AN IMPROVED PROSTATIC CATHETER.

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In 1897 I published some practical suggestions on the treatment of stricture of the urethra, and described a special metallic catheter with a tapering and flexible beak and bulbous point. The orifice of the tube is placed at the base of the beak, and the end of the

straight stilette exactly fits the bore of the instrument, so that the interior can be readily polished and cleaned. I now employ a similar metallic catheter in cases of difficult prostatic retention. It is made with a similar bulbous point, but the beak is longer and it has an additional orifice just above its centre. I have found this modification of the tapering catheter of much service. It has been made for me by Messrs. Arnold and Sons, of West Smithfield. In ordinary practice, a vulcanised india-rubber, or a *coudée* catheter is very generally used; but cases of difficult prostatic catheterism occasionally occur which arise from some peculiar irregularity of the passage, or from some injury caused by unsuccessful efforts to empty the bladder. Now, it is just under these conditions that my instrument will be found of great utility. Delay is always wrong, relief must be obtained, and the simplest means are always the best. The patient should be placed under an anæsthetic, and the urethra injected with warm oil. The

tapering catheter should now be passed carefully down the urethra in the middle line, and when six or seven inches have been passed the handle must be depressed and the point carried along the upper wall of the passage. In some cases it will not easily enter the bladder from the point, catching in the prostatic sinus or in some irregularity of the enlarged gland. Under these circumstances the instrument should be withdrawn an inch or two, turned upon its long axis, and the point inclined first to one side then to the other, at the same time the handle must be well depressed. Fortunately during this little manœuvre the point will often ride easily into the bladder.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

A CASE OF SODIUM SALICYLATE POISONING.

F. H., a labourer, was suffering from a mild attack of influenza on November 25th, 1899. I prescribed an 80z. mixture of sodium salicylate, gr.160, with sp. ammon. aromat. ʒijss. The directions were "one tablespoonful to be taken four times a day in water." His sister administered a dose at 10 P.M., but in the early hours of the morning of November 26th the patient, as he now explains, feeling better, thought more

medicine would do him good, so he drank all but 1 oz. of the contents, thus swallowing 130 grains at one dose. I was not sent for during the day, as he only complained of palpitation, full feeling in the head, and tinnitus, but during the night of November 27th he became delirious, and I was sent for. I found him suffering from very active delirium, with visual hallucinations and aural illusions (of a pleasant kind), restlessness was very marked, he was inclined to be violent, the face was very flushed, the skin perspiring freely, the pupils dilated and fixed. There was a morbilliform eruption, chiefly over the chest and back, but arms and legs were also covered to a slighter degree; the tongue was clean; there was no vomiting; the reflexes were increased; the temperature was 98.8°, the pulse 125, and the respirations 34; micturition was frequent, urine was very acid; specific gravity 1018 (it contained neither albumen nor sugar). I prescribed mist. alba, and ordered large quantities of liquids to be given, such as milk, beef tea, and cocoa, of which he took very freely, in fact the desire for liquids appeared to be insatiable. After the bowels had been freely opened I gave a mixture of sodium bromide, with senna.

On November 28th no change had occurred, and as no sleep had been obtained I gave tincture of hyoscyamus with the bromide mixture.

On November 29th he was better, the delirium was less active, the pupils were acting, the pulse was 90, and the respirations 24. He had still had no sleep. The rash had disappeared.

On November 30th, at 5 A.M., the patient fell into a deep sleep, which lasted twelve hours, and on awakening he was quite refreshed, and appeared to be in his normal state of health, and has remained so.

I think this case worthy of publication owing to the large dose of the drug taken, the long period of sleeplessness, and the absence of depression.

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SALOL IN SMALL-POX.

Now that the unfortunate epidemic in Hull gives a good opportunity of testing my statements, I am anxious to bring to the notice of the profession the use of salol in treating small-pox, not having seen its use advocated. During a residence of sixteen years and a half in China, I have had a considerable amount of experience in small-pox. My attention was first directed to the possibilities of salol by observing that mosquitos failed to produce their characteristic local reaction of swelling and irritation when they bit a patient, a case of cystitis, who was taking large doses. I then experimented in a few cases of irritable skin disease with marked relief of symptoms, and finally adopted the plan of bringing my small-pox patients under its influence.

My experience is that it absolutely abolished all sense of irritation and the desire to scratch, and prevented the stage of maturation except in a few vesicles which went on the usual course. The last confluent case I treated had only two vesicles, one in either arm, which suppurated; all the rest aborted, the lymph contents of the vesicles drying up and disappearing.

The importance of being able to control the irritation and to prevent suppuration need not be enlarged on to anyone who has seen anything of this disease, and I trust a full trial will be made of the drug and the results made known. I did not find it necessary to exceed ʒj a day given in 15-gr. doses every four hours, nor did I notice any bad results from long-continued use of the drug.

Salol is a most useful drug in many diseases, but in none are its results more striking in my experience than in small-pox.

Bridge of Allan, N.B.

CHARLES BEGG.

TREATMENT OF MOLLUSCUM CONTAGIOSUM WITH SODIUM ETHYLATE.

A LADY, six months advanced in pregnancy, consulted me on account of the existence of a number of small cutaneous growths of the nature of molluscum contagiosum of the "shirt-button" variety. In her condition it was not advisable to incise them, and therefore I had recourse to the application of sodium ethylate, which I found thoroughly satisfactory. I