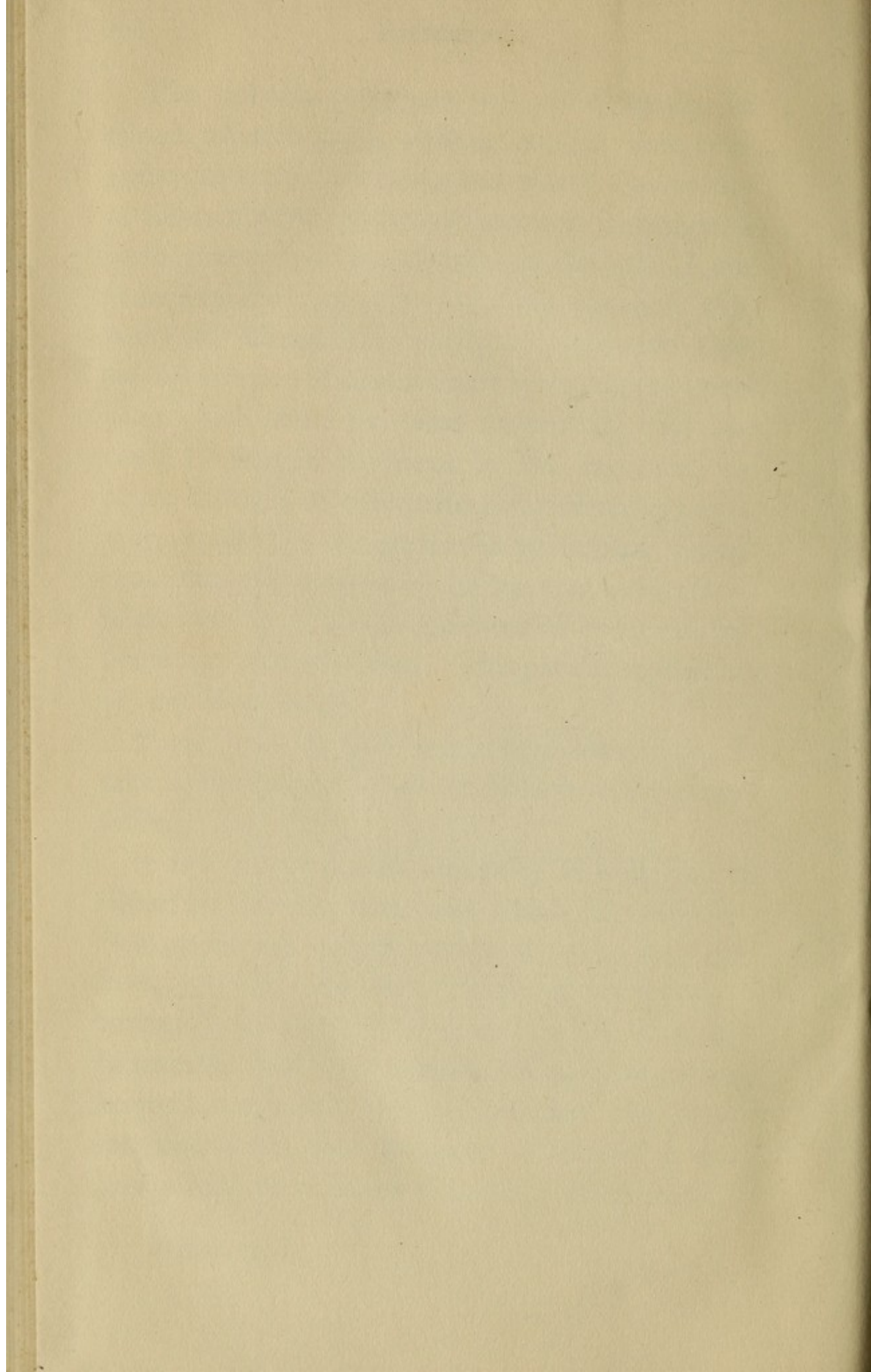
The probable preference will more usually be found, where bougies without caustick have been judiciously tried in vain; and where the nature of the symptoms has been so precisely investigated as to prevent either mistake or danger. I am more particular in enforcing thus concisely this summary admonition, because I conceive that the application of caustick will be attempted upon cases which could be cured without it; and because I know it has been in the eagerness, or rather rashness of enterprize and poverty of ingenuity applied to one patient in particular, whose complaint was a stone in the bladder, who afterwards submitted to the operation of being cut for the stone, and who died. This patient resided at or near Blackheath.

