

and hæmorrhage was 3·6 per cent. Lawson Tait does not mention any deaths from hæmorrhage in his later statistics.

I wish to draw attention towards the use of the glass drainage tube in all abdominal sections, and I am aware that in the hands of Mr. Lawson Tait drainage is never used if the abdomen can be properly cleansed and dried. Keith still places great reliance on his Koeberlé's drainage tubes. Spencer Wells doubts their success, although I am under the impression he drained the peritoneal cavity in his earlier operations. Mr. Knowsley Thornton considers them only necessary in 2 per cent. of cases done antiseptically, and 10 to 15 per cent. of cases without antiseptics. Quite recently, however, Mr. Lawson Tait has pointed out how remarkable is the influence of the drainage tube in arresting hæmorrhage into the peritoneal cavity: for if the cavity is kept dry by frequent withdrawal of the blood, the bleeding, as from torn pelvic adhesions, will stop; but if drainage is not kept up the bleeding will probably prove fatal. This is a strong point in favour of the tube. In my own cases of laparotomy I have been struck with the little irritation produced by the glass tube in the abdomen. It has been kept it in for eighteen days in an hysterectomy and for a week in an ovariectomy; but care must be taken that the end drops easily into the bottom of Douglas's pouch, and is not displaced above the promontory of the sacrum. In the case recorded the glass drainage tube saved the patient, by immediately confirming the suspicion of secondary hæmorrhage, and minutes meant in her case her existence. In complicated cases with purulent cysts the utility of the thing is admitted; but for the beginner in abdominal surgery, we would venture to say, Use Keith's drainage tubes, and always do so if in doubt. It will be a safeguard to your patient and a comfort to you for the first hours after the operation, as it brings the doings of the peritoneal cavity within touch of your special senses.

Bath.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF CHRONIC INTERSTITIAL NEPHRITIS.¹

By C. H. ROBINSON, F.R.C.S.I.,

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THE lady, aged fifty-five, whose case is described in the following brief notes, was under my observation for years, the signs of the malady from which she suffered commencing with hypertrophy of the heart, followed by albuminuric retinitis, epistaxis, and finally cerebral hæmorrhage, which terminated fatally last November. In the autumn of 1885 the sight of her eyes became considerably affected, and on examination by the ophthalmoscope hæmorrhagic retinitis of both eyes was found to be present. At this time the urine passed was copious in quantity, pale in colour, of specific gravity 1006, and on one occasion only was I able to detect any albumen, and then only the merest trace. At various intervals it was carefully examined, with a negative result. Under appropriate treatment (which included the administration of the perchloride of mercury in combination with the iodide of potassium, the bowels being kept open by occasional doses of Friedrichshall water and a spare dietary enforced), the sight after several weeks was restored, and the specific gravity of the urine gradually became normal. In January, 1886, I was sent for in consequence of a severe attack of epistaxis, which was arrested by plugging the anterior nares and applying an ice-bag over the cardiac region. In October of the same year I attended her for uræmic vomiting, and in the following month she called at my house about three o'clock, and when leaving complained of a numbness in the right leg. She wished to proceed into town, where she had some business to transact; but I persuaded her to go into the waiting-room, and in a couple of minutes there was complete anæsthesia as high as the knee. She remarked that

she had dreaded this, and expected to be paralysed. I had to leave her for a few minutes, and then found the right arm paralysed as well as the leg, also the face on the same side. Her articulation now became impaired, but she could put out her tongue, which was directed to the right side. I had her removed to her own house, where, on arrival, although unable to speak, she appeared to be in a semi-conscious state. About seven o'clock the same evening she was perfectly unconscious; the pupils contracted; pulse 78; temperature 95°; respiration fairly quiet, occasionally stertorous. During the night she exhibited Cheyne-Stokes' respiration; the pulse gradually got higher; the temperature went up to 100°, then to 102°; while the face and neck were greatly congested. The eyes, which were now dilated, had that peculiar fixed stare so characteristic in serious attacks of cerebral hæmorrhage. The right arm was very rigid, but gradually relaxed. Death took place about thirteen hours after the first seizure, being preceded by a violent trembling.

Some, perhaps, might regard the fatal result in this case as due to uræmia, in which occasionally hemiplegia has been shown to occur;² but the absence of convulsions and the rapid increase in the temperature would, I believe, show such an opinion to be erroneous. Albuminuria may exist, it is well known, without nephritis, but the converse of this is comparatively rare. Where no trace of albumen can be detected in the urine, but the general symptoms point to interstitial nephritis being present, the test recommended by Feltz and Ritter, as modified by Prof. Bouchard, it is said will decide the matter.³ The urine of a healthy person when introduced into the circulation of the rabbit by injection into the veins of the ear kills the animal in the proportion of 50 grammes per kilogramme of weight. But that of albuminuric subjects can be tolerated in much larger doses, and in one case mentioned by M. Dieulafoy a rabbit of two kilogrammes, for which a toxic dose of healthy urine would be 100 grammes, exhibited no discomfort until 260 had been injected, and even then recovered.

