NOTES, CASES AND INSTRUMENTS

DACRYOCYSTITIS CURED BY AUTOGENOUS VACCINE.

WALTER N. SHARP, M.D.

INDIANAPOLIS, IND.

On Mch. 26, 1920, O. E. C. came to my office with the following history: While cutting heavy cardboard with a power-cutting machine, six weeks previous, a piece of the cardboard, forcibly driven, struck the nose piece of his spectacles, driving the angle of the bridge into the soft parts of the nose, below the left inner canthus.

Soon after this an abscess formed, which was incised by his local physician. This soon healed, but the sac was partly filled with pus which could be expressed thru the lower punctum.

For a month following, I passed Bowman's probes, first No. 3, then No. 4 twice a week, followed by irrigation of the sac with argyrol and boric acid solutions. I could not pass a probe larger than a No. 4, as stricture had formed at the point of the former incision.

As the case was an industrial one, and as the result of treatment was thus far unsatisfactory, I extirpated the sac, which was quite free at the superior portion, but strongly adherent at the inlet of the duct, at which point I curetted as thoroly as possible, supposedly, all the mucous membrane or remnants of the sac.

The wound healed nicely, but a week later a fluctuating swelling occurred at this point which I incised, and from which pus flowed. A sinus was formed thru which I could pass a probe to the depth of 12 mm. Pus continued to flow thru this despite every therapeutic measure I had read or thought of. I finally made two cultures from the bottom of the sinus, from which a vaccine was made. Two injections were made at intervals of three days. After the first injection, marked improvement was shown. After the second injection the sinus healed, and now after two years, he has had no further trouble. The organism was the staphylococcus. I do not know whether this treatment

has before been tried in such cases as the above; but whether one believes in the therapeutic value of vaccines or not, the measure is well worth trying.

ENCEPHALOPATHY WITH OCULAR COMPLICATIONS PROBABLY DUE TO LEAD POISONING.

ALBERT C. SAUTTER, M.D.

PHILADELPHIA, PA.

W. G., single, age 23 years, had been employed in a storage battery plant for about a year, his work consisting in scraping lead plates, no gloves being worn. With the exception of an attack of appendicitis in March 1921, he had been in good health until ten days prior to admission to the Lankenau Hospital, when he was taken with headache, nausea, constipation and general malaise, which compelled him to stop work and seek the advice of the Company's doctor. His symptoms remained about the same until the tenth day, when he was seized with vertigo and inability to stand; he retained consciousness but could not talk rationally. The family physician was now consulted, who referred him to the Hospital.

Hospital Notes. On admission Oct. 22, '21, patient was restless, respirations labored; he seemed weak and moderately anemic. Lungs were negative. Heart examination disclosed a soft, blowing, systolic murmur at the apex, not transmitted. There was no wrist drop and reflexes were normally active.

Ears and nose negative. No blue line on gums, teeth in poor condition.

Pupils showed no abnormalities, but the right eye deviated towards the nasal side. There was no ptosis.

While in the hospital, patient complained of headache, diplopia and drowsiness; at times however he was restless and confused mentally. Three days after admission, he had more or less generalized convulsions accompanied by vomiting, unquestionably pro-