

the areolar tissue outside the peritoneum. The difficulties of the situation were also increased by a sudden and violent act of vomiting, which covered the protruded bowel with vomited matter; this was evidently caused by the attempt at reduction. The intestine was again cleansed and the wound in the peritoneum enlarged, after which reduction was easily effected, and the wound closed by sutures. A simple cold-water dressing was applied, from necessity, not from choice, and opium freely prescribed. With the exception of a small collection of pus which formed in the abdominal wall, the patient made a good recovery.

This case appears to be worth recording from the fact that a man with such an injury was so slightly affected by shock as to be able to walk a considerable distance without assistance, and also on account of the recovery without the employment of antiseptics. The second and subsequent dressings were of wood-wool, but their application was too late to keep the wound aseptic.

Cumnock, N.B.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### INFANTILE PARALYSIS LIMITED TO THE BULBAR NUCLEI, WITH PERMANENT PARALYSIS OF HALF THE FACE AND TONGUE.

By W. PASTEUR, M.D. LOND., M.R.C.P.,  
PHYSICIAN TO THE NORTH EASTERN HOSPITAL FOR CHILDREN,  
HACKNEY ROAD.

R. D—, aged two years and seven months, was sent to me in November, 1886, by Dr. Scoresby-Jackson of Walthamstow for an opinion. The mother gave the following account of her child's illness. His health had been excellent up to the end of July, 1886, when he had a sharp attack of "fever," with diarrhoea and sickness. On the second or third day of this attack she noticed some twitching of the corners of the mouth, and carpo-pedal contractions, but there was no "fit." On the following morning the face was drawn to one side, the child was unable to close his right eye, his talk was unintelligible, and when given milk to drink, he made no effort to swallow, but allowed it to run out from the right corner of the mouth. For two or three days life was almost despaired of. On the fourth day there was some return of the power of swallowing, which was completely restored in about a month. There was at no period of the illness any cough or regurgitation after taking liquid food. In six weeks from the date of onset speech was completely recovered, with the exception of a slight thickness of utterance, which still persists. There were never any signs of paralysis of the arms or legs. I may add there was no history of traumatism, diphtheria, or ear disease.

When I saw the child for the first time on Nov. 22nd, his condition was as follows: A strongly built, robust-looking boy, thoroughly spoilt, and quite intractable. There is complete paralysis of all the branches of the right facial nerve, without any naked-eye evidence of muscular wasting. (Electrical examination impossible on account of the child's temper.) The tongue when protruded deviates markedly to the right; its right half seems to be a trifle thinner than the left, but is not wrinkled on the surface. The muscles of the limbs are everywhere well developed. Swallowing is performed normally, and hearing is unaffected. The movements of the eyes are normal; the pupils are equal and active. There has never been strabismus.

At the end of January, 1887, the child could close the right eye rather more completely than when first seen; except for this his condition was unchanged. During repose the paralysis was hardly perceptible, but became very obvious when the child spoke or cried. Dr. Scoresby-Jackson has since written to me that the right side of the face is a little wasted.

*Remarks.*—The mode of onset and clinical features of this case are so unequivocal that I have little hesitation in recording it as one of infantile paralysis. The remarkable distribution and limitation of the paralysis are quite new to me, and must be very uncommon. I can find no reference

to similar cases in any of the treatises and monographs I have consulted on the subject, and several eminent neurologists to whom I related the case had never met with one exactly like it. As regards the original extent of the paralysis I cannot speak with any certainty. It is evident, from a consideration of the early symptoms, that several of the bulbar nuclei were temporarily thrown out of gear; and as the child was kept several weeks in bed, it is just possible that some slight temporary paralysis of the limbs was overlooked. The very small amount of muscular wasting is remarkable, seeing that the paralysis had already lasted fully six months when the patient was last seen.

Queen-street, Mayfair.

#### THE VALUE OF COCAINE AS A LOCAL ANÆSTHETIC.

By G. MICHELMORE, M.R.C.S., L.S.A.

So much has been written in THE LANCET lately on the value of cocaine as a local anæsthetic that the following cases in which it was employed may be of some interest. A 20 per cent. solution of the hydrochlorate of cocaine was used in all the cases.

William L— was admitted into the Tiverton Infirmary on March 22nd suffering from a severe injury to the right eye, which necessitated extirpation. Twenty minims of the solution were dropped into the eye at intervals during the operation, which was painless.

Ann H—, admitted on April 5th for the removal of a fatty tumour on the left shoulder. The surface of the tumour was painted over with the solution, and fifteen minims injected around its base. No pain was felt during the operation.

