

A review of Mr. Everard Home's Practical observations on the diseases of the prostate gland, and of his important anatomical discovery / by Jessé Foot.

Contributors

Foot, Jesse, 1744-1826.
Royal College of Surgeons of England

Publication/Creation

London : Printed for S. Highley, 1812.

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A REVIEW
OF
MR. EVERARD HOME'S
PRACTICAL OBSERVATIONS
ON THE
DISEASES OF THE PROSTATE GLAND,
AND OF
HIS IMPORTANT ANATOMICAL DISCOVERY.

BY JESSÉ FOOT, SURGEON.

————— Arcades ambo
————— et respondere parati. VIRGIL.

LONDON:
PRINTED FOR S. HIGHLEY, 24, FLEET-STREET.
1812.

A REVIEW

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PHYSICS

AND

BY

J. NICHOLS AND SON, PRINTERS,

Red Lion Passage, Fleet Street, London.

A REVIEW, &c.

MR. Everard Home's Discovery of what he defines to be a Middle Lobe of the Prostate Gland was avowed six years ago, when an account of it was given into the Royal Society; there it would have rested among such sort of pledges as have been doomed to do an everlasting penance, if the usual benevolence of the President had not gratified the Author by a most gracious permission to redeem from its state of purgatory, this very extraordinary Discovery.

We can readily imagine, that the President did not hesitate much in restoring the Discovery, because he might have expected that it was the Author's intention to apply it in the manner we now have seen it, as it had been the uniform practice of John Hunter and all that family first to print as many of their productions as they could in the Philosophical Transactions, and af-

terwards, with no small quantity of vain embellishments, lay them before their pupils and the public.

The President has certainly given no encouragement to the productions of the Faculty in general; and however difficult he might have found it to shake off the importunities of Mr. Everard Home — yet the Transactions plainly discover, that the Faculty in general has been driven to other resources for giving publicity to Medical and Chirurgical Essays. The President's most favoured study has been chiefly applied to objects transatlantic and celestial. Even a paper transmitted to himself by Fabriani, in which he describes his having applied vipers to a man dying of the hydrophobia, did not find its way into the Philosophical Transactions. It was presented by the President to the London Medical Journal, and was published in it.

We rejoice that this is a fact; as it would be a difficult matter to find a Committee in the Royal Society possessed of independence and knowledge enough to obtain a warm reception for any Chirurgical Paper of value which did not originate with those to whom we have alluded; and we may fairly say, without the risk of contradiction, that it would be equally difficult to find any value in those that have been permitted to be published coming from them.

Six years have elapsed, and not one single syllable has been said, nor one observation published

lished in behalf of this new anatomical Discovery, so that the Author has been driven to the mortifying necessity of being the herald of his own fame thus at second-hand.

This newly-discovered Lobe or Gland exhibits itself, according to Mr. Everard Home's plate and his description, in the middle of the upper circumference of the Prostate Gland. The appearance is there seen to be angular; the apex of the angle pointing towards the verumontanum, and the base rounding in a line with the upper circumference of the Prostate. As there cannot be a doubt but that as much of it is presented, as has been his design to be demonstrated, so by virtue of this plate we may infer that its proportion to the Prostate might be more than a fortieth part, perhaps a fiftieth, as this diminutive stranger is there to be seen.

This diminutive stranger is concealed from Mr. Everard Home's sight anteriorly by the insertion of the Vesiculæ Seminales into the Prostate, but it accommodates the rout of the Vesiculæ Seminales by graciously permitting them to travel round it. It is, as he says, connected firmly with the Prostate, anteriorly, but it is distinct, posteriorly; neither Morgagni, nor Hunter, nor any other anatomist past or present had any idea of it.

This diminutive stranger possesses perhaps as many powerful and mischievous qualities as

ever fell to the lot of any component part of the human frame. Whenever it be irritated or diseased it throws out a process in the form of a nipple at first, independant of the Prostate, which solely from an increase in its dimensions, produces the most fatal cases hitherto known of diseases of these parts, and without which such cases never could have occurred.

The Discovery of this diminutive stranger was made in consequence of an examination of the Prostate Gland in its natural state.

“ An accurate Dissection was made of the two posterior portions of the Prostate Gland, and the space between them was particularly examined. In doing this a small rounded substance was discovered, so much detached that it seemed a distinct Gland, and so nearly resembling Cowper's Glands in size and shape, as they appeared in the same subject, in which they were unusually large, that it appeared to be a Gland of that kind.” P. 10, 11.

Here is described a distinct well-defined Gland, large enough to be seen then and hereafter by every attentive eye, so large as Cowper's Glands at their largest size ; here is the Gland never discovered before ! It is here not even said to be a Lobe of the Prostate, but it is a Gland, a perfect Gland, detached to all appearance, distinct in every point !

As if this had been too much, then comes another Discovery—

“ It could not (the diminutive stranger) however be satisfactorily separated from the Prostate Gland, nor could any distinct Ducts be found leading to the Bladder.” P. 11.

In order to save appearances, and to provide himself with an apology to any future anatomical inspector and inquisitor that had gone especially in search after this newly-discovered glandular substance, similar to and distinct as Cowper's Glands, or this middle Lobe so annexed to the Prostate Gland, that dissection cannot separate it, as he has also described it, Mr. Everard Home proceeds to state subsequent Examinations.

“ A similar Examination was made of this part in five different subjects. The appearance was not exactly the same in any two of them : in one there was no apparent glandular substance, but a mass of condensed Cellular Membrane ; this, however, on being cut into, differed from the surrounding fat. In another there was a Lobe, [not Gland] blended laterally with the sides of the Prostate Gland.” P. 10.

