CASE OF TRIPLE BIRTH FOLLOWED BY
PUERPERAL ECLAMPSIA.By PERCY BOULTON, M.D., M.R.C.P. LOND.,
PHYSICIAN TO THE SAMARITAN FREE AND QUEEN CHARLOTTE'S HOSPITALS.

ON Sept. 21st I was asked to see A. O —, who had been delivered the day previously of triplets, and was in strong convulsions. Excepting its plurality, the labour had been normal. The large single placenta had come away naturally, and the uterus contracted well without any excessive hæmorrhage. The patient was with difficulty kept in bed during the fits by two women in attendance, and in spite of a clothes-peg, which had been used as a gag, she had bitten her tongue badly. She was pale, unconscious, foaming at the mouth, the pupils were dilated, the skin cool, and the legs much swollen. I was told that before the fits she had complained of severe headache, and that she had passed very little urine. In addition to the increased arterial tension during pregnancy, the enormous size of the uterus during triple pregnancy causes pressure on the large abdominal vessels, on the bladder, thereby diminishing its capacity, and to some extent on the ureters, preventing free escape of urine into the bladder—all tending to renal congestion and uræmic eclampsia. This patient, however, had no symptoms of convulsions till after confinement, when the pre-existing pressure had been removed, and therefore it was a question whether the fits were uræmic or not. The swollen extremities showed that although direct pressure had been removed, the circulation had not recovered itself; and it is probable that the immediate result of delivery is to add to the troubles of renal incompetence, since diminished centrifugal flow towards the uterus would increase pressure on the renal arteries, and the products of involution charge the circulation with matter which would cause irritation and contraction of arterioles, and so further increase arterial tension. The cold pale surface and dilated pupils pointed to superficial and cerebral anæmia from this cause, while the kidneys were in a state of active hyperæmia and the urine highly albuminous.

The treatment which I ordered was that the loins should be constantly poulticed, and that she should take directly a strong jalap purge, and twenty grains of bromide of potassium every three hours, the diet being restricted to milk. When I next saw her I was prepared to give a hypodermic injection of pilocarpine, which is a valuable remedy in such cases, causing profuse perspiration, with excessive excretion of urea. The girl, however, was so much better that she continued the former treatment with the very best results, and is now quite convalescent. Theoretically nitro-glycerine, or amyl nitrite, so valuable in exalted reflexes, should be of service in such a case. In my experience they cause dilatation of the contracted arterioles, and have decidedly a temporary, but no permanent, good effect.

Seymour-street, W.

ON RETRACTION OF THE FLAP AFTER
SYME'S AMPUTATION.

By BENNETT MAY, B.S.

AMONG the morbid conditions of stumps there is one incidentally alluded to by Mr. Savory in his "Notes on Surgery," which appeared in THE LANCET of Feb. 3rd. It is that of retraction of the heel flap after Syme's amputation. Although not generally recognised or looked for, it is, as he points out, a contingency to be provided against in certain cases, of which an example is now under my care at the Queen's Hospital. The patient is a young man on whom I performed a double amputation for a railway smash eighteen months ago, removing one limb below the knee and the other at the ankle. He made a very quick recovery, and for some time was very comfortable, but a few weeks ago he came to show me his Syme's stump, on which he was no longer able to bear any weight owing to the pain this gave him. I found that he was walking on the cicatrix, where two large painful corns had developed, and that the heel flap, instead of receiving all the pressure, was retracted quite to the back of the leg, the integuments above it being thrown into several transverse folds from their laxity. It had evidently been

drawn into this position by the muscles of the calf. Fortunately a division of the tendo Achillis has completely liberated the flap, and has enabled me to readjust it and replace it in normal position with complete relief to his troubles. I explain the occurrence in this case—1st, by the fact, that the operation being a primary one, the muscles of the calf were caught in a state of full development and activity, and not attenuated by long disuse; and 2nd, that owing to the rapid recovery which took place the tendo Achillis at a very early period attached itself to the heel flap—obviously a disadvantage, and one which I should endeavour to prevent in a future primary amputation by severing the tendon some distance above its insertion into the os calcis, or by removing an inch of it after division. The operation was originally performed almost precisely on the lines recommended by Mr. Savory, at least in the one particular of carrying the incision right across the sole and not backwards.

Birmingham.

ON A PROLONGED CASE OF TETANUS.

UNDER THE CARE OF

DR. J. ROBINSON and MR. STENSON HOOKER.

Reported by the latter.

