

light food by the mouth. Later she was given bi-palatinoids of carbonate of potash and iron, both of which are indicated in these cases. In certain districts of the Rhön mountains and the Bavarian Alps, in which the inhabitants are mostly vegetarians, gastric ulcer is very uncommon, and vegetarian diet gives to the system a large amount of potassium salts. I think that in this patient the healed cicatrix of an old ulcer had partly broken down and caused a renewal of symptoms; I know of very many cases with a similar history. I therefore venture to suggest that perhaps in many cases of so-called simple irritative dyspepsia such a lesion is present though the ulcer may have hitherto been latent. There is another point to mention—viz., the absence of free hydrochloric acid in the vomited matters—and this is generally observed in cancer of the stomach, but lately it has been shown to occur in about one-third of the cases of ulcer, and so its diagnostic significance is but slight.

Broadhurst-gardens, N.W.

RAPID SUPERVENTION OF SYMPTOMS OF POISONING FOLLOWING THE APPLICATION OF A BELLADONNA PLASTER.

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THE following notes of a case of poisoning by belladonna appear to be worthy of record on account of the extreme rapidity with which the symptoms followed the application of a belladonna plaster to the lumbar region.

A man aged fifty-seven years, on Dec. 13th, 1893, after a powerful stroke with a pickaxe while at work as a gardener, experienced a sharp stabbing pain in the loins. He had some difficulty in moving after it, but friction with mustard oil gave him some relief. He suggested the application of a belladonna plaster, and one about six inches by four inches in size was procured and applied over the surface, which had been rendered hyperæmic by the stimulating oil. He then proceeded to walk home, a distance of about two miles and a half. He could only walk slowly, and in about three-quarters of an hour he noticed that his mouth was becoming dry and his tongue dry and swollen. The skin under the plaster felt very cold, and there was a peculiar numbness in his hands and feet. This increased so much in intensity that he hardly knew when his feet touched the ground, and at the same time the power of moving his legs became more feeble; consequently, he had much difficulty in "guiding his steps." He began to feel "dizzy," and noticed that the lights in the shop windows seemed to flicker. Everything he looked at was streaked with lines, alternating black and white in colour, and each appeared to be about a quarter of an inch in thickness. Later his sight began to grow dim and his mind became very confused. He arrived home in about an hour and a quarter, and after having vomited he became quite unconscious, having no recollection of anything which took place until 4 A.M. I saw him about an hour later, and found his pupils widely dilated and not reacting to light. His breathing was somewhat hurried and deep. The lips were apparently very dry and the tongue dry and coated. There was delirium, incoherent and muttering, and of an amused type; he frequently burst out laughing in quite a hearty manner. The pulse was 70 per minute (usually it is about 55). The tendon reflexes were very pronounced. Muscular power was very feeble; he was quite unable to change his position. The facial muscles and fingers frequently twitched. Having been informed that he had on a belladonna plaster it was removed, and the plaster still adhering to the skin was cleaned with olive oil and afterwards well washed. There was no abrasion of the skin under the plaster, but it was markedly hyperæmic from the previous vigorous treatment. I then gave him half a grain of the extract of physostigma about 5.30 P.M., and repeated it twice at intervals of two hours. About 3 A.M. (twelve hours after the application of the plaster) he commenced to perspire very freely, and discharged a copious amount of urine—none having been passed previously to this—when all the symptoms rapidly improved, so that by 12 noon on the next day he seemed to be almost well again, complaining only of weakness in the legs. The

dryness of the mouth and the swollen condition of the tongue had quite disappeared, the reflexes were not nearly so pronounced, and the pulse-rate was about 60 per minute. The pupil remained dilated and sluggish, and only assumed its normal condition after three days.

Pendlebury, Manchester.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ON THE VALUE OF COUGHING-TAXIS IN THE REDUCTION OF HERNIA.