Richard G—, admitted on July 19th for the removal of the right eye. Cocaine was used in a precisely similar manner as in the first-mentioned case, and with the same results.

Sarah S—, admitted for the removal of an epitheliomatous growth on the bridge of the nose and adherent to the nasal bones beneath. The growth was painted over with the solution, and fifteen minims injected around the base; it was then freely excised, and the parts beneath scraped and swabbed over with a strong solution of chloride of zinc, the patient showing no signs of pain.

Emma V— required the removal of a finger at the terminal phalangeal joint on account of a bad crush. The finger was painted over with the solution, and ten minims deeply injected. No pain was felt during operation.

The Infirmary, Tiverton.

#### A CASE OF PEMPHIGUS RECURRING AFTER FOUR CONSECUTIVE LABOURS.

By OCTAVIUS CROFT, L.R.C.P.L., M.R.C.S.

PEMPHIGUS occurring during pregnancy is mentioned as a rare occurrence. Barnes<sup>1</sup> refers to a case which lasted three months and ended in complete recovery after delivery. In another case<sup>2</sup> it recurred during several successive pregnancies. In all, however, it seems to have disappeared with the termination of the pregnancy. The following case therefore is of some interest from the fact that the eruption on each occasion developed soon after delivery, lasted several weeks, and was entirely absent during pregnancy. It occurred in the outside Maternity Charity of the Leeds General Infirmary.

Mrs. A—, aged thirty-seven. Has had twelve children and one miscarriage. Her husband is healthy, and there is no history of syphilis in husband or wife. Beyond some debility resulting from her numerous confinements she usually enjoys good health. On Nov. 12th, 1886, after a natural and easy labour lasting about six hours, she was delivered of a healthy living child. All went on well for a few days—so well, indeed, that she herself thought she would escape another attack. On the fourth day, however, she felt ill, and in the course of a few hours the eruption broke out. A few blebs appeared first on one arm, which were of various sizes, and contained clear fluid. They subsequently developed in other situations, such as the dorsum of the foot, the back of the neck, and the face. The mucous membranes were not affected. The constitutional disturbance was

<sup>1</sup> System of Obstetrics.

<sup>2</sup> Quain's Dictionary of Medicine.

slight: there were anorexia, restlessness, and general feeling of malaise, but no rise of temperature. General tonic treatment was prescribed, together with full doses of arsenic. The blebs were pricked and dressed with boracic acid and vaseline. Improvement soon took place, but blebs occasionally appeared, and the disease did not entirely disappear until five or six weeks after the confinement. Following the patient's last three previous confinements, she has had exactly similar attacks; they have usually commenced about the fourth day after delivery, and have lasted for several weeks. The first attack lasted ten weeks; the second also about ten weeks; the third lasted fifteen weeks, and was the most severe of all; the fourth and last was the mildest, and accompanied with less general disturbance than the others.

Leeds.

#### AN UNUSUAL CASE OF MUCOUS CYST.

By F. W. GIBBON, L.R.C.P.E., L.S.A., &c.

ON Sept. 9th I attended Mrs. G—— in confinement of a fine healthy female child. The following morning the nurse informed me that the infant had not passed urine, and drew my attention to a "tumour" filling up the vaginal cavity, which she attributed as the cause, especially as she said it came down very much when the child cried. On examining the child, I found a large cystic tumour, about the size of a pigeon's egg, which appeared full of pus; and on manipulating it and pressing it to one side the bladder relieved itself. I was puzzled, first, as to its situation, coming from a space between the clitoris and the meatus urinarius; and, secondly, as to its size and consistence, as it could not have arisen in fourteen hours, the time after delivery. However, with a bistoury I slit it up, and the contents were discharged (pure pus), the tumour disappeared, and four days afterwards the walls of the cyst came away. The child has had no other symptoms.

Tyne Dock, South Shields.

## A Mirror

OF

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

*Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.*—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

#### LONDON HOSPITAL.

##### A CASE OF GASTROSTOMY FOR ŒSOPHAGEAL OBSTRUCTION WITH SUCCESSFUL RESULT.

(Under the care of Mr. M'CARTHY.)

THE following account of a case of successful gastrostomy—successful not only so far as the operation itself was concerned, but also in the relief afforded by it—is interesting; and we hope to be able to publish further details when the case has terminated. Already five months have elapsed, during which the patient has enjoyed comparative comfort, being saved from the dread of impending starvation, and able to make such good use of the opening as to gain flesh and strength. The operation was one specially indicated by the condition of the stricture, which was impassable to even the smallest bougies.