Dublin.

NOTES ON A CASE OF HÆMOPERICARDIUM FROM RUPTURED CORONARY ARTERY.

By J. W. BATTERHAM, M.B. LOND., F.R.C.S.

ON March 9th, 1887, I was called to a lady who had died suddenly. The following was the only history obtainable from the friends of the deceased. She was seventy-five years old, and had suffered for "some time" from "slight fits," in which she "struggled" and lost consciousness for a few minutes. These fits were usually preceded by sickness. About noon on the day of her death she complained of pain in the left mammary region, and took a Gregory's powder. She then had lunch, which consisted only of a little beef-tea. Her servant coming into the room about an hour after lunch found her sitting in a chair dead. The deceased's face was pallid. She appeared to have vomited just before death, as some brownish fluid containing gritty particles (apparently the beef-tea and Gregory's powder) was seen staining her chin and the front of her dress.

The necropsy, performed twenty-four hours after death, showed the heart enveloped in about four or five ounces of dark clot. There was no rupture of the heart or great vessels. On the posterior surface of the heart was a slight subpericardial ecchymosis, covering an area about the size of half-a-crown, situated on the interventricular groove about an inch from the apex of the heart. A fine aperture with ragged edges was discovered in the pericardium covering the centre of this ecchymosis. On vertical section through this aperture, a few small clots were seen in the muscular substance of the hypertrophied left ventricle. The largest was about the size of a small pea, and was situated immediately beneath the minute aperture in the pericardium above described. The coronary arteries were tortuous and thickened, their coats containing numerous calcareous plates. On dissecting out these vessels, the left, after running down the anterior interventricular groove and turning round the apex to the back of the heart, was found to terminate in two main offsets, which surrounded the area of hæmorrhage. Two small twigs were traced into the clots,

¹ Read before the Medical Section of the Academy of Medicine in Ireland.

² Revue de Médecine, Nov. 1885.

THE LANCET, 1887, p. 703.

but were of too small size for any rupture of their walls to be detected. These, I imagine, were the chief source of the hæmorrhage. The heart weighed 12½ oz. Its muscular tissue was firm, and of good colour. The thickness of the right ventricular wall was one-eighth of an inch, that of the left (at its thickest part) half an inch. The valves were normal in appearance; the aorta was healthy. The other thoracic and the abdominal viscera were normal, with the exception of the kidneys, which were small, red, and granular, and showed a marked diminution in the cortical substance. The head was not opened.

From the post-mortem appearances, it may, I think, be concluded that the "fits" from which the deceased had suffered were probably of uræmic origin. The pain in the chest felt for a few hours before death may have been due to the rupture of fine branches of the left coronary artery into the myocardium, while the perforation of the pericardium and subsequent hæmorrhage into the pericardial sac, resulting in fatal syncope, may have been induced by an act of retching.

Hæmopericardium is not a very uncommon condition. References to between eighty and ninety cases may be found in the first thirty-five volumes of the Pathological Society's Transactions. The most frequent causes are rupture of the heart or aorta, occasionally from violence, but more commonly the result of disease. Seven cases due to rupture of an aneurysm of a coronary artery are referred to in vol. xxii. of the Transactions. Scurvy has also given rise to hæmorrhage into the pericardial cavity. On reference to Neale's Digest, I find that a case of hæmopericardium arising from a ruptured coronary artery is narrated in the *Medical Times and Gazette* for 1862 (vol. i., p. 317). In this instance the patient, a woman aged sixty, lived six days after the appearance of the symptoms, of which præcordial pain, dyspnoea, a small, frequent, but regular pulse, and coldness of the extremities appear to have been the chief. A case of purulent pericarditis in which a rupture of a coronary artery was found is quoted in Ranking's Abstract for 1861 (vol. ii., p. 85).

St. Leonards.

OTITIS MEDIA HÆMORRHAGICA.

By K. B. BULLER, M.D.

CASES of pure and simple otitis media hæmorrhagica I think, are rare. Dr. Roosa mentions two cases, and Burnett only makes a passing allusion to the disease in his work on Diseases of the Ear. This is in itself a sufficient inducement to me to place the following case before the profession.

