

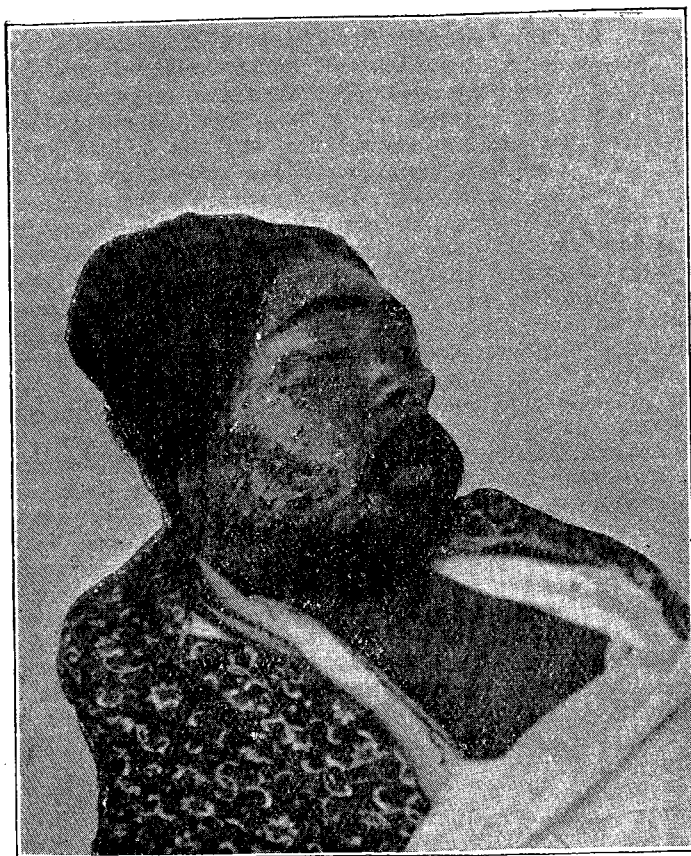
Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

AN ACUTE INFECTIOUS CONDITION (? GLANDERS).

BY HAROLD T. MARRABLE, M.B., B.CH. DUB.,
SURGEON TO THE CHURCH MISSIONARY HOSPITAL, ISFAHAN, PERSIA.

THE patient, aged 29 years, a carriage driver between Isfahan and Shiraz, was admitted to hospital on Feb. 16th of this year. He gave the following history. A fortnight previously while on the road he got a severe attack of shivering and fever, which was followed four days later by pain and swelling of both feet. On the 12th, that is, four days before admission to hospital, he became much worse. On admission to hospital the following features presented themselves. The patient, obviously very ill, was unable to walk. Both his feet and ankles were considerably swollen and very painful; his right hand and lower part of forearm were similarly affected. He had a bad cough and some bronchitis; the lungs were clear. He complained of frontal headache and moaned incessantly. The temperature was 102.6°F . and the pulse was 112. Thinking the case was one of acute rheumatic fever I treated him with salicin and ordered the painful joints to be wrapped up with cotton-wool. During the night his temperature came down to 101.2° , his pulse, however, was faster (124) and his respirations, which were 30 per minute on admission, were now 40. During the day (the 17th) numbers of small pustules, of the size of a pin's head, came out over his neck and



chest, and his face began to swell towards evening. He was restless and tried to get out of bed during the night and his temperature, 103.6° in the early part of the night, again fell towards morning to 102° . His pulse was now 140 and his breathing was rather more rapid. The first symptom that gave any hint as to the true nature of the malady was an amber-coloured exudate from the nose, at first slight and later copious; this was on the morning of the 18th. Quinine, strychnine, and iron in large doses were administered at frequent intervals during the day and the patient was isolated. On the following morning (the 19th) the patient was much worse. The accompanying reproduction of a photograph taken two hours before death gives but a faint

idea of the spectacle which he presented. Large blebs came out during the day on his face and neck and, breaking down, exuded the same amber-coloured fluid that flowed from his nose. His face was extremely cedematous, while the swelling of his feet had somewhat subsided. Several patches of dulness appeared over his lungs and just before death, which occurred at 8 o'clock on the evening of the 19th, his temperature was 104.8° , his pulse was 160, and his respirations were 56.

I could obtain no history of an outbreak of glanders among the post-horses, but the disease does not infrequently occur, and little or no precautions are taken in Persia against its spread.

Isfahan, Persia.

A CASE OF ABERRANT FUNCTIONAL (?) CHRONIC INTESTINAL OBSTRUCTION.

BY G. S. THOMPSON, M.R.C.S. ENG., L.R.C.P. LOND.,
SENIOR RESIDENT MEDICAL OFFICER, ROYAL ALBERT HOSPITAL,
DEVONPORT.

THE following is an account of a condition which is so uncommon as to seem worthy of being added to already published cases of the same or an allied nature.

