

pudding. On the 7th, at 9 A.M., he had had a good night, although he had taken no chloral, sleeping on and off from 10 P.M. to 8 A.M. He had a cup of tea, with bread in it, for breakfast. The edges of the tongue and gums were sore and tender. The rash had quite gone. The right arm was less firmly contracted, and he could move the fingers a little. At 9 P.M. he had had a good day. On the 8th he slept fairly well without chloral. The right arm and hand were rather more rigid than on the day preceding. He was ordered bread and milk. He said that washing the arm caused slight spasm. He could now put out the tongue a little. On the 9th he had had a good night. The bowels acted, and he had a satisfactory day. On the 10th he had slept well. He could put out the tongue further, although the jaws could not be opened much more than before. He sat up for three hours and had minced beef and vegetable marrow. On the 11th he had had a good night. The tongue was cleaning. He sat up for three hours. On the 12th he had again had a good night. He was out on the verandah in the sunlight for an hour. On the 13th he weighed 10 st. 3 lb., and was sent home, as his wife was anxious for his return. During the next two months he was seen at intervals. The tonic contraction of the right arm, though gradually decreasing, persisted until Oct. 20th. On Nov. 15th he came to report himself. He still complained of general muscular weakness. His weight was 12 st. 3 lb.

Remarks.—In this case the origin of the infection is pretty apparent. The antitoxin was administered in the following way. It was powdered finely in a mortar and dissolved in 90 minims of boiled distilled water. It was then injected, by means of a sterilised syringe, deeply into the muscles of the back. After the first injection great pain followed each succeeding dose, and the tissues round looked red, swollen, and inflamed. The patient had evidently a dread of them, as they made him feel terribly upset for some hours. At first the antitoxin seemed to do good by lessening the frequency and severity of the spasms, but the later injections appeared to cause great and alarming weakness. Although he was carefully fed during the whole time with milk, raw eggs, prepared meat juice, and brandy, he lost nearly 2½ st. in weight. The tonic contraction of the right arm continued nearly six weeks after the acute attack had subsided. The swelling on the ulna also completely disappeared about the same time. It is, of course, doubtful in this case whether either the antitoxin or the chloral hydrate had anything to do with the favourable result, but it is, perhaps, best to publish notes of each patient treated with antitoxin, and it is certainly interesting to compare this case with the one published by Dr. Tirard.¹ Yandell says, in summing up Cowling's report on Tetanus:² "Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to nine days after the injury. When the symptoms last fourteen days recovery is the rule, apparently independent of treatment. The true test of a remedy is its influence on the history of the disease. Does it cure cases in which the disease has set in previous to the ninth day? Does it fail in cases whose duration exceeds fourteen days? No agent tried by these tests has yet established its claim as a true remedy for tetanus." In how many cases has tetanus antitoxin been tried when the symptoms have come on at an early date after the injury, and what have been the results?

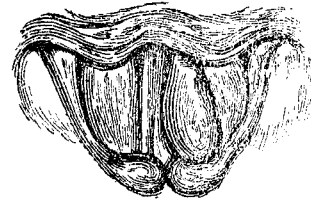
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A CASE OF CYSTIC TUMOUR OF THE LARYNX.

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A MAN aged sixty-seven years applied at the Edinburgh Eye, Ear, and Throat Infirmary on June 4th, 1895, on account of "difficulty in breathing," which had existed in a marked degree for above a year and had become more pronounced during the last three months. For several nights preceding admission he had had scarcely any sleep on account of a sensation of impending suffocation which sometimes caused him to spring suddenly out of bed for relief. He had always enjoyed good health until the onset of his present trouble.

His voice was husky, and there was well-marked laryngeal stridor, but no pain. On laryngoscopic examination the cause of his respiratory embarrassment was at once detected. A pear-shaped body with a smooth surface lay upon and obscured the left vocal cord and part of the left ventricular band. It was attached by a short pedicle at or near the anterior commissure of the cords and extended as far as the left arytenoid cartilage. It moved slightly with ordinary



respiration, but during deep inspiration it was drawn below the level of the glottis. The obstructing body was at once removed by the aid of rectangular laryngeal forceps, and a portion of the pedicle which remained was removed by a second similar operation. Immediate and complete relief followed the operation. No recurrence had occurred four months afterwards. After removal of the tumour a somewhat rare condition of the larynx was observed. The left vocal cord, which at first seemed to underlie the tumour, was now found to have completely disappeared, apparently from long-continued pressure and erosion by the growth. A portion of the left ventricular band had been similarly affected.

Remarks.—It is worthy of special notice that two cases of cystic tumour of the larynx in old persons—the one being in almost all respects a duplicate of the other—should have occurred at this *clinique* within a comparatively limited period. The previous case (already reported¹) was that of a woman eighty years of age who was operated on in a similar manner to the case now under notice, and who is still alive without any recurrence of the tumour. The rarity of these cases is shown by the fact that of 100 cases of growth in the larynx published by the late Sir Morell Mackenzie only two were cystic. The important inference one is justified in drawing from these and other similar cases is that cystic tumours of the larynx after removal show little or no tendency to recur.

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A CASE OF PELVIC HÆMATOCELE.

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THE following case is one of sufficient interest to warrant its being recorded.

A married woman was admitted to the St. Marylebone Infirmary on Aug. 21st, 1895. The history given by herself was that she had always been healthy up to the date of her marriage three years previously. She had one child eleven months after marriage; the labour was normal. Two months after the birth of this child she states that she suffered from "inflammation of the bowels" and was laid up for one month. No history of any other illness was elicited. Her present illness developed one month before admission, when she was attacked by pains about the rectum and all round the lower part of the abdomen. These pains increased in severity for a fortnight, when she passed from the vagina two small clots each about the size of the "end of her forefinger." She had not been unwell for two months before her illness and thought that she was pregnant. On Aug. 9th—that is, twelve days before admission to the infirmary—she became unwell and lost a good deal of blood for about a week, when the flow ceased altogether. On the 17th, four days previously to her admission, she was suddenly attacked by very severe pain in the lower part of her abdomen and felt very faint. She saw her medical attendant, who immediately sent her home to bed, and from that time till her admission to the infirmary she remained in great pain. When first seen there she had an anxious, pinched expression; the temperature was 101.6° F.; the

¹ THE LANCET, Nov. 2nd, 1895.

² American Practitioner, September, 1870.

¹ Brit. Med. Jour., Dec. 3rd, 1892.