One could readily anticipate from the word [however] that the middle Lobe or the Gland would not be found in this research—It was not to be.

At length, after having thus searched, and thus defined this Gland, when it could be found, to be similar to Cowper's Glands ; and after having also defined it to be a Lobe, Mr. Everard Home made it his adoption by calling it hereafter a Lobe, the Middle Lobe of the Prostate Gland ; and that the Prostate Gland to which it is so connected that dissection cannot separate it, should have an allotment in this discovery, he has set his baptismal nomenclature to work. The right and left portions of the Prostate Gland are to be called the Right and Left Lobes, and this diminutive Stranger, the Middle Lobe, that is when it can be found.

Having established his Discovery as a Fact, for Mr. Everard Home calls it,

“ This newly acquired anatomical fact,”

Being provided against the doubts that may arise from the inquiry of any future anatomical inspector, by a declaration that in all cases this Gland as he once called it, or this middle Lobe that he now calls it, is not [however] sometimes to be seen, and concluding with the determination of defining the Prostate Gland to be what he calls Lobular, and this, his Discovery, the Middle Lobe annexed to it, Mr. Everard Home then proceeds as follows :

P. 17. Section I. “ This Lobe in the earlier periods of life, when the body of the Gland is
in

in a healthy state, is small, nor does it appear to be liable to become enlarged even when the body and the lateral Lobes have been considerably increased in size."

So that it appears that the middle Lobe remains for ever small, whilst the lateral Lobes and Body are growing. It appears that a part of a same substance retains its dwarfish state whilst other parts are growing! This is a Discovery! it deserves a day of jubilee!

Mr. Everard Home now proceeds, and drops into a tone of moralizing, that the Prostate Gland in advanced life is more subject to be affected by disease [this is not new] than most other parts of the body [this is new].

P. 18. "From its frequent occurrence, perhaps we may be justified in believing that it is alluded to in the beautiful description of the natural decay of the body in the Bible, in the Book of Ecclesiastes, the 12th chapter, the 6th verse, where it is written, 'or the pitcher be broken at the fountain, or the wheel broken at the cistern,' expressive of the two principal effects of this disease, the involuntary passing of the urine, and the total stoppage."

Doctor Mead "On Old Age" has said this already, in p. 609, 4to edition; he has admirably paraphrased the whole of the passage.

If Mr. Everard Home means by this partial piece of stealth to establish the predominant occurrence

currence of these complaints in old age over all others enumerated out of Ecclesiastes by Mead, he has been attempting to betray us into a palpable error, either from want of discernment, or from design, to raise his own importance. This passage of Scripture explained by Mead, only forms a part of his beautiful whole. All the causes are enumerated, and consequently it is no proof, that this obtains in old age more frequently than all the others. But Mr. Everard Home, if he had not pilfered this from Doctor Mead, would not have been the first among those that quoted Scripture for his purpose; the Devil has been said always to have done so.

If we were tempted to put Dr. Mead's paraphrase out of the question, and were left to a barbarous construction, the variations would be curious. Perhaps Mr. Everard Home would define the silver chord, to be the spermatic chord, his attention being directed so partially to those parts; whilst another may define it to be heart, nerve, or tendon. Perhaps if Mr. Everard Home should hereafter prosecute a closer study of this allegory, and no person is fitter for it, if his zeal should receive the touch of hallowed inspiration, if he could but open a spiritual correspondence with the Sergeant Surgeon of King Solomon, the whole of the mysteries of the passage might be truly explained, for Doctor Mead's might be mere conjecture, after all. Who is
there

there so likely to be inspired, and to inspire a Sergeant Surgeon, as Mr. Everard Home? As he has been so successful in his dealings with the Sergeant Surgeon of a present King, he is the likeliest, with the aid of inspiration, to succeed with the Sergeant Surgeon of a past. His is the "voice of the charmer."

Mr. Everard Home has not omitted to explain that the Prostate Gland is liable to inflame from Stricture, and that it subsides frequently on the removal of strictures, especially in young persons. This is all correct, and well known, and cannot exact the notice of criticism. But this does not apply at all to the newly discovered anatomical fact.

It is the distinction which he makes between the action, the symptoms, and appearances of his lateral Lobes of the Prostate, and his middle Lobe, which demands our attention. Upon the substance of the body of the Prostate, he says but little; it attaches to itself, according to Mr. Everard Home, not a hundredth part of the importance of the middle Lobe.

How it is possible that his lateral Lobes should grow, inflame, and enlarge without his middle Lobe, and his middle Lobe should not grow, but should inflame and enlarge without his lateral Lobes—how is this possible? Yet Mr. Everard Home has told us that such is the case, that it is possible.

P. 25. "In cases of stricture, when the straining to make water, and all the parts between the Bladder and the obstruction are disturbed and dilated, it is readily explained why the body and lateral Lobes of the Prostate Gland should swell, whilst the middle Lobe not being liable to the same kind of disturbance is not affected."

P. 27. "I am now enabled to explain why the enlargement of the Prostate Gland, connected with this disease (Stricture), does not produce the same symptoms as this apparently similar enlargement in the later periods of life, the subject of the present work."

He then proceeds to the very pith and marrow of his "Subject of the present work," so far as it is explanatory of his "newly discovered anatomical fact."

P. 27. "A very small enlargement of the middle Lobe projecting into the Bladder, with the transverse membranous fold connecting it to the lateral Lobes, is sufficient to produce a complete retention of urine. When the disease has arrived at this stage, the constant pressure that is produced by the efforts to void the urine, *hurry* on the disease; and the middle Lobe in many cases goes on increasing in size, (not always), and projecting farther into the cavity of the Bladder."

