

Remarks.—There are three main factors upon which the success of such a case as this depends—(1) the general condition of the patient, (2) the condition of the ulcer, and (3) the means adopted to hasten the healing of the ulcer. The only favourable point in the general condition of the patient whose case I have just quoted was his age. His general health was very much below par, and it is to this fact I believe that we must ascribe the absence of any attempt at cicatrization before the grafting was begun. As regards the condition of the ulcer, nothing could have been more satisfactory. It was a typical healthy, granulating surface. But I believe that the success of this case was mainly due to the means adopted to cover in the sore. I am not prepared to say that the skin of the dog is better than that of other animals; but this animal can readily be obtained, and yields a sufficient amount of skin for most cases. The important point, however, is the age of the animal selected. In the first few days of extra-uterine life the creature grows very rapidly, and by grafting a large area of young tissue, with a potentially great developmental power, we quickly cover in the ulcerated area, and so prevent the contraction which invariably results after extensive burns when these are allowed to heal without artificial aid.

Edinburgh.

CASE OF TYPHOID OCCURRING IN A YOUNG MAN THE SUBJECT OF MARKED PHTHISIS.

By JAS. SHAW, M.B. GLAS.

THE following case is of interest on account of the rarity with which typhoid supervenes on well-developed phthisis, and also because of the striking way in which the tubercular advance was arrested by the onset of the typhoid. This and other recorded cases of the coexistence of these two fevers disprove Hunter's axiom that two specific constitutional diseases cannot exist in the same person. But, as regards this combination at all events, may not a modification of the above axiom approximate to the truth—viz., that two specific constitutional diseases cannot run their course contemporaneously in the same person? The present case certainly tends to support such a view. For one month at least the enteric poison seemed to suspend, if not to antagonise, the action of the phthisis. As regards diagnosis, the presence of phthisis was from the first easily determined, and the accession of the typhoid had to be distinguished chiefly from acute phthisis and ague. The improved, or rather stationary, pulmonary conditions excluded the former, and the course of the pyrexia the latter. I may add that the prognosis in such cases must be very unfavourable.

T. N. B—, aged twenty-one, a blacksmith's apprentice in Her Majesty's Dockyard, consulted me on Nov. 13th, 1888, complaining of cough, loss of flesh, and debility. The previous August, after rowing in a race at the regatta, he had caught cold, and since then had never felt well, although able to continue at work. His appetite was not much impaired, but he was positive he had grown a good deal thinner. His cough was most violent in the morning, and the phlegm was greyish in colour, tenacious, and not abundant. There had been no diarrhoea or hæmoptysis. His breath became very short, even on slight exertion. During the last few weeks he had perspired considerably at night. Occasionally he had felt pains about his chest, but they did not last long and were not severe. The patient was pale, thin, and anxious. His family was well known to me. Eighteen months ago his mother died of phthisis, and he had lost two brothers and a sister from the same disease. His father, three brothers, and a sister are alive and well. Physical examination showed marked flattening and deficiency of movement over the right apex. There was distinct dulness. Both front and back of the right apex coarse moist râles were detected, and the expiration was hollow and prolonged. Over the left apex the breath sounds were exaggerated, and in the infra-clavicular space some fine crepitation could be heard. The temperature was 101°; pulse 96; respiration 24. Some acid cough mixture was prescribed for him and he was ordered to leave off work and stay at home. Two days afterwards I saw him at his home. He was looking very ill and trembled a good deal. His cough was better and the perspirations had stopped. During the night he had suffered from diarrhoea. He had passed

several motions, which were yellow in colour, fluid, and very offensive. None of them had been kept. Temperature 103·6°; pulse 108 (weak). He was ordered to bed and put on milk diet, lime water being given for the diarrhoea. Every motion to be disinfected. At 8 P.M. on the same day the temperature was 105·2° and the pulse 120. He expressed himself as feeling comfortable. There was some tenderness in the right iliac fossa.—Nov. 16th (the following day): He had passed a good night with but little cough, and had taken his nourishment well. There had been four stools since the previous evening. Temperature 104·3°, pulse 112. That evening the temperature was 105·8°; the pulse 120. He was put upon mist, fusca. From this time the typhoid ran a favourable course. The temperature first touched normal on Dec. 10th. On one occasion only was it necessary to prescribe medicine, and that was ten grains of chloral for insomnia. His cough was very slight, scarcely troubled him, and there were no perspirations. He said he felt better than he had done for some time. Matters at the right apex appeared to be *in statu quo*, and over the left only the exaggerated breath sounds could be heard. He was able to get out on the 25th. He was taking tonics now and appeared to be making flesh. His pulse continued persistently fast—108 to 120. On Jan. 10th, 1889, he left for London, on a visit to a brother. He was ordered to continue his tonic, take wine and cod-liver oil with malt, and enjoined to observe every precaution against cold. I saw no more of him till Feb. 25th, when I was asked to visit him. He had been home for about three weeks, and had been dosing himself with a patent balsam. He was pillowed up in bed, exhausted and breathless, and complaining of pain in the right side. He was suffering from extensive pleurisy of the right side. His cough was almost incessant, and the expectoration was profuse and yellowish. There were colliquative perspirations and diarrhoea, anorexia, and sleeplessness. He was too feeble and in too much distress to allow a careful examination of his chest. Temperature 103·4°; pulse 130; respiration 35. He continued to grow worse, and died on March 4th.

