

is that in three out of the five cases he was able by actual examination several years afterwards to ascertain the ultimate results of the injury when so treated. Hitherto the formation of a stricture has been regarded as the inevitable consequence of an urethral rupture; and while in fortunate cases, of moderate severity, the regular passage of a sound may keep the urethra permeable, a neglect of this precaution may be expected to result in a rapid closure of the stricture; and in cases of greater severity the stricture shows a constant tendency to contract, in spite of every effort to keep it open, and repeated operations are necessary. While the procedure of cutting down on a ruptured urethra and suturing the cut ends has now become a recognised practice, the cases reported up to this time have been kept under observation for too short a time to enable us to get any idea as to the final result in the matter of stricture formation. In Dr. Cabot's cases, the *immediate* result was good in all, and of the three that he was able to examine some years after the operation, and by the way, some years after any dilating instruments had been used at all, in two there was no stricture at all, and large sized instruments were passed without any resistance; in the third case, while no interference with urination was noticed, a narrowing of the urethra was found. This narrow point, however, was not a hard cicatricial stricture, but so soft and yielding that without the least force it was rapidly dilated to a good size. These results encourage the continuation of the attempt to promote immediate union of the urethra when divided by violence. Nor is the operation difficult. A median incision opens the blood cavity about the urethra. The clots are turned out and a sound passed down the urethra quickly shows us the anterior end. If the urethra is not fully divided across, the rent is easily seen and rapidly repaired. When the division has been complete, the posterior end may not be so easily found, but in a fresh rupture the profuse bleeding which occurs from the bulb of the urethra, instead of obscuring our search, serves as a guide to that which we are seeking; if then, the bleeding point in the posterior parts of the wound is seized with a forceps and pulled forward, the collapsed and retracted end of the urethra will be brought to view. In a case of longer standing when the bleeding has been stopped, firm pressure over the pubes will force the escape of urine to serve as a guide. In all cases the suture was made with interrupted catgut stitches, which were all placed before any were tied; and care was taken to include only the cavernous and muscular tissue in the stitches, and not to encroach on the mucous membrane.

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Current Medical Literature.

MEDICINE.

ACTION OF HYDROBROMATE OF SCOPOLAMINE UPON THE IRIS AND CILIARY MUSCLE. (By C. A. OLIVER, A.M., M.D., *The American Journal of the Medical Sciences*, September, 1896).—Dr. Oliver speaks very highly of the use of this mydriatic for routine ophthalmic work. His opinion is based on the experience derived from a special series of experiments. He used a solution of $\frac{1}{480}$ th grain of hydrobromate of scopolamine, and he found that a single instillation dilated the pupil well in 18 minutes and completed ciliary paralysis in 23 minutes. The pupil remained fully dilated for from 24 to 30 hours, and the pupil became normal again about 72 hours after the instillation.

His conclusions are:—

1. The early and complete paralysis of the ciliary muscle that can be obtained by the single instillation of the $\frac{1}{480}$ th grain of hydrobromate of scopolamine, and the rapid and full return of the action of the muscle render this drug in this amount the most efficient and the most valuable cycloplegic that can be used for the proper determination of the total amount of ametropia.

2. The comparatively rapid return of the full dilatation of the pupil produced by the single instillation of $\frac{1}{480}$ th grain of hydrobromate of scopolamine to normal pupillary width renders the drug in this strength less objectionable than those drugs which, by reason of necessarily greater strengths, to afford proper cycloplegic work, must be employed in amounts that give more permanent mydriasis.

3. The perfect freedom from injurious constitutional effects when this solution is used renders the drug in this amount absolutely safe for employment in all cases in which total cycloplegia becomes necessary."

HYPNOTIC ANÆSTHESIA. (By J. MILNE BRAMWELL, M.D. *The Practitioner*, October, 1896).—"No account of hypnotic anæsthesia would be complete without reference to Esdaile. When he commenced his experiments Braid had not established the subjective nature of the phenomena, and Esdaile share the erroneous theories of the mesmerists. This apparently had little effect upon his success. His first painless operation was performed at Hooghly on April 4th, 1845. At the end of a year he reported 100 successful cases to Government. A Committee, largely composed of medical men, was appointed to investigate his work. Their report was favourable, and Esdaile was placed at the head of a Government hospital in Calcutta for the express purpose of mesmeric practice. From this date until he left India in 1851 he occupied similar posts. He recorded 261 painless capita

operations and many thousand minor ones, and reduced the mortality in the removal of the enormous tumours of elephantiasis from 50 to 5 per cent. Patients flocked to him from all parts of the country. Before employing mesmerism he had only operated on eleven scrotal tumours in six years. Afterwards he had more cases of this kind in a month than all the other hospitals in Calcutta in a year."

