

physician, as to the correctness of a diagnosis, unhappily fully confirmed by the later history of the case, and, at last, by the autopsy. I recommend the plan to my professional brethren, cautioning them to be sure to get an article of good quality.

VI. A sixth indication is to evacuate dropsical accumulations. For this purpose mechanical methods are sometimes useful, such as acupuncture of the legs, prepuce, labia, etc., or a short incision over one of the malleoli. Tapping of the abdomen is generally to be avoided in renal dropsy. Erysipelas is specially liable to follow operative methods in this form of dropsy. Hydrogogue cathartics, which are often so well borne, and so satisfactory in results in cardiac dropsy, are neither so safe nor so useful in the dropsy of Bright's disease. Sometimes, however, resort must be had to elaterium, in suitable doses and combinations. Sometimes making temporary use of the remaining powers of the kidneys, diuretics may be given, especially the infusion of digitalis with the iodide of potassium, or cream of tartar. But I believe that in this disease, not only for the elimination of urea but also for the evacuation of dropsical accumulations, the hypodermic use of pilocarpine is not only one of the safest, but also one of the most effective measures at our command. It is a good plan to alternate the various methods, laying the burden of vicarious service alternately upon the different organs. The Basham's mixture, above mentioned, besides being useful as a blood restorer, often acts as a gentle tonic-diuretic.

VII. A seventh indication is to sustain the heart. It has been shown by Johnson, and others, that in the inflammatory forms of the disease the walls of the small arteries and capillaries are very constantly thickened, and their calibre diminished. Indeed, it has even been proposed to call the disease an "arterio-capillary fibrosis." Associated with this vascular affection, if not indeed caused by it, is found hypertrophy of the left ventricle of the heart, which very generally, at last, undergoes fatty degeneration and dilatation. It is therefore a matter of great importance to save the heart if possible from all strain. No over-exertion of body or mind should be allowed. Excitements of all kinds should be avoided, and tranquility of mind should be promoted. Digitalis and strychnine are perhaps the two drugs most used, from time to time, to strengthen the heart's action.

VIII. My last indication is to palliate the suffering of this distressing disease. The methods for this are in large measure involved, and have been mentioned under other heads. As much of the distress doubtless arises from uræmia, so the most lasting relief is that which comes from the elimination of the urea. I will mention a few items here. In the fits of dyspnoea prompt relief is sometimes obtained from the hypodermic injection of the quarter of a grain of morphia with the hundred and a twentieth of a grain of atropine. The nitrite of amyl quickly affords relief, in some cases, a few drops being put upon a handkerchief and held to the nose. The same use of morphia and atropine is often useful in convulsions, restlessness, and general nervous disturbance of the advanced stages of the disease. For the headache and dizziness a scruple of bromide of sodium in a teaspoonful of syrup of lactophosphate of calcium may be given three times a day, and, for the asomnia, thirty grains of bromide of potassium, with seven or eight grains of chloral at bedtime. For the uræmic coma I have

found the hypodermic use of pilocarpine by far the most effective remedy.

For diet, as a rule, any articles of plain and simply cooked food may be allowed which the appetite inclines to and the stomach is able easily to dispose of. In some cases advantage is found in a restricted diet of milk, skim-milk, or butter-milk.

Again, in closing, I would mention by way of emphasis, that while chronic Bright's disease is, at least, very generally fatal, yet the fatal issue is not necessarily a speedy one, and that years of comparative comfort and effectiveness may sometimes be added to valuable lives, by constant watching and judicious treatment.

#### A RARE CASE OF INTESTINAL MALFORMATION.

BY E. P. HURD, M.D., OF NEWBURYPORT.

THE case which I am about to report is unique in my experience, though a few similar cases are on record. Gross (Surgery, Vol. II. p. 684) says of such intestinal malformations: "The rectum, instead of terminating at the anus, occasionally, though very rarely, opens by a narrow canal into the urinary passages, generally at the posterior part of the urethra, or at the *bas fond* of the bladder, a short distance below the insertion of the urethra, the former mode of communication being more frequent. The malformation is almost peculiar to males, and generally proves fatal within a few days after birth, on account of the small size of the recto-vesical outlet not allowing a sufficiently free discharge of fecal matter. To this rule, however, an exception occasionally occurs; thus in a case which I attended with Dr. Kempf, and in which I made a very deep incision without reaching the bowel. The child survived six weeks, passing daily a little fecal matter through the urethra. An uncle of the child had lived in a similar condition for thirty years."

Mrs. A. B., of Newburyport, while temporarily staying in Boston, gave birth in May, 1884, to a male child which was found to have an imperforate anus. Dr. H. M. Jernegan was called in to render surgical assistance; he dissected upwards in the ischio-rectal fossa in the direction of the rectum for some distance without finding the bowel, gave up the search, and closed the wound. The next day the infant began to pass thin feces with its urine, every such passage giving pain. The child seemed for a time to thrive; had frequent fecal motions per urethram attended with much straining and distress. At the age of five months, symptoms of obstruction of the bowels set in; for five weeks nothing but urine was passed by the urethra; the abdomen was tympanitic and painful; for several days all nourishment was vomited, these symptoms all passing away with the return of copious fecal discharges along with the urine.

I first saw the child in October. It was then a puny, pale, delicate infant; weight, fifteen pounds; lay most of the time like a limp, flaccid body in its mother's arms; could not raise itself or sit erect; took its food from the bottle with avidity, and seemed at times playful, but had frequent straining urethral passages of thin feces, which were generally of a normal color, and curdy.

