Remarks.—The question that arises is, What was the nature of the case? Up to the time of the operation, and even after it had been commenced and the cyst was opened, there was every reason to believe that it was a gall-bladder enormously distended. But the discovery of the gall-bladder in its normal situation and, if anything, less than its normal size put this idea at once out of the question. That it was a hydatid cyst pressing on the duct could not be entertained, as the fluid drawn off at the first aspiration had been carefully examined and no indications of hydatids had been found. Neither could I find any cancerous tumour of the pancreas or elsewhere which by occlusion of the duct might have produced the symptoms. I believed at the time that I had to deal with a distended duct. I have in vain searched all the records at my command and have found nothing quite resembling this case. In THE LANCET³ there is the record of a case of distended and sacculated common duct. The duct had ruptured, and the slit was plugged by a movable gall-stone. In the Reports of the Bristol Medico-Chirurgical Society⁴ there is a case more resembling the present one. It was that of a child four years of age who had suffered from recurrent attacks of jaundice, and for a year before death with an abdominal tumour in the region of the gall-bladder. Cholecystotomy was performed, and twenty-nine ounces of greenish fluid were removed. The patient died a week after the operation, and at the post-mortem examination it was found that the sac of the tumour was a greatly distended common bile-duct. There is one other explanation. Was it a case of double gall-bladder? That such a condition may exist is demonstrated by the report of a post-mortem examination of a girl aged eleven years in whom a double gall-bladder was found to exist.⁵ The non-appearance of the button may be accounted for by its falling back into the large cyst instead of being carried into the intestine. One can hardly think that it can be a source of danger if so situated. It seems to have done its work effectually and established a permanent opening between the cyst and the intestine.

Plymouth.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

AN EXTREME CASE OF ANGINA LUDOVICI ARISING FROM AN INFLAMED CARIOUS TOOTH; DEATH WHILE UNDER OPERATION.

By A. E. PREST HUGHES, L.R.C.P. LOND.,
M.R.C.S. ENG.,

SENIOR RESIDENT MEDICAL OFFICER, UNION INFIRMARY, FIR VALE,
SHEFFIELD.

THE patient, aged thirty-one years, was brought to the Union Infirmary, Fir Vale, having for ten days previously complained of frequent attacks of pain due to a decayed tooth. Two days before admission a swelling under the jaw was noticed, which on the following day grew much larger and in the evening had extended to the front of the neck, and had forced his tongue up so much that he could hardly swallow or speak. When I saw him at the hospital lodge he was in a very distressed condition, only able to whisper and quite unable to swallow, the saliva dribbling from his mouth. The whole of the tissues on the front of the neck were immensely swollen, hard and brawny to the touch, and not pitting on pressure. There was no redness of the skin or signs of pus anywhere. The swelling extended from the angles of the jaw on each side forwards under the chin, and downwards over the front of the neck on to the thorax as far as the upper border of the third costal cartilages. The jaw was immovably fixed and the tongue forced up against the roof of his mouth. His respiration was greatly embarrassed, and the temperature was 103.5° F. He was at once put to bed, and I saw him half an hour later, when he appeared worse than on admission. He was sitting up in

bed breathing with much difficulty, and it was evident that he might be suffocated at any moment. Having explained matters to him and obtained his consent to an operation, chloroform was administered on a piece of flannel stretched over a metal frame. He passed under its influence without much struggling, only two drachms being required to render him unconscious. The inhaler was then removed, and I made an incision through the swollen tissues, commencing at the symphysis of the jaw, and carried it down the centre line of the neck as far as the lower border of the larynx. It was necessary to carry the incision to a depth of between an inch and a half and two inches to cut quite through the affected tissues. The parts were quite pale, very hard to cut, and no pus or discharge of any kind came from the wound. While making subsidiary incisions into the swelling on the wall of the thorax the patient's respiration became still more embarrassed, chest movements continuing, but no air entering the lungs, his face became cyanosed and the radial pulse became imperceptible. I at once opened the trachea, the operation being rendered difficult from the swollen state of the parts, and introduced a tube. Artificial respiration was begun, and all the ordinary methods of inducing respiration employed, including the passage of a catheter into the trachea through the wound and the inflation of the lungs through it, together with the injection of ether into the heart muscle, but the patient never made another attempt at breathing, although we persisted for nearly half an hour in our attempts to resuscitate him. Before commencing the operation we had discussed the advisability of performing a preliminary tracheotomy, but decided that incision of the swollen tissues would be sufficient to relieve him. At the inquest the jury returned a verdict of "Death from suffocation while undergoing an operation for cellulitis." No post-mortem examination was allowed.

