

ACUTE TYMPANITES OCCURRING IN THE
SIXTH MONTH OF PREGNANCY;

URGENT SYMPTOMS; PUNCTURE OF INTESTINES; RECOVERY.

BY CHARLES WICKS, L.R.C.P., L.R.C.S.

Mrs. W—, aged twenty-six, came under observation on Feb. 20th, suffering from quinsy and rheumatism. During attendance on these complaints I learnt that the patient was six months pregnant. All went well, recovery being uninterrupted, until the evening of Feb. 26th, when I was hurriedly summoned to see her at once, and on arrival found the patient suffering from great distension of the abdomen due to tympanites, the cause of which I was unable to make out. The usual remedies were used, injections of assafoetida &c. having no effect. On my visit next morning I found the patient worse, and the symptoms very much exaggerated. She complained of great discomfort generally, although no actual pain. The breathing was very short and quick, and the pulse small, beating about 125 per minute; the temperature was 100°. Other remedies were then tried, and on the evening of the same day I was again sent for urgently. On arrival I found the patient cyanotic, the pulse 130, and labour commenced, evidently due to the irritation of the distended bowel on the uterus. Regarding the case as very critical, and seeing that all the remedies used had entirely failed to give any relief, I asked Professor Oliver to see her with me in consultation. Having talked the matter over with him, and, having enumerated the various methods that had been employed to give relief, we agreed that the only and best chance left for her was to puncture the abdomen, and thus relieve not only the general discomfort, but also probably stop the progress of labour. We accordingly punctured the abdomen in four places with a medium-sized trocar. This immediately relieved the patient, gas rushing freely from the instrument. In a few minutes she was able to express herself as feeling much better. Her breathing rapidly improved, cyanosis disappeared, and the pulse fell from 130 to 110. A dose of morphia was prescribed, and we left her feeling, as she said, very comfortable. On visiting her two hours later, I was pleased to find that the tympanitic distension had very greatly disappeared, but disappointed, on the other hand, that labour was progressing. The pulse was 105, and the temperature 100°. Labour was completed one hour and a half later, the patient having endured it well. One hour after confinement the pulse was 100, and the patient felt inclined to sleep, lying in the recumbent position without any inconvenience, a position hitherto unattainable. On my visit next morning I was pleased to find that the abdominal symptoms had entirely disappeared, and to learn that the patient had had a very comfortable night, had passed some flatus by the bowel, and felt wonderfully well, the pulse being 80 and the temperature normal. The following morning a violent attack of diarrhoea set in, which weakened her considerably; this, however, was soon controlled by a mixture of dilute sulphuric acid with opium. A few days afterwards I ordered a mixture containing belladonna and nux vomica; and after a period of nine days she was able to be out of bed, the pulse and temperature being normal and the bowels acting regularly.

Remarks by Professor OLIVER.—Had it not been for the timely interference by acupuncture in this case, one cannot but admit that it would soon have ended fatally. The extremely distended abdomen had so completely fixed the diaphragm as to make respiration difficult and the emptying of the heart all but an impossibility, and it was absolutely necessary, with labour in progress, that relief should be sudden; and effective acupuncture gave this.

Newcastle-on-Tyne.

DEATH FROM THE BITE OF A CAT.—A young woman named Elizabeth Jones died in Liverpool last week from hydrophobia, caused through a bite from a favourite cat, which about two months ago became ill and bit the deceased while she was tending it. The cat, it appears, had been taken over to Cavan, Ireland, some time previously, and was there bitten by a dog, although the dogs in the district were supposed to be under control on account of the prevalence of rabies.

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. Mort.*, lib. iv. Prooemium.

EVELINA HOSPITAL FOR CHILDREN.

ACUTE NECROSIS OF THE POSTERIOR ARCH OF THE ATLAS,
WITH ABSCESS; ESCAPE OF CEREBRO-SPINAL FLUID;
MENINGITIS AND SEPTICÆMIA; NECROPSY.

(Under the care of Mr. R. CLEMENT LUCAS.)

ACUTE NECROSIS of any of the vertebræ is of rare occurrence, and has seldom been met with in the cervical region of the spine; the following case is therefore of considerable importance, and is worthy of careful study. It is evident that the history of the case is very much that met with in a large majority of the children applying for relief in an out-patient department, suffering from acute glandular abscess from the irritation of the scalp due to pediculi capitis, and the local condition was a similar one, excepting that the abscess was in the middle line. In this instance such a source of irritation was present, and for a time was regarded as a sufficient cause for the condition, the pneumonia which developed accounting for the unusual amount of constitutional disturbance before the onset of the pyæmic state. On the appearance of the cerebro-spinal fluid four days after incision of the abscess, there could be no longer any doubt as to the extent of the disease or of the gravity of the prognosis. When similar acute disease has developed in other parts of the spine—in the lumbar region, for instance—marked dilatation of the superficial veins has been observed, and the abscess has attained considerable size before recognition. For the notes of the case we are indebted to Mr. G. Herbert Pennell, house-surgeon.

