

fluid nourishment, such as eggs and beef-tea, somewhat better. No discharge from any wound. His voice was still weak, and he could not bear anyone talking in the room.

From the 23rd to the 30th he continued to improve. His appetite gradually returned, and as it did I reduced his stimulants. I also got him to take half a pint of Guinness's stout with his dinner, instead of Swiss wine. His temperature varied from 100·6° in the morning to 104° in the evening, his pulse keeping between 130 and 140. The thighs and shoulders discharged a little thin watery fluid, occasionally smelling unpleasantly. The wounds were dressed with carbolic oil. The swelling of the right knee decreased, but the patella still grated. At the end of the week he was taking in twenty-four hours ten ounces of port and six ounces of brandy, and continued the half-ounce of tincture of perchloride of iron, and twenty grains of quinine. No champagne.

July 1st to 8th.—Improved very much this week. *Copious* healthy discharge returned, for the first three days of this week, to the right hip and thigh, and left hip, thigh, and popliteal space. He says he feels relieved by the discharge. His feet are not so œdematous, or nearly so painful. Removed the Salter's swing. Is in good spirits, eats well, and sleeps well. He has a small bed sore, the size of a sixpence, caused by the bed-pan; to be dressed with carbolic oil, and the back well sponged with whisky. During the latter part of this week the discharge gradually ceased from the five wounds, but they did not heal. Had diarrhœa for a day.

July 8th to 15th.—Was for the first time lifted off the water-bed on to a sofa, an air-cushion being placed under the sacrum, to prevent pressure on the little bed sore, which looks quite healthy and is healing somewhat. His temperature this week varied from 100° morning to 101·6° evening, and his pulse from 124 to 136. The five wounds discharge a very little, and show no disposition to close; feet much less painful and less œdematous; patella does not grate, and the right knee measures almost the same as the left; urine normal; appetite good; continues his steel and quinine; he takes much less stimulants.

At this date I left town for a fortnight, and during my absence my partner, Dr. Long, took charge of the case. From his notes I learn that during this fortnight the improvement steadily continued, the morning temperature falling to 99·4° and the pulse to 120, evening temperature rising to 101·8°, pulse to 136; the discharge gradually ceasing from the five open wounds; bed sore improving; urine normal; no motion in the knee-joints; feet and legs not so œdematous. Mr. Hutchinson saw him with Dr. Long, and advised the quinine to be reduced to twelve grains daily instead of twenty, to continue the steel, to have the legs, feet, and joints well rubbed twice daily with iodide-of-lead ointment, and to again elevate the feet and legs on an inclined plane. Both knees measure alike, and passive motion of the knees and ankles is to be used twice a day.

Aug. 1st.—I again took charge of my patient. He is much improved in appearance. Morning temperature normal, pulse 110; evening temperature 99·8°, pulse 120. Bed sore nearly healed. There is very little motion in the knee-joints, but the feet and legs are much less œdematous. He is lifted each day into a chair, but has no power of standing. There is no discharge from any abscess, and the wounds have cicatrised.

On the 13th he was carried into the garden and lay on a sofa there for a few hours, and the following day was lifted into an open carriage and had a drive. He continued to take a drive daily, when the weather permitted, until he went to the seaside.

On the 28th a small superficial abscess formed on the right instep. From the beginning of his illness there had been a small purple spot where this abscess formed, which Mr. Hutchinson and I had often remarked. I opened it, and it contained exactly three drachms of healthy pus. There had been no rigor or rise of temperature.

There being little improvement in the motion of his joints, I requested Mr. Hutchinson to see him again with me, which he did on the 3rd of September, and with the view of forcibly flexing the knees, I gave chloroform to complete anæsthesia, when Mr. Hutchinson found that there were no adhesions in the joints, but that the rigidity was due to inability on the part of the muscles to relax. The flexors and extensors were equally affected; only a very limited range of movement was permitted, and then the sense of

fixation was as if the muscles were *absolutely non-extensile*, and must be ruptured if force was used. We did not therefore use very forcible flexion, bending the knees only to an obtuse angle. More force would have either ruptured the muscular fibres or fractured the patella. We agreed to apply a galvanic current to the legs twice a day, and he was to use them as much as possible, by sitting on a high chair and swinging them. The nurse was also to bend them well for a quarter of an hour two or three times a day, and he was to try to walk, supported on either side by one person. To discontinue the quinine which he had taken for more than five months (twenty grains daily). He was still to take fifteen drops of tincture of perchloride of iron three times a day.