P. 28. "In some cases, (not always), the left lateral Lobe, which I have stated to increase
more

more rapidly, and to a greater extent than the right, projects into the cavity of the Bladder nearly in the *same degree as the middle Lobe*. When this happens, it is also larger in a lateral direction, and presents a convex surface to the canal of the Urethra. Whether this arises from any peculiarity in the left Lobe, or is only an accidental circumstance, I am unable to determine; but it is deserving of notice, that I have never met with the same circumstance in the right Lobe."

P. 28 and 29. "Where the middle and left Lobe *both* project considerably into the Bladder, their surface is sometimes excoriated, and has the appearance of being ulcerated. When this happens, the pain that occurs after passing the last drops of urine is very severe, and is attended with spasmodic affections of the neck of the Bladder, of the most distressing kind, which will be better understood from the description given of them in the cases, than from any general account in this place."

But, supposing that we did refer to the cases, and did thoroughly inform ourselves of all that they could demonstrate, what could that prove towards the establishment of this discovery? Has not Mr. Everard Home told us, in pages 8 and 9, that he could not satisfy himself how this tumor was formed, and therefore it became necessary to examine the Prostate Gland in its natural state,
and

and ascertain whether there is any part sufficiently detached, to move independent of the rest of the Gland, [mark this], and to explain the appearances that had been met with in this particular case? This looks as if he was determined to find his middle Lobe before he looked for it, or how could he have dreamt of a part sufficiently detached, and yet belonging to the Prostate. And has he not told us in p. 10, that a similar examination as to the identity of this Gland, or this middle Lobe, was made on this part in five different subjects? That the appearances were not exactly the same in any two of them? That in one, there was no apparent Glandular Lobe, or substance, but a mass of condensed cellular membrane? And that in another there was a Lobe [not a middle Lobe] blended laterally with the sides of the Prostate? So that it appears that he has not as yet at least settled his establishment of this middle Lobe, according to his own shewing, and that he found out but one middle Lobe among six subjects that were examined, having sound Prostates.

Then, granting the truth of Mr. Everard Home's theory, that he cannot trace this middle Lobe positively after it is gone into the utmost progress of disease, so that it is lost in the mass of disease, and that he has for that reason resorted to the examination of sound subjects in those parts, in order to trace the cause he is in search of, and
finding

finding but one subject out of six to establish his theory, how can he presume to vouch that it is from his middle Lobe principally that this enlargement, and consequent protrusion on the Bladder are produced? If Mr. Everard Home refers us to his cases to shew us the diseased action of the middle Lobe, when at the same time he has so doubtfully established its existence, we will not look at his cases, for any such purpose.

This middle Lobe, if it really had existence, now that Mr. Everard Home has pointed it out, can and must be seen henceforth by every person who goes properly about to look after it; and in those instances where it is missing, according to the theory of Mr. Everard Home, there is not the smallest possibility of the passage of urine being impeded, nor even when this middle Lobe is in its place, if it be not irritated, and diseased, not even when the rest of the Prostate Gland swells; according to his theory, that swelling of the rest of the Prostate Gland is no direct symptom of the disease which produces an impediment to the passage of urine, for he has expressly said in page 16 :

“ Those entirely arise from the enlargement of the middle Lobe.”

From as much as can possibly be made of our conception of this wonderful quality of his Gland or his middle Lobe of the Prostate, by what has been hitherto established by Mr. Everard Home,
it

it appears that it is not every subject, according to his demonstrations and his theory, who can be liable to that protrusion on the Bladder which is found to be so fatal from the enlargement of his middle Lobe; nor can it possibly happen, but to those who are born with this seed of destruction — with this Gland, or this middle Lobe. But howsoever strong that consolation may be, yet the truth will not admit of such a conclusion; it is as false, and something similar in all other respects to that prediction which the Weird Sisters offered to Macbeth.

“ Ficta omnia celeriter, tanquam Flosculi, decidunt, nec simulatum potest quidquam esse diuturnum.” TULLY.

All false pretences, like flowers, fall to the ground, nor can any counterfeit last long.

When he treats on the effects produced on the secretion of the Gland, Mr. Everard Home assumes a new character. Having established the qualities and the situation of his middle Lobe, he proceeds :

P. 30. “ When the middle Lobe is enlarged, it is difficult to say whether the circumstance has any particular effect upon the secretion of the Gland, for the body and lateral Lobes are also enlarged, [mark this] and from their size must have the principal concern in every thing connected with that secretion. Under these circumstances, the secretion is rendered extremely viscid,

cid, and very abundant." And what is very singular as coming from the family of the Hunters, and which was the subject of their contest with Mr. Pott, that family would never admit of this secretion being defined to be mucus, whereas, now Mr. Everard Home can very smoothly call it a ropy mucus; it is no longer termed pus, and "it comes entirely from the Prostate Gland." But although he has our full assent to his giving this ropy secretion the appellation of mucus, yet we deny that it is supplied entirely from the Prostate Gland. In cases of great redundancy the Bladder yields the greatest part of it. This is always to be proved to a demonstration. By injecting warm water into the Bladder, the mucus passes out mixed with it, through the catheter, which had not been withdrawn until the mixture had been evacuated.

In p. 33, Mr. Everard Home proceeds to treat on the effects produced on the Bladder, and its coats, in consequence of his tumor of the middle Lobe; in which, there being nothing more, nor better said, than is met with in other authors who have treated on this complaint without any knowledge of his discovery, we shall not in this place detail any part thereof; for we only mean to carry on our investigation in search of the veracity of his own particular researches.

