THE INFLUENCE OF MALARIOUS DISORDERS ON URETHRAL FEVER, WITH REMARKS ON THE TREATMENT OF STRICTURE.

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DURING the recent debate on urethral fever in the Medical Society of London, the President (Sir Joseph Fayrer), referred to the association which frequently exists between urethral fever and the paroxysmal fevers of malarious climates. He remarked "that the disease is uniformly more severe, and more probable to occur in malarious climates than in our comparatively temperate one;" and that "persons who have been under the influence of malaria, and have lived in malarious climates, are more liable to suffer from this condition than others." Now, the great practical value of these observations must be very evident to every surgeon who is called upon to treat patients labouring under disorders of the urinary organs, after a residence in a malarial and tropical climate. Many instances have occurred in my surgical practice, proving this association between urinary and malarious disorders, and the necessity of special care in the management of stricture of the urethra under these circumstances. After complete freedom from the disease for a long period of time, the mere passage of an instrument into the bladder is, sometimes, followed by an attack of paroxysmal fever, marked by rigors, elevation of temperature, sweating, and high coloured urine. For example, not long ago, a gentleman consulted me for stricture who had suffered from several attacks of fever, some years before, during a residence in the northern districts of India. After many days' rest and preparation, I examined the stricture, and easily passed a soft instrument into the bladder. Within a few hours he had a well-marked fit of ague, and on my visit the following day, he said to me, "You have brought out a sharp attack of my old fever." The paroxysms occurred regularly for some days, and then subsided, with the aid of quinine, rest, and warm baths. As soon as he was convalescent, I sent him away, and in a month or two he returned to me much improved in health. With great caution I commenced again the surgical treatment, and soon cured the stricture without any reappearance of the old disorder.

The remarkable tendency of malarious fevers to impress a character of periodicity upon subsequent ailments has often been a matter of observation. Their characteristic features manifest a disposition to recurrence after a long series of years, under any shock or depression of the system. Sometimes, prolonged exposure to malarious influence issues in a morbid alteration of a great many organs and tissues; but, even when no trace of structural disease is discoverable, a deep impression is often stamped upon the nervous system. A special liability, however, to the recurrence of paroxysmal fever is observed in connection with disorders of the urinary organs. This is dependent upon the normal sensibility of these organs, and their intimate relation to the spinal and vaso-motor centres. The readiness with which direct stimulation upon them may induce constitutional disturbance, and their proneness to reflex irritation, are indications of their widely spread nervous associations. Now, to this susceptibility must be added the persistent effect of the malarious poison upon the nervous system. Its specific action has long passed away; still there remains behind a nervous instability, which permits a reflection of any impulse through the old tracts, and a reproduction of a disturbance—an exact counterpart of the former fever, attended with all its characteristic phenomena.

In many other nervous and neuralgic diseases, a persistent instability of some central or peripheral part of the nervous apparatus is often a well marked feature, and many striking examples can be readily recalled, showing that obscure sensibility lingers long in channels once acutely disturbed; and that any sudden depression of the system is often sufficient to arouse long forgotten pains and morbid sensibilities.

One word with reference to the surgical treatment of malarious patients suffering from stricture of the urethra. It is always necessary in these cases to proceed with the greatest gentleness and caution. The risk of urethral fever is far greater than under ordinary circumstances, and this must be combated at the onset by suitable measures for improving the health and vigour of the system. Great benefit results from tonic treatment and quinine, combined with rest, careful diet, and warm baths.

As regards the surgical management, heroic measures, in my opinion, must be excluded, as both unsuitable and unsafe. Rapid dilatation and splitting are generally out of the question, and will surely be followed by disturbance, stamped with malarious periodicity. Even gradual dilatation cannot be undertaken too cautiously. The

operation should always be performed in a warm room, and with the patient well protected with warm clothing. It is my practice to fill the urethra with warm oil, and always to use soft tapering dilators, introduced over a catgut or whalebone guide. The instruments should be very gently manipulated, without causing pain or any mechanical injury. We must always be satisfied with very slow progress, and, during the early stages of the treatment, it is often desirable to allow an interval of several days. With these simple precautions, I have generally found that the urethra soon becomes tolerant of mechanical interference.

