miserable, and the fairest prospects of success completely marred, by this unfortunate ailment. On the present occasion, however, I desire to confine my remarks to a cause of incontinence of urine which, as far as I am aware, has not been noticed by any previous writer on the subject, and which is exemplified by a case still under my care.

In this instance, the patient is a young lady, now in her sixteenth year, about whom I was first consulted four or five years since. She was then going abroad, and, her ailment being only casually mentioned to me when visiting another member of her family, I merely advised the usual routine treatment—namely, iron with belladonna, blistering the sacrum, etc. No benefit whatever followed this; and, as her family were leaving home, I lost sight of her for some years, when I learned that she had been at first taken to a school in Belgium, where the incontinence of urine became so troublesome to herself and so unpleasant to others, and exposed her to such derision on the part of the other children, that, after a short time, she had to be removed to another school, and thence again to another, with the same result. Ultimately, she was brought over to London for medical advice, and went the round of several eminent physicians and surgeons. Still the incontinence of urine remained uncured. Finally, she was brought back to Dublin, and I again saw her.

As the flow of urine was now incessant, although she evidently had the power of retaining and voiding at will a certain quantity of urine at long intervals, I concluded that there must be some malformation; and accordingly proposed an examination. In this, I had the benefit of Dr. Kidd's advice and assistance. She was placed under chloroform: and we convinced ourselves by examination, first, that there was no fistulous communication between the bladder and vagina; and, secondly, that, half an inch above the meatus urinarius, there was a minute aperture, from which a small stream of urine was continually escaping, almost *guttatim*. This opening was so small, and concealed by the ruga of the vaginal mucous membrane, that it was only discovered after a long and careful exploration. We traced this passage by a No. 1 elastic catheter, introduced to its full length, between the bladder and urethra, and above this upwards and backwards. The length of the canal, and the constant dribble of urine through it, were sufficient to distinguish it from either the supposed duct of the Wolffian body, or from the peri-urethral duct recently described by Dr. Schüler of Berlin, as situated within the longitudinal folds of the urethral mucous membranes that converge towards the meatus, on each side of the middle line, and into which a sound can be passed, of from one to four millimètres in diameter, for a distance of from one-half to two and a-half centimètres. In the case now reported, however, the orifice discovered near the meatus was quite distinct from Schüler's duct. This was proved by the anatomical character of the parts, as well, as already observed, by the length and permeability of the canal and the escape of urine through it.

The conclusion arrived at by Dr. Kidd and myself, as the result of our examination, was, that we were dealing with an instance of malformation and malposition of the right ureter. Accordingly, we suggested the possibility of establishing a communication between the bladder and ureter, and of closing the external orifice of the latter. At the same time, we placed the possible risks, as well as the chances of success, of such an operation before the patient's relations. As the case is still *sub judice*, I have ventured to bring it forward, not only on account of the pathological interest and rarity of the condition described, but still more with the view of seeking any hint that the experience of others may suggest; by which the treatment of this puzzling, and, I may add, distressing, case may be facilitated.

NOTES OF A CASE OF ERYTHEMA MULTIFORME.

By H. E. SPENCER, L.R.C.P.E., YORK.

LAURA R., domestic servant, aged 19, came under my care on April 25th. She was an anæmic, delicate, somewhat hysterical blonde. Anæmia, and an excitable emotional system, were family characteristics. Several near relations have suffered from rheumatism. The girl was vaccinated in infancy, and subsequently had measles and varicella. For some days before the invasion of the present illness, the patient had been engaged in the arduous toil of "spring-cleaning," and was much exhausted in consequence. During this period, she had slept in a damp room.

