Conclusion.—These analyses, I hope, will show to the profession to what extent colchicum will alter the renal secretion, by supplying it, when deficient in its normal constituents—urea and uric acid—from the blood. From practical observations and experiments, I am inclined, therefore, to believe that to this property of colchicum its remedial action is in a great measure to be referred. Further analysis of the blood may, however, be thought necessary, but want of time has allowed me no means for this purpose. The analyses of the urine recorded are only a few selected from many others made by me, and were effected according to Becquerel's method. Colchicum has been employed in all forms of the disease, but it appears to me more particularly useful in articular rheumatism. My belief is that in proportion as the synovial symptoms predominate or mix themselves distinctly with the fibrous—in proportion as the disease approaches in its character to gout—we may expect to be successful with colchicum.

N.B.—Large doses are not requisite; 20 minims of the tincture of the wine may be given every six hours until some relief be obtained, or a grain of the inspissated juice or of the acetic extract of colchicum every four hours. Under this treatment the disease sometimes vanishes within three days, the medicine producing sickness and purging, and the rheumatism or rheumatic gout rapidly declining; occasionally, the same favourable event takes place, although there has been no disturbance of the stomach and bowels.

The cases in which colchicum appears to me to be more pre-eminently useful are those in which the disease attacks the joints and is of an erratic character, for example, suddenly disappearing from one joint, and as suddenly appearing in another; these, I believe, are the cases in which the heart and other internal organs are chiefly affected, and probably if the active operation of colchicum is secured early, these formidable secondary diseases are less likely to occur.

REMOVAL OF UTERINE APPENDAGES FOR THE RELIEF OF CONSTANT OVARIAN PAIN, INCESSANT VOMITING, AND DYS- MENORRHOEA: RECOVERY.

By A. C. BUTLER-SMYTHE, F.R.C.S. Ed.,
Senior Surgeon to the Grosvenor Hospital for Women, Westminster.

A. M., widow, aged 40, came under treatment in 1884, suffering from constant pain in the ovarian region and troublesome vomiting. She was a short, slight, dark-featured woman, with the following history. Had been married four years, but had never been pregnant. First menstruated at the age of 15, and ever since she has suffered from dysmenorrhœa. Seven years ago she had diphtheria. For more than two years she had been troubled with sickness at the time of her periods. Within the last seven months she has complained of constant gnawing pains in both iliac regions, and has been sick several times daily, the vomiting occurring at all hours of the day and night. No disease of the stomach could be detected. Physical examination revealed tenderness over both ovaries, pressure causing vomiting. The uterus was anteflexed, cervix elongated, and the os patent. The sound passed three inches. For nine months she remained under treatment, and during that time every known remedy was tried for her relief, but without avail, and she rapidly lost flesh and took to her bed. Her next period, July, 1885, was attended by aggravated symptoms. At her urgent request I agreed to remove her ovaries and tubes as a last chance of relief; so five days after the period had passed she was put under ether, and the abdomen opened. The appendages were removed without much difficulty, and the patient made a rapid recovery, the pain and vomiting ceasing from the date of the operation. A catamenial flow appeared on the second day, and lasted till the ninth, but she had no dysmenorrhœa. The ovaries were the smallest I have ever seen removed from an adult. They were hard and fissured on the surfaces, and about the size of small beans. The tubes were thick and congested.

Two years have elapsed since the operation, and the patient remains well. The symptoms throughout the illness, and their immediate cessation after the operation, taken together with the condition of the ovaries, would lead one to suppose that they were due to the cirrhotic state of those organs. Inasmuch as the operation was performed in order to save the patient's life, the result seems to justify the treatment adopted.

By permission of the Benchers, the gardens of Lincoln's Inn will be opened on evenings for the benefit of the poor children living in the surrounding districts.

SALIX NIGRA AS A SEXUAL SEDATIVE.

By J. HUTCHISON, M.D.,
Physician to Anderson's College Dispensary, Glasgow.

In many women pain in the ovarian region is a constant attendant upon the menstrual epoch. In some this is due to organic disease, but in a large number it is one of the manifestations of the neurotic temperament. Such cases are met with in all degrees of severity, from a slight amount of discomfort along with indications of globus hystericus, up to hystero-epilepsy in its most pronounced forms.

It has always been a slur upon our profession that when a method of treatment becomes popular or fashionable other methods are entirely discarded. At present, massage and isolation from relatives is the popular mode of treatment, and drugs occupy a secondary place, if, indeed, they have any place at all. Pecuniary difficulties, however, stand in the way of isolation or massage ever reaching the masses, and drugs will always be in employment. Several drugs are in daily use against the ailment, but with only partial success, and it is with the view of bringing before the profession a remedy which in my hands has produced results which I never had before while I was employing the bromides, valerian, assafoetida, etc., that I have sent this short notice.

