being to all appearance a simple pedunculated papilloma, such as previously removed by me on different occasions, whilst in two of the other fragments the growth was sessile, apparently of an infiltrating character, and looked entirely like commencing malignant disease." To my great surprise, however (which I think was shared by himself), Mr. Shattock did not find any evidence of malignancy in the pieces of growth removed by the radical operation. I append his report *verbatim*: "The pieces of tumour examined comprise portions removed by intra-laryngeal operations on three different occasions and those removed at a fourth by thyrotomy. In regard to those removed on the first three occasions none show any ulceration or cell nests, and they all present the characters of papilloma with a thick epithelial investment of the stratified squamous-celled kind. The section of the chief piece, removed at the fourth operation, and which is carried exactly at right angles to the surface and transversely to the length of the thyro-arytenoid muscle, shows a growth which, though sessile, has the same characters; there is the same absence of ulceration, but there is a considerable amount of small-celled infiltration of the connective tissue; the muscle, of which there is a large area, is quite normal. Although, however, there is small-celled infiltration of the connective tissue, there is no epithelial ingrowth, the general line of the deep surface of the epithelium between the papillary processes being almost straight. It cannot be said, therefore, that the disease is malignant, though the patient's age (sixty years) is such as to indicate free removal of the growth. The rapid recurrences must be regarded as pointing to a 'local predisposition,' and not as arising by a true process of metastasis." The possibility, of course, must not be lost sight of that just such parts of the growth as would have shown undoubted evidence of malignancy were not included amongst the portions which were microscopically examined. This, however, needless to say, is extremely unlikely when the examination has been made by an expert of Mr. Shattock's thoroughness; and I merely mention this possibility because in more than one instance detailed in my own collective investigation in the *Centralblatt für Laryngologie* this contingency has actually happened. Seeing, however, the very definite opinion expressed by Mr. Shattock in the above report it would seem more likely that the clinical course in this case was, indeed, deceptive, and that the growth, although distinguished by several unusual characters—uncommon density of epithelium and infiltration of small round cells,—must not be considered as a malignant growth. I cannot say that I regret having performed radical operation in this case. I probably, as a laryngologist, shall not be suspected of an undue partiality for external *versus* internal laryngeal operation in cases of growths of the larynx; but I deliberately say that it is better to perform a thyrotomy in a suspicious case, though possibly internal measures would have sufficed, than to postpone radical operation until it is too late or until it has to be so extensive as to jeopardise the patient's chances of survival of freedom from recurrence and of usefulness of the vocal organ. More on this all-important point will be found in the concluding portion of this paper.

The second case (Case 12 of my tables) was that of a man aged fifty-five years, first seen on April 29th, 1893. The patient had been suffering from hoarseness for about a month past, and a small reddish growth was observed on the free margin and underneath the middle of the left vocal cord. It was semi-globular, about the size of a split pea, slightly granular and broad based, so as to pass over very gradually into the congested left vocal cord, the movement of which was unimpaired. There was at first nothing to suggest malignancy, but in the course of the next twelve months the growth gradually spread, infiltrating more and more the left vocal cord, with which it became intimately blended, and finally, in April, 1894, an almost uniform thickening of the whole vocal cord had taken place, the movements of which also had become a little more sluggish. From the uniform nature of the infiltration it was quite impossible to remove a piece for microscopic examination. The whole development, however, taken in conjunction with the patient's age, rendered the nature of the growth very suspicious, and after consultation with Mr. Batlin thyrotomy was performed on April 26th of this year. When the larynx was opened the left vocal cord appeared as a cylindrical, slightly irregular, and granulated body, which was much thickened, especially in its middle third, but not adherent to parts in the neighbourhood. It was removed *in toto* and the basis scraped. Of

