Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES ON A CASE OF OPTIC ATROPHY FOLLOWING SUPRAORBITAL INJURY.

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AN A.B., aged 26 years, while cycling on August 1st, 1909, was thrown by the skidding of his machine and fell upon his head. He was slightly concussed, and received a small contused wound over the right orbit. Upon recovering consciousness he complained of headache and of complete loss of vision of the right eye. The accident occurred at 4 P.M. He was seen by a medical officer of the Royal Naval Barracks, Devonport, at 10 P.M. The wound was found to be superficial. There was some slight oedema of the upper lid. No injury to the eye could be detected. There were no obvious signs of fracture of the skull. Amaurosis of the right eye was complete, perception of light being absent. Both pupils reacted to light. There was no proptosis nor increased tension of the globe. On the following morning an examination by ophthalmoscope was made, but nothing abnormal found. The right pupil did not react in attempts to accommodate. Examination of the area of distribution of the supraorbital nerve showed no loss of sensation. On August 9th there was some return of perception of light, and on the 12th the patient stated that he could distinguish the outline of a person in a good light at about 15 feet. He could dimly make out the largest letters of Snellen's types at 1 metre.

Atrophic changes in the right disc were observed on August 14th, the temporal side of the disc being distinctly pale. Perception of light was absent on the nasal side of the fundus. A perimeter chart made on the 20th showed that such vision as existed was limited to a very small central area confined to the nasal side in the 40° circle. Within this area there was a central scotoma. Colour vision was limited to an exceedingly small central spot on the nasal side within the 20° circle. Subsequent examinations proved that a rapid increase of atrophic changes was taking place. The right disc was generally paler and distinctly white on the temporal side. On Sept. 17th the area of perception of light was limited to a small irregular patch in the lower and nasal portion of the 20° circle.

In this case it is probable there was a fracture of the sphenoid through the optic foramen with lesion of the optic nerve. Here, somewhat fortunately, loss of vision was noticed immediately the patient recovered consciousness; it might easily have passed unnoticed for a considerable time, since the dressings of the supraorbital wound covered the eye, and there was some oedema of the lid. Hence these cases, formerly called "supraorbital" amauroses in the belief that the loss of vision was in sympathy with a lesion of the supraorbital nerve, are of considerable interest medically, and the possibility of a fracture through the optic foramen with subsequent atrophic changes in the optic nerve should be considered in all cases of supraorbital injury.

A PRACTICAL APPLICATION OF THE SYMPTOM- COMPLEX IN RUPTURED ABDOMINAL HYDATID CYST.

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A SYMPTOM-COMPLEX in ruptured abdominal hydatid cyst was recently described by Barling and Welsh¹ as consisting of eosinophil leucocytosis, peritonitis with effusion, and urticaria, the last, however, not always being observed. This association of phenomena had an interesting application in the diagnosis of a recent case.

A woman, 42 years old, had suffered since girlhood from

recurring "bilious attacks." Two weeks before admission she had one of these attacks, and after vomiting noticed that her abdomen was swollen. The swelling had persisted ever since its somewhat sudden onset. No itching or rash was noticed by the patient.

On admission on August 3rd, 1910, she was wasted, sick, and listless, with slight intermittent pyrexia, and a rapid, soft pulse. The abdomen was greatly distended with fluid and the superficial veins were dilated. Fluid was withdrawn from the abdomen on August 6th for diagnostic purposes. It appeared straw-coloured and deposited a brownish granular sediment after some hours. In the sediment the endothelial cells were scanty. A few cells of doubtful identity were found, but no hooklets nor scolices. The great majority of the cells were leucocytes, and there was a remarkable accumulation of eosinophil forms. The differential count (240 counted) showed: eosinophils, 81.6 per cent.; lymphocytes, 13.0 per cent.; neutrophils, 5.0 per cent.; and basophils, 0.4 per cent. A blood examination on the 8th revealed a high degree of eosinophilia. The leucocytes altogether numbered 25,000 per c.mm., and on counting 300 cells the leucocytes were found to be made up as follows: eosinophils, 29.0 per cent.; neutrophils, 54.0 per cent.; lymphocytes, &c., 16.6 per cent.; and basophils, 0.4 per cent. There was, therefore, a well-marked eosinophil leucocytosis, together with a slight neutrophil leucocytosis. The precipitin test was negative, but the hydatid fluid employed had never given a satisfactory reaction, and in these circumstances the absence of the reaction could not be regarded as significant.

Operation showed abundance of free fluid and lymph, together with several daughter-cysts, in the peritoneal sac. On the under surface of the liver there was found a large hydatid cyst which had ruptured far back, and enormous numbers of daughter-cysts and fluid were contained within it.

