general pyæmia. On the third day after the initial rigor there were symptoms of pyæmia in the form of pain in all the joints, which pain became so severe as for a time to cause the condition of the leg to be almost forgotten. Then, thirdly, it is interesting to notice that though the blood-poisoning was severe enough to cause death on the seventeenth day from the initial rigor, yet the amount of bone affected was quite small. Probably, had the patient lived, the sequestrum, which would subsequently have had to be removed, would have been only about a couple of inches long and one inch broad, and possibly less. It would seem that the poison was in a sufficiently large dose to kill before it could do much damage locally. In notes of a good many cases which I took at St. Bartholomew's Hospital I find that on an average the patients whom I saw there were admitted between two or three weeks after the onset of the disease, many being previously treated for other diseases outside. In these cases, too, there is frequently a large abscess and great destruction of bone. Pyæmia frequently, too, sets in during prolonged suppuration after the original abscess has been opened; but that form of pyæmia is more chronic, and, as far as I can judge, less fatal, especially if amputation is resorted to early enough. In my case I do not believe amputation would have been any good when the child came under my care in the hospital, as the whole system was already so greatly affected.

Jerusalem.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ACUTE DELIRIOUS MANIA FOLLOWING ACUTE DRY PLEURISY IN A GIRL TWELVE YEARS OF AGE.

By W. R. BATES, L.R.C.P., L.R.C.S. IREL.

IN the course of nearly twenty years' experience I have never met with a case similar to this, which emboldens me to bring it before the readers of THE LANCET. An intelligent and well-nourished girl twelve years of age, gasser in a silk spinning mill, first seen on Sunday, Oct. 28th, 1894, had not been well from the previous Thursday, complaining of headache, pains in the limbs, and general lassitude, but had worked up to the previous morning, when she had to come out of the mill. She was suffering from pain in the right side of the chest, which increased on inspiration and by pressure over the lower ribs. The respirations were hurried and shallow, with slight cough, but no expectoration. The tongue was furred and moist; the bowels acted regularly. There was no vomiting. The patient said also that her head ached very badly. The temperature in the axilla was 103.4° F., and the pulse 112. There was no dulness on percussing the chest, but on auscultation there was a friction sound heard over the right base anteriorly; the heart sounds were normal. A diaphoretic mixture of acetate of ammonia with potassium bicarbonate was ordered, with hot linseed-meal poultices, mixed with one-twelfth part of mustard, applied to the right side; the diet was to consist of milk with a little soup. Next morning the temperature had fallen to 100°, the respirations were less hurried, but there was still the quick pulse and there had been very little sleep. On the 30th the temperature was normal. The respiration was regular, but the pulse-rate still kept high (120), and she had had another sleepless night. She was taking food well and seemed to be convalescing rapidly. On the 31st her sister came for me before breakfast, asking me to see my patient at once, as she had not slept and was very excitable, saying there was a woman behind the door with something over her face continually looking at her, and that cats, dogs, and other animals were running all over the bed and biting her legs and toes. When seen she was not at all violent, but it was with difficulty she could be persuaded to lie down. She talked quite rationally, however, until questioned about the woman, when she became very excited, reiterating the statements already made to me. Her temperature was normal, but the pulse-rate was quick. A mixture of potassium bromide with vinum antimoniale was given every three hours. The room was ordered to be darkened and the child kept perfectly quiet. I was away all day, and on arriving home at night

found I had been sent for several times. On entering the room I found it required the united efforts of several women to keep the girl in bed. She was violently delirious, but her chief delusion was that she was floating down the river in a tent with the water gradually filling it, and that we should all be drowned. She recognised me, however, and asked me to take her away to a safe place. With a little coaxing I persuaded her to lie down, and took her temperature in the axilla; it was still normal. A draught containing two scruples each of bromide of potassium and chloral hydrate was ordered, half to be given immediately and the other half in two hours if required. She fell asleep for a little while after the first half, and then had the second portion administered, when she slept for about eight hours. Waking up quiet and free from delirium, but still full of delusions, she slept well the following night without a sedative, and gradually regained her usual health, but it was rather more than a week before the delusions entirely disappeared. I think, on looking at her and the family history, we have a clue to the cause of the mental disturbance, following what was only a mild attack of pleurisy. In infancy and childhood I attended her, when she had several convulsive attacks during the period of dentition and from gastric disturbance, showing that she has a tendency to have her nervous system easily thrown off its balance; I also attended two of her sisters, who died from tuberculous meningitis. Her mother died from lardaceous disease following spinal caries. The girl is now in good health, mentally and bodily, has got stout, and is following her usual employment.