The patient was a child, five years of age, admitted into the Royal Albert Hospital on Oct. 20th, 1906, under the care of Mr. A. G. Rider, for chronic constipation of a most obstinate nature which dated from birth. It was not by any means an unusual event for the patient to go two or three weeks without anything being passed from the bowel; indeed, this was only effected after the constant administration of aperients and enemata. The evacuations were of a hard consistency and made up of small separate masses. Before operation was undertaken nothing had been passed by the rectum for three weeks despite the use of aperients and enemata. On Oct. 29th the abdomen was opened under ether anaesthesia. The sigmoid portion of the colon was then found markedly distended, whilst its wall, besides being unduly red, was relatively much thickened having regard to its distension—showing absence of pressure atrophy. Palpation of this viscus was rendered very difficult owing to the great tension to which all the abdominal contents were subjected. In the pelvis the rectum could be felt as a small hard tube contrasting strikingly with the bowel above the site of the obstruction. The nature of this obstruction, whatever it was, could not be discovered either then or subsequently, and a Paul's tube was therefore inserted into the sigmoid portion of the colon after fixing the bowel to the wound in the usual manner. When the colon was opened considerable quantities of a semi-fluid material were removed which had an exact naked-eye resemblance to quicksand. After this relief the distension became less and less and the abdomen was again quite flaccid in a day or two. On several occasions following the colostomy the faeces became impacted in the bowel above the opening necessitating their removal; this condition produced quite a localised tumour at the part implicated, visible to the naked eye. On Nov. 9th the wound in the bowel was sewn up by Czerny-Lembert suture, this undertaking being rendered somewhat difficult owing to the numerous and soft granulations covering the involved peritoneum; the bowel was replaced in the abdomen and a second search was instituted under more favourable conditions as regards room than on the former occasion, but in vain. Several hard faecal masses, which were present in the rectum, were now expelled therefrom by pressure. The abdominal wound was then closed, as nothing further seemed possible, leaving a small aperture for drainage below. After the second operation the patient's general condition became bad, distension of the abdomen ensued, notwithstanding the frequent response of the bowels to evacuants, whilst pressure over the said part produced pain; vomiting followed. There was no dyspnoea, however, at any time. Death occurred on Nov. 14th.

At the necropsy the peritoneum was found to be covered with extravasated intestinal material, for the intestinal sutures had yielded. The bowels were adherent to one another with acute kinks here and there. No obstruction nor any abnormal condition of the rectum or pelvis could be found in spite of careful search.

Previously to the above operative interference the patient had some time before been in hospital but was discharged unrelieved. The medical treatment included the use of

thyroid extract, abdominal massage, aloes, and strychnine pills—all, however, to no adequate purpose.

Devonport.

NOTE ON A CASE OF MELÆNA NEONATORUM.

BY J. BASIL PAGE, M.B. LOND.

ON April 30th I was called at 7 A.M. to attend a confinement case. On arrival I found the child and after-birth were born and the nurse reported that the case had been quite normal and that there had been very little loss before or after the birth. The child was a girl; weight 6 pounds, small, but apparently quite healthy. 36 hours after birth I was hurriedly summoned and found that the child had vomited about a quarter of a pint of blood, rather dark, and with clots. The child was given a few spoonfuls of milk and immediately vomited another quarter of a pint of blood and clots. On the next day, May 2nd, there was blood in the motion, as much as she had vomited, and the motion was very foul. On the fourth day the baby's weight had dropped to 4 pounds; since then she has been progressing well and beyond the facts that she is small and feeble there are no abnormal signs or symptoms. I am sending this description of the case to you, as I have never seen or heard of a similar case. I shall be much obliged if you can find room for this note, as I should like to know if anyone has had a similar case. I may add that the child is now slightly jaundiced.

Bury St. Edmunds.

Medical Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Exhibition of Cases.

A MEETING of this society was held on May 15th, Dr. W. CRAIG, Vice-President, being in the chair.

Dr. G. H. MELVILLE DUNLOP exhibited: 1. A baby with a Rickety Head, in which craniotabes was unusually well marked. The infant was eight months old and was subject to frequent attacks of diarrhoea and vomiting. There was no syphilitic taint. The fontanelles in the skull were particularly open and the sutures were so wide apart that a finger could be introduced between them. The bones of the skull were particularly deficient, the occipital, temporal, and parietal bones being soft and easily bent. 2. A case of Infantile Paralysis in which the abdominal muscles on one side were affected. This was a very rare condition and it was the first case of this affection which Dr. Dunlop had seen. Dr. Sinclair of Philadelphia had described 370 cases of infantile paralysis but had never met with such a condition. Only one similar case was noted in the Johns Hopkins reports. The child was now two and a half years old and when 18 months old had an attack of infantile paralysis with fever and convulsions. The paralysis was at first widespread, affecting the left and right legs, as well as the abdominal muscles. The paralysis passed off completely from the left leg, but the right leg had always remained weak. The child could walk, but the right leg was dragged and the toes were pointed. The whole of the muscles on the right side of the abdomen were paralysed and when the child cried they were ballooned out. The affected muscles showed a complete loss of reaction to faradic currents. 3. A girl with a Peculiar Scarring of the Skin over the Lower Part of the Back, the result of an attack of herpes zoster. The scars were symmetrical and feathery in appearance. The child, when 18 months old, had had an eruption of vesicles, which became pustular; scabs formed and large ulcers which caused much pain in the lower lumbar and sacral regions. 4. A case of Cretinism after treatment extending over 14 years. Dr. James Carmichael had diagnosed the case when the patient was an infant. When first seen the large tongue was present with the wrinkled condition of the forehead, the broad hands, and other typical signs of cretinism. When the child was two years old thyroid treatment was adopted and growth took place rapidly; the flabby condition disappeared and the intelligence increased during the six months in which he was kept under observation. As the mother

