are already overfull the supervention of pains is like putting a light to gunpowder.

That they are necessary for the production of convulsions is, of course, gratuitous to refute, as we know that convulsions occur in the non-pregnant state, but that they are a powerful excitant is, I think, strongly supported by the facts:—

1. That fits most frequently occur during labour.
2. That labour having commenced, fits rarely cease till it is finished.
3. That if contractions do not occur, the case is frequently treated to recovery.
4. That in many cases where eclampsia has developed during pregnancy and been arrested, it has recurred with the advent of labour.

The statements I have brought forward are, I know, open to much controversy, as all communications on this complex subject must necessarily be. They are by no means intended to be exhaustive, but are mainly directed to give a rational method of treatment which in my hands has proved most satisfactory, and which may prove beneficial to some Fellows of this Society who may at some time be in a dilemma as to the conduct of a case of eclampsia during pregnancy, which is at all times an anxious and difficult problem to solve.

V.—OBSERVATIONS ON A CASE OF URETHRAL SYNOVITIS.

By Thos. Dobson Poole, M.B., C.M. Edin.

Present Condition.—C. H., aged 16, height 5 feet, weight 7 stones, with good family history, suffers from a deeply-seated urethral stricture. No other previous illnesses. Lips good colour, and the teeth are in a remarkable good condition, being large and well set. In regard to the circulatory system, the second sound of the heart is reduplicated, and the pulse is 50 per minute and regular. The skin shows that there is a scar in either groin, and one on the perineum. Urine is normal in colour and quantity, and there are no deposits. Bones and joints normal.

History.—Patient's mother states that, at the age of 5 years, he was playing with some boys when one of them "nipped" the end of his penis, for which injury he was taken to the County Hospital (York), where an operation (apparently circumcision) was performed. She also says that ever since this he has been troubled with his water. It appears also that, about the age of 12, while living within easy reach of the Hospital, he was for four months an out-patient, and according to the patient's own account, was treated by the catheter, and had an abscess opened in either groin near

Poupart's ligament, a linear scar in either groin testifying to this fact. After this he worked on a farm, where his food and surroundings were good.

The further history is that, in the beginning of February last, he was taken ill with sudden inability to pass urine, and sickness, and pus was soon after passed per urethram. Dr Kebbell, who attended him then, succeeded with difficulty in passing a catheter, and opened an abscess in the perineum. The catheter was then passed once a day, the sole trouble being the stricture.

In the latter part of February the hip-joint began suddenly to swell, to be painful to the touch and on movement, the position of the thigh and leg being not unlike that seen in backward dislocation of the hip. This was ere long followed by a soft, tender, fluctuating, somewhat elongated swelling in the region of the right sterno-clavicular joint. When the tenderness had almost gone and the swelling partly subsided, the right elbow began in the same spontaneous fashion, with heat, swelling (which was equal above and below), painful to the touch and on movement, though not so when at rest. Forearm flexed at right angles to upper arm, and thumb pointed upwards. Body temperature, 102°.

In the course of a week the inflammatory symptoms of the elbow to a great extent disappeared, though there was some pain on movement and inability to extend the joint fully. When the sterno-clavicular joint had recovered, and the elbow and hip were slowly progressing, the left shoulder began (on 3rd April) with great swelling, pain, etc., and was accompanied with much fever (temperature 103°), sickness, and other manifestations of symptomatic fever. The patient's aspect showed that he was very ill.

April 5.—Shoulder painful on movement. Temperature, 101°.

April 6.—Shoulder improved.

April 7.—General improvement. Iron tonic given.

April 9.—Much better. Stiffness of elbow.

April 18.—Shoulder recovered.

This was soon after followed by recovery of the elbow, the recovery of the hip being delayed, and which took place at the end of May, when the patient got up and was convalescent.

During the whole period of the joint affections patient had the catheter passed twice a week. A week's stay at the seaside was so beneficial to him that he was enabled to do some work on a farm. After patient got up, catheter passed once in a fortnight.

Again, an 14th August, I was requested to see him, and found the right elbow very swollen, hot, and painful to the touch and on movement, though not painful when at rest. The night before he had gone to bed well, and this swelling of the elbow developed suddenly, and was at its height before morning. Temperature, 102°. No urethral discharge. Took mixture containing liq. am. acet. and sp. æth. nit.; catheter passed; elbow poulticed. The elbow completely recovered in three days.

The characteristic features of the case were,—the rapidity in which the joint affections reached their height; no sweating or shifting of pains, as in acute rheumatism; the attacking of first one joint, then another, but never were two joints suffering simultaneously in the same degree; the complete (functional) recovery of the joints.

Whether we have here a case of congenital stricture, first discovered at the age of 5, as the mother imagined or affected to imagine, or a case of some specific urethral irritation (at about the age of 12), followed by stricture, is a question for conjecture. But, however this may be, it is certain that there was no discharge from the urethra during the joint affections.

In the *British Medical Journal* for 1885, Mr Clement Lucas recorded a case, having some resemblance to this, of a child suffering from gonorrhœal ophthalmia with an affection of the knee and elbow, the joint affections being more exaggerated when the discharge from the eye was greater. Mr Lucas saw no reason why the conjunctival surface should not afford as favourable an absorbing surface as the urethral mucous membrane.

If we look upon urethritis as having several causes, one of which is the kidney-shaped gonococcus (giving rise to gonorrhœa virulenta), and the others any irritant, either mechanical (primarily) or a certain class of micrococci which find in the urethra (or from thence in the conjunctiva) a suitable laboratory for the manufacture of their ptomaines, we can easily understand that the absorption into the system of these ptomaines in predisposed subjects may give rise to an inflammation of the synovial membrane or any analogous structure. And, moreover, we can imagine that stricture, when being a *sine quâ non* for the production of such ptomaines, may be a non-mechanical and indirect cause of sterility—that is, by causing sterility in the female.

This latter receives some support from the opinion started in America, supported by the most eminent British gynæcologists, and well received by all those who have impassionately studied it —that latent gonorrhœa is capable of setting up most serious mischief in the female.

It would have been an interesting experiment to have touched the conjunctiva of a rabbit with a previously aseptic catheter after passing it into the urethra of this case, and noticed the effect on the conjunctiva.

I think the term urethral synovitis preferable to the old term gonorrhœal rheumatism.

I may mention that the stricture, which was probably annular, was situated apparently just in front of the triangular ligament, and was, except at the first, easily passed by the catheter (No. 8), which was previously anointed with carbolized oil.