By GEORGE WHERRY, M.B. CAMB., F.R.C.S. ENG., &c,
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THAT cough which so often produces a hernial protrusion may be used with the greatest advantage during reduction. The abdominal parts concerned are in the most favourable position for reduction of hernia while the patient is coughing; the taxis should then be applied by careful fingers after the following method. On beginning the attempt at reduction the surgeon places himself and his patient in the most comfortable and favourable position for gentle continuous manipulations; the patient should be recumbent, with the buttocks rather raised and the thigh flexed on the abdomen, while the surgeon would usually prefer to sit by the bedside. During the whole of the time that taxis is used the patient must cough, only stopping for rest or retching; the operator's efforts should be continuous even during these pauses, and his gentle but firmly applied pressure will be aided by every cough of the patient; also during retching I have thought some advantage has been gained. In this method the sensation to the surgeon is that the hernia is reduced rather by the coughing of the patient than by the working of the fingers of the manipulator. I have during several years past so often succeeded in reducing herniæ of all varieties that I can strongly advise this plan, feeling sure that it only requires to be known and practised to be appreciated. The last case which occurred to me I was called to see at the hospital at two o'clock in the morning, "very cross and dogged," as the spiritual Diarist records. I found a middle-aged woman with a femoral hernia with urgent signs of strangulation. She had been under the care of two medical men, who had, with taxis, used chloroform. The patient coughed during ten or fifteen minutes while my quite gentle but continuous taxis was used; the hernia was first gradually reduced in bulk, and the last little button returned with a jump into the abdominal cavity. A good recovery followed.

The finger placed in the healthy abdominal ring while coughing is practised by the person under examination will enable the operator to realise that the alternating contractions and relaxations of the boundaries of the ring are most favourable for the return of a hernia if pressure be skilfully practised. In commending this plan I have only my own experience to go upon, but it is now sufficiently large to enable me to express myself with confidence in its favour. Coughing-taxis as well as tussio-taxis would be a name as good as any other hyphenated hybrid for this manœuvre, which I hope may prove as useful in other hands as it has done in mine.

Cambridge.

ACUTE ABSCESS OF THE LEFT FRONTAL SINUS SIMULATING ORBITAL CELLULITIS.

By M. P. MAYO COLLIER, M.S. LOND., F.R.C.S. ENG.,
VICE-PRESIDENT OF THE BRITISH LARYNGOLOGICAL ASSOCIATION ETC.

A YOUTH nineteen years of age came to the North-West London Hospital in August last complaining of severe pain and swelling in the left orbit. He had suffered from two previous attacks, but neither of them had been so severe as the present one. The patient was suffering intense pain in the frontal region, and his temperature, as taken in the out-patients' room, was 103° F. On a closer examination of the

parts the eye was protruded and displaced downwards and outwards, but its function was not much interfered with. There were much redness and swelling of the tissues surrounding the eye, extending to the forehead as far as the region of the frontal sinuses. Pressure on the left frontal sinus caused severe pain. On palpating the upper and inner segment of the orbit an elastic resistance somewhat undefined could be made out; this was apparently immovable and situated deep in the orbital roof. The mouth was constantly kept open, and there was a history of snoring and restless nights for many years, with dry, parched, and foul tongue on awakening in the morning. The patient was evidently distressingly "hard of hearing." On examining the nose almost complete obstruction on both sides was apparent from hypertrophic rhinitis of many years' standing. The post-nasal space was blocked by several large sessile growths. As further evidence of long, chronic, unrelieved nasal obstruction the palate was very highly arched, being at least three inches above the level of the teeth. The teeth were also irregular, and the alveolar arches were crowded towards the mid-line. The boy's intellect was decidedly impaired and his expression was fatuous and vacant. After the examination of the nose and throat little doubt was entertained that the trouble was to be found in the frontal sinus. The patient was sent to bed and warm fomentations of lead and opium were applied to the parts. After a calomel purgative had been taken aconite and morphia were administered internally. In the night the temperature rose to 104.5° and was accompanied by a prolonged rigor. It was decided in the morning to cut down upon the swelling and, if necessary, to trephine the frontal sinus if no opening should be found in the roof of the orbit. An incision was made and pus evacuated. On a close examination of the wall of the orbit an extremely small opening just large enough to admit a probe was discovered behind the pulley of the superior oblique muscle. This led into a suppurating and denuded frontal sinus. The opening was enlarged and the normal passage into the nose re-established. A drainage-tube was next brought out through the nostril, and the parts cleaned and drained. All the more severe symptoms ceased from the moment of the operation, and the patient is still under observation with a view to treating the nasal obstruction, the original cause of all his troubles.

Harley-street, W.

A Mirror OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

A CASE OF HYDRONEPHROSIS; NEPHRECTOMY; RECOVERY.—
A CASE OF TETANUS; RECOVERY.

(Under the care of Mr. HENRY MORRIS.)