We were induced a little from curiosity, as well as from the laudable motive of criticism, to

see what was the drift of Mr. Everard Home's dwelling so much as he has upon this newly-discovered anatomical fact; to see what advancement in the art of surgery he meant to make from it, and which would be acknowledged as such; to see what were his method and his means for relief, and whether he had any thing new to recommend, or to command as a cure for the state of disease of this middle Lobe; because, if we gain nothing by this newly-discovered anatomical fact towards advancing the healing art of surgery, that should not be. To know of an anatomical discovery, and yet to be left to find a knowledge of its use, is in this particular to be threatened with disease, and to be left hopeless.

In p. 70, Mr. Everard Home proceeds to present his means to be employed in the first stage of this diseased middle Lobe; which are, bleeding from the Loins, opiate clysters, the internal use of Dover's powder, and warm bath; but on no account should catheters or bougies be introduced. If this should not succeed, the catheter should be introduced, and the display which his natural inclination indulges from p. 74 to p. 98, about this introduction of the elastic gum catheter, is equal, if not superior, to any attempt of the kind we have ever seen or heard of by any other author. He excels by far a writer we thought of all others the most excelling in this way. Daran, the modeller of the bougie now in use, had

had some claim upon vanity, because he had merit, a great deal more than what can be boasted of by Mr. Everard Home. For what he has done through the flexible elastic gum catheter, Mr. Everard Home's candour will not in this instance permit him to dispute the palm. Daran gave attributes to his own bougie, and although Mr. Sharpe has in his *Critical Enquiry* been severe upon him for attempting to attribute improbable and impossible qualities to his bougie, and of which he might be easily convicted, yet we are naturally disposed to pardon his arrogance, his falsehoods, and impositions, on account of the valuable improvement he has bequeathed to the art by his invention of the bougie, now in use.

As a specimen of Mr. Everard Home's tone and manner, we will give what he says in p. 77.

“For these last ten years I have had a large supply of catheters carefully formed into a proper curve, and with them have been able to draw off the water in cases in which other surgeons who did not possess them have necessarily failed.”

Mr. Everard Home, having thus capered and vaunted at some length, condescends at last to set us down to the following tame paragraph.

P. 90. “If the catheter without the stilet cannot in this way be made to pass, it must be tried with a stilet; and if it is still prevented from going further than before, a finger introduced into the rectum, and passing upon the curved part of
 the

the Catheter, may give it a right direction, so as to guide it into the Bladder.”

Now all this is sound doctrine, and very generally known: that is, if you should not succeed by one way, you must then try another. But we hoped that the ten years old catheters would have rendered this useless.

We shall also find that Mr. Everard Home, after having capered and vaunted again about the importance of his Middle Lobe, that it did not swell in cases of stricture when the Prostate did swell, as in p. 25; The paragraphs which follow will fully exemplify his equivocal contradictions.

“ In cases of Stricture, where the straining to make water is very great, and all the parts between the Bladder and the obstruction are disturbed and dilated, it is readily explained, why the Body and lateral Lobes of the Prostate Gland should inflame and swell, while the Middle Lobe, not being liable to the same kind of disturbance, is not affected.”

Whereas in p. 120, Mr. Everard Home treats on the enlargement of the Middle Lobe of the Prostate Gland, “ when it comes on while the Patient is labouring under Strictures in the Urethra !”

In p. 122, he gives us “ the complication of the *Two Diseases* explained.”

“ As we find that men who have had no previous disease in the genital parts, are liable to an enlargement of the Middle Lobe of the Prostate Gland,

Gland, it is naturally to be expected, that those who have laboured under Strictures in the Urethra without having them cured, should be still more so."

So that it now appears that the Middle Lobe is naturally expected to swell, and more so from Strictures. Thus there seems in this performance to be a mixture, or complication of useful and unprofitable remedies, and of useful and unprofitable observations. Mr. Everard Home's keeping his catheters ten years to make them better, will be all defeated in one minute by their use on the first application. And his asserting that his Middle Lobe would not swell from the irritation of Stricture, and afterwards asserting that it would, and did, gives a perfect idea of the complicated tone, manner, and sentiment, of this practitioner. He is never seen to deviate into the right path. If we were to proceed in selecting comparative contradictions from the different pages of this work, we should but bring forward useless, invidious, and unprofitable specimens, as there is nothing better in the honest informations of this work, for the cure of real parts, really in disease, nor so good as are already treated on and practised by others.

Mr. Everard Home has hardly noticed, and that in the fewest instances, and in the slightest manner, the use of Caustic. He who has published two volumes as large as this, containing

nothing but cases mostly cured by Caustic, has here recommended in almost every case, the soothing plan. Let us hope, that no compunctious visitings of Nature have a concern in this change of practice; that he has not learned what he is now teaching others by woeful experience; that he has not fallen into the error which has been lamented by an eminent author, 200 years ago, and that his Middle Lobe has not been disturbed by such a practice as is here complained of. “*Hæc caruncula ab ignaris Chirurgis cathetere deprehensa cum renisu pro carnositate habetur et Causticis erosa, atque consumpta perpetuam parit Gonorrhæam nullis medicamentis curandam*.*”

Here this Author speaks of the Verumontanum, which Mr. Everard Home knows is not far away from his Middle Lobe, which when irritated, also yields a discharge of ropy mucus, which cannot be cured, “*nullis medicamentis curandam.*”

We have to lament it, and it is a great pity, that Mr. Everard Home has not told us the **TRUE MOTIVE** for writing this work, and leaving out of it Caustic, which he had owed so much to, and not saying a single syllable at parting about the result of the good or harm it has done in his practice. If he had but spared two lines as an offering for that purpose, only to have told us that in none of those cases recited in this work, nor in none like them, he had ever applied Caustic

