

probable as the conclusions of the author appear, it requires further investigation.

Similarly, too, it has quite recently been shown¹⁹ that certain low organisms—monads—may be gradually inured to a temperature far higher than that natural, and which would have originally been fatal to them; this increased toleration for heat is not surely induced by any chemical change in the tissues of the organism, but by physiological functions altered by habit.

(To be concluded.)

ENCYSTED SEROUS PERITONITIS; ACUTE PURULENT PERITONITIS; ABDOMINAL SECTION; RECOVERY.

By RICHARD T. SMITH, M.D. LOND.

(Reported by G. H. BURFORD, M.B.)

THE patient, a single woman aged twenty-three, came to the Hospital for Women, Soho-square, in March, 1887, with a marked abdominal tumefaction which had existed for ten years, with more definite increase during the previous eighteen months. At the initiation of the menstrual flow, in her fourteenth year, she had a severe attack of inflammation of the bowels. The general history from that time had been a disposition to menorrhagia, the periods often lasting a fortnight, and also to dysmenorrhœa of a very severe type, to use her own words, "causing her to roll on the floor in agony." She had resorted to various hospitals, being told in one that she had an ovarian tumour; also to one special hospital, where it was advised that nothing operative should be done.

On March 21st under ether a bimanual examination revealed nothing in the pelvis, but that the uterus was pushed forward and anteverted. No definite tumour could be made out in the pelvis, or in the abdomen, but the presence of fluid in the abdominal cavity was inferred from the physical signs. The patient was pale and emaciated. This examination relit the smouldering disease. In the previous fortnight, while in residence, there had been no pyrexia, but on the evening of the 21st she had a mild rigor with a temperature of 102°, which fell to normal the next day. On the third day it rose again to 102°, associated with severe pain and rapid enlargement of the abdomen, but with no vomiting whatever. On the fourth and fifth days the existence of peritonitis with effusion of fluid was certain, the latter gradually heightening its level to the epigastric region. Vomiting of bilious fluid had also supervened, with slight jaundice. The renal secretion was very scanty. The abdomen was much distended, the girth at the umbilicus being thirty-eight inches. As the patient was in a very critical condition, Dr. Smith decided to open the abdomen and drain, which was done by the usual method on April 14th. Twenty-one pints of thick dark-brown fluid, with much pus in it, were withdrawn, the cavity freely washed out with carbolic water, and a Keith's drainage tube inserted. Below the level of the umbilicus the abdomen was become, so to speak, a simple cavity full of fluid, and lined with a thick false membrane. The small intestines were pushed upward; the pelvic viscera pressed close against the adjoining walls—the uterus, for instance, being jammed against the pubic bone. One most noteworthy phenomenon occurred. Although the urine in the previous twenty-four hours had only measured twelve ounces, the bladder was seen gradually to distend during the operation, and on its conclusion sixteen ounces of urine were withdrawn. Four hours subsequently a large quantity passed involuntarily, and a self-retaining catheter having been introduced, more than six pints were thus evacuated during the next twenty-four hours. Afterwards, for a fortnight the average quantity was about three pints per diem. The temperature fell to normal the same evening, remaining so for about a week; the patient's general condition improved steadily, and the pain and acute discomfort subsided. On the thirteenth day the glass tube was removed, an indiarubber one being substituted. The discharge now became scanty and offensive, although the twice daily washing through the tube with a 1 per cent. carbolic lotion was continued as before. The temperature rose to 101·5°,

and the patient complained of nausea and faintness. Mr. Mumford, at that time house physician, removed the tube, and thoroughly washed out the cavity with a solution of boro-glyceride; by this means many large, foul-smelling flakes of lymph were expelled. In a short time the discharge became more free and perfectly sweet, the boro-glyceride solution being continued. In the middle of May the patient was able to sit up, her general health improving rapidly, and all pain and fever having quite disappeared. On June 1st she was sent to the seaside, still wearing a small rubber drainage tube four inches in length; the abdominal wound was now merely a narrow deep sinus, and it was syringed twice a day with a solution of nitrate of silver (two grains to the ounce). The intestines even now were adherent in parts, forming semi-solid bands in the abdomen. She presented herself every fortnight at the hospital for examination and oversight, and the sinus gradually closed. In October she was discharged as perfectly well, the following note being taken: "The abdomen is now quite supple, with all its natural contour and resilience; no matted coils to be detected anywhere. Scar healed; general health quite robust. The uterus is now fairly central, the fundus remaining anteverted in slight excess of its normal condition."

When seen in January last the patient was perfectly well, and was rosy and robust. Menstruation was normal and fairly easy.

