

she has had a profuse purulent discharge. The uterus is fixed, and a firm immovable mass occupies the whole of the pelvis, being felt all round the uterus, in the bladder and in the rectum. The cervix is retracted, and the os feels only like a pimple, though quite open. I cannot give any reason for my suspicion, but before I passed the sound I entertained the belief that in this case it would pass into the peritoneal cavity, and the extreme care with which I introduced the sound was remarked by our resident medical officer, Mrs. Louisa Atkins. The sound passed straight up to the neighbourhood of the umbilicus, and was there felt under the integuments, and its point could be made to travel freely about. I have repeatedly passed the sound in this case into the peritoneal cavity, and I find it always goes in one particular track, and in that direction no exertion whatever is needed to pass it. I passed it this morning (Oct. 5th) in presence of my colleagues, and they had no doubt of the existence of a fistulous track.

Two explanations of this case have offered themselves to me. The first was that it might be a case of encephaloid cancer, the fundus uteri or part of it having been destroyed by ulceration. The alternative was that it was a case of suppurating hæmatocele, which had burst in two directions and left a fistula. To this latter view the progress of the case has driven me, and I am glad to find that my colleagues support me in it. The feeling of the tumour is not that of so large an extension of malignant disease. It has not interfered with neighbouring organs. The discharge is purulent, though on microscopic examination some epithelial-looking cells have proliferated nuclei which are suspicious; and the patient does not look cachectic. Moreover, she is improving under treatment. An interesting point in this case is that almost certainly a large amount of purulent fluid has found and does now find its way into the peritoneal cavity without doing any apparent injury.

In neither of these cases does the passing of the sound give rise to pain or trouble of any kind.

Great Charles-street, Birmingham.

ON THE
VALUE OF THE HYDRATE OF CROTON
CHLORAL IN PAINFUL AFFECTIONS
OF THE FIFTH NERVE.

BY J. WICKHAM LEGG, M.D.,
CASUALTY PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL.

It is perhaps surprising that a remedy whose action was several months ago declared to be of so extraordinary a character should have received so little attention at the hands of the profession, especially when this new medicine promised to be so efficient a weapon against some of the most painful diseases known to physicians. Beyond one or two pharmacological notices, the substance seems to have been altogether passed by.

The hydrate of croton chloral was made by Krämer and Pinner, by the action of alkalis upon dichlorallyl and formic acid. Its physiological action was investigated by O. Liebreich. He found that in animals it produced a deep anæsthesia of the head, without any loss of sensibility of the body. Death was caused by a paralysis of the medulla oblongata. In man, an anæsthesia of the fifth only was noticed. The sensibility of the trunk, and the pulse and respiration, remained unaltered.

Having procured some of this substance, I determined to make observations upon such of my patients at St. Bartholomew's as appeared likely to be benefited by the use of the medicine. I gave it to about twenty persons, nearly all women. They varied in age from seventeen to forty-four. They were all suffering pains in the regions supplied by the fifth nerve—that is, the upper and lower jaw, the face, and the supra-orbital region of the forehead. The pains were paroxysmal. In the majority of the cases they were increased at night. In nearly every one of these cases there was caries of the teeth. In about half there were signs of anæmia. The medicine was given in doses of five, ten, and twenty grains, dissolved in water. It was given

at night, just before going to bed. In one case, where the pains became aggravated at noon and at bedtime, it was given just before the increase of pain was expected. In all the patients, except two, great relief from pain followed the dose of croton chloral. Some of the patients said that they slept well after it; others, that they did not sleep, but that the pains in the head and face either ceased altogether, or were much diminished. In two cases, both women, the croton chloral was of no use whatever, the pains being aggravated during the use of the medicine; but in the rest of the cases more or less relief was given.

Should the croton chloral be as efficient in the hands of others as it has been in mine, it will prove a most important addition to the *Materia Medica*. It will enable the physician to give relief from pain until relief can be afforded by the dentist, or by attention to the general health, and this without any of the general effects of narcotics. It is almost unnecessary to dwell further upon the advantage of possessing such a means.

I may conclude by stating that Messrs. Evans and Leschner, of Bartholomew-close, keep the hydrate of croton chloral in stock.

Green-street, Park-lane.

HYDROCELE OF THE SEMINAL VESICLE.

BY N. R. SMITH, M.D.

DISEASES of the seminal vesicles have received very little attention from pathologists, probably because of their obscurity and infrequent occurrence. There is an excellent, but brief, article on this subject in Holmes's *System of Surgery*, by George M. Humphry, but he does not mention the affection which I am about to describe, nor have I noticed it in any other author. The seminal vesicle is wrapped in an envelope similar to that of the ovary, and is cellular in structure. We should not be surprised, therefore, to find it similarly affected in disease.

Some twelve years since I was called to a case (in consultation with Dr. B—, of the city of Baltimore), represented to be one of retention of urine. I found a large pyriform tumour occupying the cavity of the pelvis, and also that of the abdomen, higher than the umbilicus. There was no gaseous resonance over any part of it, but when percussed it sounded and vibrated like a fluid in a tensely distended sac. The patient was passing, every hour, half an ounce of urine perfectly normal in character. The attending physician assured me that he had repeatedly introduced the catheter into the bladder and had drawn not more than an ounce of urine; not in the least reducing the volume of the tumour.

Still I had not the slightest doubt that I was dealing with a distended bladder. All surgeons are aware that when the bladder becomes greatly distended it ascends into the cavity of the abdomen, the prostatic and membranous portions of the urethra becoming retracted and elongated, so that an ordinary catheter may be introduced its whole length, and its point not pass the uvula of the bladder, and no urine flow. The fact that urine was dribbling away involuntarily, from time to time, is also well known to be a common occurrence when the bladder is distended.

I had had not long before committed to my care from the country a gentleman who had been suffering from distended bladder. His country physician wrote me that he had repeatedly introduced a catheter fairly into the bladder and not a drop of urine had flowed. He was quite indignant at my opinion that the bladder had not been reached, and equally astonished when I introduced a long and large catheter and drew off some five pints of turbid urine.

In the present case, then, I had at first no doubt that I should find the bladder distended. I was greatly surprised, then, when on introducing a long catheter fairly into the bladder there flowed only an ounce of perfectly normal urine. On placing my hand on the tumour I found it not in the least reduced in size, and, as I moved the catheter, I distinctly felt the instrument gliding about in close contact with the walls of the belly, being pressed forward by the pyriform tumour.