

maternal milk except that the latter contains more corpuscles.<sup>1</sup> That this case was not one of spurious lactation is borne out by the appearance of both breasts on section and the microscopical examination of the milk together with the absence of any tenderness, pain, or redness, or of any evidence of oedema or enlarged lymphatic glands; moreover, there was no history of irritation or injury and the breasts continued to enlarge and to secrete as long as the child lived. It seems probable that as the lactation did not begin until the child was five or six weeks old, it was not excited by a primary mastitis, a condition not infrequently found in infants a few days after birth. In further favour of this argument we find other evidences of precocious development in the unusually large sexual organs and the closure of the anterior fontanelle (*vide* illustration). There are several cases recorded of



The illustration is reproduced from a photograph which was taken a few days before the child died after considerable wasting of the tissues had occurred, but shows the mammary enlargement, especially the right breast, and the abnormal size of the external genital organs.

developmental precocity in female children. In one, a female child had great enlargement of the mammæ and menstruated under two years of age.<sup>2</sup> But I can find no mention of precocity of lactation similar to this instance, which, together with the fact that it occurred in a male child, seems to lend an additional interest to the case.

## OMDURMAN CIVIL HOSPITAL.

### A CASE OF SWORD WOUND OF THE HEAD.

(Under the care of Mr. E. S. CRISPIN.)

THE patient, an Arab of fine physique, was admitted into the Omdurman Civil Hospital on Sept. 3rd suffering from a severe wound of the vault of the skull inflicted by a sword, with comminuted fracture and hernia cerebri. The injury had been inflicted on the night of August 31st, so that nearly three days had elapsed before admission; the first dressings had been applied by a native barber. The man performed the journey in a boat and was carried to hospital on his bed.

On admission there were signs of fairly free hæmorrhage, the patient was conscious but lethargic, his pupils were even and reacted to light, he had no obvious paralysis, and seemed

in no particular pain. He had no incontinence of urine or fæces, was constipated, and his urine was drawn off by a catheter for the first 24 hours. He was unable to answer questions but seemed to understand when spoken to. The wound commenced about an inch over the left eyebrow and continued in a curved direction over the left parietal bone to about one and a half inches from the left occipital protuberance where it again took a sharp curve round towards the left ear. The total length of the wound was six and a half inches and its width in the centre was one and a half inches. The greater part of the left parietal bone was elevated half an inch; a quantity of brain substance, which was sloughing, protruded.

Immediately on admission the head was shaved, the

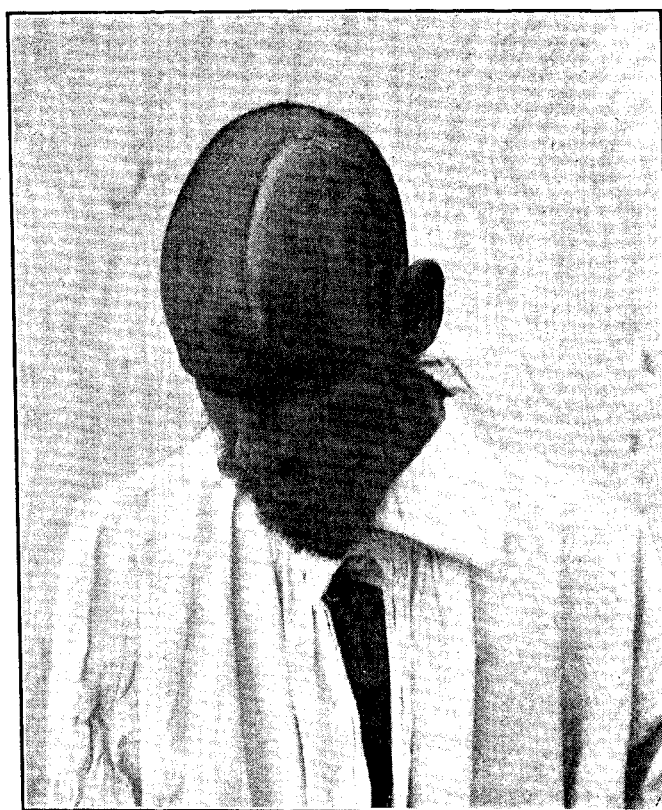
FIG. 1.



