Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A SYMPTOM FOLLOWING ANGINA PECTORIS.

BY ALBERT S. WORTON, M.B., C.M. GLASG.

THE following curious sequel of an attack of angina pectoris occurring in a case under my observation may possibly be worth recording. The patient was a woman, fifty-four years of age, who had for many years suffered from cardiac valvular disease consequent on rheumatism, and had within the last three months or so developed symptoms referable to failure of compensation, and with this concurrent attacks of cardiac spasm of the variety known as angina sine dolore. These attacks latterly had occurred daily, each lasting only for a few seconds, but attended always with a marked fear of approaching death. Recently she had drawn my attention to a very curious result of the attack, coming on perhaps twenty minutes or so after the heart condition had ameliorated. This consisted of a feeling of numbness beginning at the extreme tip of the left middle finger, followed immediately by blanching and complete loss of sensation extending gradually up the whole length of the finger until it reached the metacarpo-phalangeal articulation, at which point it was finally arrested without ever proceeding further. By this time the entire finger was, to use her own words, "cold and dead." Unless recourse was had to vigorous rubbing and warming this state would last for about half an hour before sensation spontaneously returned, but five minutes of the above active treatment usually sufficed to restore it to the normal condition. The patient further distinctly averred that it was almost invariably the left middle finger alone which was so affected, although rarely the ring-finger of the same side might also participate, but never under any circumstances whatever were the fingers of the right hand affected. I have never been fortunate enough to actually observe the above sequence of events, but there seems no good reason to doubt statements so definitely put forth and corroborated also by a sister resident in the same house. The phenomenon was obviously due to local vaso-motor spasm analogous to the local syncope of Raynaud's disease and probably its invariable occurrence on the left side is to be accounted for by the much more extensive nervous connexions on this side through the brachial plexus with the cardiac nerve apparatus.

Redditch.

PAROTITIS FROM OBSTRUCTION OF STENSEN'S DUCT.

BY R. HILL BROWN, M.B., C.M. EDIN.

THE following case is of interest on account of the rather unusual nature of the exciting cause.

The patient, a married woman, consulted me on account of pain and swelling on the left side of the face. On examination the left parotid gland was found to be considerably enlarged and extremely tender. There was difficulty in opening the mouth owing to the pain and stiffness and feeding was greatly interfered with. On examination of the mouth no unusual features could be detected and the case resembled one of ordinary mumps. There was considerable constitutional disturbance and fever, the temperature being 103° F. The general symptoms became gradually worse. A week after I first saw the patient she complained of a pricking sensation in the cheek as of the presence of a foreign body. On looking into the mouth a small-pointed body was seen projecting from Stensen's duct. It was somewhat firmly impacted in the duct and presented some difficulty to extraction with forceps. The foreign body proved to be a feather about an inch in length, of the kind used in feather mattresses. Almost the whole length of the feather had been embedded in the duct. After its removal a considerable quantity of pus flowed away from the duct. For

several days there was a sero-purulent discharge but the pain and swelling rapidly subsided.

The patient remembered getting a feather into her mouth whilst shaking a feather mattress and trying to spit it out. It must have slipped between the gum and the cheek, the end getting accidentally impacted in the opening of Stensen's duct. The movements of the cheek in eating would probably help it in its passage along the duct. The organisms producing suppuration would be introduced along with the feather from the cavity of the mouth.

Nottingham.

A CASE OF DEAD TWIN RETAINED TO FULL TERM.

BY WALTER C. HEARNDEN, M.R.C.S. ENG., L.S.A.

ON March 2nd I was sent for to attend a multipara, thirty-two years of age. On arrival I found that a healthy girl, weighing 7 lb., had been born about twenty minutes and the placenta had been expelled naturally. The nurse produced a small dead fetus which had come away with the placenta. It measured 3½ in. in length when fully extended and the occipito-frontal diameter of the head measured 1½ in. It had been squeezed quite flat so that the body was not more than ¼ in. thick and the head was still less. It was enclosed in a membrane which could be peeled off it, but the fluids had escaped. There were a small placenta and an umbilical cord 1½ in. in length. The head was rotated backwards and the spine folded down. The mother, whose last child is six years old, is very delicate, suffering from apex systolic murmur and floating kidney. She complained of great pain in the uterus during the pregnancy and was at times unable to get out of bed for days together.

Leatherhead.

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. Prooemium.

TEDDINGTON COTTAGE HOSPITAL.

A CASE OF CÆSAREAN SECTION.

(Under the care of Mr. R. A. CLARKE.)