C. R—, aged seven, was admitted on Jan. 31st, 1889. The mother took him to the hospital on account of a painful swelling at the nape of the neck, and gave the following history. The boy had been ailing about a fortnight, complaining chiefly of headache, and four days before admission a swelling was noticed in the nape of the neck, which had grown very painful. The family history was unimportant, and beyond the illnesses of childhood the boy had up to the present time enjoyed good health.

On admission there was found at the junction of the scalp with the skin of the neck, directly in the median line behind, a fluctuating swelling of about the size of a walnut, around which the skin was brawny and inflamed. The hair was full of pediculi and nits, but there were no enlarged glands to be felt. The patient had a harassing cough, a flushed face, and a temperature of 103·5°. No marked physical signs were found in the lungs, and the urine was normal. The scalp was treated with Stavesacre ointment, and a linseed-meal poultice applied to the abscess on the nape of the neck. By the next morning (Feb. 1st) his temperature had fallen to 100·5°, and though it rose to 104° in the evening, it had fallen to 99° by the morning of Feb. 2nd. Meanwhile the poultices had much relieved the pain in the neck. The patient seemed fairly comfortable, was sitting up in bed, and taking food well.

Feb. 3rd.—Improvement maintained. The temperature has not exceeded 101°.

4th.—In the evening his temperature ran up to 104°, but his neck gave him less pain. On examining his chest signs of consolidation were found round the right base. An ice poultice was applied and a simple expectorant ordered.

5th.—Temperature normal in the morning, running up to 103° in the evening, but falling again to 100° on the 6th.

7th.—Abscess in the neck opened and about two ounces of apparently laudable pus evacuated. The ice poultice to his side was discontinued.

8th.—Wound dressed. Temperature normal in the forenoon, and only traces of the pulmonary consolidation found

remaining. In the evening, however, his temperature again rose to 103.5°.

9th.—Temperature again normal in the morning. The wound was dressed; found to be draining well and the discharges sweet. Still the temperature rose again as high as ever in the evening. His bowels are open, and nothing is found in the chest to account for this.

10th.—Condition still unsatisfactory. Temperature high, but no apparent cause in the condition of the wound or of the lungs. Complaining of pain over the right trochanter, where there is some swelling and very indistinct fluctuation. Also complaining much of headache. He was ordered a mixture of bromide of potassium and antipyrin, which shortly eased his headache, and a poultice was applied to the hip. His appetite is failing; abdomen somewhat sunken, but quite lax; bowels open.

11th.—An exploratory puncture was made over the trochanter, but no pus reached. Temperature still high. Pulse more rapid and feeble. On dressing his neck, the dressings were found to be saturated with a watery discharge, and a clear fluid was seen to issue from the end of the drainage tube in an intermittent flow, which was synchronous with the pulse. Some of this fluid was collected in a test tube, and, after allowing some flaky matter to settle, the clear supernatant portion was tested with nitric acid and argentic nitrate, giving respectively the reactions for albumen and chlorides. Towards the evening he vomited two or three times.

12th.—Temperature still irregular. Slept badly. Looks much worse, his eyes being sunken and his condition one of collapse. While his neck was being dressed he suddenly turned pale, had a slight tonic convulsion of trunk and limbs, followed by tremulous movements of lips and eyelids. Rapidly recovered consciousness. Dressings soaked with watery discharge. In the afternoon he was seen by Dr. Taylor, who happened to be in the ward, and found no signs of active pulmonary mischief, but gave it as his opinion that there was some meningitis. Temperature remains high. Complaining of no pain. No rigidity of limbs or retraction of head.

13th.—General condition worse, temperature remaining high. Frequently sick. Complaining of thirst. Diarrhoea. Dressings soaked as before. Drainage tube left out, the abscess cavity seeming to have contracted, and the external wound looking quite healthy. There is now undoubted fluctuation in the swelling over the trochanter. He was seen by Mr. Lucas in the afternoon, who diagnosed pyæmia.

14th.—Temperature remains high. Very weak. Somewhat delirious. Picking at bedclothes. Complaining for the first time for several days of pain in the neck and head. Lies coiled up, and resents disturbance. Sickness and diarrhoea continue. Extremities cold. The stimulants were slightly increased and quinine given in small doses frequently. In the afternoon some rigidity was noted in his right arm. He died in the evening.

