THE CASE OF THE LATE MR. ALFRED BOURNE.

To the Editors of THE LANCET.

SIRS,—We shall be obliged, and it will be an act of charitable kindness, if you will be good enough, through the columns of THE LANCET, to give publicity to this appeal to the medical profession on behalf of the widow and children of the late Mr. A. Bourne, surgeon, Osmotherley, Yorkshire. Mrs. Bourne, with six young children, by the unexpected and sudden death of her husband at the age of 37 years, has been left totally unprovided for, with no friends who are in a position to give the necessary help. Subscriptions will be thankfully received and acknowledged in the columns of THE LANCET by the undersigned.

We are, Sirs, yours faithfully,

J. A. HUTCHINSON, M.D. Durh., Northallerton.

WILLIAM BAIGENT, M.D. Durh., Northallerton.

THOMAS YERMAN, J.P., Osmotherley.

WM. DOBSON, J.P., Osmotherley.

WM. BOVILLE, Northallerton.

Northallerton, Yorkshire, May 9th, 1900.

"SEPTIC THROMBOSIS OF THE CAVERNOUS SINUS."

To the Editors of THE LANCET.

SIRS,—In an annotation in THE LANCET of May 5th (p. 1298) you record a case of septic thrombosis of the cavernous sinus which arose from a tooth abscess. Perhaps the following notes of a similar case may serve to emphasise the possibility of so common an affection as toothache having so serious a sequel. On June 5th of last year a girl, aged 18 years, came to the casual department of the Newcastle Royal Infirmary complaining of toothache with swollen face of two weeks' duration. She looked ill, there was a large tender swelling over the left side of the lower jaw, and she was unable to open her mouth. Under chloroform anaesthesia the mouth was opened with a gag and two very carious loose lower molars were removed from the left side, a large quantity of very fetid pus escaped into the mouth, and as the abscess was apparently freely opened an incision into the swelling from the outside was purposely avoided. The girl was given a mouth-wash and fomentation to apply to her cheek. At this time her temperature was not taken; there was no proptosis or other sign of grave mischief. I thought she had only a large alveolar abscess which would soon get well and allowed her to go home. Two days later, on June 7th, the girl came back. She was exceedingly ill, the temperature was 104° F., and the pulse was correspondingly rapid. There was very marked proptosis of the right eye with oedema of the lids and conjunctiva and fixidity of the eyeball. The swelling over the jaw had subsided and pus was discharging freely into the mouth. She complained of very severe headache. An incision was made through the conjunctiva over the eye, and a pair of sinus forceps was passed to the back of the orbit, but only a little thin pus escaped. She was given anti-streptococcic serum. Next day she was very much worse; her temperature was 104° and there were retraction of the neck and vomiting, with a very marked meningitis cry. An abscess over the left ascending ramus of the jaw was opened; the upper and lower jaw-bones were felt to be quite bare. The patient got rapidly worse and died next day (June 9th) with a temperature of 104.6°. She had no rigors and there were no signs of cavernous thrombosis on the left side. At the post-mortem examination there were marked septic basal meningitis and septic thrombosis of both cavernous sinuses; on the right side the orbital veins were thrombosed and there was orbital cellulitis on the left side; the orbital contents were healthy; both lateral sinuses were filled with septic clots. The left pterygoid region was filled with necrosed septic tissue and pus had found its way into the skull through both the foramen ovale and foramen rotundum. There was a good deal of pus in the left temporal muscle sheath and the periosteum was entirely stripped from both upper and lower jaws on the affected side. I have now little doubt that when the girl came to the Infirmary first she was much more seriously ill than I then supposed her to be. Apart from the practical importance of the case as illustrating an unusual cause of an unusual condition it is difficult to explain why the

thrombosis should have been more extensive on the right side which was presumably farthest away from the primary focus. While the patient was in the Infirmary she was under the care of Mr. Page, and it is through his kindness that I am allowed to publish this note.

I am, Sirs, yours faithfully,

G. GREY TURNER.

Royal Infirmary, Newcastle-on-Tyne, May, 1900.

"DEATHS UNDER CHLOROFORM."

To the Editors of THE LANCET.

SIRS,—Dr. G. Mowat's letter in THE LANCET of March 24th (p. 384) requires a few words of answer. The fact which he now intimates for the first time—namely, that death occurred during the stage of excitement—is the strongest possible proof of my contention that his original description of the case was so meagre as to be useless. Possibly he carries the same principle—the principle of sketchiness—yet further, for he seems to imagine that the clinical observation of a patient under chloroform close enough to ensure the subsequent unity of a full and accurate report of his symptoms places his life in danger. Can one argue with such an one? The question is a much wider one than Dr. Mowat appears to conceive. Experiments on the lower animals have failed to produce any unanimity on the subject in the profession. The publication of full and accurate clinical descriptions of deaths under and from chloroform appear to afford the only prospect of such settlement; and I am not alone in thinking that here, as in other departments of medicine, general accurate knowledge will bring general confidence and increased safety. I am not among those who imagine that the saving of many lives yearly is a matter of purely scientific interest, so I repeat my appeal for full and accurate descriptions of all cases of death under chloroform.

I am, Sirs, yours faithfully,

CLAYTON LANE, M.D. Lond.,

Captain, I.M.S.

Lucknow, N.W.P., India, April 25th, 1900.

"A PARASITIC CRUSTACEAN AS A FOREIGN BODY ON THE CORNEA": A CORRECTION.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of April 7th, p. 1002, a very interesting condition is described by Dr. Rayner Batten of a fishmonger who had a peculiar growth on the cornea of the left eye. From this he removed a small scale-like parasite, of which a very careful and accurate drawing is given. This parasite was referred to Dr. Harmer, F.R.S., who stated it to be one of the caligidæ, probably *Caligus curtus*. This is an error, as the parasite, which has kindly been sent to me by Dr. Batten, shows. Though it belongs to the caligidæ it should be placed in the genus *Lepeophtheirus*, distinguished from the genus *Caligus* by the entire absence of the two prominent lunulæ on the frontal plates. The specimen was a male of *L. pectoralis*, Müll, found very abundantly on most flatfish, particularly plaice and flounders. These I have kept alive for hours in water in a watch-glass, but though for years in constant communication with men handling fresh fish I have never before met with one who had become the temporary host of these parasites. Dr. Harmer did not intend his diagnosis of the species for publication, but as it has appeared he quite agrees with me that the correct nomenclature should be used.

I am, Sirs, yours faithfully,

May, 1900.

P. W. BASSETT-SMITH, R.N., F.Z.S.

THE HOT SPRINGS OF BATH.

To the Editors of THE LANCET.

SIRS,—I wish to bear testimony to the magnificent efficacy of a course of these baths. The whole system of treatment is so rational and so perfectly managed and the attention and care shown so universally good that I am certain that there is no other treatment (except it may be the Tallerman hot-air process), combined with the drinking of the Bath hot mineral water, half so efficacious for lumbago and sciatica generally of a gouty nature.

It is unnecessary for me to enter into particulars how the douches of a temperature of 106° F. with a force of 16 pounds and of the hot mineral baths with massage are used.