He continued to improve, and on the 19th September I sent him to Hastings with his nurse, where he remained for three months. I made him take with him a pair of crutches, and he was soon able to walk with them. During his stay at Hastings he had two attacks of erysipelas, but, with the exception of these drawbacks, the improvement was continuous. I visited him at Hastings on the 7th of October, and he could then walk well from room to room with crutches. On his return to London his walking powers still further improved, and by the 11th March, 1874, he was sufficiently well to go to Liverpool, to resume the office work of his business there, and could walk three or four miles. Before leaving town he got Messrs. Walters, of Moorgate-street, to fit him with a pair of elastic stockings, and he felt them a great support.

On the 7th of May he wrote to me from Liverpool—"I am improved a great deal in every respect, especially in my walking. My feet are still a little swollen, but decidedly less so than when last I wrote. In all other respects I feel *perfectly well*;" and he continues so.

Queen's-road, Dalston.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

GASTROSTOMY FOR STRICTURE (CANCEROUS?) OF ŒSOPHAGUS; DEATH FROM BRONCHITIS FORTY DAYS AFTER OPERATION.

(Under the care of Mr. SYDNEY JONES.)

For the following notes we are indebted to Mr. S. Osborne, registrar.

Charles L—, aged sixty-seven, engineer, was admitted on the 21st of January. He had had difficulty of swallowing for ten months, and for seven months had been unable to swallow solids. He had lost his voice for four months, although there was no difficulty of breathing. A bougie did not pass beyond the commencement of the œsophagus; and on bending the head forwards, so as to relax the front cervical muscles, a hard tumour could be felt on the left of the trachea, behind the sternal end of the clavicle, too low down to promise anything from attempt at œsophagotomy. He had lost very much flesh. Previously stout, his abdomen was now fallen away, the ensiform cartilage projecting as a hook-like process. He complained much of hunger, and of persistent sinking pain at the pit of the stomach. His difficulty of swallowing liquids was increasing; and a constant discharge of mucus from his pharynx caused him much trouble. The pulse was 96, feeble, occasionally intermitting. The urine was 1014, non-albuminous. The man himself was anxious to have some interference. He was intelligent, and cheerfully expressed his willingness and desire to have some operation done which would relieve him of his discomfort and sensation of hunger. He did not complain of pain in the neck tumour, which was discovered only after exploration for the cause of the stricture. It

was impossible to do an œsophagotomy. The risks of a gastrostomy were fully detailed to him; and it was also explained that such operation, if successful, could be the means only of alleviating, not of curing his symptoms. He was anxious to have recourse to any means which would afford him relief.

March 3rd.—2 P.M.: Chloroform having been administered, gastrostomy was performed by Mr. Sydney Jones. It had been ascertained by previous experiment that the readiest mode to secure the stomach, and in the best position, was to incise along a line drawn from the outer border of the left nipple to the outer border of the spine of the pubis on the same side. An incision was made along this line for about three inches and a half, beginning about an inch below the costal cartilages. The outer border of the rectus muscle was easily hit; no muscular fibres were divided; only a little venous hæmorrhage occurred; and the stomach was easily caught and at once drawn through the opening by the finger and thumb passed into the peritoneal cavity. The stomach was brought into connexion with the side of the wound by sutures, the rectus muscle being included in the sutures, and the edges of incision above and below brought together by needles. Temperature 98.6° F. previous to operation; after operation 97.7°. Before the patient was removed from the operating table an enema of milk and brandy with half a drachm of tincture of opium was administered. About 4 P.M. a subcutaneous injection of morphia was given on account of some restlessness, which continued up to 6 P.M. Temperature at 10 P.M. 99.6°. The following day the patient was troubled with some spasm of abdominal muscles, which occurred every ten minutes, and went on until the evening. The pulse was also found to intermit at times. Enemata were administered every four hours.

5th.—Patient smoked a pipe of the strongest shag tobacco this morning. Had no pain around the wound. Spasms still continued at intervals.

6th.—Was in good spirits without a bad symptom. No spasms had occurred since 10 P.M. the previous evening. He was troubled with flatulence. Had three pipes during the day. The needles were removed from the wound, around which there was a slight redness. A discharge of a clear fluid, neutral in reaction, escaped from the stomach on coughing.

8th.—Fed for the first time by the stomach; had one ounce of milk with brandy. Redness about the wound not increased; sutures were ulcerating through. On account of complaining of pain from lying on his back, he was allowed to lie on his right side.

9th.—Patient was very cheerful, and was allowed to take nourishment by the mouth. He was going on well without a bad symptom; his temperature remained normal; a large amount of greenish secretion came from the wound; no tenderness of abdomen. The lower edges of the wound were callous from the constant passage over them of the secretion from the stomach. The patient was still troubled with slight flatulence; again fed by fistulous opening.

