As to preventive measures, antitoxin was more generally used than ever before, and results in one large city may be seen from an article published elsewhere in this issue of THE JOURNAL. It was used quite generally in all tetanus cases, although its value is still questioned after the serious symptoms have set in. In one cases which recovered, antitoxin was given as frequently as ten injections daily.

While there seemed to be some relaxation as regards ordinances regulating fireworks, there was on the whole a stronger effort made at their enforcement. List of those arrested were in some instances nearly as large as those of the injured. There is need for stronger ordinances. These should be passed and proclaimed before local dealers have purchased their stock, then both seller and purchaser of prohibited fireworks should be vigorously prosecuted. If those who use these methods of celebration were the only ones injured there might be less reason to object; but the large number of injuries to innocent persons and to children inexperienced as to the use and danger of firearms and explosions—as well as the noise and hubbub which at present mars the day for those who prefer more enlightened means of celebration, certainly demand that opposing efforts should not be relaxed.

Clinical Notes

IMPOTENCE CAUSED BY THE EXCESSIVE CONSUMPTION OF BROMO-SELTZER.

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The case herewith reported possesses a double interest. It demonstrates the hitherto, I think, unreported injurious effect of the coal-tar derivatives on the sexual sphere and the danger of permitting the indiscriminate sale to the laity of dangerous drugs and nostrums.

Patient.—Mr. S. J., teacher, married, father of three children, consulted me Feb. 2, 1906, for loss of sexual power. For over a year he had been noticing a gradual diminution of the *libido sexualis*, together with *ejaculatio praecox*. He has been generally running down, losing flesh, etc.

Examination.—His complexion was sallow, dingy, cachectic. He tires very quickly, and gets out of breath on walking up stairs, or on running after a car. His tongue was heavily coated and breath was offensive. He had no appetite, bowels were constipated. He had had gonorrhea twelve years ago, but is apparently perfectly cured, there being no shreds in the urine and the prostatic secretion being normal. Urinalysis showed absence of albumin, but the presence of a trace of glucose (by the phenyl-hydrazin test). Pulse varied from 90 to 96 in the recumbent position, immediately jumping to 104 or 108 on standing up. Every sixth or seventh beat the heart would skip a beat. He had recently made application for life insurance and had been rejected.

My efforts to elicit any possible or probable cause for his present condition proved fruitless. All he knew was that he was working very hard, day and night, and had been suffering with severe headaches. And here he stopped.

Treatment.—I treated him for about two weeks, locally and generally; there was some improvement, but it was not so positive and unmistakable as could be desired.

Additional History.—At that time his wife, who had found out that her husband was under my treatment, came and asked me if her husband had told me that he was using daily a large bottle of bromo-seltzer, in fact that he was a "bromo-seltzer fiend." He was very touchy on the subject, she said, and would resent it very much if he knew that she "told on him," but she considered it her duty to do so. This put an entirely different aspect on the case. On his next visit I told him that it was useless for me to treat him further, that he must be the victim

of some bad habit or drug which was undermining his constitution, and that unless he gave me his full confidence I would have nothing to do with him. He then told me that about a year and a half previously he had taken, for the first time, a dose of bromo-seltzer to relieve a slight headache; the headache was relieved, but returned the next day in a worse form. The headaches gradually became more frequent and more intense, and the doses of the bromo-seltzer had to be increased. He was taking on the average two dollar-size bottles a week. He tried to break off, but his headaches then became so intense that he was unable to do any work or to sleep, and he felt forced to return to the powder. He did not make any very great efforts to overcome the habit, he said, for he did not think that the bromo-seltzer was injuring him or had anything to do with his present miserable condition. He did not think that a medicine which might injure people would be permitted to be sold freely. (Blessed innocence. Even cocaine-containing catarrh powders are sold indiscriminately).

