

masses. The internal surface of the skin of the perineum is perfectly smooth.

There is no symphysis pubis, the pubic bones being fully an inch apart. The innominate bones are otherwise natural. The laminae and spines of the sacrum are undeveloped, and the meninges of the cord are expanded into a large cyst. The cyst is empty, and hence was not recognisable previous to dissection.

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ARTICLE IV.—*Notes of a Case of Persistent Priapism.* By JOHN MACKIE, jun., M.D., Brechin.

(Read at the Annual Meeting of the Forfarshire Medical Association, held in Brechin, 4th July 1872.)

THE case which I have selected to lay before you to-day is one presenting symptoms rather unusual in their nature, and on the whole, in as far as my own knowledge is concerned, a case of rather rare occurrence.

Many, or at least several of the older members of the profession now around me, may, in the course of practice, have met with cases of a like nature; but as this was the first of the kind I have had the chance to meet with, and as it was most interesting in regard to its severity, protracted existence, and insusceptibility to treatment, I thought it might at least give scope for a little discussion.

On the 2d November 1871, I was requested to visit a gentleman about 70 years of age, then residing in the neighbourhood, who was suffering from violent and painful erection of the penis. On entering the room I found him presenting all the appearances of intense suffering, moaning heavily, and his face bathed in perspiration, with a very anxious expression of countenance.

On inquiry, I found that symptoms of erection coming on at intervals had threatened him for two days, but never till this, the morning of my visit, had he thought it necessary to procure medical assistance.

As my patient was a man of very intemperate habits, sometimes drinking for weeks together, and not at all particular as to his morals, I at once thought it necessary to investigate the condition of the urethra, with a view of ascertaining the existence of gonorrhœal symptoms. No symptoms of urethral irritation, however, existed. Having treated the same patient two years before for a very obstinate stricture, I commenced to suspect that that had again returned, and might sufficiently have accounted for the present state of matters; but, from the violence of the symptoms and the intense pain then existing, I thought that any surgical investigation would only add fuel to the fire. Besides, having been told by the patient himself that he voided urine perfectly well previous to the com-

mencement of the attack, I felt pretty well satisfied that this could not be the exciting cause.

On further inquiry into the history of the case, my patient said he had been suddenly seized with violent rigors on the 31st October, the night on which the priapism had threatened, and that for several days previous he had felt a numbness and crampy feeling in the muscles of the right leg and arm.

Beyond this extreme pain in the penis, and the uncomfortable feeling in the muscles of the leg and arm, he expressed himself as being perfectly well.

Not at all satisfied as to the cause, I had his bowels smartly acted on with Epsom salts, and, along with that, tartar emetic, which was followed by a large dose of sol. mur. morph., while cold applications were constantly applied to the penis and lower part of the spine. The diet to be light; no spirits, and the very free use of barley or rice water.

3d Nov.—At my visit this morning I found my patient's bowels acted well, but he had spent a very restless night; the pain in no way relieved, with no diminution of the organ, slight returns of muscular spasm occurring in the limbs at intervals, but to no extent. Pulse still quiet; the skin still bathed in perspiration, but this only arising from pain.

Felt on the whole a little exhausted from want of sleep. Voided urine with difficulty.

The cold application still to be continued, with a mixture to be taken every four hours, containing magnes. sulph., sol. mur. morph., and vin. antim. tart. Suppositories of opium and camphor to be introduced into the rectum every four hours. Spare diet to be continued.

4th.—This morning found that patient had slept a little now and again; the pain very slightly relieved, but erection no better. He had had no return of pains in the limbs; had twice voided a considerable quantity of urine, which came away spasmodically, and with such force that it was difficult to contrive the best means of directing it to the vessel.

This difficulty, however, was overcome by the patient while sitting on a *bidet*, holding an inverted bowl over the orifice of the urethra. On examination the urine was found normal.

5th.—I was again informed that he had spent a very restless night, and that the pain in the penis had become more severe; externally the organ showing symptoms of great distension, and the glans penis very much enlarged and glistening, the least touch causing the patient extreme suffering. As there was great difficulty in voiding urine, the bladder being considerably full, I ordered a warm bath, which had the effect of relieving the local pain, and urine was passed freely, the bowels acting well. I now ordered six leeches to be applied to the body of the penis, to be followed by warm poultices; the suppositories to be continued, and the mixture stopped.

6th.—Find the patient considerably free from pain, passing urine easily, and had slept a little. Poulticing to be continued, and a warm bath in the morning.