the microscopic appearances Mr. Shattock gives the following full description: "The sections of the parts removed, carried at right angles to the surface and transversely to the long axis of the growth, show a general basis of connective tissue type in which there is extensive leucocytic infiltration. The leucocytes are especially collected into groups, and in one situation lie clustered around a mucous gland. The epithelium presents nothing noteworthy; at one small spot it is destroyed and a slightly prominent mass of granulation tissue projects through the defect. As observed, between the areas of the denser infiltration the general basis-substance has the following characters: It consists of a well-marked fibrillar material, in which lie the oval nuclei of cells; the nuclei are nowhere very close, they are vesicular and have a granular character, as those of cells of the connective tissue type. The whole is abundantly pervaded with capillaries. Histologically the new formation resembles a soft fibroma of such a diffuse or continuous kind as is presented by some examples of fibroma molluscum of the skin. It resembles also some forms of locally recurrent tumours which must be classed as sarcomata, in which a fibrous metaplasia has taken place. I have examined such a recurrent tumour of large size in which there is an equally abundant formation of fibrous matrix and of an equally delicate fibrillar character. Histologically the evidence is insufficient to determine on which side of the border-line the growth should be classed; this must be decided by the clinical history. The original appearance of the lesion as a distinct projecting tumour would exclude this diffuse formation from such as are designated elephantiasis arising from repeated inflammation; nor is there clinical evidence of inflammation having played the essential part in its etiology. The small-celled infiltration, which is especially marked in the situation of the ulcer, is probably due to infection through the epithelial defect, and a condition superadded to, and not concomitant with, the growth of the new formation."

From this description it will be seen that Mr. Shattock leaves the diagnosis open between continuous fibroma and fibrosarcoma. My readers will have to decide the question according to their own judgment; personally, I can only say that a clinical course such as that observed in this case appears to me irreconcilable with the idea of the new growth being benign. Not only have I never seen a simple fibroma take a development such as occurred in this case, but I do not know of any reliable instance of that sort having been described in literature.

(To be continued.)

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

POISONING BY MANCHINEAL.

BY DUNCAN JAMES CADDY, M.D. DURH., F.R.G.S.,
H.M. COLONIAL MEDICAL SERVICE.

ON June 2nd, 1894, a native female child five years of age was admitted to the hospital, Carriacou, West Indies, under the following circumstances. The mother stated that the child had been playing the previous evening with some other children by the seashore, when she suddenly came running home screaming and complaining of severe pains in her mouth and abdomen. She was violently sick, but could swallow no food or water, and passed a very bad night, shouting out loudly at times and being very restless. Early the following morning the mother brought the child to the hospital, and, upon my questioning her, said the child had been poisoned by manchineal, having eaten some whilst at play under the trees. Upon examination I found the child in a state of collapse. The surface of the body was bathed in a cold sweat; the radial pulse was imperceptible; the heart sounds were hardly distinguishable; the inspirations were thirty per minute (very shallow); the temperature was 96.2° F. The lips were very swollen and covered with blisters, and the tongue greatly swollen and blistered. There were blisters in the palm of the right hand and three small ones in the left palm. On palpation the abdomen was very tender, especially over the epigastric region. I at once

ordered the child to be placed in bed and surrounded by hot water bottles, and injected subcutaneously twenty-five minims of sulphuric ether. The child gradually rallied, and the after treatment consisted in washing the mouth out with glycerine of borax and the administration of the following mixture: Ten minims of tincture of opium, half a drachm of bromide of potassium, half a drachm of chlorate of potassium, one drachm of bicarbonate of soda, one drachm of subnitrate of bismuth, one ounce of acacia mucilage, water to two ounces. One drachm of the mixture was allowed to trickle down the throat, a few drops at a time, every two hours. An enema, consisting of one drachm of brandy, two drachms of starch, and three ounces of beef-tea, was given, but as this appeared to distress the patient it was discontinued, and zymised nutrient suppositories substituted every four hours. On July 4th the temperature rose to 101°, and as the patient was unable to swallow even a few drops of water the mixture had to be discontinued and hypodermic injections of morphia (one-fifteenth of a grain) given every five hours, whilst to cope with the thirst an enema of cold water was given every two hours, which gave great relief to the patient. On the 6th there was a decided improvement, and this continued up to the 18th, when the patient was discharged well.

H.M. Hospital, Carriacou, West Indies.

ICHTHYOL IN ECZEMA.

BY J. K. TOMORY, M.B., C.M. EDIN.

