

blood-vessels, may determine a complete rupture of the vessel coats. Such bleeding is similar to the hemorrhage which occasionally occurs on too suddenly emptying the bladder after prolonged retention. In one of my cases, at least, hemorrhage *ex vacuo* would seem to offer a plausible explanation for the bleeding.

CASE 1.—The patient, 27 years old, had been well of an obstinate anterior urethritis for about one month. Because of this infection he had been continent for several months, during which time he had had no seminal emissions. On coitus he noticed the discharge was deeply blood-stained, and consulted me the following day. Alternate stripping of the prostate and vesicles showed the prostatic secretion and that from the right vesicle to be normal. The expressed contents of the left vesicle showed considerable fresh blood—no pus.

Treatment consisted of stripping the vesicle every other day. One week later it showed only a trace of old blood. Seen repeatedly since, he has remained well.

CASE 2.—The patient was a Protestant minister, aged 42, married three years, one child. He had no venereal history, had never indulged in sexual excesses, and knew of no cause to which to attribute his trouble. For five or six weeks before, he noticed that the seminal discharge, occurring either while asleep or during coitus, was deeply stained with blood. Nightly emissions had been of frequent occurrence since bleeding was first noticed (probably due to the distention of the vesicle with blood).

Rectal examination showed the prostate and left vesicle to be normal. The region of the right vesicle was slightly tender to pressure and the expressed secretion was deeply blood-stained, but contained no pus. Massage was practiced for six weeks, at the end of which time only a trace of old blood could be expelled. Six months later he reported himself as being altogether well.

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## HEMATOMA OF VULVA DURING LABOR

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*History.*—Mrs. F., primipara, had been in labor about four hours, dilatation of the cervix had progressed normally and she was in second stage with everything pointing to a speedy delivery. The pains were rather hard, accompanied by a great tendency to bear down, so I had commenced to give chloroform with each pain. About ten minutes after my last examination, she began to complain of a sharp cutting pain in the right labium. On examination I found a tumor about the size of an orange. In pressing my hand over it to determine whether or not it was a hernia, I noticed at once that it was rapidly enlarging.

*Treatment.*—Recognizing what I had to deal with, I pushed the chloroform and had the nurses prepare things for opening and stopping the hemorrhage, which had now reached the size of a child's head, and had, indeed, very much the appearance of a child's head just delivered. At this stage the tumor ruptured, producing a ragged rent about two and a half inches just at the junction of skin and mucous membrane and I am quite sure that I removed more than three pints of clotted blood. The cavity was packed with sterile gauze. I then found the child's head pressing against the perineum and in very short time the infant was delivered.

*Remarks.*—The patient had an uneventful puerperium without rise of temperature. The cavity left by the hematoma was irrigated every day and in about ten days there was very little sign left of what seemed at the time to be a serious condition.

## PURPURA HEMORRHAGICA IN PERTUSSIS

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The fact that numerous contagious diseases have less severe manifestations as a rule during warm months has led to the popular opinion that it is a good thing for a child to contract such diseases as scarlet fever, measles, mumps, and whooping-cough when the mild form prevails. Physicians owe it to the public to correct this erroneous impression. The following case which developed a rare complication illustrates the error of this opinion.

*History.*—F. M. W., girl, aged 4, residing in the country, previously a robust healthy child, contracted whooping-cough about June 1, 1910; the disease continued for six weeks. The weather was ideal. During the second week of the disease there developed areas of purpura hemorrhagica due to the mechanical cause. Every time there was a severe paroxysm of coughing, either the spot would enlarge or a new focus of hemorrhage would appear and then gradually enlarge with subsequent paroxysms. These hemorrhagic areas were distributed especially over the arms, legs and back. Some spots appeared in the groins and one on the face. They were as sensitive as if due to contusion. When the whooping-cough yielded the hemorrhage stopped and gradually the areas resumed the normal aspect. The heart, which at the beginning of the disease had a normal action, has been left with a valvular lesion which will be a permanent menace to the child's life. The resistance of the child to disease has been lowered; and this, I believe, is the case with every contagious disease no matter how mild.

## Therapeutics

### ARTERIAL HYPERTENSION

Dr. Arthur R. Elliott, Chicago (*American Journal of the Medical Sciences*, July, 1910), so sensibly discusses this subject of ever-increasing importance that it deserves more than a passing notice. Increased blood tension which is now early recognized and actually measured is the forerunner of all that may happen to a well man. In other words, most other diseases are caused by accident, it may be medical accident or surgical accident, and even pneumonia is a medical accident. Increased blood pressure is an indicator of what is really going on inside of a man, and represents primarily the circulation of irritants or over-stimulation from nervous excitement and tension. Whichever be the cause, the etiologic factor must be removed or the condition will sooner or later cause cardiovascular-renal disease with its varying serious sequelæ. The highest blood pressure occurs in renal insufficiency, and the greater the insufficiency or the nearer uremia, the higher the tension. If an actual arteriosclerosis is present the tension may be apparently high but actually low.

Elliott does not discuss the nervous side of hypertension; probably he thinks in this rapid age it is useless to discuss lowering such tension. The only possible successful method of lowering this kind of tension is to urge such a patient to go to a quiet place for a complete and absolute change of duties and environment. Nothing else, in this age, is successfully advised; in other words, any other advice to remove nervous excitation is not taken.