

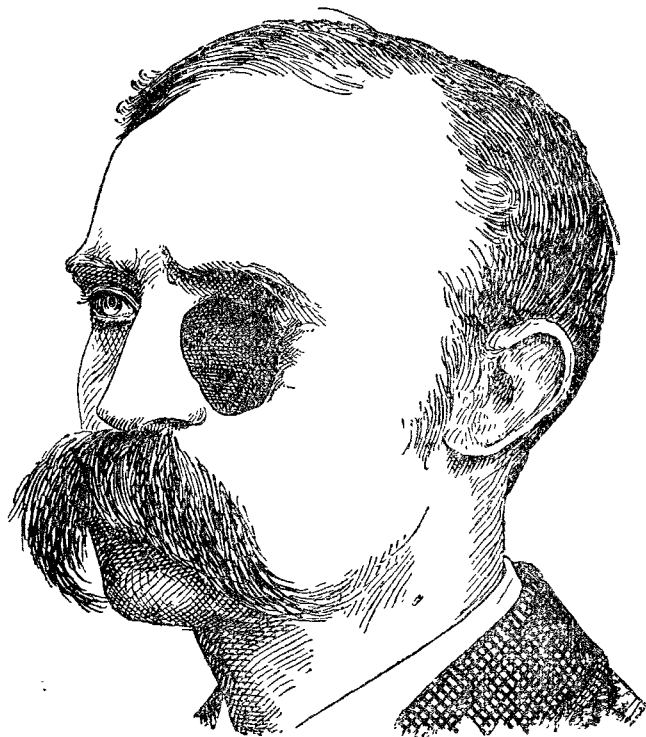
posterior naris. There was no obvious glandular enlargement; the urine and organs were healthy. The man looked cachectic, and weighed only 8 st. 4 lb. On Feb. 7th chloroform was administered by Dr. Wilde. Dividing the upper lip to the left of the middle line and opening the nose I found the greater part of the superior maxillary bone soft and friable; the antrum contained soft

FIG. 1.



growth, and the nose, ethmoidal and sphenoidal cells, and orbit were invaded. The orbit was cleared out, also the antrum down to the palate, which appeared healthy; the whole of the bones of the left side of the nose and inner wall of the orbit, as also the vomer and septum, had to be sacrificed. No soft parts were left between the roof of the orbit and the hard palate; the ethmoidal and sphenoidal and frontal sinuses were scraped out with a sharp spoon; all the implicated skin was cut away, the lip was united with a harelip pin and sutures, and chloride of zinc and opium paste on strips of

FIG. 2.



lint was packed against the exposed bones. The hæmorrhage was free but not very troublesome, as I plugged the posterior nares with lint and hung the head well over the end of the table. On Feb. 8th the patient had had very little pain. He had slept for eight hours. He was taking food well through a tube. On the 9th the pin was removed. Move-

ments of the soft palate and the Eustachian orifices were seen on looking into the orbit. On the 17th the temperature was normal, there was no pain, and the sloughs were separating. On the 23rd he was gaining weight at the rate of about one pound a day. On March 2nd one or two suspicious places in the neighbourhood of the ethmoid had been touched with chloride of zinc paste. On the 8th the patient was discharged. The microscopic examination showed round and spindle-celled sarcoma. On April 20th he was readmitted owing to some more suspicious spots having appeared and some enlarged glands having made their appearance in the superior carotid triangle. The paste was applied to some growth springing from the infundibulum. On May 3rd a small packet of three or four infected glands was dissected out of the neck under chloroform. On the 6th the wound had healed.

The cavity left as the result of the operation is shown in Fig. 2. With the assistance of Messrs. Arnold and Sons I designed a silver plate, with a glass eye let into it and secured by a pair of tinted spectacles; the cosmetic effect was not bad, as may be seen from Fig. 3. On Aug. 7th the

FIG. 3.



patient presented himself for inspection, looking robust and well and showing no sign of recurrence anywhere; he had lost the cachectic tint he previously had, and had gained 5 lb., his weight then being 9 st. 6 lb. (The cuts are taken from photographs.)

