The symptoms evoked by the above pathological changes vary according to the stage of the disease and the individuality of the patient. Provided the inflammatory process is strictly limited to the mucosa, the symptoms are often trivial, or even absent; but if it extends more deeply into the substance of the colliculus seminalis, marked nervous disturbances are practically certain to ensue in a predisposed subject. Although one occasionally meets with cases presenting neurasthenic features where other parts of the genito-urinary apparatus are diseased, these cases are relatively few, and never assume as severe a type as when the lesion is located in the veru montanum. Deep chronic disease of the colliculus seminalis is characterized by those symptoms which we call "sexual neurasthenia"—that is, the spermatorrhoea of micturition and defaecation; prostatorrhoea, if the prostatic ducts are involved; pain on ejaculation, if the ejaculatory ducts are implicated; precipitate ejaculations, poor erections and frequent nocturnal emissions, complete impotency, relative or true sterility, together with a train of nervous phenomena and general physical and moral depression. Every practitioner knows of the intense mental agony and despair of these wretched sufferers, but, I fear, pays little or no attention to the pathology and treatment of the cause. The indifference, and even repugnance, of the profession towards these sexual neuroses is inexplicable, as no function of the body is more ultimately associated with the welfare and happiness of the human race than that of the sexual organs. By our neglect of a plain duty to humanity we drive patients into the toils of the charlatans; and, once the sufferer has been in the hands of a quack, he is, as a rule, rendered much more insusceptible to scientific treatment.

Internal remedies are of little or no value in the treatment of chronic disease of the veru montanum, and are at the best mere adjuncts to mechanical and local methods. The only two drugs from which I have obtained help have been potassium bromide in large doses and the fluid extract of *salix nigra*. If the colliculus seminalis be in a state of soft infiltration, with implication of the ejaculatory and prostatic ducts, every effort must be made to arrest its progress before the more sclerotic, and consequently more incurable, stages are reached. The most satisfactory way of aiding the absorption of the infiltrated area is by carefully painting the veru montanum with a fine camel-hair brush loaded with the medicament through the curved endoscope. With these applications one must proceed cautiously, and I usually commence with the ordinary tincture of iodine (*B.P.*) at intervals of a week. If insufficient progress follows this mild preparation, a 5 per cent. solution of copper sulphate is substituted; this again not proving effective, silver nitrate in 5, 10, or even 20 per cent. solutions may be employed, but the reaction must be carefully watched and allowed to subside before a further application is made. The solid salt I never, even under electric illumination, employ for "touching up" the veru montanum, for I am convinced that its indiscriminate and haphazard use, in the form of the *porte caustique*, has been responsible in the past for much sterility by causing occlusion of the ejaculatory ducts. In very obstinate cases the electric cautery may be employed, and if there are distinct polypoidal excrescences of the veru montanum these are best removed by a series of very circumspect touchings with a very fine cautery point. With any of the above applications, but especially the galvano-cautery, used recklessly, prostatitis, vesiculitis, or epididymitis may ensue; and I once saw, in the practice of a foreign colleague, a prostatic abscess follow too deliberate a burning of the veru montanum. If this area shows marked sclerosis the paintings will be useless, and the best results will be obtained by systematic stretchings with Kollmann's posterior urethral dilator followed by intravesical irrigations of silver nitrate solutions of the strength of 1 in 4,000. The constant current applied directly to the veru montanum by means of an appropriate urethral electrode has proved useful in my hands in some rather advanced stages; 2 to 5 milliamperes administered for five minutes is sufficient for each sitting. Even when the veru montanum has regained its normal appearance, as demonstrated by the urethro-scope, occasionally some of the neurotic symptoms persist; then Winternitz's cooling sound is often effective. Finally,

in cases where the prostate and vesiculæ seminales are also involved, systematic massage of these organs, with irrigation of the whole urethra, is indicated.

THE USE OF PURE ANIMAL WOOL IN MEDICAL AND SURGICAL WORK.

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My attention was drawn to the advantages of animal wool in June, 1906, when I was called to a child suffering from pneumonia. The father was a wool-stapler, and, on hearing that a Gamgee jacket had been ordered for his child, he brought to my notice a sample of very fine silk-like wool, and asked me to try it in place of the Gamgee tissue. I did so, and having used it on many occasions since, I feel that its advantages over the material in common use deserve wider recognition.

