

1003. It should be mentioned that this patient was very insusceptible to the action of the drug, and he experienced none of the ordinary symptoms from this dose.

In another observation on the same patient the results were still more striking. The same method of collecting the urine every quarter of an hour was adopted, and the following figures were obtained:—

		Sp. gr.	Pulse.
1st quarter of an hour, 4 dr. ....	—	.....	64
2nd „ „ 10½ dr.	1003	.....	64
Given twenty minims of one per cent. nitro-glycerine in one drachm of water.			
		Sp. gr.	Pulse.
3rd quarter of an hour, 7 oz.	1000	.....	80
4th „ „ 7½ oz.	1000	.....	76
5th „ „ 1 oz.	1002	.....	72
6th „ „ 7 dr. ....	—	.....	68
7th „ „ 4½ dr. ....	—	.....	64

The acidity of the urine varied inversely as the quantity passed. Thus, before the administration of the drug, it was distinctly acid, during the third and fourth quarters it was almost neutral, the acidity then gradually returned, till, in the seventh quarter, it was as marked as it had been at first. No sugar or albumen was detected either before or after the administration of the drug. The figures given under the head of pulse are averages of several observations made during each quarter of an hour. No subjective symptoms of any kind were produced. The experiment was commenced at ten in the morning, and patient had had nothing to eat or drink since breakfast at six. This epis-padiac man was curiously insusceptible to the action of the drug as far as subjective symptoms were concerned. I gave him the one per cent. nitro-glycerine solution on ten different occasions, in doses of 3, 4, 4, 6, 12, 15, 15, 20, and 25 minims, without causing him a moment's pain or uneasiness. He never complained of headache, or beating or throbbing in

any way, and yet the influence, both on the pulse and on the secretion of the urine, was well marked. Even the small doses affected the rate of his pulse. Thus, on one occasion, his pulse was taken every minute for eleven minutes, the average being 68. He was then given a little water in a medicine glass—a practice always followed in these observations—to test the effects of expectoration. The pulse remained constant at 68 during the next five minutes, and 6 minims of the one per cent. solution were then given in water. In a minute and a half the pulse had risen to 76, and this increased rate was maintained for the next fifteen minutes, when it sank again to normal. On another occasion his pulse, taken on ten consecutive minutes, was found to be 80. He was then given twenty minims of the one per cent. solution in water. Half a minute after the pulse was still 80, in one and a half minutes after it was 96, and in two and a half minutes after it was 100, the average of the eight minutes following the administration of the drug being 96.

Such were the results of the ten series of observations on this man—negative as regards his own sensations. As a final experiment it was decided that he should take a larger dose. At 11.51 A.M., sitting still in the cool laboratory, and having had nothing since an early breakfast, his pulse was 76. At 11.55' 30" he took half a drachm of the one per cent. solution in a little water. At 11.56, pulse 76; at 11.57, 92; at 11.58, 96, soft and regular. At 12.4 he commenced yawning violently, and said he felt very sleepy. At 12.7 the pulse fell to 68, the yawning ceased, and he became very pale and complained of nausea. He was found to be perspiring freely all over the body, and was so hot that he kicked off his boots. The nausea lasted till 12.10, when the colour had returned to his face, and he said he felt all right again; pulse 76 to 80. There was no headache, and even a sharp run upstairs failed to produce any feeling of pulsation.

(To be continued.)

ON THE INTRODUCTION OF THE SOUND WHEN IT CANNOT BE PASSED.

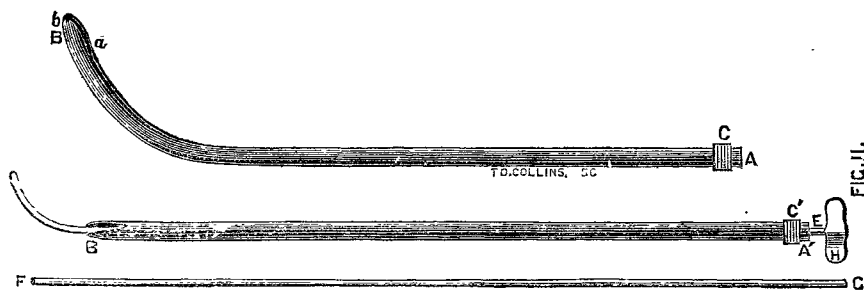
A SOLUTION OF THE PARADOX.

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It occasionally happens, on account of a great enlargement of the third lobe of the prostate, or the engorgement of one of its lateral lobes only, or the formation of a valve at the neck of the bladder, or the existence of a tumour of a malignant nature, that, although an elastic catheter may be passed into the bladder, the introduction of the metal sound is an impossibility through the tortuosity of the canal. In

tube is introduced into the bladder. A long, slender sound, consisting of two portions (B E and F G) respectively thirteen and twelve inches in length, and capable of being screwed together, is now taken. Its beak should be placed at a more obtuse angle to the shaft than usual in order to facilitate the passage of the instrument through the soft tube. A movable handle (H) having been screwed on to the vesical half of the sound, the surgeon holds the ferrule (C) of the soft tube (A B) in his left hand, and passes the sound through the tube till the bulbous extremity of the instrument has fairly emerged from the slit (b a). The tube (B A) and the sound (B E) are now to be seen *in situ* as when in the bladder. The next step is to remove the soft tube so as to permit of the free manipulation of the sound and the transmission of sensations unimpaired by the coating of soft tube. This is effected by removing the handle (H) and screwing the long stem (F G)



such a dilemma English surgery offers no resource; and, although it may be of the utmost importance to pass a sound to effect a complete exploration of the bladder, that organ would, under such circumstances, remain an unexplored region were it not that a French surgeon has by a simple combination shown how the difficulty may be overcome. A celebrated surgeon being unable, after several attempts, to pass a sound on a gentleman, the patient sought the advice of M. Mercier, who, being equally unsuccessful, put into execution a plan which he had previously devised for such an emergency. The vesical extremity of a large soft catheter having been cut off in such a way as to leave a rounded end (B), a slit (b a), about one inch long, was made on the concavity of the tube (A B), and a strong ferrule (C) fixed on the other extremity. Some lard or wax having been put into the slit, so as to make the end smooth, the

into the vesical portion (E B). The soft tube (B A) can now be retired, and the long stem removed. The handle having been screwed on to the sound again, the instrument is ready for use. Thus by the simple means I have related M. Mercier has enabled surgeons to overcome an otherwise insurmountable difficulty.

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CITY OF DUBLIN HOSPITAL.—Mr. W. Patton has been elected resident surgeon to this institution; and the appointment has not been made too soon, as the absence of such an officer has caused a good deal of complaint in various quarters. The Corporation of Dublin may on this occasion claim the credit of the appointment, as the suggestion was due to them.