

able for sutures or ligatures as silk or catgut. It is prepared by soaking for twelve hours previous to an operation in a one per cent. solution of sublimate, and during the operation the usual one-tenth per cent. solution. Trendelenburg's experience shows that wounds heal as readily and without suppuration as when silk is used. Heyder Bonn reports a case where it was satisfactorily used for an intestinal suture.

PEAT MOSS AS A SURGICAL DRESSING.

The investigations of N. N. Jakimovitch²² of this tensively recommended substance are important to those who are in the habit of using the sphagnum for surgical dressings. He found that peat moss is far from being an aseptic or antiseptic dressing, and contains mould fungi of various species of *penicillium glaucum*, and at least three different species of large and small micrococci. It is friable, becomes easily pulverized, and dusts out of the pails in which it is often used, soiling the patient's linen and contaminating his wound. It does possess a high absorptive power; but, to be fit for surgical use, it requires a most careful preparation to make it fully aseptic.

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²² *Ann. f. Surg.*, 1889, vol. ix, 70.

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Clinical Department.

A CASE OF CEREBRAL SYPHILIS FOLLOWING AN ATTACK OF THERMIC FEVER.

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It is a well-recognized fact that any cause which is able to induce an inflammation of a nerve centre, may, when present in a syphilitic person, provoke an outbreak of specific disease. Such an instance is recorded in the *Journ. de Méd. et Chir.* (Paris, 1879, p. 191), in which the attack followed a sunstroke.

Prof. H. C. Wood has seen in an extensive practice but one similar case, besides that of the patient whose history I record, and who was under Dr. Wood's care at the University Hospital.

E. L. C., age thirty-six, a widow, white, was admitted into the University Hospital, October 3, 1888, suffering from supposed uterine trouble. Her mother, who was harmlessly insane, due to softening of the brain, died at the age of fifty-two. Father, aged fifty-eight, is dead, also; cause unknown. Two children died of phthisis, aged respectively twenty and twenty-one. Rest of family history unimportant.

Personal History.—Patient never was strong and was of a very neurotic temperament. Menstruated at sixteen. Always regular up to a few years ago. Was married at age of twenty-two. Husband was healthy, but contracted dysentery in the army, from which he died. Had three children by him and two miscarriages. Causes and time of abortions not known. Memory very defective and history, therefore, somewhat uncertain and confused. Children are still living and apparently healthy (?) Labors were all natural but very severe. Each time was confined to bed for periods varying from one to two months.

About a year before present trouble caused her to seek relief in the hospital, she had a severe attack of thermic fever, which was followed by intense and persistent headache, difficulty in speech, failure in memory, general drowsiness, attacks of giddiness and paralytic seizures of more or less moment, and of varying duration. The above facts in reference to the sunstroke and its accompanying sequelæ were not known for some time after patient was admitted into the house, and then only by accident, after she had an attack of palsy which led to further and more extended inquiries that elicited the statement from her friends as already mentioned.

Her present illness for which she sought relief, began two years ago. Menstrual periods became very irregular, absent sometimes for four or five months. Would then occur suddenly and last for three or four weeks, during which time considerable fluid would be lost and she would be left very weak. The last time "period" came on, it lasted two months, and clots of blood were passed causing bearing down sensations, but no pain, to speak of. This attack left her very weak, and from her own statement, as well as her friends, she had lost much flesh.

Prof. William Goodell at this time had the patient in his wards, and an examination made by him revealed

a somewhat tender and prolapsed ovary upon the left side; a small bi-lateral tear of the cervix uteri, and the womb bound down to some extent by adhesions. Her general condition did not warrant operative interference, even had that step been deemed advisable. She was therefore, placed upon medicines of a tonic nature and kept at rest in bed. This treatment was kept up for some little time, and though it improved her condition somewhat, her progress toward health was not marked. About a month after her admittance into the hospital I noticed, in making my morning rounds, that patient was very stupid and drowsy, and unable to answer questions readily. This condition grew worse, and at night she was in a profound stupor from which it was impossible to arouse her. It was noticed at this time that the right pupil was markedly dilated and the left one about normal. At first it refused to contract to light, but about an hour later responded to light from a candle (though very sluggishly).

The next day she was quite rational and able to talk. It was at this time that specific trouble was suspected, and a careful examination to confirm this view was now made, resulting in finding marked tenderness along the crests of the tibiae, and the soft palate was found to be entirely ulcerated away. There was also evidence of pre-existing buboes. Tenderness was noted along the nerve trunks, especially of the arms; absent, however, along the spinal column.

