

atrophy. With the right eye he cannot count fingers. The vision in the left eye is .9.

In these cases will be noted not only absence or partial absence, of ataxia, but also that of sensory impairment, at a stage when these symptoms would be expected. It will also be noted that the knee-jerk was not entirely lost in either of the three cases. It is also noticeable that nutrition is unaffected, the patient in one case (Case III) especially, being a stout, well-nourished man, with calves measuring over fifteen inches. This is an exceptional condition in well-advanced locomotor ataxia, although this disease is not characterized by distinct wasting of muscles and groups of muscles, as are diseases affecting the peripheral nerves or the anterior cornua of the cord. The importance of these points in diagnosis is illustrated by the fact, that in two of the cases, considerable doubt has arisen in the minds of consultants as to the nature of the underlying cause of the optic atrophy.

Acting upon the suggestion offered by Dr. Webber in the discussion of this paper, I append a brief abstract of the symptoms in the cases of optic atrophy.

CASE IV. M. R. Numbness and darting pains for two years; delayed micturition; knee-jerk absent; pupils unlike. Argyle-Robertson pupils; pulse 102; vision blurred, field normal; discs opaque, with sharply defined vessels, especially right.

CASE V. T. M. Atrophy of optic nerve, twelve years; staggering during past eight weeks; Argyle-Robertson pupils; knee-jerk normal. During seven or eight years, beginning about fifteen years ago, patient was subject to attacks of vomiting about twice a week.

CASE VI. Pains, twelve years; pupils unlike, Argyle-Robertson pupils; knee-jerk absent; slight staggering with closed eyes; optic atrophy, (b) V = $\frac{1}{3}$ (b).

CASE VII. A. F. Darting pains in legs, seven years; bladder troubles, one year; diplopia and loss of sight, seven years; complete blindness, two and one-half years; vomiting, six years; pupils unlike, Argyle-Robertson; knee-jerk absent; slight ataxia; no anæsthesia.

CASE VIII. C. G. (female). Pains, eight years; failing sight, eight months; bladder irregularities; Argyle-Robertson pupils; loss muscle sense and slight loss tactile sense in middle toes (b); slight unsteadiness; stands fairly well with feet together and eyes shut; ophthalmoscopic examination by Dr. H. W. Bradford shows optic atrophy of both eyes.

CASE IX. W. F. B. (female). Shooting pains, seven years; weakness in legs, several years; staggering, one year; loss of muscle sense; loss of vision, one year; cannot count fingers with left eye; with right eye, vision one-third.

CASE X. N. B. Pains and ataxia, two years; loss of sight lately; knee-jerk absent; tabetic knee joint; slight optic atrophy.

CASE XI. P. C. Pains, a number of years; slight failing, two years; slight bladder irregularities; vision almost lost in left eye, greatly diminished in the right; color sense almost absent (cannot distinguish light blue from red even in the centre of the field).

CASE XII. C. F. Pains in legs; Argyle-Robertson pupils; pupils unlike; scarcely any ataxia with eyes closed; well-marked atrophy of optic nerves.

CASE XIII. F. K. Failing sight, two or three

years; now, perception of light only; pains one year; Argyle-Robertson pupils.

CASE XIV. Gradual failing sight, one year; Argyle-Robertson pupils; pupils small; very slight ataxia; shooting pains in legs; well nourished; knee-jerks absent; marked optic atrophy both; (V. O. D. = $\frac{1}{3}$, V. O. S. $\frac{1}{2}$) nerves white; edges of disc well defined; retinal arteries and veins decreased (Dr. Cheney).

The description of the optic nerves in a few of these cases is such as to leave the diagnosis not absolutely certain. In the majority, however, the loss of sight is too great to admit of question. Whatever may be deducted from the number on account of uncertainty may be offset by the cases in which complete records are wanting, and among which exist, probably, certain cases of atrophy. In any event, the character of the investigation precludes reaching absolute statistics.

DEMENTIA FOLLOWING ETHER.¹

BY JOHN HOMANS, 2nd, M.D.

MANIA subsequent to an injury or surgical operation has long been recognized, — an article on the subject having been written by A. Schroetter in 1804, — but, as a rule, was supposed to occur in alcoholic subjects or in those with diseased kidneys. Within a few years also, cases of mental disturbance following a surgical operation have been attributed to the antiseptic used, as iodoform or a strong solution of corrosive sublimate. Operations on the genital tract in women have occasionally been followed by mania; but here the cause may properly be found in the peculiar sensitiveness of the female genitalia to surgical interference, a case in point being one of sub-acute mania following the introduction of a speculum.

The object of this paper is to put on record two cases in which the mania seems to have been largely due to the administration of ether, as none of the above-mentioned factors were present. My attention was first called to this subject when a house pupil in the Massachusetts General Hospital by the first case to be reported, and latterly by an able paper by Dr. G. H. Savage,² which presents a careful study of the subject, and in which he classifies his cases into acute and sub-acute. The two cases which I present fall into the latter or sub-acute form.

The first case is that of a domestic, thirty-five years old, of a nervous temperament, who was operated upon at the Massachusetts General Hospital, in 1881, for cancer of the breast. The operation, history and appearance of the patient presented nothing extraordinary. The second case was a single lady of over fifty, suffering under the uric acid diathesis, and belonging to a somewhat nervous family who, in 1884, underwent the ordinary operation for fistula in ano. The cerebral symptoms appearing after the operation were so nearly similar in both cases that I present them together, the only difference between the two being that of the time at which the various symptoms appeared or disappeared, and that difference only a few hours, or, in the ultimate recovery, a day or two.