Reproduction of a photograph of the patient's head taken lying in bed on Sept. 10th.

wound was explored and some splinters of bone were removed, and clean dressings were applied; no attempt was made to bring the edges of the wound together on account of the sloughy condition of the brain and the elevation of the parietal bone. The accompanying illustration (Fig. 1)

FIG. 2.



Reproduction of a photograph showing the condition of the head on leaving the hospital ten weeks after admission.

gives some idea of the condition of the wound some days after admission. There was no pus in the wound but a

<sup>1</sup> Diseases of the Breast, p. 57.

<sup>2</sup> Ibid., p. 59 (Meckel's Archiv für Anatomie, 1827).

copious discharge of cerebro-spinal fluid was present. A few days after admission there was some oedema of the eyelids and Mr. Crispin prolonged the incision downwards about half an inch and discovered a bead of pus; a fine gauze drain was inserted in this corner of the wound and a tight capeline bandage was applied, the oedema disappearing in a few days.

For 25 days the man remained in this lethargic condition, unable to speak; at the end of this time, in answer to a question, "How are you?" he answered "Taiib," which means "All right." But on trying him further, with "What is your name?" or "Put out your tongue," his answer was still, "Taiib." His friends put similar questions to him but the same answer was given to all. This peculiarity of speech lasted for 15 days more, during which time it was difficult to make him understand things. He had to be told several times to put out his tongue or to shut his eyes but eventually did it all right. At the end of this time—that is, about Oct. 13th—more than six weeks after the infliction of the injury, he began to answer questions properly but very slowly, hesitating and stammering over them as though trying to remember a lesson; he used to hesitate even in giving his own name. From this date, however, there continued a steady improvement. He never had any apparent weakness in his grip or loss of movement anywhere. The part of the cortex that sloughed away must have been the centres for the head, eye, and arm to a great extent. The patient was altogether ten weeks in hospital and left with no other sign of injury than the scar.

*Remarks by Mr. CRISPIN.*—I think this case is worth recording on account of the enormous extent of the injury resulting in complete recovery with practically no surgical interference. It is improbable that a European would have survived this injury, but a native, with his less susceptibility to pain and shock and his fine constitution, frequently recovers in what at first sight appears a case of fatal injury. It will be interesting to hear whether the patient later develops epilepsy, as so often occurred in cases of bullet wound of the brain during the South African war which apparently at the time made marvellous recoveries.

The second illustration (Fig. 2) shows the extent of the scar on discharge from hospital. Both photographs were very kindly taken for me by Mr. Tüerstig and Father Ohrwalder of Omdurman.

## Medical Societies.

### OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

*Election of Officers.—Fatal Lepto-meningitis.—Exhibition of Specimens and Instrument.—Tinnitus.—Internal Ear Deafness.—Cerebral Abscess.—Restoration of Hearing after Removal of Drum and Ossicles.*

THE fifth annual meeting of this society was held on Dec. 5th, 1904, Dr. THOMAS BARR being in the chair.—The following officers were elected:—President: Dr. Thomas Barr. Vice-Presidents: Mr. A. E. Cumberbatch, Mr. John B. Story, and Mr. E. Cresswell Baber. Honorary Treasurer: Dr. Edward Law. Honorary Librarian: Dr. Herbert Tilley. Honorary Editor of "Transactions": Dr. W. Jobson Horne. Council: Dr. Urban Pritchard, Dr. Arthur L. Whitehead, Dr. A. Logan Turner, Mr. Arthur H. Cheate, Mr. Richard Lake, and Mr. Ernest B. Waggett. Honorary Secretaries: Mr. Hugh E. Jones and Mr. P. Macleod Yearsley.

An ordinary meeting of the society was then held.

Mr. A. E. CUMBERBATCH read notes of a case of Fatal Lepto-meningitis following upon acute suppurative otitis media of influenzal origin. The antrum and sulcus lateralis were explored by the usual radical operation. A small quantity of pus was found in the antrum but none in the sulcus or on the upper surface of the tegmen tympani. No symptoms of any kind, except a rise of temperature to 106° F., followed the operation. At the necropsy purulent lepto-meningitis was found but no direct connexion between it and the focus in the temporal bone could be traced. Mr. Cumberbatch asked the opinion of members as to whether anything further could be done in such a case.—Dr. WILLIAM MILLIGAN said that draining the subarachnoid space might afford relief.—Mr. C. A. BALLANCE pointed out that in