For cotton-wool is not wool but cotton, a purely vegetable fibre, the unadulterated product of the cotton tree; and whatever its advantages for swabs, sponges, and as a covering for deeper dressings, it is, where conservation of heat and retention of warmth is the object, inferior to animal wool. In cold weather instinctively we clothe ourselves in woollen garments, and even in summer or in hot climates find flannel more comfortable than cotton. For whilst cotton garments will not retain warmth in the cold seasons, they prevent the escape of the watery vapour from the skin in hot weather. The cricketer or athlete who sets about his work clad in cotton would soon be encased in wet, cold, clinging garments, uncomfortable whilst he exerted himself, and chilly when he rested after his exercise. To put on a Gamgee jacket is to imitate a cricketer or athlete who clothes himself in cotton. The application and removal of a Gamgee jacket are the work of the nurse, the ordering of it is all that comes within the province of the doctor. If the doctor could see a Gamgee jacket removed from the chest of a perspiring patient, who is perhaps taking diaphoretic medicine, he would find the inner surface of the jacket a wet, sopping mess. The cotton Gamgee prevents the transudation of vaporous perspiration, but animal wool allows the more ready escape of vaporous perspiration, whilst the comfort of the patient is infinitely greater.

In surgical cases, in patients about to undergo major operations, abdominal or otherwise, animal wool finds useful employment. Any means of diminishing the shock of operations, and especially of the prolonged abdominal operations which the achievements of modern surgery have rendered possible, claims recognition. And although after the operation hot-water bottles outside and hot saline solution inside the patient promote the return of vitality and warmth, their use savours of shutting the stable door when the steed has gone, or, to be more precise, of putting into a body heat which ought not to have been allowed to escape from it. It is much more difficult to get warmth into a cold or chilled living body than to maintain the heat already there by warm wraps and non-conducting materials. We must remember also that in prolonged operations the long anaesthesia lowers bodily temperature, and this should spur us to omit no precaution, however trivial, which will conserve the bodily heat of the mutilated patient. Operating tables with hot-water beds, to minimize shock, have been devised, but I have no experience of them, and I make bold to say that the use of animal wool goes far to make them unnecessary. The usual practice is to envelop the patient in a Gamgee jacket or suit, but animal wool is a heat retainer with which cotton Gamgee cannot compare, and when the lowering effects of the anaesthetic and the operation cause cold, clammy perspiration to exude, Gamgee tissue retains it and then becomes something of a refrigerator.

In every abdominal or serious operation I envelop the patient in animal wool. I can only give impressions, but it has appeared to lessen appreciably the degree of shock or collapse one expects after severe operations. "I have noticed," writes Dr. Dauber, Gynaecologist to the Hospital for Women, Soho,¹ "that patients are often subjected to too cold an atmosphere before entering the operating

room; warmth, and a continuous high degree of it, is essential from the moment the patient leaves his or her bed until returned to it. . . . If warmth before operation is essential, it is doubly so afterwards," Dr. Dauber continues. "Patients are often sent through draughty corridors, placed in cold lifts, put in wards with open windows, when 'shocked,' cold, and clammy from the operating theatre. It is not always the ether that is the cause of the subsequent bronchitis, though the ether usually gets the blame."

In other cases of shock, as in burns and bad smashes, as well as where there is deficient vitality, as in premature babies and feeble old folks, the wool should prove useful. As a jacket in pulmonary affections; as a wrapping for the joints and a shield for the precordial region in acute rheumatism; as a heat retainer in Raynaud's disease and any form of threatened gangrene, and as a warm covering for serious cases or delicate patients in the journey to or from the hospital or the nursing home, it may be advantageously employed. It is best applied warm. The warmth is grateful to the patient, and any lingering damp is driven out of the wool.

The wool is softer and of finer texture than woolly cotton. It is prepared by a process which eliminates all foreign vegetable or other matter likely to irritate. It may be applied in a single layer about half the thickness of Gamgee tissue and bandaged on; or it may be used as tissue between layers of gauze. For operation cases I have found a suit of flannel lined with the wool more satisfactory and comfortable than either the wool alone or the tissue form.

The suit is a great protection if worn for the first few critical days after the operation, and, if kept clean, it is, when sterilized, ready for another case. If dried before the fire on being removed from the sterilizer, it can be safely sterilized in the steam apparatus used for dressings. Some patients find it so comfortable that they ask to be allowed to wear it when the immediate need for it has passed away. The wool cannot be used as a dressing. It is more expensive than woolly cotton, but as it is not necessary to use so thick a layer the difference in cost is not so great as appears at first sight. In private work the slight extra cost is not worth a moment's thought; whilst in hospital, if made up into garments with flannel foundation secured by buttons or tapes, the material can be used several times at a less cost than the more perishable Gamgee tissue. I have only to add that Messrs. Down Bros. stock the wool, to which they have given the name of "thermo-laine" (heat wool).