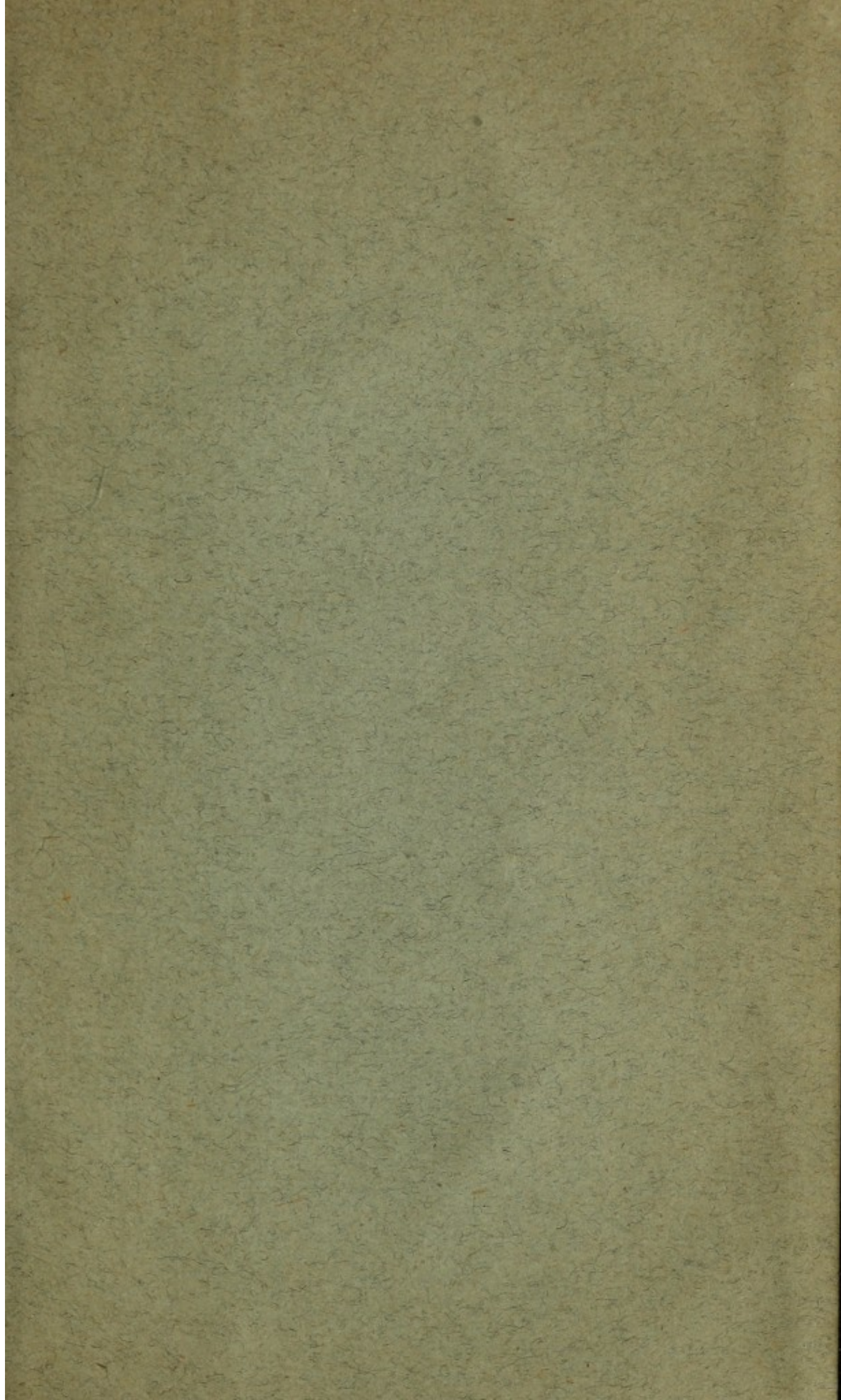
If one case has thus come to my knowledge, I take it for granted there must have been many more.

