Clinical Notes:
MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

IS TETANUS CONTAGIOUS?
BY THOS. B. ADAM, M.D.

IN a review of the more recent investigations into the pathology of tetanus, Mr. Wm. Anderson states (THE LANCET, Feb. 4th, 1888): "It is certain that although tetanus may be induced by the inoculation of a specific micro-organism or of a specific ptomaine, its occurrence as the result of direct transmission from one subject to another has yet to be demonstrated by clinical experience." As a note on the above statement, I wish to record the following cases.

Chai S——, farmer, aged thirty-one, was admitted to the Foochow Native Hospital on Sept. 28th, 1887, suffering from a crushed toe. The accident had occurred three or four days before admission, and our native assistant, finding the toe gangrenous, amputated it. Symptoms of tetanus appeared on the following morning. The patient was removed to a little private room, carefully fed, and put on full doses of chloral and bromide of potassium. Severe opisthotonos developed, and death from exhaustion occurred on Oct. 1st.

Sin T——, preacher, aged thirty-one, was admitted to the hospital on Oct. 8th, suffering from internal bleeding piles. The bowel was cleared out with castor oil, and on Oct. 10th the piles were ligatured. After operation the patient was placed in the little room in which the man Chai S—— had died ten days previously. Opium was given, and the bowels kept at rest till the piles dropped off. Recovery was rapid and uninterrupted. Nine days after the operation, considering himself perfectly well, the patient returned to his home, some three miles distant. On the following morning, Oct. 20th, he reappeared at the hospital, complaining of stiffness in the jaw and muscles of the back. Placed in a different ward, he was at once put on full doses of chloral and bromide of potassium. The rectum was washed out with warm carbolised water. The anal wound looked perfectly clean. Opisthotonos soon developed, but under the chloral the spasms were limited to two or three an hour. The urine was drawn off every six hours under chloroform. Nourishment was taken well, and good hopes were entertained of recovery. On the fifth day of his illness, however, influenced by some foolish friends, he took a gloomy view of his own case, gave up hope, refused nourishment, and died of exhaustion on Oct. 26th.

Remarks.—The coincidence of the two cases was striking, and strongly suggestive of contagion. Tetanus is not common in Southern China. In eight years of hospital practice I had previously met with but one case. Our present hospital was built a year ago, is thoroughly ventilated, and occupies a healthy site. The room which the two patients occupied is 10 ft. by 8 ft., and has a wooden floor raised 2 ft. above the level of the ground. Though it appeared clean, the room had neither been swept nor washed since the first patient had died therein. Is it possible that our second patient was inoculated through the anal wound by dust containing specific micro-organisms generated by our first patient, and tetanus produced? The necessity for the thorough cleansing of a ward in which a case of tetanus has occurred is clearly indicated.

Foochow, China.

CASE OF MALFORMATION OF THE RECTUM.
BY DR. W. T. HARTSHORN.

AT Junction City, Kansas, United States, I was called to examine a case of malformation of the rectum of a female child aged six months, and found, as stated by the parents, that the fæces passed through the vagina, and had done so from birth. There was no orifice externally. The child had been operated upon superficially several times previously by other physicians, but unsuccessfully. When the bowels were about to move the child suffered great pain, and strained to such a degree that she became nearly black in the face and was convulsed. The bowels did not move unless medicine had been given. I examined the child, using a small silver catheter, and, having passed it into the vagina, found an opening leading into the gut, through which the fæces were discharged. The parents having given their consent, an operation was decided upon as the only means of affording relief. The next day, the child being placed in the lithotomy position, the catheter was passed through the opening from the vagina into the gut, and, the catheter being held by Dr. Black, I cut down with a straight bistoury more than an inch deep upon the catheter, afterwards making as free an incision in extent through the gut as was deemed necessary; then passed the catheter through the opening made in the bowel, and through the incision made in the perineum, and so brought the catheter out externally. The child was teething, and although the bowels had previously been much constipated, diarrhœa now set in, which had to be relieved by medicine, and this continued throughout the case. Having passed the catheter, we next took a piece of tape saturated with olive oil, and drew it through the incision and through the opening into the vagina by means of the catheter. I gave directions to the mother to draw some of the tape through the incision when the bowels were about to be moved. The result was that, from the first, part of the fæces followed the tape, whilst the remainder still continued to pass through the vagina; but by perseverance in this way the discharge through the vagina became less daily, and more passed by the opening made. A good external orifice having been established, the tape was withdrawn. The result was perfectly satisfactory: the operations of the bowels took place naturally, all pain ceased, and the opening from the gut into the vagina closed, the child suffering thereafter no inconvenience whatever, but being in all respects the same as if no malformation had ever existed. A complete recovery was effected within six weeks from the date of operation.

