

freely painted with a 15 per cent. solution of cocaine, a probe covered with cotton-wool and soaked in the solution being carefully inserted into the cervical canal to the depth of three-fourths of an inch. A dose of peppermint-water was ordered (as a placebo) three times a day. The patient returned on March 18th, saying that *she had not vomited once since taking the medicine*. She has continued perfectly well since.

CASE 2.—Mrs. T—, aged twenty-six, nearly three months advanced in her second pregnancy, consulted me for severe vomiting, which had existed for a month. On vaginal examination the uterus was found to be normal in position, but tender on pressure. The same local treatment was adopted as in Case 1. No medicine was prescribed. The result of the treatment was precisely similar, for the patient did not once vomit after the application.

CASE 3.—Mrs. G. R—, aged twenty-three (a hospital patient), two months and a half pregnant, applied on June 17th for relief from constant vomiting, from which she said she had suffered for six weeks. On examination, the uterus was found to be somewhat anteфлекed. The same treatment as the foregoing was adopted, except that no application was made to the interior of the cervical canal. Peppermint-water was taken three times a day. On June 24th the patient stated that she had had no vomiting for four days after her last visit, but that then it recurred, although in a less severe form. Another application of cocaine was made; but this time the interior of the cervical canal to the depth of three-fourths of an inch was painted. On July 1st the patient said that no further vomiting had occurred. She could take her food with a relish, and was feeling quite well.

*Remarks.*—If these cases be not mere coincidences, we have in cocaine, locally applied, a most valuable remedy for the speedy cure of that distressing condition—the vomiting of pregnancy. It will, however, be necessary, before we are in a position to form a definite opinion as to its efficacy, to apply it in many more cases, and it is in the hope that all who have an opportunity will try this simple remedy and publish the result that I venture to report the above cases. It seemed to me that the *modus operandi* of the cocaine would be to remove the morbidly hyperæsthetic condition of that portion of the uterus about the internal os which is supposed to exist in these cases. It is most interesting to note that in Case 1, where marked anteфлекion was present, the vomiting completely stopped without any interference with the flexion. It is evident from Case 3 that in order to obtain the full effect of the cocaine it must be applied to the cervical canal, and herein lies the danger, for a careless or unskilful application might easily produce what is of the utmost importance to avoid—viz., abortion; still, with proper care there is very little risk, as I have many times made applications to the cervical canal during gestation without terminating the pregnancy in a single instance.

Harley-street, W.

## CASE OF TRIPLETS, WITH MONSTROSITY.

By H. J. CLEMENTS, L.R.C.P. & S., L.S.A., &c.

ABOUT Sept. 14th, while doing locum-tenens duty for Dr. Beeby, partner of Dr. Ilott of Bromley, Kent, Mrs. G— called at the surgery to engage the services of Dr. Ilott, for her approaching confinement, which, as far as she knew, would take place about the middle of October. I saw her on this occasion, and inquired when she last menstruated. Her answer was she had not seen anything since her last confinement, which took place about the middle of January, 1886, and that she became pregnant during the time of suckling, but fixed on the middle of October as the most probable date for her confinement. I took particular notice of her appearance, which was very much drawn, with hollow cheeks and expression indicative of anxiety and pain. She informed me that for some time past she had experienced a grinding pain, and could not lie on her right side, and had sensations quite different from any she had ever felt before.

On Sept. 21st her husband called for Dr. Ilott to come immediately, as his wife was in labour pains. Dr. Ilott, being unable to go himself then, asked me to go for him. I arrived at the house at 6.45 P.M., and found Mrs. G— in bed in a prostrate condition, with little or no uterine action. I was told the liquor amnii had escaped at 3 A.M., but the pains were very slight and wearying all day. On examina-

