enced by medical remedies. They are best treated by means of the galvano-cautery snare, puncture, or simple furrowing, the mucous membrane having previously been rendered insensitive by the application of a 5 to 10 per cent. solution of cocaine hydrochlorate. The sensitive areas within the nose, upon whose irritation cough or asthma seems to depend, are also best treated by the application of the galvano-cautery. With regard to polypi, the great advantage of the galvano-cautery is, that not only can we remove the larger polypi, but by passing the cautery freely over and through the rootlets of those which cannot be removed, we have a greater chance of preventing their growth and assumption of the place of the larger polypi. In the cases of necrosis with polypi, the diseased bone ought also to be removed. It ought to be remembered that the inferior turbinate, being a separate bone, is much more tolerant of interference than the superior or middle turbinates, which are parts of the ethmoid.

I have not attempted to enumerate to you the various therapeutical agencies which may be adopted for the treatment of chronic rhinitis, as these will subsequently, in my lecture on "Respiratory Therapeutics," be considered in greater detail. I am more anxious that you should grasp the principles upon which this treatment should be founded, and recognise the necessity of examining not only the chest and throat, but also the nose, in all cases of recurrent or spasmodic laryngeal or pulmonary affections.

THERAPEUTICS OF HAY FEVER.

By CARL GENTH, M.D.,

Langen Schwallbach.

THE approach of the time at which hay fever usually appears induces me to offer you the following notes and observations.

For the past ten years, a young medical man of my acquaintance has suffered, from the beginning of May to the end of June, so severely from hay fever that his practice has been seriously interfered with. It will be understood, as a matter of course, that he had in succession tried all the many and much-lauded remedies without any good result. Quinine, in large quantities, alone produced favourable results, and not before symptoms of poisoning presented themselves. It may not be without interest to mention that urticaria broke out, beginning on each side of the spine, following the course of the chief nerve-branches down the arms and legs, and finally covering the whole body. This painful state lasted for three days, at the end of which the hay fever disappeared—leaving, however, in the patient no desire to repeat the experiment with quinine.

In a comparatively large number of cases of hay fever, I found that the primary indication of the disease was a slight twitching sensation at the inner corner of the eye. This sensation becomes more intense day by day; next follows a swelling of the conjunctiva, with all the accompanying symptoms of acute conjunctivitis, and the symptoms referable to the mucous membrane of the nose, asthma, etc., set in later. These slight premonitory symptoms, which sometimes precede the final outbreak by a fortnight, and perhaps disappear with a change of weather, may easily be forgotten. But even assuming that, now and again, the disease does not begin in the eyes, but in the nose or the bronchial tubes—a possibility which in principle cannot be rejected—the exception would not by any means invalidate the assertion that hay fever usually begins with the symptoms of conjunctivitis.

Upon these facts I build my therapeutic plan. Since the first symptoms of hay fever manifest themselves in the eye, it is probable that the agent which is to be regarded as the cause of the hay fever (I do not here refer to the pollen grains which are everywhere present during the season in which the fever prevails, and are consequently to be found in the secretion of the conjunctiva and in the mucus of the respiratory tracts) first attacks the conjunctiva; under favourable circumstances (heat) it multiplies there, and then diffuses itself over the mucous membrane of the respiratory organs, perhaps through the medium of the laryngeal canal. To be effective the condition must be attacked by local treatment, directed to the eyes at the earliest possible date.

I will pass over the details of the experiments that were ineffectual. On the advice of my learned friend Dr. Pagenstecher, of Wiesbaden, I chose instillation and bathing of the conjunctiva with sublimate solution, of the strength of 1 in 3,000. The bathing began perhaps fourteen days before the appearance of the hay fever, whenever the patient returned home after open-air exercise. The patient was besides required to keep as cool as possible, and

to wear pale blue spectacles. The result of the treatment was that he remained free from his trouble for a length of time. Not before the end of June did slight irritation of the conjunctiva reappear, which, however, could not be compared in intensity to former attacks, and involved no complication. Relying probably upon his generally healthy condition, the bathing had not been performed with sufficient energy. Although the sublimate solution came in contact with the mucous membranes of the nose or throat only slightly, or perhaps not at all, neither of these organs was affected, which must have happened if the virus of the hay fever passed into the body through the nose and mouth. In such an exceptional case, it would be simple enough to apply the solution by a nose douche, by garglings, or perhaps even by cautious inhalation.

