Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

GANGRENOUS ABSCESS OF THE LUNG TREATED BY INCISION AND DRAINAGE; RECOVERY.

BY SOLOMON C. SMITH, M.D.,
SURGEON TO THE HALIFAX INFIRMARY.

IN THE LANCET of Jan. 17th, 1880, I recorded a case in which I drained a gangrenous abscess of the lung, giving thereby much relief, but not saving the patient from death, which took place in about a fortnight. I now report a case of the same nature, although with less urgent symptoms, in which a similar line of treatment was successful.

E. H.—, a woman aged thirty-nine, was seen by me on March 18th, 1889, in consultation with Dr. Bindley of Brighthouse. Her illness had commenced a fortnight before, with feverishness, general malaise, and cough. At the end of a week she got up, but was taken worse the next day with pain in her chest; the cough became more troublesome, and within a day or so the expectoration was observed to be offensive. When I saw her she was very feeble, not very short of breath when lying down, but the effort of sitting up in bed produced both faintness and dyspnoea. The pulse was quick, and its rate easily disturbed; the appetite was not bad, and there was no diarrhoea; but there was a good deal of perspiration, and the temperature had kept up between 101° and 103°. Her chief complaint was of extreme weakness and of violent attacks of cough, sometimes lasting hours together, and producing only slight and difficult expectoration, which, however, was exceedingly fetid, sickening both her and her attendants. The paroxysms of cough were often separated by intervals of several hours. Below the point of the right scapula there was dulness, not very marked, and not extending quite to the base; and over and around the dull area the respiratory sounds were abolished, except on coughing, when moist sounds were heard, but not very distinctly. During the next month her condition steadily deteriorated, and on April 21st she was found extremely weak, with quick, feeble pulse, frequent perspirations, failing appetite, and constantly recurring cough, with expectoration of a thin yellowish-brown fluid, of a very offensive odour, which made the whole atmosphere of the room sickening to a degree. In the early days of her illness the expectoration had occurred at considerable intervals, but now it came on so often that it entirely prevented her from satisfying such little appetite as she had, every attempt to swallow immediately setting up cough, and filling the mouth with this offensive expectoration. There was now distinct gurgling to be heard occasionally below the right scapula on coughing, with loud cavernous cough sounds. The largest quantity of fluid ejected at one paroxysm was about a teacupful. Operation was advised, but was not consented to until May 12th, when her condition had become apparently desperate; coarse moist sounds were audible over the opposite lung, and she was evidently sinking rapidly. An aspirator inserted for about three inches into the site of the loudest cough sounds drew away nothing; but on making an incision into the same spot, and boring inwards with a "sinus" forceps, the blades of which were then opened, it was obvious, from the free mobility of the point and from the expectoration becoming immediately blood-stained, that a cavity had been entered. The opening was then extended so as easily to admit of the insertion of two drainage-tubes, of as large a calibre as would lie uncollapsed between the ribs. There was very little discharge—I should say less than an ounce; but the fetor was extreme, so much so that the smell clung to my hands for many hours, notwithstanding all my efforts to remove it.

From the date of the operation her recovery has been steady and continuous; since that afternoon the expectoration has never again been fetid, and in a very few days the discharge through the tube became sweet, and has remained so. It is curious to remark how small in quantity the discharge has been, and how rapidly the expectoration diminished; it seemed as if the free dependent opening at once removed all the difficulty; the appetite returned, the

cough and expectoration diminished, the fetor vanished, and when I saw her last, on June 6th, she was up and walking about. The tube, of course, still remains in place. Halifax.

REJUVENESCENCE OF THE HAIR OF THE HEAD AND BEARD.

BY WILLIAM O'NEILL, M.D., M.R.C.P. LOND., &c.

I WISH to mention very briefly an interesting feature or two in the case of a gentleman who has recently been under my care.

Mr. T—, who was sixty-five years of age and very tall and slender, suffered for many years from chronic rheumatism of a most painful character. Once he had a severe attack of bronchitis, but he never presented any symptom of heart, liver, or kidney disease, and his digestion was fairly good for a man who spent most of his time in in-door occupations. Six years ago, when he was well able to attend to his business, he was suddenly seized, without any previous warning, with palsy of the right side, slight deafness of the right ear, and ocular derangement which caused him to see objects double. His speech was not in the least affected, neither had he any appreciable paralysis of the face or tongue. The mind was somewhat confused at the time of the seizure, but it soon regained its usual strength and vigour. The paralysed limbs, however, never acquired much increase of power, the muscles wasted, and some of the flexors became contracted and rigid. The fingers of the right hand became flexed on the palm and the forearm on the arm. Mobility and sensibility in the limbs were very deficient, but the leg retained more nerve power than the arm. Any movements of the diseased limbs caused a good deal of pain; consequently it was almost impossible to persuade the patient to exercise them either in an active or passive way. A short time before Mr. T— had his seizure a very tall thin man was also attacked with right hemiplegia. In his case, however, the speech was much affected; and, although he is living and in good health, the aphasia and the paralysis have not greatly improved. In both these men the outward and visible signs of paralysis or disease seemed to be precisely similar, and it is only by a knowledge of the locality of the inward lesion that an explanation can be given why it is that in the case of Mr. T— the stream of language flowed strongly and smoothly, and that in the other case the stream is defective, broken, and interrupted. The cause of the palsy in these patients I attribute to embolism, and the great length and the small calibre of the carotids of the necks had something to do, I think, with the formation of the plugs.

But what I wish more especially to mention in connexion with the case of Mr. T— is that up to about two years and a half ago he was both bald and grey-haired. About that time, however, dark hair began to grow on the bald patch, and the grey hair of the head and the beard began to fall and to be replaced by hair also of a dark-brown colour. These processes of renewal or restoration went on until the hair on the patient's head and chin had assumed the appearance which it had when he was a young man of twenty-five or thirty years of age. His wife and relatives believe that this new growth of hair was caused by chlorodyne, which the patient had acquired the habit of taking in large quantities. Three years ago he was induced by someone to try chlorodyne as a remedy against pain. At first the doses were small and insignificant, but he soon got to take two or three teaspoonful doses or more several times a day. Whether the chlorodyne had anything to do with the new growth of hair, I do not know. But even supposing it is a hair-restorer or rejuvenator when taken in the way that Mr. T— took it, still the remedy is worse than the disease, or, according to the old adage, "the game is not worth the candle," for there is no doubt that, when chlorodyne is taken in large doses for a length of time, it will produce the most injurious effect on the constitution.

Lincoln.

THE MECHANISM OF THE BILIARY SECRETION.

BY VAUGHAN HARLEY, M.B.

IN an interesting paper entitled a "Unique Case of Biliary Fistula," at p. 1075 of THE LANCET of June 1st, Mr. Copeman remarks that the secretion of bile does not