

seized with severe pain and vesical tenesmus, and made frantic efforts to urinate. I hastened to introduce the catheter, when I discovered a portion of the tumor showing itself at the orifice of the urethra. I at once grasped it with a pair of small placenta-forceps, and with a succession of swaying movements from side to side, drew it out about two inches. I then substituted my fingers for the instrument, and twisted the mass slowly, like a rope. The patient, although suffering the most acute pain, aided its expulsion by powerful bearing-down efforts. I succeeded, in this manner, in removing a portion of the growth eight inches in length, of the thickness of the thumb. Then it gave way, and the remaining portion receded into the bladder. I was much disappointed at this termination, as I had hoped to remove the entire mass at this time. Very little bleeding attended the operation, although a few clots of blood—the result, probably, of the attempts made an hour before with the forceps—escaped by the side of the tumor, as it was being withdrawn.

During the succeeding four or five days many pieces of the now disintegrated tumor came away. They varied very greatly in size, some being quite small—mere shreds, in fact—while others were an inch or more in length. The larger pieces moulded themselves, in their passage, to the size and shape of the urethral canal. Toward the last they became exceedingly offensive, as did also the urine, which was loaded with pus, blood, and numerous shreds. The larger pieces were taken care of and placed in alcohol, at my request. The smaller ones, and that part of the growth which was softened down and passed off with the urine, of course escaped. The amount preserved weighs eight and a half ounces, and forms a mass as large as the closed fist.

The general condition of the patient now rapidly improved, so that at the end of a fortnight she was able to walk about the house. Incontinence, however, had succeeded the retention, and this still remained. The urine, which was now quite normal in quality and amount, was passing away continually, much to the disgust and discomfort of the patient. The bladder had contracted adhesions with the surrounding viscera, and its walls, thickened and hardened by inflammatory deposits, could be distinctly felt, filling a space in the hypogastric region as large as that occupied by the gravid uterus at four months. It was thus prevented from being either a retaining or an expelling organ, and I had noth-

ing better to suggest for the patient than the use of a urinal, which was procured for her, and which she wears with a good degree of comfort.

April 30th, I saw Mrs. K. again. She had then fully regained her general health. The incontinence was improving. In certain positions of the body she could retain the urine nearly an hour, and felt hopeful that she might get entirely well. The bladder appeared also to be regaining its power; for there were times when with one or two ounces of urine retained, she found herself able to expel it with a fair degree of force.

Submitted to microscopic examination, a section of the tumor presents the same fibrous and vascular appearances as are seen in the case of uterine fibroids; and, indeed, on comparing it with a specimen of the latter, the two, both in their general character and minute structure, appear to be identical.—*Chicago Medical Journal*.

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### Bibliographical Notices.

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*On Cholera and Choleraic Diarrhœa; their Nature, Cause and Treatment. Two Lectures, delivered at the Church Missionary College, Islington.* By GEORGE JOHNSON, M.D. Lond., Professor of Medicine in King's College, London; Senior Physician of King's College Hospital; and Consulting Physician to the Church Missionary Society. London. 1870.

THE author, in this pamphlet of 47 pages, recapitulates in brief, clear and somewhat popular form views which he has previously from time to time expressed: first, in some reports of cases; next in 1855, in a considerable volume "On Epidemic Diarrhœa and Cholera;" and again in 1866 in a smaller book called "Notes on Cholera," ably and favorably reviewed by Sir Thomas Watson in the *Saturday Review*, and disinterestedly supported by the *British Medical Journal*, Dr. Markham, Editor.

Dr. Johnson has pushed his views in the face of strong opposition, with a zeal which indicates a thorough belief in their correctness and consequent importance. They are, perhaps, sufficiently well known among us not to require repetition; a statement of the main points, however, will aid in keeping the identity of the author with his doctrines.

Cholera is a disease resulting from the presence in the body of a material poison, derived from filth, recognized only by the symptoms it produces, and resembling in

its effects, *more than any other*, that which produces typhoid fever. The vomiting and purging are natural efforts to eliminate the poison. The collapse is the result of impeded or obstructed pulmonary circulation, the smaller vessels by contraction opposing the admission of the poisoned blood to the lungs. "In truth, as Sir Thomas Watson, in his review, remarks, 'this explanation derives strong confirmation, from the fact that it unlocks like the right key the whole of the pathological intricacies of the disease.'" Astringents and opiates oppose, cathartics and emetics favor the evacuation of the poison. "The rule in all cases is, *not to give the opiate until the morbid poison and its products have for the most part escaped; not to close the door until the enemy has been expelled.*" \* \* \* \* "Opiates are useful to soothe the irritation after the evacuation of the bowel; they are useless and even dangerous when the blood is poisoned or the bowel filled with morbid secretions." \* \* \* \* "There is one symptom that especially forbids the use of opium, and that symptom is *cramps of the muscles.*" The condition of collapse is equally an indication of the circulation of the *materies morbi*, and forbids the use of opiates. Castor oil is the favorite cathartic.

For a proper elucidation of the theory, Dr. Johnson must be allowed to speak for himself. He claims unequalled results for the practice, but says it must be followed with full and persevering faith and with a judicious estimate of the demands of each case to be successful.

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## Medical and Surgical Journal.

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### ON CERTAIN CHOREIFORM MOVEMENTS OBSERVED IN EXPERIMENTS ON THE DOG.

At a séance of the Academy of Sciences in Paris, held in May, the attention of the members was directed by MM. Legros and Onimus to researches which they had made, of an interesting character. In order to study the choreiform movements of the muscles and the variations which are noticed in their form and intensity, they made use of the *graphic method* of delineation; the tendon of a muscle being exposed and fastened by a thread to the lever of the registering instrument,

which marked the movements on a revolving cylinder.

They have, in the first place, proved that the intensity of the choreiform movements increases proportionally to their frequency, and that each accession of the convulsion is followed by complete repose. The regularity of the markings and the rhythm of the contractions was found to be in no manner dependent on the action of the heart, the shock of each pulsation in this way being shown to have no direct influence on the nervous elements of the cord. But in taking simultaneously the tracing of the pulse and of the choreic movement, if in certain cases the two occurred at the same moment, there was noticed at that point a marked dissimilarity between the two.

It is well known that anæsthetics cause the cessation of choreic movements; after having injected 3.50 grammes of hydrate of chloral into the rectum of a dog, a series of tracings was obtained in which the gradual diminution of the movements was clearly observed; and, moreover, they disappeared entirely before the voluntary motions were suspended.

By compressing the brain, the choreic movements are not interfered with; but, on the other hand, on giving anæsthetics which have a special determination to the sensory portions of the cord, the motions are abolished, a fact which leads us to believe that these portions of the nervous system, or the nerves dependent on them, are the seat of the disease. Following out these researches, the vertebral canal has been opened, and, on touching the posterior columns, energetic contractions have been obtained; when the cord, exposed to the air, has become cold, the movements grow feeble; to reëstablish them it is necessary to warm the cord artificially.

Besides these experiments, MM. Legros and Onimus have divided the posterior roots of the cord; this experiment was also tried by M. Bert, and with the same result, that is the rhythmic movements did not disappear. In another dog, after having cut the spinal cord on the median line, a portion of the cornua and the posterior columns was