

## PRACTICAL MEDICINE.

## DIRECT EXAMINATION OF THE URETERS.

There has been a case in the Pennsylvania hospital for some time past, the diagnosis of which has been somewhat obscure, and which has been cleared up by a comparatively novel operation, which in doubtful cases may prove of considerable value.

This patient was a jeweller, aged 26, in the month of August last, was seized in the right iliac region with intense pain, which was at first constant, but afterwards intermittent: it was always referred to the same locality. The suffering has been at times so great that large doses of morphia hypodermically have failed to give relief, and the patient has been kept often for hours under the influence of ether. Obstinate constipation of the bowels, with pain in the iliac region, and suppression of urine, without fever or any gastric disturbance, have been the prominent symptoms. The most active purgatives and enormous enemata have failed to produce any action of the bowels, except at long intervals, and then the discharges have been very slight.

The abdomen on examination did not at any time show the least swelling or evidence of inflammation; the right iliac region was very sensitive, and deep pressure produced intense pain. An enlargement, which was apparently the seat of the trouble and was about the size of a pigeon's egg, could be felt deeply situated. A finger passed into the rectum did not reach the enlargement. Whether the mass was a calculus in the ureter, or some impaction of the bowel, or tumour pressing on the ureter, was not determined.

November 21.—The bowels were well cleaned by a large dose of oil, followed by a stimulating enema, as it was determined to explore the rectum by the introduction of the entire hand into the gut.

After complete anæsthesia, Dr. Morton gradually dilated the anus with the fingers of the right hand; the parts quickly yielded, and the hand and forearm were readily carried into the bowel. The line of the ureter and the region of the kidneys were found normal; the aorta and the vessels were readily distinguished, and it was definitely ascertained that no calculus existed, and that the pain was either simply neuralgic, or was dependent upon a mass of hardened feces, which came away just before the etherization. The patient had no control over the bowel for two or three days after the operation, but on the fifth day the sphincter resumed entire control over the anus. Several large stools were passed directly after the examination.

November 27.—Patient discharged quite well.

In many cases of doubtful diagnosis in abdominal tumours, aneurism, etc., this method of rectal examination might be of great value, while we have exhibited in this case the wonderful dilatability of the rectum without any ill effect upon the sphincters.—*Philadelphia Med. Times.*

## EARTH-POISONING.

The following observations appear in the *Comptes Rendus* for November 3. There are

some facts which seem to show vegetal putrefaction is not the only factor in production of malaria, but there is a simultaneous influence of the soil. Whatever the degree of corruption of stagnant water, the danger from it is sometimes less than that from the disappearance of this water, leaving the ground bare.

When the long droughts of 1791 had diminished the level of the Seine water, and caused putrefaction of a great number of plants which exhaled a fetid odour beyond the river banks, intermittent fever did not appear among the inhabitants about the river (though many suffered otherwise from drinking the water). On the other hand, such maladies did appear with great frequency among the Parisian population in 1811 and 1840, at which times extensive earthworks were undertaken in digging the canal St. Martin and constructing fortifications. Here the only apparent cause was emanation from the soil.

Examples have been cited of individuals being affected by palustrian intoxication from having drunk marshy water, and it has been inferred that vegetal putrefaction to produce fever. Having examined these observations, and after personal experience in Italy and Algeria, M. Colin is led to deny the febrigenous action of such drinking, and he affirms that marshy water has not the specific action of atmospheric palustrian miasma; it only acts in the development of the intoxication, as one of the series of causes which diminishes the resistance of the system to malarial influences.

These facts he considers important with reference to the direction of research in order to ascertain the nature of the germ of intermittent fever. This germ has been sought specially in the atmosphere of marshes, where certainly it exists at its maximum, the gases hitherto discovered in this atmosphere not having febrigenous force themselves, the organic matter found abundantly in them has been specially incriminated. Now, as the emanations of virgin soil newly cleared also produce fevers, it is probable that the greater part of the organic matter on the surface of marshes is excluded from the genesis of miasma. 'I think, then, there is ground for the following propositions. 1. The ground plays a considerable part in the development of malaria. 2. The ingestion of marshy water does not produce intermittent fever. 3. It would perhaps be easier to discover the febrigenous germs at the surface of newly bared land than in the atmosphere of marshes.'

## OBSTETRICS.

## NUX VOMICA IN THE VOMITING OF PREGNANCY.

Dr. L. S. Blackwell, of Bound Brook, New Jersey, writes (*Philadelphia Reporter*, Nov. 8):—'Without claiming any originality in the use of this drug, the following case assuredly confirms the value which has been attached to it, and demands recognition in the consideration and treatment of inordinate gastric irritation from pregnancy.

'I was called, in her fifth pregnancy, to visit Mrs. S—, a lady of decidedly nervous tempera-

ment, who had, for a number of years, been a victim to severe and obstinate paroxysms of neuralgia of the head, neck, and shoulder.

'The distressing nausea and vomiting had been decidedly prominent in previous pregnancies, and her physicians, with their varying prescriptions, had failed to mitigate the symptoms in the slightest degree.

'With the expectation that my remedies would share the fate of those of my confrères, I commenced the treatment by the administration of the following combination, recommended highly by Professor White of Buffalo—

R. Cerui oxalatis,  
Bismuthi subcarbonatis,  
Pepsinæ . . . . . ʒj. M.

'Divide into twelve powders; one three times a day.

'This failed to afford any amelioration. Oxalate of cerium alone was tried, and with a similar result. With a faint hope, I then directed two drops of tincture of nuxvomica to be given every two hours.

'This produced a decided impression upon the symptoms, and afforded infinite relief to the patient, without the development of cramps, which have been attributed by Lobach to the use of this drug.

## SCIATICA FOLLOWING THE CONTINUED USE OF A SEWING-MACHINE.

Dr. Seeligmüller relates the case of a woman, aged 50, who, after having worked with a sewing-machine for four years, had tearing pains in the leg with which she worked, extending from the ankle to the tuber ischii. The pain was not felt when she rested, but was brought on by walking or standing. The patient had also a sensation of cold and formication in the affected foot. Continued labour with the sewing-machine produced, besides the pain, loss of muscular power in the legs, wasting of the muscular substance, and a state of great general weakness. As a prophylactic measure, she was ordered to take longer intervals of rest between the periods of work.—*British Medical Journal.*

## TREATMENT OF RODENT ULCERS.

Dr. E. D. Mapother (*Medical Press and Circular*), says: I have lately treated an ulcer involving the greater part of the left half of the face, and the case seems to me worthy of record. The patient was a healthy married lady, aged thirty-eight. Eight years previously the ulcer had formed, and never had completely healed, although its size had, on three occasions, lessened considerably. The surface was shining and level, without any defined granulations. The edge was somewhat irregular. It was painless except when dressings were being removed. There was no glandular enlargement, nor the least interference with health. The surface was dressed with a mixture of citrine ointment, and one-eighth part carbolic acid, poulticing with bread and water being substituted when the surface became tender. Donovan's solution was ordered in thirty-