8th.—Yesterday he informed me he had passed a good day; still the priapism was in no way reduced. The bleeding from the leech-bites having stopped, I ordered a plaster made from the extract of belladonna to be applied round the penis, simply to act as a sedative, and possibly as a relaxant. The cold application to be kept steadily on the spine. The bath to be repeated, should difficulty in micturition become troublesome.

10th.—As the pain in the penis was considerably removed, and could bear to be examined, I introduced a medium-sized gum-elastic bougie beyond the original seat of the stricture, which assured me that this was not the cause of the erection. Seeing that no symptom in the whole urinary system could be found calculated to induce such an attack, I very carefully examined the spine (which I had done almost every time I visited my patient), fearing that the cause might be due to some derangement of the meninges or nervous matter of the cord, which might have been the result probably of injury while under the influence of liquor, or simply from congestion or actual inflammation from the extreme use of spirits followed by exposure. (Here I may mention I had already examined the rectum to ascertain the presence of internal hæmorrhoids, none of which existed.) No pain in the region of the spine could be complained of; not the slightest inconvenience from motion or percussion could be induced; and, in fact, no clue to a correct diagnosis seemed to exist.

Notwithstanding the absence of spinal symptoms, I applied a blister over the lumbar and sacral vertebræ, knowing at least that it could do no harm, with the exception of producing possibly slight irritation of the urinary passages; at same time leaving a good draught, containing chloral hydrate, to be taken at bedtime. Seeing that chloral had recently become familiar to us, and seemed, like all new medicines, to be a panacea for all evils, I prescribed a mixture of this, combined with 10-gr. doses of bromidi potass., to be taken every six hours; and this I resolved to continue, should no unfavourable symptoms appear, for a day or two.

I may mention here, that I should have tried the effect of chloroform on my patient, had I not been made aware of his unfitness for it, as well as his having valvular disease of the heart, supposed to have arisen after an attack of rheumatism, or rather rheumatic gout.

12th.—Patient complains of nothing but the erection, which is not in the least degree better, but has now the pleasure of resting quietly at times, and also having short periods of sleep. The whole of this time his appetite has remained good, feels no sickness, and, to use his own words, would be perfectly well if the local inconvenience were removed.

Continuing the same medicine internally, and with the repetition

of the blisters to the spine, as well as the infriktion of mercurial and camphor ointment into the body of the organ, symptoms remained unchanged up to the 20th.

20th.—Still there is no alleviation of the local rigidity, and during the night a throbbing, inflammatory feeling had commenced, more especially over the right corpus cavernosum, accompanied by œdema of the folds of the prepuce on the under surface of the glans penis, and which I had little doubt would sooner or later terminate in paraphymosis. This additional abnormality would, from its interference with micturition, render the patient's sufferings very much more acute, and materially militate against the return of the organ to its natural condition.

Being now satisfied that surgical interference was the only means of procuring relief, and seeing that the tendency to paraphymosis was evident, for which incision would be the only cure, any attempt at reduction being useless, I now proposed a very free opening into the corpus cavernosum, extending two inches backwards, and commencing at the corona glandis, so as to include the stricture formed by the enlarged and œdematous prepuce. This my patient would not agree to, and insisted that I should delay the operation for a day or two. As the bowels had not acted for twenty-four hours, I ordered a dose of castor-oil to be taken; punctured the œdematous prepuce, and applied poppy-head fomentations, continuing chloral in large doses, more with a view of ensuring rest than expecting any curative effects.

22d.—I was sent for early in the morning, the constriction at the base of the glans having become so increased that the voiding of urine was impossible. I again very strongly urged the operation proposed at my last visit, and, after considerable persuasion, was allowed to have my own way. Having made my opening, as before mentioned, right into the fibro-cellular substance of the corpus cavernosum, a large quantity of very dark semi-clotted venous blood came away; the penis very soon becoming quite flaccid, all sense of tension being removed, and the bladder, which previously had been very much distended, was soon emptied, without the least pain or inconvenience. The bleeding continued pretty severely for two hours, but resolved itself into a very gradual oozing.

I left my patient much better, and ordered warm fomentations to be continued (should hæmorrhage not become extreme) until my return on the following day. As the system had, during the long continuance of the acute symptoms, become very much reduced, I ordered beef-tea, with a little brandy-and-water, to be given at short intervals.