* De Graaf de organis generationis.

either by mistake or design, we should then have been better able to have gone along with him, as to the intention of this work; but for want of this information, we are left to form various and hazardous conjectures, every one reasoning according to his capacity and to the view in which the motive meets his observation. Besides, had Mr. Everard Home given his true motive, no one could afterwards have given it a harsh or wrong construction by any possible mistake. A Review of a Work is connected with a Review of the Writer's intention and the moral state of his mind. The motive surely could not be that his caustic volcano is burnt out, and that he is here to be seen under the pretence of a mystical display of a new Gland, and old flexible gum elastic catheters, springing a new mine upon us. Nor could the motive be, that as he is here treating on old complaints from a newly discovered fact, the old patients visited with such afflictions might shun his consultations from fear that he would stir the embers of his volcano, and burn them afresh. The motive surely could not be calculated for their attraction; and that his Soothing plan, as he calls it, his Bath, his old Flexible Catheters, of ten years' meditation, his Dover's Powders, and his Cuppings, were for the old patients, and his Caustic for the young. Nor could it be, that the established practitioners, how much soever they may admire the reformation in his practice, neither

knowing

knowing that it was the malignant Middle Lobe which did all the mischief, nor having a Flexible Catheter ten years old for use, could not act in surmounting this dreaded dilemma, unless they supplicated his assistance. They might, it is true, adopt what he has recommended in "p. 90," and what we have before quoted; they might at last, like Mr. Everard Home, come to this: "If the Catheter [young or old] without the stilet cannot in this way [his way] be made to pass, it must be tried with the stilet; and if it is still prevented from going further than before, a finger introduced into the rectum, and pressing upon the curved part of the Catheter, may give it a right direction, so as to guide it into the Bladder." Finally, the motive could not be that his First and Second Volumes were intended for such as would brave the general application of Caustic, and the Third Volume for old and timid patients, who, without knowing before, the force of the Middle Lobe, and charmed by the beauty of the old Catheter, obeyed the invitation so hopefully held out to them. Some of these motives, surely, for the honor of the profession, must not be suspected. But why did not Mr. Everard Home impart to his Readers one syllable upon such a serious and important change in system? The systems of the First and Second Volume were all in the extravagant praise of Caustic; the system of the Third Volume is all for the Soothing Plan! Oh, Cervantes,

vantes, if thou hadst but been composing thy work whilst these transactions were passing, and hadst but compared these performances, how admirably wouldst thou have painted the motive which the obscurity of our poor nature denies us the power to unravel!

But there is one fact avowed, and which opens a little the door for suspicion of ill-natured critics, and which is in p. 127, treating “on a cure of a complication of cases.”

If Mr. Everard Home could cure those cases without Caustic, he never wanted Caustic for the cure of any. If Caustic be not applied for the cure of Strictures in the Urethra, we do not hesitate to pronounce, that its application to the Urethra for any other purpose is bad. Here is to be seen in this Third Volume a most wonderful change in the system of curing Strictures, by the identical personage who had published two volumes in eulogistic praise of the advantages of an universal application of Caustic.

P. 127. The Bougie [without Caustic] must only be passed a little way through the Stricture, and never allowed to come to the Verumontanum. It must never be allowed to remain for any length of time in the Urethra, and had better be introduced only once a day. By these gentle means the Stricture will be found to dilate more readily than by any other means that I am acquainted with.”

Here

Here the motive for this Third Volume is seen in a view that cannot be mistaken. If he cannot carry his point by cajoling, he will nevertheless carry his point; those he cannot bend, he will alarm, and like angry Juno will exclaim, "Flectere si nequeo Superos, Acheronta movebo."

We need not prose over this work for particular selections, to exemplify what cannot escape any one's observation; that the whole of the work is composed in a tone and style of uncommon assurance.

Mr. Everard Home presumes, that he has established "this newly-acquired anatomical fact;" and he tells us in p. 13, that neither Winslow, Haller, nor Morgagni, knew of it. The truth of the matter is, that Haller denied that the Prostate Gland was a Lobulose Gland, after it had been asserted by another like Mr. Everard Home. Haller says, "glandula aut certè cellulosum compactum corpus dicitur." Now there is a very wide difference indeed between a person not finding out any fact not already discovered, and giving his assent or dissent to one that is asserted to be discovered. If a person has pointed out a fact, it must be seen; but if a person points out as a fact, such as what Mr. Everard Home has asserted, as to the Prostate Gland being lobulose, and the Middle Lobe a part of it; and if, after that, it notwithstanding cannot be seen, it must be confessed to be more properly deemed a fiction than a fact. Therefore from henceforth,

henceforth, especially as no one anatomist since nor before, past nor present, has asserted that the Prostate Gland is lobulose, and that this middle part is a Lobe of it under any construction of partial attachment, especially as every day, since his avowal of this discovery six years ago in the Philosophical Transactions, a free opportunity has been given for the confirmation or the denial of his discovery, and especially as it is universally since denied that the Prostate is lobulose, it cannot be any thing more or less than a fiction.

