depth of the uterine cavity to be between eight and nine inches. On withdrawing the sound, I introduced a uterine hook, attached it to the inner surface of the anterior lip, and easily dragged down the organ almost to the outlet. Keeping the uterus in this position, and holding back the perineum with a Sims' speculum, a large piece of cotton wool saturated with iodised phenol was by means of a sponge-holder carried upwards to the fundus of the uterus, and the entire inner surface swabbed over twice. The cavity of the uterus was then washed out with a strong solution of permanganate of potash by means of a Higginson's syringe fitted with a uterine tube, as used by Barnes in post-partum hæmorrhage. During the application of the iodised phenol, probably from the uterine contraction, about five or six ounces of ashy-grey exceedingly fetid pus were discharged. Having completed the above procedure, a large cotton-wool tampon saturated with glycerinum boracis was placed in the vagina in contact with the cervix. The patient now said that she felt considerably relieved. At 10 P.M. I was told that she had rested well since 6 P.M., and she said that she felt better.

21st.—Feels somewhat better. No delirium during the night, except when waking out of sleep. She still complains of nausea, tinnitus, faintness, and weight upon the chest, but none of these symptoms are distressing. I removed the tampon and washed out the cavity of the uterus with the permanganate of potash solution. At 10 P.M. she still continued to improve; the uterus was again washed out with the solution. The os was somewhat narrower.

22nd.—Has spent a very uncomfortable night. Some aggravation of symptoms. I repeated to some extent the operation of the 20th, and washed out the uterus as before. At 10 P.M. she was much better. The os was so much narrower that the uterine tube could with great difficulty be introduced to wash out the uterine cavity.

23rd.—Considerable improvement. Nausea, tinnitus, and chest oppression almost gone. A No. 10 gum-elastic catheter was used for washing out the uterus. From this date the recovery was uninterrupted. The lochia, however, did not return, nor did the milk. She was able to sit up on Jan. 7th, and was off my visiting list on the 14th.

In carrying out this line of treatment again, I would not use a hook to draw down the cervix, but a vulsellum forceps. There was, I found, considerable risk of wounding the fingers, which, owing to the septic condition of the parts and their contents, would probably have been a very serious matter.

Remarks.—I would submit that to render, as in this case, the cavity of the uterus completely aseptic, it is necessary, first, to use a powerful germicide, such as iodised phenol, to destroy bacteria or other organisms. Then, in the second place, an oxidising agent, such as permanganate of potash, to oxidise the product of the development of these organisms, Newcastle-on-Tyne.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

TWO CASES OF

UNILATERAL ADDUCTOR PARALYSIS OF THE LARYNX DUE TO NASAL REFLEX IRRITATION.

BY W. R. H. STEWART,

AURAL SURGEON TO THE GREAT NORTHERN CENTRAL HOSPITAL,
SURGEON TO THE LONDON THROAT HOSPITAL, ETC.

As at the present time great attention is being shown to nasal reflex symptoms, the following two cases are, I think, of interest as tending to confirm the view held by some that laryngeal paresis may be due to nasal irritation, and that, other causes being negatived, the nose should always be examined and symptoms treated. In both these cases the paresis was unilateral on the right side, and the adductors were at fault; in both the right middle turbinate bone was much enlarged and pressing on the septum; and in both the laryngeal symptoms disappeared on removal of the nasal trouble.

CASE 1.—A. G—, aged thirty-eight, a single woman, came under my care at the London Throat Hospital in March, 1887, suffering from loss of voice. She spoke in a

whisper, and at times the voice was entirely lost. This had been gradually coming on for some time. She also complained of a stuffiness in the nose and slight frontal headache. No hereditary history of any sort. No uterine disturbance. On examination the fauces were found to be normal. No signs of cicatrisation on palate or pharynx. On phonation, the right vocal cord did not move towards the middle line, although there was some slight attempt at approximation and some movement in the arytenoid joint. The left cord acted normally. The mucous membrane covering the right middle turbinate bone was hypertrophied, and the bone itself enlarged and pressing on the septum. The cord answered to the stimulus of the faradaic current and the voice returned. A solution of chromic acid was applied to the hypertrophied turbinate mucous membrane and an alkaline nose-wash and tonics ordered. At the next visit the patient informed me that the voice had gone again by the time she arrived home. The treatment was continued for some time, the voice returning on each application of the battery only to disappear again in a short time. The pressure on the septum not being reduced, and the uncomfortable feeling still remaining, I removed the right middle turbinate bone with a snare, with the result not only of getting rid of all stuffy unpleasant feeling in the nose and forehead, but the paresis soon entirely disappeared and the voice returned to its natural condition.

