pital Reports, in which these cysts have been ulcerated, and the contents been poured into the neighbouring cavities, the peritoneum, the large intestine, etc. None of these cases, however, is exactly parallel to the foregoing. Most, if not all of them, were taken to be malignant. This character was, to say the least, very doubtful in the present case, the only indication of it being the character of the fluid, a microscopic examination of which did not much tend to confirm such an opinion. In those of Dr. Bright's cases in which the laceration was not the result of violence, it seemed to proceed from the distension of the sac and pressure of the enclosed fluid: here, from some morbid action going on simultaneously in several parts of the cyst-wall; consequently, in them there was found a fissure or slit; in this case, several rounded ulcers, rather resembling those so often seen in the stomach. All these cases, however, point to the same practical conclusion; viz., the propriety of relieving the distension by operation in good time, before the pressure of the fluid, or the irritation which it occasions, has led to ulceration, with all its attendant dangers.

ST. BARTHOLOMEW'S HOSPITAL.

MEDULLARY CANCER OF THE GLANDS OF THE NECK FOLLOWING A GLANDULAR ABSCESS.

Under the care of J. PAGET, Esq.

[From Notes by E. DAKER, Esq., House-Surgeon.]

THE following case appears to have been one of those in which malignant disease shows itself in parts which have been subject to the irritation of morbid action originally of an ordinary character. In this particular instance, the occurrence may have been a mere coincidence; it is useful, however, to note such cases when they occur, as bearing on the interesting question of the deposition in innocent tumours of the material of cancer, a phenomenon which is now admitted by most pathologists to occur, although rarely.

James T., aged 47, a stout, robust man, was admitted into this Hospital on August 8th, with a large abscess about the neck.

His history is the following: about eight or nine months ago, he felt a severe pain extending up his arm, consequent on an injury to his finger; this pain subsided, but was soon followed by a swelling in the neck, which gradually enlarged, causing him much suffering and uneasiness. An abscess soon formed, and he applied for admission. During his stay in the Hospital, the swelling was opened, and the abscess discharged profusely, leaving him very weak. Under the treatment by tonics, he was soon able to leave, the abscess however not having altogether disappeared, as now and then matter escaped from the opening. While he was away, he had it punctured at different intervals, pus making its way out each time. Seeing that the discharge persisted, and that his health was materially giving way, he applied for admission on the 8th, the abscess at that time occupying a large extent of surface, with its borders of a dark livid colour, and somewhat of a hard, brawny consistence; the openings made not having healed up, and the discharge continuing at intervals.

His health has, up to the time of the appearance of the abscess, always been good; his family were all healthy; and his children, of which he has had sixteen, have always enjoyed good health.

On his admission, he was put under a course of tonics, with a free supply of wine and beef-tea; this, however, did not much improve his state; his diet was then changed into a more nutritious one, and he was put upon the iodide of iron, poultices being at the same time applied to the part. On August 20th, a large carrot poultice was substituted for the common linseed one; his health not having as yet derived any material benefit from the remedies applied.

Considering the swelling, and the recurrence of the discharge, Mr. Paget thought it was probably a mass of cancerous glands.

In this state the patient continued until the morning of Aug. 21st, when a sudden gush of blood issued from the wound; the bleeding continued profusely, some blood issuing from the mouth, but none from the ears or nose. The patient spoke a few words, then sank, having lost about three quarts of blood in the space of a few minutes.

On examining the body after death, the disease was found to be a mass of cancer of the medullary kind, which extended nearly as far as the pharynx; the course of the common carotid and its branches was traced with great minuteness, but no vessel was found ruptured, though the disease had involved a part of the sheath of the vessel. Part of the inferior maxil-

lary bone was removed, and the course of the arteries was also laid open, but no signs of perforation could be found. The ear was examined, and the tympanum was found ruptured.

Original Communications.

SOME PRACTICAL OBSERVATIONS ON THE BEST METHODS OF INTRODUCING THE CATHETER IN CASES OF EXTREMELY NARROW AND IRRITABLE STRICTURE.

By HENRY THOMPSON, Esq., F.R.C.S., M.B.Lond., Assistant Surgeon to University College Hospital; Consulting Surgeon to the St. Marylebone Infirmary.

[Read before the British Medical Association, July 30th, 1857.]

[Concluded from page 754.]

