

time of their removal, and did not again present the features so suggestive of tetany.

I regard this case as valuable, inasmuch as it tends to support the growing belief in the impossibility of drawing a hard-and-fast line between the so-called functional diseases of the nervous system. In this patient the neurotic diathesis was marked in every phase of her malady. Inheriting directly from her mother a legacy of nervous instability, what wonder that she should be prone to the development of nervous disorder, which found expression both in her psychical and physical processes. Whether the case be regarded as one purely distinctive of hysteria, or whether it be looked upon as one of hysteria in which a group of symptoms conforming to the type of tetany were superadded as a consequence of some other morbid process, is, I think, a matter of speculation.

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TWO CASES OF CYSTITIS, WITH UNUSUAL COMPLICATIONS.

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CASE 1.—A gentleman, aged twenty-seven, consulted me in January last for frequent and painful micturition, which had been troubling him for a few days. My first note of him, made January 8th, was: Micturition twelve times in the last twenty-four hours; necessity for immediate expulsion when the demand arose; pain in the perineum and at the end of the penis after micturition; temperature practically normal. Urine faintly alkaline, but not ammoniacal; sp. gr. 1018; a slight deposit of pus and mucus; *albumen nearly one-half of a column*. Microscopic examination showed pus and a few blood corpuscles, but *no casts*, after a most careful search. There was no cedema or headache, and except for the local trouble the patient felt little the matter with him. With complete rest in bed and milk diet he rapidly improved, and on Jan. 14th the micturition was less frequent and painful; the urine contained more pus, but no blood, and the albumen was only one-fourth of a column, and there were still no casts to be found. He then commenced to take small doses of copaiba.—Jan. 17th: The albumen was reduced to one-sixteenth of a column, and he was in all respects better.—18th: Aching pain in the right knee joint, which was rather hot and swollen.—20th: Right knee full of fluid; slightly painful; no inflammatory blush over it. Left ankle slightly swollen. No fever; no sweating. Pulse 76. Joints fixed on a McIntyre's splint and covered with evaporating lotion.—22nd: Urine almost free from pus; albumen one-eighth of a column. Micturition almost as in health. Joints much the same. Tongue furred. Anorexia. Pulse 80; temperature 99°.—25th: Right knee still very tense; left ankle better, but left knee distended with fluid, and similar to the condition of the right on Jan. 20th. No sweating or fever. Tongue very furred.—28th: Pus and albumen have disappeared from urine. Right knee and left ankle diminishing in size; left knee very tense.—31st: Phalangeal joint of left great toe red, swollen, and tender; other joints much better, and now treated with mild counter-irritation. Tongue still very furred.—Feb. 4th: All the joints better. Tongue cleaner. Desire for food returning.—20th: The swelling has disappeared from all the joints except the left ankle. The tongue is clean, and the urine healthy. Soon after this the patient went to the seaside, and resumed his business at the end of a month. There is no doubt that the attack was produced by exposure to the extreme cold at the end of December, 1886.

Case 2.—H—, a labourer, aged forty, was in the General Hospital under my care in September, 1885, suffering from cystitis. His trouble commenced six months previously, when he was under treatment in a cottage hospital for fracture of the femur. Owing to his recumbent position he had difficulty in micturating, which ended in retention ten days after his admission. The bladder was emptied once with the catheter, and soon after he noticed blood in his urine, which became thick, and later contained pieces of grit. The hæmaturia continued until he came to the General Hospital, when he also complained of frequent micturition, pain in the perineum, and especially of pain

in the glans penis after micturition. On sounding, patches of calculous matter were detected, some of them appearing to be fixed on the surface of the bladder. Rectal examination revealed no thickening of the base of the bladder. The pathologist, Dr. Bull, reported on the urine as follows: "Colour yellowish-red; alkaline; ammoniacal: specific gravity 1015; *albumen half a column*. Microscopic examination: Triple phosphates, blood, pus, vesical epithelium, and a few doubtful granular casts." After a week's rest in bed, with careful emptying of bladder and washing out with boracic acid solution, the condition of the urine had improved somewhat, the albumen had diminished to one-third, and prolonged search failed to find any casts; but the patient was much worn by pain and broken rest, so I performed the "Boutonnière" on Sept. 29th, partly to evacuate the small concretions that the sound detected, and partly for the purpose of draining the bladder. A few grains of free calculous matter were removed, and some adherent patches were scraped off; but the most important condition found was a patch of ulceration about two inches in diameter on the trigone and its neighbourhood. The ulcer was of considerable depth, and surrounded by numerous warty elevations coated with calculous matter, suggesting to my mind that I had to deal with a malignant growth; I therefore removed some of the warty parts for further examination, and secured a drainage tube in the bladder. Microscopic examination of the warts showed nothing but granulation tissue in various stages of development. On Oct. 5th the tube was removed, as it was beginning to annoy the patient, who otherwise made an excellent recovery, interrupted only by an attack of epididymitis on the eighth day. On Oct. 22nd some urine passed by the urethra was examined; it was slightly ammoniacal, and contained a thick cloud of albumen, a little pus and blood, and some phosphatic crystals. A week later there were only a few pus-cells, and a trace of albumen in the urine, and the patient was discharged on Nov. 7th, reporting himself some weeks later as being perfectly well.

Remarks.—I have described these two cases together, as they had in common what is, I believe, a very unusual condition in cystitis uncomplicated with nephritis—viz., severe albuminuria, which I presume was dependent upon a large serous exudation from the bloodvessels of the mucous membrane of the bladder, and perhaps of the upper urinary tract, or, in the second case, from the ulcerated bladder surface. The joint complication in the first case did not closely resemble either urethral arthritis or acute rheumatism, being of a much milder type than is generally noticed in the former, and without the severe pain, sweating, and fever of the latter. The rapid and complete recovery after drainage in the second case was most satisfactory.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A NOTE ON THE LOCAL TREATMENT OF PSORIASIS.

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I IMAGINE that dermatologists are coming to the conclusion that the more circumscribed a skin disease is the more is it a purely local affair, requiring to be treated mainly with outside methods. If a person has, for instance, two or three dull-red mahogany-looking patches of psoriasis, now and then perhaps somewhat inflamed, but always so abrupt in margin that a pen or pencil line can be drawn round them, we should think first and almost solely of remedies applied to the visible disease, whatever may seem fitting to be done as internal confederates and helps.

Now, if there be any disease for which thermal bathing is almost always successful, it is the common *psoriasis diffusa* when treated with the Bath mineral waters. Adults and children come who are "white as snow and scaly as hoar frost"; and without taking any drugs (usually so called) they often leave Bath in less than six weeks (unless the disease be chronic and very defiant) with the skin physio-