set aside, it began to decompose and turn ammoniacal, and contained immense numbers of bacteria and torulæ. The simple bringing into contact with the urine a surface not freed from germs—an ordinary glass rod—was sufficient to initiate the putrefactive process. The introduction of a catheter would have been a still more effectual way of setting up this change; for catheters are rarely so clean, and are usually covered in abundance with the effective agents of putrefaction.

The application of these facts to urine still contained in the bladder requires little elaboration. Urine, as secreted by the kidneys and accumulated in the bladder, will remain free from decomposition so long as there is no direct source of impregnation with putrefactive germs from without. The ammoniacal condition of the urine in paraplegia might seem, at first, to contradict this assertion. It will be found, however, on careful examination, that the ammoniacal state of the urine frequently met with is the result of inoculation from without, and almost invariably from antecedent catheterisation. I have no desire to dogmatise on this point, or to deny the access of germs in any other way. It is possible, for instance, that a catarrhal condition of the urethra may afford germs a means of access to the bladder, in a manner similar to the supposed function of the mucus of the cervix uteri in impregnation. In ordinary conditions of the urinary passages, however, the bladder is closed against such contamination from without. The usual sequence of events in the clinical history of paraplegia is that the urine, at first clear and acid, gradually turns ammoniacal, during which period the catheter has been employed. It is not necessary to adduce evidence of this at any great length, as cases in point may be found in most hospital reports. As an instance, I quote a case reported by Mr. Gray in the first volume of the *London Hospital Reports*, on which I accidentally lighted while searching for something else. A lad was admitted into the hospital nine days after a fall, which had fractured his sixth cervical vertebra, and caused complete paraplegia with incontinence of urine. He had not been medically attended in the interval between the accident and admission into the hospital. On his admission, "the catheter was passed at once, and a considerable quantity of clear urine was drawn off; it gave an acid reaction. The urine, which was clear and acid at first, was thick and alkaline the next day, and the day after phosphates were found in it. In a week it became strongly ammoniacal, and contained pus." (P. 193.) And such is the usual history of these cases; the ammoniacal and purulent urine follows the introduction of the catheter into the bladder.

In a great number of instances in which the catheter is introduced, the admission of putrefactive germs into the bladder is a matter of no moment, for the bladder can be readily and entirely emptied; and even though decomposition should develop itself, little or no harm might result if the tissues were otherwise healthy or possessed of the ordinary amount of vital resistance.

It is far otherwise, however (and it is here where the facts brought forward have their importance), when the bladder is in an atonic condition or when it is paralysed, or where permanent causes of obstruction exist, such as the enlarged prostate in old men, and more especially when there exist other causes of vesical irritation, such as a calculus in the bladder, or where there is structural degeneration of the kidneys. In these cases, the irritant ammoniacal decomposition set up by the introduction of a catheter into the bladder is frequently the starting point of the inveterate cystitis and inflammatory condition of the ureters and kidneys described by Dr. Dickinson. In many cases, cystitis originates entirely in this manner, and the surgeon is at a loss to discover its cause, when all care has been taken to introduce the instrument and avoid mechanical irritation of any kind. The *post mortem* examination of the case already alluded to in the *London Hospital Reports*, discovered intense cystitis, phosphatic encrustation, and pyelitis in one kidney, for which mechanical irritation by the catheter was not responsible, but certainly vital. Where cystitis already exists from calculous irritation, the condition is intensely aggravated by the catheter or sound. An additional and permanent source of irritation is introduced by the instrument. The ammoniacal urine causes increased irritation, and by converting the mucus and pus of the already inflamed mucous membrane into a gelatinous mass tenaciously adhering to the walls of the bladder, affords a permanent nidus for the putrefactive agents, not removable by ordinary methods of emptying the bladder. Hence, continuous decomposition, phosphatic deposit, and irritation are the consequences.