tion, I found the os fully dilated, with the head presenting. I gave her one drachm of a solution of ergot and ammonia in a little water. Some short time after, uterine action showed signs of becoming a little more brisk, but soon died away again. I then discovered the head lower down in the vagina, with the left side of the face presenting, and, having a forceps with me, I introduced the upper blade only, and by its means as a lever brought the head into the proper position, but on taking away the blade it soon turned back again. The mother was growing weaker and uterine action was almost *nil*, so I put both blades of the forceps on, proceeding as before, with the upper one first, and delivered the head. I then withdrew the forceps, waited awhile for uterine help, but in vain, and with the left hand on the abdomen and the fingers of the right hooked round the neck of the child I simultaneously used pressure and traction with but very little result. I again waited awhile, but the uterus did not seem disposed to act, and feeling the delay dangerous to the life of the child, I introduced my finger and with some little trouble brought down the right arm. I repeated this with the left, and having both arms down, I hooked the fingers of my right hand into each axilla and made good traction, at the same time using pressure with my left over the abdomen. By exerting myself thus to no inconsiderable amount, I succeeded after a little time in bringing the child down below the ribs, but could not yet see the cord. Here there was a block. All along there was little or no hæmorrhage, the pulse was weak, and the mother expressed great sense of weariness and dread. I had by this time of course come to the conclusion that there was something abnormal present, and the first idea that suggested itself to me was that there was an unusually short cord attached to a strongly adherent placenta, I now became anxious for help in order to well manipulate the abdomen, and at the same time use traction on that part already exposed, as I believed this to be the only means now left for the expulsion of what remained. My wishes were soon gratified, for Dr. Ilott entered the house and came immediately to my assistance. He took the body of the child in both his hands and made traction backwards and forwards, while I, at the same time, used strong pressure and well kneaded the abdomen. This soon proved successful, for the left buttock appeared inclined to come, which it did, and in about a minute afterwards a broad surface joined to something else made its appearance; this turned out to be the back of another child, and without much more trouble was removed with the remainder of the body, and thus left in our hands an extraordinary specimen of a freak of nature. Nor was this at an end, for having tied the cords and wrapped up the prodigy in a flannel petticoat, I examined the vagina for the placenta, when, to my astonishment, I distinctly felt another bag of membranes unruptured, and feeling through it I found some toes or fingers easily distinguishable, as well as a soft mass, which clearly seemed to me to be the breech of another fœtus. Dr. Ilott then made an examination, and corroborated my opinion, and, there being total absence of pain, the membranes were ruptured, the liquor amnii escaped freely, and we proceeded as before—viz., with external abdominal pressure,—following the uterus well down until the fœtus was expelled by a breech presentation, and a living female child was in our hands. I again made an examination, and found the placenta quite low down, which, with slight external pressure, I easily removed with very little hæmorrhage. The uterus was found to contract very soon after, as was evidenced by its well-known feeling through the external abdominal walls resembling that of a cricket-ball. The mother was weak, but gaining strength, and experienced great relief at having got rid of her burden, though of course terribly grieved on learning the condition of her offspring.

I saw them twice a day up to Sept. 24th, and afterwards took the prodigies to the studio of a photographer, where I had them photographed in three different positions, which clearly shows the point of union, as well as the spina bifida. The grandmother, who nursed them, informed me that they could not retain the milk given them, so I tried to give them some myself in a teaspoon, and found them deficient in the power of deglutition, though I felt satisfied that it was not altogether wanting. They could not, however, take sufficient to sustain life; atrophy set in, and they died on the 24th at 8 P.M., having lived three days.

*Description of monstrosity.*—The weight a few hours after birth, accurately weighed by myself, I found to be

6lb. 13 oz. Above and below the union they were like two ordinary children, with one exception—that the skin was somewhat wrinkled and had an unhealthy colour. The union commenced at the lower end of the lumbar vertebra, and extended to the end of the sacrum, but not exactly in the middle line of both, which would make them appear as back to back. The sacrum of one was united by the middle line to the side of the sacrum of the other, so that viewing them from behind they had but two buttocks between them. The sex was female, and it had externally the appearance of only one vagina being present. On examination after death there was found to be a double one, but no urethral orifice could be discovered in the usual site. The mons veneris and labiæ were abnormally large and swollen. There was but one anus, through which meconium passed freely. A spina bifida about the size of a small orange could be seen at the lower end of the lumbar vertebra, where the union of both commenced. There was no deformity anywhere else, as the features, bodies, arms, and legs were not wanting in any particular.

The other child still lives, and is right in every respect. I weighed it at the same time as the others, soon after birth, when I found it to be exactly 4lb. There was but one placenta, which weighed 2lb. 9 oz., and was divided into two compartments, one for the prodigy and the other for the separate child. That for the prodigy had one ordinary sized cord, with a supplementary one about half the size attached to its base as it entered the substance of the placenta. The other was covered all over with membrane, the substance of the placenta being nowhere exposed. The cord here went through the membrane, and was attached to the placenta at the wall of the compartment. I took it entire to the museum of the College of Surgeons, and found that there was no specimen like it there. The prodigy was also taken there soon after death, when it was found that, though they had not a specimen exactly like it in preservation, a cast of one similar to it was discovered on the shelves.

