

my apologies to the shade of [the great Roman poet for having made use of the text which he employed for his celebrated essay. In comparison with the conciseness of his, mine might be called desultory; but this I cannot admit to be true, for there are so many subjects connected with our theme that I know I have already omitted many. What I have said, however, had better be left to the judgment of my readers.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF PROLONGED HICCOUGH ON TWO OCCASIONS AFTER THE ADMINISTRATION OF CHLOROFORM.

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THE patient, who was a healthy man, aged 48 years, was admitted into the Royal Halifax Infirmary on July 4th with a compound fracture of the tibia. He was there anaesthetised with chloroform, the wound was cleansed, and the bone, which was extensively comminuted, was wired. The operation lasted about 45 minutes. He commenced to vomit soon after the chloroform was discontinued and vomited all day on July 5th. On the 6th he vomited frequently and hiccupped. On the 7th he vomited in the morning and hiccupped, and was given two minims of tincture of iodine every hour for five hours; the vomiting stopped at 2 P.M.; five grains of calomel were administered at night. On the 8th he hiccupped and a mustard plaster was applied to the epigastric region. On the 9th a constant current of about 20 volts intensity was applied, one electrode being placed over the epigastric region and the other over the left scalenus muscle. The hiccup ceased and did not recur.

The patient progressed favourably for three months, when it became necessary to incise his leg in three places owing to a rise of temperature and local signs pointing to the presence of pus. For this reason on Oct. 26th chloroform was again administered and the necessary incisions were made. The patient once more began to vomit after the administration ceased. On the 27th he vomited frequently. On the 28th the vomiting was not so frequent but hiccup again commenced. The constant current was reapplied but without effect. On the 29th and 30th he was still hiccupping. On the 30th all food given by the mouth was stopped, four-hourly rectal alimentation being resorted to. A quarter of a grain of morphine was given hypodermically at 10 P.M., after which the patient slept but continued to hiccup during sleep. On the 31st a turpentine enema was given in the morning; three minims of creasote were given in capsule and five grains of calomel were given at noon and repeated in the evening. On Nov. 1st a mustard leaf was applied over the epigastric region. Food was again administered by the mouth as he expressed a desire for some and the withholding of it had not produced much effect. A quarter of a grain of morphine and $\frac{1}{100}$ th of a grain of atropine were given at night. The hiccup stopped during the night. Five minims of tincture of belladonna, 10 grains of potassium bromide, and 10 grains of chloral hydrate were given every two hours for 12 doses. On the 2nd the hiccup commenced again early in the morning. 45 minims of tincture of castoreum were given at 5 P.M. The constant current was again applied at 8 P.M. The hiccup ceased for five hours. One grain of musk was given in pill at 8 P.M. and repeated every two hours for five doses. On the 3rd the patient was still hiccupping. The constant current was applied three times at intervals but without effect. 30 minims of tincture of castoreum and one minim of carbolic acid in pill were given three times daily. The hiccup was now not so violent but occurred at intervals. On the 4th the patient hiccupped occasionally but less often than before; he also vomited in the evening, a small quantity of blood being mixed with the vomit. Rectal feeding was therefore resumed. On the 5th there was not much hiccup during the day but there was a slight recurrence at

night, so morphine and atropine were given. On the 6th the hiccup ceased and has not recurred.

The patient had a more or less constant hiccup for 10 consecutive days, for which the above remedies were applied, and to none of which we can attribute its cessation. Owing to the feeble condition of the patient during the second attack it was not thought advisable to wash out his stomach.

I am indebted to Dr. J. Crossley Wright for allowing me to publish this account of the case.

AN UNUSUAL CAUSE OF SUDDEN DEATH.

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A MAN, aged 28 years, of exceptionally strong physique and in vigorous health, met his death in the following circumstances. At 9 A.M. with a friend he partook of a hearty breakfast of fish, &c. He also took some Epsom salts in his tea; this I may note was found by analysis in the dregs left in his tea-cup. At 9.30 he went out into a small closet in the backyard. About three-quarters of an hour later his friend found him dead, sitting on the closet. I saw him about 15 minutes later; he had then apparently been dead an appreciable time; his colour was normal. Six hours after death, in association with Dr. A. G. Coullie, I made a post-mortem examination and minutely examined all the viscera. The heart had a thin layer of fat on the front aspect, the valves were normal, the muscular substance was, if anything, specially developed, the left ventricle was firmly contracted, and both sides of the heart were empty of blood. There was no distension of the stomach or bowels. All the other organs were healthy, except that the vessels on the surface of the brain were unduly full and the lungs appeared to be slightly emphysematous and frothy on section. In the oesophagus there were traces of regurgitated food and on opening the trachea and larynx we found a small amount of regurgitated food similar to that found in the stomach but not enough to cause any physical obstruction to the passage of air into the lungs.

Taking all the facts of the case into consideration it appeared to me that this man was straining to empty the bowels (which had not acted). There was a regurgitation of acrid, half-digested food into the larynx. This caused a spasm of the glottis. Being seated in a constrained position in a very small closet he was unable to recover his breath and the combination of these circumstances inhibited the action of the heart and caused it to stop. Brouardel, in his book on "Death and Sudden Death," gives many similar instances but in most of them the regurgitated food was present in sufficient quantity to block the trachea and bronchi and to cause actual physical impediment to the entrance of air into the lungs. In my own experience I have had a case in which a small glandular abscess burst into the trachea of a child, causing sudden death. The smallness of the amount of food found in the air passages in this man makes the case worthy of record, though, of course, it is well known that comparatively trivial injuries or irritation of the larynx may cause fatal spasm of the glottis.

Margate.

A CASE OF TETANUS SUCCESSFULLY TREATED WITH ANTITOXIN.

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I AM indebted to Dr. H. P. Potter, medical superintendent, for permission to publish notes of the following case.

A boy, aged 15 years, was admitted to the Kensington Infirmary on Oct. 24th, 1905, suffering from tetanus. The history is as follows. He had injured his foot with a nail in his boot on Oct. 10th. He first noticed stiffness in the neck and the jaw on the 18th. He had been unable to walk since the 20th. On admission the patient had a small wound of the sole of the right foot which was almost healed. Trismus, risus sardonicus, and opisthotonos were well marked. His pulse was 96 and his temperature was 97° F. On the 25th he had had a fair night and opisthotonos was rather less. At 1.15 P.M. ten cubic centimetres of antitoxin were injected into the flank. This was repeated at 8 P.M. On the 26th he