Salix nigra, or the pussy willow, is a tree growing from 15 to 20 feet high. It is met with along the streams in the Southern States of America, and is credited with possessing tonic, carminative, and stimulant properties, besides being an astringent and antiperiodic. In the *Transactions of the Texas State Medical Association*, Mr. Pain reports many cases treated successfully with the drug. He prescribed it in cases of ovarian hyperæsthesia, uterine neuralgia, etc., and also in spermatorrhœa and nocturnal pollution. His verdict upon the drug is that it is a powerful sexual sedative, similar in its action to bromide, but without its depressing qualities.

Through Messrs. Thomas Christy and Co., of London, I obtained a supply of the fluid extract, and have been employing it for some months. The most numerous class of cases in which I exhibited the drug were women of a nervous temperament, in whom the nervous irritability reaches its height at the menstrual period, when, along with the general *malaise*, is added a very decided pain in one or other ovary. They also suffered from hemicrania, the pain being situated above the left eyebrow, and resembling the feeling as if a nail were being driven into the skull (clavus). Many of them, too, complained of a pain underneath the left breast, and extending round to the back. On one or two occasions I have noticed patients complaining of the above symptoms, and in only a moderate degree, under favourable conditions—as, for example, long-continued anxiety or alcoholism—go from bad to worse till they became hystero-epileptics. In cases of this kind, it is supposed that the centre of inhibition has in some way got out of gear, and the severity of the symptoms depends upon the amount of disturbance in this nerve-centre.

In cases where the ovarian distress was the symptom for which advice was sought, as being in the patient's eyes the most prominent, I usually succeeded in eliciting other indications of an irritable nervous system, and placed them upon half-drachm doses of the fluid extract of salix nigra three times a day. In quite 75 per cent. of patients so treated a great amount of relief was obtained after two or three days' treatment. Not only was the ovarian hyperæsthesia relieved, but the nervous palpitation of the heart was abated, and the patient felt in every way stronger.

I have also given the drug in two cases of nocturnal emissions with marked benefit. The pollution ceased entirely while the drug was being taken and for several months thereafter. Virile power and passion were not much if at all diminished, but the relief from the ailment gave them great satisfaction.

A CASE OF CHRONIC PROSTATITIS: A PATHOLOGICAL CONTRIBUTION TO THE STUDY OF THE PHYSIOLOGY OF THE PROSTATE GLAND.

By WILLIAM ANDERSON, F.R.C.S.,
Assistant-Surgeon to St. Thomas's Hospital.

THE patient, a healthy man, aged 23, came under treatment in May, 1884, with symptoms of chronic inflammation of the prostate of eighteen months' duration: the condition having supervened upon an acute abscess of the gland, the result of gonorrhœa.

The only symptom of which the patient complained when first seen was a persistent sensation of fulness and discomfort in the perineum,

increased during defecation, and aggravated considerably by horse exercise; but, in reply to an inquiry, he stated also that sexual intercourse, since the commencement of his illness, had ceased to be accompanied by seminal emission, although the act was perfect in all other respects. It appeared, however, that he always experienced at the moment when ejaculation should have occurred a feeling as of "something going backwards into the bladder," and noticed that the urine passed after coition contained a quantity of glairy matter (subsequently ascertained to be semen). A rectal examination detected induration and enlargement of the prostate, especially distinct at its base, with tenderness on pressure in the same situation. The genitals and urethra were normal, and the urine was passed in a full stream.

Under treatment the local signs gradually subsided. At the end of six months the gland had nearly resumed its ordinary dimensions, and the seminal emissions had begun to reappear. Three months later the power of ejaculation was fully restored, and the patient has since remained perfectly well.

The interest of this case lies wholly in the loss of power of seminal emission during the duration of the prostatic inflammation. When the patient came under observation there was complete evidence that the semen was secreted, and that it was poured into the urinary passage at the time of copulation; and as the canal was free from obstruction the retrogression of the fluid into the bladder could only be explained by a failure of the contractile force, which, under normal conditions, occludes the urethra behind the ejaculatory ducts. The force in question can only be supplied by the powerful ring of unstripped muscle which, with its urethral lining, constitutes the whole of the superior portion of the organ lying between the point named and the internal urinary meatus, and while the sphincter fibres are in action, the muscular tissue, striped and unstriped, of the inferior portion of the gland presses out the accumulated prostatic mucus, and aided by the constrictor urethre and bulbo-cavernosus lends the energetic *vis a tergo* necessary for the ejaculation of the mingled secretions. In the present case the prostatic sphincter was rendered inefficient by the chronic inflammatory process, and the semen passed in the direction of least resistance.

Other cases of a similar kind have no doubt been observed, but I am unable to find in the literature of the subject any references to interference with the sexual functions. This omission is perhaps to be explained by the fact that in many instances the superior, or sphincteric, portion of the organ may be implicated to so slight an extent that it quickly regains its competency; and in others, where ejaculation is actually suppressed, the sign may easily escape the notice of the patient or he may not think it necessary to mention it to his medical adviser.

CLINICAL MEMORANDA.

REDUPLICATION OF CARDIAC SOUNDS.

