

despite the cheats daily suffered by them. Antiseptic catheterism, antiseptic surgery, prevents the series of accidents which are met with by those who do not employ it. Had Verneuil vigorously followed Listerism, as it has been taught by its author, it is certain that he would have been sheltered from those surgical complications which many times embarrass the operator who despises it.

The employment of carbolised vaseline at 2 per cent., with which the surgeon ought to lubricate his sounds, as well as the instruments that have to penetrate into the urethra or the bladder, is a very rational proceeding, and it brings all the desirable advantages. By adopting this means, which is easy of execution, and is available by every one, contrary to that which Verneuil advises, we practise catheterism as soon as the patient is presented to us, and we continue the operation when ever it is possible to introduce the conductor of the instrument of Jardin, which we also disinfect. We well understand the necessity of disinfecting an instrument that is bathed, in almost its entire extent, by decomposed urine, which is often infectious. To penetrate into the urethra and bladder of a patient, wherein slight excoriations are often produced, without taking the advised precautions, is, so to say, to hasten the evil work of the microbes.

Another discovery not less important to the surgery of the urinary passages has recently been made. The hydro-chlorate of cocaine, an alkaloid from the coca of Peru, which at first was destined to ocular surgery, as an anæsthetic, producing insensibility of the sclerotic, has come in to afford great assistance in the operations of minor surgery, in which the patient, in many instances, refuses to undergo chloroform in order to escape pain. Some English surgeons have employed the hydro-chlorate of cocaine, in surgical processes on the pharynx and the larynx, the nasal fossæ and the rectum, in ablation of the neck of the uterus (the 10 per cent. solution), and in all the cases local anæsthesia has been thus obtained, so that we advise it in operations on the urethra, applying it in instillations by means of a sound of Guyon. Unfortunately its high price must prevent extensive trial of its virtues. Some houses in London have lowered the price to one and sixpence for 5 centigrams (say 36 cents for $\frac{3}{4}$ of a grain) with the view of encouraging its employment. We see then that this discovery

may be turned to profit in bloody surgery of the urinary passages, in external and internal urethrotomy, but not in chemical galvanism, which is not painful, and constitutes in itself, at the negative pole, an anæsthetic, as Tripiier affirms.

NOTES OF AN ANOMALOUS FORM OF CHOREA.

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The following case being an unusual one and illustrating some points in the natural history of chorea, is deemed worthy of report. Heinrich K., æt. 66 years, farmer, has a history of chorea lasting now nearly forty years. In 1846 the patient (at that time a shepherd) was constantly exposed during an unusually wet summer and at night frequently slept on wet straw in his shepherd's hut. The succeeding winter was intensely cold and he then began to show the first symptoms of the disease, which was a jerking of the right leg. The disorder gradually, but within a few months, invaded other parts of the voluntary muscular apparatus until, except the face, few if any groups of muscles have been spared. This jerking consists in sudden and violent involuntary muscular contraction, as, for example, he is obliged at times to leave the table when at meals as the jerking of the arm is so pronounced as to prevent him from carrying food to his mouth. By walking about for a few minutes he is usually able to resume his interrupted meal. Again, while sitting quietly engaged in conversation, the muscles of expiration will occasionally contract with violence, so as to cause an explosive expiration. When the patient rises and starts to walk, after taking one or two short steps, he will suddenly stagger violently as if about to fall and in apparent effort to regain his balance will stamp upon the floor with great force and erratic movement; having regained his balance, will take a few properly co-ordinated steps and again stagger. This peculiarity of gait differs from the gait of cerebellar disease in that it is not caused nor accompanied by any sensation of dizziness, occurs on either side and is not in any sense a rotary motion. It is also a curious fact that, although the impression of a bystander is that he must certainly fall, he has never, in all the forty years, done so.