W. H.—, aged fourteen, on May 31st last, whilst bathing, received an incised wound on the ball of the great toe by treading on a piece of broken bottle; all went well until June 9th, when he complained of a "cold in the jaw," with stiffness of the muscles of the neck and between the shoulders; the wound was now healing nicely.—June 10th: The jaw is all but closed, and the muscles of the abdomen, back, and limbs contract still more strongly when touched. The urine is loaded with lithates; bowels rather confined. He takes liquid nourishment well, this being accomplished by suction, the teat of an infant's feeding bottle being squeezed between the teeth. Temperature 101° 6'; pulse regular, 100. Given twenty grains of bromide of potassium every four hours.—11th: There is general clonic spasm of all the voluntary muscles with intense pain, at times the condition is that known as opisthotonos. Given a scruple of chloral hydrate. Temperature 102° 2'; pulse 160.—12th: Pain and muscular contraction still intense. Chloroform was administered, which relaxed the muscles and gave him sleep, but immediately on awakening the rigidity recurred. This extreme state continued. Chloroform being administered each day until the 23rd, there being no cessation from spasm except when under the influence either of this drug or of opiates.—20th: Continues to take nourishment well; this consisted of milk, soup, and beef-tea. Temperature 100° 2'; pulse 100. The bromide was evidently useless, and was therefore discontinued.—23rd: Five drops of tincture of Calabar bean were given every two hours; the dose was increased gradually day by day. Wound healed. Pulse 116; temperature 100° 2'.—26th: There is some loss of vision, which is hazy; he cannot distinguish objects further than a yard off. Pulse 124; temperature 102° 4'. Is now taking twenty drops of the drug every four hours.—27th: There is complete loss of vision; pupils are normal. He is slightly delirious, and complains of tingling in both feet. There is no natural relaxation of the muscles. Pulse rather smaller, regular, 120; temperature 102°.—30th: The spasms are a little less violent and less frequent in the muscles of the trunk. He is now taking thirty drops for each dose. The vision has returned to some extent. Urine copious; bowels rather relaxed. Takes nourishment well. Pulse 94; temperature 100°.

July 3rd: The spasms are not so violent, and are confined to the lower extremities. He is now taking sixty-five drops every four hours.—4th: The masseters relax slightly, and there is a constant desire to yawn.—9th: Patient can now flex both arms, also the leg upon the thigh. Temperature 98° 8'; pulse 96.

There was a slow improvement from this time, the intervals between the spasms becoming more and more prolonged. On the 12th he could eat solid food for the first time since the attack; and on the 31st he could eat and talk fairly well; there was no spasm, but the legs were still somewhat rigid. On Aug. 5th all rigidity had disappeared, and the Calabar bean was omitted. The patient was up on the 7th and complained only of general stiffness and debility,

and from this date he gradually recovered and now enjoys perfect health.

Remarks.—The interest in this case lies in its exceptional prolongation. Twenty days passed before the slightest cessation of spasm took place, twenty-four before the muscles even commenced to relax, while fifty days passed before there was absolute freedom from spasm and rigidity. This I believe to be the longest case on record, and the question which suggests itself is, Did the drug, Calabar bean, exert any influence for good in this case? It will be seen that it produced, at least, physiological effects which are unusual, if not unique, the patient being for three days totally blind.

Midhurst.

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.

LARGE CERVICAL LYMPHADENOMA; EXCISION; RAPID RECOVERY.

(Under the care of Mr. R. CLEMENT LUCAS.)

FOR the report of this case we are indebted to Mr. J. D. Hughes.

C. C—, a woman, aged thirty-eight, was admitted into Martha ward on Jan. 8th, 1883, when the following notes were taken:—Her parents are healthy, and both over sixty years of age. She is married, and has five children. There is no tendency to hereditary disease. She has generally had fair health; but during the last seven years she has been subject to rheumatic attacks of short duration, which have not necessitated her lying in bed. These were chiefly rheumatic pains in the shoulders and head accompanied by nervous headaches.

About fifteen months before admission she first noticed a lump about the size of a walnut, below the left ear and in front of the sterno-mastoid muscle. It was movable and not tender on pressure. It caused her little inconvenience or pain. She applied iodine without benefit and some other applications. Internally she took medicines and cod-liver oil, but without reducing the swelling. She then, finding the swelling gradually increasing, sought advice at the Charing-cross Hospital, with a view of operation, where she remained three weeks, at the end of which time she was discharged, and, it is stated, was told nothing more could be done for her. This was last autumn, since which time the tumour has doubled in size. The patient is a somewhat delicate-looking person of fair complexion, but not very anæmic or emaciated. Her teeth are much decayed, appetite bad, and breath offensive. There is a large mass projecting from beneath and behind the left sterno-mastoid, extending from the lobule of the ear rather more than half way down the muscle. The tumour measured from above downwards five inches, and from before backwards four inches. It is distinctly lobulated, firm, almost hard, and somewhat tender. There is a lobule in front of the sterno-mastoid, beneath the jaw, about one inch by one inch, and a larger one behind about two inches by an inch and a half. The different lobules are joined together with the exception of one about the size of a walnut situated in the posterior triangle above the left clavicle. The tumour does not swell more one day than another, but of late has been increasing rapidly. There is no enlargement of the lymphatic glands in the axillæ or groins, and the spleen and liver are not enlarged. An examination of the blood was made under the microscope, and some increase of white corpuscles was observed, fourteen white corpuscles being found in a field which with normal blood only showed ten. Mr. Lucas determined to postpone operating till after her menstrual period.