MR. HENRY MORRIS has pointed out in his book on the Surgery of the Kidneys that the proportion of cases in which hydronephrosis produces a palpable abdominal tumour is very small compared with the frequency of hydronephrosis as it is seen on the post-mortem room table. It will be evident in reading the account of the following case that there was reason for regarding the disease as probably secondary to a calculus, although repeated examination failed to give proof of its presence. In Dr. Roberts' table of causes of hydronephrosis referred to by Mr. Morris in his book of thirty-two cases eleven were ascribed to the impaction of a calculus, in three others this was the probable cause, whilst in five the condition was due to a narrowing of the ureter by inflammation or ulceration.

In accordance with our opinion that cases of tetanus should be recorded when they have been successfully treated, we give this week the account of a traumatic case. It is doubtful how much of the success of the treatment was due

to the administration of the extract of physostigma, for a good deal of chloral hydrate was also given by the mouth during the progress of the case. If we review the records of successful cases, we find that chloral hydrate has been the drug most frequently employed, and there is a long list of eminent names in support of its being the most satisfactory drug, whether administered alone or in combination with bromide of potassium. Many who have tried this extract of physostigma have been disappointed with it, but Erleit, Wilkins, Ward, Watson, and a few others have recorded recoveries of patients placed under its influence. It is probable that antitoxine will be largely tried in the future. For the notes of these cases we are indebted to Mr. G. H. B. Berkeley, house surgeon.

CASE 1.—A boy seven years of age was admitted to the Middlesex Hospital under the care of Mr. Morris in 1892, supposed to have renal calculus, and he was under observation in the hospital from Nov. 18th to Dec. 28th of that year, during which time he did not complain of pain or any other trouble. When admitted there was a very slight quantity of blood and pus in his urine. It was stated that he had passed blood in his urine frequently during the previous twelve months, but at irregular intervals. He never had any pain whatever. His bladder was examined with a sound under chloroform, but with negative results. Both kidneys were examined bimanually, but nothing abnormal was made out. On leaving the hospital his urine was free from any trace of albumen, pus, or blood.

The patient was readmitted on Jan. 10th, 1893. It was stated that on Jan. 9th his father gave him a whipping across the loins. He had felt a pain like the prick of a pin for a day or so previously in the right loin. On the morning after the whipping his urine was seen to be blood-stained, and when examined at the hospital it was found to contain blood in large quantities and a microscopical amount of pus; sp. gr. 1023, acid.

The patient was anæsthetised on Jan. 13th, and the bladder sounded, but with the same negative results as before. An incision was made four inches long in the right loin. Another incision was then made in the centre of the first and at right angles to it two inches long. The kidney was drawn out on to the loin and was found to be slightly enlarged, flabby, and sacculated. An incision was made into its convex border, but no stone could be felt either in the renal substance or the pelvis. A large probe passed for about seven inches into the ureter gave a negative result. The pedicle of the kidney was transfixed with kangaroo tendon, and the vessels and ureter were tied in separate loops. The kidney was then cut off and the pedicle dropped back into the abdominal cavity. The fascia and muscles were sutured, layer by layer, with buried catgut sutures. The skin incision was united by silk sutures, a small drainage-tube being inserted, and dry dressings applied.

Examination of the kidney.—Towards the tip of the organ there was attached a portion of the cortex of the supra-renal capsule. The kidney itself was only slightly enlarged; the capsule stripped readily and exposed a smooth, cortical surface. On section there was seen to be a marked degree of hydro-nephrosis, the whole of the medullary portion having disappeared; the cortical tissue was likewise thinned and reduced to a mere layer. The infundibulum of the ureter was greatly dilated; its mucous membrane was much injected and its walls were considerably thickened.

The urine drawn off after the operation was found to contain more blood and to be loaded with lithates. The succeeding four specimens were much lighter in colour. Eleven hours after the operation there were a trace of albumen, a few blood corpuscles, and an occasional pus cell. Twenty hours after the operation there was no reaction for blood or albumen; lithates were present, but no pus. The patient did very well after the operation. The wound was dressed and the drainage-tube taken out on Jan. 17th, and the stitches were removed on the 20th. The quantity of urine passed had kept about the same throughout, being between twenty and twenty-six ounces. It was quite clear; a few blood and pus corpuscles could be made out microscopically. On Feb. 1st the patient was anæsthetised and his bladder sounded, with negative results. This was done because it was thought possible that a stone, if impacted in the lower end of the ureter, might have become displaced and passed on into the bladder by the traction used at the operation. He left the hospital on March 8th. He has been seen at the hospital at intervals since and on each occasion he looked the picture of health; he has had