power of arresting the septic action of the poison in the system, continue it for two or three days or longer, keeping up the strength with strong beef-tea, milk, and port wine; if these cannot be taken, I use an enemata every four hours of equal parts of beef-tea, port wine, and cream or milk. The advantages of this treatment over the local application of caustics is that it reaches every part of the pharyngeal tract likely to be affected, and is, as I mentioned before, strong enough, given in this way, to destroy the vitality of the fungus of diphtheria; and let me here impress the absolute necessity of keeping a thorough draught of fresh air constantly passing through the room, for how can it be expected that a blood poison can be eliminated if it is continually breathed again? As well might one attempt to resuscitate a person dying from inhaling a poisonous gas without first taking the sufferer into the open air. It is needless to say that this treatment in the generality of cases should be supplemented by giving barley-water, sweetened in the case of children, containing two drachms of chlorate of potash or other antiseptic drug, to the pint, but I prefer chlorate of potash, for it is not unpleasant to the taste, and children will drink it readily.

Now, roughly speaking, this is the mode of treating the disease that I have found most successful, and one by the aid of which I have seldom had occasion to resort to more severe measures. The waywardness of a spoilt child will sometimes upset the best calculations by absolutely refusing to swallow anything; then it becomes necessary to resort to mopping the throat, and Bretonneau's mode of applying caustic solution is worth inserting here. He says: "In order to apply the acid to the base of the pharynx and upon the tonsils, I make use of a fine sponge about the size of a pigeon's egg, firmly fixed at the end of a flexible rod of whalebone, and I give to this rod a suitable curve after warming and softening it at the fire. Before touching the membranous spots on the throat, I take care to dip the sponge in concentrated acid and to press it so that it shall remain simply moistened. I take this precaution so that in the convulsive movements of the isthmus of the throat the expressed liquid may not extend its action beyond the point I intend to cauterise." This method, it will be seen, has the advantage of preventing the caustic solution going beyond the area affected and setting up violent inflammation of the pharynx or larynx. All the novelty I claim for my system of treatment is that I give much larger, stronger, and more frequently repeated doses of the perchloride of iron than I have ever seen advocated by others, and that if the destruction of the cause of the local lesion is the proper thing to do, as I believe it is, it answers the purpose, with the advantage of placing in the blood a drug which arrests the rapid deterioration of its healthy constituents produced by this disease, with its after-train of disastrous lesions.

Sherborne.

NOTE ON A CASE OF NERVE-STRETCHING FOR FACIAL SPASM, OPERATED ON FIVE YEARS SINCE.

By F. A. SOUTHAM, M.B. OXON., F.R.C.S.,

ASSISTANT-SURGEON TO THE MANCHESTER ROYAL INFIRMARY,
AND SURGEON TO THE CLINICAL HOSPITAL FOR
WOMEN AND CHILDREN.

IN THE LANCET of August 27th, 1881, I published particulars of a case of stretching of the facial nerve for clonic spasm ("convulsive tic") of the muscles of one side of the face of two years' duration, occurring in a woman aged fifty-nine, who had previously been under the care of Dr. Ross. The operation, which was performed in March, 1881, was followed by complete paralysis of all the muscles supplied by the facial nerve on the corresponding side. About five weeks subsequently, the affected muscles gradually began to regain their power, and at the end of five months the paralysis had entirely disappeared. As no return of the spasm has taken place, and a period of five years has now elapsed since the operation, the cure may be regarded as complete and permanent, and on this account the case may, perhaps, be thought worthy of further record.

In a recent article by Prof. Zesas,¹ particulars are given

of the results of nineteen cases of this operation collected from different sources. In only two other instances—viz., in one case operated upon by Zesas himself, and in another by Navratil—in addition to the one above referred to, has the cure been permanent. In four cases there was considerable improvement, while in ten the operation failed to give more than a temporary relief; in the remaining two cases the result was doubtful, as their subsequent history was not followed out. Inasmuch, however, as benefit has resulted in seven out of seventeen cases, Zesas is of opinion that the operation should still be performed whenever the spasm is not due to intra-cranial lesions.

FRACTURE OF THE BASE OF THE SKULL, WITH OPTIC NEURITIS; RECOVERY.

By W. T. JACKMAN, M.R.C.S., &c.

THE following case is of interest, showing, as did a case published by Mr. Sydney Jones in THE LANCET of Jan. 10th, that the complication of optic neuritis does not always indicate a bad prognosis in fractures of the skull.

M. H.—, aged thirty, a coachman, of medium height, spare build, and temperate habits, was thrown from his horse on the evening of Dec. 6th, 1885. He was picked up in an insensible condition and carried to the stables, a distance of about one hundred yards, by two men, who left him for about an hour, and on their return, finding he had gone, they concluded he had only been stunned, and therefore did not say anything about the accident to anyone. Next morning he walked from his house (the lodge at the entrance of the drive) to the stables. He then complained to some men of headache, but they do not seem to have noticed anything peculiar about him. A short time afterwards he was missing and could not be found until 2 P.M., when he was discovered on one of the grooms' beds over the stable in a drowsy state and complaining very much of headache. When I visited him about 3 P.M. I found him drowsy and troubled with severe pain in the head, which was worse on the left side under the occipital bone, and suffering from cerebral sickness, which on inquiry I found had been persistent every half-hour or so all the morning. Tongue clean; bowels not open; temperature normal; pulse slow and laboured. On examining the head, some dried blood was found in the meatus of the left ear and a slight wound over the left occipital protuberance, which had evidently bled a little, and was surrounded by a swelling of about the size of a hen's egg. The pupils were sluggish to light. There were no other signs of fractured skull. The patient did not remember anything which had happened since he fell from the horse, and could not account for being in his present place. I found he had walked home after the men had left him the previous evening in the stable, had supper with his wife, passed a restless night, but there had been no vomiting. He had eaten a small breakfast and only complained of headache to his wife, who thought he was suffering from a bilious attack. I ordered ice to the head, perfect quiet, and ten grains of bromide of potassium to be taken every four hours.

Dec. 8th.—Consultation with my partner, Mr. T. Simpson, and diagnosis confirmed. Patient had passed a restless night. Vomiting less frequent; pain in the head still continues bad. Temperature 99°; pulse slow and feeble. Tongue slightly furred. Bowels not open. On examining the optic discs, the left was found to be normal, the right disc was hazy, and the veins were larger than normal, the arteries if anything smaller.—10th: Patient passed a bad night. Vomiting ceased. Bowels open after fifteen grains of calomel. Temperature 99.5°. Right disc red and edges hazy. Vessels as yesterday.—11th: Bad night. Temperature 100°. Pulse very weak. Right disc less red and veins smaller.—12th: Better night. Temperature 99.5°. Pulse stronger. Right disc less red and less hazy. Patient expresses himself as feeling better. Ice discontinued.—13th to 22nd: Gradual and steady improvement. Both discs normal. The patient was removed to his own home, and was able to resume his work on Jan. 16th, 1886.

It is interesting to note that, although the patient received the injury on the left side of the head, the bleeding was from the left ear, and that the inflammatory mischief was evidently on the left side of the head, as indicated by the persistence of the left hemicrania, yet the right optic disc

¹ Wiener Medicinische Wochenschrift, Nos. 27, 28, 1885. An abstract of this paper, by Mr. C. Atkin, F.R.C.S., will be found in the Medical Chronicle, Jan. 1886.