Necropsy (made by Mr. BIDWELL).—On opening the abscess cavity, at its floor the posterior arch of the atlas was found quite white and bare, the two portions being separated by a vertical median fissure. Just above the centre of the arch of the atlas an opening (of about the size of a crow-quill) in the dura mater was visible. On getting out the spinal cord, the meninges were seen to be thickened and much injected. On laying open the dural sheath, a large quantity of turbid fluid escaped, and the cord was seen to be coated at places with flakes of lymph and the vessels of the pia mater congested. Over the right trochanter was a bursal abscess. On removing the brain, there was found well-marked basal meningitis; the choroid plexuses were covered with lymph; the ependyma was injected, and there was pus in the posterior cornua of the lateral ventricles. On opening the thorax, the left lung was found to be healthy, whereas the right was thickly coated with recent lymph. On section, the upper and lower tubes were found to be congested, but not pneumonic; the middle lobe grey and comparatively bloodless, but crepitant and able to float on water. In the upper and lower lobes were in all three abscesses, varying in size from that of a pea to that of a hazel-nut. There was also in the lower lobe a more solidified caseous mass of the size of a nut, and one of the bronchial glands was also cheesy. Heart: no petechiæ; contains some ante-mortem clot. Liver pale and hard. On the upper surface, under the peritoneum, are to be seen pale arborescent streaks. No petechiæ. Spleen appears normal. Kidneys pale; no obvious signs of inflammation; stellate veins injected.

ANCOATS HOSPITAL, MANCHESTER.

TWO CASES OF SPINA BIFIDA; INJECTION; REMARKS.

(Under the care of Mr. E. STANMORE BISHOP.)

LITTLE has been done to advance our knowledge of the treatment of spina bifida since the publication of the report of the Special Committee of the Clinical Society in 1885.¹ In this they reported in favour of the treatment by injection of iodo-glycerine solution, as recommended by Dr. Morton in 1877, and this method was adopted by Mr. Bishop in the two cases under his care. The number of cases treated by this injection published in the report is 71, with the following result: recovered 35, unrelieved 5, relieved 4, died 27. The deaths are placed as follows: meningitis 7, shock 5, marasmus 7, hydrocephalus 2, convulsions 2, diarrhoea 1, doubtful 3. It will thus be evident that the recognition of shock as a possible cause of death is of considerable importance; and it was doubtless to counteract the tendency to this that bromide of potassium was injected into the rectum in the case which recovered. The following are given as unfavourable circumstances in cases in which the operation may be undertaken: distinct evidence of the presence of the cord in the sac; a very thin membranous or ulcerated sac; previous rupture; occurrence of a distinct impulse between the tumour and the anterior fontanelle, or easy return of the contents of the tumour into the spinal canal; the performance of the injection in the case of very young children. The other methods of treatment investigated were: that by puncture or aspiration and subsequent pressure, 46, with 30 deaths; by ligature, 16, with 6 deaths; excision, 23, with 7 deaths; by injection of simple iodine solution, 26, with 5 deaths. Dr. Morton gave an even more favourable account of the value of the treatment recommended by him, from his knowledge of cases in which it had been employed.²

CASE 1.—James C—, fourteen days old. Is the first child. No history of deformity on either side. The confinement was quite natural, except that the liquor amnii was deficient, which the midwife described as being not more than an eggcupful. No unusual incident occurred during the pregnancy. The child when born (Oct. 21st, 1888) had talipes equino-varus of both feet: the right being drawn up to less than a right angle with the leg, and irreducible beyond 130° by manual force; the left was easily reducible. There was also a spinal tumour over the second to the fourth lumbar vertebra, covered for the first third with skin, which ended in a jagged outline upon the wall of the sac, and for the remaining two-thirds with a bluish membrane; the middle third of the tumour was ulcerated and discharging slightly. At birth the tumour was flaccid, sessile, and about the size of a walnut. There was a naevoid condition of the skin around the tumour and over the glabella.

When seen on Oct. 28th, 1888, the feet were found to be in a state of equino-varus, as described above. There was scarcely any movement, and apparently no sensation below the knee. The faradaic current applied to the external popliteal nerve produced no action of the peroneal muscles on the right side, but slight movement on the left. The spinal tumour was the size of a small orange, and distended. The ulceration of the median third was very marked, and there was considerable moisture oozing from it. By transmitted electric light no darker lines or shadows were to be seen. There was no dimple or retracted portion. Pressure upon the tumour produced no appreciable effect as to diminution in size, but the child cried. The cranial sutures were widely open, and the forehead overhung the face. Intra-cranial pressure was evident. There had been no convulsive movements. The child was suckled by its mother. To protect the tumour, especially its ulcerated portion, and to gain time, a dental wax cap was moulded to its surface, and retained by the usual binder. The ulcer itself was dressed with boracic ointment.

Nov. 4th.—The dental wax cap had become soft with the heat of the child's body, so a cast was taken in plaster, and a leaden cap moulded upon this was fitted accurately to the swelling. Ulceration less; nearly dry.

15th.—The child has worn the leaden cap ever since, the dressing of boracic ointment being changed from time to time. All ulceration has disappeared, but the tumour is.

¹ Clin. Soc. Trans., vol. xviii.

² See also THE LANCET, vol. i. 1885, p. 1042.