CÆSAREAN section has always possessed a great fascination for the popular mind, and to this fact must be attributed the numerous accounts which exist of its having been the means of ushering into the world several celebrated persons, though in most of the cases the tradition has very little foundation. Yet it is probable that the operation has a high antiquity, though no very trustworthy account is of earlier date than the commencement of the seventeenth century. The operation has been performed in a large number of cases of difficult labour, but unfortunately it has on the whole been accompanied by a very heavy mortality. At one time the mortality after the operation in England was calculated at over 85 per cent., though some allowance must be made for the desperate condition of many of the patients on whom the operation was performed. In 1874 Schroeder collected 480 cases of this operation in England, and of these 244 were fatal, a mortality of 50·8 per cent., and his figures for other countries did not materially differ from these. In more recent times the death-rate has decidedly diminished with the general employment of the antiseptic method; and Dr. R. P. Harris¹ has shown that during the eight years from 1886 to 1894 of 60 Cæsarean operations in the British Isles only 19 women died. This gives a mortality of 31·6 per cent. But results far superior to these have been obtained in the practice of some operators; for instance, Murdoch Cameron² of Glasgow had only 1 death in 10 cases, a death-rate of 10 per cent.

¹ THE LANCET, May 19th, 1894, p. 1242.

² Brit. Med. Jour., March 7th, 1891, p. 512.

Münchmeyer³ has recorded that of 28 cases at Dresden only 3 proved fatal; this gives a mortality of 10·7 per cent.; and Paul Zweifel lost 2 cases out of 30, a mortality of only 6·6 per cent. That there is very little in the operation itself to account for the heavy death-rate which has usually accompanied it is shown by the fact that at least 6 cases are on record in which the patient has operated on herself, and in 5 of these she has recovered⁴; the most remarkable of these cases was recorded in THE LANCET in 1886.⁵ The operation is also practised by the natives of Uganda, and with much success.⁶ With such varying results the causes of the heavy mortality which so often follows the operation need to be investigated. They are chiefly these: hæmorrhage, sepsis, and exhaustion. The use of sutures for the uterine wall was introduced in 1769 by Le Bas of Moulleiron,⁷ yet many operators declined to insert sutures into the wall of the uterus for more than a hundred years later; if they are employed hæmorrhage need not be feared. Sepsis is naturally less common now than formerly, but it is noteworthy that long before the introduction of the antiseptic method the mortality after Cæsarean section in the hospitals of large towns was always much greater than in cases operated on in the country. Dr. R. P. Harris has shown that in the United States the death-rate in the country was only 37·5 per cent., while in small towns it was 66 per cent. and in large cities 67 per cent., and the same fact has been noticed in England. The explanation undoubtedly is that at that time there was a much greater risk of sepsis in a hospital than in a country cottage. The third cause of death—namely, exhaustion—is less easy to evade than the two others, for there is a very natural tendency to postpone such an operation until all other modes of delivery have been tried. When compared with other methods Cæsarean section probably does not give results superior to craniotomy if the operator is a skilled obstetrician, but for the average medical man in country practice we think that the Cæsarean operation offers a better prospect of a successful result. In this sketch of the operation we have not considered the question of the child, for it is generally recognised that the life of the mother is the first consideration. At least two cases are recorded in which Cæsarean section has been performed with success four times on the same individual.⁸ We cannot but think that in time Cæsarean section will be attended with a much lower mortality and that it will in great part replace craniotomy in cases of difficult labour. In Mr. Clarke's very interesting case it is extremely doubtful if a successful result would have followed any other method of treatment.

On Feb. 16th last, Mr. Clarke having been called to see the patient in consultation with a neighbouring practitioner, was informed that she had been in labour for about 40 hours and on examination he found a right foot and left hand presenting externally; the cord was prolapsed and in the brim could be felt the other hand and lower half of the face, the forehead being firmly impacted on the pubes. Repeated attempts had been made to perform podalic version, by which the presenting leg had been broken, and the jagged ends of the tibia and fibula looked decidedly dangerous; unsuccessful attempts had also been made to grasp the head with forceps and by this time the mother's parts had become intensely swollen and oedematous, the uterus being in a state of strong tonic contraction. Her surroundings from a sanitary point of view being simply deplorable she was removed to the Cottage Hospital before anything further was attempted. On arrival there a consultation was held and as she was in a very exhausted condition a subcutaneous injection of liquor strychninæ was administered and she was at once placed under an anæsthetic. On making a full and careful examination the fœtus was found to be so firmly impacted that it was impossible to move it or to alter its position, and as it lay no part of the head could be reached to perforate without extreme difficulty. Evisceration was practically impossible. As the woman was now showing urgent signs of exhaustion it was decided that Cæsarean section would be the quicker and safer method of delivery, and this Mr. Clarke did at once, removing the fœtus without difficulty. The placenta was

