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 connections 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.