On following up the line of the bowel into the left lumbar region an irregular transverse rupture on its attached margin, capable of admitting two fingers and opening directly into the peritoneal cavity, was found. There was also a comparatively large extravasation of blood passing between the layers of the mesentery. The ileum, for fully four feet below this level, until it passed into the hernial sac, contained blood and mucus. On reflecting the skin from the hernial swelling there was a fibrous sac beneath, which on puncture exuded from five to six ounces of a muddy serous fluid. On completely laying bare the contents these were found to consist of nearly three feet of healthy small intestine, the cæcum with an elongated vermiform appendix, five inches of the ascending colon and a considerable portion of the mesentery. These portions of gut did not contain any bloody fluid and were distended with gas. There were no signs of strangulation, and no adhesions existed at any point. Crossing the neck of the sac were two tense bands of fascia, representing the displaced inner pillar of the external abdominal ring. The fingers could pass freely beneath these into the abdominal cavity.

Powick, near Worcester.

RAPID PRODUCTION OF PURPURA AFTER SMALL DOSES OF IODIDE OF POTASSIUM.

BY TOM ROBINSON, M.D. BRUX., M.R.C.S. &c.

A MAN aged sixty-three consulted me on Feb. 8th for symptoms which seemed to be attributable to uratosis, and for which he was ordered the following mixture, to be taken three times a day: ten grains of chloride of ammonium, one grain of iodide of potassium and one drachm of infusion of rhubarb. After the first six doses he was conscious of irritation in his eyes, nose and throat. On the 14th, six days after commencing the treatment, he noticed a rash on his arms and was quite sure the eruption came on the arms first. On the 15th, on inspection, the following appearance was observed. There was a copious mottling of the legs extending on the posterior aspects to two inches above the knees and on the inner side of the thigh up to Poupart's ligament. On the arms there was a similar condition, the eruption being limited to a slight distance above the elbow-joint; it was here much more obvious on the inner borders. The trunk, face and hands had escaped. The eruption consisted of irregular-shaped blood extravasations, which gave to the area attacked an appearance singularly like that which is seen on the white apron of a person manipulating black currants and on which the juice has splashed. The type of the eruption was exaggerated on the legs and it was impossible to attribute any regular shape to it. There was neither itching or pain present. There was one curious association of circumstances, which was that the patient had a port-wine mark on the inner surface of the right arm. There were no visible extravasations in the mucous membrane of the mouth and the man expressed himself as feeling quite well.

This case belongs to the group of eruptions which may be called "drug purpura." It has long been recognised that many conditions of the blood *per se* will be such that the red corpuscles and liquor sanguinis find their way through the walls of the bloodvessels; and it has also become an accepted fact that this escape may be, and commonly is, attributable to changes in the walls of the bloodvessels themselves. Experience demonstrates that errors in diet, physiological states and atmospheric influences may all lead to changes in the sympathetic nerve centres which will permit of the development of purpuric extravasations. Dr. Tilbury Fox, records in THE LANCET of Feb. 7th, 1874, how he saw hyperæmia and extravasation produced in the skin after the inhalation of four grammes of tincture of benzoin, and Professor Fournier related in 1877 a series of cures in which purpuric spots appeared after the administration of iodide of potassium; but it is to Mr. Hutchinson that we are indebted for bringing before the profession the often serious results of administering the iodides in those who cannot tolerate that drug. Mr. Hutchinson relates the case of a man who was threatened with impending suffocation owing to the swelling about his neck and throat after only two or three doses of the drug had been taken. Dr. Stephen Mackenzie also relates a case in which an infant five months old died of iodic purpura after a single dose of two grains and a half. The thought

has frequently suggested itself to my mind that many of the vague, nondescript nervous manifestations which are so commonly met with in the last stage of constitutional syphilis may be due to these blood extravasations occurring in the very centre of the nervous system. In such situations it is easy to understand how the slightest departure from the vascular integrity of the part may produce manifestations which in any other structure would be almost without symptoms, and it is well to watch carefully those to whom iodide of potassium is being administered. It is astonishing for how long a time some individuals will continue to saturate themselves with the salt. This is not the time to endeavour to sketch the varied phenomena which iodic eruptions present to us; neither is it necessary to do more than allude to the fact that all the bromides are capable of producing many and varied cutaneous conditions.

Prince's-street, Cavendish-square, W.

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.

PYÆMIC THROMBOSIS OF THE LATERAL SINUS FOLLOWING ACUTE OTITIS; SINUS OPENED AND INTERNAL JUGULAR VEIN DISSECTED OUT; RECOVERY; REMARKS.

(Under the care of Dr. URBAN PRITCHARD.)

IT is important that examples of the successful treatment of this dangerous condition should be placed on record; for not only does the publication of a successful case tend to the encouragement of operation, without which the patients invariably die, but it spreads a knowledge of the symptoms indicating the presence of the thrombosis, for which the operation is required. There are various slight modifications made from time to time in the details of this operation; but the objects to be attained are (1) removal of the source of infection and (2) the blocking of the main route by which anything from the infected part would enter the general circulation. Dr. Pritchard refers to the absence of recent discharge and to the caseating character of the pus in the mastoid process, both important as indicating the onset of the thrombosis from a chronic latent condition. The membrana tympani was not perforated, there was no cedema over the mastoid process, nor could optic neuritis be found on examination with the ophthalmoscope. The case is one from which much may be learned, and we congratulate Mr. G. Lenthal Cheatle, by whom the operation was performed and to whom we are indebted for the notes, on the success which he obtained.

A girl aged thirteen was admitted into Twining Ward at 1.30 P.M. on Nov. 5th, 1892. The following history was given by Mr. E. K. Macartney, who, recognising the gravity of the case, sent her into the hospital. During infancy and early childhood there had been a purulent discharge from the ears; this gradually ceased, and none had been noticed for several years. In other respects she had always been healthy. Eight days ago, without obvious cause, the child began to complain of earache and headache on the left side, with pain in the upper part of the neck on the same side on movement. These pains gradually increased in severity, became constant and agonising, and prevented sleep. Vomiting was an early and distressing symptom. Rigors developed, sometimes two or three a day, and twitchings of the right leg were said to have been noticed during sleep. Mr. Macartney could discover no signs of optic neuritis.

On admission into the hospital the patient was found to be a thoroughly well-developed and strong-looking girl. She was very restless, but answered questions quite reasonably and connectedly. She complained of intense earache on the left side and pain over the same side of the head posteriorly to the ear; this pain extended downwards to the upper part of the neck. The right ear was apparently quite normal. The

¹ Pedigree of Disease, p. 54.