THE VALUE OF INSPECTING THE ORIFICES OF THE URETERS BY ELECTRIC LIGHT IN THE DIAGNOSIS OF "SYMPTOMLESS" HÆMATURIA AND PYURIA.¹

By E. HURRY FENWICK, F.R.C.S.,

Surgeon (Out-patients) to St. Peter's Hospital for Urinary Diseases; Assistant-Surgeon to the London Hospital.

IN the endoscopic examination of the eye, the ear, or larynx, the operator first directs the light upon the most important structure—the optic disc, the drum, or vocal cords, and having satisfied himself as to their condition, he turns his scrutiny to their surroundings. The need for it in exploration becomes more pressing as the field we have to search enlarges, and in the wider areas the rule of starting from some fixed important point is often no mean factor of success. Thus, in abdominal section for obstruction the hand first feels the cæcum to ascertain if it be full or empty, and from thence the fingers trace the coils of large or small intestine according to the clue which cæcal distension or contraction may afford.

In the exploration of the bladder with the electric light it is necessary to have some such starting point in order that the examination may be systematic, rapid and effective. The most important section of the bladder, speaking cystoscopically, is the inferior zone, and the cardinal points in this area are the orifices of the ureters. Upon them the operator should first direct the light,² and from them the search should radiate. There are several reasons for this choice. From the orifices of the ureters may be seen to issue fine jets of renal blood in kidney bleeding, the semi-vividness of which may prove fallacious (without the cystoscope) in the diagnosis of the source of symptomless hæmaturia. Upon their lips or in their immediate neighbourhood are most often to be found those tumours which can baffle diagnosis.³ Moreover, their appearance, their clean-cut, slit-like openings, or their tumid, gaping mouths—that is, their healthy or unhealthy aspect—is an index to the soundness or unsoundness of the remainder of the mucous membrane, which cannot be neglected in the treatment or prognosis of disease.

In hæmaturia I generally first satisfy myself that the ureters are free from tumours, and then make a rapid survey of the rest of the bladder, proceeding from below upwards (that is, inversely to the tendency the zones evince to growth).⁴ If I can find no cause for hæmorrhage I return to the orifice of each ureter, and watch the colour and amount of its efflux. In three cases lately I have thus been able to detect the renal source of symptomless hæmaturia, which otherwise I might have overlooked.

CASE I.—Mr. B. consulted me in January, 1888, in reference to a hæmaturia. He brought with him a specimen of bloody urine

¹ Excerpt from a demonstration of the value of the electric light in the diagnosis and treatment of obscure vesico-urethral diseases given before the Staffordshire Branch of the British Medical Association, May 31st, 1888. This subject is an appropriate addition to an editorial on "The Surgery of the Ureter," in the JOURNAL, June 2nd, 1888.

² Vide author: A Description of the Electric Cystoscope, JOURNAL, February 4th, 1888.

³ Single villous papillomata are found at the right ureteral orifice in 43 per cent., and at the left in 26 per cent. of the cases. Fibromata and small single myxomata in 90 per cent. of the cases are situated at the ureteral orifices. Author, *Lancet*, March 10th, 1888.

⁴ The liability of the three zones to become affected by single cancerous growths may be expressed thus:—The upper : middle : lower zone :: 1 : 3 : 6. Author, *Pathological Transactions*, Carcinoma of the Bladder, 1888.

containing much clot. His history was as follows: In January, 1886, he had been out riding for two hours, and came home completely chilled. He passed blood the same evening. He suffered no pain or inconvenience, except a slight urethral tingling when the clots were passing. The hæmorrhage stopped in the summer, but recurred in the winter of 1887, to cease once more upon the advent of the warmer weather.

Present Condition.—"A well-built, anæmic man, aged 30. The urine is voided thrice a day. No pain attends the act. He suffers 'agony' after coition, in the neck of the bladder. In micturating he has noticed that the urine often becomes more bloody towards the finish."

I expected to find a vesical growth with the electric light, but nothing abnormal could be discovered. The entire bladder was healthy. I was just giving up the examination in despair, when I saw a stream of brightish blood shoot right across the prism. Keeping the instrument fixed, I waited until the medium became clear again, and then I found that I was watching the orifice of the right ureter (Fig. 1). In another second a jet of bloody urine

Fig. 1.—Ureteral projection, much magnified by proximity of the prism.

burst from the tiny opening, and, after forming many rings, paled by diffusion and disappeared, but only to be replaced by a successor (Fig. 2). The phenomenon of efflux suggested to my mind

Fig. 2.

a miniature cuttle-fish, squirting out its coloured fluid into the water around. The right renal source of the hæmorrhage was at once indicated.