The interest of the case lies in the association of a ruptured hydatid cyst of the liver with the appearance of free fluid in the peritoneal sac and with a high proportion of eosinophil cells in the blood and in the peritoneal fluid. Though no urticarial eruption was noticed by the patient these phenomena otherwise correspond with the symptom-complex, and illustrate the diagnostic importance of this association, as the symptoms otherwise pointed to malignant disease.

We are indebted to Dr. Mills and Dr. Abbott for their kind permission to make use of the clinical notes of the case. Sydney.

NOTES ON TWO CASES OF ECZEMA EXUDANS TREATED SUCCESSFULLY WITH HIGH- FREQUENCY CURRENTS AND KEROL.

BY G. M. LOWE, M.D. EDIN., F.R.C.P. EDIN.

IN common with many others I have found mild currents (70 milliamperes) of great service in the treatment of chronic diseases of the skin, especially those where the constitutional condition of the patient indicates an irritable state of the trophic nerves, a condition so frequently met with in middle-aged women.

In the following cases, although great benefit followed the above application, their cure was not complete until I used a preparation sold under the name of *lanal kerol*, which is described by the makers (Quibell Bros., Limited) as an oxidised di-phenyl compound, which is comparatively insoluble, and for this reason very much less toxic than phenol; the active di-phenyl compound is made miscible with water by means of a special soap, and this causes it to form a perfect emulsion with water. Its bactericidal qualities are highly vouched for by such observers as Dr. D. Sommerville and Mr. W. C. C. Pakes, and Professor R. T. Hewlett.

CASE 1.—The patient was a lady, aged 50 years, who had been suffering from eczema exudans for 20 years; the disease came on soon after the birth of her only son. She is a tall, spare, active woman, worn down with the constant irritation of the eruption which covered the face and almost every part of the body. She had, of course, used every remedy that had been suggested to her, and was unwilling to try anything further. I found high-frequency currents and the effluve very efficacious in relieving the irritation of the skin and in improving the general health. She was very careful to follow out the prescribed diet, and for a time a cure seemed

¹ Australasian Medical Gazette, July 20th, 1910, p. 349; and THE LANCET, Oct. 1st, 1910, p. 1001.

probable; but as from time to time there was a return of the eruption in the axillæ and groin, I prescribed *lanæ kerol* 1 in 300 parts as a lotion, the diseased skin to be thoroughly washed with it every night and morning, the flexures to be dressed with *unguentum rusci co.*, and the erythematous surfaces to be dusted with boric acid powder. The result was a complete cure, and there has been no return in 12 months.

CASE 2—The patient was a lady, aged 60 years, very thin, but strong and energetic, who had been subject to eczema for over ten years. The skin is thin, dry, and irritable; the eruption affects chiefly the neck and scalp, as well as the axillæ, back, and flexures of the thighs. Change of air, high-frequency currents, and calamine applications effected a temporary cure last year, but the complaint returned in March, 1910. Her home is in an exposed locality on a clay soil. As she could not come to me for treatment I sent a capable nurse with instructions to cleanse every part of the skin night and morning with the *kerol* solution (1 in 300) and then apply the *unguentum rusci co.* and boric acid powder as required. In three weeks my nurse returned reporting an absolute cure.

Ryde.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

THERAPEUTICAL AND PHARMACOLOGICAL SECTION.

Presidential Address.

THE first meeting of the session of this section was held on Oct. 18th, when the President, Professor A. R. CUSHNY, delivered his presidential address, entitled "A Plea for the Study of Therapeutics." He traced the changes of clinical sentiment, from the optimistic faith in the few available remedies current in the early nineteenth century, to the sceptical attitude towards drugs of the modern physician. In the mid-nineteenth century, when, under the influence of pathological anatomy, medicine had become pessimistic and treatment almost wholly expectant, the new school of pharmacology perforce abandoned the hospital wards for the laboratory. The time had come for applying to the practice of the wards the principles learned in the laboratory, and for insisting on accurate quantitative records, hitherto so conspicuously lacking in clinical literature. Professor R. Stockman's work on salicylates was a model of such accurate clinical investigation. Ergot might be cited as a drug for the clinical investigation of which laboratory work had now furnished the data. The President described, and illustrated by charts and records, his joint investigation, with Dr. James Mackenzie, of the action of drugs affecting the circulation, and chiefly of the cardiac tonics. The future course of this investigation was indicated and the increasing necessity for work of this type emphasised. The President outlined the changes in organisation necessary to bring into their proper relation research and instruction in pharmacology and in therapeutics. The hour being late the meeting adjourned without discussion of the address.

