

Convalescent Home for six weeks. On Sept. 8th, 1885, an erythematous blush was observed around the wound on the right leg. On the 13th it was elicited that he had been restless during the night and on waking in the morning the trunk and limbs were covered with a red rash. There was no sore-throat, rigor, or vomiting. The temperature was 99° F. On the morning of the 14th the patient was admitted into the Monsall Fever Hospital. The temperature then was 103° and the pulse was 132. The body and limbs were covered with a brilliant red, fine punctate rash and the cheeks were very red, but there was no cervical glandular enlargement. The right tonsil was ulcerated and there was a small yellow patch on it; the left tonsil was enlarged and injected and the fauces and conjunctivæ injected. In the evening the temperature was 99.2° and the pulse was 116. The patient progressed favourably as regarded the scarlet fever. Desquamation began on the 19th and continued normally. Nothing further was observed or reported about the case until Oct. 7th, the twenty-fifth day of the illness, when there was difficulty in micturition. On examination there was found œdema of the skin of the penis and prepuce, but not of the scrotum. It was relieved by acupuncture and there was no further trouble. On the 8th a large square purple patch, two inches by two inches, surrounded by a light-red halo, was observed on the inner side of the calf of the left leg. On the 9th a similar patch appeared on the outer side of the right thigh. It was of about the size of the palm of the hand. At 5.30 P.M. it had extended upwards as far as the groin and downwards to the knee, and encircled the whole thigh and was spreading to the buttock. The parts implicated, which were tense, smooth, and shining, did not pit on pressure but were hard. There was no pain or tenderness. The patch on the right leg had not spread since the previous day. The cuticle over it was raised and the subjacent part looked like a piece of raw liver. There was no œdema of the penis or the scrotum. The rest of the body presented a blanched appearance. Treatment had no effect in stopping the progress of the hæmorrhage. There were no hæmorrhages from the interior of the body. The patient died quietly on the morning of Oct. 10th.

Preston.

TWO CASES OF FOREIGN BODIES SWALLOWED AND THEIR TREATMENT.

BY H. W. BOREHAM, M.B. EDIN.

THE first of these cases was that of a woman who had swallowed three false teeth with their plate, which when *in situ* was attached to the molars on either side of the upper jaw by means of the ordinary wire arrangements. One of these latter had been broken, leaving a sharp point about a quarter of an inch long directed straight outwards from the plate. The woman was in a great state of nervousness and complained of considerable pain in the epigastrium. After the administration of 20 grains of bromide of ammonium she was given bran and coarse porridge with small pieces of thread in large quantities, allowing the minimum amount of fluid. The pain soon left her and in the course of two days she passed without any pain the plate which was found to be encased in the thread and bran, forming a solid mass.

The second case was that of a man who had swallowed a pin. He was treated in the same manner with an equally good result.

In my opinion it is very important that in such cases as little fluid as possible should be allowed during the first two days, and that the bowels should be kept somewhat confined, by the use of opium if necessary, until the foreign body has been passed.

Swindon.

A METHOD OF TREATING TRAUMATIC TETANUS.

BY DR. S. ZLOTOWSKI.

IN 1877, when holding the position of chief of the surgical department of the Imperial Ottoman Military Hospital, Gumush Son, at Constantinople, I had occasion to remove the terminal phalanx of the index finger of a soldier. On the third day after the operation trismus set in and on the fourth

day there was opisthotonos with violent spasms. No benefit being derived from treatment on the ordinary lines I had recourse to a method which has not, so far as I know, been mentioned in medical literature. Attached to the hospital there was a Turkish bath which was being used day and night. The patient, in a state of universal rigidity, having been taken there was kept lying on a hot marble slab and every four hours was put into a hot bath for 30 minutes. This treatment succeeded admirably. The spasms ceased, the breathing became more free, and the tetanic symptoms diminished. Before the expiry of the first six days the patient felt comparatively well; the trismus and opisthotonos almost disappeared, he could walk about and even take solid food, and he was very averse to persevere with the treatment which I was intending to continue for at least a day or two longer. Disobeying orders he made his way out of the bath premises to another part of the hospital, but had hardly arrived there when the tetanic symptoms returned with great severity. I therefore had him carried back to the bath and resumed the treatment. The symptoms immediately improved and after 14 more days in the Turkish bath and 24 days' treatment in the wards he was able to return to his regiment quite recovered. The last patient whom I have treated for tetanus was a woman, about 35 years old, who had run a rusty nail into the sole of her foot. As there was no Turkish bath at hand I had a stove put into a room the temperature of which was kept day and night at 35° R. In this room she had a hot bath every three hours, remaining in the bath for 30 minutes. After 14 days' treatment in this heated room she was entirely cured.

This method used by me can be applied in any house or even hut. The temperature of the room is kept between 32° and 35° R. (between 104° and 111° F.) and every three hours the patient has a hot bath of 30 minutes' duration. Morphine injections along the vertebral column are used for the purpose of soothing pain. The result of this treatment, which must be continued for at least 15 days, will always, I think, be satisfactory.

Rustchuck, Bulgaria.

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.

BIRMINGHAM GENERAL HOSPITAL.

A CASE OF HÆMATURIA OF MANY YEARS' DURATION DUE TO VILLOUS PAPILLOMA OF THE RENAL PELVIS;
NEPHRECTOMY.

(Under the care of Mr. GEORGE HEATON and Mr. LEONARD PARKER GAMGEE.)

VILLOUS papillomata of the pelvis of the kidney are extremely rare, but histologically they are indistinguishable from the villous growths of the bladder. They may affect both kidneys,¹ and a case has been recorded by Murchison² in which not only were both kidneys affected by these papillomata but a similar growth was found in the bladder at the orifice of each ureter.

A man, aged 48 years, while at work one day nine and a half years ago felt "something go in his left side." On the next day he noticed blood in his urine and for two days afterwards the hæmaturia was very severe. After this there was a complete absence of symptoms for six months; but at the end of that time the hæmaturia returned and the patient was admitted into a hospital near Birmingham. There the left kidney was exposed by the lumbar operation but with a

¹ J. Bland Sutton: *Tumours, Innocent and Malignant*, second edition, p. 225.

² Transactions of the Pathological Society of London, vol. xxi., p. 241.