Addingham, Yorks.

A MODIFICATION OF PHELPS'S OPERATION FOR THE RELIEF OF TALIPES EQUINO-VARUS.

By T. H. KELLOCK, F.R.C.S. ENG.,

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THIS operation having now been performed for some years, we are able, to a very fair extent, to form an opinion as to the ultimate benefit derived from it, and many surgeons must have been somewhat disappointed at the tendency to relapse which takes place some time after the abandonment of the splints or other supports which have been used to keep the foot in the corrected position, the part of the foot in front of the wound becoming slightly adducted and the sole inverted. This appears to be particularly the case in those instances where the large open wound resulting from the operation has been allowed to granulate and close by itself; it is obviated, to a certain extent, by planting epithelial grafts taken from some other part of the body on to the raw surface at the time of, or soon after, the operation; but in cases treated in this way the resulting scar is unsightly, and there remains a deep sulcus formed by the drawing together of the sides of the wound thus covered by epithelium. It occurred to me that this might be further remedied by making use of some of the redundant skin which is always present on the outer side of the foot when this has been brought into the straight position, and by the kindness of Mr. J. H. Morgan I was able to perform the following operation on a case under his care. The patient was a healthy-looking girl six years of age, the subject of bad congenital talipes equino-varus—an essentially favourable case for the performance of this operation. Continual walking on the outer side of the foot had caused the usual thickening of the skin in that position, which had to be softened by being treated with a wet dressing a day or two before the operation, which was performed in April last. After dividing the tendo Achillis subcutaneously and completing the operation as described by Phelps, with division of the tendons of the tibialis anticus, tibialis posticus, and flexor longus digitorum muscles, the foot could be brought into a very good position; a flap of the whole thickness of the skin, about an inch wide, was then cut on the outer side of the foot by two parallel incisions reaching from the upper end of the operation wound to the sole, and dissected off the underlying structures, the skin being brought together underneath it by sutures. Five or six days later, the flap appearing to be thoroughly well nourished, the lower end was divided and, leaving the upper end still attached, was turned across and secured by one or two horsehair stitches into the deep wound on the inner side of the foot, which was by this time mostly

covered with granulation tissue, and the foot and leg fixed in plaster of Paris. The healing of both wounds was quickly accomplished and the plaster-of-Paris splint dispensed with about three months after the operation. Some time afterwards, as there was still a tendency to equinus, the tendo Achillis was again divided and the foot put into plaster-of-Paris for a fortnight. The result now—ten months after the operation—is very satisfactory, the foot being in good position, with more strength in it than one dared hope for after the division of the tendons of so many important muscles.

Great Ormond-street, W.C.

CASE OF FRACTURE OF THE BASE OF THE SKULL, WITH OUTWARD DISPLACEMENT OF BONE.

By C. B. DALE, M.R.C.S. ENG., L.R.C.P. LOND.,
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ELEVATED fractures of the vertex of the skull are described as the result of oblique cuts. In the following case a similar condition affected the base. On Sept. 26th, 1894, a man aged fifty-one years was working on the Great Northern Railway line when an iron plate measuring 13 in. $\times$ 7½ in. $\times$ ½ in. flew off the engine of a passing express and struck him behind the left ear. When seen a few minutes afterwards he was in a semiconscious condition, but rapidly became comatose. There was an irregular, lacerated wound about 5 in. in length, extending downwards and forwards behind the left ear as far as the angle of the jaw. The skull was perforated just behind the mastoid process, and a circular piece of bone about 2 in. in diameter was cut out and turned back in the posterior flap. There were some loose splinters of bone lying in the wound, but the edges of the opening in the skull were not depressed, and no fissures could be detected extending from it. The surface of the brain was lacerated. The wound was washed out with carbolic acid lotion and brought together with carbolised silk sutures, the piece of bone being replaced and kept in position by the flap to which it was attached. The patient made a good recovery. The wound healed by first intention, with the exception of the lower angle, from which a small quantity of cerebro-spinal fluid continued to escape for some days. Four days after the accident he developed left-sided facial paralysis, but this has since almost completely disappeared. He is now back at work and complains only of slight weakness of the right leg.

Hatfield.

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.

KING'S COLLEGE HOSPITAL.