Fir Vale, Sheffield.

TREATMENT OF BURNS.

By S. GROSE, M.D. ST. AND., F.R.C.S. ENG.,

HON. MEDICAL OFFICER, MELKSHAM COTTAGE HOSPITAL.

LATELY it has fallen to my lot to treat certain severe burns, typical cases frequently met with when the clothes catch fire, in which extensive injuries to the third and fourth degrees are inflicted on the trunk and extremities. Lint soaked in warm carbolised carron oil with a thick envelope of cotton-wool is, perhaps, the best application for the first week; but the nauseous smell of the linseed oil, combined with the fetor of purulent discharge, is horribly offensive and helps to keep up the tendency to diarrhoea common at this period, which is frequently attributed to duodenal ulcer. Let me recommend the following alternative treatment. Dress the vast, beef-red, profusely suppurating wounds with gall ointment, thickly spread on strips of lint, or with ointment of galls and opium, or boric ointment having about a drachm of finely powdered galls to the ounce; wrap thickly in cotton-wool and bandage firmly, not loosely. Improvement is rapid, the smell diminishes, and the sufferer finds the treatment comforting. The admirable effect of gall ointment in coagulating albumen and restraining luxuriant granulations would seem to suggest it as a usual dressing in these cases; but none of our authorities mention it, nor have I seen it used excepting by myself. Indeed, the only mention of galls for treatment of burns that can be found in the "ever faithful, ever sure" Neale's Digest is an article written in 1852, claiming that ointment of galls prevents contraction of cicatrix. It is generally recommended that bandages in these cases should be lightly put on. But the fungous granulations are certainly more effectively restrained by firm pressure over elastic cotton-wool; and there can be no question that this treatment is more merciful than the application of nitrate of silver, whilst equally useful.

Melksham, Wilts.

A CASE OF SNAKE-BITE TREATED BY INJECTIONS OF STRYCHNINE; RECOVERY.

By M. PERCEVAL, L.R.C.P. IREL.

AS the value of strychnine in cases of snake-bite is being much discussed at the present time, perhaps the following case may be of sufficient interest to publish in

³ THE LANCET, May 6th, 1882.

⁴ Bristol Medico-Chirurgical Journal, Jan. 10th, 1894.

⁵ THE LANCET, Dec. 4th, 1886.

THE LANCET. On Dec. 18th, 1894, a man was brought a distance of eighteen miles to my house at 4.30 A.M. suffering from snake-bite inflicted four hours previously. He was bitten when asleep, being aroused by the snake "chawing" at his lower lip, and on awakening he found a brown snake 2 ft. 6 in. long hanging from it, which he pulled off with his arm. On first being seen the patient was pale; the whole surface of the body was bathed in a cold perspiration, the pupils were widely dilated, the pulse was barely perceptible, rapid, irregular, and intermittent, and the breathing of a heavy sighing quality; characteristic marks of a bite were plainly seen on the lip. He was carried from the buggy, being unable to stand, was vomiting, and complained of extreme giddiness and as if about to die. I injected one-tenth of a grain of strychnine, repeating the injection twice at intervals of ten minutes. After the second injection marked improvement was evident in the pulse; after the third injection there was still further improvement of the pulse; the intermittency was gone, the rate was 96, and the breathing easier. He expressed himself as feeling better. Although the giddiness had improved he was not able to stand. I continued injections of one-fifteenth of a grain at intervals of twenty minutes with still greater improvement in the pulse and breathing; there was no further perspiration after the fourth injection. In an hour he was able to walk with support, but complained again of giddiness; the gait became staggering, and the pulse again almost imperceptible. These symptoms improved in a few minutes on his assuming the recumbent position. At the end of another half-hour I was able to admit him to hospital. During the day he only complained of drowsiness. At 6 P.M. he was attacked with vomiting and threw up a pint of fluid of a coffee-ground character. It has been pointed out that persons suffering from snake-bite are liable to hæmorrhage from mucous surfaces, but this is the first appearance of such in my experience, although I have now treated seven cases with strychnine, with recovery. On Dec. 19th and 20th he complained of stiffness of the jaws and nausea. He was discharged on the 24th well.

Isisford Hospital, Queensland, Australia.

PERFORATION OF APPENDIX CÆCI BY A PIN; GENERAL PERITONITIS, ENDING IN SUDDEN DEATH.

