

A CASE OF SPONTANEOUS ANEURYSM OF THE RADIAL ARTERY IN THE TABATIÈRE: TREATMENT BY EXCISION OF THE SAC; RECOVERY.

BY ROBERT BRAMWELL SMITH, M.R.C.S. ENG.

ON Jan. 25th, 1896, I was called to see a woman who was suffering from hemiplegia of the right side. Speech and deglutition were affected. I was told that two weeks previously she had had a stroke whilst engaged in household duties. On examining the right arm I noticed a fluctuating swelling about the size of a large marble in the space known as the "tabatière anatomique." Near the back and outer side of the wrist joint this swelling had all the classical signs of an aneurysm. After about three months treatment by rest and the administration of iodide of potassium the patient improved so much that she was able to use her limbs fairly well and her speech gradually returned. I then elicited the following history:—She was fifty-seven years of age, married, of mixed Spanish and English blood, and a dressmaker by occupation. At the age of fourteen years she had had her right leg amputated at the knee for incurable disease of the foot. She had had fourteen confinements at full term, the forceps being used in every case. Twice craniotomy had been performed and twelve children were born alive. Nine of the children were then alive and all were apparently healthy and of adult age. Two had died in youth from scarlet fever and one from bronchitis. She had had no miscarriages and there was no history of syphilis. At the age of twenty-seven years (thirty years previously) she had had a "stroke." Paralysis of one side followed and she lost her sight for ten days. This occurred a fortnight after one of her confinements. On examination a well-marked systolic bruit was to be heard at the junction of the sternum and the manubrium, which was conveyed along the carotids with great distinctness. On passing the finger-tips over the vessels of the neck the peculiar rosary-like feel of atheroma was experienced. Not the slightest sign of degeneration could be detected by the fingers in either the brachial, radial or ulnar arteries of either side. Arcus senilis was well developed. The patient first noticed the swelling at the wrist about five years previously, her attention being drawn to it by the uneasy sensation produced when she used her scissors. There was no history of injury whatever. I had the patient under observation for the rest of the year 1896. On March 18th I began to treat the aneurysm as the patient felt a great deal of pain proceeding up the arm from the swelling. Pressure over the radial artery above the sac together with pressure below and upon the sac by means of an elastic bandage was applied on three different occasions for some hours each time and discontinued when pain was too severe for the patient to bear. Pressure was kept up on the radial artery in the intervals. At the end of three weeks the pulsations had ceased altogether in the sac. Unfortunately, the cure was not permanent; probably from voluntary movement of the thumb the clot was disturbed and pulsation began to show itself. Rather strangely, at the time that the pulsation was noticed the patient had a third, though slighter, attack of hemiplegia. In addition to the paralysis there were several shorter attacks of spasm of the muscles of the arm on the affected side. The arm was brought round and the muscles were held in a condition of tonic contraction. There was well-marked anæsthesia all down the right side. The symptoms of paralysis left her by November, when she was persuaded to see Mr. Thomas Jones at the Manchester Royal Infirmary and he advised excision. As the patient now had great pain and as her hand was useless I determined to operate after showing the case at a meeting of the Manchester Medical Society. On Dec. 26th the patient was put under chloroform and the brachial artery being controlled by digital pressure I made an incision of three inches in length directly over the swelling. The superficial structures and fascia were cut through and several large veins were cut and clamped. The sac was exposed, occupying the space between the tendons of the extensor ossis metacarpi pollicis,

extensor primi internodii pollicis, and extensor secundi internodii pollicis, passing under the latter tendon. After some dissection, owing to the tumour extending into the substance of the abductor indicis two branches were seen proceeding from the distal end of the sac, one being probably the continuation of the radial artery to the deep palmar arch. These, and the radial artery itself, which was much enlarged, were tied with recently boiled silk, and the wound was sutured with silkworm gut. No drainage tube was used, and the wound was dressed with Lister's double cyanide gauze.

Two weeks after the operation the wound had healed by first intention, except where one suture had been disturbed. In three weeks the wound was healed and the patient, contrary to my advice, was at work with her machine. Within a month she had done a day's washing. The aneurysm was of about the size of a large marble or a chestnut and of the sacculated variety. It was partly filled with a firmish white clot. The points of interest are: 1. The rarity of non-traumatic aneurysm in the radial artery. 2. The absence of any satisfactory reason for the formation of an aneurysm in such situation. My own opinion is that the aneurysm was due to embolism and probably dated much further back than the period of five years during which the patient had noticed it. I believe the increased prominence of the symptoms were due to degenerative changes peculiar to the patient's age and that nature was attempting a cure in an imperfect way. I cannot help thinking that the clot in the sac being disturbed had something to do with the second and third attacks of hemiplegia. 3. The advantages of excision in accessible cases over other methods. The patient was a most unpromising subject for operative measures or chloroform narcosis, yet she made a perfect recovery without a single bad symptom.

