

tennis ball, there being no pain, redness or swelling, but the next morning she could not bear the light and could "scarcely see anything." I saw her four days after the accident, when there was slight photophobia of the left eye; fingers could be counted at a distance of two metres, and the field of vision seemed to be very much contracted. There were no objective symptoms whatever. I ordered dark glasses to be worn and strychnia was prescribed, with the result that in ten days' time the sight was normal. In another case, which I saw in 1890, a boy of about eleven years of age "got something in his eye" when looking out of a railway carriage window. I saw him the next morning, when there was intense photophobia and the eye could not be opened. Two small pieces of coal were removed from the cornea. The following day the mother called again with the boy and accused me of having injured the sight in removing the foreign bodies. The vision was $\frac{6}{60}$, and J.1 could be read slowly at five inches. I could not find anything to account for the bad vision. Dark glasses and strychnia were ordered. As in four days' time there was no improvement, I applied the faradaic current and the vision improved at once to $\frac{6}{24}$, and after three more applications it became normal.

Manor-road, Bradford.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

ASTHMA REPLACING EPILEPTIC FITS IN AN IDIOT.

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AND

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A WOMAN aged thirty-one, an idiot, was admitted into Earlswood Asylum on July 7th, 1876. The idiocy was attributed to convulsions from teething at the age of one year and ten months. There was no neurotic family history. She was the ninth of twelve children, all the others being healthy. The parents were healthy and were not blood relations. The first epileptic fit occurred two months after admission, and since that time she had on an average two or three a month until the beginning of the present year, when they became more frequent, being about ten a month. Her general health has throughout been reported as being "good," and there is no history of cough or other respiratory trouble. The last fit before the asthmatic attack occurred on May 9th and another would therefore fall due about the 12th. On the evening of the latter day she retired to rest apparently in perfect health, but about an hour after she had gone to bed (9 P.M.) she was observed by the nurse to be "breathing badly." On being summoned we found her presenting all the phenomena of a typical asthmatic paroxysm, the face being pale, the lips blue, the eyes staring and her whole aspect indicative of extreme distress. The skin was cold and sweating, the pulse rapid (120), the breathing excessively laboured (about 35 to the minute) and expiration was greatly prolonged and noisy. She was exceedingly restless, sitting up in bed, throwing herself about, and tossing off the clothes &c. The physical examination of the chest showed that the percussion note was hyper-resonant, the inspiratory sound feeble and unduly short, and the expiration greatly prolonged and accompanied by sonorous and sibilant rhonchi. There was occasional expectoration of blood-stained frothy mucus. The heart sounds were normal as far as could be ascertained. This condition persisted with occasional brief remissions, but never with complete intermission of symptoms, for fifty-seven hours—viz., until the early morning of May 15th, on which day at 5 A.M. she had a moderately severe well-marked epileptic fit. There followed upon this a comparatively rapid subsidence of the asthmatic signs and symptoms; the respiration lost its laboured character and the relation between the inspiratory and expiratory phases resumed its normal type. The lividity disappeared, the aspect became composed and natural, the pulse fell to normal, and the warmth of the skin was re-established. The patient at this time lay quietly on her side in bed and soon fell asleep, and on waking seemed practically to be well, a few moist

sounds at both bases being the sole remaining evidence of the severe attack she had recently passed through. The treatment consisted of inhalations of chloroform and also of nitrite of amyl, but without benefit. Several large doses of chloral and bromide of potassium were also given unsuccessfully. Inhaling the fumes of burning "nitre papers" afforded some temporary relief, but never produced entire intermission of the asthmatic symptoms.

Spasmodic asthma is included by Fagge with epilepsy in the group of paroxysmal neuroses, and in the above case it seemed that, for some reason not apparent, the pent-up nerve storm, instead of discharging itself along the customary channel of an epileptic seizure, expended its energy in the first instance upon the bronchial muscular fibre, giving rise to the protracted asthmatic phenomena and only finally, after many hours, exhausted itself by way of an orthodox "fit," this last bringing the disturbance to a conclusion. Fagge quotes from Hyde Salter the case of an epileptic patient whose fits, after having set in with their usual premonitory symptoms, were on several occasions replaced by asthmatic paroxysms; but he adds that this is very exceptional. On this account the above case appeared to us to be of some interest.

Earlswood Asylum.

FOREIGN BODY IN THE EAR FOR TWENTY-ONE YEARS.

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AN interesting case of a foreign body in the ear, which had remained without causing any urgent symptoms for twenty-one years, recently came under my notice and is, I think, worthy of record. I was called to see a married woman on April 5th and found her to be suffering from acute follicular tonsillitis. She complained of much pain in swallowing and of acute pain in the right ear, the temperature being 103°. The throat inflammation quickly yielded to treatment and in a few days the throat had resumed its normal condition, but the earache persisted. Interrogated as to whether she had had any ear trouble previously, she stated that for some years past she had suffered from occasional neuralgic pain and a sensation of "something being in the ear." She did not think she was particularly deaf, but had noticed lately that she had acquired the habit of turning her left ear when listening to any feeble sounds. She then stated that when a child, twenty-one years ago, she remembered placing a pea in her ear in imitation of her nurse, who was performing the sleight-of-hand trick of inserting a pea in the ear and withdrawing it from the nose. She placed a pea in her ear, but was unable to complete the feat. A medical man was sent for, but after repeated attempts all endeavours to remove the foreign body were abandoned owing to her struggling. It was hoped the pea would "work its way out," and her friends always believed it had done so. Her sense of hearing, tested by a watch, was much impaired, and examination of the meatus revealed a large accumulation of wax. Warm oil was applied on two or three occasions and the ear was syringed with warm water. After removal of some of the wax a dark roundish body was distinctly visible, adhering to the posterior wall of the canal. Syringing failed to remove it and a fine silver wire snare was carefully pushed beyond it and the body was dislodged, which on examination proved to be an ordinary pea. The pea was much shrivelled and a portion of it was covered with epidermis, its presence having set up a hyperplasia of the epidermal layer and a heaping up of cells around that portion of the pea in contact with the canal wall.

Though in this case the presence of a foreign body caused no worse symptoms than occasional discomfort and a little neuralgic pain, it would be a fallacy to trust to such a dangerous body as a pea to "work" itself out. Syringing being contraindicated (in the case quoted it was necessary in order to remove the wax and for purposes of diagnosis), a fine wire snare, easily improvised, is a simple and effectual way of removing such a foreign body. It occupies less space than ear scoops, is more easily passed, is less likely to injure the parts and is less painful to the patient. An anæsthetic would be necessary in the case of children, but in adults a few drops of solution of cocaine or of glycerine of carbolic acid will be found to diminish the sensibility of the meatus.

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