

Five weeks later she reappeared, stating that she had urinated but once in three hours and seldom more than once at night until within the last few days, when she had been afflicted by an urgent and almost constant desire. She had been for two weeks without the bichloride, which had apparently been the cause of rectal tenesmus and bleeding. The left ureter was still slightly tender, but was not so much swollen as formerly. She was put upon five grains of iodide of potash and the elixir buchu et potassi citratis three times a day, but was not examined by the cystoscope at this visit. A week later her symptoms were unaltered. Her bladder was now examined and a red and slightly elevated patch just above the left ureter was touched with nitrate of silver, as were also the fringes about the internal orifice of the urethra. Within a fortnight, that is, by November 17th, the frequency had been reduced to but once at night and to from two to three hours during the day with entire comfort during the intervals. At this time the fringes were represented by short stumps, and during the next six weeks these were cauterized weekly, showing unfortunately an obstinate tendency to reappear.

Since then she has visited me about monthly. The fringes have several times been just perceptible as slight elevations of the mucous membrane, and have then been re-cauterized, the return of symptoms being always strictly coincident with the reappearance of the polypi. The bladder has only twice been the site of slight redness about the left ureteral orifice. There is still a ureteritis, for which the patient is likely to remain under medical treatment for a long time to come, but for several months now she has habitually been able to abstain from urinating for about four hours in the daytime, and during all that time has been disturbed at night on only one single occasion.

These cases, in addition to the interest which so little known a condition of the urethra may excite, seem to me admirable illustrations of the most frequent class of cases which I meet among the urinary affections of women, that is, frequent and painful micturition, which is dependent at bottom, upon an inflammation of the ureter and pelvis of one kidney, but which is rapidly and easily relieved from a symptomatic point of view by a very few topical treatments of the bladder, the improvement being, however, only temporary unless the essential and underlying condition is steadily combated by medical and hygienic methods.

A CASE OF SEPTIC PYELITIS FOLLOWING CYSTITIS, AS A COMPLICATION OF THE PUERPERIUM.¹

BY HENRY EHRLICH, M.D.

THE patient was Mrs. J. J., age thirty-five.

Family history good, with the exception that her mother died of phthisis.

Previous History.—Has had no recent acute illness, and no inflammatory pelvic disturbance. Had a retroversion of the uterus treated a few years ago by Dr. F. W. Johnson, from which she recovered.

A year ago, while pregnant five months, a miscarriage was induced by her attendant, through an error in diagnosis, and during the convalescence she developed a slight vesical catarrh, which disappeared under

appropriate treatment in a short time. This was the first time that she had ever been troubled by any disease of the urinary organs.

She became pregnant for a second time in April, 1896, and her condition during her pregnancy was good; there were no uncomfortable symptoms attributed to the bladder at any time.

She was taken in labor January 18, 1897. Position of child O. D. P. After a tedious labor of eighteen hours she was delivered with forceps. A slight rupture of the perineum was immediately sutured, and it readily united.

Her convalescence for ten days was uneventful. There was no rise of temperature above 99.5° F., and the pulse averaged 74.

On the morning of the eleventh day the patient began to complain of discomfort in the pubic region, and of painful and frequent micturition. This was followed at night by a chill. Temperature 103.5° F., pulse 110, and a sharp pain in the left loin and back.

I saw her the next morning; and on a careful physical examination of the chest nothing abnormal was found in the heart or lungs. Tenderness on pressure was very acute in the left loin over the region of the kidney, and there was an area of hyperesthesia over the lower left chest, including the lower dorsal and upper lumbar vertebræ.

An examination of the pelvic organs at this time showed complete involution of the vagina and uterus and no evidence of genital sepsis anywhere. There was a considerable but painless distention of the abdomen. The urine at this time was pale and cloudy, with acid reaction; specific gravity 1.015. It showed one-eighth per cent. of albumin; and a microscopic examination of the sediment showed a moderate excess of white corpuscles, some blood, and an excess of bladder epithelium.

Calomel and seidlitz powders were at once administered, and they produced copious evacuations from the bowels. Benzoate soda and quinine, a milk diet, and an occasional morphia suppository to control the tenesmus, constituted the treatment at this time; and it was followed by an amelioration of the bladder symptoms. But her general condition seemed to grow worse. There were occasional chills, with erratic flights of temperature to 105° F., and the patient showed evidence of intense septic infection.

On February 4th the pain was still severe in the left loin; there was great restlessness, and hiccough was noted. Pulse 110, temperature 105.2° F.

An examination of the urine showed the quantity in twenty-four hours to be 26 ounces, specific gravity, 1.018, acid reaction; one-fourth per cent. albumin, and in the sediment an abundance of pus, some blood, bladder epithelium, numerous caudate cells from the pelvis of the kidney, and hyaline and granular casts of large diameter were found.

A diagnosis of acute pyelitis following cystitis was made at this time, which was concurred in by Dr. C. W. Townsend, who saw her with me.

On February 5th the patient began to have frequent loose movements, numbering as many as fifteen in the twenty-four hours; this continued for three days, and was not interfered with. The temperature from that time on began to descend, the general condition to improve, and the secretion of urine to increase till 48 ounces were being passed in the twenty-four hours.