Dr. Bramwell's experience has been that, "as an almost invariable rule, the nervous and hysterical are the most difficult, the healthy and mentally well-balanced, the easiest to influence."

TURCK'S GYROMELE IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE STOMACH. (By E. A. PLANCK, M.D. *The Therapeutic Gazette*).—"Turck's gyromele consists of a flexible cable, to the end of which is attached a spiral spring covered by a sterilized sponge, which is removable and can be changed whenever desired. The cable passes through a rubber tube, and is attached to a revolving apparatus for the purpose of producing revolutions of the sponge.

Location of the greater curvature.—In the determination of the greater curvature, the gyromele, aided by external palpation, is undoubtedly the safest and most effectual method yet devised. When the sponge reaches the greater curvature, the cable bends upon itself, glides along the greater curvature on up to the pylorus and even back along the lesser curvature.

The revolving sponge can be palpated from its entrance into the stomach, even through the lower ribs, but more distinctly as it emerges just below the ribs. The transmitted vibrations of the revolving sponge can be distinctly palpated on its entire excursion along the greater curvature, and then backward in confirmation. The size of the stomach from the greater curvature to the lesser, and from left to right can be estimated, thus giving an idea of the capacity of the organ, and, if desired, it can be accurately outlined on the abdominal wall."

EUROPHEN. (By EDMUND SAALFELD, M.D. *The Therapeutic Gazette*).—Europhen is a fine yellow powder, with a faint saffron-like odour, and contains 28.1 per cent. of iodine. Dr. Saalfeld regards europhen "as at present the best substitute for iodoform, combining essentially its main virtues without possessing its unpleasant features, for europhen is neither toxic nor odorous, and its application to the inflamed skin causes no irritation."

He uses it pure or mixed with boric acid, for varicose ulcers and eczema. In intertrigo he combines talc with five to ten per cent. of europhen and five per cent. of anhydrous lanoline. For chancroids, condylomata, and gummatous ulcers europhen he finds most useful. "Finally, I would recommend europhen in substance or in ten per cent. combination with flexible collodion, for small incised wounds and other wounds of

the skin, and as a dusting powder after cauterization, scarification, phimosis operation, excisions of chancres, and operations on buboes."

A SIMPLE REMEDY FOR ENURESIS. (By J. F. PRENDERGAST, M.D. *The New York Medical Journal*).—His experience of drugs in the treatment of enuresis having rendered Dr. Prendergast sceptical of their efficacy he resorted to the systematic use of cold douche to the spine, administered at bed-time. During the last winter he had this treatment systematically carried out with eighty boys, between six and twelve years of age, at the St. John's Orphan Asylum, Philadelphia. No drugs, no special dietary, and no other measures were taken with these cases. From eighty to ninety per cent. of the cases were cured, and the rest were greatly benefited. The method employed is thus described:—

"The boy was stripped and placed standing in an empty bath tub; a basin, or a vessel with a spout to it, like a watering can, was filled with cold water and poured over the shoulders and down the back of the subject. In the nervous, delicate children, one dash of water was sufficient for an application; in the sluggish, phlegmatic lads, the dose might be repeated. The boy was immediately rubbed down, dressed in his night clothes, and put to bed. From a hygienic point of view, the cold water has proved an excellent tonic; not one of the 80 boys has had a 'cold' during the past winter."

D. M. MOIR, M.A., M.B.

OBSTETRICS AND GYNÆCOLOGY.

ALBUMINURIA AND ECLAMPSIA. (*American Journal of the Medical Sciences*).—Salt found albuminuria in 54.1 per cent. of pregnant women, usually in the second half of pregnancy, most often near the close. He believes the pathology of eclampsia to be as follows: The organism becomes partially intoxicated by products of metabolism. During labour great muscular activity increases this condition. The elimination of these toxins produces a partial degeneration of the kidneys, from which healthy women speedily recover. Corresponding changes occur in other organs of elimination. When heart-lesions are present or acute nephritis occurs, the prognosis is most grave. Patients in good condition previous to pregnancy usually recover completely.

CALCIUM CARBIDE IN THE TREATMENT OF UTERINE CANCER. (*New York Medical Journal*).—M. Peyrot has employed the substance for three months in the following way:—A piece of the calcium was placed directly in the vault of the vagina, where it soon became decomposed into calcium oxide and acetylene by contact with the moisture. At the end of several days, the oxide was removed by irrigation with corrosive sublimate solution. This treatment could