

The little patient was recommended for admission but no bed being then available, the infants' ward being full, a mixture containing bismuth and soda was prescribed. A week later the child was again brought to the hospital unimproved. It then occurred to me to give an antispasmodic and on account of its marked action upon the spasm of unstriated muscle, as shown in asthma, renal and biliary colic, and so on, opium was selected. The susceptibility of infants to opium—most of us carry in our minds the warning fact that one minim of laudanum has proved fatal to an infant—led to my prescribing a small dose with the intention of increasing it later. One minim of the tincture was added to ten ounces of water and the mother was directed to give the child one teaspoonful of this 20 minutes before each feed. A week later the patient was seen again in the out-patient department, the child having shown such marked improvement that the mother had refused to allow the child to become an in-patient when written for. Vomiting was said to be less frequent and the child seemed to be gaining flesh. During the next seven days the frequency of the vomiting had dropped to twice a day and the child was obviously greatly improved in appearance, although it is interesting to note that the mother now complained of the child's increased peevishness and irritability. Three weeks afterwards the opium was stopped but the vomiting beginning to return the mother was told to continue the opium and when the bottle was half empty to fill it up with cold boiled water and to continue the teaspoonful doses as before—a convenient, if somewhat rule-of-thumb, method of gradually reducing the dose. The child is now, some months later, plump and seems in no way abnormal.

Shortly after this case I saw an infant at the Bristol General Hospital suffering from daily frequent and forcible vomiting in whom I thought that I could detect waves of gastric contraction. The child was bottle-fed and certain modifications were made in the milk, and opium was prescribed as before. The recovery was rapid but I am unwilling to include the case as the diagnosis was not absolutely certain and also because modifications were made in the diet.

The next case came under my care at the Bristol General Hospital on Oct. 9th. One could not wish for a more typical case for the purpose of putting a certain treatment to the test. The patient, aged eight weeks, had been bottle-fed from birth, the mother having suffered from white leg. Shortly after birth the child had jaundice, otherwise it was "a fine strong baby." At the end of the first week the vomiting was first noticed and at the same time there was constipation. Various modifications of diet had been tried with no good result; the vomiting gradually became more forcible until the present time when the child lying in the cot would vomit over the side of the cot on to the floor. When I saw the child at the end of the eighth week there was great emaciation, the gastric waves were strong, and the pylorus was plainly palpable. No change was made in the diet in use at this time, equal parts of milk and water, but a teat bottle was substituted for one with a long rubber tube. Opium was prescribed as before, one-eighth of a minim in a drachm of water 20 minutes before each feed. A week later there was no improvement, so one-fortieth of a minim was ordered. It was subsequently found that very early the first bottle of medicine had been broken—how early the mother seemed disinclined to admit—and the child, for some days at any rate, had been without medicine. A week later there was distinct improvement in the appearance and vomiting had dropped in frequency to twice in the day and once at night. The scales of the local grocer having been requisitioned the child was weighed every other day and during the next fortnight, with surprising regularity, there was an increase of from one to four ounces in the two days. The improvement is continuous and the child is doing well.

Two cases successfully treated with opium are insufficient to allow one to claim that opium is a specific in this disease, but the following conclusions may be fairly drawn from them: 1. Some cases of spasm with hypertrophy of the pylorus may be successfully treated with opium in the ordinary routine of the hospital out-patient department. 2. In some cases modification of the diet, stomach washing, and tube feeding are not necessary to the cure. 3. No case should be subjected to an operation until opium has been tried, unless, possibly, some other antispasmodics,

such as the belladonna group, have been found equally efficacious.

NOTE.—Since the above was written I find in this month's *Scottish Medical and Surgical Journal* (article by Dr. John Thomson) that Heubner recommends tincture of opium (G.P.) in doses of from one-twentieth to one-tenth of a minim. Whether it is given before each feed or not I do not know. It is interesting to note that he considers operation unjustifiable in these cases. I may add that I have now under my care a third case, breast fed, aged three months, doing well as an out-patient under opium.

Clifton.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF SECONDARY PAROTITIS.

BY A. W. PEAKE, M.R.C.S. ENG., L.R.C.P. LOND.

I HAVE read with much interest the article on the Pathology and Prevention of Secondary Parotitis by Mr. Rupert T. H. Bucknall, which appeared in THE LANCET of Oct. 21st, p. 1158, and should like, with your kind permission, to place on record a case under my care which ended fatally on the date of publication of the paper.

The patient, a man, aged 88 years and eight months, had an abdominal growth which was diagnosed as carcinoma of the cæcum. There were increasing ascites and œdema of both legs. For the last few weeks of his life he kept his bed and lived on liquid food. His mouth was attacked by stomatitis some four weeks before death, with much fetor of breath and dribbling of saliva. A week later swelling of the left parotid appeared, accompanied by difficulty and pain in opening the mouth. The swelling gradually subsided and in eight days had disappeared, when the right parotid became inflamed, together with the submaxillary gland on the same side. Movement of the jaw was now attended with so much pain that considerable persuasion was necessary to induce the patient to take any nourishment. The parotid enlargement increased until his death on Oct. 21st. On the morning of that day when I saw him he was very drowsy. His temperature was 100·8° F., his pulse was 124 and thready, and his breathing was hurried, with loud tracheal râles. The swelling then was enormous; the overlying skin was red and shiny and the tumour was hard and brawny, with a softening centre below the angle of the jaw. The right upper eyelid was so œdematous that the globe could not be exposed. The drowsiness deepened into coma, in which state he died.

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A CASE OF FRACTURE OF THE FIRST CERVICAL VERTEBRA.

BY WILLIAM EWART MAW.

RECENTLY, I was called to see a man who had fallen down some area steps, eight or ten in number. On my arrival at the house, ten minutes or so after the message was received, I found an elderly man lying at the foot of the stairs quite dead; the heart had ceased to beat and the extremities were becoming cold. It was subsequently ascertained that he was 74 years of age. Beyond three or four superficial abrasions on the top of the scalp no injury could be detected. An inquest was of course necessary and at the post-mortem examination all the organs were found to be in a healthy condition with the exception of a little atheroma about the valves of the heart and aorta. On opening up the vertebral column, however, it was seen that the posterior arch of the first cervical vertebra was broken off and although held in position by the ligaments could be moved by the finger. The fracture was quite symmetrical on both sides and was just anterior to the grooves for the vertebral arteries. There was no displacement of the bone and no indentation was perceptible on the spinal cord, either