

of the forearm and in front of the internal condyle instead of behind it. The wound above and below was left open to prevent tension, and the skin covering the nerve was united by one suture to the skin on the back of the forearm. The wound was dressed with sublimate gauze and a splint applied to the arm in a partially flexed position. On Dec. 11th rough sensation returned in the fingers and continued to improve gradually until March, 1891, when it was practically normal, the lightest touch with a horsehair being readily felt at every point. The fingers could also be flexed and extended to their fullest extent, and the engravings will show how well flexion and extension of the forearm could be performed. The highest temperature recorded was 101.4° F. on the first evening after operation, and 100.4° on the second evening. After that it was never above 99°, and reached the normal on the eighth day."

*Remarks.*—The plan which I adopted in this case, although of limited application, adds another aid to the resources of surgeons dealing with destructive lesions of nerves, which in their normal way pursue a tortuous course.

Lower Seymour-street, W.

## CASE OF HYSTERIA IN A CHILD SIX YEARS OF AGE FOLLOWING INFLUENZA.

By T. C. RAILTON, M.D. LOND., M.R.C.P.,

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MARY T—, aged six years, was admitted into the hospital on June 4th, 1891. The family history is as follows: Father, mother, and three other children (four years, seven years, and ten years) all enjoy very good health. There is no history of hysteria, insanity, or other nervous affection in any of the family. One child died from convulsions during dentition. The patient was born naturally, cut her teeth early, and walked before she was a year old. With the exception of childish ailments she has had fairly good health; although never stout, and although she has not been to school, she knows her letters and can count, and has always been remarked as the brightest and most intelligent child of the family. About the middle of May the father was suddenly seized with influenza, and was confined to his bed for a week. Four days later the youngest child of the family was taken with it, and the following day the three other children, including the patient, were struck down with it. The mother did not entirely escape the disease, but was never confined to bed. Mary had it far more seriously than any of the others; she showed the usual symptoms—severe pains in the head, high temperature, &c., and is said to have been totally unconscious for about ten days. Since the attack she has slowly convalesced, and is now able to sit up in bed, but has neither walked nor spoken since the onset of the disease.

*Condition on admission.*—She lies in a very apathetic condition, but is perfectly conscious. Her eyes wander about in a furtive way, or when closed the eyelids are in a constant state of blepharospasm. When given a doll she holds it in an aimless manner, and does not play with it. A careful examination fails to detect any disease in either heart, lungs, or abdomen. The urine is free from albumen, the tongue is clean, and the bowels rather constipated. The pupils are widely dilated, but react to light. She is thin, but has good colour in her cheeks. All muscles react normally to electricity, and there is no motor paralysis. When she puts out the right hand it is affected with a wavy clonic spasm; the left is similarly affected, but to a less degree. Although she never speaks, she cries a great deal with a sort of perpetual whine, which evidently originates in the larynx. On June 8th she was made to sit up in bed. She moves her head slowly from side to side in an imbecile manner and appears to take little notice of anything. She has to be fed. Although she looks idiotic, it is very clear that she understands what is said to her. All efforts to make her talk have been in vain. She is perfectly insensitive to the prick of a pin in any part of the head, body, or limbs, even when such sensitive parts as under the nails of the fingers and toes are chosen as the seat of experiment. When taken

out of bed and held up under the arms she holds her legs at right angles to the trunk with the utmost obstinacy until compelled by physical exhaustion to allow them to drop. When thus treated she can just stand with a little assistance.—June 15th: The patient can now manage to walk a few steps alone, but soon begins to stagger and would fall were she not supported. She is still universally analgesic. She looks more sensible, but does not speak. There is still movement in the right hand, but it is mainly confined to the fingers, especially the index, which moves laterally even when the hand is at rest, and occasionally the left hand has the same movement, but it is not continuous. She gives her hand or puts her tongue out when told; she can pick up a pin quite well with either hand. For the last few days she has been compelled to feed herself. The treatment has consisted of the faradaic current and cold shower baths.—July 18th: Since the last note the patient has steadily improved; the analgesia has become less and less marked, so that at the present time the prick of a pin anywhere is clearly both felt and resented. The walk has become almost normal, and she walks daily from her bed into an adjoining ward. The movements of the hands have entirely ceased and she feeds herself quite easily. The greatest difficulty has been and is still experienced in compelling her to speak. This she never does unless under compulsion, and even then she only whines out single words which she is told to say, such as her own name, "Yes" and "No" &c. She never speaks spontaneously nor forms a consecutive sentence. On July 20th she was sent home.—July 23rd: Came as out-patient. Speaks more distinctly and smiles when joked with. Looks much more intelligent.—Aug. 6th: Brought again to the hospital. She has almost resumed her normal manner. Asks for what she wants and plays as usual with the other children. Sensation perfect.

Manchester.

## PARACENTESIS ABDOMINIS.

By W. F. HEARNDEN, M.R.C.S., &c.

