

phthisis.) The chest was now daily examined with a view to determine which bronchus the coin had entered, and from the first the signs seemed to favour the right side. The respiration over the right back was faint as compared with the left, the expiration over the right lung was much prolonged, and in addition the entire expansion of the right lung was much diminished as compared with the left. There was, however, considerable dulness between the spine and the scapula on the right side posteriorly. On the left side the sounds were considered as normal in all respects. Laryngoscopic examination showed the Marrant Baker tracheotomy tube to be occupying very much the position in which the coin had been formerly seen. The patient was now allowed fresh-air exercise, and when he was apparently in his usual health I again attempted to find the coin through the opening in the larynx. On April 25th chloroform was administered, and with Lucas's tracheal forceps, supplied by Messrs. Down Bros. for the purpose, both bronchi were searched diligently, the right side more particularly, but no coin was even touched. During the operation much cough and lividity were induced, but fortunately no hæmorrhage, and the result satisfied me that the forceps were not of sufficient length to reach the coin. Had the opening been made in the trachea no doubt the forceps would have been long enough. Stethoscopic examination was now made daily, and it was again noted that respiration over the right lung was faint. Purulent expectoration was increased somewhat, but it was remarkable how tolerant of instrumentation the air passages proved, for on the following day the temperature and pulse were only slightly raised. On May 1st, with Durham's trachea forceps, a third and last attempt was made under chloroform to reach the coin, and here I must confess that, misled by the stethoscope, I searched the right bronchus only until I was satisfied that no coin was present, and made but a brief trial on the left side. No hæmorrhage from the chest followed. I now reluctantly relinquished the search, and the tube was removed from the windpipe in a day or two. There was now no definite indication that any foreign body was lodged in the air passages, for, failing to discover the coin on the right side of the chest, I deemed it probable that the indications on the right chest before mentioned were due to phthisis of the lung and not to a foreign body, and it was now open to doubt whether the coin seen in the larynx might not have disappeared by the alimentary canal in the course of the disturbance produced by the hæmoptysis accompanying the first operation. The stools, however, had been carefully searched until this hypothesis was rendered almost untenable. The patient now was up and about with the wound in the neck superficial, but on May 10th hæmoptysis spontaneously set in, and increased so rapidly that by evening the pulse was over 100 and the man's strength much reduced. Hæmorrhage recurred with a great rush at 2.30 A.M. on the 11th, and death ensued.

As is customary in prisons, an inquest was held, and on post-mortem examination the half-sovereign was discovered at the bottom of the left bronchus, surrounded by mucus and recent blood clot. The whole of the right lung was adherent; no cavity of any size existed, but considerable fibroid thickening was present along the bronchi. Here and there collections of pus were cut across, and the lung was seen to be broken down around them. Much induration was present along the main divisions of the bronchi. The left lung was nearly healthy, being consolidated at the apex for a small extent only, and it was adherent along the spine for a part of its extent. It was not possible to make out the source of the hæmorrhage, and it was not apparent that the coin had caused any disturbance except slight marks of ulceration on the bronchial mucous membrane, where it had rested. No pneumonia, bronchitis, laryngitis, or tracheal inflammation was present. Measurements of the air passages showed that the coin was lying at a distance of one inch and three-quarters from the bifurcation of the trachea. The measurement from the bifurcation to the cricoid cartilage was three inches and three-quarters, and the wound in the larynx was three-quarters of an inch higher, so that the entire distance from the wound to the coin was six inches and a quarter. There can, therefore, be but little wonder that Lucas's tracheal forceps introduced so high in the air passage failed to touch the coin. The diameter of a half-sovereign is three-quarters of an inch, and from the examination and measurement of the diameter of the man's air passage at the cricoid ring it would seem

that there was a narrowing down to something like half an inch, so that it can be readily understood that if arrested at all it would be in the larynx, but that the next resting-place could only be the right or left bronchus, because the trachea would be too large and too smooth in an adult to admit of stoppage of the coin. With regard to the future progress of the case, had hæmorrhage not terminated it so unexpectedly, it is probable that the slight ulceration of the bronchial mucous membrane, where the coin lay, would have been followed by deeper mischief and so caused death at no distant period. So far as the phthisis was concerned there was no reason to doubt that, apart from hæmorrhage, the man might have lived for two or three years.

