

left upper extremity were chiefly affected by the convulsions, showing that the inflammatory processes must have involved their cortical centres.

Marple.

EXTRA-PERITONEAL HÆMORRHAGE DURING PREGNANCY; CÆSAREAN SECTION; DEATH.

BY SIDNEY A. BONTOR, M.D., B.S.

A SHORT time since I was called at 10 A.M. to K. L—, the wife of a labourer. She was a tall and ill-fed woman, aged forty-three, and eight months pregnant with her ninth child. I was told that she had been quite well the previous day, but had felt some abdominal pain during the night, that this had passed off towards morning, that she had prepared and partaken of breakfast, and was attending to her domestic duties as usual, when she was seized with a sudden and very violent pain in the right side, causing her to scream out and almost fall down. She was assisted up to the bedroom, and I was sent for. I found her blanched, with cold and clammy skin and almost imperceptible pulse. She was quickly undressed and put into bed. On examination a well-marked resistance was felt in the right iliac region quite distinct from the uterus, while feeble contraction of this organ could be felt; the abdominal walls, except in the region indicated, were not at all tense, and manipulation of the abdomen did not produce pain; per vaginam, there was bulging of the posterior cul-de-sac, and the cervix was high up and soft, but not dilated. I concluded that perforation either of intestine or of a vessel had taken place, that what chance there was of saving the patient's life was offered by immediate abdominal section, and that should this be unsuccessful in respect of the woman, at all events there was considerable hope of saving the child. I therefore had preparations made for the operation, and in the meantime called in my friends Drs. Mackay and Penny; they agreed as to the necessity for the operation, and very kindly assisted me with it. An exploratory incision was first made, but no blood or faecal matter was found in the peritoneal cavity, and the peritoneum appeared natural. The incision was therefore extended, when the right broad ligament was seen to be filled with blood-clot. The woman was sinking rapidly, so we abandoned the hope of saving her, and decided to remove the child, which, however, on removal we found to be already dead. Unfortunately in opening the uterus I came upon the placenta, and the hæmorrhage which ensued, though but slight, was sufficient to carry off the patient. An examination of the abdominal cavity through the wound showed that extensive hæmorrhage had taken place outside the peritoneum, and had spread from the under surface of the liver to the pelvis, forming collections about the kidney and in the cavity of the pelvis, and distending the right broad ligament, while it had separated the peritoneum from the cæcum and ascending colon. The source of the hæmorrhage could not be found, and, as far as we could trace, the vessels and viscera were natural, with the exception that in the anterior wall of the uterus there was a small cancerous nodule about the size of a hazel nut. There were no varicose veins either of the legs or in the broad ligament. Permission for a necropsy was unfortunately not obtained. Notwithstanding the unfavourable result, the case appears to be of interest, not on account of anything exceptional in the operation, but from the large amount of hæmorrhage and from its sudden appearance in a woman whose health up to the occurrence had shown no unusual change. In view of the cancerous nodule found in the uterus, it is possible that a growth which we were unable to make out had eroded one of the vessels. The death of the child was probably due to the sudden diminution of the blood-supply to the uterine sinuses, for it was well formed and had apparently been dead but a very short time.

Great Berkhamsted.

WATER-SUPPLY, ROTHERHAM.—It has been found necessary to curtail the night water service, partly in consequence of a deficiency during the past month, amounting to nearly 41,000,000 gallons in the Ulley Reservoir, Rotherham, together with the waste, which has been very large from letting the water run from household sinks and taps throughout the night to obviate the freezing of the pipes.

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. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

A CASE OF OPHTHALMOPLÉGIA EXTERNA AND INTERNA;
REMARKS.

(Under the care of Dr. FERRIER.)

DURING the last few years much has been added to our knowledge of the various affections which are manifested in the eyes of patients suffering from locomotor ataxy. In this case a condition of paralysis of the extrinsic and intrinsic muscles of the eyes was found with optic atrophy in a man not yet presenting the characteristic ataxic gait. Dr. Berger¹ has recently written on the visual disturbances in tabes dorsalis, and given an analysis of 109 cases. He says that the cases occurring in the very young and in the very old are exempt from grave ocular complications, and that in those with a history of syphilis the disease begins with cerebral symptoms. Optic atrophy usually began in the ataxic stage, and was more frequent in the cases with paralysis of the ocular muscles. Paralysis of these muscles existed in 38 per cent., about equally divided between the syphilitic and those in whom no evidence of the disease could be found. Dillman, in an inaugural dissertation,² says that among 100 cases of tabes paralysis of the ocular muscles was present in 41, and optic atrophy in 42. There was a preceding syphilitic history in 68 cases. Dr. Howard³ has recorded a case of ophthalmoplegia externa and interna associated with tabes dorsalis, bulbar paralysis, and loss of vision and hearing. We refer our readers to Dr. Ferrier's remarks on the case. For the following report we are indebted to Dr. G. Francis Ewens, medical registrar.

