Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES ON A CASE OF PERFORATIVE APPENDICITIS IN A PREGNANT WOMAN, FOLLOWED BY ABSCESS OF THE THYROID GLAND AND ABORTION.

BY H. S. PENDLEBURY, M.A., M.B. CANTAB.,
F.R.C.S. ENG.,

SURGEON TO, AND LECTURER ON SURGERY AT, ST. GEORGE'S HOSPITAL;
SURGEON TO THE ROYAL WATERLOO HOSPITAL FOR CHILDREN
AND WOMEN.

THE patient, a woman, aged 27 years, who was about four months pregnant and whose thyroid gland had always been large, was admitted into St. George's Hospital on March 31st, 1907. She had been seized with acute abdominal pain on the previous day with vomiting.

On admission the patient was a thin, anxious-looking woman. Her temperature was 100° F., the pulse was 120, and the respirations were 36. There were great pain and tenderness in the right iliac fossa. The abdomen was distended but not very rigid. A vaginal examination showed fullness in the right fornix and fluctuation could be obtained bimanually. The condition was diagnosed as acute perforative appendicitis with abscess. On March 31st an operation was performed. The incision was carried through the right rectus muscle. An abscess was found in the pelvis, of which the cæcum and appendix formed the superior boundary. The appendix was removed and the abscess was drained with gauze and a tube. The pathological report was acute gangrenous, perforative appendicitis. Recovery of the abdominal condition was uneventful. The wound was healed and the patient was convalescent on April 14th.

On April 21st the patient had a rigor with a temperature of 101°. On the 25th she complained of stiffness of the neck and of her throat feeling sore. On the 27th swelling of the enlarged thyroid was noticed, with some hoarseness. On the 30th this swelling had increased very rapidly during the previous 48 hours and there were considerable tenderness and some dyspnoea. An operation was performed under chloroform and ether. An incision was made in the mid-line over the most prominent part of the swelling. About a couple of ounces of pus with pieces of gangrenous thyroid came away. The pus had the characteristic foul odour of bacillus coli communis infection. A tube was introduced. The bacteriological report was as follows: "The pus contains bacilli like the bacillus coli communis, but it is not possible to cultivate these." The abscess healed rapidly.

On May 27th the patient suddenly aborted. Very little blood was lost. Her general condition was good. On June 11th she was removed to the convalescent hospital at Wimbledon and on the 26th she was discharged recovered.

I saw the woman in February last and there was then no evidence of any myxœdematous condition, so that some of her thyroid tissue remains active.

Remarks.—Mr. James Berry¹ remarks that a thyroid gland which is already enlarged is the more likely to be the seat of an abscess. Metastatic abscesses of the thyroid gland apart from enteric fever are sufficiently rare to warrant my publishing this case, and I have been unable to find any record of an abscess in this position caused apparently by the bacillus coli.

Brook-street, W.

NOTE ON TWO CASES OF ANTHRAX UNTREATED.

BY JOHN CROPPER, M.D. CANTAB.

THE recent publication of two cases of anthrax by Dr. J. S. Clarke in THE LANCET of Feb. 29th reminds me that at Nablus, in Palestine, I had lately two cases which were so far untreated that the final result was not affected either way. One case showed very unusual symptoms. This patient, a youth, aged 19 years, whose work was not concerned with wool in any way, was attacked by malignant pustule on

the right cheek. When I saw him for the first time on the twelfth day of the illness a large typical "pustule" nearly one and a half inches in diameter, with dark "eschar" surface and surrounded by much induration, was seen on the right malar eminence. For some days he had been absolutely paralysed from below the nipple line on both sides. As a last chance the pustule was freely excised under chloroform, but though cicatrization set in no recovery from the paralysis ensued and he died about three weeks later. He had before I saw him been treated by a quack with caustics in an ineffectual manner. Only a few very doubtful bacilli could be made out from the discharge. The second patient was a woman, aged 50 years, on the back of whose neck a little above the vertebra prominens an anthrax pustule had developed, which had gone on to a "natural cure" before she came under my observation as an out-patient. By this time she had in the site indicated a deep hole, measuring one inch in diameter and also in depth; it was filled by a white and firmly adherent slough and excreted an abundant discharge, exhaling a most foetid odour. The skin was crater-like and much undermined. The slough came away in large pieces and she made a perfectly "uneventful recovery" in the course of two or three weeks.

Though comparatively rare, anthrax is more often met with in Palestine than in England. I have seen cases of *charbon des paupières* once or twice; these, by causing sloughing of the upper eyelid, give rise to some of the very worst cases of loss of the eyelid. Shortly before leaving the East I was asked to operate on a man whose eyelid had sloughed, leaving the eyeball exposed through an opening in the same.

Chepstow, Monmouthshire.

NOTE ON A CASE OF POST-INFLUENZAL PERICARDITIS.

BY F. CARMINOW DOBLE, M.R.C.S. ENG., L.R.C.P. LOND.,
LATE HOUSE SURGEON, GREAT NORTHERN CENTRAL HOSPITAL.

A MAN, aged 21 years, was seized on March 4th with giddiness, nausea, and aching in his legs; this was followed on the next day by a very slight nocturnal cough and pain over the præcordial area, chiefly limited to the apex beat. The temperature was normal; the pulse was 85 per minute and of good volume and tension. I diagnosed influenza. Examination of the chest revealed nothing abnormal until on March 13th I again examined his chest. Inspection, palpation, and percussion yielded no evidence of disease, but on auscultation over the space between the second and third rib, close to the sternum, a double friction sound was to be heard. It was nearly synchronous with systole and diastole, the heart sounds were partly obscured, but no murmur or reduplication was present. When the patient held his breath the abnormal sounds were not altered. The area over which the friction sounds could be heard was of about the size of half-a-crown. They were very high pitched and sibilant and were greatly increased on pressure on the chest with the stethoscope. On the next day they were not so well marked and the day after that were quite gone. The patient says that he had an attack just like the present one last year and a medical man said "it was influenza affecting the heart."

It is curious that the pericardium should be affected by so mild an attack of influenza, especially with so few bronchial symptoms. It seems to prove that Pfeiffer's bacillus circulates in the blood early in the disease in even a mild form and produces a true septicæmia.

Reedham, R.S.O., Norfolk.

SALARIES OF POOR-LAW MEDICAL OFFICERS.—

The Local Government Board has recently informed the Falmouth board of guardians that a payment of £20 per annum was insufficient remuneration for the medical officer of the workhouse. At a meeting of the guardians held on March 26th Mr. Preston-Thomas, the Local Government Board inspector, stated that he had been instructed to confer with the guardians on the matter. He added that the salary was about 7s. weekly and the medical officer had to supply medicines out of that, so that his remuneration was about the same as would be paid to a boy for scaring crows. Mr. Preston-Thomas contended that it was unreasonable to pay a medical officer such a sum for the duties which he performed. After some discussion the guardians decided to take no action on the suggestion of the Local Government Board.

¹ Diseases of the Thyroid Gland, 1901, pp. 130 et seq.