CASE 4.—Mr. H— saw me in August last for “obstruction in the left nostril.” Several polypi had been removed from both nostrils two years ago. The right side had “kept open,” but the left side soon “closed up again.” He had had polypi removed from the left side three times in the last two years. On bending his head, he had noticed that there was often a copious foul discharge from the left nostril. He never had much toothache. The left middle turbinated bone was swollen and covered with numerous small polypi. These were removed with the galvano-cautery snare several times. I found that the natural opening of the sinus in the middle meatus was easily accessible. It was enlarged with the galvano-cautery and the sinus washed out. There has up to the present time been no recurrence of the polypi.

The points to which I have endeavoured to draw attention, and which are illustrated by the history of these few detailed cases, are—1. That the chronic form of empyema of the maxillary sinus is much more common than is generally supposed. 2. That in many cases there are no typical symptoms whatever. 3. That empyema is very frequently the cause of chronic and recurrent rhinitis, especially unilateral. 4. That empyema can give rise to the typical symptoms of ozæna. 5. That it is in most cases caused by disease of the mucous membrane of the nose, and not by diseased teeth. 6. That in most cases the easiest and simplest method of treatment is to open the sinus from the interior of the nose, and not from the alveolar process.

Bradford.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF CEREBELLAR ABSCESS FOLLOWING MASTOID DISEASE.

BY W. R. H. STEWART,

AURAL SURGEON TO THE GREAT NORTHERN CENTRAL HOSPITAL, SURGEON TO THE LONDON THROAT HOSPITAL, ETC.

A. P—, aged ten, a delicate-looking boy, came to the aural department of the Great Northern Central Hospital on Friday, May 11th, 1888, with the following history:—Three years previously the right ear began to discharge. He had attended as an out-patient from August, 1887, to February, 1888; the discharge had then ceased, and he appeared quite well. Mother healthy; father phthisical. On Friday, May 4th, he began to complain of pain in the ear, and the mother at the same time noticed a swelling behind it.

On admission there was great pain in the right ear. The meatus was much swollen and very tender, rendering examination of the membrane impossible. A good deal of swelling and redness existed over the mastoid, with tenderness on pressure, but no fluctuation. Watch heard on contact. Temperature 98° 8'. Six leeches were applied to the front of the tragus, and the meatus was ordered to be constantly fomented with warm boracic lotion.—May 12th: The leeches had relieved the pain. At 2 P.M., the temperature having risen to 104°, a free incision was made over the mastoid down to the bone. A small quantity of pus escaped, and bare bone was felt. The wound was poulticed, and the temperature towards evening fell to normal.—13th: Free discharge from wound. At 7 P.M. the patient had a rigor; the temperature ran up to 104° 2', but fell again to 100° towards midnight. There was some slight facial paralysis. No change in the retina.—14th: The facial paralysis had disappeared. Discharge on poultice slight. Takes nourishment well. Appears cheerful. Pulse steady. At 8 P.M. the temperature was 102°, but for the rest of the day did not rise above 100°.—15th: Had a good night. Some pain behind the ear. Very comfortable until 1 P.M., when he had a bad rigor. The temperature rose to 105° 4'. Eyes examined by Dr. Beevor, who found no evidence of brain mischief. Opened mastoid cells with Hinton's perforator. No pus found. Very faint after the operation. The temperature at 4.30 was 105° 2', but at midnight had fallen to normal.—16th: Had a good night; discharge from wound scanty. On the whole, looks much better. The temperature at

4 A.M. was 103°, but, with the exception of a slight rise at noon, was normal all day.—17th: Had a fairly good night until 3 A.M., when there was a good deal of pain at the back of the head. Became fretful. Pulse irregular. He lay with his head thrown back. Passed urine involuntarily. No facial paralysis. Pupils equal. At 12.25 he suddenly became faint, cold, and collapsed. No paralysis or twitching. Was roused with difficulty. Passed a motion in bed. Hot bottles were applied, brandy given, and ether administered hypodermically; but he rapidly sank, and died at 2.30 P.M.

Necropsy, twenty-six hours after death.—Meninges and surfaces of brain normal. Vessels full. Brain removed. Nearly the whole of the right hemisphere of the cerebellum was occupied by an abscess, in which was a small clot. On opening the right lateral sinus, a small quantity of pus escaped. There was caries of the mastoid and petrous portion of the temporal bone.