The case was now turned over to Dr. Wood, and at his suggestion was placed upon the mixed specific treatment, consisting of potass. iodide, grs. xx, and hydrarg. bichlor. corros., gr. $\frac{1}{4}$ t. d.

It was now observed that the pupils were unequally dilated; that the tongue was drawn to the right side and that the corner of the mouth on that side was lower than the left. There was also distinct though not entire loss of sensation in both arms. Power was greatly diminished. Sensation was retarded on both sides of chest and abdomen. There was no loss of motor power or of sensation in the lower extremities. Ptosis was present on the right side. The potass. iodide was now increased to grs. xl, and the bichloride to a twelfth, t. d.

Examination of the urine resulted negatively. Patient still continued to improve. Headache grew better and the change was generally marked.

Ten days after the last increase was made in the potass. iodide, it was again increased to one dram t. d. This dose, together with the $\frac{1}{2}$ gr. bichlor., was kept up for some time until diarrhœa ensued, when they were both reduced.

After a month and a half of this treatment, patient was hardly recognizable as her former self. Had regained flesh and was mentally, as well as physically improved. The paralysis had long since disappeared, and she was able to be up and about. She was discharged and advised to pursue treatment for some time to come.

At last accounts she was doing well and had no return of previous attacks. Her head was also comparatively free from pain.

At the onset of the attack of coma, which occurred in the hospital, the patient was perfectly quiet and relaxed. There was no evidence of hemiplegia or of palsy, although after recovery of consciousness paralysis was noted.¹ That the diagnosis of cerebral syphilis

was correct in this case, I think the evidence upon the patient's body conclusively proved, and was further decided by the so-called therapeutic test, about which Prof. H. C. Wood speaks in the following terms:—"In all cases of doubtful diagnosis the so-called therapeutic test should be employed, and if sixty grains of iodide of potassium per day fail to produce iodism, for all practical purposes the person may be considered to be a syphilitic. No less an authority than Seguin has denied the validity of this, but I believe, myself, that some of his reported cases were suffering from unsuspected syphilis. I do not deny that there are rare individuals who, although untainted, can resist the action of iodide; but in ten years' practice in large hospitals, embracing probably some thousand of cases, I have not met with more than one or two instances which I believe to be of such character; of course in making these statements I leave out of sight persons who have by long custom become accustomed to the use of the iodide, for although in most cases such use begets increase of susceptibility, the contrary sometimes occurs. Of course the physician who should publicly assert that a patient who did not respond to the iodide, had syphilis, would be a great fool; but in my opinion the physician who did not act upon such a basis would be even more culpable."²

The symptoms which occurred soon after the attack of thermic fever, and which plainly pointed to a specific origin, evidently were prematurely induced by the sunstroke. The case is interesting on this account, as well as from its curious manifestation of disease which led to a correct interpretation of the true trouble and finally to, if not its cure, its amelioration.

EARLY DIAGNOSIS AND OPERATION IN A CASE OF ULCERATIVE APPENDICITIS.

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A BRIEF report of the following case, which recently came under my observation, will, I think, be of interest to the readers of the JOURNAL.

I was asked by my friend, Dr. Knut Hoegh, to see in consultation H. M., a Norwegian merchant, age 37. For the last six or seven years he had been subject to attacks of colic, at first of moderate intensity, but which, later, became more frequent and severe. These attacks were usually accompanied by diarrhœa, but the patient could not say whether this preceded or followed the attack. At first there would be intervals of six months or so between the attacks; but during the last fifteen months there have been five attacks, each one worse than the preceding; and he would be left weak and ill and unable to attend to his business for many weeks at a time. Sometimes the attacks would come on at night while he was asleep, and he would be waked up with an aching pain over the whole abdomen, which would always settle in the right iliac region. The pain would steadily increase, and would often be accompanied by chills and attacks of shaking. There was nausea and wrenching, but never vomiting. There was always extreme pain and tenderness in the ilio-cæcal region over a space the size of a silver dollar. There was sometimes difficulty in urination, but he never passed anything abnormal, and there have been no signs in the urine.

¹ Similar cases are recorded by Dr. J. Althaus. Medical News, vol. xlix, p. 428.

² Wood. *Pepper's System of Medicine*. Vol. v, p. 1013.