*Family history.*—The father was about thirty, strong, healthy, and born of healthy parents; one of his grandmothers died recently at the advanced age of one hundred and eight years. The mother, aged thirty, had four previous confinements, and suffered from puerperal convulsions with the first child. The third child is affected with infantile paralysis; the others are well. She had nine brothers and three sisters. Four of the brothers are dead; the sisters are all alive. One of the surviving brothers has always been deficient in mental power; one of the sisters is insane, and in a lunatic asylum. Her father and mother contracted a consanguineous marriage, being first cousins, children of two sisters. The mother relates that some three or fourth months ago she received a very great shock when going through the streets. Two men in a dog-cart, driving furiously along, got one of the wheels of their cart locked in a wheel of another cart standing in the street, and dragged it along for some distance. The suddenness of the incident affected her so severely that she was obliged to rest in a shop close by. She felt extremely faint, and soon returned home, but the incident made a deep impression on her.

## Clinical Notes:

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

#### ALARMING SYNCOPE FROM SYRINGING THE EAR.

BY J. MIDDLEMASS HUNT, M.B.,

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ON August 7th I was called to see E. G—, a boy of three years of age, and found him in a state of profound coma, with slow irregular respiration, rapid pulse, lividity of lips, cold extremities, dilated pupils—to all appearance, in fact, on the point of death.

The history I got was that the child had suffered from measles two months before, and since then had had a purulent discharge from the right ear. This was being treated, under the direction of a surgeon, by injections of a solution of boracic acid, and on the day in question, just as the mother finished syringing the ear, the child fainted.

Till this happened he had been running about, and was apparently quite well. The mother first made efforts herself to revive the child, carrying him into the open air, but as his condition became worse I was sent for, and, arriving half-an-hour after the syncope began, found him as already described. The parents had not observed any convulsion, nor had the child at any time previously suffered from convulsions. After watching him for five or ten minutes, during which time his condition remained unchanged, I ordered mustard to be applied to the nape of the neck and the lips to be moistened with brandy-and-water. Giving the worst prognosis, I left, promising to return within two hours. When I returned I was surprised to find the child conscious and to all appearance well, except that he was somewhat pale and languid. I was told that a few minutes after the mustard was applied consciousness returned. Examination of the ear showed extensive destruction of the membrana tympani, but there were no signs of caries. The urine was free from albumen, and the child has remained well since.

*Remarks.*—I find a somewhat similar case recorded by Roosa in the *Archives for Otology* (vol. ix., p. 17), where a man, aged forty-five, passed into a state of coma after his ear had been syringed to cleanse it from a chronic purulent discharge. In Roosa's case the coma was equally profound, but does not appear to have lasted beyond a few minutes, though the patient was unable to leave the consulting room for two hours afterwards. Roosa does not offer any explanation of his case, in which no examination of the tympanic membrane was made. Probably such cases are due to a nervous reflex starting either from the terminations of the auditory nerve in the semicircular canals and labyrinth or from the tympanic plexus. I am inclined to the latter view, as to the course of the reflex, on account of the connexion, demonstrated by Lockhart Clarke, between the roots of the fifth cerebral, the glosso-pharyngeal, and the vagus.

#### THE ETIOLOGY OF SKIN DISEASES.

BY F. AUGUSTUS COX, M.B. LOND.,

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I HAVE read with interest Dr. Frederick Pearse's note on the above subject. To label a particular eruption as "eczema," and, without regard to its causation or manner of development, regard and treat it as a definite pathological entity is, of course, not satisfactory. As regards "eczema," a good many causes have been assigned for it, yet it is not always possible to trace any particular case back to its origin—at any rate, if we exclude those cases caused by external irritants. The nomenclature of skin diseases is to blame for a good deal of the confusion that exists. For example, the term "eczema" itself is a most indefinite and misleading expression. Under it have been included the most varied lesions ranging from a simple erythema to the formation of pustules or scabs. If we could get rid of such a term as eczema, or never employ it without qualification, some progress would have been achieved, and we might hope to be more successful in our attempts to determine in any given case the cause which has been operative.

In the case of acne, several of the assigned causes are often simultaneously present, but it is not always easy to say which is the active one. Great stress has been laid on sexual irritation as a cause, but many authorities deny its influence. A medical man who had seen many cases once remarked to me that he had never seen but one in a married person, and that was in a man living apart from his wife. I cannot, however, corroborate this observation, having many times seen married persons suffering from acne, and one of the worst cases I ever saw was in a young married woman. I had recently under my care a young lady affected with tinea versicolor over the chest. Ordinary antiparasitic remedies were prescribed, and the affection quickly disappeared, but as it did so a well-marked patch of acne punctata took its place. I should, however, hesitate to suggest any causal relation between the two disorders. I should add that the acne punctata soon vanished on using a weak sulphur ointment, combined with a free use of soap and water.

In regard to one cutaneous disorder—psoriasis—mentioned by Dr. Pearse, our knowledge of its etiology is almost nil. Excluding heredity, to which it can often be traced, we can often discover nothing. It frequently seems by choice to