Albert-terrace, Regent's-park, N.W.

HYPOCHONDRIASIS AS A SEQUELA OF INFLUENZA.

By G. A. STEPHENS, M.D. LOND.

THE following cases may be of interest as exhibiting one of the after-effects of influenza on the nervous system.

A married man, forty-two years of age, was attacked whilst at his work in March, 1892, with severe pains in the head and shivering, and "sounds in the head" and deafness. He took to his bed and remained there owing to weakness and pains at the back of the head till June, 1892. He went for a change of air for a month to a farm, where he lived on eggs and milk principally, but, he says, got "too fat" on this diet. He returned home and went to work, but had to give it up owing to weakness, and this weakness developed to so great an extent as to prevent his moving about the house for "fear of falling down dead." He seems to have been anxious all the time to return to work, and with difficulty crawled down to see me, complaining of great weakness, especially about the legs, which he said gave way under him. A peculiar feeling about the heart troubled him, and he had constantly the feeling of a lump in the throat. I examined him thoroughly, and found his heart, lungs, abdominal organs, and limbs in good condition. I told him if

he liked to help himself, took medicine—an iron tonic—and rubbed himself well after a cold sponging he could be back at work in six weeks. I saw him about a fortnight afterwards, when he said he felt better and had been doing a little gardening; he had also been to chapel twice on the Sunday—a thing which he had been unable to do during his illness. At the end of seven weeks, during which time although getting stronger he complained of peculiar feelings, he went to look for work, which he was fortunate enough to find and has remained at it ever since. He finds Sunday the most trying day, as he has more time to think of himself.

The next case is that of a married man fifty years of age. He had been somewhat intemperate in his habits for some time previously to an attack of influenza, which occurred in April, 1892, when he had severe pains in the head, shivers, and great weakness. He had bronchitis as a complication, and was kept in bed altogether for six weeks. He felt very weak and nervous when he got up, in which state he remained for two or three months; he then improved sufficiently to enable him to try to resume work, but the feeling of weakness in the legs causing him to fall or at least to catch hold of some support for fear of falling, prevented him remaining at it any length of time. His appetite was poor all the while, which fact may be partly accounted for by his alcoholic habits. The patient remained in the above state till September, 1893, when he had a second attack of influenza which prevented his trying to work again till after Christmas, 1893, owing to the "weakness." He had tried to work once or twice after that time; but his legs always felt as though they were giving way under him, so that he gave work up altogether in March, 1894. He consulted me in April, complaining of this weakness in the legs and a peculiar feeling about the heart. His face betrayed his alcoholic indulgence somewhat, which, however, he stoutly denied, saying he only took soda-water and milk. His chest was perfectly sound and the abdominal organs were normal. His arms and legs were in very good condition, but on trying the knee-jerk or grasping the thigh muscles he started from his seat. There were no definite painful points, mere pressure anywhere on the thigh having the same effect. I gave this patient the same advice as the previous one, with an additional suggestion to discontinue using alcohol. I saw him in three weeks time, when he told me he had returned to work, the feeling of weakness being considerably diminished. He came to see me a fortnight afterwards, saying the weakness had returned and he had had to give up work. I found out that he had been drinking heavily in the meantime and had got back to his former condition.

These two patients were both in such a position that they could not afford to indulge in lazy habits, and their wives had to go out to work to support their respective families. They both expressed a great desire to get well, and especially interesting is the strong denial of the second patient with regard to his alcoholic habits, for while women invariably deny such habits men generally admit taking one or two glasses a day.

The third case is that of a married man thirty-eight years of age. The patient had influenza three years ago, and since then has suffered from great depression of spirits, at times being hardly able to attend to business. He says he had scarcely any sleep at night, and consequently felt very languid in the morning. He thinks there is something wrong with his liver. Examination shows nothing abnormal, except that he occasionally suffers from hæmorrhoids. I prescribed an iron mixture, and he feels very much better.

