Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

INTERMITTENT MONOPLÉGIA OF THE RIGHT ARM ASSOCIATED WITH ACUTE BRONCHITIS.

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THE occurrence of monoplegia of the arm, lasting only a few hours, which occurs periodically, is, in my experience, of extreme rarity ; it may therefore be of interest if I relate the following case.

About twelve months ago I was called upon to attend a woman sixty-four years of age who periodically suffered from an attack of acute bronchitis ; in fact, I might call it an acute form of chronic bronchitis. The onset of the acute attack was ushered in by flushed face, difficulty of breathing, a temperature of 101° F., intense frontal headache, well marked over the left orbital region, extending over the left side of the head, and great difficulty of vision of the left eye, which presented congestion of the conjunctiva. Her right arm was powerless, with partial anæsthesia (which on an average during the attacks remained so for three hours). Her cough was very frequent, forced, and troublesome. The points of interest in the above case are the intense frontal headache, extending along the left side of the head, and the monoplegia of the right arm, which, in my opinion, shows that the effort of coughing must have produced congestion of the upper third of the ascending frontal convolution, which, according to the localisation of functions, controls the movement of the arm. The above symptoms always disappeared under ordinary treatment (within three hours) combined with five-grain doses of bromide of potassium.

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NOTES ON TWO CASES OF FETID EMPYEMA, WITH SLOUGHING OF THE MUSCLES ROUND THE WOUND.

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THE following cases may be worth publishing, as they are so much alike that they well illustrate this rare form of empyema. In neither of them was there any evidence of communication with the lung.

CASE 1.—A man twenty-five years of age was brought to the Metropolitan Hospital on May 13th, having been ill for a fortnight. He was delirious, sometimes troublesome, sometimes half comatose ; the urine was albuminous ; the temperature ranged from 101° to 103° F. ; the tongue was covered with thick dark crusts ; there were signs of fluid in the left pleural cavity. On the 14th he was aspirated, and some thin, purulent, very fetid fluid was drawn off. On the 15th I let out more than a pint of thin, blackish, very fetid fluid, and inserted a large tube. On the 16th he was still delirious, restless or drowsy, passing everything under him ; the temperature was 103° ; the tongue was dry and black ; the muscular tissue round the incision was black and sloughy. On the 17th he was still unconscious ; the cavity was washed out frequently. On the 18th he was still delirious, passing everything under him ; there was diarrhoea. On this day an abscess below the wound was opened, containing the same blackish fetid pus. Another swelling, lower down, was incised ; no pus escaped at the time, but there was a flow of it a day or two later. On the 19th the pleural cavity was dry and free from smell, and the temperature normal ; but the patient was no better in himself. There was a large sloughy cavity under the trapezius. On the 21st the temperature rose again, the pulse and respiration began to fail, and he died on the 23rd. The temperature just before death was 106°. The pleural cavity remained perfectly dry and clean. At the necropsy the aorta was found to be atheromatous, the aortic valves incompetent, and the kidneys congested ; the right lung was slightly congested, and the

left lung was so contracted and bound down by adhesions that it was compressed to one-third of its natural size and was quite airless. The pleural cavity was quite dry and free from smell. One small abscess was still unemptied among the muscles.

CASE 2.—A married woman twenty years of age was admitted to the West London Hospital on July 14th. Two months previously labour had been induced on account of convulsions. Six weeks ago she "caught cold," and from this she dated her present illness. On admission to hospital she had a troublesome cough, with muco-purulent sputa, the temperature varied from 100° to 103° F., and there were signs of fluid in the left pleural cavity. On the 19th some blood-stained fluid was drawn off with a syringe, and on the 24th the aspirator was used, but no fluid was drawn off. On the 29th the temperature rose to 104·2°, and she had profuse diarrhoea and sweating. Mr. Vickers opened the pleura and let out nearly thirty ounces of blackish, very fetid fluid. During the next few days the cavity was frequently washed out, and the lung seemed to be expanding well. The diarrhoea continued, and at times she was delirious. On Aug. 2nd a swelling below the wound was incised, but no pus was found in it. For a few days she seemed better ; but on the 7th she was worse again, and there were now signs of pneumonia at the base of the opposite lung, together with increase of the diarrhoea and of the delirium ; she began to refuse food, and to pass everything under her. On the 12th a collection of very fetid pus was incised below the angle of the scapula. On the 14th another collection of the same blackish fetid pus was incised below the opening into the pleural cavity. Her condition now began to mend, and she made a good recovery. The only drug that seemed to check the diarrhoea was salol, in twenty-grain doses ; enemata of starch and opium had no effect.

Remarks.—The following points seem to be worth noting. 1. There was no evidence, in either case, of communication with the lung ; no fetid sputa, no shreds of lung tissue in the discharge, and no air in the pleural cavity. 2. The pus was, in each case, of a very unusual character—thin, blackish, un-mixed with flakes or clots of lymph, and horribly fetid or gangrenous. 3. The continued fever, delirium, diarrhoea, and prostration were due to absorption from the secondary abscesses, and to this alone ; for in both cases the empyema cavity was soon drained and kept clean by frequent irrigation. In neither case were there rigors, or any pyemic rash, or any swelling of the joints.

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COMPRESSION OF THE COMMON CAROTID ARTERIES FOR URÆMIC CONVULSIONS.

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ON Aug. 11th I was called to attend a boy four years of age undergoing treatment for acute nephritis. His progress during the previous four days had been apparently good, perspiration having been free, and the dropsical condition gradually diminishing. The boy had, however, fallen suddenly into a condition of extreme drowsiness whilst conversing with his father, and his strange appearance had alarmed the parents, and caused them to send an urgent message for my attendance. When examined the patient was found to be in a state of typical uræmia, and the presence of occasional twitchings of the left hand indicated the imminence of convulsions. In spite of the application of ice to the head, the hypodermic injection of one-eighth of a grain of nitrate of pilocarpine, and the administration of an enema, epileptiform spasms increased, and in a quarter of an hour became general in the muscles of the limbs and face. Whilst the convulsions were at their height it occurred to me that firm compression of the carotids might relieve their intensity. Acting upon the idea, firm pressure with the fingers was applied to the vessels over the sixth cervical tubercle, and in less than a minute a satisfactory result was apparent, the muscles of the legs and upper extremities being first relaxed, shortly followed by those of the face. The pressure was then gradually relaxed, and for three minutes there was no return of the spasms. By degrees, however, they partially returned in the face and right limbs (the patient was now lying on his right side), but the left side remained tranquil. Pressure upon the left carotid almost instantaneously checked and then stopped the movements for a period of five minutes. Six times this cycle of events was repeated, the period of rest