

pointing to sinus thrombosis, meningitis, or cerebral abscess. On a vertical incision over the fore part of the mastoid being made about two drachms of pus escaped from beneath the periosteum. After freeing the pinna from its posterior attachments I found the supra-meatal spine and the pit behind it were well marked. A little gouging opened the mastoid cells external to the antrum, and more pus escaped; a little more gouging opened the antrum itself at a depth of a quarter of an inch, and pus again escaped. Thanks to the care of Mr. N. F. Kendall, the senior house surgeon, the case terminated in a few weeks without any necrosis taking place; and when the child ceased to attend the aural discharge had almost ceased, there being a perforation of the tympanic membrane about one-eighth of an inch in diameter. I relate the case as an example of the class in which I consider it unnecessary to remove the posterior part of the sulcus tympanicus and to open both the antrum and the tympanum. The case was taken in hand at the very beginning of the complication and before there had been time for necrosis of the mastoid bone to occur.

As a contrast to the above I may mention another case where the parents had not been so well advised as in the former case. A male child aged two had been suffering from an offensive discharge of the right ear for six months when I first saw him. The child was extremely sallow, weak, and emaciated, and the appearance of his head when seen from the front or from behind was grotesque, from a remarkably exaggerated downward and outward displacement of the pinna and puffiness of the surrounding parts. It was evident there had been subperiosteal suppuration, and the odour of the discharge left no doubt that there was extensive necrosis. After making the usual incision I found the whole of the mastoid was loose and required merely to be lifted out. The necrosis had extended as high as the temporal ridge above and had involved the posterior wall of the external auditory meatus in front. Needless to say, the child improved in health rapidly after the operation, and by the aid of bandaging much of the "lopsidedness" of the face was removed. I mention the case as an example of a class of neglected cases where topographical considerations are not called for. I was indebted to my senior colleague, Mr. Frederick Durham, for permission to occupy beds with these two patients.

I may further allude to one other case as bearing on the subject under consideration, although the patient was not originally under my care. A boy aged five years was in the Tottenham Fever Hospital for scarlet fever, and, according to the mother, who did not know the name of the surgeon, two operations on the mastoid were necessary and facial paralysis developed before the first operation was done. Six months later, when he came under my observation, there was a sinus at the back of the right ear. Examination showed that both antrum and tympanum had been well opened up; also there was almost complete right facial paralysis, the face in repose being slightly wasted on the right and distinctly drawn to the left, and there was inability to whistle and to close or open the right eye completely. A year after the onset of the disease the paralysis had improved, so that in repose the face was symmetrical and the boy could whistle and close the right eye &c.; but during movements the left side slightly overpowers the right, even at the present time, one year and three months after the operation. This third case forms an example of a class in which both the antrum and tympanum should be thoroughly opened up, the implication of the facial nerve pointing to a great severity of inflammation and calling for the freest drainage possible.

Old Cavendish-street, W.

THE third annual meeting of the British College of Physical Education was held at Exeter Hall on Saturday, June 30th, the Earl of Meath, President of the College, in the chair. The secretary (Mr. W. J. Welch, jun.) having read the annual report, its adoption was moved by the chairman in a short speech, in which he alluded to the great change that had taken place in public opinion with regard to physical education, making it necessary that teachers should now be well trained. Dr. Savill (chairman of council) said that during the last year the college had very considerably extended its work, the lecture attendances had more than doubled, and the candidates presenting themselves for examination were in the same proportion. The diplomas of membership and licentiatehip were then presented by the president, and after a vote of thanks to the chairman the meeting terminated.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF ANGIO-NEUROTIC OEDEMA.

By W. RAMSAY SMITH, M.B., C.M., B.Sc. EDIN.

IN the *Practitioner* for April of this year I gave an account of angio-neurotic oedema with illustrative cases. In that communication I ventured to state my belief that angio-neurosis was a category in which would be included more than one disease at present in course of being differentiated. The same number of the *Practitioner* contained a notice of a paper by Dr. Solomon Solis-Cohen dealing with "Vaso-motor Ataxia," "a condition of instability of the mechanism of circulation present in certain persons, characterised by abnormal readiness of disturbance, with tardiness of restoration of the equilibrium of the cardio-vascular apparatus." Dr. Solis-Cohen divides vaso-motor ataxia into two varieties: the "relaxing" and the "constrictive," of which exophthalmic goitre and Raynaud's disease are examples respectively. In the *Practitioner* for June, 1894, Dr. Charles P. Noble of Philadelphia, in an article on Profuse Menstruation, touches on this subject of angio-neurosis and states as one of his conclusions that "menorrhagia in young virgins is usually functional, due to disturbance in the vaso-motor system or to relaxation of the tissues." Considering how directly these views bear on the subject of angio-neurosis generally, I think it well to record the latest case of angio-neurotic oedema that has come under my notice, especially as it so closely resembles in many respects the case I described in detail in my contribution to the *Practitioner*.