Treatment and Result.—I explained to him that the bromo-seltzer would not only injure him, but would eventually kill him, and got him to promise to give up the stuff entirely. And he did. His wife told me that he hasn't touched it since. He suffered at first with agonizing headaches, but he bore them stoically, being determined to get well. His insomnia was absolute and I was obliged to give him a hypnotic for three or four nights. His headaches gradually improved. He followed the treatment faithfully, and he is now a well man. An irritable, despondent, tired-of-life hypochondriac four months ago, he is now hopeful, energetic, full of plans for the future, and a great enemy of bromo-seltzer and nostrums in general.

I have not the slightest doubt that a further continuance of the consumption of bromo-seltzer would soon have resulted in a fatal issue in this case. The nostrum vendors often ask for proofs of the deadly or injurious action of their products. Sudden deaths are rare; an immediate death from any nostrum would, of course, drive the latter out of existence at once. It is the slow, insidious effect of these nostrums that is so dangerous, because so difficult to recognize and to treat. At the same time, there is no doubt in the minds of those who have given the subject some study that the self-administered nostrum contributes considerably to the mortality rate, though it does not appear as one of the causes of death on the death certificates. Had this man died, the cause would have been given by attending physician as heart disease or kidney disease. He would never have been informed—and he would never have suspected—that the original cause of the man's untimely demise was the "harmless" bromo-seltzer.

MARKED ALBUMINURIA FROM A PROSTATIC ABSCESS.*

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Abscesses of the prostate are sufficiently frequent and this source of albumin sufficiently neglected to justify the following report:

Patient.—Mr. X, aged 34, single, general health excellent, for ten years had a chronic gonorrheal urethritis, with slight involvement of the prostate.

Course of Disease.—April, 1906, he developed an acute attack of gonorrhea, which ran a moderately severe course, and at the end of a month the section of the prostate along the deep urethra became involved. It was tender on pressure, but gave no subjective symptoms. The hard, swollen segment appeared to be about the size of an index finger, and was about 2 inches in length. The urine passed after massage contained less debris, albumin and pus cells than were obtained

* Read before the Fulton County Medical Society, Atlanta, Ga., July 19, 1906.

before the acute prostatitis began, probably because the prostatic ducts were encroached on by the inflammatory swelling, and prevented the expression of the secretion.

Massage five days later showed about the same condition, except the part had become more swollen. Patient felt as well as usual and his urine was free from casts and albumin. There was no urethral discharge, but shreds were present in the urine. When he urinated two hours after massage a drop of blood and about a teaspoonful of pus followed the urine. No pain was felt.

For several days there was considerable purulent discharge from the urethra. The urine in all 3 glasses contained much pus and sufficient albumin to give a precipitate, when boiled, and citric and picric acids were added, equal in volume to the entire amount of 4 ounces of urine voided. After massage of the prostate about a teaspoonful of creamy pus escaped from the meatus, and 2 oz. of urine then passed was so albuminous that it completely solidified when boiled. For a week this condition remained about the same, except that the amount of albumin and pus gradually diminished. The discharge became intermittent, but appeared after straining at stool. The urine passed into 3 glasses would as a rule show more pus and albumin in the first and third glasses than in the second, while there was always a distinct increase of both after massage.

An effort was made to obtain urine free from proteid by washing out the bladder and urethra after massage, and having the patient void his urine within ten or fifteen minutes. This failed, as the proteid material secreted by the abscess cavity was so great that the urine passed within ten minutes contained enough albumin to give a precipitate of one-eighth the urine which was scanty, although it contained no casts nor had there been any symptoms of kidney disease. At no time did the patient suffer from the abscess and would not have known of its existence but for the examination. At the end of four weeks there was only a trace of albumin before massage, but a considerable amount of deutero-albumose after expressing the secretion.

Merely an examination of the urine in this case, without reference to the history or the prostate, would have been misleading and inclined one to the conclusion that the large amount of pus and proteid came from a pyonephritis. So high was the percentage of serum albumin that, in spite of the fact that I knew an abscess cavity gave off large quantities of proteid material and that he had an abscess of the prostate which had ruptured into the urethra, I was at first alarmed, thinking perhaps his kidneys were also involved. The subsequent history proved they were unaffected. After three weeks urine could be obtained free from albumin if voided within ten minutes following massage and complete irrigation.

