(girdle pain), which was strongly suggestive of some lesion of the right half of the spinal cord. The rapid though gradual recovery with rest, the absence of any relapse or shifting of the symptoms to the other extremities, and the occurrence of the symptoms after prolonged fatigue seem to me to make the diagnosis of exhaustion paralysis far more likely than that of hysterical paralysis. The case was distinguished from one of ideal paralysis by the presence of the cramps and anæsthesia, by the absence of any traumatic history, by the mode of recovery, and by the temperament of the patient. Reflex, malarial, and anæmic paralysis scarcely need consideration in connexion with the above case. In the two latter forms of paralysis both lower extremities are affected; and as regards reflex paralysis, in my case there was no source of irritation to be discovered.

Birmingham.

ON A CASE OF DACTYLITIS SYPHILITICA.

By FREDERICK W. LOWNDES, M.R.C.S. ENG.,
SURGEON TO THE LIVERPOOL LOCK HOSPITAL.

I WAS requested some time ago to see a married woman aged thirty-five, the mother of three living children, the youngest being ten years old, and all in excellent health. Three years ago she gave birth to a fourth child, which lived eleven months and then died from bronchitis, as given in the certificate of death. The mother stated that it was always crying, and could not be pacified. My patient was infected with syphilis by her husband ten years ago. He appears to have had the disease in a very mild form, to have suffered very little, and required little treatment. She was treated from the first appearance of the primary affection, and appears to have escaped any secondary affections until lately, when she had obstinately recurring specific ulcers on the arms and legs, a scaly rash on the face and scalp, while nearly all the fingers on both hands were swollen and painful six months before I saw her. She had been for some time under medical treatment, which appeared to have relieved her for a while, when the disease would again break out, and all the appearances would recur in full force. She had been taking iodide of potassium and perchloride of mercury in full doses.

When I first saw the patient, about the middle of December last, she was in bed, with a scaly rash on the scalp and forehead and ulcers on the arms and legs in various processes of healing. On seeing her hands, I was at once reminded of the engravings of the various forms of dactylitis syphilitica in Bumstead and Taylor's "Pathology and Treatment of Venereal Diseases" (fifth edition, pages 728 to 732). The left hand was first affected, the disease commencing in the first phalanx of the middle finger, next in that of the index finger, and then in the little finger. The right hand was affected later on; the index and middle fingers were the first to suffer, then the little finger. In each hand the thumb and ring finger had escaped. The hands were naturally well formed, and the contrast between the sound and the affected fingers was most striking. The swellings were of a somewhat globular form, and, though at first tender, became less so under treatment.

The rash and ulcers were treated locally with one part of ung. hyd. ammoniat. and three parts of ung. zinc. Later on this was changed to an ointment first suggested by Dr. Henry O'Neill of Belfast, and composed as follows: iodoform and calomel, half a drachm of each; ol. oliv. opt., two drachms; ol. rosmarin., five to ten minims; lanolin, five drachms. I have found this most useful in syphilitic eruptions of all kinds, and I can confidently recommend it. The oil corrects the stickiness of the lanolin, while the oil of rosemary effectually disguises the smell of the iodoform. As the patient's constitution appeared to be good, and she had not been salivated, I gave her two grains of hyd. c. cret. with two grains of pulv. ipec. co. and ext. hyoscyam., sufficient to make a pill, twice a day; also five grains of iodide of potassium in a mixture, with ten grains of acetate of potash in water, three times a day after meals, and, as the patient had no appetite, small doses of nitro-muriatic acid with tincture of orange before meals. I increased the dose of iodide subsequently to ten, fifteen, and twenty grains; this was borne very well, as were also

the mercurial pills. The improvement in the patient's condition was most marked. The rash on the face and scalp, which had been a great distress to her, soon disappeared, and has not returned; the ulcers were also soon healed. The fingers required much more time and most patient treatment. The swelling on the right index finger burst at the metacarpo-phalangeal joint, thick yellow matter was discharged, and an ulcerated surface remained, which healed up under treatment. The little finger of the right hand was the most seriously affected of all; the swelling burst also at the metacarpo-phalangeal joint, and a gaping surface remained, which, with the obstinately contracted state of the finger, made me fear that there would be permanent deformity. Fortunately this was averted by keeping the finger extended, by the application of mercurial plaster alternated by strips of lint spread with mercurial ointment, and the continuation of the internal treatment. The fingers are all gradually resuming their normal shape, though the right middle finger is still somewhat large. The patient is now able to come and see me, and is a great contrast to what she was when I first saw her. I have recommended the removal of some very decayed teeth which had somewhat retarded her progress.