THE following cases of paracentesis abdominis may be of some interest to the readers of THE LANCET, occurring as they did in private practice, and are such as come frequently under the notice of the general practitioner. Most works on medicine advise the operation of tapping the abdomen in ascites to be delayed as long as possible; still, at the same time, one cannot help thinking that it must be better for a patient with a large quantity of fluid in his abdomen to get rid of his burden quickly rather than wait for the various remedies, diuretic and purgative, which are ordered to be given in these cases, and which are admitted to act better after the operation is performed.

Looking through a few works on the subject, I find the following arguments for and against tapping. Watson: "Wherefore in my judgment paracentesis in abdominal dropsy ought seldom to be performed unless the quantity of liquid is so great as to occasion painful distension," &c. Strumpell: "Therefore we should not tap in ascites as a rule unless the indications for the operation are urgent." Fagge: "It [that is, tapping] is not to be held useless." "It affords great relief," and "should never be delayed when urgency of symptoms demand its performance." He also mentions a case of Dr. Grainger Stewart's, in which the patient with a syphilitic affection of the liver was tapped twenty-one times, and, 12,120 ounces of fluid having been removed, she regained a fair state of health. He states the prognosis is in all cases of ascites very unfavourable. With cirrhosis death occurs in six months, and implies that the operation should be put off as long as possible. In Quain's Dictionary of Medicine it is stated paracentesis should be put off as long as possible. Hughes Bennett: "Even then [referring to cases in which the swelling and embarrassment are very great], although temporary relief may be obtained by the operation, there is every reason to believe that in the majority of cases life is in no way prolonged." Niemeyer: "The abdomen should only be tapped where life is immediately endangered by obstruction of the respiration or by a threatened gangrene of the skin. Bristowe says: "This operation is usually delayed as long as possible, and on the whole no doubt properly so," but he

states that often the beneficial effects of remedies are much more marked after the operation. Flint is decidedly in favour of the operation, and says the views held heretofore are erroneous. "Tapping effects promptly without perturbation, and without impairing the vital powers, the object for which diuretics and cathartics are employed, the latter being generally ineffectual, disturbing the digestive functions, and enfeebling the powers of life." He has reported twenty cases in which the operation was performed once in eleven cases, and the remaining nine cases repeated from three to thirty times. Roberts recommends paracentesis, and states that in cirrhosis it may not uncommonly be performed as a curative measure, and "also that the fluid may be taken away again and again." In the cases I report the operation always gave great relief at the time, and in two has apparently been curative; not so in the others, although they seem to have been benefited and life prolonged. In no case, as far as I can judge, has death been accelerated; the patient never seemed exhausted, and no symptoms of peritonitis were ever shown. An ordinary hydrocele trocar was used in all but one case, and as much fluid drawn off as possible.

CASE 1.—Robert M—, aged forty-four, heavy drinker, had gone out to Australia in 1881, and, returning, ascites developed on homeward voyage. The ship's surgeon wished to tap him, but this was refused. He was seen by two eminent physicians in London, both of whom pronounced it a case of cirrhosis, one saying it would be a case of tapping to the end. No heart or renal disease. Tapped with a Southey's trocar and fluid drained slowly. On May 11th, 1881, 20 quarts were drawn off in six hours; June 4th, 15½ quarts; June 23rd, 15 quarts; July 16th, 7 quarts (tube blocked by small piece of fibrine); July 23rd, 17 quarts; Aug. 11th, 20 quarts; Aug. 28th, 16½ quarts; Sept. 13th, 14 quarts; Sept. 30th, 11 quarts. At the same time he was purged, took diuretics, and green iodide of mercury was given among other remedies. Between the tappings of Sept. 13th and 30th he went to Matlock, where a pack was put over the region of the liver, which brought out a fine crop of papules. He also took Turkish baths. He was tapped nine times, and is now quite well.

CASE 2.—Robert D—, farmer, aged thirty-three. Heavy drinker. Cirrhosis of liver and ascites. Tapped 1883: July 28th, Aug. 10th, Aug. 24th, Sept. 4th, Sept. 20th, Oct. 5th, Oct. 15th, Oct. 27th, Nov. 9th, Nov. 21st, Dec. 9th, Dec. 30th. 1884: Feb. 1st, March 17th, April 21st, May 10th, May 24th, June 13th, July 2nd, July 26th. Tapped altogether twenty times. Death preceded by hæmatemesis. The quantities of fluid removed each time I cannot state, although they were large. He continued his drinking habits to the last.

CASE 3.—Henry H—, parish clerk, aged sixty-six. Ascites. Has been a temperate man. No pain in the abdomen; no heart or renal disease. Sallow complexion. Tapped 1886: May 10th, June 2nd, July 1st, July 24th, Aug. 13th, Sept. 11th, Sept. 30th, Oct. 15th, Oct. 29th, Nov. 17th, Nov. 30th. 1887: Jan. 13th, March 13th. Tapped altogether thirteen times. The ascites then left the abdomen, but as the legs were very œdematous they were punctured and sloughed in places, allowing a large discharge, which continued till his death, on Aug. 2nd, 1887. To the best of my belief no ascites returned in the abdomen. The usual quantity taken away each time was a fair-sized pailful.

