

arsenic without any avail and as she was getting rapidly worse and was insistent on something being done for her I decided to cut down and to explore the tumour with a view to removal if possible. A provisional diagnosis was made that the mass was a malignant albuminuria of the suprarenal capsule, which had not materially manifested itself by concomitant well-marked urinary symptoms other than albuminuria and frequency of micturition. The temperature ranged from 100.4° to 101.2° F., and as there were no blood or pus in the urine and no obvious signs of disease in the lungs it was decided after consultation to make an exploratory incision in the loin in lieu of my first intention of approaching the tumour through the peritoneal cavity, which latter procedure appeared to me to offer better facilities of dealing with the condition present and suspected.

On April 28th the patient was put under gas and ether and an incision was made in the right loin with the object of dealing with the supposed renal disease. On exploration of the renal space there was no kidney to be found as its usual position was vacant. Exploration towards the middle line in search of a horse-shoe kidney was negative so the wound was extended forwards towards the outer border of the right rectus and the hand, passed down behind the peritoneum, discovered the kidney lying on the right brim of the pelvis. The tumour was now evidently in the abdominal cavity, having the ascending mesocolon reflected round its outer and anterior surface. The lumbar incision was temporarily plugged with gauze, the patient was turned on her back, and the abdomen was opened in the right linea semilunaris by an incision five inches long. The following condition was now apparent. The anterior surface of the right lobe of the liver and a part of the left were adherent to the abdominal wall. The hepatic flexure of the colon was long, sigmoid, and adherent to the edge and anterior surface of the right lobe of the liver and to the anterior abdominal wall, thus interposing its resonance between the tumour and the liver proper and apparently determining its non-connexion with the liver. The adhesions were carefully separated and the tumour being reached it was found to be an adventitious outgrowth of the posterior border and under surface of the right lobe of the liver, attached thereto by a broad, soft, pliable stalk of hepatic tissue. The whole liver was soft and jelly-like and gave the sensation of handling omentum. The right lobe and tumour were gently dragged out of the abdomen as far as possible with a view to remove the tumour by the galvano-cautery, but as the disease involved the whole of the posterior border of the liver and its connexion with the vena cava it was deemed inadvisable to interfere with it further. Careful examination of the condition and the absence of any signs of a primary malignant growth anywhere else in the abdomen after careful search, it was decided that appearances tended to support a specific causation, mainly affecting the moveable part of the right lobe of the liver. The abdomen was therefore closed in three layers and the loin was closed by deep retaining chromic gut sutures (van Horn and Sawtell's), also fixing the kidney, and the patient was returned to bed after a saline injection into the rectum and a hypodermic of strychnine.

The patient bore the operation well and had five hours' continuous sleep on the first night. After this she made an uneventful and uninterrupted recovery from the operation, both wounds healing by first intention. On the second day after the operation rectal injections of iodide of potassium, 20 grains each three times a day in two ounces of saline solution, were continued for three weeks, as well as mercury by the mouth, pushed to its utmost limit. Being unable to assimilate iron in any form she was placed on half an ounce of ovoferrin solution thrice daily and quickly gained flesh and strength, the tumour rapidly beginning to disappear, till at the date of her discharge from hospital on July 10th it was only palpable as a small mass of the size of a hen's egg. She weighed $10\frac{1}{2}$ stones, looked well, and expressed herself so and free from all pain and discomfort, and apparently quite restored to health.

Remarks.—The special points of interest in this case are the previous failure of specific treatment to effect even temporary improvement; the rapid result of iodide of potassium when the whole dose administered was allowed to pass through the entire portal system instead of only through the gastric portion; the rapid improvement, in gain in weight, blood counts, and general health, under the additional influence of an organic iron preparation which did not interfere with digestion; the simultaneous existence of an ectopic

kidney and a diseased outgrowth from the liver occupying the normal position of the kidney, giving its clinical features on examination, aided in this by the peculiar adhesion of the colon; and finally, the kidney itself lower down giving rise to slight renal manifestations, as albuminuria and frequency of micturition and some undoubted renal reflex pain, due no doubt to its abnormal position.

Harley-street, W.

CEREBRO-SPINAL FEVER.

BY P. L. BLABER, M.R.C.S. ENG., L.R.C.P. LOND.