neglected him his condition underwent a relapse which improved under renewed treatment. He had had about seven years of continuous treatment and his present condition showed the limits which thyroid treatment might reach. Many of the symptoms of cretinism were present; he was singularly deficient in intelligence and could not be taught the simplest rudiments of education. His determination was great and he was so stubborn that he would not do anything that his mother desired.

Mr. HAROLD J. STILES showed: 1. A baby after operation for the Removal of a Large Hydronephrotic Cyst. The baby was nine months old and was healthy and vigorous, only presenting a very lax condition of the abdominal walls. When three months old the abdomen was enormously distended and this had been present at birth and had caused some difficulty during parturition. On examination a large cystic abdominal tumour was present, extending from below the ribs on the left side to the left iliac fossa and also to the right iliac fossa. The tumour was elastic, smooth, and fluctuating. No urinary symptoms were present. The condition was congenital hydronephrosis. When the child was six months old the tumour was removed through the left loin. The cyst was exposed extraperitoneally, tapped, clamped, and removed. The child made an excellent recovery, and Mr. Stiles was of opinion that such cases should be operated upon during childhood. 2. A boy after Nephrectomy for Advanced Tuberculous Pyonephrosis. The condition was first noticed a year before operation owing to frequent and painful micturition. Hæmaturia had only been observed on one occasion six weeks before his admission. No bladder disease was seen by the cystoscope. A large pyonephrotic kidney was present on the left side and was removed with difficulty because of its adherence. The ureter was ligatured but was not removed. The boy had made an excellent recovery. 3. A girl, aged nine years, after resection of the ileo-cæcal junction and part of the ascending colon for Fæcal Fistula following Suppurative Appendicitis. She had suffered from retro-cæcal appendicular abscess three months ago but at that operation the appendix had not been removed and a week later a fæcal fistula had formed. It was thought that it might have healed spontaneously but 13 months later it was in the same condition; the skin was not excoriated, however. A large mass was present in the right iliac and lumbar regions. This was resected, together with the fistulous opening. There was now no hernia even on coughing. The tumour was so adherent that in removing it an opening was made into the duodenum and a good deal of bile escaped. 4. A girl, aged 11 years, after Partial Resection of the Tibia for Tuberculous Osteomyelitis. For a year previously to operation she had suffered from a painless thickening of the upper two-thirds of the right tibia. It was tender on pressure and caused limping as well as a slight swelling of the knee-joint. The case was one of tuberculous osteomyelitis with secondary deposit of bone beneath the periosteum. Formerly the bone was opened into and was scraped, but very usually the patient returned in a month or two with recurrence of the disease. Now the bone is thoroughly exposed and the periosteum is divided, and by means of a Gigli's saw the bone is cut through in healthy tissue; the diseased bone is then wrenched free from the periosteum and from its epiphysis. The operation in the present case had been performed three years ago and now perfect re-formation of the bone had occurred. On section of the diseased bone a central sequestrum was seen and surrounding it a grey deposit of tuberculous tissue. The ulna had also been resected for a similar affection. Another case of which skiagrams were shown exhibited the disease as affecting the lower two-thirds of the tibia. 5. A baby with a Large Encephalocystocele (Partial Exencephalus); the cranial bones had not developed so as to cover in the brain. The tumour overlapped the frontal and parietal bones. The dura mater as well as the bone was absent and Mr. Stiles thought that bone formation took place much more energetically from the dura mater than from the pericranium. Fluctuation from side to side could easily be made out. 6. A specimen of an Enormous Meckel's Diverticulum removed from an Inguinal Hernial Sac in a child.

Dr. J. S. FOWLER showed: 1. A child who developed Fits as a result of Syphilitic Disease of the Cortex. The unilateral fits commenced at the age of ten months and at that time the child exhibited no appearance of congenital syphilis, though this was very noticeable at present. Both parents were syphilitic. The prognosis was not good, as the fits frequently developed into a syphilitic dementia. At first the fits recurred every third or fourth day, but on putting the