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, September 26th, 1907.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SECONDARY PAROTITIS.

Two cases of secondary parotitis have lately occurred in my practice which are, I think, worthy of note, as articles on this subject have been published in the JOURNAL of May 29th, p. 1296, and July 3rd, p. 18.

CASE I.—A woman, aged 82, a victim of heart disease, with systolic mitral murmur and albuminuria, had also a scirrhus nodule in the right breast, which was enlarging slowly. Her general condition, however, rendered her not a suitable case for operative interference. The incisor teeth of the lower jaw were encrusted with tartar, and the gums infected with pyorrhoea. Her appetite for her age was good. She complained of pain in both the right parotid and submaxillary salivary glands, which were enlarged and tender. There was no evident dryness of the mouth. The swellings soon subsided after mouth washes of Condy's fluid.

CASE II.—An old woman, aged 89, was dying of her third attack of cerebral haemorrhage. During the illness of ten days I noted, five days before death, a swelling of the left parotid gland. This was evidently painful, as the patient, although semi-conscious from increasing cardiac and respiratory exhaustion, frequently would pass her hand over this region. She was taking nourishment fairly well; her mouth was dry, and tongue glazed and

cracked. She had several foul stumps in the lower jaw. The nurse was directed to keep these as clean as possible with boric solution, and the swelling had completely subsided at the time of her death five days later.

Both these cases appear to me to be directly traceable to oral sepsis, the infection travelling along the salivary ducts. I think all these cases of secondary parotitis are due to the same cause, in spite of any routine of antiseptic mouth-washes that may have been employed. The fact that this condition frequently occurs in cases of gastric ulcer with haematemesis, or during treatment by oral starvation, I regard as coincidental only, for the condition will frequently be found in any disease which renders the mouth foul and dry and checks the regular flow of saliva.

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ARTHUR R. RENDLE, M.D.Brux.

FRACTURE OF THE TUBEROSITY OF THE HUMERUS BY MUSCULAR VIOLENCE.

F. C., aged 41, a brewer's labourer, on June 4th was engaged in pushing 36-gallon beer barrels up a trolley on to a dray. He had sent up four or five barrels when he suddenly found he could not use his left shoulder, and had to give up. He felt no sudden pain or snap. I saw him about half an hour later. He is a very stout man, and was not easy to examine. I felt a curious, very coarse crepitus, like bone crepitus, as I manipulated his shoulder, but on rotating from the elbow I could distinctly feel the head of the humerus rotate in its socket; the clavicle and scapula seemed to be uninjured. Three days later, when he came again, the arm having been slung meanwhile, there was a great deal of blood effusion about the shoulder and chest, extending to the middle line in front.

I sent him to Mr. Hugh Lett at the London Hospital, who had a radiograph taken; from it the accompanying diagram was made, the radiograph itself, although showing the condition clearly, not being strong enough to allow of reproduction. It shows the greater tuberosity of the humerus torn off by the supra-spinatus and infra-spinatus muscles. I have not seen a similar case myself, and should be interested to know if others have come across any. In the days before radiography I do not suppose such a condition could have been accurately diagnosed.

London, E.C.

A. P. GIBBONS.

GASTRITIS AND ENTERITIS TREATED WITH CALCIUM PERMANGANATE.

THE connexion between these two diseases is very close, and very often both are present at the same time.

If the trouble is high up in the alimentary canal, we find nausea and vomiting are the chief symptoms, while if the lesion is lower down, diarrhoea is the characteristic feature.

The etiology of both is practically identical, and in most cases the treatment follows the same lines. The origin of both in most cases seems to be due to the ingestion of irritating and indigestible particles of food, or of some organic or inorganic poison, and the first stage in treatment consists in stopping the supply of that part of the dietary that is the offending cause.

The drug that has been favoured mostly has been bismuth, but in many cases this seems to fail, especially if the enteritis be marked. In these cases I have obtained much better results from calcium permanganate in doses of $\frac{1}{4}$ grain with plenty of water. The following cases may be interesting:

1. A lady, aged 65, had been suffering for a few months from nausea and vomiting, together with great epigastric tenderness, which did not yield to bismuth prescriptions; after a few doses of calcium permanganate the trouble eased off considerably, and in ten days she was quite free from the stomach symptoms though, of course, very weak.