Mr. Everard Home has referred us to Morgagni, and with an air of triumph he exults that Morgagni had not forestalled him, in his newly-discovered anatomical fact. Few writers mention authors, to say that their works do not contain any thing to the purpose. But, if Hunter, Desault, and Morgagni, have not satisfied Mr. Everard Home's curiosity, why did he not extend his researches? we mean with respect to the history of disease of the Prostate, and of Cases; for as to the discovery of the Middle Lobe, we freely confess that to be all his own. But as he would not look out further for these, we have to inform him that the disease of the Prostate Gland, and its relief by the catheter, have been well and truly defined for more than two hundred years. Disease of the Prostate also can be easily ascertained. There is no disease that can be more readily distinguished, either from Stricture in the Urethra,

or

or from various attacks of the Bladder, Ureters, or Kidnies. There are wanting but a very few minutes for a Surgeon to decide whether the Prostate be diseased or not. That which has mostly attracted the attention of Surgeons are the means for relief of patients in diseases of these parts, of the Urethra, the Prostate, Bladder, Ureters, or Kidnies. And in his history of the Treatment of these diseases by others, Mr. Everard Home has taken especial care to be studiously as close as possible: he has never pointed out, nor referred us to any others but to Hunter and Desault*, and he would have it insinuated, that these diseases which are natural to and hereditary with our frame, had gone on without a case, a comment, or a single consideration, but from Hunter, or Desault. This we conceive to be, if it were true, a scandal to the profession; but if it be false, which can be readily proved, is a scandal to Mr. Everard Home. The intention of this review will not permit us to set about collecting cases, in order to establish our assertion by many examples, that cases of diseases of Prostate and Bladder, and their treatment, are very common, and easily found. We shall rather refer the Reader, for the sake of brevity, to what a few modern and antient writers have said upon the subject, to shew how perfectly true these diseases have been all along defined and treated. We could have given innumerable cases, if that

* Introduction.

were necessary; let others be but content to take advantage of our references in aid of their own researches, and they cannot fail of receiving conviction. We shall therefore henceforth dismiss the Middle Lobe, and give a few comparative observations from other authors, as to their knowledge of the Prostate in every state, sound as well as diseased, and particularly as to the use of the Catheter. Among other cases, for example, we refer to Fothergill's, by Lettsom.

Mr. Everard Home has been diffuse upon his preferable mode of relieving the Bladder in cases of diseased Prostate; and yet, to do him justice, although he has changed his practice, and substituted the Flexible Catheter for the Metal one, although he has thus capered and vaunted about the Flexible Catheters being kept for ten years for their amendment; although we all know this to be one of his flowers of writing, and that such counterfeits will not last long; and although it would not have suited his interest, nor his genius, to have preferred a common and a most useful instrument, such as the Elastic Gum Catheter is, without annexing to it a false quality for his own purpose, yet we will not hesitate to say, that no one but a Surgeon could have done what he has done so well. In making our references to modern authors for their comparative merits, we naturally, amongst the best of them, perused the performances of Mr. Brandon Trye and Mr. Walter Weldon, published about twenty years ago. Every
expression

expression referable to the drawing off the Urine had been impressed upon our memory; and on reading Mr. Everard Home's work, we could turn from his to Mr. Walter Weldon's, and confirm passages in his, which Mr. Everard Home as well as ourselves must have referred to. He has gone further than this, and afforded yet a stronger corroboration of our assertion; he has taken a simile from Mr. Walter Weldon's book; but lest it might be thought too palpable, he has changed the thought from a painter to an engraver, and as might be expected from him, he has clothed it with colouring and varnish of his own. We will now put him along side, for once, of a modest and ingenious writer.

Mr. Walter Weldon says in p. 171: "the Catheter in the hand of a surgeon, like a pencil in the hand of a painter, requires frequent use and much practice to be managed with facility and success."

Mr. Everard Home says in p. 89: "an eminent engraver, on whom I passed a Catheter, after unsuccessful attempts had been made by others, told me, that he saw by the light mode of handling the instrument, that I was master of it; and that in his own art the graver required a management in the hand which is difficult to learn, and only to be acquired by practice."

Notwithstanding the disguise, such as gipsies contrive to conceal stolen children, the connection is self-evident. Moreover, the description of the protrusion

protrusion of a deceased Prostate upon the Bladder, the time of life it comes on, its action on the Urethra, the improved form of the curvature of the Catheter, and the mode of surmounting the difficulty of its introduction, are all to be tracked in Mr. Weldon's snow. This performance of Mr. Weldon's was published in 1792. It was written on a purposed subject of Prize Dissertation, when he was member of a Society in Southwark. It was dedicated to Mr. Thompson Foster. The practice here displayed was the result of the knowledge of the Surgeons and pupils of St. Thomas's and Guy's Hospitals. It is a pure and perspicuous production. The extract we are about to give from it applies to his description of a diseased Prostate producing a suppression of Urine.

The enlargement of the Prostate pressing on the Bladder is here described without the Middle Lobe:

“ P. 105. There is, however, a disease of this part which is frequently the cause of a retention of Urine. At what time of life this disease generally first commences, I cannot say; but that state of it which gives rise to a retention of Urine is by much the most frequent in old people, though not peculiar to them: I have seen it in a person below the age of forty. In this state, the Prostate Gland is six or eight times its natural size. Instead of lessening, it increases the size of that portion of the Urethra which is situated within it, rendering it both wider and longer, but at the same time increasing its incurvation.

“ In

“ In consequence of its increased size, and of the change it undergoes in form, the sides of it, and its posterior portion, extend into the cavity of the Bladder, giving the appearance of two or three tumours, sometimes of equal, sometimes of different sizes. These falling together act as valves to the Urethra, preventing the free evacuation of the Urine. They are so situated as to fall together spontaneously ; the consequence of which is, that they are pressed together with greater force, in proportion as the Bladder becomes distended with urine. A person will sometimes bear this for several years, without any very great inconvenience, provided he is careful to void his Urine frequently ; but if he neglects it for some time beyond the usual period, he will not be able to void it at all.”