Whatever may be the exact explanation of influenza and its effect on the nervous system, these three cases, I think, point to its having had a good deal to do with the diminution of the power of will in these patients.

Swansea.

PRESENTATION.—On Saturday last the members of the Lancashire and Yorkshire Railway ambulance class at Bolton presented their surgeon instructor, Dr. Johnston, with a pair of bronze equestrian figures as a token of their appreciation of his services. The presentation was made by the mayor of the borough, Mr. Alderman Nicholson, J.P. This is the third railway ambulance class which Dr. Johnston has instructed at Bolton, and five of the officials at the station now hold the bronze medallion of the St. John Ambulance Association.

EMPYEMA IN CHILDHOOD.

BY ALBERT E. MORISON, M.B., C.M. EDIN.,
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A PAPER by Mr. J. P. Wightman in THE LANCET of May 5th, 1894; a letter by Dr. Octavius Sturges in the following number; and a paper by Mr. F. E. Batten in THE LANCET of June 2nd, on Empyema in Childhood, have much interested me. Dr. Octavius Sturges' letter is written for the express purpose of pointing out that incision and drainage alone are insufficient in the treatment of empyema in childhood, and that, though he thought they were so once, he now knows better. Mr. Wightman says: "Incision and drainage are, in the majority of cases, quite sufficient." Dr. Sturges asks, "Is that really so?" Mr. Batten's paper is written with the object of supporting Dr. Sturges' belief, and he makes out, by comparing his statistics with those of Mr. Wightman, an apparently strong case in favour of resection of a rib. My present communication is to support Mr. Wightman's statement that incision and drainage are, in the majority of cases, quite sufficient, which opinion my results more than justify. Before this question can be regarded as fairly settled further facts are required. The following ought to be known: 1. The percentage mortality of empyema in childhood treated by incision and drainage (1) without and (2) with excision of a portion of rib. 2. The average time of healing in each case. 3. The after-results as to deformity, condition of chest, &c., which must be noted and compared. 4. The method of wound treatment which was adopted. This, I think, is the most important question of all, and explains the differences in result.

I wrote a paper in 1893 on Thirty Consecutive Cases of Empyema.¹ Of these, 26 occurred in children, and since then I am able to add 8 more. In all I have operated on 34 cases in childhood, of which 32 have recovered and 2 died. These cases were all operated on and treated in private, and occurred in the course of a general practice, so that nothing special in their surroundings can be credited with the result. I append notes of the 2 fatal cases, from which it will be seen that in neither case was the operation the cause of death.

CASE 1.—A child aged two and three-quarter years, suffering for three weeks from broncho-pneumonia. The case was diagnosed as empyema, and I saw the child on Nov. 5th, 1891. The pus reached as high as the spine of the scapula on the left side. All over the right side were heard bronchitic râles, and the child was suffering from great dyspnoea. On Nov. 6th I opened the left chest, giving exit to about a pint of pus. The breathing was relieved, but the bronchitis increased, and the patient died on the third day after operation from this complication.

CASE 2.—A child aged ten months. She had been ailing for some months with rickets. Three months ago she had had an attack of "bronchitis," and had never rallied since. When I first saw the child she was extremely emaciated, with high temperature, night sweats, and harsh, dry cough. Pus in the right pleural cavity was diagnosed. The chest was opened, and everything went well for a week, when the child suddenly had a fit and died.

Table showing the number of Cases and the Result for each year of age.

Age.	Number.	Recovered.	Died.
Under 1 year	4	3	1
Between 1 and 2 years	2	2	0
" 2 " 3 "	5	4	1
" 3 " 4 "	4	4	0
" 4 " 5 "	8	8	0
" 5 " 6 "	2	2	0
" 6 " 7 "	5	5	0
" 7 " 8 "	0	0	0
" 8 " 9 "	2	2	0
" 9 " 10 "	2	2	0
Total	34	32	2

The percentage mortality of my cases is 5.8. The average duration of treatment from the date of incision to the completion of healing was thirty-two days. I have measured and examined the chests of most of them months after operation,

¹ Northumberland and Durham Medical Journal, April, 1893.