

irritability of the gastro-intestinal mucous membrane, and as such is deservedly popular in the treatment of dyspeptic affections, is, at the same time, a valuable remedy in cases of menorrhagia. He observes, indeed, that he had found it superior in such affections to all means which he had employed during an active professional life of more than thirty years. The efficacy of bismuth in similar affections, under certain circumstances, which I have myself personally witnessed, is in favour of the same doctrine; and, indeed, I think it may be conclusively shown from these and a variety of other circumstances, that many forms of menorrhagia owe their origin chiefly to an irritable or disturbed state of the stomach and digestive organs, and that where these pathological conditions coexist, we are by no means justified in assuming that the latter is the mere consequence of the former. On the other hand, the history of such cases, if carefully investigated, will often demonstrate that it had rather preceded than followed upon it; and this circumstance, which is especially shown in the foregoing cases, is of extreme importance in practice, for by bearing it in mind, we shall avoid directing our remedies merely to an effect or consequence, whilst the original cause is overlooked.

(To be continued.)

Chester Place, Hyde Park Gardens, February 1852.

ON VASCULAR TUMOUR OF THE MALE URETHRA.

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THE subject of the present essay, for the materials of which I am indebted wholly to observations made by others, is one to which I venture to invite attention, not because the disease is of frequent occurrence, or perhaps possessed of much intrinsic interest, but rather on account of its relation to the condition of the female urethra, of which, in the last number of this Journal, I treated somewhat at large, and which is both of frequent occurrence and of considerable interest; and also on account of the relation which the disease of the urethra of both sexes bears to other, and analogous growths affecting different parts of the body, of which I hope to speak hereafter, and to which the present and preceding communications will therefore be introductory.

My attention was first drawn to the fact of the existence of the disease in the male urethra by a passage in Mr. Broomfield's *Chirurgical Observations*, in which the author asserts, that "he has seen fungi of considerable length from the orifice of the urethra, both in men and women". It is evident, from the observations which follow in reference to the "fungi" of the female urethra, that they can only be the ordinary vascular tumour of the meatus.

Mr. Broomfield's work does not contain the history of any instance of the disease which he professed to have seen; but the following examples which I have derived from other sources, although few in number, and therefore perhaps less full and varied in particulars than could be desired, will serve, as they must in default of others, to confirm that author's testimony as to a matter of fact, and to acquaint us to a considerable extent with the details of the subject.

Arnaud¹ supplies us with the three following cases.

CASE I (Obs. 10), "is that of an old officer, who had for twenty years suffered from a polypous excrescence which came out of the urethra, near half an inch long, and which was considered as the offspring of a gonorrhœa which he had contracted in 1711. The vegetation was red, fibrous, softish, and almost filled up the orifice of the urethra. It rendered the *egress of the urine somewhat painful, and the stream twisted*. After all known methods had been tried without success, he went from Gibraltar to Montpellier, to place himself under the care of Mr. Fitzgerald, Professor of Physick to the Faculty there. The Doctor undertook his cure *conditionally*, promising to deplete his blood from any virus with which it must have been infected, but not to cure the excrescence. After a course of physick, which did not affect the excrescence, the Doctor advised him to cut it off, as he had done for *twenty years* before. The excrescence stuck by him fifteen years more, he having recourse to the same operation. At last it dried up of itself and never reappeared; but the urine did not flow freely enough, and in 1756 he applied to Mr. Arnaud, who discovered a very hard carnosity in the fossa navicularis, which he treated successfully by the medicated bougie."

Arnaud calls this "the first case which establishes the possibility of polypous carnosities of the urethra"; a statement which, as intended to apply to the male organ, I have neither the means of refuting nor of confirming. But the case itself seems to be authentic, and worthy of the record which Arnaud has preserved of it. Not less deserving of being preserved is the little sketch which he gives of the Montpellier professor of that day, and his mode of exercising his functions as a physician. One cannot help admiring the mixture of simplicity and prudence with which he "undertook the cure" of the poor officer. He was too wise a man to ignore the power of physic, and to send back his patient to Gibraltar with the cold comfort, "I can do nothing for you", and so also to forego the opportunity of turning him to account; too well aware of the weakness of humanity, not to promise something, and yet too prudent to promise that which it was not in the power of medicine to accomplish. The relation of the matter, indeed, furnishes a text that might be reflected on with profit by the members of our profession, even at the present time. What an instructive example to the uninitiated who promise nothing; what a lesson for those unscrupulous and unprincipled practitioners of the healing art, who promise everything that can be wished, but which they know they cannot perform; and how admirable a pattern of that "middle course", which prudence and sound wisdom point out to all! But as it was

¹ ARNAUD. Plain and Easy Method of Curing the Disorders of the Bladder and Urethra. London: 1769.

not the purpose of this recital to furnish the text of an essay upon medical ethics, I will pass on to the next case, which is also related in the following words, in Obs. 11, of Arnaud's work.