Sheerness.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF CHRONIC NASAL AND PHARYNGEAL CATARRH APPARENTLY CAUSED BY USING A HAIR-WASH CONTAINING ARSENIC.

By DONALD W. C. HOOD, M.D. CANTAB.,
SENIOR PHYSICIAN TO THE WEST LONDON HOSPITAL.

ON July 22nd, 1889, A. B—, a gentleman aged forty-two, consulted me for a "cold in the head," which he told me had been more or less constant since the previous March. There were no other symptoms of illness; the chest was healthy, and the urine to ordinary tests perfectly normal, the symptoms being solely those of a heavy "cold in the head." The catarrh was worse in the morning, and was then accompanied with a little cough; the throat was not sore, but complained of as being uncomfortable. The mucous membrane looked injected, and perhaps a little swollen. There was nothing in the nares to account for the symptoms. The patient had been a good deal harassed by the management of a large business, and had had no proper holiday for some time. I thought the cold or succession of colds might result from this, so suggested a thorough change, to commence with a few weeks at the seaside. At the end of August I heard again from A. B—. He wrote to me, stating that since consulting me in July he had been to the seaside and Scotland, having been away from town nearly two months. He felt perfectly well, but the cold in the head was as bad, if not worse, than at the time of seeing me in July. Immediately on reading this letter, my suspicions as to arsenic being the exciting cause were aroused. It was evident that if arsenic was producing this constant catarrh, it was not to be looked for in the London house, but was to be sought for in something of frequent if not daily use. On making inquiry, I ascertained

that early in the preceding March the patient, suffering from premature baldness, had consulted a "hair doctor," and had been given a lotion or hair-wash, which had been used daily up to this date (August). The lotion was applied to the skin of the scalp, and allowed to dry on. The catarrhal symptoms commenced about a fortnight after first using the wash, and had remained without any intermission up to the end of August. This lotion was examined, and found to be heavily charged with arsenic. Within a few days of leaving off this pernicious application the symptoms (catarrh) began to abate, gradually ceased, and have not again returned. It is worthy of notice that in this case, if the symptoms were produced by arsenic, and of this I think there can be little doubt, the poison was absorbed from an unbroken skin, and caused no irritation of skin, stomach, or bowel.

Green-street, W.

A CASE OF FRACTURED SPINE; RECOVERY.

BY SANDERSON MELLOR, L.R.C.P. & S ED., ETC.

THE following case may not be altogether without interest, occurring as it did in a country practice. For this reason I venture to send a brief account of it.

T. S—, aged forty-two, was gathering cherries from a ladder on July 11th, 1889, and, overbalancing himself, fell on to the back of his neck, a distance of about sixteen feet. He was removed in an insensible condition to a neighbouring infirmary. In that institution he was seen by three surgeons, who all diagnosed beyond the shadow of a doubt a fracture of one of the cervical vertebræ. There were displacement, great pain, and crepitus. His wife was informed that recovery was quite impossible, and that it was not expected he could live more than two or three days at the longest. The wife thereupon determined to remove him home at once, a distance of seven miles, as she "could not bear the thought of anything happening to him at the infirmary." Although cautioned that it would be a most dangerous procedure to attempt, she nevertheless persisted. On his arrival at his home I was sent for, and I saw him about an hour after he had been placed in bed. His condition was briefly as follows:—He was quite sensible, complaining of excruciating pain at the back of his neck, and he could not move in bed, neither arm nor leg. He could not feel the prick of a pin, except over the chest and upper part of the abdomen. The bladder failed to expel its contents, and the sphincter ani had lost its control over those of the lower bowel. As a water bed was out of the question, he was placed on a hard mattress, with a thick layer of cotton wool under the nates and heels. The urine was drawn off twice a day with the aid of a silver catheter dipped in carbolic water (1 in 20), and oiled in carbolic oil (1 in 10). On the seventh day, with every care he was turned on his side, when a large bed-sore presented itself; after this he was kept on his right side, then on his left, for two days at a time, during which period bed-sores formed on each trochanter. On the fourteenth day he was propped up in bed, and from this day he made an uninterrupted recovery. After removal of the slough of the sacral bed-sore by the aid of poultices, the wound was dressed with oxide of zinc and starch, and the sound skin immediately round was strengthened alternately with rectified spirit and boracic lotion. On Aug. 24th he was removed to the union, as his wife, who had been his faithful nurse, wished to go hop-picking, in order to earn a little towards her expenses.

