

to have the great advantage over any of the other methods which I have seen or practised of being free from the difficulties and dangers due to the formation of coagula. Even the simplest apparatus is apt to become clogged if unmixed blood is passed through it, and I can say from experience of it that the complicated instrument of Dr. Roussel is not an exception. On the other hand, the mixture of the phosphate of soda solution with the blood, while it prevents its coagulation, seems to have no attendant disadvantage. The apparatus used is simple and portable, does not easily get out of order, and requires no special skill for its management. This method has on three other occasions lately been practised by Mr. Dewsnap, house-surgeon at St. George's: in one case with complete success—the patient, who was in a state of collapse and insensibility from hæmorrhage, was revived by the transfusion, and is now well; in a second with temporary improvement; while in a third the patient was too seriously injured to recover.

## Clinical Notes:

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

#### AN AFFECTION OF THE NERVOUS SYSTEM DURING THE EXANTHEM STAGE OF MEASLES.

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THE perusal of Dr. Thomas Barlow's interesting paper on a case of Early disseminated Myelitis occurring in the Exanthem Stage of Measles, and the discussion thereon in the Proceedings of the Royal Medical and Chirurgical Society, has reminded me of a curious case of an affection of the nervous system, which came under my observation in 1884. Notwithstanding the very imperfect nature of the notes, I am induced to send them for publication in the belief that they will prove of some interest at the present time.

Milly G—, aged four years and a half, was carried into the out-patient room at the Victoria Hospital for Children on Oct. 13th, 1884, unable to walk or stand. She was fairly well nourished, of good physique, and had been a healthy girl until her present illness. She could move her limbs—for example, reach out the arms to take proffered things and bend the legs,—but the muscular effort was accompanied by a singular and marked incoördination, the limbs being slowly waved about until brought to rest again, when they remained quite quiet. There was considerable loss of muscular power, the left leg being stronger than the right. The grasp was manifestly deficient. The muscles were rather flabby, but not specially wasted. The child was noted to have a somewhat vacant look, but could see well; the pupils were equal and responsive to light; there was absence of face and tongue paralysis. The speech, however, was markedly affected, for, although words could be articulated, they were only formed slowly and by a distinct effort. The child's intellect seemed good. The tendon and superficial reflexes appeared to be normal, and there was neither ankle clonus nor anæsthesia.

The history I obtained from the mother was as follows:—Two months previously—i.e., in August—the child, who up till then had enjoyed good health, was attacked with measles. The mother described the rash and accompanying bronchitis and absence of sore-throat, and was convinced that the affection was measles. A little brother and two other children in the house were also attacked. As the eruption faded away at the end of about a week, a "vacancy of mind" supervened, the girl became "cross-eyed," and could not sit up or move her limbs. She did not sleep, looked wild, would not endure people in the room, and became very "spiteful," so that they could not feed her from glass vessels. She could speak, put her tongue out, and swallow without nasal regurgitation. Her appetite was enormous. The child was believed to be blind, and Dr. Edwards, of Chelsea, who saw the case in the course of a very busy practice, kindly tells me that he remembers observing a state of dilatation of the pupils with an absence of reaction to light, and hearing

complaints of twitching of the limbs. She gradually improved, and fourteen days previously to coming to the hospital she was able to sit up. I admitted her to the wards, and take the following additional notes from the report of Mr. Shaw-Mackenzie, the registrar: There was no retention of urine. The movements of the head were incoördinate, and accompanied by a peculiar slow nodding in different directions and rolling of the head. Nystagmus was observed at times. The ophthalmoscope did not reveal any diseased condition. The deltoid, triceps, and biceps muscles on both sides were believed to be somewhat wasted, but the electrical reactions of the muscles generally seemed normal. The child remained in the hospital for some months and very slowly improved, being able to stand by herself for a moment or two on January 5th, 1885, and she was discharged, almost entirely recovered, on March 8th. Throughout her stay the temperature was normal. As the family have changed their residence I have not been able to trace the case further.

To this account I append some observations on James Henry G—, aged one year, the little brother who was attacked with measles at the same time as his sister. On November 13th, 1884, he was brought to me with pneumonia and pain in the left wrist. Up to that date there do not appear to have been any special nervous symptoms. I did not see the child again, but I give the mother's description of the subsequent course of the illness for what it is worth. The pain gradually extended up the left arm, accompanied by stiffness and "shaking," and the left leg became similarly affected. The limbs shook more than his sister's. The tongue was drawn to the left and quivered, the face was drawn, and one eye was turned right into the nose. On the 16th the child was seized with strong convulsions, in which both sides of the body worked, and which recurred every quarter or half hour all day and also on the 17th till 5 P.M., when the infant became "quite sensible," and he died at 1 A.M. on the 18th. The left foot was shaking till the last.