Without the machinery of the Middle Lobe, Mr. Weldon could describe the protrusion of an enlarged Prostate, pressing on the Bladder. He could describe three tumours thrown out from the diseased posterior portion of the Prostate forming into one. Mr. Weldon knew what we all are in general apprized of, that the figure of a sound gland is perfectly lost in the appearance of a diseased one. We wish Mr. Everard Home had even taken more slices from this performance of so much genuine utility ; the form of the Catheter and the passing it are much better laid down by Mr. Weldon than by him.

Modern Writers on surgery and anatomy compose and publish on single subjects. We do not forget the generalization of some, but we consider them merely as compilers. The productions are therefore scattered, and cannot be so readily referred to, as more antient ones can. Antient writers treat on diseases of parts at the time when they are describing the situation, the anatomy, and the uses of them. Their works, therefore, can always be referred to, and long before Morgagni's time, to which Mr. Everard Home confined his researches, as he pretends, enough is to be found upon diseases of the Prostate Gland. Perhaps Morgagni, who died no later than 1771, said less, because so much had been well said before. Mr. Everard Home's conclusion from Morgagni's silence upon the subject might be just the contrary of what it should have been; that the subject was not dark with the antients, but that their sight of it was so clear that he had nothing better to offer. And this is not difficult to be proved.

Bonetus de Abditis Morborum Causis per Cadaverum Dissectionem revelatis, Geneva edition, folio, printed in 1700, p. 632, *de Urinæ Suppressione*, has given columns upon the subject. The following is a statement of one case out of many more, from an examination after death.

“ Corpore à P. de Marchettis eviscerato, renes cæteræque generationis partes rectè se habuerunt :
 soli

soli vesicæ orificio appendicula callosa interius adnata, et verius interior ambitus orificii membranous, in articuli magnitudinem excreverat, quæ antehac mictionem cæteroquin difficilem, sensim producens, affluente post muco pituitoso, sic viam angustavit ut ne Catheterem quidem admitterit: vesica erat lotio, repleta rite pariter præclusa inferiore via: vesica quinetiam, cum intestinis flatibus turgens, ab extensione adeò extenuata ut contactu fuerit disrupta: Inflammatio nulla initio, nec febris notata, quam progressu morbi deprehendimus.”

One hundred years before Bonetus, and long, very long, before Wiseman, the Physicians, who at that time were many of them the most eminent Anatomists of their day, have faithfully and amply recorded histories of the symptoms and examinations of the state of the parts in diseases of the Prostate Gland, before and after death.

In the Bibliotheca Anatomica, folio, Geneva, 1685, Marcellus Malpighius, treating on Ureterum et Vesicæ Urinariæ historia ex variis, Tom. I. p. 385, has given the following case, which he found in the works of Sir Theodore Mayerne, who had published it from his own knowledge of every particular relative to it; and it is to be seen in his Works, with a plate also annexed to it. This case is very much to the point, and has been upon record 200 years. It will be seen by it how the Prostate Gland protruded on the Bladder; and how

how the long sufferings of the patient, owing to his temperance of living, were endured, insomuch that the disease before it destroyed him went on to its utmost extent. The patient was the learned and renowned Isaac Casaubon. We need not go into an history of his life, as it has been already fully made known to the world; and this Case, and his monument in Westminster Abbey, have marked his departure out of it.

Translation of the Case of ISAAC CASAUBON,
anno 1614.

The illustrious Isaac Casaubon was naturally of a spare and thin habit, and of a bilious temperament approaching to melancholic. A mind of divine energy and vigour was imprisoned a guest in a frame of very inadequate dimensions, and, entirely devoted to letters, bestowed but little attention on the body that sustained it. His health, therefore, not merely was impaired, but almost destroyed, by literary abstraction. The earlier years of his life were not embittered by any very violent disease; and such was the regularity of his habits, that he then felt little of the inconveniences of a sedentary life, his urine sometimes deposited a sabulous matter, with occasional heat in the act of voiding it, but not in a sufficient degree to dwell upon or to require the frequent attention of his physicians; he changed his abode and climate often, so that his mode of diet also

was various at different periods; often did he pass very many hours in his studies forgetful of food, and whole nights in polemic writing. At length his spirits, strength, and corporeal functions, became deranged, and nature impeded and fatigued in her operations. Twelve months before his death he began to complain of lancinating pains when he passed his urine, and the heat also which he had complained of returned; first at longer intervals, but afterwards interrupting his sleep by the necessity of urining. These symptoms were attributed to Gravel, but nothing could abstract his attention from his studies, till at length the difficulty of urining increased, and he could not effect it without effort, and curving the body downwards. So great was the irritation, that he who seldom emptied his bladder during the night, was in a few months compelled to rise repeatedly, and at last innumerable times for that purpose. Pains in the groin, a sensation of weight at the anus, and inclination to stool at the time of urining, lancinating pains through the Urethra, but particularly in the Glans, were also complained of; sometimes a violent heat was felt in the back, so great that he sought relief from taking off his clothes. When he used exercise, either of walking or on horseback, he voided pale mucous urine, and small calculi, some of them as large as a grain of wheat, which led his physicians to suppose that his chief complaint was