The case narrated was one which gave considerable anxiety to me as a prison surgeon, and I have no doubt that it will be read by others in a similar position with interest, as some of the difficulties met with were such as are peculiar to prison practice. For instance, the untrustworthy nature of the statements made by old prisoners is a feature not so often met with in hospital practice, and it follows that a surgeon must be guided by his own senses and in some cases disregard statements made to him, for in this case the story of the button having been swallowed was persisted in until my own observations convinced me that a coin was fixed in the larynx. Disappointing as it is to admit the failure of one's efforts to carry out what was desired, still the whole case proved to be a highly instructive one, as it must be admitted that the presence of phthisis in the right lung produced certain symptoms strongly suggesting obstruction of the right bronchus by the half-sovereign—to wit, immobility of the right chest wall, prolonged expiration, and faint inspiration,—whilst the sounds heard over the left lung were in no wise considered to be abnormal. So misleading an association as the presence of a coin and the existence of fibroid phthisis is one surely of very unusual, if not unique, occurrence; but the point in particular to be laid stress on is the fact that a coin, such as a half-sovereign, may lie at the bottom of the left bronchus in such a position that its presence cannot be demonstrated by the stethoscope. With regard to treatment of this case by inversion, the hæmorrhage which occurred so alarmingly at the first operation entirely precluded the adoption of that course. No doubt the weight of a half-sovereign (one drachm) would favour the expulsion if inversion were resorted to, as it did in the case of Mr. Brunel, who discovered for himself that the half-sovereign in his windpipe shifted when the head was lowered. This indication was taken advantage of by Sir Benjamin Brodie, who performed tracheotomy upon the distinguished engineer, and after inversion was fortunate enough to see the coin escape through the mouth.¹

Carlisle.

A CASE OF TUBAL GESTATION.

RUPTURE OF THE CYST AT THE THIRD TO THE FOURTH MONTH; LAPAROTOMY; RECOVERY.

BY J. E. BRISCOE, L.R.C.P. LOND., M.R.C.S. ENG.

A SMALL, spare woman aged thirty-six years came under my care on Oct. 6th, 1893. She had been married ten years and had had four children, the first eighteen months after marriage, and the last—a long instrumental labour—three years ago. Her periods had been normal in time and quantity, so far as she knew, until the latter part of July, when her last period occurred. On Saturday, Sept. 30th, while sitting at tea, she was seized with sudden acute pain in the body, accompanied by a feeling of great dread. The pain lasted twelve hours and ended with an attack of vomiting. On the sixth day after this attack she began to have vaginal discharge in small quantity, and it was on this account that I saw her for the first time. Examination revealed the cervical softening of pregnancy and a slightly dilated os, from which issued a small quantity of blood. The cervix was lacerated, and the uterus anteverted, with a small degree of anterior flexion, and palpably enlarged. Hitherto she had not had the slightest suspicion of pregnancy, but had been sick through the day and had felt constant pain in the right side of the body. She was at this time attending to her household duties and seemed to be in fair health. Rest in bed was advised, and an opiate

¹ See THE LANCET, May 20th, 1843, and the Times, May 16th, 1843.

administered. On Oct. 7th the discharge had increased during the night, and I removed from the vagina two triangular pieces of decidua, each about two by one and a half inches in area; on the rough surface of each of these was a small extravasation of blood. The os easily admitted the finger, and the uterus was found to be empty. The sound was passed (three and a half inches), and a gentle effort made to replace the uterus. This failed, and nothing further was noticed. I assumed that she was in the first or second month of pregnancy, and that the remaining contents of the uterus had been lost in the discharge. She was soon up and off my list. On the morning of Oct. 15th I was again called. She had had a second attack the night before, similar to the first, commencing as she went upstairs, and lasting less than an hour. She had again been collapsed, and had recovered on producing emesis with oatmeal gruel. Examining her abdomen, I found a mass, which I could just cover with my hand, in the left hypogastric region, extending to within an inch of the middle line. She had noticed it for the first time that morning, and imagined that it had moved. These movements were apparent during my examination. A soft, blowing sound was audible over the lower part of the tumour, and at irregular intervals a "tap, tap," suggestive of the heart sounds of a moribund foetus. The fundus uteri could be felt just above the symphysis, and deep pressure enabled the mass to be felt per vaginam, quite distinct from the uterus. There were no increase of temperature and no great appearance of illness. A diagnosis of extra-uterine gestation was made and operation advised. While deliberating and arranging she continued in a comfortable condition in bed, noticing from time to time movements in the tumour until 8 P.M. on the evening of Oct. 9th, when after exertion she fainted and remained collapsed for some time. She vomited, but recovered after the administration of stimulants, with the exception of slight abdominal uneasiness. At 12 P.M. she had sudden acute pain across the abdomen, affecting especially the right side, over the tip of the last rib. She continued in a collapsed condition until 5 P.M. The pulse ranged from 100 to 130, the temperature was 98° F., and the respiration 32. There was considerable tympanites, though an enema had acted earlier in the evening. The mass was slightly less prominent, and more tender on pressure. At 8 A.M., the pulse being 128, respiration rapid, and the patient still looking very ill, she was anaesthetised, and the abdomen opened by an incision about four inches in length through the left semi-linear line. A considerable quantity of dark fluid blood escaped on opening the cavity, and masses of dark clot appeared. After sponging these away the surface of the mass was exposed; it was dark purple in colour and highly vascular. The fundus uteri was seen behind the symphysis, and the right tube was felt to be normal. The sigmoid flexure of the colon presented through the wound. The recto-vaginal pouch was filled with blood clot. Before removing these the sac was grasped on each side with clip forceps and a small aspirating needle introduced; no fluid could be withdrawn, but smart bleeding ensued from the puncture. A vertical incision about two inches in length was then made into the sac, the margins retracted widely, and a mass of translucent chorionic villi "bunched" out. On passing the finger round this mass to separate it from the sac it was found to be the outer surface of the placenta, and with the ruptured membranes attached, it was removed, the cord breaking at a distance of three inches. The hæmorrhage consequent on separation was checked by hot sponge pressure and drawing up the sides of the sac. Much fresh clot and a mass composed of old firm clot mixed with villi were then removed. A portion of cord was now seen, and on tracing this downwards a leg of the foetus was felt; the foetus was withdrawn from the pelvic cavity by way of the sac through an aperture in its lower, inner, and posterior surface, by which escape had been effected. The sac was drawn up to the surface, and the proximal inch of the tube seen to take no part in its formation. A semicircular row of three thick silk sutures was passed along the base of the sac, the inner dividing the free portion of the tube half an inch from the uterus, the outer coming in close contact with the sigmoid. The pelvis and peritoneal surface were now sponged out, about fifteen ounces of clot being removed. Slight oozing from the pedicle was arrested by passing crossed sutures in a V-shaped fashion below the first row in the broad ligament. The sac was then cut away and the abdomen closed by deep wire and superficial catgut sutures. Recovery was delayed