These pathological changes, of themselves, are of grave moment; but, when the process extends to the kidneys, the danger becomes increased in a twofold manner. In addition to the interference with the excretory function of the kidneys caused by this pathological condition, which of itself might lead to a fatal result, the coincident condition of the bladder hastens this result in another way. As has been shown by

Treskin, the contents of the bladder stand in relations of diffusion with the blood and lymph in its walls, and urinary products are again reabsorbed into the system. The kidney being inadequate, and septic ammoniacal urinary products being absorbed into the blood, uræmic poisoning is the necessary result. That uræmic poisoning may originate from the use of the catheter without antecedent vesical or renal irritation is not only probable, but borne out by clinical observation. My friend Dr. Fothergill has furnished me with particulars of two cases of death from uræmia, for which this seemed the only discoverable cause. Both were cases of men of advanced age, and suffering from incontinence of urine caused by over-distension from enlarged prostate. Both were, in other respects, in good health, till the catheter was passed; and in both, after this operation, symptoms set in in a few days which terminated fatally, with all the characters of uræmic poisoning.

In view of these facts, the causes we have mentioned, though apparently trivial, are of sufficient importance to demand the serious attention of the surgeon. If the simple precaution were taken of using carbolic acid oil instead of ordinary oil for lubricating the instruments passed into the bladder, we should have less cystitis and fewer cases of "surgical kidney." The same remarks are applicable to obstetric operations and puerperal septicæmia.

CLINICAL REMARKS ON THE RELATION OF PSORIASIS WITH NERVE-DISORDERS.

By GEORGE GASKOIN, Esq., Surgeon to the British Hospital for Diseases of the Skin.

THAT herpes may ensue on neuralgia, is a fact scarcely open to challenge. What is less appreciated and less easy of demonstration is, that other eruptions may follow in the same sequence. As to this, I have lately seen an eczema which ensued on a severe neuralgia in the anterior crural nerve. A singular arrangement of the patches in a case of psoriasis guttata has also arrested my attention, and led my thoughts to the subject. These patches were of the size of a shilling-piece, oblong in figure, distributed unequally on each side of the spinal column; few and scanty on the left, abundant and crowded on the right side near the scapula and the median line. Their long axis in either case was directed downwards and outwards from the latter. The major group in the right dorsal region gave rise to two straight prolongations, consisting each of three or four equidistant patches, which, lying an inch or more apart, were produced downwards toward the loins and ilium, also slightly in the outward direction. Widening out in their descent, these lines were less proximate below than above, and thus gave one the idea, false or otherwise, of their arrangement being dependent on some nervous distribution. The patient was a lad sixteen years of age. The attack occurred two weeks since, and came on suddenly with much pain and heat, not differently from herpes.

It has happened only once to me lately to find marked anæsthesia in psoriasis or lepra Anglicana, but this was of a most unmistakable character. The fact was not inquired for, but was repeatedly complained of by the patient as a source of great discomfort. The leprous scaly patch where it was noticed was of considerable size, and situated over the ligamentum patellæ. A sensation of numbness and annoying insensibility was complained of at each visit, and it continued for several weeks. The patient was a young woman low in stature, not otherwise remarkable, with no obvious hysterical tendency.

I may be allowed, perhaps, to extend these remarks on psoriasis as seen in my *clinique*. There has been recently a well marked case of the gyrate form. The man's arms appeared as if he had been released from thongs, or from being bound with strong cords; the markings were chiefly in the oblique direction. Being treated with tarry preparations, the patient complained of a feeling of tightness quite insupportable. I see very many cases of psoriasis in which the palms and soles of the feet are affected, the rest of the body being often free from eruption. The hands, as I think, are oftener affected than the feet, but more frequently both together. The greater number of these cases I believe not to be syphilitic, though undoubtedly a certain proportion of them are so. In a recent instance, such a form of complaint had preceded syphilitic infection, and was afterwards complicated with its results. Altogether, it is with psoriasis as with acne; its existence in the syphilised is not altogether decisive as to its syphilitic derivation. Of psoriasis of the tongue, I may say with some reserve that nearly all such cases are syphilitic. Of such I see a great many; and, judging by daily experience, I should call this affection of the tongue the most ordinary result of syphilis. It is certainly that