In former papers I have called attention to the fact that prostatic albuminuria might be a source of error in the diagnosis of orthostatic, cyclic, or the so-called harmless or physiologic albuminuria, and also that the presence of prostatic albumin and albumose¹ indicate inflammation and are of value in reaching a diagnosis in mild, obscure cases of chronic prostatitis.

The presence of such a large quantity of pus and proteid in the urine of this patient without any subjective symptoms of prostatic trouble suggests the importance of eliminating abscesses of the prostate along with other conditions in which urinary findings simulate a pus kidney, before making a positive diagnosis of such conditions.

I know of no method of determining with accuracy whether or not some of the albumin does not come from

the kidneys in patients of this kind, as it would, of course, be inexpedient to attempt the use of a catheterizing cystoscope or any of the urine segregators. Very significant are the history, the larger amounts of albumin in the first and third glasses with a decided increase after massage of the prostate and the fact that there were no casts or symptoms of kidney disease.

The lesson to be drawn from this patient is that in the past we have devoted too much time making delicate urinary tests and that we have made too little effort to determine the sources of its ingredients. We have too long taken for granted that proteid in urine is necessarily of renal origin.

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POISONING FROM OIL OF TANSY.

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The maximum dose of oil of tansy is given by most authorities as about eight minims.

Considering the small size of the dose required and the frequency with which it is used by women as an emmenagogue and abortifacient, it is surprising that we do not more often hear of poisoning resulting therefrom. I have watched the literature closely for reports of cases of this kind, but have seen only one reported by Dr. Leipziger¹ of Burlington, Iowa.

From druggists I learn that it has a reputation among the laity as an emmenagogue and that it is used frequently by women and girls who suspect and wish to avoid pregnancy. The two cases which have come to my notice are very similar, and one of them I wish to report.

Both cases occurred in young, unmarried women who, not having menstruated as usual, suspected pregnancy. Later developments proved their diagnoses correct.

The pregnancy was not interrupted.

Patient.—L. C. W., aged 18.

History.—I was called to see her at 10 p. m., and saw her a few minutes after the beginning of a convulsion which must have lasted fully five minutes and came without warning, except a slight nausea. The convulsion resembled very much an ordinary epileptic seizure. Her muscles were all contracted and the jaws so firmly set that it was impossible to use the stomach pump until apomorphin one-tenth grain had been given hypodermically. This produced vomiting and relaxed the muscles. The diagnosis then became easy from the odor of tansy in the vomitus. During the convulsion opisthotonos was marked, the muscles were strongly contracted and respiration was shallow and suspended; pulse was 110 and strong. The pupils were dilated and did not react. She tried to talk, but seemed unable to use her tongue. Large quantities of mucus collected in the throat and bronchial tubes. The face was flushed and seemed swollen. As many as eight or ten convulsions occurred and probably lasted three or four minutes each.

Treatment.—Treatment consisted of chloroform to control the convulsions, apomorphin to produce vomiting, and the vigorous use of the stomach pump followed by salines.

Result.—The patient was unusually drowsy the next day, but the day following she was all right, except that she felt a little weak. She said that she had taken two or three doses of half a teaspoonful each during the evening.

The pregnancy was not interrupted.

Giving Digitalis.—Colbeck is quoted in the *Denver Medical Times* to the effect that the administration of digitalis or any of its allies should always be preceded by a purge, preferably in the form of two or three grains of calomel or blue pill, with half a dram or more of compound jalap powder.

1. Recent observations have shown that a large part of the proteid from chronically inflamed prostates is deutero-albumose. This reacts with nearly all the tests like serum albumin, except with the heat test, the precipitate clearing up when boiled.

1. Iowa Med. Journal, February, 1906.