CASE 4.—Susan L—, aged sixty-three, washerwoman. Ascites; no heart or renal mischief. I confess I cannot say certainly the cause of the ascites. The patient was jaundiced slightly at first, but afterwards deeply. No pain. No tumour to be felt in abdomen. Tapped 1887: Jan. 12th, March 7th, April 6th, May 24th, June 11th, July 13th, Aug. 5th, Sept. 9th, Sept. 29th, Nov. 19th, Dec. 28th. 1888: Feb. 14th, Feb. 19th. In all thirteen times. Once during the time she left the neighbourhood and saw some herbalist, but the dropsy increasing, he ordered her to see a doctor at once, as "the water was rising and would drown her heart"; and the poor old lady was in a great state of fright; but a tapping soon relieved her. Here again the amount of fluid was not measured, but often a pailful was drawn off. Shortly before death she left the neighbourhood, and I know she lived but a few weeks after the last tapping.

CASE 5.—Jane C—, aged forty-five. Case of peritonitis, probably tubercular. Tapped 1888: Jan. 9th, Feb. 3rd, Feb. 26th, March 19th—in all four times. Post

mortem the bowels were all matted together. The tapping gave great relief to breathing and general symptoms, and in my opinion did not accelerate death.

CASE 6.—Wm. M—, aged fifty-five, seaman; served abroad twenty-seven years in all climates. Has suffered badly from dysentery. Keeper of wine stores in an asylum latterly. Has drunk freely. Morbus cordis; ascites. Tapped 1888: April 21st, 19 pints; May 15th, 16 pints. He was given pil. hydrarg., 1 gr.; pulv. scillæ, 1 gr.; pulv. digitalis, 1 gr., three times a day, and also opium, for relief of pain at times. At present time is very well, has gained flesh, can walk a mile. Still takes the opium occasionally. No return of ascites.

CASE 7.—Wm. T—, aged fifty-three, merchant; a heavy drinker; cirrhosis of liver with ascites. Tapped Aug. 16th, 1887. Freely purged with sulphate of soda and all stimulants knocked off. After a time, however, ascites returned and he was tapped in 1888, July 2nd, July 18th, Aug. 7th, Sept. 5th, Oct. 3rd, and died Oct. 16th, 1888. He was tapped six times, but more than a year elapsed between the first and last tapping. Continued his drinking habits.

Sutton, Surrey.

## Clinical Notes:

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

#### TRANSFUSION OF SALINE SOLUTION FOR HÆMORRAGE IN A CASE OF CUT-THROAT; RECOVERY.

BY P. TYTLER, M.D. ABERD.,  
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M. K—, aged thirty-two, was admitted to the hospital on Aug. 31st, in a very collapsed condition; clothes saturated with blood. An incised wound was found in the neck, extending from just below the angle of the jaw on one side to a corresponding point on the other, and passing between the hyoid and thyroid cartilages, the wound being deepest in the middle. On separating the edges of the wound a hole about the size of a sixpence was seen in the thyro-hyoid membrane, through which air was passing. The sheath of the carotid artery was laid bare, but not opened, on the right side. Arterial hæmorrhage had ceased, but venous hæmorrhage and general oozing still took place. All bleeding was arrested, the wound well washed with antiseptic lotion, and the opening in the thyro-hyoid membrane closed with catgut sutures. The wound was dressed with iodoform gauze and wood wool tissue; the head, well flexed on the chest, was kept in this position by a triangular bandage, the two ends of which were passed in front of the shoulders and tied at the back. The patient was in a very collapsed condition; appeared almost bloodless; lips and conjunctivæ pallid; pulse very quick, feeble, and fluttering, and could best be felt at the wrist. An attack of syncope came on; but the patient rallied on injecting ether. In about ten minutes another attack came on, and her condition became so bad that transfusion was decided upon. A small cannula from an aspirating case was attached to about two feet of narrow indiarubber tubing with a small funnel at the other end. A solution of common salt (about eighty grains to the pint of water previously boiled) was put into a jug, and kept at about 99° F. The median basilic vein was now cut down upon, a double ligature passed under it, and the vein opened between the ligatures. Air was now excluded from the apparatus by filling it with saline solution poured from the jug into the funnel, and the cannula then introduced into the vein. The funnel was kept about half full, and thus about fourteen ounces of the solution were allowed to run into the vein; this occupied about half an hour. At the end of this time her condition had considerably improved; lips and conjunctivæ slightly coloured; pulse stronger and fuller, being readily felt at the wrist. She whispered she felt much better, and was quite comfortable. The cannula was removed, the two ligatures tied, and the skin united by a few horsehair sutures. In half