

sometimes arises under circumstances where it may be difficult to prove that any actual breach of surface in the urinary tract has been inflicted. For instance, as I have already said in illustration, some degree of urine fever frequently follows the passing of instruments along the urethra, as in the treatment of urethral stricture. It would not be difficult to illustrate every degree of this complication, from the most transient rigor with slight febrile excitement, to the severest form of septic intoxication, rapidly terminating in death. And this leads me to speak of the influence of the epithelial lining of the urethra making the canal water-tight, or more correctly speaking, urine tight. Let me take an illustration of what I mean by the protecting power of the epithelial lining. A patient with a stricture, I will say, has a catheter or bougie passed; this may be followed in the course of a short time with a rigor and some fever, and no further inconvenience is experienced. What has actually taken place is that the epithelial lining has been scraped off at one or more points, and this has permitted urine leakage and absorption to take place at the points injured. If further proof of this be required, take instances where prolonged attempts to pass catheters in cases of urethral stricture have been made, and proved futile. Then, in consequence of the degree of retention, and as an alternative, an aspirator needle is introduced above the pubes, and the urine is drawn off in this way without coming in contact, or remaining so, with any portion of the urethra which may have been wounded by the attempts made to give relief by catheterism. I have never known rigors or fever follow the relief of retention by suprapubic aspiration, though the amount to which the urethra has been lacerated by attempts at catheterism has been considerable as well as sanguinary. There can be no other explanation of the absence of characteristic rigors and fever under these circumstances than the fact that urine has not been allowed to come and remain in contact with a freshly-made wound. And in connection with this point I cannot help remarking that in the protecting power which the epithelial lining of the urinary apparatus exercises we probably have an explanation of certain phenomena which have been observed but not accounted for. Some have concluded that the bladder is capable of absorbing some of its contents, whilst others, on the contrary, not only have denied the possibility of such an in-

ference being drawn, but have pointed out how serious might be the consequence if there was any liability to such a contingency. It seems that both of these conclusions may be true, and the explanation I would offer is that, by injury to, or disease of, its epithelial coat, the bladder may be rendered capable of absorbing what it contains, to the detriment of the individual, as we see in those cases now often referred to by the name of catheter fever. In recognizing the power of the epithelium to prevent or admit absorption, I am in agreement with other observers, amongst whom I may mention Dr. London, of Carlsbad, who has made some investigations upon this point.* Further, it is important to notice that when a urine fistula is transformed into a permanent urine channel, as after Cook's operation, we find the passage becomes lined like the urethra with epithelium, and thus it acquires the power of transmitting urine without leakage. We could not have more positive evidence than this in support of the view that the epithelial coat is a necessary part of any canal which has to perform the function of transmitting urine."

MEDICINE.

Neurasthenia and Lithæmia.

A paper on this most important and interesting subject was read before the New York Neurological Society, on the 7th of February, by Prof. A. D. Rockwell, M.D. After referring to the convenience of the term neurasthenia, which serves like malaria as a convenient refuge to perplexed practitioners, the writer stated that such a diagnosis, while often satisfactory to the patient, who ever after may allude to himself as a victim of nervous exhaustion, often is most injurious from the standpoint of therapeutic results. What must be recognized he says, is that many of these patients are not neurasthenic and under hardly any circumstances could they become neurasthenic. They do not belong to the type out of which neurasthenia is born, either mentally or physically. Many of them are unintellectual, phlegmatic and indolent and are pleased at a dose which touches the nerves rather than the stomach, bowels and liver. Instead of rest, quiet and soothing draughts, they need mental and physical activity and depletion rather than repletion of food.

* *Berlin. Klin. Wochen.*, No. 11, 1881.