Strange then discusses the question as to whether chorea is frequently dependent upon previously existing disease of the heart, rheumatic or otherwise. He says that in some fatal cases fibrous vegetations were found on the cardiac valves, and minute particles of these growths have doubtless at times become emboli, and given rise to minute hæmorrhages in the brain. But if any such dislodgment were of frequent occurrence in cases of chorea, we ought to find signs of embolism in various other organs including the skin, which is not the case. The combination which he has observed in a few cases is, first, rheumatism in early life; next the heart is affected; then the patient recovers so far as such patients ever recover. Some time afterwards, perhaps two or three years, the same young person is brought to the hospital suffering from chorea. In this case it is impossible to say that minute fibrinous particles have not been detached from the cardiac valves or from the tendinous chords of the ventricles, but we have no proof of it. Indeed, if this were a frequent cause of chorea symptoms of this disorder ought to follow the heart affection more quickly than is generally observed, when, in fact, these minute fibroids are soft and fresh, and easily detached from their bases. The chorea in the above instance then being relieved, the patient ultimately dies of the original mischief done to the heart. In this case it is not more reasonable to suppose that the chorea is the result of disordered nutrition of the nervous substance, caused by the irregular and defective circulation which almost always occurs in such cases? It must be confessed, however, that there is a difficulty in accounting for cases of hemichorea upon the general principles of defective nutrition, for defective nutrition, unless it be caused by some local circumscribed obstruction, should operate on the whole nervous system alike. The symptoms, then, of chorea are those of incoördination and defective inhibition. These are the results of brain starvation, caused by morbid products which cut off the proper supply of blood to the nerve cells. The force residing in the brain cells is defective, owing, probably, according to Andral, to their defective aggregation or to want of firmness in the conducting white substance, or to both. The rapidity with which proper food and medicines calculated to give tone to the nervous system act in curing the disorder is the proof from treatment which confirms the verity of this view of the pathology of the disease.

The writer then says that if the above ideas as to the nature and causes of chorea are true little need be said as to the medicinal treatment of the disease. There being nothing special in the coarse pathology of chorea no specific remedy is required, or likely to be found if required. Dr. Strange has treated a large number of cases without any drugs whatever, and simply with three to six ounces daily of ordinary port wine. By this treatment a cure was effected in the average of cases in from three to six weeks, which certainly compares very well with the success attained by the arsenic treatment of chorea.

— There is ground for hoping that some thorough system may be adopted for the disinfection of old rags used for manufacturing paper, etc., since cases of small-pox have lately again been shown to have had their origin in this source of infection. The rags imported from Egypt and Asia Minor should be especially looked after.

Hospital Practice and Clinical Memoranda.

ST. LOUIS HOSPITAL NOTES.

REPORTED BY J. B. SHAPLEIGH, M.D.

TWO CASES OF GANGRENE OF SCROTUM.

CASE I. J. O. Male. Aged forty. Irishman. Fell astride a joist on the day before entrance which was July 23, 1881. The scrotum, penis, perinæum, and inside of thighs were much discolored and œdematous. A diagnosis of hæmatocele had been made at the examining office but no fluid was found in the tunica vaginalis thin enough to pass through the canula. Free incisions were made in scrotum and penis to relieve tension and prevent gangrene if possible. Patient was unable to pass his urine and on the day after admission an attempt to puncture the bladder through the rectum was made but failed. Bladder was then aspirated above the pubis and 1050 cc. of urine drawn off. On the fourth day after the accident the urine began to dribble through the incisions in scrotum, and continued so to do for about ten days, when the whole was voided at one time, still through the cuts.

For the first week the patient had more or less fever, and the scrotum soon showed signs of sloughing. Under tonics the patient improved in strength and the line of separation rapidly formed. This ran round the base of the scrotum close to the body and left the testicles entirely uncovered when the slough separated. They were each provided with a small, but neat, scrotum of their own by the granulations and the retraction of the new tissue drawing skin from abdomen and thighs. The urethra had been almost completely divided by the fall, hence the dribbling through the scrotum, and when the new scrotum had been formed the external opening of the fistula was just behind it, and was about 0.05 decimetres in length. This gradually closed but was kept from narrowing the canal of the urethra by the use of bougies. The man left the Hospital December 19, 1881, having been able for a week to pass his water through the entire urethra as formerly, by holding his legs together, otherwise it came through the fistula.

CASE II. G. L. Age fifty-four. Born in Vermont. Had always had fair health except a tendency to chronic diarrhœa. Had had a stricture of urethra.

Patient was admitted October 29, 1881, suffering from blood poisoning, resulting from gangrene of scrotum. His story was that he fell upon the sharp edge of a barrel, striking his perinæum. The scrotum soon began to swell and turn black, and he noticed that he could not pass his water. On examination the entire scrotum was found to be gangrenous, and very tense. An incision was made in the median line and the cavity of the scrotum laid open. This was found to contain a large quantity of very strongly alkaline urine, and a rent in the urethra was found just in front of the bulb. Scrotum was stuffed with salicylic acid emulsion on oakum, and patient treated for septicæmia.