Stone in the Bladder. To ascertain this, when an attempt was made to introduce the Catheter, it was obstructed by very evident marks of Hyper-sarcosis in the canal. Added to this numerous list of painful symptoms, which was enough to weaken the strongest frame, six months before he died there appeared in the left Hypochondrium between the Bladder and the Os Ilium, an inflamed tumour, the size of a walnut, increasing to the size of the fist, of an obtuse form, and which appeared on feeling it to contain fluid. From the free action of the abdominal muscles, in coughing and respiration, it seemed that the fluid was under the abdominal muscles; not however in the cavity of the abdomen, but as if contained in a cyst. If any degree of pressure were made on the tumour, the Bladder became painful, with efforts to make water, so that it seemed to be situated under the Peritoneum. It sometimes subsided, but in a few days returned to its former size. In this miserable state he languished for several months, and his approaching death was accelerated, when after riding several miles in a carriage for exercise on a fine day, on his return home his painful micturition and strangury increased, and a large quantity of tenacious bloody mucus like pus, was mixed with his urine. The tenesmus increased, small calculi were voided; in short, all his complaints became worse, and accompanied with fever, and every means were used in vain

for his relief. The mucous urine flowed involuntarily with great heat; and what should be remarked, this mucous deposit was sometimes absent for some days and returned again. With these dreadful sufferings he struggled for about three weeks, when his spirit, impatient of its prison, was summoned by the Supreme Being, to return to that heaven from whence it was derived. He died July 1614, aged 57.

On opening his body the following appearances presented themselves to our careful examination. A Catheter introduced into the Urethra could by no force or art be carried into the Bladder; but on opening the Perineum, a fleshy excrescence manifestly appeared, occupying the passage, preventing the entrance from without, but allowing an instrument to pass with difficulty from within. The Prostate Gland was four times larger than its natural size. The Bladder was thickened, contracted, and its internal surface furrowed as if it had been done with instruments, and in the Sulci there were many calculi. The neck of the Bladder, which naturally terminates smoothly, and without any protuberance in the Urethra, was tumid within like the rump of a fowl, or the interior of the Os Uteri, so that the finger might be passed into a sulcus or groove surrounding it.

The Bladder was perforated on its left side by a hole which would admit four fingers into a sac or
process

process from the Bladder, or like another Bladder, which, when full, would contain six times as much as the Bladder itself. This sac was composed of three coats continued from the Bladder and some tendinous fibres; it had also nerves, veins, and arteries.

It occupied the whole hypogastric region on the left side, even to the Os Ilium, like a Bladder with its peritoneum. Its figure was unequal, and the lower part depended beyond the aperture, and the upper (a larger part) was annexed to the peritoneum. On the base of the sac, below the communication, there was a quantity of that putrid mucus or matter, which was passed with such pain and difficulty from the patient when alive. The Bladder was neither ulcerated, nor much inflamed. The internal membrane of the sac was eroded, livid, and gangrenous in many places, which seemed to have been the cause of his death. The Ureters were large, and distended with Urine. The left one passed between the coats of the sac, but they both terminated in the Bladder itself a little above the neck. The right kidney was purulent, the left sound. The other parts were in a sound state, except the lungs, which had suffered from a long catarrhal affection, which almost deprived him of his voice.

There should be something always left to be filled up by the mind of the reader. Supply him with outlines, and leave it to his own frame of thought to perfect his figure. The protrusion of the tumour into the Bladder similar to the rump of a fowl, or the interior neck of the Uterus, is truly descriptive. The pressure of the tumour on the Bladder as described by Sir Theodore Mayerne, accords very closely with Mr. W. Weldon. Thus truth and genius are eternal companions. Upon the whole we are not sorry that Mr. Everard Home has, by his Middle Lobe, by his old Catheters, by his equivocation upon Caustic, by his confining a knowledge of cases of diseased Prostate to Hunter and Desault, and, above all, by the scandal* he has attempted to bring upon his brethren upon the score of ignorance, and his haughty tone and presumption, thus deservedly provoked our Review.

* In p. 540 of the *Bibliotheca Anatomica*, there is a similar report of another Everardus, a pupil of Bilsius's, as Mr. Everard Home was of John Hunter. It goes to a much greater length, than what I have given here.

“*Obiter monendus est EVERARDUS, quam iniquè cum doctissimo et toto orbe clarissimo viro Glissonio agit, cujus rationibus ubique, præsertim in libri initio (nomine semper suppresso) utitur. Neque hâc injuriâ contentus, inventum ipsius, quod ante 25 annos in Colleg. Medic. Londin. prælectione publicâ ostenderat, et (eo ipso in libro) à quo tantum mutuavit EVERARDUS ante duodecennium typis ediderat, tandem Bilsio adscribit.*” So much for the two EVERARDS.

One ingenious [not ingenuous] critic, whose nocturnal oil must have burnt contemporary with ours, has denominated this important anatomical stranger, this pitcher at the fountain, this wheel at the cistern, "the Lobulus Everardi Homii." There is no objection to the name when the thing can be demonstrated. If another ASTOLPHO were to make another voyage of discovery to the MOON in search of things lost on earth, he would possibly find the Lobulus Everardi Homii closely packed up with certain other immaterial little things, conserved perhaps in some of his nicely calculated urine, and all his Middle Lobe cases.

Where Hero's wits are kept in ponderous vases,
And Beau's in snuff-boxes and tweezer-cases.

RAPE OF THE LOCK.

Dean-street, Soho,
March 10th,
1812.

FINIS.

One ingenious (not ingenious) critic, whose
 name I must not mention, contemporary with
 our author, has denominated this important anatomical
 structure, the pitcher of the fountain, this vessel
 at the bottom of the fountain, the fountain itself.
 There is no objection to the name when the thing
 can be demonstrated. If another Astruc were
 to make another voyage of discovery to the Moon
 to search of things lost on earth, he would
 possibly find the Lobulus Seminalis Horni closely
 packed up with certain other immaterial little
 things, conceived perhaps in some of his nicely
 calculated brains, and all his Middle-Lobe cases.

When Horn's will are left in ponderous cases,
 And Horn's in small boxes and tin cases,
 Here is the Lock.