The chief interest in this case seems to be that after five weeks' systematic catheterisation, with the precautions stated above, there was no trace of cystitis, with its numerous sequelæ; that at the end of this period the bladder resumed its normal function; and that when the patient walked into my surgery on Nov. 11th he contemplated obtaining some light occupation the following week.

West Malling.

AN ANOMALOUS CASE OF PREGNANCY OF CLINICAL INTEREST.

BY JAMES OLIVER, M.D., F.R.S. EDIN.

EDITH W—, aged twenty-two, has been married three months. Date of marriage, Nov. 10th, 1888; date when first seen, Feb. 20th, 1889. Patient was last unwell on Jan. 25th, the discharge on this occasion being very scanty; prior to that she had been unwell on Dec. 25th, when she lost

as usual. Since about Dec. 27th the patient has been constantly sick and for five weeks she has remarked "swelling" of the left leg. The physical signs were: the left leg was œdematous and pitted readily on pressure; the thickest part of the left calf measured $12\frac{3}{4}$ in., whilst the thickest part of the right measured $10\frac{1}{2}$ in. The specific gravity of the urine was 1004; it contained, however, no trace of albumen. Vaginally, the uterus was lying on the vaginal roof, expanded laterally; the left half appeared to be larger than the right, and the cervix, which was long and not specially soft, was somewhat deviated towards the left side of the pelvis. Bimanually, the uterus was felt reaching to 3 in. above the pubes. The left and more prominent half of the uterus was tender to the touch. Colostrum was detected in both breasts on March 9th. The uterus on March 23rd was, comparatively speaking, of uniform outline, and located centrally: it reached to 1 in. from the umbilicus. Under treatment the sickness gradually abated and the œdema of the left leg rapidly subsided. Movements were experienced by the patient for the first time on April 1st, and on Sept. 3rd she was delivered by Dr. Gimson, of Fitzroy-square, W., of an apparently full-time female child. Now, allowing this patient 275 days for gestation, we will find that after conceiving the menstrual discharge recurred twice. On the first occasion it will be remarked the catamenial discharge was of the usual amount, whilst on the second occasion it was greatly lessened. The number of days from Dec. 2nd (the probable date of conception) to Sept. 3rd of the following year (the date of delivery) is 275. On Dec. 25th the first menstruation occurred, which was normal; on Jan. 25th the second, which was scanty; on March 9th colostrum in breasts; on April 1st foetal movements were felt. Now, a glance at the above will show that colostrum was obtained from the breasts on the ninety-seventh day after the probable date of conception, and movements felt for the first time on the 119th day, or at the close of the seventeenth week. All the facts taken into consideration prove that the patient must have menstruated twice after conceiving.

Gordon-square, W.C.

THE FORCE REQUIRED IN LABOUR.

BY F. R. HUMPHREYS, L.R.C.P. LOND.

So much doubt hangs over the amount of force required to bring a child into the world, that any little observations on the point may be of value in elucidating the question. Occasionally a patient is met with who can exert some control over herself during the second stage of labour. The following observations were made in such a case.

In the early part of the second stage, during a pain, the patient was suddenly desired to take a deep breath. The head at once retreated—i.e., was distinctly drawn up by the force exerted in the process of inspiration, while the hand, which was kept grasping the uterus, did not show any diminution in the contraction of the uterus. This would indicate that the force of expulsion of the uterus was at this stage decidedly inferior to that of the inspiratory power of the chest. When the head reached the vulva, the same directions &c. to the patient had the result of the head drawing up very slightly with the vaginal tissues and instantly coming down to the position it previously occupied, showing that the elastic traction of the tissues of the vagina were less than the force of inspiration, while the latter was in its turn less than the expulsive power of the uterus. Now, the inspiratory power of the chest is put by Landois and Stirling, in their "Text-book of Human Physiology," at 74mm. of mercury as the maximum. This is equal to 15lb. per square inch. The area of the vertex of the foetal head on which the forces of expulsion act being taken at about sixteen square inches, the force exerted by the uterus would be 24lb., varying between 16lb. and 50lb. in all probability; and if the maximum power of expiration be taken at 100mm., or 2lb. to the square inch, or 32lb. on the area given, the sum of the two forces will be early in the second stage 48lb. or less, the expulsive force reaching 82lb. as a maximum. This accords, I notice, very closely with Dr. Matthew Duncan's maximum of 80lb. I put the estimate of the minimum and maximum uterine pressure on this occasion at 16lb. and 50lb., by comparing respectively the difference the inspiration made on the two occasions in its impression on the finger and in its action on the head. That the pressure of 56lb. is both reached and passed is demonstrated by the above-mentioned clinical facts.

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