

moistened with glycerine and water, and was enclosed in gutta-percha tissue, yet on the following day it was found to have diminished in bulk by at least a third. The same congestion or erection accounts for the excessive hæmorrhage from its surface. There was no appearance of inflammation of the mucous membrane covering it, nor was there any evidence that it had been injured by the passage of the catheter; besides the latter fact, the bleeding commenced before any instrument had been passed. The small amount of hæmorrhage which took place after the growth had been removed was striking, since the circular torn surface had a diameter of about two inches. This circumstance also suggests that the hæmorrhage resulted from an intense congestion of the growth and its mucous covering during the ineffectual straining efforts to void the urine, and is somewhat analogous to the profuse hæmorrhage which sometimes occurs from the congested nasal mucous membrane. The size of the growth was unusually large. It appears to me that the chief risk of this operation depends, not on the severity of the operation itself and the accidents consequent upon it, but upon the fact that we have to keep confined to his bed in the horizontal position a man who is often old and feeble, and who, if troubled with any chronic bronchitis, finds great difficulty in bringing up his expectoration in this position. The amount of expectoration also increases when the patient is kept for any time in this posture. The unfortunate termination of this case, in which the operation was not one of convenience but of necessity, cannot be regarded as unfavourable to this form of operative interference, for the results of the operation itself were most satisfactory, since the patient was saved from death within a very few hours, and would have recovered except for the unfortunate complication to which he had been so long subjected. If he had not been in such a feeble condition at the time of the operation, we should probably have been able to prop him up in bed, or even to get him, within a few days of the operation, placed under more favourable circumstances; but this we were unable to do. I think there is little doubt that removal of the obstructing enlarged portion of the prostate by the suprapubic method will become a very popular operation in suitable cases, as the risks are small, the operation is easily performed, and the distressing condition is benefited by it.

### MILTON LUNATIC ASYLUM.

CASE OF RAYNAUD'S DISEASE FOLLOWING ACUTE MANIA; REMARKS.

(Under the care of Mr. W. C. BLAND.)

ONE of the most noteworthy additions to the description which Raynaud gave of this disease is the occasional occurrence of intermittent hæmoglobinuria. Dr. Barlow<sup>1</sup> points out "the marked parallelism between typical cases of intermittent hæmoglobinuria and cases of the disease, in which the paroxysmal character of the local asphyxia must be considered an essential 'note' of the morbid phenomena. They are not in a true sense periodic, but they are both paroxysmal. The attacks in both affections have a remarkable relation to changes of temperature. By far the greater number of both are exclusively winter and cold weather affections, and, if not exclusively, they are primarily so; and if the attacks do not vanish, they notably diminish when the warm weather appears. The extremities in the onset of an attack of hæmoglobinuria may become extremely cold and blue." The mental attack which preceded the symptoms in this case was one of considerable severity, and was followed by very severe general manifestations of the disease. The chief nervous symptoms<sup>2</sup> which have been noted in these cases are epileptiform convulsions, curious maniacal attacks in the early part of the illness in a case where one finger tip was affected with gangrene. Dr. Southey states that he has seen several examples of the disease in asylum cases. Dr. Wigglesworth recorded a case with epileptic dementia. Some of Raynaud's cases were hysterical and chlorotic, whilst Dr. Barlow<sup>3</sup> records a case in which delusions were present between the attacks. The case here recorded is also remarkable from the presence of hæmoptysis and sub-

cutaneous extravasations of blood, and for the affection of the eyes. For the following notes we are indebted to Mr. Nathan Raw, assistant medical officer.

Henry C—, aged twenty-three, a labourer, was admitted into this asylum on Dec. 18th, 1888, suffering from a severe attack of acute mania. He had been subject to epileptic fits since the age of thirteen, and his grandfather was epileptic. He was treated in a single room, but would not stay in bed, standing for whole nights on the floor on his bare feet. This continued for eight nights; on Dec. 25th his feet were noticed to be slightly swollen, but not discoloured. His mental condition considerably improved; and on Jan. 4th he was able to sit near the fire. He had a relapse, however, on the 11th, and on the following morning, after spending a restless night, his feet were noticed to be again swollen, and he complained of great pain.

On careful examination, the toes of both feet presented a bluish-purple tint, especially on the plantar aspect; they felt cold, and there was slight cutaneous anæsthesia, the patient experiencing subjective sensations of excruciating pain, especially referable to the anæsthetic regions. The pulsation in the tibial and dorsalis pedis arteries could scarcely be detected. There was considerable constitutional disturbance. The man felt a sense of constriction all over his body, intense frontal headache, with severe pain of a spasmodic character in the lumbar regions, and great tenderness over the region of the kidneys. In addition there were several small hæmorrhagic extravasations on the buttocks and thighs. His vision was also materially affected; he complained of dimness and inability to read. On ophthalmoscopic examination, the fundus was seen to be unusually pale, while the vessels were blanched and almost indistinct. The urine was very scanty, and of a smoky appearance; sp. gr. 1028; neutral in reaction; deposit of phosphates, albumen, and a large quantity of blood. Blood was also present in his expectorations.

The man was placed in a warm bed near the fire, and his feet carefully wrapped in cotton wool, the discolouration becoming more intense until perfectly black. Large blebs formed under the epidermis of the plantar surface of three toes, on opening which some sanguineo-purulent fluid escaped, revealing a distinct line of demarcation around the bases of the terminal phalanges, which were gangrenous. Charcoal poultices were freely applied, and every endeavour made to check the spread of the disease, the result being that three of the terminal phalanges of the right foot—viz., second, fourth, and fifth—and that of the left great toe, sloughed off, leaving a healthy granulating sore. His constitutional symptoms only lasted about a week; the pain in the back disappeared; blood was only observed in the urine and expectoration for three days, and then quite disappeared. Vision was restored, and the optic discs appeared normal. The toes have healed nicely, leaving very little deformity or inconvenience to the patient.

*Remarks by Mr. RAW.*—The unusual occurrence of this disease, together with its association with a lesion of the nervous system, are my excuse for bringing it before the notice of the profession. Following as it did a severe attack of acute mania, with cold as an exciting local agent, the occurrence of the paroxysmal hæmaturia, impairment of vision, and severe lumbar pain render it extremely probable that the disease was due to some central nervous lesion, causing spasmodic contraction of the renal arteries and hæmaturia, and contraction of the retinal vessels, with temporary loss of vision. The patient has improved, both in his mental and bodily condition, and, with the exception of occasional epileptic fits, is in good health.

BEQUESTS AND DONATIONS TO HOSPITALS.—The late Rev. Henry Arkwright, of Bodenham, Hereford, has bequeathed £100 to the Hereford County Infirmary.—Mr. H. J. Campbell, late of Lorne Craigavad, county Down, has left by his will £500 to the Belfast Royal Hospital, and the residue of his estate, after payment of various bequests, for the building and endowment of an educational establishment and hospital in Belfast, to be known as the Campbell College and Hospital.—Mr. Philip Muntz, late of Somerset House, Leamington, has left by his will £100 each to the Birmingham General Hospital, the Queen's Hospital, and the General Dispensary.—The Treasurer of the Royal Infirmary Convalescent House, Corstorphine, has received from a "Friend" a donation of £100 in aid of the funds of the institution.

<sup>1</sup> New Sydeham Society, Selected Monographs, 1888.

<sup>2</sup> Op. cit.

<sup>3</sup> Op. cit.; also Trans. Clin. Soc.