23d.—To-day, the patient's countenance had altogether changed, and he expressed himself as all right, having, for the first time since the commencement of the attack, passed a good night, and slept for several hours without being disturbed. On examining the penis,

I found the swelling almost entirely gone, and coming from the wound a sanious discharge and shreds of disorganized cellular substance. This I quite expected, as, from the long and extreme distension of the parts, interstitial ulceration was, in my opinion, almost inevitable.

Trusting now that my case had assumed a more favourable appearance, I prescribed simple linseed-meal poultices, with good nourishing diet, and a mixture of quinae sulph. and tr. ferr. mur., to be taken three times a day.

Everything now went on well, the wound continuing to discharge very freely a sero-sanguineous fluid, mixed with shreds of coagulated blood and fragments of decayed cellular tissue. Day by day, however, the discharge diminished in quantity, and assumed at the same time a healthier nature. The wound contracted very quickly as absorption advanced, and the organ acquired its normal condition.

Three days after the incision was made, the patient could sit up in his chair and move about the room a little, and in ten days was able to be out walking in the garden. He now complained of no numbness or twitching of the muscles, could eat and sleep well, and was entirely free from pain.

I continued to visit occasionally till the end of December, when my patient left the neighbourhood, at which time the wound had become so small that an ordinary probe could not be inserted.

Since then I have heard he is in perfect health.

*Remarks.*—In reviewing the case from beginning to end, the first thing which I would observe is the protracted existence of the acute symptoms, for we have seen that they continued over a period of three weeks; and during the whole of this time the intense local pain had been only very slightly relieved, no remedy seeming to have any decided effect in producing relaxation of the parts, or allaying the irritation; the warm baths employed, I consider, procuring the greatest ease.

The second thing to be considered is the absence of symptoms either in the genito-urinary system or of spinal origin calculated to be of the smallest diagnostic value in guiding the medical man to the seat of the injury, and consequently affording no satisfactory data on which to base his treatment.

In the course of my remarks you will have observed that my first treatment was directed to causes of local origin, and that, having found no stricture, stone in the bladder, or hæmorrhoids, I then directed my attention to the spinal system.

The treatment then adopted was, first, cold applications to the spine, followed by repeated blistering, and the internal administration of bromide of potass, while sedatives were given with a view of relieving pain and procuring sleep.

Finding that no good resulted from this method of treatment, the twitchings of the limbs still recurring, I was led to consider that

they were not of primary spinal origin, but were more probably due to reflex action.

Having set aside every other rational cause of priapism, I was led by a diagnosis of exclusion to the structure of the corpus cavernosum, where I thought rupture had taken place of some of the capillary vessels; and suspecting that effused blood was acting as a mechanical obstruction to the return circulation, I then made a very free incision.

This, as we have seen, was followed by complete relaxation of the parts. From the success of this latter treatment, it is my opinion the extravasated blood, acting as a foreign body, produced obstruction to the venous circulation, and hence the erection.

In regard to free incision, some might be inclined to consider such treatment rash, and not altogether free from danger, the risk of serious hæmorrhage being considerable; but what other method could have been adopted?

Had the priapism continued much longer unrelieved, suppuration, resulting in formation of sinuses or urethral fistula, or even sloughing of the entire organ, might have taken place.

Another objection to incision that might be adduced is, the risk of troublesome suppuration following, incapacitating the organ afterwards for normal erection.

In conclusion, Gentlemen, let me say that I have brought this case before you in consequence of the extreme difficulty I experienced in arriving at a satisfactory diagnosis; and I trust, should a similar one occur in the practice of any of you, it may at least be the means of preventing unnecessary delay in having recourse to surgical interference.<sup>1</sup>

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ARTICLE V.—*Case of Puerperal Convulsions.* By CHARLES STEWART, M.B. Edin., etc., Larkhall (lately of Denny).

ON the 31st of March 1872, at 3.30 P.M., I was summoned to attend Mrs R., æt. 22, at her first confinement. I saw the patient about 4 P.M., and found she had been unwell since 4 A.M., the labour in its first stage, the os dilating slowly, the uterine contractions occurring at pretty long intervals, and rather lacking in strength. Everything seemed favourable, the head presenting in the first position; so, having given what directions were necessary, I took my departure, promising to call again between five and six.

At 5.30 P.M., I found, on again visiting her, that the labour was advancing rapidly. The membranes had ruptured, the os was well dilated, and the head was fully engaged in the brim. At this time I noticed what I had not had an opportunity of marking before,

<sup>1</sup> For further information on this subject, I may refer the reader to the Biennial Retrospect of the Sydenham Society for 1867-68, where several cases may be found recorded by Mr Birkett and others.