CASE II. "Mr. Key, in the year 1745, whilst in Flanders, was consulted by a gentleman of that city, who for six years had had an obstinate gleet; his urine involuntarily slipt away, so that he was obliged to wear cloths continually in his breeches to keep his linen dry; the stream of his urine was forked, and sometimes divided into many streams. On opening the orifice of the urethra, (which had been lacerated by an accident some years before down to the frænum), Mr. Key discovered 'a bit of flesh', and as it presented, he brought it forward with his forceps, and snipped it off with his scissors. By the use of medicated bougies, the gleet was cured in twenty-two days, and in the same period, several obstructions of the urethra, and three remarkable fleshy warts in the orifice, also yielded by suppuration."

CASE III. Obs. 12 of the same work, is a case also related by Mr. Key, in which "incontinence of urine had existed eight years, occasioned by a carnosity situate near the bulb of the urethra, and accompanied by a running of purulent matter. Mr. Key undertook the cure by medicated bougies, which, after three weeks' suppuration, effected the expulsion 'of a fleshy substance as big as a pea'. There was afterwards no more obstruction to the passage of the instrument."

I am not sure whether this last case ought rightly to be admitted here, as at the time at which it is said to have occurred, authors and practitioners, in their zeal for the medicated bougie or candle, (in favour of which, indeed, Arnaud's book was written), were apt to talk and write very loosely about carnosities and fleshy obstructions; and, it may be, that sometimes a simple coagulum, expelled after the use of these instruments, may have been called a carnosity, and its expulsion have been regarded at once as the cause of the cure, and an evidence of the wonders wrought by the bougie. Whatever opinion may be formed on this point, it is quite clear that in the two former instances recorded, the growths from the urethra were seen and handled and excised, and their appearances are particularly stated, so that we may safely adopt the accounts as authentic narratives, upon which to found certain notions regarding some of the characteristics of this morbid growth.

CASE IV occurred recently at the University College Hospital, in the practice of my friend Mr. Erichsen, who kindly furnished me with the following account. "Robert Moggridge, 21 years old, presented himself to me at the hospital, for stricture. On examining the urethra, I found a bright red, and very vascular growth, situated within the urethral orifice. It was nodulated, raspberry-like, and bled on being touched. Its attachment was not pediculated, or but very slightly so, and the growth, which was about the size of a small cherry-stone, lay entirely within the urethra. I removed it with a pair of scissors; it sprouted again; was again removed, and the surface from which it grew was touched with nitrate of silver, after which it did not reappear. It was the sole cause of an obstruction to the passage of the urine, there being no stricture."

CASE V. Finally, my friend Dr. Quain has informed me, that he was requested some time since, by a man under his care at the Brompton

Hospital for Consumption, to examine his urethra. At its orifice, he found it presenting "a villous, spongy state, accompanied by some mucous discharge". This appearance struck him as being so peculiar, that it remained impressed upon his memory, although he had no recollection of the history or other symptoms of the disease, at the time he related the circumstance to me.

The characteristic features of the vascular tumour or excrescence of the male urethra, as described in the preceding narratives of cases, will be seen to bear a close resemblance to the varied forms of the disease in the female. In the case mentioned by Dr. Quain, we have simply "a red, villous condition of the orifice"; in that of Mr. Erichsen, "a distinct, nodulated, raspberry-like, *non-pediculated* excrescence, bleeding when touched"; in Arnaud's first case, "a polypous excrescence, hanging half an inch out of the urethra, red, fibrous, and softish"; in his second case, seen by Mr. Key, "a bit of flesh in the orifice"; and, in his third, "a fleshy substance as big as a pea". Who that has seen much of the disease in the other sex will fail to recognise all these varieties?

The effects likewise are very similar: "a mucous discharge", "difficulty of making water", with "pain", "twisting and dividing of the stream", and "incontinence of urine", being those named. The sensibility of the growths does not seem to have been in any instance very great.

The patients, it appears, were also of different ages, and the causes obscure or altogether unknown. In two instances, the growths showed a great tendency to grow again after excision; one was very obstinate, and there appears to have been no effort made to counteract the tendency, which at length indeed ceased of itself; in the other, it was readily overcome by the application of caustic. In no one instance is there evidence of anything like a malignant nature having belonged to the growths; which, in all probability, had they been carefully examined, would have been found to have possessed the same anatomical characters as exist in the excrescences of the female.

In the treatment, the same means are, it may be presumed, equally applicable and equally serviceable in either sex; and, in the present state of our knowledge, when we have no facts to guide us as to the constitutional origin of the malady, we must be content if our therapeutics in these cases are not in advance of our pathology. Promises "to deplete the blood" by constitutional treatment, leaving the local disease to itself, would not now do either for physician or surgeon.

3, Duchess-street, Portland Place, Feb. 11th, 1852.