

Now this is a very faithful picture of my own case, and if the disease is a separate form of purpura, and so terribly fatal, and not so very uncommon, I cannot understand why such extensive systems of medicine as Pepper and Reynold's should not notice it at all.

"Three cases have been reported by Guellive, two by Henoch, and one by Rinonapoli. The latter was that of a child of two and a half years old. Petechiæ were observed over thoracic and abdominal regions. Temp. nearly normal, pulse 114, surface sensitive to the touch. Next day all symptoms aggravated; the child died of exhaustion on third day."

Cases somewhat similar have been reported by Ström and Arctauders, these also terminating very rapidly and fatally.

Von Harlingen says, speaking of this disease: "Such rare cases are of interest as enabling us to form a mental picture of this striking and terrifying disease; but I cannot wonder at the apparent absence of any attempt to save the patients' lives."

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## Correspondence.

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### OUR LONDON LETTER.

(From Our Own Correspondent.)

F. Swinford Edwards, F. R. C. S., gave a very interesting lecture last Thursday, at St. Peter's Hospital. His subject was "Electrolysis in Stricture and other Urinary Diseases." The attention of the profession has only been directed to this means of treatment for the last few years and different opinions are held as to its value.

Some say that it does no good, others that it may do good in a very limited number of cases, whilst others go so far as to assert that by it all forms of stricture can be successfully and radically cured.

Mr. Edwards does not hold the opinion of any of these, but his experience has shown that it is of the greatest benefit in certain cases, depending chiefly on the situation of the contraction, and that a radical cure may follow, but this is the exception.

In 1888, he treated 24 cases in the St. Peter's Hospital, with the following results: Two were cured, twelve improved, seven progressing favorably, but of these seven, four were being treated by

electrolysis combined with dilatation, and in three cases he failed to make any improvement. One of these three he has since cured by this method. The two cases out of these 24, that were unimproved, were multiple strictures of very long standing and ones which had relapsed after internal urethrotomy.

Since '88 Mr. Edwards has had excellent results; and his statistics show that the best results from this method of treatment are obtained in those cases, where the stricture is situated in the bulbous or membranous urethra; and the nearer the stricture is to the meatus the less kindly does it yield to electrolysis.

If non-dilatable stricture is within three inches of the meatus, he strongly recommends division. He has used electrolysis in a number of cases of prostatic catarrh, as shown by gleet and threads in the urine, and he reports 50 % of cures. He has also tried it in chronic cystitis, with marked relief for a time.

Mr. Edwards maintains that electrolysis is potent in allaying spasm, and believes that it is to this property that many of the good effects which follow its use are due, as strictures in the sub-pubic region have more of less spasm superadded. The advantages he holds, for electrolysis in the treatment of stricture are many:

- 1st. No confinement to bed is necessary.
- 2nd. Little or no risk to life.
- 3rd. Can be employed without giving pain.
- 4th. No bleeding.
- 5th. If unsuccessful it does not interfere with urethrotomy being undertaken forthwith.
- 6th. A permanent cure may follow, which is the rarest thing by any other method.

The disadvantages are two:

- 1st. The time it takes for the successful issue of the plan.
- 2nd. The difficulty, amounting to impossibility in very tight strictures, of washing out the bladder afterwards, which in cases where the urine is foul is much to be desired. This however in the vast majority of cases is not necessary.

In conclusion, Mr. Edwards strongly recommended electrolysis in the treatment of deep seated strictures of whatever kind, which for some reason or other cannot be treated by ordinary bougieism. No harm will ensue and one saves one's patient much suffering and loss of time.