many of these cases the pus lay between the pia mater and the brain and that it was then practically impossible to drain away the pus but that occasionally where there was a localised collection of pus between the arachnoid and the dura mater it was possible to obtain a good result by operation. Mr. Ballance also remarked that meningitis occurred in influenza independently of an ear disease.—Dr. J. DUNDAS GRANT referred to the recent paper of Lermoyez, in which he advocated repeated lumbar puncture in the treatment of otitic meningitis.—Mr. HUGH E. JONES described two cases which illustrated Mr. Ballance's remarks; extensive removal of bone and multiple punctures of the pia mater had failed to drain the pus or to prevent extension of the suppuration.

Dr. ALBERT A. GRAY demonstrated by means of lantern slides the following specimens: (1) the Human Membranous Labyrinth, showing an accessory ampulla in the horizontal canal and supernumerary otoliths or calcareous deposits in the labyrinth; (2) the Membranous Labyrinth of the Seal, showing the large size of the organ and the large otoliths; (3) a section of the Cochlea of the Mouse; (4) a section of the Organ of Corti of the Mole, showing the spiral arrangement of the nerve termination at the base of the hair-cells; and (5) a section of the Cochlea of the Guinea-pig. In reply to a question Dr. Gray said that his method of preparing the labyrinth was described in the *Journal of Anatomy* two years ago.—The PRESIDENT, Dr. URBAN PRITCHARD, Dr. MILLIGAN, Dr. W. JOBSON HORNE, and Mr. P. MACLEOD YEARSLEY discussed the specimens.

Mr. RICHARD LAKE exhibited an Oto-masseur driven by a Turbine (Ash).

Dr. E. FURNESS POTTER read notes of a case of Severe Tinnitus, with almost complete loss of hearing, in a male, aged 21 years. Drug treatment had proved valueless. Dr. Potter asked for advice as to whether operative measures should be adopted—e.g., removal of cochleæ or division of auditory nerve.—An interesting discussion followed in which the speakers appeared to be unanimously of opinion that the tinnitus being diffuse and not "referred" to the ears, and there being an absence of any precise knowledge of the cause of the tinnitus, operation was not justifiable.

Mr. ARTHUR H. CHEATLE read notes of a case of Internal Ear Deafness of sudden onset. The patient, a middle-aged female, noticed loud noises in her ears after she had been yawning seven or eight times. The "noises" lasted from 20 to 30 minutes, when she found that she was deaf in the left ear, and it had a "dead feeling." There was no giddiness. The deafness had remained and occasional "noises" were heard. Examination of the ear revealed nothing beyond marked nerve deafness.—The case was discussed by Dr. MILLIGAN, Dr. DUNDAS GRANT, and others.

Dr. A. L. WHITEHEAD read notes of a case of Acute Cerebral Abscess occurring in a boy, aged 14 years, who had suffered from double otorrhoea for 12 months. He was seized with acute headache lasting 24 hours and coma lasting three hours. Both middle ears were filled with pus and granulations. The radical operation was performed with subsequent exploration of the temporo-sphenoidal lobes on both sides. The result was negative but 36 hours later pus and sloughing brain material were evacuated on the right side and recovery followed.

Mr. CHARLES J. HEATH read a paper (founded upon an experience of 400 operations) on the Restoration of Hearing after Removal of the Drum and Ossicles by a modification of the radical mastoid operation for suppurative ear disease.—This paper was published in THE LANCET of Dec. 24th, 1904, p. 1767. Its discussion was adjourned to the next meeting.

CHELSEA CLINICAL SOCIETY.—A meeting of this society was held on Dec. 20th, 1904, Dr. T. Vincent Dickinson, the President, being in the chair.—Dr. R. L. Bowles read a paper on the Treatment of the Apparently Drowned, with a Practical Demonstration of the Best Methods of Resuscitation. The method advocated by Dr. Bowles was a modification of that originally introduced under the name of Dr. Marshall Hall, for whom in 1856 Dr. Bowles and others had carried out a series of experiments on the dead body. The three points chiefly insisted on by Dr. Bowles and now amply demonstrated by dissections on the dead body, by experiments on living animals, and by the experience of actual cases of drowning are the following: 1. That fluids are drawn into the lungs by the efforts at inspiration and that it is the presence of fluid in the lungs which is in most cases