#### A CASE OF TUBERCULAR DISEASE OF THE TIBIA AND ANKLE-JOINT (RIGHT), TREATED BY SCRAPING AWAY THE MEDULLA OF THE FORMER, AND THE SYNOVIAL MEMBRANE OF THE LATTER.

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CASES in which the medulla of bones have been thoroughly scraped away are few. Those recorded are to be found chiefly in foreign literature, the operation having been performed for chronic osteomyelitis (Bleckmann, Stoll, Petrowski, C. B. Keetley). The following case seems worthy of publication, not only for the novelty and success of the above-mentioned proceeding, which it exemplifies, but also because there was combined with that procedure a new operation of Volkmann's (Halle) for treating tubercular joints. This latter operation is called by him *Arthrectomia Synovialis*, and consists in the total extirpation of the diseased capsule of a joint, with preservation of the bony epiphyses. The ankle-joint in this case was submitted to a modification of this process, with complete success.

A little girl aged two, of typical strumous aspect and build, came under my care at the London Hospital in August, 1885. When I first saw her the right leg was noted as follows:—"The lower half of the right leg is swollen and inflamed; extremely tender. An inch above the internal malleolus there is the opening of a deep sinus, with large flabby granulations bordering it. Probing reveals caries. The ankle-joint is swollen and tender; its movements are restricted; the appearance of the joint is that of tumor-albus, with a tendency to suppurate."

The history of this case was as follows:—The child springs from healthy stock; is the first and only child of moderately well-to-do people of the lower middle class; has always been well fed. Ten months ago, without any assignable cause, the leg began to be swollen and painful, and the little patient lost flesh. She was taken to a children's hospital six months ago, and an incision was made over the lower end of the tibia. The wound never closed. She was an in-patient three months. The diagnosis was easily made as being disease of the lower end of the tibia, probably tubercular, with subsequent invasion of the ankle-joint.



Resection of ankle, with amputation if necessary, was proposed to and accepted by the parents. An incision was made over the sinus and the spongy periosteum raised from the bone; the sinus was then seen as a rounded hole leading into the end of the tibia; cutting forceps rapidly enlarged the aperture, and a small central necrosis surrounded by a dense caseous material was found in the end of the bone and removed. Incision was then prolonged along the inner side of the foot. The ankle-joint was dislocated outwards, cleaned, and examined. The cartilage of the tibial articulation lay loose in the cavity of the joint like a thin piece of orange-peel, and the astragalus itself was bare. The synovial membrane was everywhere transformed into the spongy, pink, gelatinous material characteristic of a tubercular joint. With a Volkmann's spoon, and here and there with a scalpel and forceps, this diseased structure was carefully removed. Finding the joint so distinctly tubercular, I re-examined the tibial wound and found more caseous material present in the medullary canal. I took a long-handled Volkmann's spoon and scraped away as much of the medulla up to the tibial tubercle as I could remove. The inside of the bone was then plugged with strips of iodoform gauze, and the foot brought into a rectangular position and there fixed by means of an appropriate splint. The wound was dressed with iodoform and wood-wool. The result exceeded my expectations: the medullary canal filled up with rapidity, the wound into the ankle-joint healed in two months, and the child was discharged with a gum-and-chalk casing. She is at the present time in apparently good health. She limps slightly, but this is due to a shortening which exists, the left leg having grown slightly longer than the right. The right tibia is thicker than the left one, and, curiously enough, there is some movement in the right ankle-joint, such as obtains in fibrous ankylosis. She wears an iron on that leg, to limit if possible the tendency to knock-knee on that side—a condition obviously induced by the difference in the length of the legs.

This case is a teaching one as regards the tolerance of the medulla. One is so taught to regard it as being highly resentful of interference that it has hitherto been treated with marked respect. The cases, however, in which the medulla has been scraped show that good results have been obtained; and there is no doubt that much conservative surgery will be the direct outcome of the knowledge now accumulating as to its physiological uses, pathological tendencies, and the amount of operative interference it will submit to.

#### A CASE OF PURPURA RHEUMATICA.

BY G. CHILDS MACDONALD, M.D.

THE following case has recently occurred in my practice.