G. T—, aged forty-three, was admitted into King's College Hospital under the care of Dr. Ferrier on Oct. 9th, 1890. He has been for the last twenty years a Covent-garden porter, and was for five years previously to that a soldier. He is married, and has had two healthy children. His father and mother were both healthy, and died, one at ninety and the other at sixty years of age. There is no history of insanity or any nervous disease in his family, but two out of his three sisters died of phthisis. The patient, when a boy, suffered from severe headaches, but since that time has had no illness whatsoever, except about twenty-four years ago, when he contracted syphilis. He has never been intemperate. Six months before his admission to hospital (May, 1890), when feeling quite well, and walking in the market with a load on his head, he suddenly felt sick and vomited, and was obliged to go home to bed, remaining there three days. Several times since he has had similar sudden attacks of vomiting, lasting about the same time, accompanied with intense epigastric pain of a gripping character, shooting pains down both legs, constipation, and a burning pain during defecation. For about the last six months he had also suffered from diplopia and occasional dizziness, both of which he now complains of constantly, together with an inability to raise the eyelids. He has also during the same time been subject to sudden attacks of shooting pains, very acute and intensely painful, down both legs, usually worse at any changes of the weather; but he has never had any difficulty in walking at any time, or perceiving the ground with his feet, nor has he had any trouble with his bladder or rectum. When examined, the patient presented the appearance of a fairly well nourished man, not anæmic; complaining of sudden attacks of very severe vomiting coming on at variable intervals; of constant sense of constriction, "as though ropes were tied round" his trunk from axillæ to umbilicus. This feeling is much aggravated during the attacks of vomiting, and is then accompanied by intense epigastric pain, con-

¹ Archives of Ophthalmology, vol. xix., No. 4. Sajous, vol. iv., B. 131. Leipzig, 1889.

² Internat. Journal of the Medical Sciences, p. 238, 1889. See also Galezowsky, Archives of Ophthalmology, Sept. 1889. Parinaud: Recueil d'Ophthalmologie Oct. 1889.

stipation, and pain in the rectum during defecation. He has no headaches, and has never had any convulsions. There is ptosis of both eyelids, most marked on the left side. Both pupils are very large, the right more so than the left; neither react to light, accommodation, or cutaneous stimulation. The eyes are slightly divergent, and cannot be moved in any direction whatsoever, except slightly downwards and outwards. Both optic discs are in a condition of grey atrophy. The sight is defective, especially for near objects. There is no facial palsy or weakness of the muscles of mastication, the movements of the tongue and palate are normal, and speech and swallowing are perfect, as are also all movements of the arms, hands, fingers, thighs, legs, feet, and toes. He can perceive and accurately localise the slightest touch on the face or any part of the limbs and trunk. He can perceive a painful impression and hot and cold, and knows with eyes closed the position in which any of his limbs may be placed. The knee-jerks are both present, though not always easy to demonstrate, being only obtainable while the patient is strained. All the superficial reflexes are present and normal. There is great wasting of the muscles of the legs, as also of the palmar interossei, and to a less extent of the thenar and hypothenar eminences; but they all react to a faradaic current and normally to galvanism. The heart and lungs are normal, and the urine is 1015 specific gravity, and contains no albumen or sugar. He walks steadily, but has some difficulty in maintaining his equilibrium when keeping to one straight line or standing with the eyes closed. While in the hospital he has had two severe attacks of vomiting, with intense epigastric pain and constriction, causing him to groan so loudly and continuously as to require his removal from the general ward to prevent his disturbing the other patients. The first of these attacks began on Nov. 4th and lasted six days, during which time subcutaneous injections of morphia had to be frequently administered. At the end of this time the *crise gastrique* had quite subsided, and the patient again felt comparatively well, and was able to resume his usual place in the ward. Another attack of a similar nature occurred on Dec. 3rd, which lasted five days.

Remarks by Dr. FERRIER.—In a clinical lecture on this case I remarked on the common association of ophthalmoplegia with other affections of the nervous system, particularly with tabes, and occasionally with muscular atrophy more or less general. The present case is an example of almost complete ophthalmoplegia externa and interna, the only ocular movement persisting being a slight downward and outward movement of the eyeballs. Under ordinary conditions, except for this movement, the eyeballs are absolutely motionless, and the eyelids are incapable of being raised. It was observed, however, during the second *crise gastrique* which the patient had in the hospital, that he became able to raise the right eyelid and fully expose the eyeball. This, however, was only transitory, and the ptosis returned when the attack subsided. The case is in all probability due to degeneration affecting the nuclei of the ocular muscles, and not peripheral lesion, under which condition similar symptoms may arise. Associated with this there were clear indications of tabes. The patient is not obviously ataxic, nor are the knee-jerks abolished, but the grey atrophy of the optic discs, the absolute immobility of the pupils, the lightning pains, epigastric constriction, and the crises *gastriques* are all symptoms characteristic of tabes. And the probability is, as in a recent case reported by Peterson (*Neurologisches Centralblatt*, Oct. 1st, 1890), that the degeneration will advance to well-marked ataxy. In this case also there are indications of degenerative changes in the nuclei of the spinal nerves similar to those of the ocular nerves, as shown by the extensive wasting of the intrinsic muscles of the hands, and those of the lower extremities, particularly of the legs. The etiological factor in this, as in most cases of the kind, is undoubtedly specific disease.

ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

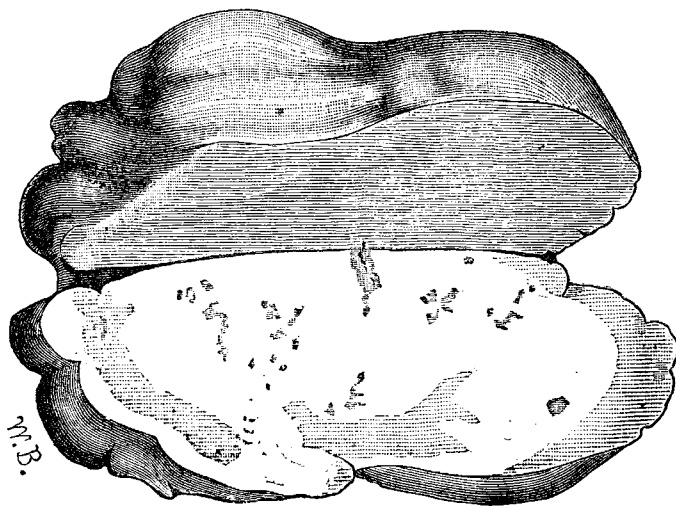
A CASE OF TUMOUR OF THE PALATE; OPERATION;
REMARKS.

(Under the care of Mr. PAGE.)

ADENOMATA of the palate are not growths frequently met with in surgical practice—indeed, in 1886, Mr. Hutchinson¹

remarked on bringing forward a case that up to that time the Pathological Transactions did not appear to contain any reference to adenomata of the palate. Since then several examples have been brought before that Society or reported elsewhere. This case is an example of that form of growth situated, as they appear most frequently to be, on the left of the middle line, encapsuled, without ulceration of the covering mucous membrane, and of slow growth. For the report of this case we are indebted to Mr. T. M. Kempster, house surgeon.

M. H—, a puddler, aged forty years, was admitted, under the care of Mr. Page, on Dec. 16th, 1889, complaining of difficulty in breathing, more particularly at night, and of inconvenience in swallowing. His symptoms had existed for two years, but it was only three weeks before admission that he became aware they were due to a growth in the mouth. Upon examination, the isthmus faucium was seen to be occupied by a tumour the size of a hen's egg, springing from the left side of the throat. It was firm, regular, and fixed. The finger could be passed readily round it on the right side, but its deep connexions could not be defined. The mucous membrane was stretched over it and thinned, but there was no sign of ulceration. No enlarged glands could be felt. On Dec. 20th, the patient having been placed under chloroform, laryngotomy was performed and the throat plugged with sponge so as to prevent blood finding its way into the air passages. The mouth was kept open with a gag and an incision made through the mucous membrane over the centre of the tumour. The growth was readily enucleated from the submucous tissue in which it was situated with the finger. Free general oozing from the bed of the tumour followed, but no vessel required



to be tied. The cavity was then filled with lint, the tube removed from the larynx and the sponge from the throat. At night the lint was removed, and in fourteen days the patient was discharged cured. The engraving, from a drawing kindly made by Dr. Baigent, is a good representation of the naked-eye appearance of the growth. Microscopically, spindle cells were found sparsely distributed among tissue closely resembling glandular tissue. On Oct. 20th, 1890, the patient presented himself, and there was no return of the growth.

Remarks by Mr. PAGE.—In the St. Bartholomew's Hospital report for the year 1886, a number of cases similar to the above have been tabulated by Mr. S. Paget under the head of Adenomata, which he tells us, though historically suspicious, are clinically "innocent as the babe unborn." The subsequent history, so far as it goes, tends to confirm Mr. Paget's observation that the growths do not recur.

KASR-EL AINI HOSPITAL, CAIRO.

LIGATURE OF THE ABDOMINAL AORTA FOR RUPTURED
ANEURYSM OF THAT VESSEL; DEATH.

(Under the care of Mr. H. MILTON.)

THIS case is a most important contribution to our literature on the ligature of large arteries in their continuity, making only the eleventh instance on record of the application of a ligature to the aorta, and the first occasion on which the artery has been ligatured for aneurysm involving only the vessel itself. The methods which may be em-

¹ Path. Soc. Trans., 1886, p. 492.