THE patient first came under my care in July, 1894, when I obtained the following history. About three years previously she showed symptoms of an eczematous eruption on the back of the neck, which gradually spread up to the scalp amongst her hair. She had the hair on the back of her head cut short, and the medical man whom she consulted prescribed an ointment for local application, as well as Fowler's solution to be taken internally. From that time she had never been entirely free from the eruption, and she had taken a considerable quantity, doubtless, of the usual remedies, but the eczema had never quite disappeared, though at times (especially when she was pregnant) it was less troublesome than at others. There is no trace of the disease in other members of her family. The eczema was very much worse in the spring. She had repeatedly taken arsenic and had applied starch poultices and a creamy looking ointment to the eruption. In July she consulted me, when I told her to have her hair cut again, and after one application of a starch and boracic poultice I ordered the following ointment to be applied night and morning: one ounce of ointment of oleate of zinc, half an ounce of ointment of oleate of mercury (20 per cent.), boracic acid ointment to six ounces; and prescribed half an ounce of this mixture to be taken after food: one ounce of the compound syrup of hypophosphites, forty-eight minims of Fowler's solution, water to eight ounces. The ointment allayed the itchiness, but otherwise it did not improve her condition. In September she consulted me again and I resolved to try ichthyol. I obtained a supply of camphoid ichthyol and gave the patient the following instructions (at this time I may say that there were considerable inflammation of the skin at the back of the neck and numerous patches of eczematous eruption extending beyond the occipital protuberance): the head and neck were to be well washed with soft soap to remove any of the previous ointment, and at night a starch poultice was to be applied. The next morning the ichthyol was to be applied, and it was to be renewed once a day. On the day preceding the application I ordered her to have her hair well brushed, and this has been done every day since. There was absolutely no other treatment given, and by the end of a month the skin of the neck was quite normal, and only one or two small spots could be seen on her head. By Nov. 10th she was absolutely free from all traces of the eczema, and has continued so ever since, but she keeps a supply of the ichthyol in order to apply it should any reappearance of her trouble manifest itself.

I have had considerable experience in the treatment of eczema, but I never had a case so intractable. In fact, I have been able usually to check it by means of the following lotion: two ounces of oxide of zinc, one ounce of boracic acid, half an ounce of subnitrate of bismuth, olive oil to twelve ounces; with the use of arsenic internally when the

inflammatory symptoms had subsided. One of the severest cases of eczema I ever saw was cured after about six weeks' treatment with the above.

Halkirk, Caithness.

ENORMOUS SIZE OF THE RIGHT KIDNEY IN A CHILD FOUR YEARS OF AGE.

BY E. G. BULLEID, L.P.C.P., L.R.C.S. EDIN.

ON the morning of Nov. 30th last I was called at 2.30 A.M. to see a boy four years of age who was said to be dying. On my arrival I found him in a comatose state, which was followed by convulsions until his death at 5 A.M. I was told by his parents that at 1 A.M. he was awake and as lively as usual. At the coroner's request I made a necropsy, and found the right kidney enlarged to an enormous size (weighing 25 oz.). The kidney substance was thoroughly disorganised; the capsule was almost one-eighth of an inch in thickness; it was oval in shape, very hard, and on section proved by examination to be a sarcoma. Now in this case the boy had no pain, never had (as far as his parents knew) any hæmaturia, and was considered a strong child, attending school regularly. They certainly noticed that he had become thinner during the previous six weeks, but beyond that no other symptoms were revealed.

I have ventured to report this case on account of its rarity, not having read of any case where the kidney had attained such a size without showing some outward sign of being a growth in the region of the kidney.

Southwick-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 LANDRY'S PARALYSIS.

(Under the care of Dr. DOUGLAS POWELL.)

THE disease, of which the following case is a good example, known as acute ascending paralysis was described by Landry in 1869. It is not often seen in our hospital wards, and we are still doubtful as to its causation and pathology. "The progress, duration, and event of the disease vary. It is generally fatal, death resulting from the usual consequences of bulbar paralysis. The paralysis may become general and destroy life in the course of two or three days. Occasionally the progress of paralysis is much slower, and death is delayed until the end of the third or fourth week."¹ For the notes of the case we are indebted to Dr. H. Campbell Thomson, house physician.

A woman aged thirty-nine years was admitted to the hospital on July 14th, 1894, complaining of loss of power in the body and limbs. There was nothing of importance in the family history, and her previous history was one of good health; she had had three normal confinements, and up to the time of her illness had been suckling for nine months. On Sunday night, July 8th, the patient complained of a headache, which became worse the next day, and on the afternoon of July 9th there was great aching over the upper part of the back, and the patient commenced to retch. Retching and vomiting frequently occurred during the next two days, after which it passed off. On July 10th the patient noticed some sensation of tingling and numbness in the hands, which was followed in a few hours by similar sensations in the feet, and with the onset of numbness there was some loss of power both in the legs and arms. On July 11th the numbness reached as high as the knees and loss of power was well marked. On July 13th there was very marked loss of power, but the patient was still able to pull herself up in bed. There

¹ Bristowe: *The Theory and Practice of Medicine*.