which most often presents itself to me in hospital. It would be curious to know how far it may be occasionally indicative of other primary taint. I have seen bad psoriasis of the tongue described to me as called in India the Patna tongue, produced by the bad drinking-water of that district or city; concerning which I would gladly be more precisely informed. Epithelioma of the tongue is occasionally engrafted, no doubt, on an abrasion previously syphilitic. The implication of the nails in psoriasis is repeatedly seen; the patients complain of a sort of pith which troubles them under the nail. Affection of the conjunctiva from the same I have not seen, though I have once heard of it in London practice, on excellent authority; the symptom being chiefly interesting from its connexion with tubercular leprosy. A good deal has been said lately about the well nourished and strong in frame being the proper subjects of psoriasis; somewhat too much of this, perhaps. As a trade, I think, butchers are rather liable to it. Certainly by far the worst case I have seen was in this class, with full and febrile pulse. But also we have no lack of cases in needy ill-fed children, who improve on steel tonics. It is evidently in them a constitutional peculiarity, intensified by scanty supply of nourishment. Psoriasis, indeed, is occasionally accompanied with muscular tenuity. The operation of debility is seen, besides, in nursing mothers, of which last year I had a striking example. The woman had invariably psoriasis during lactation after many repeated confinements. But the first two were exceptions from this; she was then young and more robust.

Among curious observations which I made on the influence of revaccination during the past year, I have, I think, once or twice distinctly traced psoriasis to this as its cause or starting-point; whether this be that vaccinia acts with a certain destructive potency, like other enthetic fevers, leaving ulterior effects which we habitually underestimate; or whether it acts as a shock or *secousse*, just as an indigestion, burst of temper, or stumble of the feet, in a malarial climate, may be the starting-point of ague. Writing as from the hospital, I should say that the connexion of psoriasis, and also of eczema, with gout, would appear exaggerated by medical writers and in medical apprehension. It is but in a few cases that I find the connexion. Those who see much of gout will undeniably meet with both very often accompanying that disease.

I once took some pains to ascertain the alliance and alternation of asthma with psoriasis—a task of some difficulty, from the asthma, and with it phthisis, running a good deal in collateral branches, as well as in the direct line. I never succeeded further than in verifying a near connexion between them. In asthmatic families, I have also seen eczema play a part, sometimes alternating with psoriasis from parent to child. This connexion of psoriasis with asthma appears to me of far greater interest, since microscopical science has established beyond a doubt the existence of an epithelium in the air-cells. There are also circumstances in the course and pathology of asthma which certainly give countenance to the theory that there may be something analogous to skin-eruption in its anatomical character. I would not be understood in this to place so varied a complaint as asthma on too narrow a foundation.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM A SPECIAL CORRESPONDENT.]

Lecturers.—M. Roger on Intestinal Worms.—Monstrous Birth.—The Vienna Exhibition.—Death of M. Rigolot.

BESIDES the supplementary list of professors given in my last, there are others who lecture *ex officio* on the different branches of medical science, of which the following is a list: Dr. Fort on Anatomy, Physiology, and Pathology; Dr. Dally on Orthopædics; Dr. Verrier and Dr. Chantreuil on Obstetrics; Dr. Voisin, Physician to the Salpêtrière, on Mental Diseases and Nervous Affections; Drs. de Wecker, Fano, and Desmarres on Diseases of the Eye; Dr. Mallez on Diseases of the Urinary Organs; Dr. Charles Fauvel on Laryngoscopy and Rhinoscopy.