Remarks.—Dr. Gowers, in his Lectures on Diseases of the Brain, p. 180, says: “Diseases of the cerebellum, away from the middle peduncle, cause *per se* no definite symptoms of diagnostic significance. As Nothnagel first pointed out, the unsteadiness of movement does not result from disease of the hemisphere, unless it is of such a character as to compress the middle lobes, and it is on this compression that the symptoms depend.” The above case, I think, from the absence of brain symptoms until the last few hours, notwithstanding the size of the abscess in the cerebellum, well illustrates these facts. The boy was free from pain, took nourishment well, was cheerful, and able to sit up and move about the bed until the morning on which he died, when brain symptoms set in and he rapidly sank. The case also points out that in chronic suppurative otitis media danger exists where there is a perforated drumhead, even when the discharge has been to all appearances cured.

Devonshire-street, W.

A TROUBLESOME CASE OF LAND SCURVY.

BY THOMAS DUNCAN SMYTH, M.D. (R.U.I.),

RESIDENT PHYSICIAN, JEFFERY HALE'S HOSPITAL, QUEBEC, CANADA.

MISS B—, aged about twenty-seven years, applied at the hospital on July 2nd, 1888, as an out-door patient. She was suffering from great weakness, and had a sallow, emaciated appearance. The gums were inflamed and gangrenous, and formed small lobulated masses, which partially obscured the teeth. A very fetid smell proceeded from the mouth, and several ecchymoses were present in the mucous membrane of the palate. She complained of spitting of blood. Her legs were covered with minute purple spots. On the right thigh was an ecchymosis of about the size of a shilling, which was becoming ulcerated and gangrenous, as was also the outer side of the great toe of the left foot, which was suffering from an ingrowing nail. Slight swelling existed about the ankles. She complained of a variety of pains about the body and limbs, and greatly also of menorrhagia. She was a farmer's daughter, and lived in the country. I could get no history of diet or of habits. The present symptoms had lasted no less than three years. She had been to four or five doctors, but had obtained no relief. Although one of them had told her she was suffering from scurvy, and treated her for some time, he finally informed her he could do nothing for her. I prescribed eight or ten lemons daily, with a plentiful supply of fresh fruit and vegetables and a gargle of Condy's fluid. I removed entirely the outer half of the toenail and all the gangrenous masses, dressing the raw surfaces with iodoform. The patient's condition began to improve immediately, so that within three weeks she seemed another woman. I am now treating the symptoms by iron, ergot, &c., and the patient had almost entirely recovered by Aug. 7th.

What I want to point out in this case is that the patient had no doubt been treated by plentiful doses of lime-juice before coming to me, but it was the *lime-juice of the shops*, not the natural juice of the fruit, for it is well known that the former is usually merely a solution of citric acid. In other words, the life of the patient was almost lost by the adulteration of the medicine used for her recovery. Such cases should warn us to hesitate before pronouncing a case hopeless. Before doing so we should make sure that we have given a fair trial to the medicines placed at our dis-

posal by the Pharmacopœia, by giving good drugs in full doses. The cases in which we can do nothing are numerous enough, without increasing their number by indifference to the manner in which our prescriptions are compounded.

Quebec.

CASE OF UNUNITED FRACTURE OF THE PATELLA TREATED BY SIR J. LISTER'S OPERATION.

BY ALBERT WILSON, M.D.

THE points of interest in this case are the age of the patient (sixty-three years), and the long period which elapsed between the accident and the operation.

E—, aged sixty-three, fell on Feb. 14th, 1887, in the City, and fractured his patella. He was conveyed to one of the hospitals. He remained in the hospital about fourteen weeks. When I saw him in June the whole limb was encased in an apparatus, and there was fibrous union of the patella, the groove between the fragments measuring three-quarters of an inch. On July 10th I operated in the manner introduced by Sir Joseph Lister. The limb never having been flexed since the accident, as soon as the patient was under the influence of chloroform I forcibly flexed the limb, thereby breaking dense adhesions with a loud report, and the patella breaking right across through the band of fibrous union. I exposed the patella by a longitudinal incision, and found it split into three pieces, two in the lower and one in the upper part. There were dense adhesions binding the margins of the lines of fracture to the condyles of the femur; these I divided with a knife, causing a good deal of oozing. It struck me as very peculiar for the cartilaginous surfaces to be united by fibrous bands. The fragments were wired together with soft, thick, silver wire, the loose ends of the wire being flattened down on the surface of the patella. Antiseptic precautions, of course, were taken, and the temperature never rose above normal, nor was there at any time pain. It was dressed on the 11th, 14th, and 20th, and finally on Aug. 2nd, when all was healed. Gentle passive movements were begun, and on the 16th the patient went out on crutches. His condition improved, and about two months afterwards I saw him, when he could bend the knee about half way. I bent it forcibly and made some adhesions give way inside the joint, as the bony union of the patella was complete. I left the wire sutures in at the patient's request, and after this he went to his usual employment, occasionally using a walking-stick.

