

quantities of very frothy serous fluid, stained a light pink. The cough in a few minutes' time became almost convulsive in violence, and the patient rolled himself about uncontrollably, while the cyanosis deepened. After a short absence in order to write a prescription he was found to be very much worse. Coughing was ceasing and the cyanosis was still deeper. The mental condition was becoming drowsy and apathetic. The pulse was still regular and full, but slower. Brandy and strychnine were both available, and I injected subcutaneously ten minims of the former and  $\frac{1}{50}$ th grain of the latter, but without the slightest effect. The patient failed to rally and passed almost immediately into complete unconsciousness. Respiration became very irregular, infrequent, and shallow. Frothy expectoration poured from the mouth with each gasp. The pulse remained regular, 70 to the minute. Strychnine was again injected, but in a few more minutes respiration entirely ceased, within one hour of the first symptom noticed by the patient. The pulse beat for quite a minute after the last breath.

The diagnosis of the actual lung condition was a matter of little difficulty. There seems no doubt that there was present an intense congestion of the vascular tissues of the organ and that death occurred from asphyxia as the direct result of mechanical blocking of the tubes by the excess of secretion. The intensity of the process was, however, certainly unusual, and the question of causation is obscure. Taking it for granted that interstitial nephritis was actually present, such an acute process does not approximate to the usual form of oedema of the lung associated with this disease; and, moreover, if this were the actual cause it would be none the less remarkable as the only present symptom of the malady. I am inclined to think that the real cause lay in the exposure to a raw atmosphere of lungs already in a condition of slight catarrh, and that the effects of exertion, and possibly the presence of chronic renal disease, were contributing factors.

Cromer.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### NOTE ON THE USE OF AMYL NITRITE IN THE STATUS EPILEPTICUS.

BY OLIVER L. ROBINSON, M.R.C.S. ENG., L.R.C.P. LOND.,  
SURGEON-CAPTAIN, ARMY MEDICAL STAFF.

A WELL-MARKED case illustrative of the value of this drug recently came under my notice which may be deemed worthy of record. About 9 o'clock one morning I was called to see a woman aged thirty-four years who, I was told, had had a succession of fits increasing in severity since 11.30 P.M. the previous night. She had formerly been under my care and had been subject to "fits" since childhood; she had not, however, had an attack until the present one for the past six months. I found her lying in a comatose condition, only interrupted about every twenty minutes by an epileptic seizure; in the intervals she lay with flaccid limbs, purple face, dilated pupils, and stertorous breathing. The temperature was 103° F. and the pulse 130 per minute. She had never had a previous attack of such severity, her former illnesses being limited to a single seizure. Ice was ordered to the head and the upper part of the spine, and a rectal injection of bromide of potassium and chloral hydrate was given. There was no appreciable change in her condition and the injection was repeated in two hours' time. At 3 P.M. she appeared to be considerably worse, the fits continued unabated in severity at intervals of from fifteen to twenty minutes, her temperature was 105°, and her pulse was of such rapidity that it could hardly be counted. A three-minim capsule of amyl nitrite was inhaled at 3 P.M. The next fit, which occurred about ten minutes afterwards, was certainly less severe; this was followed by two more at about the usual interval of still lessened severity. Another capsule was inhaled at 4 P.M.; after this she had one slight fit and partially recovered consciousness; she then fell into a heavy sleep,

in which state she remained until 7 A.M. the following morning, when she woke up, feeling dazed and sore all over, but otherwise well. The temperature fell to 101° at 8 P.M. The same evening and the next morning it was subnormal. A symptom occurred which I believe was first pointed out by Charcot; she developed a bed sore over the sacral region during the attack, which, however, healed up in about a fortnight under appropriate treatment. The action of the amyl nitrite in this case was most marked and undoubtedly saved her life. I remember seeing a somewhat similar case, of which I have unfortunately lost the notes, of a young girl aged nineteen years, who had been many hours in the epileptic state and in which the action of the drug proved equally efficacious.

Cairo.

#### A CASE OF VOMITING LARGE MASSES OF CANCEROUS MATTER.

BY WILLIAM O'NEILL, M.D. ABERD., M.R.C.P. LOND.

ON Feb. 24th, 1896, I was asked by Dr. McDade of Lincoln to see a patient with him who was suffering from hæmatemesis. I found an emaciated man aged sixty years, extremely anæmic, and bordering on a state of syncope. He complained of pain and tenderness in the epigastric region, where manipulation discovered the stomach to be enlarged. The patient had been twice sick that morning and the vomited matter was kept for inspection. It consisted of a quantity of blood, mucus, and numerous bits of carcinoma of the colloid kind. There were three of these bits so large that the man's wife said that if she had not pulled them out of his throat he certainly would have been suffocated. The cancer thrown up was from eight to ten ounces in weight, and no doubt had so filled the stomach that space for food must have been very much curtailed. On exploring the vomit we found a ring of cancer about an inch and a quarter in diameter and of firm and tough consistency. The ring was of a dark colour and formed a marked contrast with the rest of the growth, which was of an amber tint. It had probably encircled the pyloric orifice of the stomach, and the hardness and smoothness of the lumen of the ring were caused by the food passing into the duodenum. The ring also formed the boundary of the cancer in that direction, and helped to show the unsuitableness of the duodenum for growths of this kind. The cancer grew from the pyloric end of the stomach, and I am inclined to think that it had assumed a cauliflower shape, the stem of which ultimately gave way to the energetic action of the healthy part of the stomach and to the abdominal muscles. This patient's gastric ailment began in January of last year with an attack of hæmatemesis, and from that time to this he has suffered more or less from pain and indigestion.

The expulsion of the tumour has had its good effects, for instead of the patient sinking, as was anticipated, he rallied and is daily improving. The treatment consisted of an astringent and sedative mixture and nutritious enemata solely for the space of twelve days. The patient is now, however, taking food by the mouth, which causes neither pain nor inconvenience of any kind. After the emesis of the cancer the long rest to the stomach was, I think, of great advantage to it, for the repose enabled it to contract into something like its normal limits and also to regain much of its natural powers of digestion. In cases of cancer of the stomach small portions of morbid growth may be vomited from time to time, but cancerous matter ejected from the stomach in large quantities is, in my experience, of so rare an occurrence that I venture to record this case.<sup>1</sup>

Lincoln.

#### HYPERPYREXIA IN THE PUERPERAL STATE.

BY W. F. OAKESHOTT, M.D. BRUX., M.R.C.S. ENG.,  
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I HAVE recently had under my care here a case which I thought might be worthy of recording. A woman about twenty-six years of age, having three children, was taken in labour on April 12th. The labour was natural,

<sup>1</sup> We trust that the author will give us details of the sequel of this remarkable case when it is completed.—ED. L.