In the Spring of the present year, I found the condition of the infant not materially changed. There had

been little growth; there were no teeth. The pain during a faecal operation was very great, the child writhing in agony. These discharges were quite frequent, averaging one an hour, day and night. The indication for anodyne treatment was urgent, but opiates were, for obvious reasons, unadvisable. I directed that the bowels should be kept free, and the stools liquid by manna and magnesia, and the pain relieved by hyoscyamus, conium, chloroform water, and ether inhalations. The consent of the family to a surgical operation (left lumbar colotomy, or opening the bladder at its lower posterior portion and establishing a fistulous communication with the exterior through an artificial anus), could not be obtained. August 1st, the child sank from the prostration of the hot weather and teething, dying at the age of fifteen months. The autopsy was performed by Dr. H. F. Adams and myself, only the abdomen being examined. The intestinal canal was normal, except at the lower portion; there was entire absence of the rectum, and the descending colon, with its sigmoid flexure dilated and distended, and forced over to the right side like a letter V, opened by a narrow, rigid tube an inch and a half in length by half an inch in diameter, into the prostatic portion of the urethra, just behind the pubic arch. The bladder, which was not at all dilated, and to all appearances was healthy, contained a quantity of liquid faeces. The urethra was injected, swollen, and dilated to such an extent, that a good-sized catheter could easily be made to enter the bladder. Nothing abnormal was detected in the other abdominal organs.

Such cases as the above have a physiological as well as a medical interest, and seem to be a reversion to a primitive type of vertebrate life.

## REPORT ON NERVOUS DISEASES.

BY S. G. WEBBER, M.D.

### ARTHRITIS IN ATAXIA.<sup>1</sup>

JOINT disease in connection with locomotor ataxy. A discussion before the Clinical Society of London.

Dr. Moxon strongly opposed the view that the joint disease in locomotor ataxia is a trophic lesion depending upon disease of the cord or nerves. He seemed to consider that the cause of the changes in the bones was due to rheumatism; a joint affected with slight rheumatic inflammation is persistently used and hence serious changes in structure and loss of substance results. He thought that if the patients did not go about on their ataxic joints, keeping up a continual irritation, the originally chronic simple rheumatism would not result into an aggravated, unrepaired, irritative, severe, and therefore strange and peculiar disease of the joint. This so-called Charcot's disease began as a common rheumatism and ended in extensive disorganization, only after long experience of spasmodic irregularity of action in the presence of a wholly broken-down condition of the protective system; when there is anæsthesia of the joint so that the muscles are not inhibited from acting and thus moving the diseased surfaces over each other. He asked the Society, before deciding upon so obscure a matter, to make it clear, to what extent it was probable that the later stages of a joint inflammation would be aggravated by insensibility and spasm, even when that inflammation com-

menced as common rheumatism. He thought there was too strong a tendency to refer new or strange phenomena to the nervous system, to the trophic influence of the nerves, incidentally alluding to the ease with which bones, ribs especially, may be broken in some patients who are not insane. He characterized Professor Charcot as a clinical observer than whom none had ever brought a more powerful imagination in the service of science nor had a better observing talent.

Henry Morris reported two cases, one of lesion of knee joint, which improved greatly by rest. The other was the case of a man who had a leg in a condition of elephantiasis, both ankles were affected and there were perforating ulcers on both feet. After death the posterior tibial nerve on both sides was found diseased, an enormous thickening of the epineurium, and scarcely any change in the perineurium; the nerve fibres were scattered very sparsely, there were only large nerve fibres; the smaller were almost entirely absent.

Mr. Herbert Page referred to the difference between the slow wearing away of the bone in cases of rheumatic disease and the rapid destruction seen in Charcot's cases, during an exacerbation of other symptoms, at gastric crises. He thought regard enough had not been paid to the clinical aspect of the subject.

### SPINAL SCLEROSIS.

J. Babinski (*Recherches sur l'anatomie pathologique de la sclérose en plaques et étude comparative des diverses variétés de scléroses de la moelle*. Archives de Physiol. norm. et path., Feb. 1885, p. 186.) has used Weigert's coloring fluid in the study of sclerosis, combining with it also, in some sections, carmine. He concludes that locomotor ataxia resembles sclerosis in patches much more closely than it does secondary systematic sclerosis.

The habitual absence of secondary degenerations in disseminated sclerosis is not a derogation of the Wallerian law. This apparent anomaly arises from the fact that the axis cylinders are generally preserved in disseminated sclerosis. In cases where they are not entirely preserved, there arises, as in other destructive affections of the central nervous system, secondary degenerations, whose intensity is in proportion to the number of axis cylinders destroyed.

The destruction of the medullary sheaths in disseminated sclerosis far from being dependent upon a mechanical cause, upon a compression of the nerve fibres by the newly formed connective tissue, is rather allied to a vital phenomenon and arises chiefly from the nutritive activity of the cells of the neuroglia and the lymphatic cells. The nature of the degeneration of the nerve fibres, analogous to that which is noticed in the central end of a divided nerve near the section, the persistence of a large number of denuded axis cylinders, the intensity of the changes in the walls of the vessels, the frequent complete disappearance of the myeline in the centre of the islets, form histologically the essential features of disseminated sclerosis. The nature of the degeneration of the nerve fibres, analogous to that which is observed in the peripheral end of a divided nerve, the absence of denuded axis cylinders, the slight severity of the vascular lesions, the persistence in the midst of the sclerosis of a large number of fibres with myeline, gives the secondary systematic sclerosis its distinctive characteristics. By the possible persistence of a certain number of denuded axis cylin-

<sup>1</sup> British Medical Journal, December 20, 1884.