needle is sure to prove effectual only when a precise diagnosis can be made of the place and of the depth of the injury. These can be ascertained only by specialists who are in the daily habit of using the urethroscope.

The method of treatment in prostatic hypertrophy by means of electricity has been studied in several ways and with variable results. Tripiér, Minervini, Mallez, and Vautrin have applied the faradic and constant current of an energy of 30 to 100 milliampères, but with slight success.

Electrolysis, or electropuncture, was first applied in France, at a later period in Germany also by Biedert and Casper, and in Switzerland by Roux. Casper operated on the lateral lobes; he determined with the finger the site of the posterior wall of the prostate, and with the other hand he forced in the glass-protected needle charged from the negative pole. The current lasted five minutes, and was applied in different places; the energy of the current was from 10 to 25 milliampères; the number of sittings was twenty and higher. Though the results were not very favourable, and though once a vesico-rectal fistula supervened, Casper nevertheless recommends the electrolytic treatment, so that further experience may be gained. He used a platino-iridium needle, Biedert a curved platinum needle, and Roux a steel one.

The electrolytic method of treatment does not as yet rank among the recognized and lasting treatments of prostatic hypertrophy, on account of the incidental complications—abscesses, fistulas—and also owing to uncertain results. May I again call my colleagues' attention to this method, which assuredly has a great future before it?

INTRACRANIAL HAEMORRHAGE IN THE NEWBORN.

By J. CAMERON TURNBULL, M.D. GLAS.,
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As a commentary on your article on the above subject in a recent number,¹ may I be permitted to give the following notes of a case which occurred about eighteen months ago:

I was called one night by a midwife to attend a multipara. She had been in labour for three days, and during the previous day had had severe pains without making much progress. When I saw her she was in a state of nervous prostration and her pulse was rapid. The pains were almost continuous, their character suggesting uterine fatigue. On vaginal examination, the os was found fully dilated, and the head engaging in left oblique, occiput anterior. The pelvis was capacious and there was no deformity. Forceps were introduced, and grasped the head over the left frontal and right occipital regions. Very moderate traction was required to bring the head past the brim, and the instruments were reintroduced in the transverse diameter, delivery being completed easily. The child was well developed, and not asphyxiated to any great extent. Within a few minutes it was crying lustily. During the first day it appeared perfectly well except for a slight ecchymosis over the left eyebrow. About twenty-four hours after birth the mother noticed that it had a strange cry, and a short time afterwards I was sent for to see it in convulsions. These were tonic in character and affected the whole body; and, except that the right arm was thrown about more than the left, they were equal on both sides. The pupils were equal and moderately contracted, and there was no squint. The respirations were jerky and stridulous, and at times would cease, the face becoming suffused with a deep flush. Deglutition was very imperfect. The application of ice to the head seemed to quieten the child, but on the slightest movement or sound in the room the fits would recommence as severely as before. The child gradually became comatose, and died forty-five hours after birth.

With the assistance of my friend, Dr. J. Dunlop Lickley, the head was opened, and the following condition of affairs revealed. There was no fracture, and no extradural haemorrhage. The brain matter was soft and pulpy and the pial vessels congested. The whole base of the skull on both sides, but chiefly on the left, was filled with dark fluid blood and blood clot, up to the level of the Sylvian fissure, the upper aspect of the hemispheres being clear.

On the left side it extended over the temporo-sphenoidal lobe, into the lips of the Sylvian fissure, and backwards on to the occipital lobe. On both sides it was found between the occipital lobes and cerebellum, and on the orbital surfaces of the frontal lobes. On removal of the brain, all the subarachnoid spaces were found filled with blood-stained fluid. The main arteries and venous sinuses were followed out but no trace of rupture or disease was discovered. None of the fissures contained any effused blood, the Sylvian fissures being notably clear except for the small amount previously mentioned as extending between the lips on the left side. No *ante-mortem* clot was found anywhere. Section of the brain substance showed it to be markedly congested and oedematous, but free from extravasation. The lateral ventricles were considerably distended with clear fluid and the choroid plexuses were engorged.

The appearances, therefore, seemed to indicate a haemorrhage into the subdural space, probably from rupture of one or more vessels in the pia covering the lower aspect of the left hemisphere. The pressure of the effused blood on the veins of Galen and cranial sinuses had given rise to oedema of the brain and internal hydrocephalus.

The inferences which I draw from this case are: (1) That the haemorrhage cannot wholly be accounted for by direct injury to the head from either forceps or pelvic bones. To my mind, the high cerebral blood pressure which must result from rigid contraction of the uterus on the placenta and soft parts is a much more important factor, and indicates delivery before the uterus is fatigued, as a prophylactic measure. (2) That it would be extremely difficult to locate and ligature a ruptured vessel if craniotomy were performed, as Cushing suggests.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, February 10th, 1906, p. 342.

ASCARIS LUMBRICOIDES AND APPENDICITIS.

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THE following remarks concern a possibility which I have never yet seen discussed, and may prove of some interest to medical men, especially those serving in foreign countries, where the above nematode is more commonly met with than in Europe. China may be looked upon as the particular happy hunting grounds of the *Ascaris lumbricoides*. In some parts of the country it is so common that many people go through a regular course of *santonin* every year in the spring, and it is often heard said of the Chinese that they are not healthy without one of these inhabitants of the intestines. While serving in H.M.S. *Leviathan* on the China station I found how common the *ascaris* was, but it was not until I was lent to the Royal Navy sick quarters at Wei-hai-Wei that the idea of connecting them with the above disease occurred to me. The following are cases in point:

Lieutenant X, H.M.S. *Leviathan*, while bringing a destroyer up from Hong Kong, was suddenly seized with what appears to have been a typical attack of appendicitis (catarrhal). The attack began with vomiting, accompanied by pain, tenderness, and rigidity in the right iliac region, constipation; temperature, 100.8°; pulse, 100; tongue furred, etc. When admitted to Wei-hai-Wei sick quarters he was beginning to improve, the abdominal symptoms were still present, and a tumour could be felt in the region of the appendix; temperature, 99.4°. He passed a typical convalescence, and returned to duty. A few days later he passed a round worm.

The second case is that of Midshipman Z, H.M.S. *Centurion*; the history of his case is very similar: catarrhal appendicitis with nausea, vomiting, pain, tenderness and tumour; temperature, 102°. As the patient did not improve on treatment in hospital it was decided one evening to operate on the following morning, examination of the blood having shown leucocytosis to be present. In the morning, however, he passed a small motion containing a round worm, and from that time made an uninterrupted recovery.

On speaking to Fleet Surgeon Vidal Thorpe I learned that he had had 2 similar cases in Wei-hai-Wei sick quarters one of which was operated upon and the appendix