That this form of syphilitic affection, especially the acquired form, is comparatively rare, is generally admitted. Until Dr. Taylor of New York gave it the prominence of a separate chapter in his work previously alluded to, only isolated cases had been recorded by various authors. He observes that it was formerly called "syphilitic panaris"; and, writing in 1883, he states that he had then seen ten cases. Messrs. Berkeley Hill and Arthur Cooper, in the second edition of "Syphilis and Local Contagious Disorders," imply that it is a rare affection, and Mr. Hill, in a letter to me, says "such cases are rare." Mr. Jonathan Hutchinson, in his "Manual of Syphilis," says, at p. 455, "The affection, however, is not a common one." During the twelve years 1875 to 1887 I never saw a case among the patients in the Lock Hospital, although cases of tertiary syphilis were not uncommon, and patients used to come who had been in the hospital many years previously for primary disease. Hence we had opportunities of witnessing late forms of syphilis, and had dactylitis not been an uncommon form we must have seen it. I cannot remember seeing a case previously in private practice; and, from what I have heard from many medical friends whom I have consulted as to this question, it is evident that the acquired form of this disease is very rare. I have therefore thought it well to publish this case.

Liverpool.

CASES OF RUPTURED MEMBRANA TYMPANI FROM BOXING THE EARS;

LOSS OF TASTE FOLLOWING PERFORATION OF THE DRUMHEAD.

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THE first three of the following cases emphasise the fact that boxing the ears is a most objectionable form of correction or amusement, and cannot be indulged in without danger. The last two show that the chorda tympani may be implicated, with consequent loss of taste, when the drumhead is wounded. In Cases 1 and 2 the patients came at once to be treated, and were cured. But in Case 3, which did not receive prompt attention, the result is most disastrous: the patient is perfectly deaf on the one side, all the ossicles having come away; he has had to endure off and on the misery of a fetid discharge from the meatus; and being minus a drumhead, the natural guardian of the middle ear, he is liable to any of the serious consequences that may follow middle-ear catarrh. In Case 4, the perforation was of a fair size and the nerve wounded, but the perforation was healing and the sense of taste and hearing power returning, though slowly, when the patient left off attending. As the case was doing so well, this was the more to be regretted, for now, without treatment, a chronic suppuration with all its fatal sequelæ may be established. In Case 5 the wound was slight, and the patient quickly recovered; but the case serves to show one of the dangers of employing a hairpin (an

instrument far too frequently resorted to) as a means of allaying irritation in the meatus, and to point a warning against its use.

CASE 1.—J. D—, aged nine, a schoolboy. Two days previously his teacher had boxed his ears. He felt at the time and had since suffered from great pain in the ear, with complete deafness on that side. Examination showed a much-congested drumhead, with a large rent across the lower part, below the handle of the malleus (Fig. 1). Four leeches in front of the tragus, with repeated hot fomentations of a solution of boracic acid, quickly reduced both pain and congestion, and the rent in the membrane soon healed.

FIG. 1.

CASE 2.—A. S—, aged thirty-three, a married woman, stated that when larking with her husband a few days previously he had boxed her ears. She immediately felt a sudden and acute pain, which increased in intensity, with complete deafness on that side. There was a good deal of tenderness on pressing the tragus, and, on examining the membrane, it presented much the same appearance as in the previous case—viz., congestion, and a large rent extending along the inferior portion below the handle of the malleus (Fig. 2); through the rupture some slight discharge was oozing. Under the influence of leeches and hot boracic fomentations the pain and congestion soon disappeared, but the rent took some time to heal, the edges having to be touched several times with nitrate of silver.

FIG. 2.

CASE 3.—G. H—, aged sixty, when a boy, was struck on the ear. He suffered great pain at the time, and ever since has been deaf on that side, and has had off and on a more or less offensive discharge from the ear. Examination showed that, with the exception of a ring round, the membrane was destroyed (Fig. 3), the ossicles had disappeared, and there was a chronic inflammatory condition of the tympanic cavity. Under a boracic acid and alcohol lotion, with absolute cleanliness, the discharge soon ceased; but of course deafness was complete on that side, and there could be no restoration of the membrane.

FIG. 3.

CASE 4.—A. N—, aged forty-four, a labourer, whilst loading a cart with straw, was struck on the side of the head by a falling truss. He felt immediate and severe pain, which almost made him faint, and since the accident he has been deaf and unable to taste with that side of the tongue. The membrane showed a considerable amount of congestion, and at the upper and posterior portion, behind the handle of the malleus, there was a rather large perforation (Fig. 4). Leeches and fomentations were ordered, which quickly reduced the pain and congestion, and when I last saw the case the perforation was healing, and the taste and hearing power returning.

