two club-shaped pieces about 3 inches long covered with phosphates, accompanied with a good deal of pain before and during the passage. The bladder was washed out and the catheter removed.

On July 26th the wound was dressed. The patient had had no occasion to have the catheter passed.

On July 31st the stitches were removed and the dressings left off. There was no suppuration in either wound, and the catheter was never passed from July 25th, ten days after the operation, to the present date (October 18th, 1895).

One of the testicles was sent to the Clinical Research Association. The following is their report: "On tearing out the seminal tubules a few spermatozoa are seen. Owing to immersion in spirit they are much shrunken. There is no naked-eye evidence of disease in the portion of testis sent." A section showed characters of the senile testicle.

After the operation for about ten days the old gentleman's mind was somewhat peculiar. He did not believe himself at home, and did not know his relatives who were nursing him, trying at times to be violent, and I almost thought I was going to see one of those cases we hear so much about, namely, insanity following this operation. He fancied strange people were in the room, and heard strange voices talking to him. Happily this speedily passed away and has given him no further trouble.

His present state is as follows: Since ten days after the operation no catheter has been used at all. He can now go four or five hours at a stretch without passing water, which comes in a good stream and "beautifully clear" as he calls it. He has, he says, put on a stone in weight; is ashamed of the amount he eats, and his bowels are regular; and he says "his life is a pleasure to him" and is able to drive about and attend to various little duties. The only pain he feels is just before he passes water, and that is slight.

The prostate, when examined on October 15th, was about a half or perhaps a third of the size it was before operation, and the urine is plentiful, specific gravity 1020, acid, no albumen.

CONGENITAL ABSENCE OF OVARIES WITH RUDIMENTARY UTERUS.

By JOHN RAMAGE, M.D.,

Formerly Surgeon to the British Seamen's Hospital, St. Petersburg.

Mrs. B., aged 29, and married for eight months, consulted me about the absence of menstruation. She has never menstruated, but when about 13 years of age she had a violent "stomachache," and her elder sister, thinking the pain premonitory to menstruation, gave her a heroic dose of penny royal, but without the desired effect. Since then she has never had any of the symptoms usually present at or about the menstrual period. She has no desire for sexual intercourse, and little, if any, feeling of pleasure during its performance.

The breasts are moderately well developed, and though slim, her figure is fairly well proportioned. Her general health is good. She has never suffered from typhoid or other fever, or from any acute disease, with the exception of a slight attack of influenza about four years ago, and she has never had an accident of any kind. Her father died, aged 50, of a chest affection which lasted for twelve months, and resulted from the bursting of a blood vessel while lifting a heavy piano case. Her mother is alive and healthy, and has had seventeen children, the last two being twins. Five children died young of infantile complaints. The survivors are all healthy. The eldest sister is married and has had one child, and expects another shortly; her menstruation since puberty has been normal. The two younger sisters, aged 15 and 13 respectively, have neither as yet menstruated.

I found the external genitals natural as regards size and consistence. The vagina, cervix, etc., to digital examination, and, as viewed with the speculum, were apparently normal; but bimanual palpation failed to map out the uterus. I introduced a uterine sound through the cervix for $1\frac{1}{4}$ inch, but it would go no further, the direction it followed being that usually assumed in cases of anteverted uterus. Thinking the obstruction might be due to an acute antelexion

which I had been unable to distinguish by manual examination, I introduced a No. 6 gum-elastic bougie after heating and oiling it, in the hope that it might pass any obstruction from this cause, but it also only passed for $1\frac{1}{4}$ inch. Examination *per vaginam* showed no trace of ovary on either side, and a careful examination *per rectum* yielded the same negative result.

I expressed to the patient my opinion that she had no ovaries, and only a rudimentary womb; that she would never menstruate, and that she could not possibly conceive; and proposed that she should see Dr. R. T. Smith at Soho Hospital to get a corroborative or other opinion. She went, and he arrived at the same opinion as expressed by me; only, he thought, though he failed to make them out, that the ovaries might be present, but in a rudimentary state as a result of arrested development.

I would, in every case in which menstruation is unduly delayed, strongly recommend that a most careful examination should be made, and would strongly deprecate a routine habit of prescribing medicine prior to examination in the vain hope that good will result, as had been done in this case, to the disappointment and dissatisfaction of both doctor and patient.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

COCAINE POISONING.

IN reference to the case of cocaine poisoning described in the BRITISH MEDICAL JOURNAL of November 9th, 1895, p. 1162, the following case, not hitherto published, may be of interest in view of the large use of this drug as a local anæsthetic.

A medical man aged about 30, gave himself a hypodermic injection of cocaine to relieve local rectal pain. This not proving effectual he repeated the injection about five minutes afterwards, each time filling the syringe completely, the total amount given measuring $\text{m} \times \text{l}$. Immediately after the last injection he noticed that the solution used was a 35 per cent. solution, instead of being, as he had imagined, a 1 per cent. solution. He had by him solutions of the different strengths in bottles of the same size and shape, hence the mistake. The total amount of cocaine hydrochlorate injected hypodermically was therefore about 14 grains. Feeling weak he lay down, and I saw him about eight minutes after the second injection. He was then perfectly conscious, with a moist skin, and almost pulseless at the wrist. An injection of $\text{m} \times \text{v}$ of ether was given hypodermically, together with some brandy and hot tea by the mouth. The effect of the ether was to cause the radial pulse to revive, but at the end of seven minutes it again became imperceptible. These ether injections were therefore repeated again and again every seven to ten minutes for nearly two and a half hours, being resumed as soon as the pulse became thready. Meantime the patient complained of thirst, drank copious draughts of hot weak tea, perspired very profusely, and passed large quantities of almost colourless urine. He was in a feeble apathetic state, but quite conscious, and there were no convulsions. The ether injections caused scarcely any sensation to pain, although sensibility to touch was apparently unimpaired. At the end of rather more than an hour the heart's action became intermittent, every third beat being missed. A change of posture was suggested, and this symptom passed off after a time. In all 2 drachms of ether were given hypodermically, and 2 ounces of brandy by the mouth, and 80 ounces of urine were passed in the course of five hours, the patient taking about the same amount of liquid by the mouth. At the end of three hours it was found possible to leave off the injection of ether, and at the end of five hours the pulse had to a large extent regained its tone, while the weakness was less marked.

Next day the patient stayed at home, and seemed fairly well except that he was dull and had little appetite. On the second day he walked out for about a quarter of an mile, and then became very faint. Otherwise his recovery was uninterrupted, and there were no after ill-effects. The extreme