Junction City, Kansas.

A CASE OF POISONING BY BELLADONNA.
BY F. A. A. SMITH, M.D.

A FEW days ago a child, aged four, was brought to me in a state of complete insensibility, foaming at the mouth, and suffering from tetanic spasms and spasmodic breathing. The history of the case, as told me by the father, was to the effect that the child had swallowed some liniment, the bottle containing which was handed to me. I was unable to say at the moment what the contents of the bottle might have been, but finding the child's pupils fully dilated, I came to the conclusion that at least one of the ingredients was belladonna. The child, being insensible, could not swallow, so I injected into its right arm a quarter of a grain of sulphate of morphia, and into the left one-tenth of a grain of pilocarpine; these were in tablets sold for the purpose. In about ten minutes the foaming at the mouth ceased, and shortly afterwards the tetanic spasms; the breathing also became quiet and normal in character. The pupils soon began to contract, and to all appearances the child seemed in a quiet natural sleep, which lasted from 7 P.M. till 3 A.M., when it sat up and vomited. A small quantity of brandy-and-water was administered, and the child sent home out of danger. Next day it seemed quite well. I noticed that no sweating ensued from the injections, owing, I believe, to the belladonna taken. I heard afterwards that it was a belladonna and soap liniment which had been prescribed for the child's mother.

Cheltenham.

CASE OF ABSCESS OF LUNG.
BY H. HAVELOCK DAVIES, M.B. EDIN.

R. P——, aged twenty-one years, farm labourer, in March, 1885, got cold and suffered from congestion and bronchitis for three or four weeks. He got better and went out. In July he had a relapse and suffered from pneumonia of the left side, of a subacute type, which in the third stage became chronic, and he had expectoration of pus all the following winter, during which he was confined to bed. He

recovered from this in the spring of 1886, but in a few weeks the right side became consolidated, and he soon again began to expectorate pus, which he continued to do in great quantities, often about a quart at a time, up to June, 1887, when the expectoration became extremely fetid. In the last week of March, 1888, up to which time he had been able to walk out in the open air, he became much worse, and on the 31st appeared to be sinking. On April 1st, having located the cavity, I explored with an aspirating needle in the fifth intercostal space in the anterior axillary line, and, having found pus, I made an incision on the upper edge of the rib, and introduced a large trocar and cannula, and removed about a quart of very fetid pus. Subsequently the cavity was washed out with carbolised water twice a day until April 21st, when the cannula was changed for an india-rubber drainage tube, and washing out the cavity was given up. On May 17th, having gradually shortened the drainage tube, it having been constantly pushed out, and there being no cavity found on probing, it was removed altogether and the external opening dressed antiseptically. By August 20th he was at work and fairly strong.

Snainton, York.

CASCARA SAGRADA IN RHEUMATISM.

BY JAMES P. MARTIN, L.R.C.P.L. &c.

A FEW months ago, I believe, there appeared in the columns of THE LANCET a communication from a gentleman who found that cascara sagrada succeeded in subduing the pain of rheumatism after salicylate of soda had failed. Recently, in making up medicine for a case in which great pain, constipation, and a foul tongue were very prominent, I tried mixing the two drugs together, and was very pleased to find that not only did the patient rapidly improve, but that the mixture was perfectly clear, and not at all unpleasant to the taste. Many practitioners do not care to use the liquid extract of cascara sagrada on account of the nauseous taste and the thick deposit which forms when water is added, but the above facts may interest them, and are not, I think, generally known. I give, as a rule, fifteen grains of the salt and ten minims of the extract in orange-flower water every three or four hours.

Box, Wilts.

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. Procemium.

MIDDLESEX HOSPITAL.

TWO CASES OF PYÆMIA; DEATH; REMARKS.

(Under the care of Dr. SIDNEY COUPLAND.)

CASES of pyæmia are not unfrequently admitted into the medical wards of hospitals. In some the source of infection is quite obscure; in others, as in the subjoined instances, it is more or less apparent. Amongst the diseases for which it is liable to be mistaken may be mentioned enteric fever, ulcerative endocarditis, and acute rheumatism—the last named when, as here, arthritis predominates.