FIG. 4.

CASE 5.—J. L—, aged twenty-two, was pricking her ear with a hairpin, when a child which was in her lap suddenly jerked her arm and forced the pin into her ear, causing great pain, deafness, and loss of taste on the same side of the tongue. There was some injection of the membrane, and a small perforation in about the same situation as in Case 4 (Fig. 5). She very quickly got well under treatment, the perforation healing, and the taste and hearing returning.

FIG. 5.

Devonshire-street, W.

DENTAL HOSPITAL, LONDON.—At the annual general meeting of the governors of this institution, the report, which was adopted, showed a gratifying increase in the annual subscriptions. The committee, however, urgently appeal for £3000 to clear off the mortgage debt on the hospital. There were 51,406 cases treated last year, as against 47,441 in 1887, being an increase of 3965 cases.

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. Prooemium.

ST. GEORGE'S HOSPITAL.

A CASE OF SARCOMA OF THE CLAVICLE; REMOVAL OF THE TUMOUR; DEATH FROM SEPTICÆMIA; REMARKS.

(Under the care of Mr. ROUSE.)

THE removal of part or the whole of a clavicle for tumour is so very unusual that we have thought the notes of the following case well worth insertion. Although Remmers performed the first partial removal of the clavicle in 1732, it was not until many years later that the entire bone was removed by McCreary of Kentucky. Ashurst gives a series of twenty-eight complete excisions of the bone, with a mortality of 22 per cent. The operations were performed for the following diseases: Cancer, 2; necrosis, 7; osteo-sarcoma, 4; malignant disease of doubtful character, 1; for gunshot injury, 2; once for other tumours, once for injury, and once for osteitis. Agnew's table includes thirty-four, as follows: Cancer, 10; necrosis, 5; osteo-sarcoma, 5; malignant disease of unknown character, 6; for gunshot injury, 2; exostosis, 1; for other tumours, 2; after injury, 1; cause unknown, 2. Ashurst also quotes another table of seventy-four cases of incomplete removal with a known mortality of 14.5 per cent. These tables indicate the various diseases for which the operation has been performed, but beyond that they are of little value. Each case will have to be considered by the surgeon on its own merits, with the extent of local disease and the presence or absence of secondary growths when the disease is of malignant character. The removal of the bone for necrosis after acute periostitis is not a difficult operation, and has been performed in recent years by Wheelhouse² (who pointed out the fact that the whole bone is usually necrosed, as it may be looked upon as perfect at birth) and by Bland.³ The bone is regenerated, as was shown by Irvine.⁴ The operation is a most formidable one, for new growths, especially when the tumour has attained a large size; the proximity of the important vessels, and on the left side the thoracic duct, which may be adherent, requiring the greatest care and skill to avoid wounding these important structures, arrest hæmorrhage, and guard against entrance of air into any veins. In the removal of a sequestrum the posterior layer of periosteum presents a sufficient defence against injury of the vessels, which adhesion to the sheath of a tumour may render it impossible to avoid. The contrast between the operation for necrosis and that for osteo-sarcoma is nowhere better exemplified than in the celebrated case in which Mott removed the greater part by an operation which lasted four hours. This was done in 1828, and the patient, aged nineteen, lived fifty-four years after it, dying from other causes. The use of the arm was fully retained, and a ligamentous band formed in the place of the bone. We may refer to the following:—Polaillon⁵ removed the clavicle from a girl aged sixteen for a growth of bony character of eighteen months' standing. He made a large flap with the base towards the neck of the patient; the wound was well in six weeks, and the movements of the arm perfectly preserved. Wheeler⁶ removed a dense firm growth from a man aged forty-three; at the end of nine years the patient was in good health, and there was no evidence of local recurrence. He also operated for necrosis of the clavicle. The Transactions of the Pathological Society record a few examples of sarcoma of this bone removed post mortem. In one instance the growth produced death by pressure on the trachea within seven weeks after its known commencement. For the notes of the case we are indebted to Mr. Bull

¹ Vol. iv., 1884.

² Brit. Med. Journ., vol. i. 1885, p. 477.

³ Ibid., vol. i. 1883, p. 204.

⁴ THE LANCET, vol. i. 1867, p. 206.

⁵ Ibid., vol. i. 1885, p. 718.

⁶ Ibid., p. 1167; and Trans. Acad. Med. Irel., p. 173