THE occurrence of cerebro-spinal fever in epidemics is well known and its prevalence in Europe and America at the present time makes one fear a similar outbreak in this country. Sporadic cases are by no means rare, but in view of the possibility of an isolated case proving the focus of an epidemic it becomes of the utmost importance to recognise the disease and adopt precautionary measures. The two cases here recorded are illustrative of the toxæmic type of the disease. In one profound toxæmia was indicated by the early appearance of hæmorrhagic spots, great dyspnoea, unconsciousness, and rapidly fatal termination. This quite conformed in type with what is known as "spotted fever." The name is not a good one for these isolated cases, since spots are usually conspicuous by their absence. In this instance the spots were an early and prominent feature, indicating unusual severity of affection. Fortunately, there has been so far no spread of the disease. The other case was ushered in by convulsions, high fever, and a respiration rate of from 70 to 80 per minute, but it was not until some days had elapsed that meningitic signs became evident. It is specially of interest on account of a rare eye complication. Slight conjunctivitis is a common early sign and was present in both cases; sometimes it is associated with photophobia and may be intense. The children belonged to middle-class families and were apparently healthy. The following are the notes of the cases.

CASE 1.—This patient was a male infant, aged four and a half months. He was the second child, was breast fed, and was exceptionally well nourished. He was seen by me at midday on Oct. 13th, 1905. He had been a little restless during the previous night and somewhat fretful. There was apparently nothing definite the matter with him. His temperature was 101.4° F.; he was pale, had dark rings under the eyes, looked ill, and the abdomen was somewhat distended. After a dose of castor oil the bowels acted freely. In the evening his temperature was 102.4° , breathing was rapid, the eyes showed slight conjunctivitis, he was crying at intervals, and he was in a semi-stuporous condition. A small bright red hæmorrhagic spot had also appeared on the right shoulder. During the night he was restless and cried frequently. He took the breast once but vomited almost immediately. Next morning his condition was still worse—the stupor and dyspnoea were more marked, the conjunctivæ were more suffused, and several fresh spots had appeared on both thighs and the lower part of the abdomen; the temperature had fallen to 101° . In view of a possibility of the case being one of cerebro-spinal fever Dr. E. Cautley was called in to see the child in consultation and agreed with the diagnosis. At this time (12 o'clock noon) the crying was continuous and the child objected to being moved or having the head altered in position; the pupils were small and unequal, the right pupil being greater than the left. A few more spots had become evident and the dyspnoea was more pronounced. There were no definite rigidity of the neck muscles, no tache cérébrale, and no evidence of ear or throat trouble. The legs could almost be straightened when the thighs were flexed. The temperature at this time was 101° , the pulse was 192, and the respirations were from 60 to 72 per minute. The case was regarded as a very severe type and an unfavourable prognosis was given. During the afternoon the child became steadily worse and died at 6 P.M. The temperature had fallen to 99° and the pulse had gradually become weaker. Death was immediately preceded by a discharge of turbid fluid from the nose, mouth, and left ear. The thighs and back showed extensive, patchy, purplish discolouration and many more spots had come out on the upper part of the back.

Rare as it is for cerebro-spinal fluid to be discharged in this way there was little doubt that the fluid was of this nature. The fluid must have accumulated with extreme rapidity, seeing that at midday the fontanelle was not unduly tense. Fluid was obtained post mortem by puncture of the ventricle through the anterior fontanelle, and from the sacral canal in the lumbar region, and was sent to Dr. G. L. Eastes for examination. Four cultures were made on blood agar and of these three were sterile. On the fourth a few very minute opalescent colonies grew, which contained Gram-negative cocci, which could not be subcultured, all subsequent cultures made dying out. No development taking place these cocci, as far as could be determined, were the micrococcus intracellularis of Weichselbaum. Another coccus was obtained by cultures on ordinary laboratory media, the reactions of which closely conformed to the one described by Heubner, differing somewhat from that of Weichselbaum, and similar to what was found by Riviere¹ in five out of eight cases of meningitis complicated with tubercle. Film preparations made directly from the fluid showed a few Gram-stained diplococci. Although the bacteriological report is not perfectly satisfactory as to the exact identity of the coccus there is no doubt that it is of the same group as those found by other observers in similar cases.