Leytonstone.

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.

ST. THOMAS'S HOSPITAL.

HYDATID CYST OF THE TRANSVERSE MESO-COLON;
ABDOMINAL SECTION; REMOVAL; CURE.

(Under the care of Mr. SYDNEY JONES.)

THE difficulty in diagnosis presented by the tumour in the following case was unusually great. The tumour was evidently of a simple character, but presented no evidence of the presence of fluid, and the length of time and slow growth made the diagnosis of hydatid doubtful. The history of severe injury to the abdomen made it possible that the swelling was caused by localised peritonitis and adhesions resulting from it, or possibly the presence of extravasated blood which had not undergone absorption. In connexion with the case Mr. Jones referred to a similar one which was under his care in 1884. In that instance he removed a painful tumour from the abdomen of a woman aged thirty-eight; it presented characters similar to this, and had been

also noticed for two years. It was in the left hypochondrium, and complete recovery followed its removal. It was probably of dermoid origin, and was closely attached to the wall of the intestine. In that case the tumour was noticed after a long illness, and presented equally obscure signs.¹ When the patient was first admitted, Mr. Jones was not inclined to submit the man to operation, as the severity of the symptoms &c. did not appear to indicate the necessity, and it was decided to watch. But on his return, although the tumour did not appear much larger, it was painful, prevented his working, and caused much mental anxiety, making the man anxious to get rid of it. The progress after the operation was most satisfactory, the chief complaint being a craving for tea, the patient having been accustomed to take it five times in the day. It will be noted that glycerine was used for enemata; this is now being largely used at St. Thomas's Hospital, and with most satisfactory results. The notes of the case were taken by Mr. Abbott, dresser.

J. S—, aged forty-seven, a plasterer, living in Mansfield, was admitted into the Albert Ward, under the care of Mr. S. Jones, on June 22nd, and left cured on August 7th, 1888. The patient complained of a lump in the stomach, and gave the following history. He was always healthy until an accident two years ago, and dated the trouble from this. He fell down from some scaffolding, and a plank fell on his abdomen. He was very ill and in bed afterwards for two months, with great pain in the abdomen and vomiting. Six months after the accident he first noticed a tumour in the abdomen, smaller than it is now when first perceived, but not very markedly so. He was first under the care of Mr. Jones from Dec. 8th, 1886, to Jan. 8th, 1887, but it was not considered advisable to do anything, as he appeared to be suffering no inconvenience from it. Since that time, although the tumour has not grown much, it has been painful, and has prevented his following any employment.

On examination of the abdomen, there was found to be a rounded tumour the size and shape of a small orange and of firm consistence, a little to the right and below the level of the umbilicus. The tumour was evidently not connected with the abdominal wall, and could be moved easily within a limited area. On percussion the tumour was not found to be dull, but the resonance was diminished; the rest of the abdomen was normal. On manipulation pain was caused, and the patient afterwards complained of a feeling of sickness. There was slight constipation, and the urine was of specific gravity 1010, acid, without any albumen, and the patient appeared in good health.

The man was anxious to have the tumour removed, and, as it evidently caused serious inconvenience, Mr. Jones operated on July 10th. Ether and chloroform having been administered and the bladder emptied, a median vertical incision of about four inches in length, commencing just below the umbilicus, was made. The peritoneum having been reached and opened after the arrest of hæmorrhage, a large fold of omentum which presented was turned to one side, and a hard rounded mass was felt to the right of the incision, just above the transverse colon and embedded amongst the layers of the meso-colon. This was drawn into view and gradually separated, with only slight hæmorrhage, double ligatures of catgut being placed on all vessels passing to it before their division. There were adhesions all round the tumour. All bleeding points were arrested, the peritoneum in the neighbourhood carefully cleansed, and the wound closed with deep silk and superficial catgut sutures. Iodoform dressings were employed, kept in position by a many-tailed flannel bandage. The carbolic spray was kept going in the room during the operation. There was no shock after the operation. The tumour, which was smooth and round, was found on section to be a hydatid cyst, crowded with daughter cysts from the size of a pin's head to the size of a large grape.

July 11th.—The patient has had a fairly good night after the injection of a quarter of a grain of morphia, and is not complaining of pain, but says that he feels comfortable, excepting for slight thirst. Tongue moist; pulse good. At 8 P.M. yesterday the temperature was 97.6°, rising to 100° at 4 A.M. to-day, and falling to 99° at noon. Allowed a little ice to suck, and a teaspoonful of milk every half-hour.

¹ See THE LANCET, vol. i. 1885, p. 750; also, Transactions of the Pathological Society.