Jan. 16th: The patient being in a better state of health than when admitted, and the menstrual period having passed, Mr. Lucas decided on operating. Chloroform was administered, and the carbolic spray was employed. An incision five inches in length was made along the outer

border of the sterno-mastoid, commencing behind the lobule of the ear. A second incision, two inches and a half in length, was then made at right angles to the former, in a direction downwards and backwards. The platysma was divided and the skin retracted by hooks. The small occipital, great auricular, and spinal accessory nerves were divided over the tumour, which was dissected out from under the sterno-mastoid with the aid of the handle of the scalpel and a blunt dissector. There appeared to be no proper capsule to the growth, which was raised with great care from the sheath of the carotid vessels, to which it was adherent. The occipital artery was injured, then seized by two pairs of torsion-forceps, divided, and its ends twisted. The carotid artery and internal jugular vein could now be distinctly seen at the bottom of the wound. The real difficulty which presented itself was how to remove the glands in the submaxillary region without making a fresh incision or dividing the sterno-mastoid muscle. The muscle was well raised by means of a large hook, and the skin in front was then pushed back and invaginated, so as to thrust the glands under the muscle. They were then separated from their attachments and removed. At this time the patient's pulse became very feeble and her breathing shallow, so that it was necessary to finish the operation with rapidity. After the heart had been stimulated by the subcutaneous injection of brandy, Mr. Lucas made another incision, two inches and a half long, just above the clavicle, and having divided the platysma, turned out the last gland, which was about the size of a walnut. The wound was closed with wire sutures, and a drainage-tube passed under the sterno-mastoid into the submaxillary region. A small drainage-tube was also inserted into the wound above the clavicle. The operation lasted an hour and ten minutes.—17th: The patient has suffered a good deal from shock and was ordered brandy during the night. Pulse feeble and compressible. Temperature 97°. She vomited once in the night. The wound was dressed and looked well.—18th: Patient complains of headache and slight pain in the neck. She could not sleep, so was ordered a subcutaneous injection of a quarter of a grain of morphia last night.—19th: She complains of less headache and appears well, though slightly pale and weary-looking. She has a dry throat and slightly furred tongue. Temperature 99°; pulse full, slow, and regular.—20th: Her bowels being constipated, she was given ten grains of colocynth and hyoscyamus pill. Three sutures were taken out to-day and the drainage-tube removed; the incisions have united primarily; there is no discharge.—22nd: Progressing favourably. Three more sutures were removed. She has a feeling of numbness in her ear.—25th: The remainder of the sutures were removed to-day. There is no discharge. Temperature, pulse, and respiration normal. Has a good appetite. She was ordered quinine and iron in a mixture. Dry dressings are now used over the upper part of the neck, and carbolic spray and gauze over the small wound over the clavicle. The patient has lost all headache and nausea.—30th: Bandages have been dispensed with and the patient gets up daily. There is no discharge, the edges of the wound being entirely healed throughout the whole extent by primary union.

Feb. 3rd: All that is now noticeable is a slight superficial scar where the incisions were made on the side of the neck, and this being behind the edge of the sterno-mastoid it appears as a natural crease. She has no pain in the neck. Her appetite is good, and she has regained colour.—5th: The patient left the hospital well.

The tumour removed consisted of a glandular mass six inches in length, and varying in diameter from two inches to two and a half. It was firm and lobulated, the different lobules being strung together. In no part did it show any tendency to caseation or suppuration, and appeared to consist of hypertrophied gland tissue. Some glands were separately removed. The patient's temperature after the operation never once reached 100°.

NEWCASTLE-ON-TYNE INFIRMARY.

STRANGULATED FEMORAL HERNIA; OVARIAN CYST; OPERATION; DEATH.

(Under the care of Mr. PAGE.)

ON Friday, November 10th, a woman, aged sixty-two years, was admitted into the infirmary suffering from pain in the abdomen and vomiting. She said she had been confined to the house for a month in consequence of severe pain in