On February 8, 1897, the pain in the left loin be

¹ Read, by invitation, before the Obstetrical Society of Boston, April 20, 1897.

gan to disappear; but in the afternoon there was a sharp pain in the right side complained of, in the region of the nipple. The temperature again rose, and on auscultation a pleural friction rub was discovered. This subsided under the local application of an ice-bag. No demonstrable effusion resulted.

The subsequent course of the case was one of gradual improvement. For nine days the temperature rose from one to two degrees at night, and was normal in the morning.

On February 25th a pustular eruption appeared on the trunk and limbs, but under treatment with antiseptic baths, disappeared in the course of a fortnight.

April 10th. Patient is now up and about, has gained in flesh and color, and her strength has improved during the use of appropriate tonics. The urine has now a specific gravity of 1.015, acid reaction; sediment slight in amount, an occasional pus cell and bladder epithelium.

The treatment consisted of fifteen-grain doses of sodium benzoate every three hours, five-grains capsule quinine every three hours, morphia suppositories occasionally for the pain and tenesmus, cold baths as required. Later, the benzoate of soda was replaced by a capsule of boric acid, 15 grains every six hours. From 30 to 40 grains of quinine was administered daily for 21 days. The food consisted of milk and broths. An ounce of whiskey was given every two hours for 10 days, and then gradually reduced.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

REGULAR meeting, April 20, 1897, the President, DR. FRANCIS H. DAVENPORT, in the chair.

DR. EDGAR GARCEAU reported, by invitation,

SOME CASES OF CYSTITIS FROM A CYSTOSCOPIC POINT OF VIEW.¹

DR. HENRY EHRLICH, by invitation, reported

A CASE OF PUERPERAL PYELO-NEPHRITIS.²

DR. EDWARD REYNOLDS reported

SOME CASES OF URETHRAL POLYPUS.³

DR. G. J. ENGLEMAN believed that the local, direct application by means of the cystoscope was of great value where there were small growths or distinct ulcerations.

DR. G. W. KAAH was much gratified to see such good results reported from the use of such small instruments as shown by Dr. Garceau. The large instruments are if possible to be avoided as they cause so much pain.

DR. C. W. TOWNSEND said the case reported by Dr. Ehrlich was of great interest as showing entirely satisfactory results from internal medication in diseases of the pelvis, ureter and bladder. In this case local treatment by means of the cystoscope and ureteral catheter would undoubtedly have caused so much pain and nervous excitement that more harm than good would have resulted.

¹ See page 437 of the Journal.

² See page 444 of the Journal.

³ See page 443 of the Journal.

DR. F. H. DAVENPORT said that, as a rule, he had found that polypi in the urethra gave use to symptoms unless they were in the form of sensitive caruncles.

DR. EDW. REYNOLDS said that nothing works so well in the bladder as nitrate of silver. He is now trying formalin. The handle for the cystoscope showed by Dr. Garceau is certainly most convenient. The smaller the instrument the better. He generally used Nos. 8 or 10; but when there is much to be done, it is well to dilate to No. 13. He has never seen any ill results from cocaine as a local application to relieve pain in these cases.

AMERICAN DERMATOLOGICAL ASSOCIATION.

THE TWENTY-FIRST ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 4-6, 1897.

(Concluded from No. 17, p. 426.)

ELEVEN CASES OF POROKERATOSIS (MIBELLI) OR HYPERKERATOSIS EXCENTRICA (RESPIGHI) IN ONE FAMILY,

was the title of a paper by DR. T. C. GILCHRIST, of Baltimore.

Two patients, father and son, were shown at the meeting. They presented lesions upon the hands, feet, legs, wrists and forearms. In the son, now aged twenty-one years, the affection had begun at the age of five, upon the neck, nose, chin and ears. The lesions are very slow in development and spread. The eleven cases are found distributed over four generations. The father's grandmother and one of her brothers had it, as well as the father's brother. Three brothers and a sister of the young man showed characteristic lesions beginning between the fifth and ninth year of age. The sister's two children, a son and daughter, showed the first signs at the age of seven and nine respectively. The reader had examined eight of these subjects personally, and found the father's statement as to identity correct.

The eruption consists of lesions of various sizes and forms. There are two varieties: the smallest, chiefly on the face, consists of minute (one-half to one millimetre in diameter) dirty-brown, semiglobular elevations of horny nature. They grow very gradually; and when they reach the size of a small pin-head (one to two millimetres) the centre sinks in and a peripheral horny ridge is formed. Coursing along the ridge is a minute groove. As extension occurs, the centre of the patch takes on an atrophic though callous appearance. The largest patches are about split-pea size. These lesions return after using the cautery, but not after excision.

Microscopic examination showed that the disease begins as a marked hyperkeratosis of the sweat pores and upper portion of the duct, or of the opening of the sebaceous gland, or of two adjoining openings of both glands. This was followed in some instances by dilatation of the sweat duct and gland beneath, followed by atrophy of the glomerulus. Sections from some of the oldest lesions presented a picture almost like that of psorospermiosis follicularis vegetans (Darier).

Only one case has hitherto been reported outside of Italy, that recently published in the *Cutaneous Journal* by Dr. Hutchins, of Atlanta. The Italian observers have not considered the affection hereditary, but the present series points strongly in that direction.

The reader proposed the name *porokeratosis excentrica*, the first referring to the chief pathological fac-