

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

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