The illness itself began on April 20th. During the first four days, she suffered from weariness, aching in the limbs, much lumbar pain,

headache, and slight cough. There was constipation, but not vomiting. On the fourth evening, a few spots were noticed on the back of one of the wrists, and on the sixth morning the rash consisted of flat ovoid red papules, about the size of a split pea, involving the cutis vera; they were scattered about the limbs, cheeks, neck, and chest; but were absent from the forehead and abdomen. They were the most numerous on the extensor aspects of the wrists and ankles, and were also congregated, in a less degree, near those of the elbows and knees. On the sixth day, the papules were doubled in diameter, and in many places had coalesced, forming irregular congested patches, separated by healthy skin. Both spots and patches had now a faded centre, surrounded by a congested ring, but had no fluid contents. On the eighth day, the congestion began to disappear, and on the twelfth day the eruption was hardly perceptible. Branny desquamation followed. The patient was menstruating from the fourth to the ninth day. No evidence of any visceral mischief was obtained.

The general symptoms were those of high fever, which on the ninth evening was accompanied by very considerable excitement, not, however, amounting to delirium. On this evening there was profuse sweating, and an odour was exhaled which was indistinguishable from that characteristic of acute rheumatism. On the eleventh morning she was in a very prostrate condition, with a dry brown tongue, and rapid irregular pulse; but from the noon of that day the general condition began slowly to amend.

The temperature and pulse were as follows. Sixth day: evening temperature, 102°; pulse, 110. Seventh day: morning temperature, 103.5°; evening temperature, 104.5°. Eighth day: morning temperature, 104°; pulse, 120. Ninth day: morning temperature, 103°; pulse, 120; evening temperature, 104°; pulse, 130. Tenth day: morning temperature, 103.5°; pulse, 130; evening temperature, 103°; pulse, 120. Eleventh day: morning temperature, 101.5°; pulse, 130 to 140; evening temperature, 101.5°; pulse, 120. Twelfth day: morning temperature, 100.5°; pulse, 100; evening temperature, 100°; pulse, 90. Thirteenth day: morning temperature, 98°; pulse, 80. Fourteenth day: temperature, 98°; pulse, 80.

The coexistence of a high degree of fever with a papular rash, preceded, amongst other symptoms, by lumbar pain, led me at first to suspect the presence of small-pox, against which, however, were 1, the absence of a source of infection; 2, the absence of vomiting; 3, the distribution of the eruption; 4, the non-subsidence of the fever as the rash developed. When, on the third and fourth days of the eruption, it still remained papular, I was sorely puzzled as to the diagnosis; and my difficulty was shared by my friend Mr. S. W. North, who saw the case with me. The diagnosis of erythema multiforme is, I think, confirmed by the following considerations: 1, the character and distribution of the rash; 2, the age and constitutional state of the patient; 3, the family history of rheumatism; 4, the history of fatigue and exposure to damp as the apparent exciting cause. The fact that such marked pyrexia—at one time giving the disease a really serious aspect—may be associated with this exanthem, though mentioned by Dr. Bristowe (*Treatise on Theory and Practice of Medicine*, 2nd edition, p. 307), and treated of fully in Trousseau's *Clinical Lectures*, is not, I believe, a matter of common information. I have ventured to report the case, in the hope that it may serve to suggest an alternative diagnosis, when cases of possible small-pox present themselves.

THERAPEUTIC MEMORANDA.

TREATMENT OF HAY-ASTHMA.

LAST year I was led to try a well known powder for hay-asthma, and found that it afforded great relief during the attacks of dyspnoea. This year I again used it, but a natural repugnance to have anything to do with secret remedies led me to try to find out something which would act in a similar manner.

I find that a powder, composed of six drachms of each of the following, namely, *datura tatula*, *stramonium*, *cannabis Indica*, and *lobelia inflata*, mixed with one ounce of powdered nitre, and half a drachm of eucalyptus oil, burns well, gives off dense fumes, and affords great relief during asthmatic attacks. A teaspoonful burnt in the bedroom will often enable the patient to sleep; and, should he awake with an attack, a little more will generally afford relief.

I hope that any gentleman using the above will report the result. I may add that it only relieves the asthma, not the nasal catarrh, sneezing, or coryza.

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