Remarks.—The probability is that the encysted fluid was the remains of the inflammatory attack which she had nearly nine years previously, and there was no history of any very severe intercurrent illness. The manipulations made by several consultants in the endeavour to form a definite diagnosis provoked the active and superadded mischief. The symptoms caused the gravest anxiety. No spray was used during the operation. The relief was immediate, and, with the exception of the temporary blocking of the exit and consequent symptoms already mentioned, her progress to recovery was steady and uniform. The sinus was slow in healing. I think the use of liq. calc. chlorid. in thirty-minim doses thrice daily proved a very useful remedy.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF TRAUMATIC TETANUS FOLLOWING A SLIGHT INJURY TO THE SOLE.

By S. L. DOBIE,

SURGEON-MAJOR, 4TH MADRAS CAVALRY.

SOOBOO R—, aged twenty-five, native policeman, a strong, healthy man, was admitted into the hospital at Bellary on Jan. 3rd, 1876, with a small abscess on the sole of the left foot, under the instep. The abscess was the result of a contusion from treading on a stone with his bare foot. On admission the abscess was discharging slightly, and he was ordered a poultice. In the evening he complained of a stiff neck. This was supposed to be due to cold, and he was ordered hot fomentations and a stimulating liniment, both to be applied to the neck. During the night he did not complain, but was found at 7 A.M. on Jan. 4th sitting up in bed with his head bent back and his jaws rigid. An enema of Epsom salts, castor oil, oil of turpentine, and warm water was administered by the apothecary, and was evacuated in ten minutes. His symptoms increased in severity. At 9 A.M. he had a spasmodic attack; this passed off, leaving him, as before, with fixed jaws. I saw him at 10 A.M., and put him under chloroform, at the same time ordering a hot bath to be got ready. While he was insensible from chloroform a violent spasmodic attack came on, which stopped his breathing till his face, naturally dark brown, became blue; this passed off, and then an attempt was made to give him hydrate of chloral, but it had to be abandoned on account of the spasms it induced. At 11 A.M. the hot bath was ready, and he was kept in it till 6 P.M., its temperature being maintained during that time. While in the bath he had nearly 100 grains of chloral in forty-grain doses, and small quantities of

¹⁹ Address of the President, R.M.S., at the annual meeting, 1887.

broth occasionally; these he had no difficulty in swallowing. He managed to get a little sleep in the bath. From the time of his being placed in the bath till his death he had no spasmodic attacks. At 6 P.M. he was put to bed. At 6.30 P.M. he was sleeping comfortably, but the muscles of the jaw and neck were still contracted. The poultice to his foot was continued. He was seen at various periods during the evening. Soon after my visit at 6.30 P.M. he woke up and had some broth; his jaws remained stiff. At 8.30 P.M. he passed his fæces in bed. At 9 P.M. he was again breathing freely. At 10 P.M. the apothecary, who had been called by the other patients, found him dead. He died quietly, apparently from exhaustion. The only notice that the other patients in the ward had of his death was that the sound of his breathing had ceased.

The man having had a spasmodic attack which nearly killed him by suffocation while under the complete influence of chloroform is worthy of notice; and so is the freedom from spasmodic attacks which followed his immersion in the hot bath, and which allowed him to take chloral and nourishment. It certainly seems probable that the hot bath did much to save him from an extremely painful death; though, perhaps, it may have added to the exhaustion from which he apparently died.

ACUTE CONJUNCTIVITIS DUE TO ANILINE.

By P. J. THOMSON, M.R.C.S., L.R.C.P. LOND.

At 10 P.M. on May 5th, 1885, I was summoned to a hotel to see a young lady who had, I was told, been struck in the eye by a piece of aniline pencil. On my arrival, I must acknowledge that I could hardly help smiling at the ludicrous appearance of the patient. The whole of the visible portion of the left eye, both cornea and sclerotic, was of an intense violet-blue colour. There was a good deal of photophobia and a constant flow of tears, and both eyelids were intensely congested. The patient complained of great pain in the eye. In answer to my inquiries as to the way in which the accident happened, Miss H— informed me that she was writing with an ordinary aniline pencil, and, being exceedingly myopic, she was holding her head quite close to the paper. She supposed she must have pressed rather hard on the pencil, the tip of which flew off and struck her in the left eye, and lodged, she believed, under one of the lids. If it did lodge it must have been very rapidly dissolved, for I could find no trace of it. By the following morning most of the violet colouration had disappeared, but the eye was more congested and extremely intolerant of light. On May 7th there was no trace left of the dye, but the conjunctivæ were violently inflamed, and both lids were in a state of chemosis. My notes for the following days run thus:—May 8th: Less chemosis of both lids; eye still very congested; much less pain. 9th: Left eye very red; pain at intervals in the globe this morning. 10th: Improving; slight dulness of cornea; small abrasion just above the pupil; less injection of vessels. Miss H— left the same day for London, where she was seen by one of our leading oculists. She only recovered, so I heard, in about a fortnight or close upon three weeks after the accident.

