

opportunities for service as "specials," and where they do not take proper care of their nurses' health, I am sure their graduates cannot compare with those from the smaller hospitals.

Our attention to the importance of the psychic is forced upon us today from another quarter, namely, the comparative success of various kinds of pseudopractitioners. I foresee one good result, if nothing else, from the present craze for Christian Science, mental healing, homeopathy, and the like. They emphasize the importance of the psychic. There are a sufficient number of persons in our midst today, once ill, now well, who owe their recovery to the psychic relation, however blindly exercised, of some pseudophysician. It is an encouraging sign of the times that we, as physicians, no longer cry out, "This fad is totally bad; have nothing to do with it." Instead, when occasion permits, we say, "Yes; this is a fad. It owes its existence to certain well-recognized medical principles, is capable of much good within certain limitation, but is also capable of much harm through ignorance of other laws."

It would be interesting in connection with the subject of this paper to discuss the relations of electricity and hypnotism to the psychic. These agents have already demonstrated their value in certain limited lines as therapeutic agents, but it seemed to me that such discussion would unduly prolong this paper. I therefore thought it better to confine my remarks simply to two main thoughts, namely, the psychic as a causative agent, and the psychic as a remedial measure.

Clinical Department.

A BRIEF REPORT OF A CASE OF CEREBRAL ABSCESS OF OTITIC ORIGIN; OPERATION; DEATH.¹

BY GEORGE L. RICHARDS, M.D., FALL RIVER, MASS.,

Otologist and Laryngologist to the Fall River and Emergency Hospitals; Fellow American Laryngological, Rhinological and Otological Society, etc.

M. D., male, twenty-eight years old, was admitted to St. Luke's Hospital, New Bedford, September 16, 1899, at 8.30 p. m., with a temperature of 100.4° and the following history: Two years ago had earache in the right ear followed by a discharge. Since that time has not been conscious of any trouble with the ear up to September 3d of this year, when he had his hair cut. This was followed by pain in the head, loss of appetite and general weakness. For the last ten days has suffered from severe pain in the right ear, and there has been a slight discharge from this ear; has not been able to work.

On examination a small perforation was found in the drum of the right ear, while the left was normal; watch tick not heard in right ear. The ear was poulticed and boric-acid solution applied in it.

On September 17th his temperature was 99.2° and pulse 88; he was perfectly rational and general condition seemed good. On September 18th, the day following, he was allowed to go home, his temperature being normal and pulse 76. This was at his own request. He was told to present himself at the office of

Dr. Whitney for examination of the ear. He did not go to the doctor's office or to his home, but was found late in the evening in a dazed condition in a swamp some distance from his home. During the night he became unconscious, and Dr. Whitney saw him at his home early the following morning, at which time he was semiconscious and partly paralyzed on the left side. He was taken back to the hospital in the ambulance, less than twenty-four hours after he had walked out.

I saw him at 2 p. m. of the same day by invitation of Dr. Whitney and of Dr. Hough, in whose service he was admitted, and we operated on him at once. At this time he was absolutely unconscious, and his pulse was 104 (I do not find any temperature record on the hospital chart until after the operation), the right pupil was much dilated, the left normal and the whole left side paralyzed, not responding to any stimulus. I made a probable diagnosis of cerebral abscess, advised operation and gave an unfavorable prognosis. It seemed better to give an anesthetic, and ether was used, though I afterwards wished that we had either used none at all or else had used chloroform. I first did the usual mastoid operation. A very hard mastoid was found with no pus in the cells; the lateral sinus was then uncovered and found to be all right; the attic wall was cut away and a little foul secretion and purulent debris found, which was thoroughly removed. Not having found sufficient to account for the patient's condition, I next removed with a small trephine a button of bone, making the cut one inch above and behind the bony auditory meatus. The dura was wounded slightly, but no bleeding followed. A probe was passed along the point of wounded dura and the underlying tissue lightly explored, when a foul smell of gas easily apprehended some feet away followed. The dura was then slit and a director pushed down into the soft, nowhere bleeding, brain substance. At the depth of a quarter of an inch, perhaps a little more, a large pus pocket was reached, and two ounces of as foul pus as I have ever smelt evacuated. The cavity was washed out with sterile water, drainage tubes inserted, and patient put in bed, and a decidedly unfavorable prognosis given. The temperature four hours after the operation was 105°, pulse 140, respirations 72.

Directly after the operation, that is, within a few hours, there appeared a severe bronchitis which Dr. Hough regarded as due to the ether, but which may perhaps with as much justice be ascribed to the exposure of the day before in the swamp. He was given strychnia and other heart tonics hypodermically, with alcoholics, and the wound was frequently washed out of the accumulated purulent secretion and debris. The day following the operation he was unconscious, with temperature of about 106°, a pulse of 150, and a respiration of 48. The temperature being so high, antipyrin was given, and under this the temperature was kept from 101° to 103°. On the second day the bronchitis became a bronchopneumonia, and oxygen, which had been administered from the start, was given more frequently, and the dressings were changed three or four times a day, the discharge continuing considerable in amount. He was by this time partially conscious, the inequality of the pupils less marked and the paralysis not absolute, and had it not been for the pneumonia it seemed as though there might have been a chance of recovery. As it

¹ Presented at the Annual Meeting of the American Laryngological, Rhinological and Otological Society at Philadelphia, May 31-June 2, 1900.

was the temperature went higher, he grew rapidly worse, and died on the third day following operation, with a temperature at the time of death of 107.8°. Every effort was made to obtain an autopsy, but permission was denied.

