

period it has been the custom in my wards to apply a 2 per cent. solution of lysol for the purpose of disinfecting the skin, and no untoward circumstance has followed the use of this agent. A constant change of dressers, however, occasionally causes an alteration in the routine of the wards, and this enables me to place on record another similar case to those already published, though less severe in character. My present house surgeon, Mr. R. P. Rowlands, happened to be my dresser at the time the other cases occurred, and so at once recognised the cause of the patient's illness, and to him I am indebted for very careful notes of the symptoms. It will be seen that this patient had been previously prepared with a lysol compress, but the operation had then to be postponed owing to the admission of an urgent case.

The patient, a girl, aged five years, was admitted into Lydia Ward, Guy's Hospital, on account of antero-external bending of the lower third of each tibia due to rickets. On July 15th, 1897, the left leg and foot were thoroughly washed and a lysol compress (2 per cent. solution) was applied in the morning, it being intended to perform an osteotomy in the afternoon, but owing to the admission of a case of strangulated hernia it became necessary to postpone the operation until the following day. At 11.45 A.M. on July 16th the limb was again cleansed and a compress of carbolic lotion (5 per cent. solution) was applied on lint. This was applied over the foot and the lower half of the leg. At 12.30 the child was crying lustily for her prohibited dinner, and she seemed to be quite well at that time. At 1.30 she was noticed to be lying back in her cot listless, pale, and sleepy. She gradually became worse, more drowsy and pale, until at 3 P.M. the house surgeon was called to see her. The child was then very pale, cold, clammy, and sweating profusely, especially about the head; the lips and tongue were of a peculiar dark colour, almost black, very different from ordinary cyanosis. The dark blood could also be seen through the pale skin, and added to the pallor of the latter a ghastly leaden undertint, which was very striking and led Mr. Rowlands correctly to interpret the cause of the symptoms. The patient was not absolutely comatose, as she could be roused by painful stimulation such as the use of a hypodermic syringe. She then threw her arms about for a moment before lapsing into her former limp and unconscious state. The limbs were flabby and could be dropped in any position, but were capable of movement under severe reflex irritation. The reflexes were all very dull and slow, that of the conjunctivæ was never absolutely lost, but very slow and feeble. The pupils were widely dilated and almost fixed. She passed her urine under her—a rare event for her—and she was sick several times. The pulse was feeble and running, almost imperceptible, and not to be counted at the wrist. The rate taken in the carotids was from 140 to 150. The heart's impulse was feeble, diffused, and displaced outwards, half an inch beyond the nipple line, and the cardiac sounds were muffled and tumbling in character. It was evident that there was considerable dilatation of the right side of the heart. The respirations were hurried and shallow, from 40 to 50 per minute. The temperature was 95° F. in the rectum. The compress was immediately removed and the limb washed. Hot bottles were applied and the child was wrapped in warm blankets. Ten minims of brandy were injected hypodermically at 3 P.M., and again fifteen minims at 4 P.M. About 4.30 P.M. the patient was better; the pulse was slower and stronger, and a pink flush had displaced the ghastly pallor of the cheeks. The skin was warmer. The pupils were now contracted. The patient was again sick several times, bringing up bilious-looking fluid. At 9 P.M. the temperature rose to 97°, and the coma gradually decreased, but she was not really sensible until the following morning. The skin became dry and rough towards morning, and the pupils dilated to normal. The temperature did not rise above normal at any time. She was not delirious nor did she try to get out of bed, but remained in a state of collapse. The urine passed in the night and early on the morning of the 17th was of a peculiar smoky green colour, which darkened almost to black as it became ammoniacal. The child was again cheerful, but pale and weaker. The anæmia continued several days, but otherwise she appeared well.

The symptoms present in this case very closely resemble those present in the two cases published in June, 1895—a general appearance of shock or collapse, with cold

sweating skin and actual diminution of normal temperature. With this an exceedingly rapid pulse is found, imperceptible at the wrist, but counted elsewhere it was in one case 200, in a second case 150, and in the present instance from 140 to 150 per minute. Vomiting occurred at intervals, the vomit being of a pale, dusky blue appearance. Coma was more or less complete, and often there was stertorous breathing. The pupils in the present case were at first dilated, but afterwards contracted. The heart in the case now reported was found to be dilated and over-distended, so that its apex was felt external to the nipple. Dark-coloured urine was passed after some hours. Convulsive twitchings were noticed in the other cases similar to what are seen in uræmia, and the urine was for a time suppressed. With a return of warmth the coma gradually subsided, but the patient remains for a time pale, weak, and drowsy.

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

A CASE OF ENGLISH CHOLERA.

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ON Aug. 12th, at 11 A.M., I was called to see a girl, aged seventeen years, a paper sorter by trade. On examining her I found her to be in a state of extreme collapse; the face, body, and extremities were of a leaden hue. The tongue was clean, the eyes were sunken. There was no radial pulse. The temperature was 94° F. The nails were livid and the hands were somewhat contracted. There was no abdominal tenderness or distension, the patient only complained of slight pain in the bowels; she was restless, and her countenance was peculiarly anxious-looking besides the leaden hue. The history I obtained was as follows. The previous night she had had a supper of bread, cheese, and tomatoes, and subsequently, going out for a walk, she bought and ate some fried potatoes at a fried fish shop. She went to bed at 11.30 P.M., and at 1 A.M. woke up with vomiting and had several loose evacuations. She was removed from her own bed to that of her parents, and, they state, slept quietly till 10 A.M. Shortly after this they noticed the colour of her face, and I was sent for. I administered injections of ether, and gave brandy and a diffusible stimulant mixture, ordered hot water bottles to the extremities, and a sinapism to the cardiac region. She was seen every hour till death occurred at 5.30 P.M.; she had only one stool after I saw her, which was described as frothy water. A necropsy was made twenty hours after death; rigor mortis was well developed. The brain substance was studded with ecchymoses, the sinuses were full of dark-coloured fluid blood. On opening the thorax the lungs were seen to be very collapsed, their lower edge corresponding with the fourth rib; they were congested at the bases; there were no ecchymoses. The pericardium did not contain any fluid; there were ecchymoses on it and many on the apex of the heart. The right ventricle and auricle contained clots of dark-coloured blood, typically "tarry" in character; there were ecchymoses in the right auricle; the left ventricle contained a small ante-mortem clot. The gall-bladder was full of greenish bile. The liver was normal; the spleen and both kidneys were congested. The stomach contained about a pint of reddish-coloured fluid, mostly medicine and brandy and water. The whole of the intestines, from the duodenum to the rectum, were full of a creamy-coloured, semi-flocculent, inodorous fluid. The bladder was empty. Portions of the large and small intestines and the stomach have been submitted to bacteriological examination by Dr. Klein, the result being negative; no cholera vibrio was present, but the symptoms and post-mortem evidences were so suspicious that I think I did wisely in notifying the case to the local authorities and having disinfection promptly attended to.

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