A CASE OF FLOATING KIDNEY WITH INTERMITTENT HYDRO- NEPHROSIS CURED BY FIXING THE KIDNEY IN THE LOIN.

(Under the care of Mr. WATSON CHEYNE.)

THIS case illustrates a condition of the kidney which is much more common than was supposed a few years ago; in fact, the relationship between movable kidney and hydro-nephrosis was not mentioned in our text-books and was perhaps not recognised. Probably the most interesting and important contribution to this subject (intermittent hydro-nephrosis) is that by Terrier and Baudouin,¹ who collected a series of eighty-three cases. They found that the most

common cause of this condition is a movable kidney, which when displaced causes a kink in the ureter, the escape of urine being thus prevented until the kidney has returned to its normal position. They state that such a condition usually becomes a permanent one, because in consequence of inflammatory changes about the kidney adhesions form which hold it in its displaced position. The symptoms produced by intermittent hydro-nephrosis were well shown in the case which follows, whilst the treatment carried out has proved very successful. It is, of course, advisable that the operation should be performed as early as possible, so that the inflammatory changes which are only too apt to ensue and produce destruction of kidney substance, and may possibly necessitate the operation of nephrectomy, may be prevented.

A widow aged thirty-five years was admitted to King's College Hospital on Nov. 16th, 1893. Four years before admission she first began to suffer from attacks of pain in the left side. These attacks lasted from two or three days to a fortnight, and from that time she had had attacks of this kind every week or ten days. At first she noticed that the attacks occurred especially after exertion, such as lifting heavy weights, and relief was sometimes speedily obtained if she lay down on her side. Latterly, however, the attacks had occurred without exertion, and even on turning in bed. The pain was of an aching character, beginning mildly at first, gradually increasing in severity, and subsiding either gradually or sometimes pretty quickly. For the last year, coincidentally with each attack of pain she had noticed the appearance of a lump in front and above the left anterior iliac spine, which was very tender and was the seat of the pain. It appeared and disappeared coincidentally with the pain. Tenderness remained for some days after the attack. During these attacks she did not notice any frequency of micturition or alteration in the quantity of urine passed, nor had she noticed any increase in the quantity of urine when the tumour disappeared. She had, however, frequently noticed blood in her urine, both during and in the intervals between the attacks. She was admitted to hospital during an attack, but on her being examined two days later the pain and tumour were found to have completely disappeared. An elongated mass which seemed to be the remains of the kidney was, however, felt and was freely movable. The patient's general health was good. The urine was acid, of sp. gr. 1030, and with a considerable deposit of urates, but no albumen, sugar, or blood. As no lump was present she went to the ophthalmic wards on account of a keratitis from which she had suffered for some months. She afterwards went out for a few days and returned on Dec. 20th with a fresh attack of pain in the lumbar region. On examination a large, soft, rounded swelling about the size of two fists was felt in the left lumbar region, extending as low as the anterior iliac spine and passing up under the ribs. There was also bulging in the left lumbar region behind. There was dulness over this area, and the swelling was very tender to the touch. On considering the history and symptoms Mr. Watson Cheyne came to the conclusion that this was one of the cases which have been recently described by Mr. Clement Lucas, where hydro-nephrosis had followed on a movable kidney, and that the attacks of pain &c. coincided with a kinking of the ureter from an alteration in the position of the kidney. As it was evident that considerable kidney substance still remained, Mr. Watson Cheyne decided to wait till the attack passed off—that is to say, till the position of the kidney which led to kinking of the ureter had given place to a position in which the ureter was free—and then to try to fix the kidney in that position. The swelling and other symptoms had completely disappeared by Jan. 12th, 1894, and accordingly on Jan. 17th the usual oblique posterior incision was made and the kidney exposed. Considerable remains of kidney substance were found, of a horse-shoe shape, and in front and below a large empty sac, the dilated pelvis. The kidney having been placed as nearly as possible in its normal position, a portion of the capsule was stripped off and stitched in with stitches which united the divided layers of muscles somewhat after the manner described by Mr. Arbuthnot Lane. There is nothing special to note about the after-progress of the case except that two of the superficial stitches found their way out through an angle of the wound left open for drainage. The patient left the hospital on Feb. 24th, not having had any further accumulation or attack of pain. She was seen quite lately, when she stated that she had remained perfectly well and free

¹ *Revue de Chirurgie*, Paris, 1891, vol. ii. *Sajous' Annual of the Universal Medical Sciences*, vol. iii., E. 23.