The history of these patients after the operation

¹ Read before the Boston Society for Medical Improvement, April 8, 1889.

² Brit. Med. Jour., December, 1887.

was as follows: For two days, a condition of euthanasia; patient remarkably happy and comfortable; no pain or discomfort; slightly flushed face; pulse and temperature only slightly raised above normal. On third day, patient a little excited; mind wandered a little, which condition increased till, on fifth day after the operation, the mind was completely gone; patient tried to get out of bed, or tear off the dressings, and constantly talked or muttered to herself, but with a mild, disconnected delirium, no especial delusions being noted. This condition lasted for about a week, when a gradual improvement began; and in about five weeks after operation the mind was perfectly clear. The first case died in a year or two of recurrence of the cancer, but without any mental trouble. The second patient is now alive and well, both physically and mentally. Here, then, are two cases, both women with somewhat neurotic tendencies, falling into the same demented condition after a not especially severe operation, and both recovering at about the same time.

That delirium tremens or mania sometimes follows surgical injury in alcoholic subjects is almost a medical axiom, and the temporary effect of ether is much the same as that of alcohol. We often tell the friends of a patient recovering from ether that they are not to mind what he says, because he will "talk just as if he was drunk." The physiological disturbances produced by the two drugs being somewhat the same, it seems a reasonable conclusion that their exhibition may give rise to true pathological conditions which strongly resemble each other. The use of drugs other than these two occasionally produces mania, as belladonna, a case being mentioned by Dr. Savage in the paper above mentioned. In view of these various facts, therefore, I think it is justifiable to ascribe the prime cause of the dementia in these two cases to the inhalation of ether, other factors being the nervous family history or temperament. It would not be wise to base any strong statement upon a few cases; but I think the surgeon about to operate on a neurasthenic patient should bear in mind the possibility of an attack of mania, accompanied, fortunately, by the probability of a complete recovery.

REPORT OF PROGRESS IN GYNECOLOGY.

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OPEN FALLOPIAN TUBES.

Dr. JOHN WALLACE¹ has gradually come to the conclusion, that not only is the open condition of the Fallopian tube more common than is usually thought, but that it may be a normal post-partum condition just as subinvolution is, and that like that it only gives rise to symptoms when its return to a normal state is arrested. The tubes and ligaments generally increase in size markedly during pregnancy, and anything which retards their perfect involution, such as tight bandaging after labor, permitting the patient to rise too soon, tight lacing or heavy petticoats may result in a more or less patulous condition of the ostium uterinum of the oviducts. As symptoms of this condition, the author notes abdominal pain, numbness, cramps, bearing down, frequent micturition, and pressure upon the

rectum. Physical examination shows a congested and œdematous cervix, uterus prolapsed or retroverted, and a profuse discharge of ropy, yellowish mucus. One or both ovaries or tubes are apt to be found in the retro-uterine pouch. A uterine sound may, with a little gentle manipulation, be made to enter the tube, and be passed up to the hilt. This manipulation causes little pain, and is an important part of the treatment.

The treatment in general is prolonged, and consists in rest in bed, hot douches, adjustment of pessary (if possible), catheterizing the tube once a week, and intra-uterine applications. The author gives a list of fifty-three cases in which he found this condition, all of which were cured.

[While we allow that this patulous condition of the tubes following parturition may be common, yet we fail to see that the symptoms the author describes are attributable to the state of the tubes. They are the common symptoms of subinvolution of the uterus. The open tubes seem to us merely a coincidence, and their catheterization not only unnecessary but even hazardous.—REP.]

RAPID CURATIVE TREATMENT OF CYSTITIS IN WOMEN.

Dr. T. More Madden² refers to the prevalence of cystitis in women, and after a brief synopsis of the causes, symptoms, and general treatment, which contains nothing especially new, describes the method of radical cure which he has employed in chronic cases. He thoroughly dilates the urethra with a specially devised instrument, so as to admit the index finger, and for a time completely paralyze the sphincter. In some instances, he uses a dull wire curette to remove the proliferating vesical mucous membrane. In every case, he makes an application of carbolic acid, preferably in the form of the glycerine of carbolic acid of the pharmacopœia. This is "introduced by an ordinary stilette, armed with a piece of absorbent cotton saturated in the application, and passed through the dilator, so as to avoid any of the acid being brushed off in the canal before it reaches the fundus vesicæ, where it should be retained a couple of minutes until every part of the vesical wall contracts firmly upon it." The urethral canal should then be similarly treated. Pain may be relieved by cocaine. The author says that two or three applications, at intervals of a week, will usually cure the most aggravated cases. By this means the severe operation of Emmet, with its subsequent discomforts, is avoided.

ACUTE MANIA AND MELANCHOLIA AS SEQUELÆ OF GYNECOLOGICAL OPERATIONS.

Dr. T. G. Thomas,³ in this paper, places on record what he considers a "rather remarkable experience" as to the occurrence of acute mania and melancholia as sequelæ of gynecological operations. He, in the outset, distinctly states that he does not regard these states as complications, or necessarily as results, of the operative procedure, but merely as sequels which may or may not be dependent upon it; nor does he wish to be understood as claiming that gynecological operations are especially liable to such sequences.

After stating what he understands by acute mania and acute melancholia, he relates six illustrative cases,

¹ Brit. Med. Jour., March 2, 1889.

² Mod. News, April 13, 1889.