Mrs. C—, aged forty-two, mother of nine children, and in a fair state of health, was placed under my treatment for an acute attack of pain in the left ear. Previous history: She had been suffering from the pain in the ear for the past ten days. The pain at first was of an intermittent nature and confined to the ear only. For the last two days it had been very severe, constant, and radiating all over the left side of the head and face. She complained of a feeling of fulness and acuteness of hearing on the affected side. The act of mastication and deglutition aggravated the suffering. The parts were very sensitive to touch. There was occasional paroxysmal aggravation of the severity of the pain. Along with these symptoms there were pyrexia, restlessness, and insomnia. On examination I found the left tympanic membrane uniformly congested and slightly bulged at the anterior and inferior quadrant. The right membrane was slightly in-drawn, and the naso-pharynx congested. The severity of the pain and a bulged appearance of the membrane induced me to suggest the operation of paracentesis, with a hope that that would relieve the suffering of the patient. The operation was performed at once. To my surprise, there was a gush of blood through the puncture in the membrane and the side of the nose, and nearly two drachms flowed freely. The intensity of the pain and sense of fulness were immediately relieved. From this time until complete recovery of the patient, which took nearly a week, not a drop of blood or muco-purulent matter escaped through the puncture in the membrane; the latter healed up in five days. Subsequent examination of the urine showed no trace of albumen in it. It is nearly four weeks now, and on examination of the ears I find no trace left as to where the membrane was punctured. In my opinion this case can be called a pure and genuine "otitis media hæmorrhagica."

Bombay.

CASE OF PLACENTA PRÆVIA.

By B. WALKER, L.R.C.P. ED.

ELIZABETH B—, aged thirty-three, has had seven children, of whom two only survive, the rest having died in infancy, at ages varying from two weeks to three years and a half. Two of these were born at the eighth month. There was no history of syphilis, and no hæmorrhage had occurred at previous labours. She had reached the seventh month of pregnancy, which had advanced normally. She went to bed as usual, and on awaking at 1 A.M. on April 15th found the bed very wet. A neighbour was called in, and I was with her in half an hour after her awaking. I found her in a pool of blood on the bed; she must have lost about a gallon, for it had sunk through the mattress and deluged the floor, and her nightdress was saturated up to the armpits. On examination, the vagina was found to be filled with clots, and blood was flowing freely. The os was about the size of half a crown, and complete placenta prævia was present. Introducing the hand into the vagina and detaching the placenta, a vertical presentation was found, and with two fingers in the uterus and the right hand on the abdomen, combined version after Braxton Hicks's method was quickly and easily performed, and a foot brought down, thus plugging the cervix and causing the hæmorrhage to cease, the whole being done in five minutes. The woman was left comfortable on the bed, a dose of ergot and strychnine having been given, for there had been no expulsive pains hitherto. At 9 A.M., as far as labour was concerned, things were *in statu quo*. On calling at 1 P.M. I found the woman delivered (child stillborn) and the placenta expelled without any hæmorrhage. The woman made an uninterrupted recovery.

This case is very like the one recorded by Mr. Taylor in THE LANCET of April 30th (p. 875). The only object in adding this is to call attention to the long time (nearly twelve hours) before delivery was effected after version. After bringing down a foot, and the hæmorrhage having ceased, it seemed much safer to leave nature to finish the delivery than by traction on the child to empty a uterus which had shown no signs of physiological action—to empty it, and possibly to reawaken the hæmorrhage. In some cases the life of the child, though only at the seventh month, may be a consideration, but in this instance the mother's safety was of paramount importance, and would be in most cases, and entitled to the first place. The patient had, besides, an interesting history. In October, 1882, she had the lower half of the left scapula removed for a sarcomatous growth (her mother died at the age of thirty-seven from "internal tumours"), leaving her an arm little impaired for use. (See THE LANCET, vol. i., 1885, p. 203.) About three years ago, on becoming pregnant, a large ulcer—or rather two—and fungating growths, larger than an orange, attacked the outer side of the right calf. They healed quickly when she was put to bed. When pregnant again, seven months ago, another deep ulcer formed outside and behind the external malleolus. This lasted through the pregnancy, but is now reduced to one-half its size, and healing rapidly; besides this, an ugly sore formed over the sternal end of the right clavicle, which healed after a time. On each occasion it was feared the sarcomatous growth was reappearing, but the termination of pregnancy has hitherto been followed by the quick disappearance of the sores. The growth removed consisted of round cells with one large or two smaller nuclei, and of unipolar nucleated cells.

Spondon.

NOTE OF A CASE OF SUDDEN DEATH FROM PULMONARY APOPLEXY.

By W. HENRY KESTEVEN, M.R.C.S., L.S.A.

R. F—, aged sixty-five, was found lying on his left side on a staircase, with his head crushed against the wall and bent upon his right shoulder. At an examination of the body, made seventy-five hours after death, the brain was found to be healthy, though somewhat congested. The heart was healthy, and contained a small quantity of fluid blood in the left ventricle; none in the right. The lungs were adherent to the walls of the chest, and extensively infiltrated with tubercular deposits. The trachea and both bronchi contained blood. The source of this blood was