by the persistence of the tympanites for several days (this being eventually removed by purgatives administered with opium), and by the occurrence of a stitch abscess. From the eighth day recovery was rapid, and on the twenty-first she was attending to her housework. She is now in good health and free from pain. Her menstrual periods are regular and normal. The foetus measured 5½ in. in length, weighed 2 oz., and was fresh in appearance. It was probably at least three months advanced. The cord measured 7 in. in length and was attached eccentrically to a placenta of 2½ in. by 3 in. area. The mass of old clot weighed 3 cz. The proximal portion of tube removed with the sac was thickened, and its lumen would admit a goose quill and was patent into the sac. The rugæ were distinct. The outer portion of the sac was adherent to the sigmoid, and the adhesions appeared to be of long standing, thus accounting for the fact that the sac had not fallen back into Douglas's pouch. To Messrs. Clough and Stott my thanks are due for valuable assistance at the time of operation.

Leeds.

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

PTOSIS FOLLOWING HERPES FRONTALIS; RECOVERY.

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ON May 31st, 1894, Captain — requested me to examine his forehead, saying that he was experiencing severe pain of a smarting character above the left eyebrow, and that he had noticed an eruption of slightly reddish-looking spots over the seat of pain. He said he fancied that two or three days previously he had slept in a draught, and since then he had had slight pain in the frontal region, but since it continued to increase in character, the smarting being much worse at night, he consulted me. When the eruption was first noticed he believed it to be only prickly heat, and beyond dusting a little violet powder on it did not regard it as worthy of notice. On examination I found several groups of vesicles corresponding with the distribution of the supra-orbital and frontal nerves, two of which were nearly a quarter of an inch in diameter; pain of a smarting and somewhat neuralgic type was especially marked just in front of the left external auditory meatus, below the zygoma, passing across towards the nose, along the left side of the nose and over the left upper eyelid. There was also slight pain on the crown of the head, and in the hair I noticed several groups of reddish spots, one or two patches having clear contents. Regarding his general health, his tongue was covered with a thick coating of brownish fur, the bowels were constipated, the appetite was poor, the pulse quick and bounding, and the temperature, with the thermometer in the axilla, 99·8° F. I advised him to keep in his cabin for a few days, as the weather was so treacherous; to dust oxide of zinc over the spots; and to take a mixture of bicarbonate of potash and tincture of rhubarb thrice daily. The following day I found the parotid gland much swollen, with severe pain over the superior maxilla, which was aggravated when the area of distribution of the infra-orbital nerve was pressed; several fresh groups of vesicles had appeared along the side of the nose, over the upper eyelid; and the spots previously mentioned on the forehead had become vesicular. On June 3rd some fresh vesicles had appeared on the forehead. On the 4th the vesicles were still clear, the parotid gland was swollen, and pain was felt at the back of the eyeball. On the 5th there were slight conjunctivitis and swelling around the left eye; the swelling had disappeared from the parotid gland, and the pain on the forehead was less severe. By the 6th, fresh vesicles had developed over the nasal nerve, the eye was much swollen, the vesicles on the forehead were healing, the swelling of the parotid gland was nearly gone, and there was much neuralgic pain on the left side, especially over the exit of the infra-orbital nerve. On the 7th the conjunctivitis was worse, the