FOR some years my pulse has lost its former tension, and, with the ear on the pillow, I have been accustomed to hear, not the usual single systolic wave, but three distinct sounds, which I have little doubt represent the three elevations seen in a sphygmographic tracing of the radial pulse, namely, (1) the ventricular systole, (2) the aortic rebound, and (3) the closure of the valves. As I listened to these sounds this morning, I was struck by the close resemblance they have to what is often heard over the area of the pulmonary artery in pericarditis occurring during acute rheumatism, and which is supposed to be produced by a reduplication of the second sound. I do not think any sufficient cause has so far been suggested for such a reduplication, and it seems possible that it may be accounted for in an intelligible way. Thus, if in a state of low tension of the arterial system this galloping sound can be heard in the carotid, it seems probable that in pericarditis the conditions required to render it audible in the pulmonary artery, when the stethoscope is placed over that vessel, may occur. I do not wish to theorise further on the point, but commend the theory to the attention of those who are interested in such subjects.

JOHN HADDON, M.A., M.D.

Melrose.

SCARLET FEVER: THE ALLEGED IMMUNITY OF INFANTS. THERE has recently been an outbreak of scarlet fever in the neighbourhood of St. Paul's school. Among my patients, a gentleman and his wife took the complaint, and both at the same time, in a severe form. The wife was nursing a baby three months old, and as there was a good supply of milk, in spite of the illness, and feeling that the child

under any circumstances would take the complaint, I allowed it to go on living entirely on the breast during the whole period of the mother's fever, desquamation, and convalescence. It is at the breast still, quite well, not even a sore-throat—about nine weeks from the commencement of the mother's illness. A servant was attacked in the same family, and was sent to the hospital. There is a theory that children under a year old are less susceptible to zymotic diseases than older children, and this case supports the theory; but it is not always so. Some years ago a patient of mine (the case was published with others in connection with puerperal fever) had the eruption of scarlet fever out the day after her confinement. It ran its usual course, and she did well, but the child when four days old took the fever and died on the tenth day.

The interest of my communication lies in the immunity from the fever shown by the infant. Perhaps some of our learned men, who just now are paying so much attention to scarlet fever bacilli, will be able to afford us some explanation.

HENRY M. MADGE, M.D.

4, Upper Wimpole Street.

THERAPEUTIC MEMORANDA.

SULPHUR FUMES IN PHTHISIS, ETC.

IN the JOURNAL of July 16th is a note under "Special Correspondence" of a communication to the *Gazette des Hôpitaux*, by Dr. Sol-laud, on the beneficial results of sulphur fumes in phthisis. For nearly three years I have also been using this remedy in certain cases of chronic bronchitis, accompanied by much expectoration, with very satisfactory result; the fumes seem to cause a very great diminution in the quantity of expectoration after two or three inhalations. I used an ordinary pastille, as made for fumigation. I have not tried it as yet in phthisis, but shall certainly do so, but for chronic bronchitis I can highly recommend this sulphur treatment.

Edinburgh.

WM. W. MILLARD, M.B.

A NEW TREATMENT FOR OBSTINATELY RECURRING ECZEMA.

I CAN bear out Dr. Radcliffe Crocker in regard to the valuable effects of counter-irritants in obstinately recurring eczema. The treatment suggested itself to me in connection with a case somewhat similar in character to the one which Dr. Crocker first mentions, and which came before my notice about a year or more ago. A young policeman, aged 28, who had had secondary syphilis some years before, had been troubled for many months with repeated attacks of papular and vesicular eczema of the backs of the fingers and hands, occasionally extending to the backs of the forearms, and almost always involving the right eyebrow at the same time. The idea naturally suggested itself that either a trophic or vaso-motor centre in the cord was in an unhealthy state of irritation, and with the intention of relieving this condition I applied some blistering fluid to the nape of the neck. The relief was very marked at the time, but the attack recurred later. As he found it inconvenient to go on duty with a raw surface on the nape, I ordered him to rub into the same spot a paste composed of mustard and lard, so as to excite irritation without requiring any further dressing. This also relieved him, but the effect was not nearly so good as that of the blister, and relapses again occurred. Since then he has found great relief from the direct application to the affected parts of an ointment composed of ichthyol, lanolin, and rose-water. Internally I gave him tartarated antimony and then iodide of potassium, the latter with some temporary benefit, but he was not taking either medicine when the blister was applied. Arsenic had been freely tried before he came under my care; I repeated the attempt, but with an unfavourable result.

Another case, that of a middle-aged man with persistent subacute eczema of the back of the left hand and forearm, was quickly relieved by the application of a blister over the cervical spine, and I have not seen the patient since.

In a third case, that of a middle-aged, otherwise healthy man, who had long suffered from outbreaks of papular eczema on the arms and legs, and whose work prevented the employment of a blister, I ordered mustard paste to be rubbed down the spine. The effect, though not very rapid, was distinctly good, the itching being relieved and the papules disappearing without any other change in the local remedies. As he reappeared only two days ago, after having been free for several months, with a fresh eruption which had followed a few days of profuse sweating, I shall persuade him to put up with the short inconvenience of the blister, in the hope of a speedy relief. I have feared to apply such strong excitants in the neighbourhood of any eczematous region, or to any case in which the eczematous mani-