On a visit to the Children's Hospital, M. Roger, one of the physicians, gave a lecture on intestinal worms. He said that one of the principal means by which these parasites, especially the *tænia solium*, or *ver solitaire*, enter the human body, is undoubtedly the use of raw meat, which has become much *à la mode*, and which, like pork,

contains the larvæ of the *cysticercus cellulosæ*. There is an impression among the people that milk is also one of the vehicles of worms. This may be true to a certain extent as regards adults, but the explanation is other than that generally entertained. In this case the subject, being underfed, and consequently in a condition opposed to robust health, offers a soil favourable for the development of parasites, whatever be their nature or origin. Sugar is also considered as a worm-generating agent and a destroyer of the teeth; this, too, is only a prejudice, which arose probably from this article of food having been for a long time very dear in France; but since the introduction of beet-root-sugar and the consequent fall in the price, people have begun to find out that it is useful as an aliment, and employ it to a considerable extent, constituting as it does the staple of the food of the French people, at least of the Parisians, if one may judge by the *boubon*-shops that crowd the capital and all the larger towns of France.

After briefly describing the various entozoa that are to be met with in the human subject, M. Roger said that, of all intestinal worms, the *ascaris lumbricoides* is that most frequently found in children. He then went over the symptoms caused by the presence of these parasites, and the treatment to be adopted in each particular case. The remedies employed, he said, were as numerous as the worms themselves; but, as a rule, he considered that mercurial purgatives, oil of turpentine, and the bark of the root of the pomegranate, were the only substances that deserve the name of anthelmintics or vermifuges, and may be employed in all cases, even for the destruction of the oxyurides, for which latter they ought to be administered in the form of enema. But the expulsion or destruction of the worms constitutes only part of the treatment; and M. Roger dwelt upon the importance of relieving present symptoms and the employment of preventive measures against the return of the parasites. To fulfil the latter indication he knew nothing better than cod-liver oil, particularly in delicate children, good and well-cooked food, and the various remedies in and out of the Pharmacopœia.

In my last, I mentioned about the monster exhibited by M. Houel at the Academy of Medicine. I have now to bring to your notice the case of another monster birth that took place at the Hôpital des Cliniques under the following circumstances. A woman about twenty-five years of age, primiparous, having been for several hours in labour, was prematurely confined at her home of a female child of seven months and a half, after which, her abdomen continuing to be somewhat large, another child was suspected, and a search was consequently made; but, instead of a fetus, a globular object was found to be lodged in the womb. This greatly puzzled the *sage femme* and two or three doctors who were called in succession; and, after having made several fruitless attempts to remove it, they sent the patient to the above-named hospital, where, after great difficulty, the strange body was extracted by Professor Depaul. On the following day he delivered a most interesting lecture on the subject, and gave the following description of the monster. The trunk is of an ovoid form, without a head or neck, and consequently belongs to the class of acephalic monsters described by Geoffroy Saint-Hilaire; it has but one leg, which is greatly deformed; at the place of the arms is to be found a sort of appendix; and at the neck is found a sort of ear. The trunk is composed of an abdominal cavity containing portions of intestines in a rudimentary state, and a small cavity above which represents the thorax. The child that was born lived only a few hours, and the mother is doing quite well.

By a decree of the Minister of Public Instruction, MM. Wurtz and Tardieu are nominated members of the Prize Committee to be held at the Exhibition of Vienna; the former is to represent Chemistry, and the latter Medicine and Surgery.

The death of M. Rigolot, a *pharmacien*, who had become celebrated by his invention of the paper sinapism or mustard plaster, is announced.

LARGE MEDULLARY SARCOMA (?) OF THE OVARY.—Dr. Clemens describes in the *Deutsche Klinik* (No. 3 for 1873) the case of a woman aged 42, who had a large abdominal tumour, which, when she lay down, rested on her thighs nearly as far as the knees. It had been growing ten years. A puncture was made with a large trocar at a point where fluctuation was most distinct; but nothing escaped beyond a quantity of dark blood. The wound healed, and no further attempt at operation was made. She died rather suddenly, after having become greatly emaciated, about two months afterwards. The tumour was found to engage the left ovary; a quantity of blood and serum, estimated at ten pounds, escaped from it on removal; and, after losing this, it weighed eighty pounds. The tumour is described as a medullary sarcoma; but, unfortunately, there is no account of a microscopic examination.