Manchester.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES ON A CASE OF CHOLESTEATOMA OF THE ATTIC OF TWENTY YEARS' DURATION SIMULATING DISEASE OF THE MASTOID PROCESS.

BY ADOLPH BRONNER, M.D.,

SURGEON TO THE BRADFORD EYE AND EAR HOSPITAL; LARYNGOLOGIST TO THE BRADFORD ROYAL INFIRMARY.

A STRONG, healthy man, aged thirty-one years, saw me in January, 1896. There had been a discharge from the right ear for more than twenty years. Three times (ten, six, and two years ago) there had been a large, painful swelling behind the ear, which was incised. Frequently during the last few months there had been severe attacks of pain in the ear, accompanied by swelling and tenderness over the mastoid region. When I saw the patient there was an extensive fluctuating swelling behind the right ear, extending downwards to below the mastoid process, and upwards and forwards into the temporal region. The temperature was 101° F. and the pulse was 89. There was a copious, offensive discharge from the ear, and a fairly large perforation of the membrana tympani. On Feb. 5th a large incision was made into the abscess down on to the bone. Some pus escaped. A large quantity of unhealthy granulation tissue was removed by scissors and a sharp spoon. There was no fistula of the mastoid process, but the bone was rough in some places. I opened up the mastoid antrum and surrounding cells, which, to my great surprise, were apparently normal. The incision was then prolonged upwards round the upper part of the auricle, the cutaneous auditory meatus was cut through, and the ear was pulled downwards. The middle ear was thus exposed. A grey soft mass seemed to protrude into the upper part of the middle ear and a probe could be passed upwards for over half an inch. This was evidently the greatly distended attic. The upper wall of the osseous auditory

meatus and the outer wall of the attic were then chiselled away and a cavity the size of a large cherry was exposed, which was filled with soft caseous matter. The walls of the cavity were smooth. The projecting edges were removed and the wound and cavity were plugged with iodoform gauze. The discharge for the first few days was extremely offensive, in spite of the local application of glycerine of carbolic acid and a perchloride of mercury lotion (1 in 100). The wound was plugged from above daily for three weeks and allowed to heal up from below by granulation. In two months the wound had completely healed with the exception of a small fistula above the auricle which was kept open by silver wire. In five months the discharge from the ear ceased. There has been no recurrence of the discharge or swelling. The hearing was so improved that a watch which was heard at a distance of one inch from the ear before the operation could afterwards be heard two inches away.

The interesting features of this case seem to be (1) that the attic had been affected for twenty years and the disease had not spread into the mastoid antrum or cerebral cavity; (2) that disease of the attic should have caused such extensive and repeated attacks of periostitis of the mastoid process; (3) that the cholesteatoma should have formed in the attic and not in the mastoid cells, as is generally the case; and (4) that the wound was kept open and allowed to heal up from below by granulation, as suggested by McEwen and Victor Horsley. The method generally adopted is to try to keep a large permanent opening above or behind the ear.

Bradford.

DEATH OF FŒTUS IN UTERO FROM GUNSHOT WOUND; RECOVERY OF THE MOTHER.

BY SAMUEL WILLIAM ROBINSON, M.D., B.Ch. DUBL.,
MEDICAL OFFICER, NORTH-EAST ARGENTINE RAILWAY.

On the morning of Aug. 25th, 1894, while on a pleasure trip in the country, about fifteen miles from the town of Empedrado, in this province, I was called to see a young woman, aged eighteen years, married eight months, who had been shot in the abdomen. On arrival I found her lying on a bed with two or three women about her, but with very little expression of shock or suffering. On examination I found a bullet wound, made by a fair-sized ball, a little to the right of the umbilicus and slightly below. There was no bleeding more than an odd drop of venous blood for a radius of two inches round the wound; there was extravasation of liquid in the tissues, at the time thought to be blood, but now believed to have been amniotic fluid. The abdomen was very pendulous, as is generally the case with the peasantry of these parts. I gave her opium and sent for instruments in case of necessity. About one hour afterwards labour set in, and went on slowly until 2 o'clock next morning, when, the woman being fairly exhausted and the pains weak, the os being sufficiently dilated, she was delivered by long forceps. The post-partum hæmorrhage being very sharp there was no time to examine the child, which had already begun to decompose. The hand was next passed into the uterus, and an opening in the anterior wall could be distinctly felt, with a part of the membranes prolapsed and held tight in the same. This no attempt was made to loosen, but the membranes were torn off close to the uterine walls, and the hand withdrawn with placenta which was loose in the cavity. The uterus was washed out with hot antiseptic solution (creoline), and ergot was given. On examining the child, which was at almost full time, it was found that the ball had entered the right shoulder by the junction of the acromion process with the scapula, and had come out in the left iliac region, drawing with it a coil of small intestine which was not wounded. As there was but one wound perceptible in the uterus the question arose: Where had the ball gone to? However, this was easily settled, as, on examining the clots, &c., it was found in the débris. The mother made an uninterrupted recovery, her treatment consisting in the application of iodoform to the external wound, which healed without suppuration, as all wounds do which have been made by a bullet having a great velocity (this one had been fired at a distance of three metres), ordinary antiseptic treatment being used. The uterus was washed out twice a day with a solution of creoline. The

