

greater the arrest. Detachment of the upper epiphysis of the humerus occurs, in my experience, most often in boys of from 10 to 15. At such ages the resulting arrest is usually but trifling. I can scarcely think it possible that any form of disease, apart from a complete reparation of the epiphysis, could have produced such shortening as here exists. It is to be observed that there is a clear tradition of an accident, though the details are not forthcoming, and it was at the early age of 18 months. I have only the youth's own account, and he, of course, remembers nothing. He has been told that his arm was seen both by Sir James Paget and myself, but I have no recollection of the case, and have failed to find any note.

## OPHTHALMOLOGICAL MEMORANDA.

### THE EFFECT OF GENERAL ANÆSTHESIA ON CUCAINE MYDRIASIS.

I AM not aware that any observations have as yet been recorded as to effects of the general anæsthetics on cucaine mydriasis. So much has, however, been written respecting this remarkable and most valuable drug, that it is hardly safe to state now that any observation is original. At all events, I desire to draw attention to the following.

A short time since, cucaine was inserted into the eye of a case of strabismus, on which it was intended to operate, but for which it was afterwards deemed desirable to administer ether to overcome the nervousness of the patient. The phenomena about to be mentioned were then noticed. The cucaine had caused wide dilation of the pupil; but, during the administration of the ether, and whilst under the anæsthetic, the mydriasis was observed to pass off, and the pupil to become just as small as the other. This observation has been repeated in other instances. A few days since, in a case of nevus of the orbit in a baby, about to be treated with electrolysis, the pupil of one eye was purposely dilated with cucaine (five per cent. solution of hydrochlorate). Chloroform was then administered, and, whilst the child was getting under its influence, the pupil became less large, and, when fully narcosed, it was as small as the pupil of the other eye. On the day this is written, the observation was repeated in a case for which ether was administered; and, after recovery from the effects of the anæsthetic (ether), the pupil was observed to have become dilated again. Mr. Coombe, assistant house-surgeon, has very kindly made observations, with similar results, in cases about to be operated upon by my surgical colleagues.

It clearly follows, from these observations, that we have in cucaine a mydriatic that acts in a different manner from atropine and other agents of the same class. It is well known that atropine mydriasis remains unaffected when ether or chloroform is administered, a result in accordance with the opinion that the drug acts by paralyzing the sphincter iridis, and affecting the muscles, or rather the peripheral endings of the nerves which supply them. The observations I have recorded would appear to support the theory advanced by Mr. Walter H. Jessop, in his paper read before the Royal Society, and alluded to in the JOURNAL of June 27th. He maintains that cucaine acts as an irritant to the endings of the cervical sympathetic or mydriatic nerve of the eye. At all events, it is seen that, when, on the administration of a general anæsthetic (ether or chloroform), the muscular system has become relaxed, and narcosis has occurred, the cucained eye recovers itself.

These observations appear to be of interest, both apart from, and in connection with, Mr. Jessop's interesting investigations. I am inclined to think that chloroform more fully overcomes the mydriasis than ether.

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## THERAPEUTIC MEMORANDA.

### HYDROCHLORATE OF CUCAINE.

I FIND, in cases of "urethral caruncle" (those exquisitely sensitive growths of the female urethra), that the effect of cucaine is marvellous. Few small troubles are more sensitive to touch, and formerly it was necessary to give chloroform for their removal. I now apply a four per cent. solution of cucaine, and in five minutes snip them off with sharp scissors, and apply the cautery to the stump to stop bleeding, without chloroform, and without pain to the patient. The same solution, if applied in the nostrils with a camels' hair brush, undoubtedly produces great relief in cases of hay-fever.

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## SURGICAL MEMORANDA.

### EARLY SYPHILITIC EPIDIDYMITIS.

IN the BRITISH MEDICAL JOURNAL of May 30th, is a very interesting article on the above subject by Mr. Arthur Cooper.

Syphilitic epididymitis, in the early stage of syphilis, being of a somewhat rare occurrence, I have ventured to record the following case.

Private X, aged 20, was admitted into the Station Hospital, Gibraltar, on May 4th, with a venereal sore on the ventral surface of the body of his penis; it was large, single, non-suppurating, and slightly indurated. The patient first noticed the sore a fortnight after connection, and it commenced as a pimple. Shortly after his admission into hospital, the glands of both groins and in other parts of the body became very hard; none suppurated. On June 20th, 1885, exactly two months since the initial lesion was noticed, the patient complained of slight pain in his left testicle, which, on examination, was found to be in the following condition. The testicle itself was perfectly healthy, but the globus major of the epididymis was enlarged, slightly painful, and quite hard; it felt as if, what is known as a "monkey-nut," had been inserted over the left testicle; the left spermatic cord, the right testicle and epididymis, were perfectly healthy. There was no urethral discharge, nor had the patient met with any accident. Coincidentally with the affection of the epididymis, the patient's throat became sore, and presented a well marked horseshoe-shaped ulcer on each tonsil.

On the appearance of the above symptoms, mercury was at once administered, in the form of pills of two grains of hydrargyrum cum cretâ, night and morning, and the patient was kept at rest in bed. After the first week of the mercurial treatment, the swelling of the left globus major was decidedly less; it was also less defined and hard; there was absolutely no pain. At the present time (a fortnight after the mercurial treatment), the epididymis which was affected is in its normal condition; the swelling, tenseness, and well defined lump, having entirely disappeared, thus fully bearing out Mr. Cooper's statement, that the "swelling rapidly subsides under general antisyphilitic treatment."

I think it remarkable that this condition of the epididymis should not invariably occur in both organs simultaneously; for "symmetry" is known to be one of the great diagnostic features in secondary syphilis. Of the 16 cases collected by M. Dron, nine had both organs affected; of the eight cases collected by M. Fournier mention is not made as to whether one or both organs were affected; in Mr. Cooper's case it will be remembered both organs were affected, but in my case one organ only was attacked.

ALLAN PERRY.

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## OBSTETRIC MEMORANDA.

### TRACTION ON THE UMBILICAL CORD.

AFTER an extensive experience in midwifery, I can truly affirm that gentle traction on the cord is a safe and judicious expedient, and does not induce spasm, and should be practised in every instance. At the same time, the uterus should be grasped by the right hand, which few only can perfectly accomplish. The advantages of this plan are that the third stage, the most anxious time for patient and doctor, is much abridged, there is less likelihood of hæmorrhage, and whether anything be wrong or not can be quickly ascertained. Spasmodic contraction is an exceedingly rare occurrence, and is almost invariably associated with something amiss with the placenta itself, or it is more or less adherent. I have not seen spasm produced by snapping of the funis, when the fetus has been dropped on to the floor, nor by any other untoward circumstance, under which the child is occasionally born.

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TREATMENT OF ULCERS OF THE LEG.—Dr. Roberts has (*Poly-clinic*) recently had excellent results in chronic ulcers of the legs, after sprinkling powdered chloride of sodium thickly over the surface of the ulcer, once every three or four days, and dressing the sores twice daily with corrosive sublimate ointment. The ointment contains half a grain of the mercuric chloride to the ounce of cerate. Chronic ulcers with callous edges are often most expeditiously treated by the surgeon excising them by means of an elliptical incision, and closing the wound with sutures.