

anterior wall of the urethra complicated with plugging of the urethral canal by reduplication of its anterior wall. The treatment adopted in the case was completely successful, as will be seen in the detailed account of the case as follows:—

An adult male, Mohan, aged 30 years, admitted in this hospital on the 12th April 1886.

*Previous history.*—States that 12 hours past, while he was descending into a well, supporting his feet on the sharply cut-short branches of a bamboo, suddenly one of his feet slipped from a branch, so, being unable to keep up his balance, he fell on his perineum upon the bamboo, and slipped along it, and sustained laceration of his perineum and scrotum. Since then he has passing a good deal of blood.

*Condition on admission.*—His scrotum was badly lacerated, testicles were almost destitute of their coverings, the anterior wall of the urethra was lacerated by the sharp cut-end of one of the branches. The urethral canal was obliterated in its distal portion by the mucous membrane of its anterior wall being forced into it like a plug, and a good deal of blood escaped from the urethra, scrotum and perineum, and the patient was much exhausted. Conjunctiva pale, gums and lips all anæmic. The patient could not pass water at all, although the bladder was found full. He experienced a good deal of pain and scalding whenever he made an effort for micturation, in fact, not a drop of urine could he pass by his urethra. With great exertion all that he forced out was a few drops of blood. His pulse was 100, and temperature 102° F.

*Treatment.*—I tried to pass No. 6 catheter in order to empty his bladder, but could not succeed; then No. 2 catheter was tried, which, after two failures, I succeeded in passing; then after passing this catheter three times, I was able to force the plug out of the urethra and restore the continuity of the urethral canal; then, instead of putting any suture in the loose portion which plugged the urethral canal, I left it to nature, leaving the catheter in. My plan was quite successful; the lacerated portion united by adhesive inflammation within four hours. All bleeding being checked by styptics and pressure, the lacerated and contused integuments were brought together by sutures, and the wound was dressed with carbolic lotion and carbolic oil lint. Quinine and opium were administered internally.

*Subsequent progress.*—On the following morning the wound was opened; the whole of the lacerated skin looked sloughy; the wound was then washed with strong chloride of zinc lotion, and dressed as before; now the patient could make water freely. The same dressing was repeated for three or four days, when the greater portion of the lacerated skin came off as slough.

This time the dressing was changed to boracic gauze protected by bichloride gauze and castor oil paper; and the wound improving day by day began to heal by granulation under this plan of treatment, and ultimately closed. Skin was successfully grafted on the 24th day of his admission, and the patient was discharged completely cured on the 23rd May 1886.

*Remark.*—This is an important case, it being an example of recovery from bad lacerated wound of the scrotum, with rupture and obliteration of the urethral canal. The wound looked exactly like a partial removal of a scrotal tumour which it also simulated in its treatment, progress and recovery, the rupture of urethra being a complication added to it.

YELLOW FEVER; ITS TRANSMISSION BY THE CULEX MOSQUITO.—Dr. Charles Finlay, of Havana, maintains, in an article which appears in the October issue of *The American Journal of the Medical Sciences*, that yellow fever is not spontaneously transmissible by infection through the air by contact, but that it may be artificially communicated by inoculation, and only becomes epidemic when such inoculations can be verified by some external natural agent, such as the mosquito.

The history and etiology of yellow fever exclude from our consideration as possible agents of transmission other blood-sucking insects, such as fleas, etc., the habits and geographical distribution of which in no wise agree with the course of that disease; whereas, a careful study of the habits and natural history of the mosquito shows a remarkable agreement with the circumstances that favor or impede the transmission of yellow fever. So far as Dr. Finlay's information goes, this disease appears incapable of propagation wherever tropical mosquitos do not or are not likely to exist, ceasing to be epidemic at the same limits of temperature and altitude which are incompatible with the functional activity of those insects; while, on the other hand, it spreads rapidly wherever they abound. From these considerations, taken in connection with his successful attempts in producing experimental yellow fever by means of the mosquito's sting, it is to be inferred that these insects are the habitual agents of its transmission. It cannot be denied, however, that other such agents may and probably do occasionally occur, but not being endowed with the same facilities for rapid and extensive operation, their influence becomes insignificant as compared with the action of the Cuban culex.

HYDROFLUORIC INHALATION IN PHTHISIS.—M. Sellar, of Paris, alleges that the inhalation of hydrofluoric acid in pulmonary tuberculosis is productive of great benefit. The patients are submitted to daily inhalations, which last about an hour each time, and are repeated from twenty to thirty times. Air is passed into a mixture composed of 150 grammes of water and 50 of hydrofluoric acid. The air thus impregnated is propelled into a room in which the patients under treatment remain the necessary length of time.