CASE 2.—The patient was a boy, aged 18 months. Whilst playing in his nursery on the morning of Jan. 3rd, 1905, he suddenly commenced to scream, complained of pain in his left ankle, and appeared unable to put his foot to the ground. Early in the afternoon he was seized with severe convulsions. In spite of hot baths, chloral, and chloroform the fits continued with intervals of remission during the next 24 hours and the child looked moribund, with glassy half closed eyes, cold extremities, the temperature 105° F., and the pulse 170. He was seen in consultation by Dr. Cautley at 12 o'clock noon on Jan. 4th. The temperature was then 103·2°, the pulse was 156, and the respirations were 72. The patient was sweating freely and was rather dusky in colour. There was no corneal reflex, the pupils being small and reacting to light. His condition was one of profound toxæmia. He was completely unconscious and was apparently dying. A diagnosis of some toxæmic condition was made and a pneumococcal infection was thought possible. During the afternoon the convulsions ceased, the temperature was 103°, and the head became slightly retracted. The heart periodically became weak in its action. There was some conjunctivitis in the left eye, which became worse on the following day, with swollen oedematous lids and dilatation of the pupil and a little haziness of the cornea. When Dr. Cautley saw him again in consultation on Jan. 10th there was no doubt that the case was one of cerebro-spinal meningitis. There were rigidity of the neck muscles, irregular flushing of the cheeks, and tache cérébrale. On examination of the eyes the left disc was not visible and the right disc appeared to be blurred. There was no vomiting or constipation. The case ran a prolonged course, with a temperature similar to what is seen in severe attacks of this disease, becoming markedly hectic in type in the third and fourth week, ranging between 96° and 104°. It fell to normal on Feb. 4th for three days, rising again to 100·6° and becoming normal on the 15th, after which it remained normal and subnormal. During the course of the illness the child became greatly wasted, was restless, and had frequent prolonged screaming attacks. The bowels acted fairly regularly. He took food well and rarely vomited. The pulse and respirations were unduly frequent. Occasionally he had attacks in which he became collapsed and the pulse extremely feeble, but he always rallied on administration of brandy. Head retraction was marked throughout and Kernig's sign was present. Convalescence was slow and the child ultimately recovered and is now strong and well. Unfortunately, he completely lost the sight in his left eye. On March 23rd, 1905, he was taken to see Mr. J. H. Fisher. He found the left eye slightly injected and intolerant of light; the anterior chamber was shallow, there was some ciliary injection, and a little lymph in front of the iris; also a yellow cloudy reflex from behind the lens. The lens was clear and no blood-vessels were seen on the mass in the vitreous. Tension was rather above normal. A diagnosis was made of metastatic choroiditis or so-called pseudo-glioma. It was advised that the left eye should be excised if it appeared to be painful or shrinking in size. On June 5th, 1905, the child having much

improved in general health, the eye was removed and the diagnosis was confirmed on examination of the eye after removal. This case is of very great interest on account of the severity of the onset, the impossibility of diagnosis during the first few days, the peculiar and rare affection of the eye, the severe and prolonged course of the illness, and the complete recovery with no mental impairment or secondary hydrocephalus.

Brondesbury, N.W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ON A CASE OF MALIGNANT PUSTULE TREATED BY EXCISION AND SCLAVO'S SERUM; RECOVERY.

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A MAN, aged 28 years, a wool blender, attended at the General Infirmary, Dewsbury, at 8.30 P.M. on Sept. 30th with a typical malignant pustule on the left cheek. The patient stated that he first noticed a "heat lump" on his cheek on Sept. 27th. On the 29th he complained of vomiting and headache and was obliged to leave his work at midday. On the 30th he saw a medical practitioner who diagnosed anthrax and advised him to go to the hospital at once.

On admission his temperature was 100° F. The lesion was on the left cheek, midway between the nose and the angle of the jaw, the surrounding oedema was well marked, and the glands in the neighbourhood were enlarged. There was no soreness of the throat. About half an hour after his arrival I freely excised the pustule and the infiltrated tissue around it. On Oct. 1st the temperature was 99° and the pulse was 88. 40 cubic centimetres of Professor Sclavo's serum were injected into the flank and abdomen and in the evening the temperature rose to 100·4°. On the 2nd the temperature fell to 98·8°, the oedema was much less, and the glands were smaller. On the 3rd the temperature was normal. The patient now improved rapidly. He was allowed to get up on Oct. 7th and was discharged on the 14th. Bacteriological examination of the specimen at the County Hall, Wakefield, showed the presence of typical bacillus anthracis.

I have to thank Dr. Charles B. Hall for giving me permission to publish the case.

Dewsbury.

A CASE OF ECTOPIA TESTIS.

BY E. OWEN THURSTON, M.B., B.S. LOND., F.R.C.S. ENG.,
CAPTAIN, I.M.S.

THE patient was a Bengali child, aged five years, who was admitted to the Medical College Hospital in Calcutta on April 14th, 1904. He was an orphan and was an inmate of a missionary home and the condition now to be described had only just been noticed. He was himself unable to give any information as to whether the testicle had always been in that position.

On examination the right testicle was situated at the root of the penis. It was equal in size to the left one, appeared normal in every respect, and was freely moveable, but after being displaced by manipulation it always returned to its original position. The right side of the scrotum was well developed. On April 18th the testicle was exposed by an oblique incision, beginning at the external ring and extending half way down the length of the scrotum. It was found to be well formed and the tunica vaginalis was of the normal size and was closed. It was connected to the surrounding tissues by a few loose adhesions, without any recognisable attachment of the nature of a band which might possibly have been a remnant of the gubernaculum. After the separation of these adhesions it was easily brought down to the bottom of the scrotum and fixed there by a few silk sutures. The wound healed by primary union and the boy was discharged from the hospital at the end of ten days. He was

¹ Transactions of the Pathological Society of London, 1902.