CASE 1. *Otitis media purulenta; arthritic pyæmia; no visceral abscesses.*—Charlotte F——, aged sixty, a nurse, married, was admitted on Nov. 7th, 1887, suffering from deafness, painful swelling of both knees, and fever. Seven years before she was first attacked with deafness and discharge from the right ear. She has been subject to rheumatism, especially in the winter, and the present illness, which commenced, three weeks before admission, with pains in the limbs and shivering, was regarded as of the same nature. But at the same time she again became deaf, and on two occasions there was severe bleeding from the right ear, with pain. In addition to the pains in the limbs and deafness, she had suffered from frequent attacks of shivering once or twice a day.

Condition on admission.—The patient is a stout woman, with iron-grey hair, and lies on her back with knees flexed. Temperature 102°; pulse 116. She is very deaf, but there is at present *no discharge from either ear.* There is slight lividity of the lips, and considerable tremor of the hands on movement. Both knee joints are swollen, and very hot, tender, and painful. There is much effusion in the joints, and much swelling around them, the popliteal spaces, especially the right, being full and tense. Both legs are œdematous. Chest emphysematous; no adventitious sounds. At apex of heart is a localised bruit, systolic in time (? exocardial). The tongue is dry and coated. In the evening the temperature rose to 103·6°.

Nov. 8th.—Morning temperature 100°; evening 103°. Pulse 116.

9th.—Restless, often crying out with pain. Tongue dry, thickly coated with brown fur. More swelling of knee joints. Pain, tenderness, and swelling in region of left sterno-clavicular articulation. The systolic murmur more widely diffused. At midnight the temperature was 103·4°, and two grains of antifebrin were given. At 6 A.M. the temperature was 100°, at 2 P.M. 102·6°, and at 10 P.M. 101°. Pulse 120.

10th.—Delirious during the night. Left ankle now swollen in addition to other joints. The temperature varied between 100° and 98·4°.

11th.—Again much muttering delirium. Knee joints still much distended, and ankle more swollen. Less œdema of left leg; more of the right. Less redness about sterno-clavicular joint. She feels cold, but has no rigor. The temperature to-day did not rise above 99°, and was often below normal. Urine free from albumen. She has been taking salicylate of soda; and three five-grain doses of urethane produced sleep.

12th.—Although there is no obvious change in the joint condition, she is free from pain and cheerful. Temperature 99° to 100·6°; pulse 104.

13th.—Slept well without draught. Less swelling of knees, and sterno-clavicular joint no longer tender. Temperature 101·4° to 103·4°, when two grains of antifebrin were given.

14th.—Tongue less dry. Deafness less.

16th.—In right ear the external meatus is congested, membrana tympani wanting, and slight serous discharge. In left ear the membrane is entire, but coated with serous discharge. Seems better.

For many days the pyrexia was now mild, the temperature seldom reaching 101°.

21st.—After several quiet nights she again became delirious. Is now very flushed and sweating freely. Tongue very dry. More pain in knee joints, which are still distended. The swelling in the region of the left sterno-clavicular articulation pulsates with the cardiac beat. Temperature 79·2° to 101·8°.

23rd.—Right ankle joint much swollen, and right leg very œdematous.

25th.—The sterno-clavicular swelling, which has considerably increased, was explored by a hypodermic syringe, and some thick creamy pus withdrawn. Grating could be obtained in the joint. Temperature 99° to 101·4°.

28th.—At 5 A.M. the patient had a rigor, the temperature rising to 103·8°. Two grains of antifebrin were given, and at 6 A.M. the temperature was 102·2°. At 7 A.M. it rose to 104·8°, and the antifebrin was repeated. At 8 A.M. the temperature was 102·8°, and at 2 P.M. 105·2°; antifebrin repeated. At 6 P.M. the temperature was 101·8°. Pulse 144 to 120.

29th.—Face dusky. Pulse irregular and intermittent. Tongue very dry. Temperature 99·4° to 100·2°.

30th.—To-day diarrhœa set in, but was easily controlled.

Dec. 1st.—Has become very somnolent; breathing also becoming difficult. Signs of pulmonary congestion. Pulse weaker.

3rd.—The patient, who had sunk into a semi-comatose state, died this morning, the temperature rising to 104·8° just before death.

Post-mortem examination. (Abstract from report by Mr. L. Hudson.)—Body fairly nourished. There is an abscess communicating with the left sterno-clavicular joint containing three drachms of yellow pus. Sternal end of clavicle bare and rough; inter-articular cartilage partially destroyed and loose; sternal facet somewhat eroded. Six ounces of clear fluid in the left pleura, three ounces in the right. Cretaceous nodule at apex of each lung, with fibrous cicatrix