In the course of a week his condition was much improved and the gangrenous portion of the scrotum had begun to separate. Everything looked favorable, when a diarrhœa, very similar to that of phthisis, attacked the patient, and, in spite of all treatment, continued

until his strength was exhausted and he died. Up to within a week of death there had been continuous progress in the healing of the scrotum. The testicles, which had been entirely exposed, had drawn up toward the pubes and were half covered by the advancing granulations. The opening in the urethra was almost closed and a few drops of urine occasionally escaped from the meatus. The recovery would, without doubt, have been as good as in the first case but for the fatal diarrhœa, a tendency to which seems to have been constitutional with him.

ACUTE JAUNDICE; DEATH IN FORTY-EIGHT HOURS.

CASE III. D. T. Irishman. Age fifty; entered the Hospital November 9, 1881, for an ununited fracture of the tibia dating back to March of same year. He had been walking on it with the aid of a cane since that time. Ends of the fragments were rubbed together and the leg put up in plaster stirrup. Patient had decided cirrhosis of liver and confessed to having been a hard drinker in former years, but not lately. *Had never had any dropsy.*

On Thursday, December 15, 1881, the man seemed as well as usual and went to bed apparently in good health. During the night he was attacked with nausea and vomiting. Matter vomited tasted bitter but was not saved for inspection. On seeing him, at eight A. M. Friday, I found him much jaundiced, the conjunctivæ and the whole surface of the body being of a bright yellow. He was totally unconscious of this and was surprised when told. He had no fever, and pulse and respiration were normal. His mind was unaffected. There was no pain except slight tenderness on palpation over epigastric region. Ordered podophyllin and dilute nitro-muriatic acid.

At ten A. M. there seemed no change except that the color was appreciably darker. At four P. M. found no change. Had had several evacuations of a watery character from bowels. Unfortunately these were not preserved.

On Saturday morning at eight o'clock found him comatose with labored breathing. Pulse full and soft, rather slow and evidently failing. There were no convulsions and patient died in coma in the afternoon, not more than forty hours after he was first attacked with nausea.

Post mortem was held eighteen hours after death. The body presented a uniform yellow color. The ribs were much expanded laterally, making cavity of thorax much broader than normal, nothing else unusual. Thoracic viscera normal. Slight pleuritic adhesions in right chest. Stomach and upper part of duodenum presented evidence of recent inflammation, the rest of the intestinal tract normal. Spleen somewhat enlarged and engorged with blood. Liver was a type of complete cirrhosis, much contracted and roughened; in size only about half the normal. Gall-bladder about half full of thick, tarry bile. Cystic duct partially occluded by same material. Common and hepatic ducts free. All the tissues were very yellow, even the marrow of the bones looking like butter.

The striking features of the case are the absence of any dropsy with a liver in this condition, and the occurrence of jaundice so rapidly fatal, and apparently without cause. The former may be explained by supposing the general venous system anastomosing with the portal system, sufficiently enlarged to allow a return to the heart of blood destined for the portal veins,

without its passage through the liver. This would prevent any backward pressure of the blood on the portal venous capillaries, and so prevent ascites. Of the cause of the jaundice I am ignorant.

Reports of Societies.

BOSTON MEDICO-PSYCHOLOGICAL SOCIETY.

WALTER CHANNING, M. D., SECRETARY.

OCTOBER, 1881. At this meeting, which was the fourteenth regular meeting, Dr. J. B. AYER reported

A SEVERE CASE OF MELANCHOLIA FOLLOWING PNEUMONIA,

of over two and one-half years' duration, carefully treated at home, and during the past few months showing improvement.

In connection Dr. Ayer alluded to the following subjects as of especial interest:—

(a) *Insanity following acute disease* is of quite frequent occurrence. Of 5116 cases in the McLean Asylum during forty-three years, sixty-two were stated to be of post-febrile origin.

It is important to recognize the early symptoms of insanity occurring in connection with acute disease, for it is sometimes possible by judicious treatment to avert an impending attack.

(b) *Climacteric insanity* generally takes the form of profound melancholia with more or less excitement. Its frequency compared with other causes is shown by the following table:—

Out of 5116 cases

51 were attributed to disturbances caused by menopause,
42 were attributed to disturbances of uterine disease,
167 were puerperal cases.

(c) *The rarity of recovery* after the completion of the second year.

Blandford mentions two cases recovering at the end of five and one at the end of seven years, and says that melancholia is the only form of insanity where recovery occurs after such a long period.

Blandford explains the symptoms of the disease as follows: "During the whole period the general nerve energy is in a state of defect, causing intense melancholy and consequent delusions. All the ideas are tintured by the prevailing gloom, but if the nerve force is restored the mind resumes its proper work unimpaired."

The state of stupor, he thinks, has a close resemblance to the dreaming condition, the brain being only partially at work.

(d) *Treatment.* Morphia was not given regularly. When administered it generally controlled excitement satisfactorily, and put the patient to sleep.

Chloral and conium used, but it was impossible to decide with how much benefit.

Hyoscyamus (Squibb's alcoholic extract), used principally in one and one half grain suppositories, had a decided sedative effect. After using for a few days they began to lose effect, but after waiting a fortnight they could be resumed with undiminished benefit.

Hyoscyamia (Merck's and Morson's preparations tried) one sixty-fourth to one thirty-fifth grain two to four times daily, was of service at first, but soon lost