not adherent and hæmorrhage was very slight. After thoroughly douching the uterine cavity with water at 120° F. and suturing the uterine incision with six points of stout silk, the abdominal wound was closed with six deep sutures of silk and ten superficial ones of horsehair; a good dusting with iodoform, a pad of blue gauze, and a flannel roller completed the dressing. The patient was now put to bed in a very exhausted condition but she gradually improved. Twelve hours later her temperature was subnormal and it rose slowly until the third day, when it reached 100·2°. It declined to normal by the eighth day. The wound healed by first intention and the recovery was uneventful. At the time of writing (35 days after operation) the patient is up and walking about the ward, apparently none the worse, only wearing a belt as a precautionary measure.

Remarks by Mr. CLARKE.—Contracted pelvic brim being the usual condition which necessitates Cæsarean section, the present case is of special interest as the patient was a multipara, twenty-five years of age, with a normal and full-sized pelvis. I have refrained from giving details of the operation or after-treatment, my only object in writing being to show that Cæsarean section in given cases is a much safer proceeding than protracted attempts at evisceration or perforation, which must often result in severe damage to the uterus and vagina.

SHEFFIELD ROYAL HOSPITAL.

A CASE OF PULMONARY ABSCESS SUCCESSFULLY DRAINED.

(Under the care of Dr. DUNCAN BURGESS and Mr. SINCLAIR WHITE.)

THOUGH pulmonary abscesses have been opened with success in no small number of cases, yet many surgeons hesitate to perform the operation unless the abscess is almost pointing externally. It is true that in many cases which are tuberculous in origin the relief afforded by the operation is only temporary, as the case goes on to its fatal issue, but the relief is often very great. Truc¹ quotes several cases in which the operation has been successful, and Réclus² collected 8 cases in 6 of which recovery resulted. For the notes of the case we are indebted to Mr. Sinclair White.

A woman, aged twenty-five years, was admitted to the Sheffield Royal Hospital on Aug. 13th, 1897, under the care of Dr. Duncan Burgess, who subsequently handed the case over to Mr. Sinclair White. The history was briefly as follows. Three years previously she had an attack of spitting of blood and was said to be in danger of developing phthisis. She then remained well and free from lung trouble for two years. In October, 1896, the spitting of blood returned and continued at intervals for the succeeding three months. From this time onwards until she was operated on she never lost her cough. In March, 1897, she again spat blood, but she was able to go about until June when her cough became very troublesome and for the first time she noticed that the expectorated matter had an offensive odour.

On admission to hospital the patient was moderately emaciated. She had a very troublesome cough and expectorated a large amount of offensive sputum. Microscopical examination of sputum revealed an abundance of pus corpuscles, but no bacilli of tubercle could be detected. The temperature increased to 103° F. in the evening and she had night sweats and hectic. The lower half of the left side of the chest was dull on percussion and vocal resonance and fremitus were diminished. The heart was not displaced. An aspirating needle revealed clear serum at about the depth of the pleura over the affected region. The case was watched until Dr. Burgess returned from his holiday, when he diagnosed a pulmonary abscess and requested Mr. Sinclair White to drain it.

An operation was performed on Sept. 14th, when the patient was placed in the left semi-prone position with the left side of the chest close to the edge of the table. The left eighth and ninth ribs were resected just beyond their angles, about one inch of each rib being removed. The pleura was then carefully opened, when a small quantity of clear serum escaped. On introducing the finger Mr. Sinclair White ascertained that he had got into a detached portion

³ Archiv für Gynäkologie, Berlin, Band 37, Heft 2.

⁴ American Journal of the Medical Sciences, February, 1888, p. 150.

⁵ THE LANCET, May 8th, 1886, p. 890, and May 22nd, 1886, p. 994.

⁶ R. W. Felkin: Edinburgh Medical Journal, April, 1883, p. 922.

⁷ Journal de Médecine, Chirurgie, et Pharmacie, vol. xxxiv., p. 177.

⁸ G. A. Michaelis: Neue Zeitschrift für Geburtshunde, vol. v., p. 1 and Oettler: Monatsschrift für Geburtshunde, vol. xxxiv., p. 441.

¹ Essai sur la Chirurgie du Poumon (Paris, 1883).

² Transactions of the French Surgical Congress, 1895, in Appendix to S. Paget's Surgery of the Chest.