

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF CONGENITAL RIGHT INGUINAL HERNIA CONTAINING A MECKEL'S DIVERTICULUM ADHERENT TO THE APEX OF THE SAC.

By C. B. HOWSE, F.R.C.S. ENG.

A MALE, aged 18 years, was admitted to York County Hospital on Dec. 12th, 1905, for a radical cure of a right inguinal hernia. The hernia had been present from birth. It extended into the scrotum when the patient stood up and formed a swelling of about half the size of the adult fist. On putting the patient on his back the whole swelling was apparently easily reducible with characteristic gurgling. On closer examination, however, a peculiar indistinct mass was felt in the line of the inguinal canal, which gurgled distinctly on rolling it between the thumb and index finger; it had no impulse whatever on coughing and could not be reduced. Mr. F. Shann, under whose care the patient was, kindly gave me permission to operate, and on cutting down and opening the sac I found gut which was bound down by many adhesions to the apex of the sac. The piece of gut was adherent by its blunt apex only. Seeing that there was no mesentery I thought at first it was an infantile cæcum, but on dividing the above-mentioned adhesions and pulling down a couple of feet of gut I found it was a Meckel's diverticulum about two and a half inches long and of about the same diameter as the gut it sprang from. How far along the ileum it arose was not seen as the cæcum was not brought into the wound. A few silk sutures were inserted to cover the raw end of the diverticulum with a peritoneal covering. During the operation distinct peristaltic movements were seen in the diverticulum. The remainder of the operation consisted of Bassini's method of radical cure. The wound healed by first intention and the patient was up on Jan. 5th, 1906.

Meckel's diverticulum occurring, I believe, in only about 2 per cent. of subjects, its presence in a hernial sac must be very rare. I can find no record of its occurrence in this situation and therefore I think the case worthy of publication.

Chiswick, W.

A CASE OF LUMBAR PUNCTURE IN OBSTRUCTED LABOUR.

By FRANCIS FREDERICK JONES, M.R.C.S. ENG.,
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ON Dec. 10th, 1905, I attended a woman in labour with a seven months' foetus. The breech presented and the head was of enormous size. Being convinced that the child was dead I punctured the spinal membranes in the lumbar region with a scalpel. Some cerebro-spinal fluid at once escaped, but the head did not diminish much in size, so I went home to get a perforator. On my return, however, I found that the head was born in consequence of the fluid draining away during my absence. A trocar and cannula would probably have been more suitable than a scalpel for making the puncture.

Twerton-on-Avon, Bath.

CENSURE OF A MIDWIFE—At an inquest on the body of an infant, held at Buckland, Devon, on Jan. 16th, the medical evidence showed that the child was stillborn but that it would probably have lived if a competent person had attended at the birth. The mother had been under the care of a midwife who stated that she had acted as such for 16 years but had no certificate and intended to give up her work. The coroner said that upon her undertaking to do so no further proceedings would probably be taken. The jury returned a verdict that the child was stillborn through improper attention at birth.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Three Cases of Myoclonus.—"Interrupted Circulation" as a Therapeutic Agent.

A MEETING of this society was held on Jan. 23rd, Sir DYCE DUCKWORTH being in the chair.

Dr. FREDERICK TAYLOR read a paper on Three Cases of Myoclonus. He said that the first patient was a labouring man whom he had seen for the first time 30 years previously. The condition had not materially altered in the last six years. The head was in constant movement in consequence of clonic contractions of the muscles of the neck; and the movements were partly backward jerks and partly lateral movements of a quiet shaking character. Thus the head was moved right, left, and right again, then a pause, then the movement was repeated. The movements were worse when he was standing than when lying down, and they were increased by efforts to follow objects with his eyes. As he stood he swayed a little, both with eyes open and shut. When he walked the gait was ataxic. The ataxia varied and he was often more steady when walking alone than when helped. The ataxia appeared to be due to sudden rising on one or other foot and was less a cerebellar reel than a forward and backward "pitch." Lying in bed he could move the legs more steadily with only a little swaying when they were lifted high. There was a constantly repeated contraction of the lumbar and flank muscles, chiefly of the quadratus lumborum, but also of the lumbar portions of the erector spinæ, latissimus dorsi, and abdominal muscles. These clonic contractions, repeated at the rate of about 100 in the minute, were sufficiently powerful to shake the bed; they no doubt accounted for the slight swing of the lifted legs and largely, if not entirely, for the ataxia of his gait. There were no similar movements in the thighs, legs, buttocks, or in the upper part of the trunk or arms. The muscles were normal in bulk and electrical reactions and the sensory functions were normal. There was no nystagmus. The patient never walked properly, but the movement of his head began when he was aged 21 years. He had never had vomiting or convulsions, but recently he had complained of headache and occasional vomiting. He was in Guy's Hospital for several months in 1903 and was treated with potassium bromide and electricity but without any result. The case appeared to Dr. Taylor to be a form of the condition described in 1881 by Friedreich as paramyoclonus multiplex and more recently by others as myoclonus. The constant condition was the clonic contractions taking place in the lumbar and cervical muscles, and the ataxia, for which the lumbar contractions were responsible. The second case came under Dr. Taylor's notice in October, 1879. The patient was aged 19 years, and four years previously he had suffered from cramps in the right hand which were thought to be writer's spasm. The affection then spread to the muscles of the neck and when Dr. Taylor saw him there was a close resemblance to a case of spasmodic wryneck, with unusual extension to the arm and greater action in the posterior cervical muscles than in the sterno-mastoids. Seven months later he began to have clonic contractions of the muscles of the left loin, chiefly the quadratus lumborum. In 1882 he was still suffering from spasmodic contractions of the sterno-mastoid, posterior cervical muscles, and left flank muscles. The latter constantly drew his left shoulder down to his left ilium and bent him bow-like, a sort of pleurosthotonos. Several years afterwards he was in the same condition. The view originally taken of the case was that it was of the nature of wryneck, with an extension to a new region—wryloin. But as long as the intimate pathology of this condition was unknown it could scarcely be excluded from the very wide group of myoclonus. The third case had been seen recently and it was that of a woman suffering from paraplegia, secondary to the formation of a cancer in the breast which was removed in 1901. From her childhood, however, she has been subject to a tremulous condition of the arms which on careful examination proved to be due to constant clonic contractions of the muscles arising from the internal condyle on each side. The