

prove that a joint in which there are intense pain or other signs of acute disease, or which has been long painful, or in any way seemed long diseased, is only nervous. Inflammation of a joint, either very acute or of long standing, can hardly be found without visible or tangible exudation in the joint-cavity or in the textures bounding it. And there are many cases in which you cannot apply this rule for diagnosis. A joint shrunken after long disease may relapse into inflammation without renewed swelling, till perhaps a residual abscess appears. A hip-joint may be acutely inflamed without any discernible swelling; so, less often, may be a shoulder, the exudation being too little to be felt. And, making more difficulty, swelling is sometimes evident in a merely nervous joint; not indeed considerable swelling, but enough to make a mimicry of real disease much more close. You may often see this in the loose tissue by the sides of the ligamentum patellæ. The swelling sometimes appears due to such slight exudation as may ensue in any neuralgic part; like the puffiness that may come on in facial neuralgia, or the swelling and congestion of the conjunctiva in some cases of orbital neuralgia. Such swelling is commonly transient and capricious, and the fallacy may be detected by observing that, at its greatest degree, it is not, even after long time or many repetitions, nearly proportionate to the pain or duration of the disease. For a joint which is intensely painful, with acute inflammation, or with ulceration of cartilages, should be, if not at first, yet soon after, considerably and always swollen.

In other cases, swelling of a nervous joint may be due to accidental conditions. For instance, repeated blisterings or repeated paintings with iodine will give, for a time, such thickening and puffing of the subcutaneous tissue about a joint as may be very deceptive when added to the other signs imitating inflammation of the joint. So, again, I have seen such a condition in a very marked degree produced by the long-continued use of ice about a painful joint.

On the whole, then, the absence of swelling makes it very unlikely that a joint is really diseased; so does the presence of only a trivial swelling when the nervous and muscular signs of disease are acute or of long standing; and when swelling exists it must not be counted as adding to the probability of real disease, unless it persists and is independent of such accidents as I have already named. And remember that a sensation of swelling is not unfrequently complained of when no swelling whatever exists. It is just one of the erroneous sensations to which nervous persons are prone, as they are to sensations of unnatural fulness and of weight for which there is no substantial reason. Such a mere complaint of swelling will not deceive you if you compare the suspected joint with its fellow.

But, after all, the sign most to be relied on for diagnosis between real and nervous disease of joints is the temperature. It is so important to estimate it accurately that I cannot too strongly urge you to be always studying it. You should feel with a broad surface of your hand every joint very watchfully, comparing each that is supposed

to be diseased with its fellow supposed or known to be healthy, till you learn, as you certainly may, to detect even a small difference of temperature in even a small part of a joint.

(To be Continued.)

TREATMENT OF SPERMATORRHOEA.

The Lottsonian Lectures for 1873 were delivered by Mr. Henry Lea. The subject, urethral discharges, is one on which there is no higher authority than the distinguished surgeon of Saint George's Hospital. We have no room for but a few extracts.

"Now, if the true pathology of by far the greater majority of the cases which have been considered and treated as cases of spermatorrhœa consists, as I believe, simply of a relaxation of the muscular fibers of the ducts entering the prostatic portion of the urethra, then the disease becomes (however it originated) in a great measure a local one, and may be benefited by local treatment. With regard to local applications I would say, however, as a rule, that I believe caustic to be unnecessary. The object in view is to give some degree of tone to the parts; and this is quite enough as well done by the application of some astringent fluid as by destroying a portion of the mucous membrane. In these cases I have been in the habit of applying a solution of perchloride of iron to the prostatic portion of the urethra through a catheter of peculiar construction. The solution is generally made of the strength of from two to four drachms of the liquor ferri perchloridi to eight ounces of distilled water. A catheter with openings at the end, and a piston in its straight (not curved) part, is charged with some of this fluid, and introduced so that the orifices in the instrument may rest in the prostate gland and the piston is then thrust forward so as to expel the contents of the catheter. The piston acts much better when placed in the straight part of the catheter, and the inconvenience of the bend is avoided. This mode of treatment is equally applicable to the cases which I have been describing, in which the discharge consists of the secretion of the glands in the neighborhood of the prostate, and to those cases to which there is, though rarely, an involuntary discharge of semen. I have now treated a very considerable number of patients in this way, and often with marked and permanent benefit."

ESMARCH'S BLOODLESS METHOD OF OPERATING.

This method was practised by Professor Humphrey in three cases of amputation lately, in Addenbroeke's Hospital, Cambridge, with perfect success as regards the bloodlessness of the operations. A stout india-rubber band was wound tightly from the extremity of the limb to the line of the incision, and a strong india-rubber belt was placed above it, the former being then removed. The surface of the incision was as dry as in the dead subject, or drier, and continued so until the belt was relaxed.

The first case was that of a lad thrown from a cart, with a heavy weight falling upon his thigh, which caused compound fracture and divided the

artery, vein, and nerve. Less than a drachm of blood was lost during the operation and the securing of the vessels. The lad was not conscious at the time and scarcely became so afterwards; still for a few days it was hoped he would do well. Then he became restless, moaning and crying, with high temperature (103° to 105°), subsequently unconscious, and died a week after the operation. The stump united only in part, but was not unhealthy. Numerous small suppurating spots were found scattered through the brain, especially in the cerebral part; no preternatural vascularity or other change. In the lungs were patches in various stages of pneumonia, some solid and infiltrated with white lymph, others suppurating.

The second case was the amputation of an unhealed stump in the leg. About half an ounce of blood was lost during the securing of the vessels after the belt, which was placed below the knee, had been relaxed. The case is doing well.

The third was a severe railway smash of the left leg and lower part of the thigh and of the right foot, several carriages having passed over the limbs. Amputation was performed in the middle of the left thigh, and Pirogoff's operation in the right foot. Very little blood was lost. The patient died on the third day, the left stump showing signs of sloughing, with crepitation from infiltrated gas up to the abdomen.

Professor Humphrey does not attribute the result in either of the two fatal cases to the method employed to prevent loss of blood. Both were highly unfavourable cases, in consequence of the nature of the accidents. He is not, however, without the feeling that air or noxious fluids might in some cases be pressed into the blood-current in wounds or sores during the application of the elastic band, and that it may, therefore, sometimes be well to rely upon the belt placed above the line of the incision without resorting to the use of the band upon the lower part of the limb.—[Lancet.

THERAPEUTICS.

BELLADONNA PLASTER IN OBSTINATE VOMITING.

Dr. Guéneau de Mussy recommends in obstinate vomiting, dyachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimetres in diameter. It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncrasy caused some ill effects to result. It is not meant to be asserted that this means it always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so ex-