his hands twitched and were sometimes so firmly set that it was very difficult to separate the fingers. His mother does not remember whether his feet twitched, but on several occasions he asked her to take off his boots and rub his feet. These attacks lasted over three or four months, each attack lasting from a few minutes to two or three hours. Some months after this, he had scarlatina, followed by general dropsy, from which he recovered very slowly. His mother only remembers his having had one recurrence of the "cramps" shortly after his recovery from scarlatina. After this, he remained perfectly free from them, till a year ago, when he fainted on seeing his father evacuate the fluid from a blister on his foot with a darning needle; on regaining consciousness, he had one of his attacks of twitching. He came under my care as an out-patient at the Hulme Dispensary, on 21st June, 1870, suffering from severe coronal headache, worst in the morning. His appetite was good; his bowels had acted regularly twice a day for a month. He was ordered quinine, and was improving slowly under it, till the morning of the 19th July, when he came to see me at the Dispensary. His headache, he said, was worse than ever, and he complained of severe pain at the epigastric region. He seemed to be suffering so much, that I was proposing to his mother to give him a subcutaneous injection of morphia, when he fainted. He remained unconscious for about a minute; he then had painful contractions of the fingers which he said "felt numb and dead". The thumbs were firmly drawn across the palms, and the fingers were rigid and semiflexed. There was slight twitching of the muscles of the face. Speech was thicker than natural, but there was no great compression of the lips. He had feelings of cramp in the legs, and there was twitching of the feet. The twitchings were relieved by immersion in cold water. I put him on twenty-grain doses of bromide of potassium three times a day. He has had no return of these attacks up till to-day (August 1st), and his headache is much better than it has been for three months. He is still under treatment.

I have met with other two cases of this affection, but unfortunately have no notes of them taken at the time. One was the case of a boy four years of age, who came under my care as a dispensary patient. His symptoms corresponded closely to the history of the attacks in M. C. (Case III), about the same age, and yielded readily to small frequently repeated doses of bromide of potassium. The other case was that of a young woman of nineteen, who had suffered from menorrhagia for several months previous to her being attacked with painful contractions of the fingers and toes. In this case, the symptoms though distinct, were not severe; the treatment was, therefore, mainly directed to the regulation of the menstrual flow, and the spasms gradually passed off.

This affection is so rarely fatal, that opportunities of inquiring into its pathology and morbid anatomy are extremely few; indeed, in all Trousseau's experience, he met with only one fatal case. There can be little doubt from the nature of the disease, however, that it is essentially a disorder of function. Trousseau states that the alleged predisposing causes of this curious affection are nursing, menstruation, pregnancy, and the puerperal state—with perhaps the pathological conditions complicating dentition. Cold he considered not only an "exciting cause, but sufficient by itself to bring on" this disease; and so frequently did it occur, under the observation of Trousseau, in nursing women, and as apparently the immediate result of cold, that he at one time called it "rheumatic contraction of nurses." He also states that chronic diarrhoea is the most active exciting cause, and that after the first attack of these contractions, they may be reinduced by emotion, or by "compressing the affected parts, either in the direction of their principal nerve-trunks, or over their blood-vessels, so as to impede the venous or arterial circulation." This last observation I was able to verify in Case II; but in most of the English cases, not only has there been no diarrhoea, but in several cases the bowels have been confined for some time before the attacks. The diagnosis depends chiefly on the intermittent character of the tonic spasms, with the peculiar contraction of the hand and foot, and incurvation of the thumbs and toes.

I was much interested in the parallel drawn by Dr. Moxon in his valuable paper on this subject (*Guy's Hospital Reports*, Series III, Vol. xv), between the symptoms of this affection, and those produced by the use of ergoted rye; and in the two cases I met with after reading his observations, I directed inquiries to this point, but could not elicit that rye-bread had been at any time eaten by either patient.

