

Dec. 10th I passed a French bougie into the uterus. The instrument passed easily for five inches but would not go further. As no response was made to this form of treatment I removed the bougie in 48 hours' time. I next introduced a laminaria tent, but this procedure was equally futile, as the cervix could not be dilated more than enough to admit the finger; moreover, the impression one got from this examination was not that of a pregnant uterus and, further, that the uterus was apparently distinct from the abdominal tumour. The patient was therefore put back to bed, abdominal section being decided upon as soon as she had recovered from the effects of this examination. As the patient was determined upon operation in her own home, a small three-roomed house, I was obliged to fall in with her request and on the following day I commenced to prepare a room suitable for such a surgical undertaking. Dr. Moullin, who kindly assisted me at the operation, examined the patient before the anæsthetic was administered and confirmed our view of the case. The diagnosis being now placed almost beyond doubt I proceeded to carry out the operation.

The patient having been placed under ether by Mr. Berridge the peritoneal cavity was opened by an incision about six inches in length extending between the umbilicus and the pubes and the tumour was exposed. Numerous adhesions were found between the tumour, the intestines, and the omentum, and whilst manipulating these the tumour or the sac containing the foetus ruptured anteriorly and about two pints of greenish-brown fluid escaped. The hand was now introduced into the sac and after some trouble a leg was delivered and the whole foetus—a well-developed female partially decomposed and weighing nine pounds—was removed. The placenta, which was attached to the left wall of the sac, was peeled off without difficulty, being very friable and almost bloodless. No attempt was made to remove the sac, the mouth of which was stitched to the abdominal wound, and a plug of antiseptic gauze was passed into its cavity. The convalescence was uneventful.

My chief reason for publishing this case is to show the difficulties which may arise in the diagnosis of these cases. Here, for instance, with the exception of the paroxysmal pains in the eighth month, there was nothing to cause suspicion that the case was other than a uterine pregnancy, both subjectively and objectively. To recapitulate: subjectively there were (1) complete amenorrhœa since November, 1897, with absence of pelvic pain; (2) typical changes in the breasts; (3) morning vomiting; and (4) foetal movements. Objectively there were (1) a tumour centrally situated and freely moveable; (2) a cervix lying back "apparently shortened" and flattened, soft and patulous, and dilated at the time at which labour should normally have occurred, associated with pains in the back and "a show"; (3) foetal heart sounds; and (4) a uterus not definable apart from this central abdominal swelling. As pointed out by Mr. Bland Sutton in his interesting article on Extra-uterine Gestation in Allbutt and Playfair's "System of Gynæcology" the subjective symptoms of pregnancy are generally present in these cases of extra-uterine gestation. It is the objective symptoms or physical signs which constitute the most difficult and misleading features in these cases.

Redhill.

## CHRONIC OEDEMA OF THE CONJUNCTIVA ASSOCIATED WITH DISEASE OF THE MIDDLE EAR.

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THE causal relationship of certain conditions of the eye to diseases of the middle ear is generally difficult of proof. The association of the two conditions is, I think, frequent, but it is generally difficult to exclude the accidental concurrence of the two. I do not now refer to the inflammatory condition of the conjunctiva and cornea with otorrhœa, in which the cure of the ear trouble relieves the eye trouble, as that is always possibly—and probably—due to the external infection of the eye from the ear-discharge, but to a deeper relationship causing nutritional changes in the eye and orbit which are not due to external conveyance of infection. The following case brings it as near to a proof as possible.

A man, aged 35 years, attended at the Western Ophthalmic Hospital with well-marked serous œdema of the ocular conjunctiva of the left eye. The conjunctiva was pale, loose, and baggy, slightly overlapping the cornea, and containing a clear fluid. This man attended regularly for some months and I tried all forms of external and internal treatment that my ingenuity could suggest. On one occasion I incised the conjunctiva and let out the serous fluid which, however, rapidly collected again when the incision healed. At different times I gave salicylate of soda in rather large doses—a drug which I had previously found to be of great service in some cases of bilateral œdema of the conjunctiva. I also gave iodide of potassium and various other drugs. Treatment, however, appeared to have no effect. On a later investigation of his case I found that the patient had had a chronic discharge from his left ear for many years; he was, however, not in the habit of taking any notice of it, as it only caused him slight inconvenience. On examining his ear it was found to be completely blocked by a very large polypus which had perforated the membrana tympani. This was removed and the discharge greatly diminished but still continued, though not now offensive. The œdema of the conjunctiva persisted, although somewhat diminished. He was then ordered a spirit lotion to be dropped into the ear and promptly the discharge from the ear and the œdema of the conjunctiva disappeared simultaneously without any further treatment to the eye.

There appeared to me and to others who saw this case with me no reasonable doubt that the condition of the eye was produced by the disease of the ear and that it was cured by the treatment of the latter. The connexion between the two conditions is obscure. Dr. Sidney Phillips<sup>1</sup> published three cases of œdema of the upper eyelid during scarlet fever. In each of his three cases only one eye was affected, in each case there was suppuration in the middle ear of the same side, and in each case the œdema subsided with the relief of the ear condition. In one of his cases, however, a small abscess formed in the lid. I have on various occasions noted the occurrence of choroiditis associated with chronic disease of the middle ear; also of myopia, with or without choroiditis, on the same side as a chronic ear disease. But in these conditions the cure of the ear disease does not remove the results of the disease in the eye and therefore definite proof of the association of the one with the other is not possible and there is always the possibility of a common cause. The form of optic neuritis which occurs in suppurative middle-ear disease appears to be somewhat different from that which is caused by cerebral tumour in that it subsides with the removal of the cause and does not affect the vision.

These facts taken together appear to me to be at least suggestive of a causal relationship between disease of the middle ear and diseases of the orbit and eye and must be my excuse for publishing an isolated case.

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## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### NOTE ON THE TREATMENT OF INFLUENZA BY LARGE DOSES OF CARBOLIC ACID.

By ARTHUR WIGLESWORTH, L.R.C.P. LOND., M.R.C.S. ENG.

FOR many years I have been prescribing carbolic acid in cases of influenza in doses of from seven to eight grains every two hours, with rapid relief from all the symptoms; but an accident revealed to me that this dose could be very considerably increased without any danger and with still greater beneficial results to the patient.

I saw a patient about five weeks ago who had been seized with the worst attack of influenza which I had ever seen. There was not only violent cephalalgia with acute myalgic pains, but there were incessant vomiting and high temperature. Her pulse was 130 and she suffered from intense thirst, prostration, and much mental depression. She

<sup>1</sup> Brit. Med. Jour., Jan. 26th, 1895.