THERE is a point, the recollection of which is sometimes of considerable importance, in applying this or any other solid instrument of small size to a narrow stricture. It is the fact, that the orifice of the stricture very frequently does not lie in the direct axis of the urethra; in other words, it may be situated either to the right or left side, either above or below the normal line of the canal. This is frequently so obvious that attention to the fact, as ascertained in any particular case, may ensure the easy passage of an instrument afterwards; while forgetfulness of it may render success extremely difficult. In endeavouring to find the orifice of the stricture, simple pressure at the seat of the obstruction with the point of an instrument is very frequently not only useless, but injurious, unless the point has entered, and is grasped by the walls of the narrow passage. But by withdrawing the instrument for an inch or so, and carefully sliding it closely along one side only of the canal two or three times, then repeating the manoeuvre on the opposite side; if this be unsuccessful, by keeping the point closely to the roof of the canal, or, on the other hand, by maintaining it constantly upon the floor, and thus, in a methodical manner, exploring consecutively each aspect of the urethral walls, we may often succeed in becoming engaged in a stricture which could be entered by no other means, or, if so, only by chance. And a recollection of the aspect which proved successful on one occasion will generally enable us to introduce the instrument at a succeeding attempt with very little trouble. I have verified the utility of this proceeding so frequently as always to pay particular attention to the existence of deviation, which appears to me to be more generally present than otherwise, although its extent varies considerably, being greater or less in different cases. Certainly, in half the cases of difficulty which fall to my lot, a note is made in the case-book in reference to the nature and degree of deviation from the axis of the urethra which the orifice of the stricture presents; and I have found such a record of extreme utility in enabling me, on the reappearance of a patient after a considerable period of time, to pass an instrument for him, and with little trouble. The same record has been of equal use to other operators, to whom the patient may have been subsequently transferred. Thus, for example, a statement respecting any particular case that the obstruction will be encountered by the catheter at five and a half inches from the external meatus, and is most easily passed by letting the point of the catheter bear gently along the right side of the passage before it arrives at the distance named, may enable the surgeon who sees the case for the first time to introduce the instrument into the bladder, as easily as his predecessor who, after several observations, has verified the condition so indicated. It was a recognition of these deviations, as often constituting the difficulty in cases of obstinate stricture, that led M. Leroy d'Etiolles to recommend, some years ago, the employment of exceedingly small gum-elastic bougies, possessing points twisted somewhat into the form of a corkscrew. M. Leroy advised that these should be turned in every direction, until chance guided the point through the devious passage, and he claimed to have achieved a considerable success from their application, a result which appears to be natural. But it is clear that each application must be equally a chance proceeding; for with these long and slender filaments, susceptible of little guidance from the hand applying them, beyond the movement of rotation, it is impossible to learn the character of the deviation, or the precise nature of the move-

ment which successfully cleared it. Generally preferred as is the solid instrument to the flexible, I cannot but feel the value of solidity in an instrument in a threefold degree, when deviation of the orifice of a stricture from the axis of the urethra has to be encountered.

In conclusion, taking advantage of all the means which therapeutics, which appropriate instruments, and the collateral appliances referred to afford us, it appears to me that little is wanting to success but patience and gentleness in manipulation. Adopting the methodical mode of search for the orifice of the stricture which has been recommended, it is advantageous to expend a considerable period of time on the attempt, while it becomes an easier and a more hopeful task to do so than when the obstruction is attacked only by simple pressure, or by chance gropings for the narrow orifice; a proceeding than which nothing can be more monotonous and wearisome. There is little doubt that long-continued and persevering efforts, provided they are made with the utmost care, and without inflicting any serious pain on the patient, will be generally rewarded by success in the most difficult cases.

I beg leave to request your further indulgence for a single remark on the utility of solid metallic sounds of a *slightly conical form*, in the subsequent treatment of stricture. This is a species of instrument long known; but its value has, from certain causes, been less appreciated, I think, than it deserves. In that great majority of cases of stricture for which simple dilatation is, by the consent of almost all surgeons, the safest and most efficient remedy, I think there is no instrument or set of instruments which effects it more quickly, easily, and safely, than the conical sounds referred to. After having reached by means of the catheter, whether by means of tying it in for a few hours or otherwise, the size of No. 3, 4, or 5, the conical instrument is, I think, the best appliance we possess. Acting as a cylindrical wedge, bounded by lines of almost imperceptible inclination, and with a surface perfectly smooth and polished, it slowly expands the stricture and accomplishes a larger amount of dilatation in a given time and with greater ease to the patient than any other instrument I know. Six such conical sounds furnish a very complete armamentarium, so that simplicity, to say nothing of economy, is an additional recommendation. The increase of calibre in each instrument should amount to about two or three sizes; thus, the smallest sound in the set may at its point be of the size of No. 2, and at about three inches from it reach that of No. 4. The next in order should be 3 at its point, enlarging to about 5. The next 4, increasing to 6; the next 5, increasing to 8 (see fig. 2); the fifth 7, increasing to 10; and the last 9, increasing to 12. By means of these six instruments, every gradation of the scale from 2 to 12 may be passed through, not by successive steps with intervals between, as in the use of ordinary instruments, but by *gliding insensibly from one number to another*. Where what is understood as "rapid dilatation" is necessary or legitimate, I believe there is no method by which we can so smoothly and easily

pass through several sizes of the catheter scale in a short period of time, as with these curved conical instruments.

