

three cases at all events, it was possible to manipulate freely with silk ligatures, and yet introduce them in a sufficiently pure state to produce no suppuration of any kind; and all this with only the simplest precautions as to absolute cleanliness, and without the carbolic spray. There is also a satisfaction in knowing that the veins are thoroughly occluded, and that there is no possibility of the ligatures slipping or being too soon absorbed, as might be the case with catgut. If nothing else, the operation appears an interesting experiment, and worthy of further trial.

Harley-street, W.

CASE OF STRUMOUS ULCERATION OF THE INTESTINES, PRESENTING THE CLINICAL FEATURES OF ACUTE GENERAL TUBERCULOSIS.

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DR. STURGES remarks in his article on Acute Tuberculosis in THE LANCET of September 16th, that "tubercular individuals, children at all events, will present the clinical symptoms of tubercular meningitis, and die in the usual way, but post mortem neither tubercle nor inflammatory exudation will be discovered." The following case is an illustration of this.

On August 17th a child, nine years of age, was brought to the Chest Hospital, Victoria-park, by its mother, who stated that though never strong, the child had been in its usual health until the last six weeks, when it became weak and languid; that for the last fourteen days it had been feverish, and had suffered from pain and sickness chiefly after food, and a little diarrhoea. There was no history of any previous illness. The child was thin and feverish, looked dull, and had an aspect which suggested typhoid fever. The pulse was rapid, 100-120; the temperature was high, with marked evening rise, 101.5° to 102.5° , the morning temperature being nearly normal. The child was listless, heavy, and slept much. The condition remained the same for some days. Diarrhoea, spots, and abdominal pain were absent, and the abdomen retracted. At the right apex the percussion was slightly impaired. The respiratory sounds were increased, especially the expiration sound, which was remarkably long and harsh, accompanied by occasional fine crepitation. The absence of abdominal symptoms and the presence of pulmonary signs led to the probable diagnosis of acute general tuberculosis, which was confirmed, it was thought, by the further course of the case. For the apex dulness increased slightly, some general bronchitis set in, and the patient rapidly lost flesh and strength; on the 6th of September—i.e., at the end of the fifth week of severe illness, and nine weeks from the commencement of failing health, the child, having for some days previously grown more and more drowsy, became suddenly unconscious, the eyes remaining wide open, the pupils equally dilated and not responding to light. There were continual slight twitchings of the feet and hands with irregular movement of the eyeballs; the respiration was noisy and harsh; the urine and fæces were passed unconsciously. For the next two days the temperature rose higher than usual, above 103° , the general condition remaining the same. On September 9th the temperature began gradually to fall, the twitching ceased, the pupils were observed to dilate and contract spontaneously, as in many cases of meningitis, and several loose motions were passed in bed unconsciously. On the 10th there was a slight return of twitching in the eyelids and arms, the respiration became embarrassed, and in the evening the patient died.

The history of the case, the retraction of the abdomen, the absence of diarrhoea, the presence of lung symptoms, and their gradual increase, and, lastly, the occurrence of unconsciousness, with slight convulsions, were all thought to point conclusively to the diagnosis of acute general tuberculosis. This diagnosis, however, the post-mortem examination did not establish. In no organ was there the slightest trace of grey tubercle. The apex of the right lung was indurated by some old pigmented fibrous tissue, but there was no recent mischief. The brain was absolutely

healthy, except for the presence of a small cyst (a quarter of an inch in diameter) in the middle of the nucleus. This cyst had a firm fibrous capsule, with smooth lining, and round it the nerve substance was perfectly healthy; so that there was no sufficient explanation in the presence of the cyst for the sudden occurrence of unconsciousness. All the other organs were sound, except the intestines, which were in a most extreme condition of "tubercular" ulceration. In the whole cæcum round the valve, and for the lower six inches of the ileum, the mucous membrane was completely ulcerated away, and at frequent intervals in the small intestines large tubercular ulcers were found, many completely encircling the gut. The last ulcer, and that too of considerable size, was at a distance of only two feet from the duodenum; the character of the ulceration was typical of the so-called tubercular or strumous ulcers of the intestine, and the glands of the mesentery were also in the condition usual in this affection.

The uncertainty of diagnosis between many cases of acute general tuberculosis and typhoid fever is generally recognised, but this case is an instance of an intestinal lesion, not typhoid, which presented the same difficulties.

Wimpole street, W.

PURULENT DISEASE OF THE EAR;

PRODUCING CEREBRAL ABSCESS, PURULENT MENINGITIS, AND OBLITERATION OF THE RIGHT LATERAL SINUS, WITH STRIKING CHANGES IN THE INTERIOR OF THE TEMPORAL BONE.¹

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W. C—, a boilermaker, aged thirty-seven years, was a remarkably strong man, of great muscular development and of medium height, weighing in ordinary health between fourteen and fifteen stones. He suffered from purulent disease of the right ear from the age of twelve till his death—that is, for twenty-five years. There was almost total deafness on the affected side. The disease was supposed to have originated in the blow of a cane received on the right side of the head, and inflicted by a schoolmaster by way of chastisement. This injury was followed by great pain, continuing for several weeks and culminating in the formation of an abscess which was opened behind the auricle. About the same time a discharge of matter appeared from the external auditory canal. The purulent discharge from the opening behind the ear continued, with variations in quantity, till six years ago, when the opening closed, leaving behind a depressed cicatrix. The discharge from the canal of the ear, which had usually an offensive odour, continued, with slight intermissions, till the patient's death. It was slighter, however, during the nine months before his fatal illness. He was liable during cold weather to attacks of hoarseness with sore-throat. At the age of seventeen he suffered from acute inflammatory attacks in the right ear, when it was supposed that his life was in danger. He noticed that when the discharge ceased for a short time he suffered from severe headache, and became very dull and fretful. Indulgence in alcoholic stimulants produced the same effects, and he was therefore very temperate in their use. In the middle of November last there began a series of morbid processes—first in the left ear, then in the right,—which in the course of three months terminated fatally by extension of the purulent inflammatory process to the interior of the cranium. The left ear, which previously had been always healthy, and in which he enjoyed good hearing, became at that time dull and discharged slightly without any distinct pain. This was associated at the beginning with sore-throat and hoarseness. The dulness and slight discharge in the left ear continued for two months, at the end of which an acute inflammatory process began in the ear. While at work on Monday, Jan. 23rd of this year, and particularly on his way home at the end of the day, he experienced great giddiness, so that at times he staggered in walking. On the following morning at four o'clock he awoke with severe pain in the head, with great giddiness, and he looked

¹ I am indebted to my friend Dr. McConville, the medical attendant of this patient, for the chief facts given in the clinical history.