A domestic servant aged twenty-four consulted me on May 28th of this year on account of swelling of the face, body, and limbs. In general appearance the patient is big-boned and of ruddy complexion; the skin is "harsh"; the hair is what she herself describes as "between colours." She had scarlet fever when five years old. About two years ago she began to suffer from periodical swellings of the whole body. About a year ago she had a "fit," said to be apoplectic. The swellings came on before, but sometimes after menstruation, which occurs fortnightly and lasts only part of the day. There is no leucorrhœa. The swelling may also come on without relation to menstruation; mental excitement and worry will cause it. An attack generally lasts a few days. She says the swelling "would be fearful if she took no medicine to reduce herself." During an attack there is a feeling of heat over the whole body, and itching in parts, especially in the back and in the neck. The whole body swells and becomes red. After an attack there is desquamation, the skin looking like flour. She complains of left-sided headache in the region of the temple and pain shooting into the ear and in the mastoid region and side of the neck. Examination of the mouth shows decayed stumps of premolars and molars in the upper jaw on the left side. She sees black spots falling and turning round, and also "silver spots." She cannot eat, and she has a strong inclination to vomit. She has not observed polyuria after an attack. She has a feeling of "pins and needles" in the soles of the feet. She suffers from palpitation, breathlessness, and constipation. I prescribed the following mixture: 120 grains of antipyrine, half an ounce of spirit of chloroform, to six ounces of water; half an ounce to be taken three times a day. On May 31st I saw the patient again. She has not menstruated. The swelling is less. The skin is of its natural colour and is coming off in fine white flakes. She still complains of some pain in the neck and mastoid region. I have advised extraction of the stumps of teeth. She said the medicine made her feel drunk and drowsy; that she had chloroform once rubbed in for toothache, and that she felt "sleepy and queer"; and that recently, when she had "gas" for tooth extraction, she could scarcely be roused from its effects. She also states that about eighteen months ago she consulted a medical man about the swelling, and he declared it was due to pregnancy. She felt much hurt at the insinuation and since then has been patronising druggists and old women in hope of finding something to reduce the swelling. Her list of remedies, domestic and other, was an interesting one.

A comparison of this case with the one I first observed

brings out some remarkable resemblances. Both patients were young women presenting very much the same general appearance; in both cases there was a local cause for a certain amount of local and constitutional disturbances; in both a general attack presented the same features I have already described as characteristic of the disease; in both menstruation and mental excitement were factors in the causation; and both patients exhibited certain well-marked idiosyncrasies to particular drugs. The attacks in both cases were undoubtedly acute, though less severe in the one under notice than in that first described.

Rhyl, North Wales.

A CASE OF OSTEOMA OF THE PELVIS, CAUSING DYSTOCIA.

By J. M. FINZI, M.D., L.R.C.P. LOND., M.R.C.S. ENG., L.S.A.

Apropos of the case of osteoma of the pelvis recorded by Dr. Wallace in THE LANCET of June 16th, the following case which has just occurred in my practice may be of some interest. On June 16th I was called to see a primipara aged twenty-eight years. On vaginal examination I found a large, smooth, globular swelling of stony hardness, projecting into the right anterior portion of the pelvic cavity and giving exactly the impression that it was the foetal head. On further examination the foetal head was found presenting apparently in the left occipito-posterior position, above the brim, the os being about the size of half a crown and the membranes unruptured. Vigorous pains having persisted for about two hours without any advance, I with difficulty applied the axis traction forceps (Milne Murray) and continued attempts at delivery with them for about two hours longer without any effect. I therefore decided to perform craniotomy, which I did with the help of my assistant, Mr. Scudamore, and delivered a full-grown child. Strict antiseptic precautions were adopted throughout, and the mother made an uninterrupted recovery without subsequent rise of temperature. On examining the abdomen on the eleventh day after delivery the tumour could be felt from above encroaching considerably on the cavity of the pelvis and extending from half an inch to the right of the symphysis pubis backwards and downwards in a globular form, and perfectly smooth towards the ischial tuberosity. A history of an injury caused by a fall downstairs about the age of fourteen years was elicited, for which she was treated in hospitals for twelve months in bed, and for which weight extension was used during six months of that time; and, moreover, for three years after that she was unable to put her right foot to the ground or to walk without crutches. Pain along the inner side of the right thigh was a marked feature during labour and had frequently been complained of previously.

