

Dr. J. Russell of Arbroath saw the patient with me and after weighing carefully all the possibilities we came to the conclusion that the cause of the hemiplegia was a clot of blood in one or other of the cerebral sinuses or veins in the region of the right motor area. We excluded secondary thrombosis, i.e., thrombosis due to disease of the internal ear, fracture, tumour, or suppurative disease. Embolism was excluded.

Under appropriate treatment the patient gradually improved. A belladonna plaster was applied over the præcordial region, while digitalis, nux vomica, and iron were given internally. The bowels were kept regular with cascara. A light nutritious diet was added. In two days under this treatment improvement was noted. The temperature and pulse gradually came down to the normal, and six days later the paralysis of the arm began to pass off. The patient could not move her toes till about three weeks from the time that the paralysis occurred, and three weeks later she was up and limping about. Two months after the beginning of her illness she was practically quite well, except for some dragging of the left leg.

Frickheim, N.B.

#### A CASE OF ABSCESS OF THE PAROTID GLAND PRESENTING UNUSUAL SYMPTOMS.

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ON May 14th of this year I was consulted about an Indian boy, aged about 10 years, who was suffering from an inflammatory swelling involving the right side of the head and face. He gave the following history. He had had a slight soreness in the throat, accompanied by pain over the right parotid region from May 2nd. On the 6th he noticed a swelling in front of the right ear. This swelling increased during the following days, spreading forwards over the cheek and upwards over the temporal region; from the temporal region it spread backwards and downwards, till on the 11th he noticed (to use his own expression) "a soft pimple" in the groove behind the helix of the ear. The boy presented a most peculiar appearance. The helix of the ear was tilted forward by an abscess situated in the groove behind; the position of the zygoma was marked by a hard groove, below which there were œdema and deep fluctuation; and there was considerable œdema over the temporal region and extending down to the mastoid process. Both tonsils were slightly swollen. The pus sac behind the ear being evidently about to burst I opened it, allowing a quantity of pus to escape. The flow of pus was greatly increased by pressure over the parotid. I applied an absorbent dressing and gave the boy a boric acid gargle. On the next morning I made an incision into the parotid, opening into a fairly large abscess into which I inserted a gauze drain. A considerable quantity of purulent matter escaped during the next few days. The œdema rapidly diminished and the boy is now quite well. I have no doubt that the lesion in this case was the very ordinary abscess in the parotid region following on the introduction of septic organisms through the tonsils. In this case, however, the pus worked its way upwards, passed under the zygomatic arch, then backwards beneath the strong temporal fascia, escaping under the lower border of which it was at length able to reach the surface. Previously to my seeing the patient no treatment whatever had been applied.

Caylloma, Peru.

#### AUGUST BANK HOLIDAY ON THE CONTINENT.—

For the convenience of holiday-makers on the Continent cheap tickets will be issued to Brussels available for eight days, via Harwich and Antwerp. Passengers leaving London in the evening reach Brussels next morning. Tickets at cheap fares will be issued by the Antwerp route to Berne from July 25th to 28th. For visiting The Hague, Amsterdam, and other parts of Holland, the Rhine, north and south Germany, and Bâle for Switzerland, especial facilities are offered via the Great Eastern Railway Company's Royal British Mail Harwich—Hook of Holland route, through carriages being run to Amsterdam, Berlin, Cologne, and Bâle, also restaurant car on the North and South German express trains to and from the Hook of Holland. The General Steam Navigation Company's fast steamers will leave Harwich for Hamburg on August 1st and 4th, returning August 5th and 8th.

## A Mirror

OF

## HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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

### BELGRAVE HOSPITAL FOR CHILDREN.

A CASE OF CONGENITAL HYPERTROPHIC STENOSIS OF THE PYLORUS.

(Under the care of Dr. EDMUND CAUTLEY.)

CONGENITAL hypertrophic stenosis of the pylorus is still sufficiently uncommon in this and other countries to warrant placing the following instance of the disease on record. It is a remarkable circumstance that as soon as a new morbid condition is described many older records of its occurrence are discovered, and before long it is found to be by no means so rare as was thought at first. Dr. Cautley's paper on hypertrophic stenosis of the pylorus in infants, read before the Royal Medical and Chirurgical Society in November, 1898, though not the first account of this interesting disease, contained the first thorough description of the condition with a collection of the previously recorded cases. We have no certain knowledge of the real cause of this malady, and so far the only satisfactory treatment appears to be surgical.

A female infant, aged three months, was admitted into the Belgrave Hospital for Children under the care of Dr. Edmund Cautley on June 29th, 1900, and died on the next day. Her parents were described as healthy. She was born at full time and seemed to be a normal infant. She was the fourth child, the others being alive and well. The mother had had no miscarriages. During the first six weeks of life the infant was fed on cow's milk and barley-water, and was said to have had about a pint of the former in the 24 hours. She was constantly sick and was then put on one teaspoonful of condensed milk with four tablespoonfuls of water and lime water for a feed, and was only fed four times a day. During the two days before admission she had meat juice and whey. The mother's account of the feeding and of the past history generally was variable and unreliable. She stated that the vomiting had been constant since birth, the food being kept down only a short time, and that constipation had been very troublesome. For three weeks before admission the vomiting and wasting had been more pronounced.

On admission the child was dirty, flea-bitten, and emaciated, weighing 6lb. 3oz., and had occasional slight general convulsive movements. The temperature was normal. The vomiting was frequent and persistent, food being retained a very short time. There was no bile in the vomited matter. The bowels acted five times; the stools being small, watery, and greenish, and containing traces of faecal matter. The convulsive movements became continuous and the temperature gradually rose, reaching 105° F. before death, which took place a few hours after Dr. Cautley first saw the child.

*Necropsy.*—On making a post-mortem examination it was found that there was great emaciation. The stomach was largely dilated and its walls were thinned, except in the region of the pylorus where the wall was thicker than usual in these cases. The contents consisted of a little partially digested food and some excess of mucus. The mucous membrane was not inflamed but presented a slightly catarrhal appearance. The pylorus formed a definite elongated, cylindrical tumour which was an inch long and firm and hard. Its limits were very easily defined, especially on the duodenal side. On laying open the duodenum the pylorus presented the same appearance as the os uteri when seen from the vagina—a small central orifice surrounded by a thick, smooth, ring-like wall. Occlusion of the orifice was completed by the folds of mucous membrane, and the liquid contents of the stomach could not be squeezed through it, though a small probe could be passed through into the stomach. On laying open the pylorus longitudinally it was noted that the mucous membrane was