

CURE OF CONTRACTED FINGERS BY BLISTERING.

To the Editor of THE LANCET.

SIR,—Having read the case of contraction of the fingers related by Dr. Marshall Hall, at the Medical Society of London (p. 301), I take the liberty of forwarding to you the following analogous case, in which the treatment adopted was perfectly successful.

Miss K., a young woman, about twenty-four years of age, of a highly hysterical temperament, and who had a congenital contraction of the muscles of the right side of the face, producing much deformity, applied to me for advice in the spring of 1841, with a contraction of the middle, ring, and little fingers of the left hand, which came on about a year and a half before, immediately after a fall, in which she bruised the arm. The fingers were firmly and rigidly fixed in the palm of the hand, and the nails were beginning to *grow into* the integuments. I took the opportunity of a medical meeting in this town to show the case to several medical friends, who severally recommended different modes of treatment. Mr. McIntyre, of Bury St. Edmunds, advised the application of moxa along the flexor tendons of the arm. She objected to this, but I obtained her consent to the use of blisters, and directed one, an inch broad and five long, to be laid over the tendons of the flexor muscles of the forearm, and when healed to be re-applied. The first blister partially succeeded, the contracted fingers becoming gradually extended. The second effected a perfect cure. The fingers became straight and useful, and have remained so ever since, now two years.

I hope that in Dr. Marshall Hall's case counter-irritation will be *fairly* tried, even to the use of moxa, before the severe operation recommended by Messrs. Pilcher, Proctor, and Linnecar, is resorted to. I confess I am rather sceptical as to the cause of the contraction in his case assigned by Dr. Hall. If the first contraction resulted from a wound of the median nerve, what caused the second contraction, which followed a venesection in another vein, of course out of the way of the median. I should rather suspect, with Dr. Chowne, that there was an hysterical diathesis. Perhaps Dr. Hall (for whom I entertain the greatest respect) will permit me to ask for his elucidation of the *modus operandi* of the removal of one cicatrix and the substitution of another. Did it remove a cause of irritation of the nerves of the arm? If so, what nerve was implicated in the last operation? Was a principal nervous branch wounded in *both* operations, or did the cicatrices after venesection merely prove irritants through the medium of the cutaneous filaments? Did the operation itself produce a counter-irritant effect? In

both Dr. Hall's case and my own precisely the same results followed an injury to the arm. In my case there was *no* wound. In Dr. Hall's the same phenomena result from *two* wounds, distant from each other, therefore out of the range of the same nerve. Yours obediently,

C. R. BREL, M.R.C.S.
Stowmarket, Nov. 21, 1842.

PREVENTION OF COAGULA IN CATHETERS.

FRACTURE OF A CATHETER IN THE BLADDER. EXTRACTION.

To the Editor of THE LANCET.

SIR,—Various ingenious contrivances for clearing a catheter, when obstructed by coagulated blood, have been suggested by Mr. Denton, Mr. Lampard, and other surgeons; but although I have been in practice during considerably more than thirty years, and have had pretty extensive experience in the use of the catheter, I have never yet seen it obstructed by a coagulum of blood during its introduction; but as it has happened to others, perhaps the best mode of preventing its occurrence would be to have a long bougie, or flexible metallic wire, of such a size as to fill completely the cavity of the instrument, instead of the slender silver wire at present in general use: if this method were adopted no coagulum could possibly enter the extremity of the tube.

As I am on the subject of the catheter, permit me to relate an accident which many years since happened to one of my patients, an old man, in his 81st year, who had long been afflicted with an enlarged prostate gland. In order to avoid the inconvenience of frequently introducing the instrument, a flexible catheter was passed, and properly secured, but after a few days he declared that he could support it no longer; it kept him in a state of continual irritation, feeling, as he expressed it, like a worm crawling about in his bladder; he therefore begged I would introduce the silver instrument, and let it remain during the night. This was accordingly done, and it was secured in the usual manner to a T bandage, and strict injunctions were given that he should be very careful, and not rise from his bed before my visit on the following morning. On my next visit he informed me that the instrument caused so much pain he was anxious to have it removed, and that the urine would not flow through it. I immediately proceeded to withdraw it, but to my surprise the straight part only came away, the curve having been broken off, and left in the bladder. He now informed me that in his sleep he had turned over, and struck the end of the instrument against the edge of the bedstead, which gave him great pain, and that not a drop of urine had flowed afterwards.