The points which struck me most in this case were the extreme rapidity of the staining (less than a minute), and the violence of the inflammation and of the pain. The staining did not appear to have gone beyond the epithelium. I have been unable to find any record of a similar case in any of the English, French, or German papers to which I have access, and this may be a sufficient excuse for the publication of these incomplete notes.

CASE OF SCLERODERMA.

By FREDERIC C. WOOD, L.S.A. LOND.

CASES of scleroderma being comparatively rare in hospital, let alone private practice, I think it worth while recording the following case.

Towards the latter end of January of this present year Thos. S—, aged forty-two, farmer and pig jobber, came to me suffering from an incised wound of the left forearm, severing most of the superficial flexors. Under appropriate treatment this healed up in a week. About three days afterwards he again came to me complaining of pain in the left shoulder; on examining it, my hand came upon a large

hard lump, situated just on the outer side of the biceps muscle. On calling his attention to it, he told me he had never noticed it before. My curiosity being aroused, I made a still further examination, with the result that I found very many more of the same peculiar lumps, varying in size from a pea to a hen's egg, the largest being situated in the left groin. He has ever since been under my observation, and at the time of writing he has many of these smaller ones situated around the ensiform cartilage of the sternum and the cartilages of the lower ribs, so much so that the part in the neighbourhood looks atrophied and cicatrised. The lumps, which are white in appearance, smooth, and scarcely, if at all, elevated above the general level, appear to invade not only the skin, but also the subjacent connective tissue. In the patient's own words, he states he feels a queer "cringing" in them; the larger ones are quite anæsthetic, while over the small ones there is a loss of tactile sensation. His family and personal history are unimportant. All the various remedies have been tried without success.

STRANGULATED HERNIA; ABSENCE OF LOCAL SYMPTOMS.

By MORGAN I. FINUCANE, M.R.C.S., L.S.A.

THE following case, I think, offers another instance of the complete absence of local symptoms in a strangulated hernia. Whether the fact that the contents of the hernial sac were composed chiefly of omentum, or the suddenness and complete strangulation of the bowel, accounts for the absence of local pain &c., my experience does not enable me to say. The case, I think, is an illustration of the necessity for complete examination in those cases where the symptoms might coincide with a tumour in the known places of hernia, even in the absence of all local symptoms. For permission to publish the case I am indebted to Drs. Crombie and Williams.

M. F—, aged seventy-two, complained for several days of general malaise, and when I first saw her she had vomited several times the previous day and also on the morning of my visit. The bowels had not been moved for two days. She complained of pain in the stomach; thick white fur existed on the tongue; the temperature was normal. In answer to inquiries, she said there was no swelling lower down, and the bowels had always been very irregular. Looking upon the case as one of simple constipation, she was ordered a little white mixture. On visiting her the next morning, she still complained of persistence of vomiting, which she said had become black, and on examination of the vomit it was found to be fæcal. The twisting pain over the abdomen was increased. On examination of the inguinal and femoral regions a small tumour, about the size of a small egg, was found in the left groin, dull on percussion, and painless on manipulation; indeed, the patient, when her attention was drawn to the tumour, denied ever having had any swelling there before, or any pain or uneasiness in that region at all. The usual remedies of taxis, opium, ice-bag, &c., having been tried and failed, Dr. Crombie performed herniotomy. The sac was found to contain very little fluid, and to be closely packed with omentum and a small portion of bowel. The bowel was with difficulty reduced, owing to the tightness of the constriction at the neck of the sac and the adherence of the sac to the omentum. The symptoms were to some extent relieved; the woman, however, died forty-eight hours afterwards.

PRESENTATIONS.—Dr. Williams, the medical superintendent of the County Lunatic Asylum at Haywards Heath, on severing his connexion with the establishment, with which he has been connected for over twenty-two years, has been presented with an illuminated address in the form of an album, signed by the officers and staff, numbering upwards of one hundred.—On the 31st ult. a deputation of the members of the St. John Ambulance Association waited on Dr. R. Muir Gilchrist Binney, at Meadowfield, Durham, to present him with his portrait and an illuminated address for his energetic and earnest instruction in ambulance work.—On March 29th, Mr. J. William Parry, L.R.C.S., L.R.C.P. Ed., &c., was presented with a purse of sovereigns by the Bagillt members of the St. John Ambulance Association (North-Wales centre) in recognition of his services as surgeon-instructor during the past winter months.