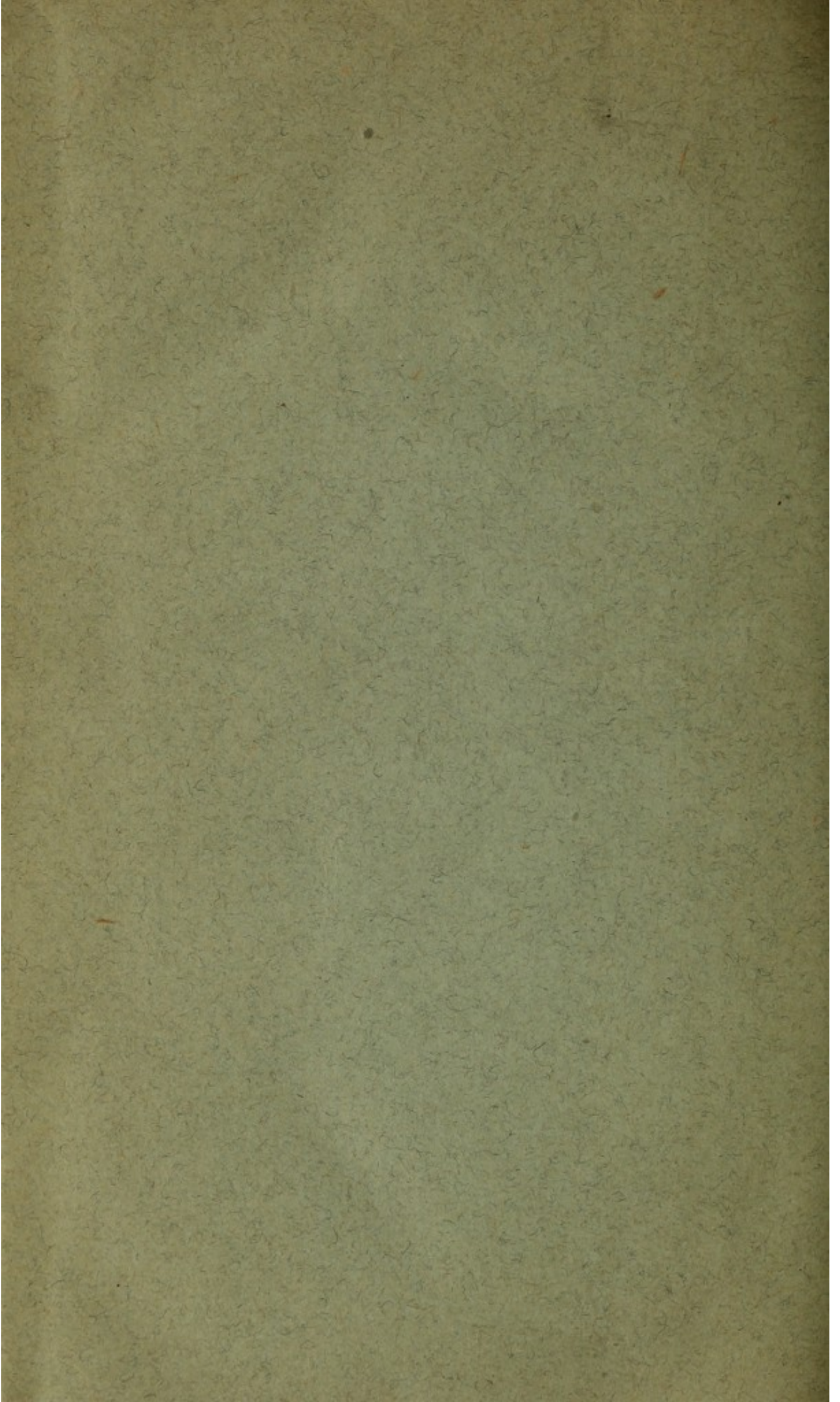
It is a tribute due to humanity as well as to a regard for science, that cases which fail or prove fatal under any remedy which is to be pursued from example, should be fairly made known: whereas I am sorry for the cause that provokes me to remark, that such *steep and thorny* cases are to be produced, not by those who collect the *primrose* ones—and that the path of interest is not always with them found to be the path of truth.

August 1796.









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