On passing my finger along the course of the urethra I could feel the extremity of the broken instrument in the perineum, close to the verge of the anus. I directed him to lie perfectly quiet, and returned to my own residence, only a few doors distant, where I met my friend and colleague, Mr. Seymour, to whom I related the case. He could not believe me to be in earnest until I produced the straight end of the instrument. Having provided myself with scalpel, forceps, &c. &c., we proceeded together to our patient, and, with the assistance of a tailor, in whose house my patient lodged, and a young farmer whom I met in the street (no medical friend being at hand), we secured our unfortunate patient as for the operation of lithotomy. I passed no staff nor any director down the urethra, lest I should force the broken end completely into the bladder, and increase the difficulty of its extraction, but made my incision by the side of the raphé, exactly as in lithotomy; then, turning the edge of the knife upwards, I cut directly upon the broken end of the instrument, and withdrew it with a pair of forceps. A female catheter was now passed through the wound into the bladder, and firmly secured, and a piece of lint was placed over the wound. The day was passed with very little pain, the urine flowing freely by the female catheter. He was ordered to be kept very quiet, and have no food but gruel and tea. On the next morning I found him very comfortable, merely complaining of a little smarting, and of the inconvenience of the urine constantly flowing through the catheter. I told him that I hoped he would do well, but recommended perfect quiet, gruel, and tea. "Lord, Sir," he exclaimed, "I can't live so; I've never been used to it. Why, last night, after you left me, I had a beef-steak and a pint of porter for supper, and slept all the better for it." This man recovered without one untoward symptom, the wound healing rapidly, excepting at the orifice in the perineum, where the female catheter was introduced, and which he persisted in keeping open, declaring it was far more convenient than passing a long catheter through the whole canal. He lived more than two years after this occurrence, walking about in the enjoyment of good health, with the female catheter in his pocket, which he used several times every day, and died at last from old age. I am, Sir, your obedient servant,

GEORGE HARVEY.

Castle Hedingham, Nov. 15, 1842.

CLUB-FOOT and distortions arise from under development of particular muscles.—*Dr. Knox.*

DR. KNOX, having dissected four cases of women dying in, or immediately after labour, found the symphysis pubis relaxed in all of them.

PREVAILING SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—A remarkably mild form of scarlet fever is prevalent among children at the present time which, though often overlooked by the parents, and sometimes by the medical attendant, it is important to recognise, that measures may be adopted to prevent infection; I believe the wide extension of this disease among all classes may be ascribed partly to want of caution with regard to these cases.

Children have been brought to me lately either with swelled cervical glands, or with discharge from the ears, or with anasarca, the consequence of scarlatina, though the parents, in ignorance of their having had the fever, had allowed them to associate with the family and playmates as usual. In mild examples of the complaint the febrile symptoms are so inconsiderable, and the rash is so evanescent, that they are altogether unnoticed, or supposed to arise from the irritation of dentition. Some of the tooth-rashes so closely resemble this exanthem that it is difficult to distinguish between them. In many cases it is impossible, from the appearance of the rash alone, to pronounce whether a case is scarlatina or roseola infantilis. The state of the tongue, however, if carefully observed, will always prove a sure guide in the diagnosis of scarlet fever, and the characteristics, the prominent papillæ, with unnatural redness of that organ, continue many days after the eruption has disappeared. I have met with a few children in whom the prominent papillæ, with redness of the tongue, are always observable, but the absence of all other symptoms will direct in such instances. The prominence of the papillæ in these children seems to originate from, or to be connected with, great irritability of the gastro-pulmonary mucous membrane, shown by frequent diarrhoea and oft-recurring catarrh.

Where anasarca occurs as a sequel of scarlatina, the tongue may have lost its characteristic appearance, for in nineteen out of twenty cases three weeks *exactly* elapses between the commencement of the rash and the supervention of the dropsy, but it can be readily ascertained whether any symptoms of the fever have been present previously. In my own experience I have never met with anasarca in a child, apparently unconnected with other disease, but as the consequence of scarlet fever; it has been stated that it follows measles, but innumerable mistakes are made in diagnosis between rubella and scarlatina.

Among the poorer classes mild forms of scarlet fever are often treated with indifference, owing to the improper application of the term "scarlatina," by prescribing chemists, and other uninformed persons. A child is taken ill with sickness (the most common early symptom of scarlatina), and