CASE 2.—Miss —, aged eighteen, consulted me in June, 1887, for loss of voice, which had first occurred two or three months previously, and had gradually got worse. No hereditary history, and no uterine disturbance. The throat symptoms were much the same as in the last case, and there was the same pressure of the right middle turbinate bone on the septum, with consequent stuffiness and frontal headache. The voice returned on the application of the battery, and was lost again in the same way. After a short course of the battery and chromic acid, with tonics, valerian, &c., and there being no improvement, I acted on the experience gained in Case 1, and removed the turbinate bone, with the same excellent result. The uncomfortable feeling was removed, the paresis disappeared, and the voice resumed its natural tone.

Devonshire-street, W.

CASE OF POISONING BY FUSTY BREAD.

BY EDWD. C. BOUSFIELD, L.R.C.P. LOND.

THE following notes refer to a case which whilst not unknown in its character, is sufficiently rare to be of interest, the more so as every stage from the commencement of the attack passed under my immediate observation.

Mr. H—, a total abstainer, and usually enjoying good health, save for a tendency to dyspepsia, travelled in company with me from London to the Isle of Man. He had not been feeling quite well for several days, and attributed the gastric discomfort from which he was suffering to a salad eaten five days previously. About an hour after leaving Euston he began to feel colicky pains, which shortly increased to such an extent, attended by a desire to defecate, that we arranged for him to do so in the carriage. After this he felt better, and, obtaining some brandy at the first halt, improved considerably. Later on the pain returned, and the bowels were again relieved, after which he slept, and awoke feeling better. When we reached Liverpool the bowels again acted, and, considering the attack to be a sharp bout of ordinary diarrhoea, I obtained for him a bismuth and morphia mixture, and cut off all solid food. He walked about Liverpool comparatively well for an hour and a half, and then went on board the *Prince of Wales*, en route for Douglas. Shortly afterwards he was again seized with violent pain, this time without any desire for defecation; and this pain increased to such an excruciating extent, in spite of repeated doses of morphia, that I was compelled to appeal to the captain, who very kindly placed a private state room at my disposal, together with an abundant supply of hot water and turpentine. The persevering application of these afforded great relief from the pain; but vomiting, attended with purging, now set in, and whilst the latter soon ceased, the former continued from this point until the termination of the case. Being delayed at Douglas, and the stomach of the patient being apparently empty, I left him in a comfortable position to rest for a few minutes in order to obtain some refreshment for myself. On returning, I found him perfectly cadaverous in appear-

ance, the idea being only dispelled by the feebly-beating pulse, for the breathing was almost imperceptible. Arousing him at once, he appeared to recover to a considerable extent, and as the distance to Peel was short and there was no failing of muscular energy, I decided to take him on; but during the journey the action of the heart continued to fail and the tendency to stupor to increase, so that it could only be overcome by the most determined efforts. On reaching Peel I at once summoned further help, especially desiring to administer a hypodermic injection of ether, which, upon the arrival of Dr. Cole, I at once did, with good results; and at the suggestion of Dr. Cole, of whose kindness I cannot speak too highly, we conveyed the patient, who was still able to walk well, to that gentleman's house, where hot water, mustard, and friction produced a still further improvement. The first effect of reviving vital power was profuse vomiting, during which everything which had been given during the day was rejected, and as this passed off the case rapidly assumed a more hopeful aspect. I may add that it was only in my efforts to keep off stupor during the journey to Peel that the patient mentioned that the bread (whole-meal) which he had eaten at supper tasted a little fusty, and, as the symptoms throughout bore a close likeness to those produced by the action of muscarin, I have no doubt that the micrococcus (? *M. prodigiosus*) which gave rise to the fusty taste of the bread (which was not mouldy), was the toxic agent.

The symptoms worthy of note are the diarrhoea, intense pain, vomiting, and strong stimulation of the pneumogastric (producing inhibition of the heart's action), together with entire suspension of the absorptive power of the stomach after the assimilation of the poison, for everything administered after that time was sooner or later rejected unaltered. The administration of milk and soda-water for twenty-four hours, followed by light food, gradually increased, sufficed to complete the cure, and on the fourth day no trace remained of the almost fatal attack.

Old Kent-road, S.E.

NOTE ON PUERPERAL ALBUMINURIA.

BY THOMAS F. RAVEN, L.R.C.P.L. &c.