The special point of interest in connection with this case lies in the fact that a man with destruction of very nearly the whole of the middle lobe of his right brain was able to go out from a general hospital at his own request, and with the house officer thinking him in sufficiently good condition, within less than twenty-four hours of his being brought back to the same hospital unconscious and paralyzed and with two ounces of fetid pus in his brain. When it is recalled how the very slightest hemorrhage into the same area will produce symptoms as marked, it is remarkable that nature in this case bore so great destruction for so long a time before she showed any positive signs of its presence.

PURGATION WITH OPIUM.

BY J. W. WAINWRIGHT, M.D., NEW YORK.

A VERY interesting case of intestinal obstruction came under my observation some years since, which I have often thought to report because of the treatment adopted, and the satisfactory termination of an illness which promised to demand operative procedure as the only means of affording relief.

R. W., age five years, male, very active, nervous, well nourished and with good family history, was found to be suffering from obstruction, but without distress. Inquiry revealed the absence of bowel movement for forty-eight hours. Laxatives were administered, but after twelve hours and no results cathartics were given together with enema. These measures not bringing relief, intussusception was diagnosed. There was no fever, tenderness or nausea. Broths and milk, which had been allowed, were now forbidden, and the patient placed under chloroform anesthesia, an enema with a long flexible rectal tube given, together with massage over the abdomen. Still results were *nil*. There was no escape of gas, no vomiting, other than could be ascribed to chloroform, and still no pain, circumscribed or otherwise. The case by this time—as ninety-six hours as near as could be ascertained had elapsed since the last stool,—was thought to be serious, and consultation sought. Consultants were not agreed as to diagnosis or line of treatment. Another effort to relieve the little patient was to be made before resorting to abdominal section.

Just at this point the patient's father, himself a physician, upon questioning him, learned that he had eaten a handful of small squares of American cheese, about two ounces. The servant was questioned, and remembered that upon entering the dining room just before announcing dinner, she had caught the little fellow "hooking" some cheese from the table, and that upon being caught, he forced what he had in his hands into his mouth and left the dining room, and this episode was traced to the day previous to the discovery that his bowels were not acting.

It was now believed that the cheese had lodged at the ileocecal valve and was causing all the trouble. The patient was again anesthetized with chloroform,

held up by the feet, and as much of an enema administered as the bowels would retain. While being held head down, completely anesthetized, massage was again used over the valve, but without effecting dislodgment of the obstruction. At this time—five days after a movement of the bowels and after every effort had failed—an operation was thought imperative in order to save the patient, and his father was so informed. The father, however, declined to have an operation at that time, believing that even were the operators able to remove the obstruction, the patient would succumb to shock. All this time there had been no nausea or fever. The patient had not complained nor once cried. The manliness of the little fellow and his perfect willingness to submit to anything his father suggested appealed to all the consultants, six in number. At the request of the father of the patient, a surgeon residing in a distant part of the city was now brought into the case, who, after hearing the history, making an examination and listening to the father's reasons for objecting to an operation, suggested one more effort to dislodge the obstruction before operating. His instructions were carried out to the letter by the father, and were as follows: A quantity each of *tinctura opii deodorati* and *tinctura belladonnae* was procured and two drops of the *tinctura opii* given on the tongue with a medicine dropper every half hour. This was kept up until there was complete coma with stertorous breathing, and this condition maintained for two hours, during which there was contracted pupil, insensible conjunctiva, threatened paralysis of the muscles controlling the tongue, etc. At the expiration of the two hours the patient was allowed to recover from the effects of the drug, taking about four more hours, with the aid of small quantities of *tinctura belladonnae*, which had been held as an antidote to the effects of the opium if needed. His first words upon regaining consciousness were to ask for "his chair" (stool), when there was a free stool. Upon examining this, a knuckle-shaped mass was found which proved to be cheese. The patient made an uninterrupted recovery. The cathartic action of the opium was rather the complete muscular relaxation which chloroform had not succeeded in bringing about, extending to the muscular coat of the intestines, thus allowing the mass to pass through the ileocecal valve by gravitation.

A CASE OF VOLVULUS COMPLICATED BY PERITONITIS; OPERATION; RECOVERY.

BY W. P. GIDDINGS, M.D., GARDINER, MAINE.

THE case here reported I have thought of sufficient interest to merit attention of the profession.

S. P., of Richmond, Maine, age fifteen, on Monday, February 2, 1899, at 4 P. M., was playing "snap the whip" in company with a number of his schoolmates. He being at the end of the line lost his hold on the hand of the next boy and was thrown some distance, but did not then realize he had received any injury. About five o'clock on his way home he began to have some pain in his abdomen, which was described as more diffused than localized. During the night his suffering so increased that early on Tuesday morning the family physician was called in. The doctor immedi-