the areolar tissue outside the peritoneum. The difficulties of the situation were also increased by a sudden and violent act of vomiting, which covered the protruded bowel with vomited matter; this was evidently caused by the attempt at reduction. The intestine was again cleansed and the wound in the peritoneum enlarged, after which reduction was easily effected, and the wound closed by sutures. A simple cold-water dressing was applied, from necessity, not from choice, and opium freely prescribed. With the exception of a small collection of pus which formed in the abdominal wall, the patient made a good recovery.

This case appears to be worth recording from the fact that a man with such an injury was so slightly affected by shock as to be able to walk a considerable distance without assistance, and also on account of the recovery without the employment of antiseptics. The second and subsequent dressings were of wood-wool, but their application was too late to keep the wound aseptic.

Cumnock, N.B.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

INFANTILE PARALYSIS LIMITED TO THE BULBAR NUCLEI, WITH PERMANENT PARALYSIS OF HALF THE FACE AND TONGUE.

By W. PASTEUR, M.D. LOND., M.R.C.P.,
PHYSICIAN TO THE NORTH EASTERN HOSPITAL FOR CHILDREN,
HACKNEY ROAD.

R. D—, aged two years and seven months, was sent to me in November, 1886, by Dr. Scoresby-Jackson of Walthamstow for an opinion. The mother gave the following account of her child's illness. His health had been excellent up to the end of July, 1886, when he had a sharp attack of "fever," with diarrhoea and sickness. On the second or third day of this attack she noticed some twitching of the corners of the mouth, and carpo-pedal contractions, but there was no "fit." On the following morning the face was drawn to one side, the child was unable to close his right eye, his talk was unintelligible, and when given milk to drink, he made no effort to swallow, but allowed it to run out from the right corner of the mouth. For two or three days life was almost despaired of. On the fourth day there was some return of the power of swallowing, which was completely restored in about a month. There was at no period of the illness any cough or regurgitation after taking liquid food. In six weeks from the date of onset speech was completely recovered, with the exception of a slight thickness of utterance, which still persists. There were never any signs of paralysis of the arms or legs. I may add there was no history of traumatism, diphtheria, or ear disease.

When I saw the child for the first time on Nov. 22nd, his condition was as follows: A strongly built, robust-looking boy, thoroughly spoilt, and quite intractable. There is complete paralysis of all the branches of the right facial nerve, without any naked-eye evidence of muscular wasting. (Electrical examination impossible on account of the child's temper.) The tongue when protruded deviates markedly to the right; its right half seems to be a trifle thinner than the left, but is not wrinkled on the surface. The muscles of the limbs are everywhere well developed. Swallowing is performed normally, and hearing is unaffected. The movements of the eyes are normal; the pupils are equal and active. There has never been strabismus.

At the end of January, 1887, the child could close the right eye rather more completely than when first seen; except for this his condition was unchanged. During repose the paralysis was hardly perceptible, but became very obvious when the child spoke or cried. Dr. Scoresby-Jackson has since written to me that the right side of the face is a little wasted.

Remarks.—The mode of onset and clinical features of this case are so unequivocal that I have little hesitation in recording it as one of infantile paralysis. The remarkable distribution and limitation of the paralysis are quite new to me, and must be very uncommon. I can find no reference

to similar cases in any of the treatises and monographs I have consulted on the subject, and several eminent neurologists to whom I related the case had never met with one exactly like it. As regards the original extent of the paralysis I cannot speak with any certainty. It is evident, from a consideration of the early symptoms, that several of the bulbar nuclei were temporarily thrown out of gear; and as the child was kept several weeks in bed, it is just possible that some slight temporary paralysis of the limbs was overlooked. The very small amount of muscular wasting is remarkable, seeing that the paralysis had already lasted fully six months when the patient was last seen.

Queen-street, Mayfair.

THE VALUE OF COCAINE AS A LOCAL ANÆSTHETIC.

By G. MICHELMORE, M.R.C.S., L.S.A.

So much has been written in THE LANCET lately on the value of cocaine as a local anæsthetic that the following cases in which it was employed may be of some interest. A 20 per cent. solution of the hydrochlorate of cocaine was used in all the cases.

William L— was admitted into the Tiverton Infirmary on March 22nd suffering from a severe injury to the right eye, which necessitated extirpation. Twenty minims of the solution were dropped into the eye at intervals during the operation, which was painless.

Ann H—, admitted on April 5th for the removal of a fatty tumour on the left shoulder. The surface of the tumour was painted over with the solution, and fifteen minims injected around its base. No pain was felt during the operation.

Richard G—, admitted on July 19th for the removal of the right eye. Cocaine was used in a precisely similar manner as in the first-mentioned case, and with the same results.

Sarah S—, admitted for the removal of an epitheliomatous growth on the bridge of the nose and adherent to the nasal bones beneath. The growth was painted over with the solution, and fifteen minims injected around the base; it was then freely excised, and the parts beneath scraped and swabbed over with a strong solution of chloride of zinc, the patient showing no signs of pain.

Emma V— required the removal of a finger at the terminal phalangeal joint on account of a bad crush. The finger was painted over with the solution, and ten minims deeply injected. No pain was felt during operation.

The Infirmary, Tiverton.

A CASE OF PEMPHIGUS RECURRING AFTER FOUR CONSECUTIVE LABOURS.

By OCTAVIUS CROFT, L.R.C.P.L., M.R.C.S.

PEMPHIGUS occurring during pregnancy is mentioned as a rare occurrence. Barnes¹ refers to a case which lasted three months and ended in complete recovery after delivery. In another case² it recurred during several successive pregnancies. In all, however, it seems to have disappeared with the termination of the pregnancy. The following case therefore is of some interest from the fact that the eruption on each occasion developed soon after delivery, lasted several weeks, and was entirely absent during pregnancy. It occurred in the outside Maternity Charity of the Leeds General Infirmary.

Mrs. A—, aged thirty-seven. Has had twelve children and one miscarriage. Her husband is healthy, and there is no history of syphilis in husband or wife. Beyond some debility resulting from her numerous confinements she usually enjoys good health. On Nov. 12th, 1886, after a natural and easy labour lasting about six hours, she was delivered of a healthy living child. All went on well for a few days—so well, indeed, that she herself thought she would escape another attack. On the fourth day, however, she felt ill, and in the course of a few hours the eruption broke out. A few blebs appeared first on one arm, which were of various sizes, and contained clear fluid. They subsequently developed in other situations, such as the dorsum of the foot, the back of the neck, and the face. The mucous membranes were not affected. The constitutional disturbance was

¹ System of Obstetrics.

² Quain's Dictionary of Medicine.