J. B—, aged twenty-nine, a blacksmith, married. Personal history satisfactory; does not remember ever having been ill, excepting cold, &c. Both father and mother alive and in good health; four sisters alive and healthy; one brother dead. The patient does not know the cause of his illness, but believes it to be due to some childhood complaint. He had not been feeling well for the last week, having suffered from headache and sharp shooting pains in the back and down the legs; he describes them as rheumatic in nature, so much so that his friends were afraid he was going to have an attack of acute rheumatism. Accompanying these pains was a sensation of cold, amounting occasionally to actual shivers; during this period he was extremely thirsty. The bowels were constipated, and sleep was restless and broken. No beer or spirits had been taken, excepting a small amount of brandy when the shivers came on; neither did he have any drugs or particular article of food. At 12.30 P.M. on March 4th he was taken with violent pain and stiffness in both popliteal regions, which became so agonising that he was unable to remain longer at work, and returned home, where, feeling very cold, he sat by the fire, the pain varying in amount, being sometimes better and sometimes worse, until 8 P.M., when he determined on going to bed; he had difficulty in getting upstairs, the legs feeling stiff and heavy. While sitting on the edge of the bed previously to removing his trousers, the whole of the pain went as if by magic. On looking at his legs, he was frightened to observe that they

had become blood-red, and being naturally alarmed he immediately sought medical assistance. The patient is a well-developed man. Height 5 ft. 8 in.; weight 10 st. 10 lb. Skin somewhat pallid, but feels soft and moist. Pulse 82, quick, full, and hard; temperature beneath tongue 101°; tongue moist and clean. On the back of both thighs, extending from the gluteal folds downwards over the calves of the legs to about the middle, running to the inner surface of the thighs to the middle line in front, and on the legs to the crista of the tibiae, is a red rash, most intense over the popliteal spaces, where it is uniform and somewhat raised; the rash on the inner surface of the thighs is similar in character; towards the periphery and in other places it is almost petechial. The whole of the involved areas of skin feel to the hand hot and dry; firm pressure has no effect on the colour, and it is unaccompanied by itching. The digestive, circulatory, respiratory, and genito-urinary systems are normal. Urine clear amber colour; reaction acid; specific gravity 1020; no albumen; no sugar. The patient was ordered a saline mixture, with three-minim doses of tincture of aconite in each dose, a ten-grain pill of colocynth with calomel at bedtime, and a milk diet.—March 5th: Has much improved; bowels relieved three times. Pulse 72; temperature 98.4°. There is no further extension of rash, which has become duskier in hue; no pain. Ordered a mixture of dilute sulphuric acid, tincture of perchloride of iron, and sulphate of quinine three times a day.—7th: Patient feels quite well. The eruption has entirely disappeared. Ordered to continue mixture for three days. Ordinary diet.

The points of interest in this case are the violence of the pain, its rheumatic nature, its sudden cessation, its complete symmetrical arrangement, and the rapid recovery, which is usually prolonged in these cases. Dr. Kinnicutt of New York has recorded similar cases in the *Archives of Dermatology*, vol. i., as has also Dr. Duhring in the *Philadelphia Medical Times*, 1873.

Duchess-st., Cavendish-sq., W.

#### CASE OF RHINOLITH.<sup>1</sup>

BY E. CRESSWELL BABER.

N. B—, aged twelve, was admitted a patient at the Throat and Ear Dispensary on Dec. 16th, 1886. She had had an offensive discharge from the left nostril for six years, with bleeding. There was no known cause. Neither she nor her mother remembered anything being put into the nose; but when young she had a habit of swallowing cherry-stones. There is epiphora on the left side when she is exposed to the wind. On examination, the left side of the nose and the left cheek were bulged out; the left nasal passage was impervious to air, the nostril on that side being contracted and its edges excoriated. Anterior rhinoscopy showed, on the right, considerable deflection of the septum towards that side; on the left, the anterior naris blocked by large soft granulations. Behind these, and completely hidden from sight, the probe revealed a hard body about an inch and a half distant from the tip of the nose. On Dec. 18th, with the assistance of my colleague Mr. Treves, the patient being under chloroform, this body was removed through the nostril with scoop and forceps. Afterwards no roughness could be detected with a probe, and the instrument passed easily through into the naso-pharynx. Subsequent examination showed that the left nasal cavity was much dilated, allowing the naso-pharynx to be plainly seen through it. The inferior turbinate bone was much wasted, and presented a deep concavity about its centre. By cleansing the nostril and touching some remaining granulations with solution of caustic, the discharge has now (February 28th) almost ceased, and has entirely lost its disagreeable odour. No diseased bone has been detected. The left cheek still appears larger than the other, and the malar bone more prominent on that side, the inequality being apparently produced by the long sojourn of the nasal calculus. The rhinolith was more or less filbert-shaped, and had, as usual, a rough and mammillated surface. When dry it measured approximately 18×13×8 millimetres and weighed nine grains. On section it was found to consist of tightly-

<sup>1</sup> Read before the Brighton and Sussex Medico-Chirurgical Society, March 3rd, 1887.