By PTOLEMY A. COLMER, M.R.C.S., L.R.C.P. LOND.,
HON. SURGEON, YEovil DISTRICT HOSPITAL AND DISPENSARY.

ON Oct. 3rd, 1894, about 7.45 A.M., I was called to see a boy seven and a half years of age. On my arrival at the house a few minutes after eight I was told the boy had died before the messenger could have reached my house. I examined the body, which was that of a well-nourished and apparently healthy lad, and nothing could be noted with the exception that the abdomen was a little distended. I obtained the following history from the mother. On Sept. 30th he appeared to be poorly, vomiting and complaining of pain in his abdomen, which she put down to be a bilious attack and administered a dose of castor-oil, which was repeated on the following day as the previous dose had taken no effect. On Oct. 2nd, the boy being no better, she went to a druggist, who prescribed a powder (one grain of calomel and six grains of sugar), which was immediately vomited, and in the evening, as this also took no effect, a second powder was given. On the following morning the boy appeared better, and took a cup of tea and milk about 7.30, immediately after which he wanted to have the use of his bowels. He was taken out of bed and placed on a chamber, when he passed a little fluid motion, after which, being replaced in bed (to use the woman's words), he seemed to alter and died in about four minutes. The following morning I made a necropsy on the coroner's order and found the following interesting condition. On opening the abdomen there were signs of recent general peritonitis, which were especially marked around the cæcum; the vermiform appendix was much thickened and enlarged, and presented a perforation through which was projecting a sharp point and within which could be felt a hard body. On opening the appendix after removal I found a body much resembling a date stone and apparently composed of hardened faecal matter, from one end of which was protruding a sharp point evidently that of a pin. The

other organs were natural with the exception of the bases of the lungs, which were congested. I may say there is no history to be got of the boy having swallowed a pin, although there is a history of his having swallowed a shot about last March.

Yeovil.

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.

VICTORIA HOSPITAL FOR CHILDREN.

ACUTE INTUSSUSCEPTION IN INFANTS.

(Under the care of Mr. T. P. PICK and Mr. H. F. WATERHOUSE.)

THESE cases form a contribution to the series of cases of intussusception to which we recently drew attention in the columns of THE LANCET. The first one is especially interesting, as it adds another to the small list of successes after operation for intussusception in children which Mr. Roughton has tabulated. We have before referred in THE LANCET to two other cases which were successfully subjected to operation and which are not included in the list named, cases under the care of Mr. Barrow and Mr. Berry respectively at the Royal Free Hospital. Mr. Pick in his remarks agrees with our expressions as to the treatment of intussusception, but emphasises the importance of disturbing the parts as little as possible. We fear that in a large number of the cases where patients are submitted to operation the consent of parents is obtained at such a late stage of the illness that adhesions are apt to prevent the surgeon reducing the condition by merely intra-abdominal manipulation, and in other cases the swelling of the intussusception acts as an insuperable obstacle to reduction unless the affected part is manipulated outside the abdomen. This swelling is sometimes present within a few hours after the onset of the intussusception. For the notes of these cases we are indebted to Mr. D. A. Chaning Pearce, house surgeon.

CASE 1.—A healthy, well-nourished infant, one year of age, was admitted into the Victoria Hospital for Children on the evening of Feb. 5th, 1895, under the care of Mr. T. Pickering Pick. The mother stated that for two days the infant had seemed poorly, had vomited three or four times, and had passed motions which were loose, but not frequent. About twenty hours before admission a little blood was noticed in the motion for the first time. Since then there had been no motion, and vomiting had only occurred once. An hour before admission a red mass was found protruding from the anus, but was easily pushed back by the mother. A good deal of blood was passed at the same time. On admission the child was found to be well nourished and not at all collapsed. The abdomen was not distended, and on palpation a distinct tumour could be felt without difficulty, extending along the whole course of the colon. Upon examination per rectum a mass could be felt in the rectum, extending down to the anus, which was quite unmistakable. The child was at once placed under the influence of chloroform, and Mr. Pick proceeded to try reduction by manipulation through the abdominal wall, the pelvis being raised and the mass in the rectum pushed up as far as possible by the finger of an assistant. By this means the intussusception could be felt to be reduced as far as the splenic flexure of the colon, but beyond this reduction could not be accomplished. Inflation of air was next tried, but appeared to produce no result whatever and was therefore quickly abandoned. Warm water was now tried and the bowel filled under considerable pressure until the whole of the colon could be felt distended with the fluid. This was thought at first to have been successful as the mass disappeared from the rectum, but as soon as the water was