TOXICOLOGICAL MEMORANDA.

CARBOLIC ACID POISONING IN A CHILD: RECOVERY.

DAVID G. W., aged two years, was brought to me at 1.30 A.M. on December 11th, 1883, by his father and mother; the father stating that, ten minutes previously, he had given the child carbolic acid from a cup in mistake for cold tea. Immediately the child had swallowed it, he cried out, and complained of pain about his mouth, throat, and stomach. The father then discovered his mistake, and immediately brought the child to me. At 1.30 A.M. (ten minutes after taking the poison), the child was quite senseless, with contracted pupils not responding to light, and insensitive conjunctivæ. The muscles over the whole body were relaxed. He was discharging a good deal of frothy mucus from the mouth. There was slight corrosion about the angles of the mouth. The whole body was cold. Temperature, 94.8° Fahr. I immediately poured three or four ounces of olive-oil down his throat, and gave him an emetic of sulphate of zinc, and ten minims of ether hypodermically. At 1.45 A.M., the emetic had not acted. Two drachms of brandy, diluted with olive-oil, were given. At 2 A.M., the pupils and conjunctivæ were unaltered; the pulse was clearly perceptible; the surface of the body cold and clammy. Temperature, 95.6° Fahr. Respirations 35, and stertorous. At 3.15 A.M., the respirations were 36, and irregular; for a few moments slow and laboured, then rapid and shallow. Pulse 130, and irregular. Two drachms of brandy were again given; after which he opened his eyes and cried lustily, then fell back exhausted and senseless. The feet, hands, and face were colder; friction was applied. At 3.30 A.M., there was a decided improvement; he had opened his eyes and looked round. The conjunctivæ were now sensible. Respirations 36, and laboured. There was external strabismus of the right eye. Pulse 92, and fuller. Temperature 96° Fahr. He cried lustily. At 4 A.M. the respirations were 37. He vomited; the vomited matter smelling faintly of the acid. At 4.15 A.M., the respirations were 40. The pupils and conjunctivæ were again insensible. Pulse 120, feeble and intermittent. The corrosions about the mouth and tongue were now well marked. He again vomited; the vomited matter smelt strongly of the acid, and contained brown streaks. Two drachms of brandy were repeated. At 4.30 A.M., the breathing was still hurried and laboured, but quieter. He frequently cried out, sat up, and opened his eyes, which now responded feebly. Pulse fuller and regular. I now ordered his removal home, with instructions to his parents to wrap him in warm blankets, with hot water-bottles to his hands and feet, and to give him nothing but milk and brandy. At 9 A.M., he had slept a good deal, and was in a warm glow. He now had distinct evidences of laryngitis; the breathing was hurried, and sometimes laborious. The face was blanched. He took brandy and milk well.

On December 12th, at 9 A.M., the cough was very troublesome. He cried out, and complained of pain about the throat, thorax, and epigastrium. He did not take nourishment so well. At 2 P.M., laryngitis was extending to the bronchial tubes of both lungs.

On December 13th, at 11 A.M., he had had a fair night, taking nourishment well; breathing was a little easier.

After this he went through a smart attack of bronchitis, from which, under appropriate treatment, he gradually recovered, and, on January 10th, 1884, was running about playing with other children.

The child appears to have swallowed at least half an ounce of McDougall's "Patent Sewage Carbolic Acid," which, I understand, is a crude acid containing about thirty per cent. of carbolic acid, the remainder being tar-oils. I am not aware of any case on record in which so large a dose was taken without a fatal result.

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PRESENTATION.—Dr. Gayton, who for thirteen years has been the medical superintendent of the Homerton and Eastern District Small-Pox Hospital, has been presented by the staff of that institution, on his appointment to the North-Western District Hospital, with a costly drawing-room clock and appendages, suitably inscribed.