Fig. 2.

* Fig. 2. The asterisk denotes the spot at which the calibre of the sound begins to diminish. In the instrument selected for illustration here, it is No. 8 in the shaft gradually lessening to No. 5 at the extremity.

Our French brethren have endeavoured to obviate the objection to the ordinary instruments of uniform calibre, by employing numerous additional or intervening numbers, and thus lessening the intervals which occur in our catheter scale. This method renders necessary some twenty or more bougies or catheters in place of our usual number of twelve. The principal defect in this system is that several instruments must be passed into the urethra at each sitting, if much progress is to be made; while another certainly exists in the considerable cost which so extended an armamentarium involves.

I have only now to thank you for the honour you have accorded me, in so patiently listening to the few remarks which I have ventured to offer, and which are presented in the conviction, that, slight as they are, they may not be without a certain practical utility in their application to the difficult and often troublesome cases in question.

Wimpole Street, Cavendish Square, 1857.

CASES OF ABSCESS OF THE UTERINE APPENDAGES OPENING INTO THE BLADDER.

By F. MELLAND, Esq., and JOHN WINDSOR, Esq., of Manchester.

[Read before the Medical Section of the Manchester Royal Institution.]

CASE I. ABSCESS OF THE UTERINE APPENDAGES OPENING INTO THE BLADDER, ATTENDED BY DESQUAMATIVE NEPHRITIS DURING FOUR MONTHS. By FREDERICK MELLAND, Esq., Surgeon to the Chorlton-upon-Medlock Dispensary, Manchester. Mrs. A. B. was confined on June 14th, 1855, after an easy and natural labour. Two days afterwards she had a rigor followed by fever, without any local pain or tenderness on pressure.

On the sixth and seventh days she had pain and uneasiness on the right side of the abdomen, quite removed by a free evacuation of the bowels. The fever gradually subsided, and on the twelfth day she was well enough to lie on the sofa. She remained, however, still delicate and weak, and about the sixteenth day œdema of the left leg and thigh, and to a much less extent of the right, came on, with puffy eye-lids and cheeks. There was no inflammation of the veins of the lower limbs; but on examining the urine I found it scanty, dark-coloured, containing albumen, with a sediment consisting of blood-corpuscles, casts of the urinary tubules, epithelial cells and crystals of uric acid. There were, in fact, the usual symptoms of acute desquamative nephritis. This, of course, was quite sufficient to account for the dropsical symptoms, but not for the left leg and thigh being more swelled than the right: this, which puzzled me at the time, became explained later.

After the use of gentle purgatives and diaphoretics for a few days, the tincture of sesquichloride of iron was given with digitalis, and afterwards with bitter infusions; the patient was kept in bed. All the symptoms improved very much, and the swelling disappeared in about twenty days.

Then occurred the first of several relapses, which very much retarded the progress of improvement. In this instance it was caused by the sudden and dangerous illness of the child; in the course of the same night there was a return in greater abundance than at the first of the blood-corpuscles in the urine, along with fever and loss of appetite. This and several subsequent relapses were treated much in the same manner as the first attack, with the addition of having large mustard poultices applied to the loins for an hour and a half at a time about every other night.

In the beginning of August, or about seven weeks after confinement, a tumour was first found on the left side of the hypogastric region, about the size of an orange, and appearing to rise up from the pelvis. It was very little tender, and gave very little pain. It gradually enlarged, but never became of very great size.

The absence of pain and tenderness, and the slow progress of the tumour, gave rise to some uncertainty as to its nature; its seat was apparently either the ovary or the broad ligament on the left side; and the fact of its having appeared after confinement, and having been preceded by illness, made it more probable that it was an inflammatory swelling going on to suppuration than an ovarian cyst.

The nephritis continued gradually to improve in spite of occasional relapses; and after a residence of six weeks at the sea side, by the middle of October no further symptoms remained: it had lasted about sixteen weeks. Towards the end of Octo-