CASE II.—Mr. C. (under the care of Drs. Underwood and Harvey), a well-built man, aged 52. Since May, 1887, he had suffered from hæmaturia, which was painless and intermittent in its character, and seemed more dependent upon exercise than anything else. The urine was passed thrice a day. He was disturbed only once at night. Some specimens of hæmaturia contained cylindrical clots. I passed the electric cystoscope under cocaine, and found a low collarette of prostatic growth, but it was obviously not the cause of the hæmorrhage. The bladder was healthy. I could see jets of blood issuing from the right ureter, and the diagnosis of the site of the trouble was at once established.

CASE III.—A lady, under the care of Dr. Hepworth, of Manchester, and Dr. Battersby, of Cannes. For eighteen months the patient had suffered from hæmaturia. The urine varied much in colour, but there were no symptoms whatever to afford a clue as

to the exact source of the bleeding. The electric cystoscope (No. 30 French gauge) showed the bladder to be perfectly healthy, but, on turning the instrument towards the left ureteral orifice, a spurt of bloody urine flowed over the prism. I allowed the ureter to play upon the prism, in order to judge of the rhythm of the flow, but it never varied, although Drs. Hewitt, Lys, and I watched it for some little time. It was rather like an artery severed under water. I could detect no renal tumour in any of these cases.

These three cases are sufficient to illustrate the value of inspecting the orifices of the ureters by means of electric light, and of excluding the kidneys as a source of the hæmaturia; moreover, the same advantage can be gained in pyuria, and the many methods and instruments advised and devised for obtaining urine direct from either kidney must now be partially superseded by the electric light. The ureteral orifices are not difficult to find. They are very rarely displaced, and still more rarely are they absent. A little tact in manipulation and knowledge of the cystoscope will bring them into view, and amply repay the operator for examining them.

ABSTRACT OF PRESIDENTIAL ADDRESS ON THE SOCIAL POSITION OF THE MEDICAL PROFESSION.

*Read before the Birmingham and Midland Counties Branch of the
British Medical Association,*

By THOMAS WILLIAM THURSFIELD, M.D., M.R.C.P. LOND.,
Physician to the Warneford Hospital, Leamington.

I HAVE taken for the subject of my address one which has interested me for a considerable time. It is "The Social Position of the Medical Profession in this Country at the Present Time." In contrasting the position which is held by the medical profession, in social estimation, with that of the other learned professions, I think it will be admitted that we do not stand so high as either the Bar or the Church; and yet the attainments of the members of our profession, their character, their self-denial, and their public services, are acknowledged on all hands, and should command for them a respect as high as that in which any other profession is held.

Dr. Thursfield indicated that this low estimate was in part due to the ignorance or jealousy of the public, but in part to certain faults in the profession which he classified as follows:

Imperfect Preliminary Education.—The fact that anybody can become a registered medical student merely on having passed a second grade examination of the College of Preceptors, and that anyone between the ages of 16 and 17 years can if he chooses drop for ever all learning except that which is specially set apart for the acquisition of professional knowledge, leads to the introduction into this profession of a very large number of men who, I do not hesitate to say, are more imperfectly educated in a general sense than the aspirants to any one of the other learned professions. And here I may say that I think the entire abolition of the apprenticeship or pupilage system has been a mistake; for I cannot think it wise that a boy should go straight from school into a life so full of manifold temptations as is that of a medical student. A year passed in the family of a medical man in large practice would greatly widen the student's ideas, and add largely to his obtaining a truer conception of the duties he is about to undertake. Narrow though his education may be as compared to that of a medical man, it cannot be denied that the young curate has a much better social position at the outset of his career than the young physician or surgeon, while it is quite certain that the position of the young physician or surgeon is not comparable with that of the most junior member of the Bar. This I believe to be largely due to the more prolonged and complete preliminary education necessary for the Church and the Bar.

Imperfect Professional Education.—The second reason of the low estimation of our profession is, I think, the imperfect professional education which so large a proportion of our number receive, though I must admit that this is improving day by day. And yet, when one looks at the vast domain of medicine, one is lost in wonder as to how it is possible, in the short space of four

⁵ JOURNAL, The Surgery of the Ureter, June 2nd, 1888.

⁶ Author, Case of Tubercular Exfoliating Cystitis, *Pathological Trans.*, vol. xxxvii, p. 310.

⁷ Author, Atresia (Congenital?) of the Vesical Orifice of the Left Ureter, *Ibid.*, p. 300.