A wharf labourer, aged forty-seven, was admitted on the medical side of the London Hospital, under the care of Dr. Sansom, on April 6th, 1887, for inability to swallow. He said that he had had trouble in swallowing for about ten weeks, but that for the last few days solid food seemed to lodge a little way down his throat, and was then vomited; and that of liquids only a small quantity passed into his stomach, and the greater part was thrown up soon after it had been swallowed. Notwithstanding his assertion that he had lost flesh considerably, he was by no means emaciated, and weighed 137 lb. Examination of the throat, internally and externally, disclosed nothing. His heart was normal, and there was no evidence of thoracic aneurysm. Hepatic dulness extended for two inches below the ribs, and there was increased resistance to pressure in the right

half of the epigastrium. All attempts to introduce bougies failed. Even the smallest-sized instrument was arrested about two inches from the commencement of the œsophagus. Nothing could be ascertained from his family and personal history to elucidate his condition. He stated that he had never had syphilis, and there was no indication of that disease. He was occasionally subject to epileptic fits. For three weeks he was fed with nutrient enemata, as any food taken by the mouth was vomited, and many attempts were made ineffectually to pass bougies.

As the man had then lost six pounds in weight, and was becoming very weak, Mr. M'CCarthy was requested to accept the case for operation. Accordingly on April 27th the operation was performed. The patient having been anaesthetised, an incision two inches long was made parallel and about three-quarters of an inch internally to the left costal cartilages, the middle of the incision corresponding to the convexity of the ninth cartilage. The skin and fascia having been divided, the skin was drawn inwards so as to expose the sheath of the left rectus abdominis muscle. This was then divided vertically for two inches, and, the muscular fibres having been separated with the handle of the scalpel, the posterior layer of the sheath and the peritoneum were opened vertically for about one inch and a half. Through this opening Mr. M'CCarthy introduced one finger and explored the right half of the epigastrium. A hard nodular tumour, about the size of a pullet's egg, could be felt in the upper surface of the liver, but it was quite out of sight. The stomach was then attached to the anterior wall of the abdomen in the usual manner by two rows of sutures round the opening: one of carbolised silk, about three-quarters of an inch from the margin of the opening; and the other of silkworm gut, at the margin itself. The part was then dusted with iodoform and covered with a wood-wool pad.

For four days the patient was fed solely with nutrient enemata. On the fifth day Mr. M'CCarthy made a small incision in the stomach wall, and through this, when it had been dilated with a pair of dressing forceps, a soft rubber tube was introduced, and about two teaspoonfuls of egg-and-brandy mixture were injected. The patient at once complained of severe pain in the left shoulder and supra-clavicular region, which gradually abated after two or three hours. When the house-surgeon, Mr. Walker, repeated the injection at night, similar pain was felt, but after some days the patient ceased to complain of it. During the ensuing forty-eight hours the patient had five epileptic fits, and then became for some days furiously delirious. It was subsequently ascertained that he had been at one time in confinement for insanity. When the delirium subsided, the patient became very apathetic and his conjunctivæ were deeply jaundiced. The stomach was contracted and irritable, and the patient had a troublesome cough, so that for some time very little of what was injected was retained in the stomach, and nutrient enemata were still requisite. Gradually the stomach became more tolerant of food, and the patient improved so much that by the end of May he was able to leave his bed. He was then weighed, and had lost from the time of the operation 22 lb., weighing only 108 lb. The obstruction in the œsophagus had also diminished, for he was now able to swallow milk, arrowroot, and custard pudding easily. This improvement in swallowing was very temporary, and at present (Oct. 19th) he can only swallow a small quantity of fluid, and this is sometimes immediately vomited. From the end of May his progress has been uninterruptedly good, and his gain in weight considerable, his present weight being 156 lb. His general condition is very good, and his only trouble is some excoriation of the skin round the gastric opening, from leakage of fluid from the stomach.

#### WORCESTER GENERAL INFIRMARY.

##### CASE OF PERFORATION OF AN ULCER OF SMALL INTESTINE DUE TO A FALL, ASSOCIATED WITH FRACTURE OF FOUR RIBS BY DIRECT VIOLENCE.

(Under the care of Mr. HYDE.)

THE notes of the case were taken by Mr. T. P. Gostling.

Joseph S——, aged sixty-six, was admitted on Sept. 20th, 1887, at 7.30 A.M. He stated that between 11 and 12 P.M. on Sept. 19th he was walking home from Worcester, a distance of three miles, in the road, and stepped on one side to avoid a carriage. As soon as this had passed he stepped into the road again, and turned half round to look after it, when he