

## CONCLUSIONS.

1. The use of sounds is generally to be condemned.
2. The sphere of usefulness of the catheter is growing smaller and smaller as the advantages of an early operation make themselves manifest.
3. The Bottini operation may be applicable in selected cases, but should seldom, if ever, be adopted.
4. Orchidectomy, vasectomy, ligation of the internal iliacs, injection of carbolic acid, application of electricity and allied methods are to be condemned.
5. Prostatectomy is the procedure of choice, best performed when the symptoms first make themselves manifest and the patient's condition is presumably at its best.
6. The preferable route is through the perineum, the preferable method that of Young or one of its modifications, but much depends upon the skill of the operator as regards the method employed.
7. In patients with foul bladders and diseased kidneys who, we have reason to expect, would not stand an extensive operation, thorough drainage should be first instituted either by a suprapubic or perineal incision under local anesthesia, to be followed later by enucleation, if deemed advisable.
8. The use of local anesthesia, especially spinal cocainization, is of great value, and should be more extensively employed.

### Clinical Department.

#### AMBLYOPIA FROM THE FUMES OF WOOD ALCOHOL.

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On the morning of Oct. 5, 1905, C. B., age fifty-three, a painter by occupation, began the work of cleaning the paint from old furniture and applying shellac to the floors of three rooms. He continued this work for three days when he was obliged to give it up on account of the sickness caused by the fumes of the wood alcohol which he was using.

The patient was a strong, well-built man of sober and industrious habits. Used tobacco rather constantly and had done so for years, smoking a pipe while at work. His eyesight was good and only occasionally he used glasses for reading. Although indulging moderately in alcoholic stimulants, he was fully aware of the dangers of drinking wood alcohol. He had taken nothing of an alcoholic nature while at work at this place and during this time had had only one or two whiskies at night which he obtained and drank at a saloon.

He used wood alcohol to remove the old paint from the furniture and in mixing his shellac. His work consisted in pouring a quantity of wood alcohol on the furniture, rubbing it with a cloth and then applying more. None of the rooms in which he was working was larger than 10 x 12 feet, and as a breeze was blowing through the house, he closed the doors and windows to prevent evaporation of the alcohol.

The first day, after being in the closed room for some hours, he began to suffer from headache, nausea, a faint feeling and some smarting of the eyes, but after

being in the open air, he felt relieved and continued the work.

The second day he was in the closed room all day and suffered from the same symptoms, and while walking home at night, he noticed a slight blur before his eyes as if a veil were hanging in front of them. He went to his room to wash for supper and felt so miserable that he sat down in his easy chair and slept until 10 o'clock P.M. and then went to bed without any supper.

The next morning he started to work but was unable to do anything and about 8.30 A.M. gave up and went home. The blur before his eyes had increased and the symptoms of headache, nausea and faintness were intense. His mind was confused and he had no clear memory of what occurred. He lay down on his bed and about noon a physician was summoned. Some relief was obtained, but during the following night he became worse and was admitted to my service at the Lynn Hospital.

I saw the patient for the first time about 4 o'clock A.M. He was in a semi-conscious condition, was able to talk but speech was unintelligible. The temperature 100°, pulse 108, full and strong, respiration 20. The pupils were widely dilated and irresponsive to light. Patient was extremely restless, turning from side to side and resented any attempt at restraint. After a time he quieted down and obtained some sleep. Urinary examination was negative.

At 9 o'clock the same morning his mind was perfectly clear, although his memory was somewhat hazy concerning the events of the preceding night. He complained only of some headache and his inability to see. He could, however, count the number of persons in the room and could see a hand passed before his face.

Examination of the fundus by Dr. Jones showed some blurring of the disc of right eye and contraction of the arteries in left eye.

The temperature for the first five days was somewhat irregular, 100° in the morning and between 102° and 103° at night. It then came down to normal or practically normal and remained there. The unpleasant symptoms rapidly cleared up although some headache remained for several days.

Treatment consisted of elimination by the kidneys and bowel and gradually increasing doses of strychnia. A tolerance of strychnia was established and the patient was taking  $\frac{1}{15}$  gr. four times a day without any toxic effect.

Fifteen days after admission, examination of the fundus showed the conditions practically unchanged. At this time there was no vision whatever. He could see no shadow of objects passed before his eyes and could not tell in which part of the room a window was located. The pupils had remained persistently dilated and a strong electric light held directly before the face caused no reaction of the pupils.

At a recent meeting of the Painters' Union it was voted that the use of wood alcohol in the preparation of paints should be prohibited and its members have refused to use it in their work. Committees have been appointed to send to the Unions throughout the state literature concerning its dangers and to ask for legislation governing its manufacture.

Most of the warnings in regard to wood alcohol have been to avoid the possibility of its use for drinking purposes. In view of its enormous use in the manufactures, the dangers of inhaling its fumes in closed places ought to be more widely known.