Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF ANGINA LUDOVICI.

BY T. ARNALLT JONES, L.R.C.P.LOND., M.R.C.S.

A MAN aged fifty years was seized early in the morning with a severe prolonged rigor, dysphagia, and great pain in the mouth and submaxillary region. I first saw him at 9 A.M. His temperature then was 105° F.; pulse 150; respiration noisy, due to swelling of tissues about the laryngeal orifice; headache, prostration, and covered with cold sweat. On looking into the mouth the tongue was seen pressed up against the palate by the swollen sublingual tissues; and so considerable and firm was this sublingual cellulitis that a spatula could only with difficulty be passed between the tongue and palate; depressing the tongue was quite out of the question, consequently the fauces could not be inspected. The patient could neither swallow nor speak, and it is surprising how he was able even to breathe as well as he did. There was albuminuria to the extent of one-sixth. The sublingual tissues were scarified, and leeches applied below the jaw. Poulitices and steam inhalations were ordered. These measures relieved the pain somewhat, and in the evening the temperature fell to 103°, but the dysphagia and dyspnoea continued. The following morning the temperature was 104°. Submaxillary oedema increased, with commencing redness of the skin, and cellulitis was spreading down the neck between the sterno-mastoids. The patient was feebler, and the dyspnoea greater. To relieve tension and drain the tissues two deep incisions were made in the middle line of the neck—one an inch long above the hyoid bone, which reached well down to the floor of the mouth; the second, two inches long, over the cricoid cartilage and thyroid isthmus. The tissues cut through were swollen and sodden, and foul, serous blood-stained fluid poured out from both. These incisions gave marked and speedy relief, and the patient was very shortly able to swallow and speak distinctly. Hot fomentations of tenax were applied, and quinine and aconite administered. Evening temperature 101°; great relief. Brandy mixture ordered.—Third day, 9 A.M.: Temperature 100°; not quite so well. 1 P.M.: Temperature 104°; swelling and redness over upper part of sternum; leeches and poulitices applied. 11 P.M.: Temperature 101°; swelling over the sternum disappeared; feels much better.—Fourth day: Temperature 100°; much improved; wounds discharging.—Fifth day: The patient up and about; feels much better, but very weak. From this to the seventeenth day the patient improved, the incisions healed, and he became practically well. Angina Ludovici is attended by a considerable mortality, and is fortunately not of common occurrence. The relief and arrest of symptoms afforded by the incisions and leeching were so marked that they should form the essence of treatment in this disease, and to be of service incisions must be made early in the case. It is too late to cut when the tissues of the neck are sloughing and the cellulitis is spreading down to the chest and the patient showing signs of profound blood-poisoning. There was no local condition, such as a carious tooth or ulcer of the mouth or pharynx, to account for the onset of the angina; but the patient's occupation, that of a butcher, suggested the possibility of his having absorbed or been inoculated with some animal or specific poison.

Aberavon, Glamorgan.

FALLS AND MALPRESENTATIONS.

BY HAYDN BROWN.

THE following interesting case may be deemed worthy of record:—

Mrs. B—, aged twenty-four, wife of a cabman, suffering from the pains of a fourth labour, sent to the Edinburgh

Royal Maternity and Simpson Memorial Hospital for medical assistance on the morning of Thursday, April 2nd. I arrived at the bedside at 1 A.M., and on examination found the labour in the second stage, while the presentation was a brow, with very pronounced caput succedaneum, and the position occipito-dextra-posterior. The membranes had ruptured at 10.30 P.M. At 1.30 the child was born, the head emerging in antero-posterior diameter, and the back of the child towards the right acetabulum. The head showed an exceedingly well-marked caput, its long diameter reaching from the glabella to the vertex exactly in the middle line; and it was much flattened from above downwards with prominent occiput. The following day I made full inquiries respecting former labours, and found that they had been ordinary. I carefully examined the pelvis, which was quite normal—indeed a fine large pelvis. Further, however, I elicited the fact that the patient had had a heavy fall “flat on her back” on the stairs at 10 A.M. on the previous Tuesday. This did not seem to affect her very much at the time, but at 4 P.M. the same day “pains” commenced, which lasted until 10.30 P.M. the following day, when the “severe pains” began as above mentioned. In the absence of anything else which might account for the malpresentation, I have little doubt that the fall was the cause of it.

Edinburgh.

ON PERINEORRHAPHY BY DUKE'S OPERATION.

BY THOS. MORE MADDEN, M.D., F.R.C.S. ED.,

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THE frequency of the occurrence of parturient lacerations of the perineum, as well as the occasional gravity of their consequences, and the difficulties sometimes experienced in their reparation, may, I trust, be sufficient excuse for the following very brief communication on this subject. For many years I was in the habit of treating the injuries referred to by the older methods then in vogue. These procedures I have for some time, however, almost completely abandoned, having become familiar with the improved mode of treatment suggested for such cases by Mr. Duke of Dublin, the advantages of which, I think, are such as to ensure its general adoption in the treatment of the majority of instances of this kind. On first reading the author's account of his method of perineorrhaphy, it seemed to me as being probably a modification of Mr. Lawson Tait's ingenious operation for the same purpose; but on giving it a practical trial, however, I found that it was quite distinct. The differences in detail between the two operations which most impressed me were—(1) the absence of flaps, (2) the depth and shape of the incision, and (3) the introduction of the sutures from without in the operation recommended by Mr. Duke, whose procedure in the latter particular I have modified in my own practice by the adoption of a specially designed form of quill suture. The solidity of the union resulting from the healing of the deep incision is to my mind one of the great advantages of this operation, affording, as I have found, a means of reproducing the perineal body, which may be regarded as the keystone of the entire structure. The results of perineorrhaphy by Duke's method (with the technique of which I need not occupy space here, as it has been sufficiently described by the author) may be best exemplified by the results of the cases of perineal rupture, which within eighteen months were either sent up to me for operation or presented themselves at the out-patient department of the hospital, suffering from the usual sequences of this distressing accident. In only one of these cases did I fail to obtain primary union, and in that instance this was eventually secured by granulation; whilst in nine cases the operation resulted in complete restoration of the structural integrity of the injured parts. The average time occupied by the healing process was about ten days, and the patients then generally left hospital with a practically new perineal structure, the solidity of which was such that it would be difficult to imagine its disruption by any subsequent delivery however tedious or severe.

Dublin.