mother gave birth to a live child in 1895, and must have had little trouble, as she was attended by a native midwife.

Monte Caseros, Province of Corrientes, Argentine
Republic, South America.

NOTES ON A CASE OF ASPHYXIA NEONATORUM IN WHICH THE HEART CONTINUED TO BEAT FOR MORE THAN FOUR HOURS WITHOUT THE RESPIRATORY FUNCTION HAVING ACTED.

BY JOHN MACKENZIE, L.R.C.P. & S. EDIN., L.F.P.S. GLASG.

ON Aug. 11th, 1894, I was called to attend in confinement a woman aged forty years. On examination the presentation was found to be occipito-posterior. The os was rigid and the uterine contractions were slow and feeble. The patient, a soft, flabby woman, had been in labour since the early morning (it was then 5 P.M.) and was much exhausted. The os having been dilated, delivery was effected by the forceps. The passage of the fœtus through the parturient canal took about half an hour. The delay was chiefly due to traction being used only during the pains. In the interval the blades were loosely held to obviate the effect of prolonged pressure on the foetal head. When the child (a male) was born the funis was round his neck, the face was livid, the lips were blue (livida pallida), the heart was beating feebly, respiration was absent, and there was no pulsation in the cord. In the hope of relieving stasis in the foetal channels the cord was cut and left unligatured, but no blood escaped. Considering this a very grave sign, and to guard against the possibility of mistaking any adventitious sounds for the heart sounds, I carefully auscultated and found the latter to be quite clear. I immediately began artificial respiration, practising alternately Marshall Hall's and Silvester's methods, and douched the infant with hot and cold water, &c. Remembering also Mr. Victor Horsley's advice in cases of arrested respiration from cerebral pressure, I applied hot fomentation to the head, at the same time continuing artificial respiration. For fully two hours I persevered with the ordinary treatment for asphyxia neonatorum, means I had never once seen before to fail with such a regular and even cardiac action; still there was not the faintest sign of respiration. Loth to give up the struggle I resolved on another manoeuvre. The child was placed in the recumbent position with the head and neck extended, the tongue was pulled out, the jaws were kept apart, and I gently blew air through his mouth and nostrils. With every effort the chest and abdomen expanded as in natural breathing. Counter-pressure with the left hand on the lower part of the thorax expelled the air with a whistling noise through the glottis. It was noted that counter-pressure on the abdomen alone failed to produce this noise. Soon the heart's action considerably improved, becoming louder and quicker to such an extent that I could easily see its impulse against the chest-wall, yet there was no effort at voluntary breathing, the face and lips remaining the same. Exceedingly puzzled at the phenomenon of a heart beating for hours without the faintest appearance of respiration, the idea struck me that in all likelihood the heart was stimulated mechanically through the terminal filaments of the vagus by air passing along the œsophagus into the stomach, and not as I had imagined by the presence of oxygen in the foetal blood. To clear up this doubt I managed to pass air into the stomach by means of a small gum-elastic catheter. Whilst doing so the heart beats fell back to the original condition, slow and feeble, just ticking in the distance, but on resuming blowing air through the mouth and nostrils the heart responded and improved as already described. This I did over and over again, and at last in despair (for it was now 10 P.M.), and to my regret, I left the infant who then had a strong, bounding pulse. How long the heart continued beating I am unable to say. I found the child dead next morning.

Remarks.—The above notes were written at the time, three years ago. After reading Sir Dyce Duckworth's paper, read at the Moscow Congress and published in THE LANCET of Sept. 4th, on Cases of Cerebral Disease in which the Function of Respiration entirely ceases for some Hours before that of the Circulation I thought this case of sufficient interest for publication.

Kirkby-in-Ashfield.