

the end of a week the abdomen was dull on percussion from the pubes to above the umbilicus, and on palpation a fluid wave could be easily propagated across the abdomen. On June 3rd, a fortnight after the accident, I tapped the abdomen by means of a Southey's trocar, my reason for using such a small instrument being that the patient was extremely weak and very nervous, the introduction of even this small instrument causing considerable mental disturbance. I withdrew six pints of dark-green viscid fluid, of a specific gravity of 1020, which coagulated with heat and nitric acid. Pettenkofer's test produced the characteristic reaction for the biliary acids. Microscopically, a few blood-cells were found, but nothing else of any moment. The boy was much relieved by the paracentesis, but the body soon began to fill again, so that by the end of a week I had to repeat the operation, withdrawing to within an ounce or two of six pints of fluid, exactly similar in character to that I have already described. At the end of the following week I tapped again, removing five pints of fluid. The abdomen was thus tapped three times. A little fluid again accumulated, but was gradually reabsorbed, and no further tapping was necessary. In the meanwhile the patient began to improve, the urine by degrees assuming its normal appearance, bile again appearing in the fæces, and the icterus gradually disappearing from the skin and conjunctivæ. The wound in the forehead healed by granulation without any exfoliation of bone. The fractured forearm, which had been put up in the usual manner, united kindly, and by Aug. 3rd (ten weeks after the accident) the patient was able to go to the seaside. The boy is now perfectly well and strong, and, save for the scar on his forehead, shows no traces of the accident. Symptoms were treated as they arose, opium in small doses being the principal drug administered. Benger's peptonised milk gruel was simply invaluable in this case, the patient vomiting every form of liquid nourishment, even milk freely diluted with lime-water.

Remarks.—The exact lesion which caused the abdominal symptoms in this case is obscure; however, one of three causes, it may be presumed, brought them about—viz., (1) rupture of liver, (2) ruptured gall-bladder, and (3) rupture of a cyst in connexion with the liver. To each of these premisses some objection can be urged. 1. The apparent absence of extravasated blood in any quantity within the peritoneal cavity seems to negative the probability of there being any rupture of the liver substance. 2. The comparatively rapid recovery of the patient militates against the theory of ruptured gall-bladder, for it is scarcely likely that a large rent (?) in that viscus would close completely within ten weeks after the accident, without at least for some time longer leaving a fistulous opening and causing further accumulation of fluid within the peritoneal cavity. 3. The rupture of a cyst in connexion with the liver would point strongly to its being hydatid in nature, but the fluid withdrawn presented none of the characteristics usually assigned to hydatid fluid, though as regards the physical characters of the fluid the accompanying inflammatory symptoms would no doubt account in some measure for its alteration in appearance and chemical reaction, but not for the presence of bile, nor yet for the absence of hooklets when examined by the microscope.

Chapel Allerton.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

PILOCARPINE IN THREATENING MANIA.

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THERE are few drugs of which the physiological action is so direct and palpable, but of which the therapeutic uses are so undetermined, as pilocarpine. It has been given in a great variety of conditions and diseases, without having as yet taken a recognised position such as that held by aconite, for example, or salicylic acid, digitalis, atropine, and others, which are employed not empirically, but with a definite apprehension of their physiological action. A note, therefore, of a case in which I employed it, with immediate effects surpassing my expectations, may interest the readers of THE LANCET.

A gentleman of powerful build and abstemious habits, a highly intellectual man, and largely engaged in mining speculations, perfecting inventions, &c., had been for a long time working at high pressure, so to say, until at last he fairly broke down. Naturally a sound sleeper, he had for several weeks been almost unable to sleep, and during short dozes he talked of business. His appetite had failed, and for the three or four days before I saw him, though he had gone as usual to his office, he had scarcely slept or eaten. I found him in bed in a darkened room, with wet cloths on his head, singing, shouting, gesticulating, snapping his fingers, talking wildly, and seeing illusions. His temperature was at least 104°F. (I could not keep the thermometer anywhere for more than a minute on account of his restlessness), his skin (as it had been, I was told, for several days) dry and burning, and his throat and mouth parched, with viscid mucus, which he tried vainly to hawk up. I may add that he had not resorted to alcohol, being almost an abstainer. My first thought was to obtain sleep as the only means of averting mania, and I gave him twenty-five grains of chloral hydrate, fifteen minims of liq. opii. sed., and a glass of milk. Six hours later I saw him again; he had not closed his eyes, and was talking incessantly and more incoherently than before. I then determined to try pilocarpine, and injected one-sixth of a grain in the arm at 10 P.M. Not more than five minutes had elapsed before profuse perspiration and salivation commenced. Next morning, at 10 A.M., I found him perfectly calm and rational, his skin cool and moist, temperature in the mouth 99°, his head clear, and appetite returning. He had had seven or eight hours of refreshing sleep, and gave a most graphic description of the flow of perspiration and saliva, which had been, he said, such as he could not have believed had he been told it by anyone else. He felt well, though weak, but not more so than he was before the crisis.

Green-lanes, N.

NOTE ON A SPECIMEN OF HAMMER-TOE.

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THOUGH there is considerable doubt as to the exact cause of the condition known as hammer-toe, there is a very general agreement as to the changes that are found on dissecting a well-marked specimen of this condition. How far these changes are instrumental in producing the deformity, or whether they only result from it, is an open question. The following case illustrates very well what is found in a typical case. The toe had been removed from a woman aged twenty-eight. The second phalanx was flexed on the first, the third being in a line with the second. With moderate force this flexion could be completely overcome and the joint extended, complete extension being accompanied with distinct click or "trigger" action. Over the joint there was considerable cutaneous thickening, in which was a cavity opening on the surface by a small hole. The flexor and extensor tendons were normal. The lateral ligaments were thickened, and resisted extension; division of one of these permitted extension. At the junction of the lower and middle third of the head of the first phalanx there was a transverse depression, the cartilage being thin and almost worn away, which was apparently caused by this part of the head resting on the lower ridge of the base of the second phalanx. At the upper part of the head the cartilage was altered in colour and thin, the prolonged flexion removing this part from contact with the base of the second. On the lower ridge of the base of the second phalanx at the point of contact with the head of the first the cartilage was completely worn away and the bone exposed. Even in the treatment of hammer-toe there is diversity of opinion, some advocating excision of the joint, some subcutaneous division of the lateral ligaments, while others prefer amputation. From an examination of this specimen, it seemed probable that the method of subcutaneous division of ligaments, as practised by Mr. Adams and others, would have relieved the deformity. Mr. Adams thinks this may be done without opening the joint, but from a careful inspection of these ligaments one sees that there is hardly room to efficiently divide them unless the joint is opened, as their attachments at either end are so close to the line of articulation. Fortunately, however, with care, a puncture of the joint is not attended with any risk.

Birmingham.