THE object of this memorandum is to draw attention to certain symptoms associated with puerperal albuminuria—viz., Neuralgia and Precipitate Labour. Headache is very well known as a precursor of puerperal convulsions, or, if the term be really preferable, eclampsia. A rarer form of pain in the same relation is epigastric neuralgia. Denman, Chaussier, Churchill, and Leishman recognise the importance and gravity of this symptom, and a paper on the subject by Dr. John Phillips will be found in THE LANCET of April 2nd, 1887. The following is a case in point:—

Mrs. H—, aged forty-three, seven months advanced in pregnancy with her fourth child, was seized with violent epigastric pain and vomiting. The temperature was sub-normal, the pulse slow and regular. The urine was of specific gravity 1004, and highly albuminous; and casts were found under the microscope. She stated that her first labour had been preceded by anasarca and followed by peritonitis, but that the two succeeding labours were natural. The pain left her, but soon returned with increased violence. Convulsions set in; the fœtus and placenta were suddenly expelled, but the convulsions continued, and she died comatose, and paralytic on the right side.

Violent pain may be felt in other parts under the same circumstances. Mrs. M—, who had previously borne six children without a bad symptom, was seized at the eighth month of pregnancy with very acute pain under the right clavicle. There was a good deal of fever, and the urine was albuminous to about one-sixth of its bulk. After thirty-six hours of severe suffering labour set in, she was rapidly delivered, and the pain under the clavicle immediately left her.

Neuralgic pain of severity is apt to follow parturition among women the subjects of albuminuria. Mrs. F—, who had temporary albuminuria, was attacked, twenty-four hours after the birth of her third child, with violent pain in the left groin. The pulse rose to 160 and the temperature to 105°. There were no local symptoms to account for the pain, which was evidently neuralgic in character. I have witnessed acute sacral neuralgia following labour in a woman with renal disturbance of the same kind.

Women with albuminuria are liable, in my experience, to precipitate or, at least, abnormally rapid labour. In puerperal convulsions, it is well known that sudden and violent expulsion of the fœtus is not uncommon. In such cases convulsion appears not to be limited to the voluntary muscles, but the uterus itself seems to partake of the convulsive action. I have witnessed the sudden birth of a child under these conditions, when examination a few minutes previously had revealed no appreciable dilatation of the os uteri. And in a lesser degree, and perhaps less frequently, I am satisfied that women with albuminuria are apt to expel the child with an abnormal rapidity, analogous to that which is seen in eclampsia. I have witnessed this on several occasions, and have profited by my experience in never neglecting to attend with promptitude a parturient woman with albuminuria.

Broadstairs, Oct. 1888.

TOXIC EFFECTS OF COCAINE.

BY DANIEL MOWAT, M.D. EDIN.

THE following case may probably be of some interest to readers of THE LANCET.

G. M—, aged twenty-nine, a tall, strong-looking man, had a small rodent ulcer below and to the outer side of the left lower eyelid. I removed the ulcer by two elliptical incisions, using cocaine as the anæsthetic. Three and a half minims of a 20 per cent. solution were injected hypodermically in two different places. The operation, which was absolutely painless, only lasted about two minutes, but the patient during the stitching of the wound began to show signs of faintness, followed by some alarming symptoms: extreme pallor, yawning, gasping for breath, and frequent sighing, succeeded by rigidity and coldness of the extremities. The hands were firmly clasped above the head, and could be separated only with great difficulty. His face was blue and pinched, the pupils were semi-dilated and inactive to light, and the pulse was feeble and rapid. For a little while the patient was incapable of answering the simplest question put to him. The muscles became relaxed, and the patellar reflex was found to be increased; there was no ankle clonus. On regaining his power of speech he said he felt he was dying, and asked to see his wife. The aromatic spirit of ammonia was freely administered to him, and he began to recover. His pulse became full and rapid, 120 per minute. The clonic spasms seized him several times afterwards, each one being weaker than the preceding one. A few minutes after the cessation of these spasms he presented all the symptoms usually seen in a person suffering from the effects of alcohol. On his recovery he said he did not remember anything of the operation, but felt giddy.

I have used cocaine hypodermically pretty frequently, and in larger quantities than the above; but this is the only case where I have seen any evil effects from its administration.

Stamford-hill, N.

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.

GUY'S HOSPITAL.

AMPUTATION AT THE KNEE FOR EPITHELIOMA OF THE LEFT LEG, AND FOR RECURRENT MELANOTIC SARCOMA OF THE RIGHT LEG.

(Under the care of Mr. BRYANT.)

SOME of our readers will recollect that Mr. Bryant read a paper¹ some years ago on Amputation at the Knee Joint by Disarticulation, in which he strongly advocated the employment of the method of operating by lateral flaps used in the two following cases. These are not good

¹ Medical and Chirurgical Transactions. New Series, vol. ii., 1885.