MEDICAL SECTION.

Multiple Cartilaginous Exostoses.

A MEETING of this section was held on Oct. 25th, Dr. J. MITCHELL BRUCE, the President, being in the chair.

Dr. A. M. GOSSAGE and Mr. E. ROCK CARLING communicated a paper on Multiple Cartilaginous Exostoses. According to the authors the occurrence of this condition was rare, but was probably more frequent than was usually supposed, since the condition often gave rise to no discomfort. The tumours arose from the intermediate cartilage and were generally first noticed during the first two years of life, but might be present at birth. They were very variable in size and number and usually required no treatment, but might cause discomfort by pressure on adjacent structures, when they should be removed. They had been supposed to be a consequence of rheumatism, syphilis, or rickets, but there was no real evidence in favour of any of

those views. There was evidently some inherent abnormality of the intermediate cartilage which caused it to develop in an unusual manner, and that abnormality was very frequently hereditary. Evidence was adduced to show that the abnormality of the intermediate cartilage resulted not only in the production of bony tumours but also in alterations in the size and length of the bones. The inheritance seemed to obey Mendel's law, an affected person transmitting the abnormality to about half his children by a normal mate, there being no evidence of increased or diminished intensity during successive generations. Males were, however, affected about twice as often as females, but normal women in affected families not infrequently transmitted the abnormality to some of their children, while it was probable that normal males never did so. There were a considerable number of sporadic cases in which no history of any similar complaint amongst the relatives could be obtained, but it was possible that some of those did not arise *de novo* but were really hereditary, the transmission having taken place through one or more normal females. The records of 51 families were dealt with, of which 30 were reported fairly fully. In those 30 families, taking only the later generations of the offspring of affected individuals, 121 were abnormal and 130 normal. Cases from two previously unrecorded families were included and described.

Professor BATESON (Cambridge) said that the cases approached the Mendelian characteristics, but he did not think in the strict sense of the term that they should be included under Mendel's law.

After Dr. S. R. WELLS had spoken, Mr. CARLING and Dr. GOSSAGE replied.

SECTION FOR THE STUDY OF DISEASE IN CHILDREN.

Exhibition of Cases.

A MEETING of this section was held on Oct. 28th, Dr. E. CAUTLEY, the President, being in the chair.

Mr. W. HAMPSON exhibited (for Dr. ERIC PRITCHARD) a case of Achondroplasia in a girl aged 5 years. The skiagrams showed defective ossification of the epiphyses of the long bones with overgrowth of the cartilages. The patellæ were either absent or rudimentary.

Dr. T. R. WHIPHAM showed a Heart presenting atresia of the pulmonary artery, patent foramen ovale, and deficient interventricular septum. The right side was hypertrophied and the left carotid artery arose from the innominate artery. The patient, aged 1 year and 9 months, was shown on May 27th and presented marked cyanosis and clubbing of the digits. There was a polycythæmia of 12,740,000 red corpuscles per cubic millimetre and a hæmoglobin value of 200 per cent. The only murmur heard was a faint systolic bruit over the pulmonary area.

Dr. D. WOOD showed an infant, aged 5 weeks, with a Cleft in the Hard and Soft Palate, the cleft being occupied by new growths which were of an uncertain nature.

Dr. F. LANGMEAD showed a case of Scleroderma Neonatorum with Myositis Fibrosa in an infant aged 8 months. The face, trunk, and limbs were all affected, and the temperature showed a daily rise to from 99° to 100° F.

Mr. J. P. LOCKHART MUMMERY exhibited a girl, aged 5½ years, with a Tumour on the Posterior Aspect of the Left Rectus Abdominis Muscle, which had almost disappeared under iodide of potassium. There were no other signs or history of congenital syphilis.

Mr. DOUGLAS DREW showed a boy, aged 10 years, with Injury to the Right Brachial Plexus as the result of being crushed by a van-wheel. The arm presented a paralysis of the Duchenne-Erb type, with weakness of the extensors of the wrist and slight anaesthesia over the shoulder. The paralysed muscles showed reaction of degeneration and had not regained power.

Mr. Drew also exhibited a boy, aged 5 years, in whom a fall had caused a Separation of the Lower Epiphysis of the Humerus, with displacement inwards.

Dr. J. D. ROLLESTON showed charts and photographs of a case of Gangrene of the Leg following Diphtheria in a boy aged 13 years. No antitoxin had been given, and when seen on the seventeenth day the right leg below the knee was cold and anaesthetic. Dilatation of the heart and a temporary discolouration in both legs ensued. On the thirtieth day there was commencing gangrene of the left leg and obliteration of the pulse in the popliteal artery. Amputation through