Sutherland-avenue, W.

CASE OF IDIOPATHIC TETANUS; RECOVERY.

By CHARLES EYRE COUNSELLOR, M.D. CALIFORN., L.S.A.,
PHYSICIAN TO THE ESMERALDA COUNTY HOSPITAL, STATE OF NEVADA, U.S.A.

AT 8 P.M. on April 24th, 1893, I was called to see a healthy young miner twenty-eight years of age, of sober habits and strong physique, who had been suddenly attacked by spasms. He had been given an emetic of salt-and-water before my arrival. I found him suffering from tonic spasms, evidently of a tetanic nature. Opisthotonos and trismus were well marked; the pupils were dilated, with a look of horror; there was slight risus sardonicus, and the countenance was congested. I promptly administered chloroform on a towel till relaxation set in, and I then gave one drachm of chloral hydrate with half a drachm of bromide of potassium. The patient complained bitterly of the pain during the paroxysms and said he felt as if a hand of iron was slowly strangling him. During the ensuing paroxysms I applied hot moist sponges to the throat, with good effect. Subsequently (about 10.30 P.M.) he went to sleep, and slept all night. On the next day I found him conscious, but very sore. His complexion was still dusky, and there was great pain in the muscles of his neck. The temperature was 101° F.; the pupils

were equal and normal; the skin was moist. He had passed urine freely. He remembered all the details of the attack of the previous evening, and he said that the pain was intense. I gave him fifteen grains of calomel, to be followed in two hours by an ounce of castor oil. The bowels acted freely, black stools being passed. For diet I ordered hot milk only. The paroxysms came on again at noon, and lasted an hour. The symptoms were the same, except that the opisthotonos was replaced by pleurosthotonos. I gave two scruples of chloral hydrate with half a drachm of bromide of potassium, and he slept during the rest of the day, awakening only to micturate and to drink some milk. I repeated the chloral hydrate at bedtime, and again during the night. On the 26th I found that he had passed a good night, but had had slight spasms at 6 A.M. Another dose of the chloral hydrate had sent him to sleep again. I now gave him half an ounce of castor oil, and he passed natural stools. The temperature was normal. I ordered twenty grains of chloral hydrate with twenty grains of bromide of potassium, to be given every time he woke up. On the 27th the patient looked better, having slept well. At 11 A.M. he had strong carpopedal contractions, also trismus. I ordered the chloral hydrate to be continued. On the 28th the patient complained of acute frontal neuralgia. I gave him ten grains of bisulphate of quinine, which afforded relief. The bowels acted naturally. He still took the hot milk freely. There were several slight twitchings during the day, but no marked spasms. He continued to take the chloral hydrate and bromide of potassium in fifteen-grain doses. On the 29th the headache had gone, but the muscles of the neck and jaw felt very sore. I ordered him massage with warm olive oil. The appetite improving, I gave chicken and rice broth in addition to the milk. On the 30th the patient felt "first rate." I allowed him to sit up for a little while in a chair. On May 1st he was discharged cured, and he has since resumed his work.

In this case I could find no cause for the attack either from strychnine poisoning or from trauma. A few days before the attack he had taken violent and unaccustomed exercise on the parallel bars in the gymnasium, and on the next day he had felt very stiff in the muscles of his neck and shoulders. The *rationale* of my treatment was simply to keep the patient under the influence of chloral hydrate till the disease wore itself out. In all, he took one ounce of chloral hydrate, commencing with the heroic dose of one drachm. The patient was perfectly conscious during the attacks and suffered acutely. The first symptoms were felt in the muscles of the neck and jaw. I believe I am justified in assuming this to be a case of idiopathic tetanus and not tetany, and also in disregarding strychnine poisoning or hysteria by my knowledge of the patient, his surroundings, and his habits.

Nevada, U.S.A.

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.

LONDON HOSPITAL.

TWO CASES OF CÆSAREAN SECTION.

(Under the care of Dr. HERMAN.)

IN THE LANCET of Dec. 16th and 23rd, 1893, we reported some cases of Cæsarean section performed at the London Hospital by Dr. Herman. Those reports completed the publication of the cases of that operation performed by Dr. Herman up to that date. We now report two more cases since performed in the same hospital.

CASE 1. *Fibroid blocking pelvic cavity; Cæsarean section after twenty hours' labour; living child; death of mother from peritonitis.* (Reported by Dr. David Brown, resident accoucheur, and Mr. H. W. Beedham, clinical clerk.)—A woman thirty-three years of age was admitted to the London Hospital on Jan. 26th, 1894, at 10 P.M. She had had one