With regard to treatment, Trousseau recommends blood-letting, and afterwards quinine, with small doses of opium and belladonna as adjuncts. Dr. Broadbent adopted the belladonna treatment in two cases (*BRITISH MEDICAL JOURNAL*, August 6th) in February of this year, with the result of the immediate cessation of the attack, which returned several times on the drug being withheld. In another of his

cases, the attacks ceased after the administration of the ammoniated tincture of valerian.

Dr. Moxon's case, and also three cases reported by Dr. Haddon (*Edinburgh Medical Journal*, August 1870), as well as three of my own cases, were treated with the bromide of potassium, and the contractions disappeared in all. But, as Dr. Wilks very justly remarks, the disease has a spontaneous tendency to subside; and in one of my cases this was amply verified. It is probable, therefore, that no specific effects can be attributed to any of these remedies; and that more is to be hoped for from the regulation of disorders of function, when such are present, and a generally tonic system of treatment.

During the paroxysms, chloroform inhalations are of great service, but, unfortunately, the contractions usually return when the inhalation is stopped. Trousseau pointed out the fact that cold sometimes stops the contractions, when applied to the affected parts, even although it has a powerful influence on the production of the affection. I tried this in the three cases which I have reported in full. The hands and feet were immersed in cold water without effect in two cases—in one instance, the application of cold water bandages relieved for a time. Having determined to try the effect of ether-spray in my next case, I did so in Case II, with the result of a complete cessation of the attacks. Whether the effect was physical or psychical, I cannot tell; I would venture to suggest, however, that it might be worth a trial in such cases in future.

CASE OF PARACENTESIS VESICÆ.

By W. DRAPER, M.R.C.S., York.

THE comparative infrequency with which we are called upon to tap the bladder, and the peculiar circumstances indicating the performance of the operation in the present case, may make the following notes of interest.

The subject of the operation was a married man, of rather robust constitution, aged about 65. Some years since he consulted my partner, Dr. Procter, in consequence of difficulty in passing his urine. On examination, it was found that a large-sized catheter could be freely passed into the urethra for about an inch and a half, but beyond that point not even could a No. 1 be introduced.

As the obstruction was not of a spasmodic character, and as there was no history of stricture from disease, a diagnosis of malformation of the urethra was made: this opinion was strengthened by the patient's statement, "that he had never been able to pass his water in a full stream". As the dysuria was only slight, no further notice was then taken of the case. Gradually, however, as the patient advanced in years, his urination became more difficult; and at the time to which the present report refers, another examination discovered a considerable enlargement of the prostate gland. Catheterism was again attempted, but with precisely the same results as formerly: the smallest instrument could not be introduced beyond the point before mentioned. The prostatic enlargement continued until micturition was entirely obstructed. With the view of overcoming the malformation, I passed a small director down the urethra as far as the obstruction, and attempted to dilate the parts by means of a long narrow knife, but the operation was ineffectual. The symptoms and consequences of retention rapidly became more urgent, and the most available means of relief seemed to be paracentesis of the bladder. The opinion of another experienced surgeon (Mr. Keyworth) was taken, which fully concurred with that already formed. I accordingly operated by making a small primary incision just above the symphysis pubis, and then introducing a long curved trocar and cannula into the distended bladder. A large quantity of highly ammoniacal urine was drawn off, to the intense relief of the patient, and an elastic catheter passed through the cannula and retained in the bladder, the cannula being withdrawn. From this time up to that of the patient's death, which occurred *purely from exhaustion* a week after the tapping, he continued in comparative comfort, not a sign of peritonitis or of any other evil consequence of the operation being evidenced. Thus the operation as a palliative measure—the only one for which it was performed—may be considered as eminently successful; and the results would quite justify its repetition in a similar case. The pubic region was selected as the *locus operandi* in preference to the rectum, in consequence of the highly infiltrated state of the tissues surrounding that part, and the difficulty there would have been in acquiring and maintaining the necessary position in a highly sensitive, ponderous, and helpless man. The operation of perineal section was inadmissible for the same reasons; and lastly, as the chances of cure were just as remote in one case as in another, the operation least irksome to the patient was adopted.