10th.—During the day the nourishment he took consisted of six ounces of milk by the mouth; six enemata, each consisting of nine ounces of milk, one ounce of brandy, and one egg. He also had seven pipes. Two of the sutures came away on the 14th, the other on the following day. The flatulence still came on after taking any nourishment.

23rd.—Fed twice daily by the stomach. The enemata were still continued, and the patient was allowed to take small quantities of milk, ice, and jelly by the mouth. On the 26th he was up and sitting by the fire, being anxious to be allowed to go out.

April 4th.—Somewhat depressed; spat up a small quantity of blood; mucous expectoration still continues from his throat, but not more in quantity than before the operation.

7th.—Had slight bleeding from the throat, and two dark clots were found at the wound. Otherwise the patient was in good condition.

9th.—Again had some bleeding from the mouth mixed with the expectoration, but his spirits were good.

12th.—Appeared very depressed; no more bleeding from throat. Expectoration stopped suddenly last night, and symptoms of accumulated bronchial secretion became more and more urgent, and terminated fatally at 2.15 P.M., forty days after operation.

At the post-mortem examination there was found a broken-down cancerous growth invading the pharynx, springing from just below the upper border of the cricoid cartilage, and extending for three inches and a half downwards, and also infiltrating the left pyramid of the thyroid body. The new growth overlapped the mucous membrane, which was reflected underneath the overhanging edge, rendering it probable that the growth sprang from the areolar tissue of the pharynx, or the parts outside it. There was atrophy of the left optic nerve and tract from old injury and loss of eyeball; also loss of substance of the under part of the left anterior cerebral lobe, with orange-coloured discolouration from old blood extravasation after injury; a similar change had taken place in both olfactory lobes. There was also great excess of mucus in the lungs, the result of bronchitis—the actual cause of death. Union was complete and firm between the stomach and abdominal wall.

SEAMEN'S HOSPITAL, GREENWICH.

CASE OF PSEUDO-MUSCULAR HYPERTROPHIC PARALYSIS.

(Under the care of Dr. RALPH.)

In a leading article of THE LANCET of April 3rd we drew attention to the disease known as "pseudo-muscular hypertrophic paralysis," which was first recognised and described by Duchenne. We now publish the notes of a case at present under treatment at the Seamen's Hospital, and which presents some features of special interest. We have to thank Dr. Law, the resident physician, for the description of the history and present condition of the patient.

M. C—, aged twenty-one, a sailor, was admitted on the 3rd March, 1875, complaining of pain, weakness, and swelling of the thighs. He states that he has been a sailor for four years; cruising backwards and forwards in a coasting vessel to Scotland up to the time of his admission to the hospital. Latterly, however, he got through his work with difficulty, and during his last voyage had to keep his berth on account of weakness and the pain in the affected limbs. His general health has always been good; but, as long as he can remember, he has never been very strong on his legs, and from childhood has occasionally experienced darting pains in both lower extremities, more particularly the right, occurring usually about the middle of the day and after exercise. About four years ago he noticed swelling of the legs below the knee, which symptom persisted about three years; at the end of which time—viz., about a year ago—he was admitted into the Hull Infirmary, where he was treated for rheumatism, and remained nearly three months. Since leaving Hull Infirmary his thighs have increased in size, while the calves of the legs have diminished. He has never suffered from syphilis, and is of temperate habits. His father is alive, and suffers from chronic rheumatism, but is otherwise healthy; mother died during his infancy, he believes from rheumatism and dropsy. Has five brothers and one sister living; the latter is crippled with chronic rheumatism. Two brothers and one sister have died, but he does not know from what causes.

The patient walks in a slow and somewhat laborious manner, slightly stooping forward, and swinging the right leg, which he does not bend, as it gives him pain in the middle of thigh. When stripped both thighs are seen to be enlarged, and the muscles at the upper, anterior, and outer parts are prominent and bulging, and give the appearance of considerable muscularity. The calves are relatively much too small for the thighs. The glutei, abdominal, and spinal muscles, and those of the upper extremities, appear natural in outline. The thighs are tender to the touch, and especially sensitive to firm pressure over the middle and upper anterior portion. The skin of both thighs has a mottled appearance, faintly marked, irregular congested patches being observable. The measurements are as follows: height, 5 ft. 8 in.; weight, 162 lb.; chest, 36 in.; thighs, both alike, upper part over trochanters, 23½ in.; middle portion, seven inches below crista ilii, 22½ in.; eleven inches below crista ilii, 20 in.; just above patella, 15¾ in.; calves, thickest portion, 12 in. There is considerable loss of muscular power, and the natural movements of the legs can be produced but slowly and laboriously. Common sensation appears normal. Temperature of thighs equal, 98.5°, of calves 97.4°; electro-motility equal in thighs and legs;