

steadily, so at last he sought medical advice. His condition was as follows. There was a hard swelling under the zygoma, extending downwards for about an inch and outwards below the ear for about an inch. The skin over the tumour was slightly red, and there was pain on pressure. He was unable to open his mouth more than half an inch, and therefore it was almost impossible to ascertain the condition inside, but, so far as could be seen, there was neither carious tooth nor wound of any kind. He was recommended to stay at home, to apply poultices, and to take one drachm three times daily of the syrup of iodide of iron. During the next three days the swelling increased and became more painful, and on Dec. 10th the patient was almost unable to open his jaws. The syrup disagreed with his stomach and was discontinued, and iodide of potassium ointment was used externally. On the 11th the swelling, which appeared to be travelling downwards, showed signs of fluctuation, so an incision was made, but only a little blood came away and very slight relief was obtained. No improvement followed during the next few days, and the mouth could not be opened wide enough for the tongue to be protruded. On the 17th the abscess was opened below the lobe of the ear, and a good deal of pus was obtained, in which no granules were noticed. The inflammation descended along the course of the sterno-mastoid towards the clavicle; and on the 27th another incision was made below the angle of the jaw. The pain was now constant, and the jaws were closed. On Jan. 9th, 1895, the swelling had descended to the clavicle, leaving behind an indurated track of a purplish-red colour, with inflamed lymphatic vessels extending up the neck. An incision was made above the clavicle, and a copious flow of pus resulted, in which nothing special was noticed. It was not until three days later that I, while dressing the neck and syringing the sinus with boracic lotion, noticed, in a bad light, several yellow granules. On questioning the patient, he told me that several days previously, while changing the dressing, he had "squeezed the lump in his cheek with his fingers," to relieve itching, and that "scores of bright yellow little lumps dropped down on to the floor." During the next few days the patient was much better and several granules were obtained. On Jan. 20th, however, the inflammation had increased, there was a copious discharge of pus, and the last opening was surrounded by an intensely red erysipelatous area. The patient was ordered to take fifteen grains of iodide of potassium three times a day. After this date there was no further extension of the inflammation and on the 28th the discharge had ceased, though the sinus was still open, and the indurated track from the cheek to the clavicle was easily felt. After this the improvement was continuous and the dose of iodide of potassium was gradually decreased and finally stopped. On Feb. 7th the patient was quite well. The sinus was closed and the incisions were healed, and the induration along the track of the inflammation was the only mark of the disease. This gradually faded and there was no recurrence.

In the first two cases at the Bristol Royal Infirmary the exact period of incubation is given, and was in each case about fourteen days. In my case no date could be given for the actual inoculation, but in all probability it occurred during the harvest (which is late in Aberdeenshire), and the period of incubation may be calculated at about two or three weeks. Dr. W. B. Ransom mentioned<sup>2</sup> that in Germany 77 per cent. of cases of actinomycosis occurred between the months of August and January, and Dr. Septimus Gibbon noted the prevalence of the disease during damp seasons. The harvest of 1894 in Aberdeenshire was a particularly wet one. With regard to the treatment, the cure was either spontaneous or the result of the exhibition of iodide of potassium. If it was spontaneous it is at least curious that it should have occurred, after months of no improvement, coincidentally with the exhibition of the iodide of potassium. The iodide of potassium ointment seemed to be useless—probably it was not absorbed. I may mention that the patient declined to permit any surgical treatment.

Strichen.

<sup>2</sup> Proceedings of the Royal Medical and Chirurgical Society, November, 1891.

QUEEN CHARLOTTE'S HOSPITAL.—The Cloth-workers' Company have sent a donation of £250 in aid of the extension and improvement fund of Queen Charlotte's Lying-in Hospital, Marylebone-road.

## Clinical Notes :

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

#### TWO CASES OF ŒDEMA OF THE LUNGS IN CHILDREN TREATED WITH STROPHANTHUS.

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THE sudden and unexpected development of œdema of the lungs in the first case, and the gravity of the symptoms and the rapid and satisfactory action of strophanthus in both cases, may invest with sufficient interest the following notes to merit a place among the clinical memoranda of THE LANCET.

CASE 1.—A boy, aged seven years, suffered from chronic pleurisy and peritonitis. During the first six weeks in which he was under my care the temperature oscillated between 98° and 102° F. Suddenly œdema of the lungs developed, there was distressing dyspnoea, the pulse-beats numbered from 156 to 172 per minute, and the temperature rose to 103.8°. He was given carbonate of ammonia and tincture of digitalis in mixture, with the result that the frequency of the pulse was slightly diminished, but the general condition was not only not improved, but much worse. On May 1st, lividity of the face was very marked and the orthopnoea was most distressing. The pulse-rate was 144, the respirations 70, and the temperature 102°. The mixture of carbonate of ammonia and digitalis was discontinued, and one minim of tincture of strophanthus given every four hours. On May 2nd the pulse-rate was 132, the respirations 54, and the temperature 101° in the morning and 99° in the evening. The dose was increased to two minims every four hours. On May 3rd the pulse was 120, and the respirations 44; the morning temperature was 99°, and the evening temperature 99.4°. On the 4th the pulse was 108, and the respirations 36; the morning temperature was 98°, and the evening temperature 98.5°. On the 5th the pulse was 110, and the respirations 30; the temperature was 97.8°. On the 6th the pulse was 108, and the respirations 26; the morning temperature was 97.6°, and the evening temperature 98.5°. On the 7th the pulse was 100, and the respirations 24; the temperature was 98.5°. The lungs had now almost completely cleared up, the lividity and dyspnoea disappeared, and from the very acute pulmonary œdema the patient rapidly recovered.

CASE 2.—A girl, aged nine years, was seen by me for the first time on Nov. 9th, three weeks after the onset of an attack of scarlet fever. The skin was desquamating, there was general anasarca, the face and lips were very livid, there was orthopnoea with incessant, short, distressing cough, the lungs were water-logged, and there was considerable effusion into the pericardium; the pulse-rate was 164, the respirations 74, and the temperature 102° F. No urine had been passed for some time. Two minims of tincture of strophanthus were given every three hours; brandy was also given, and jacket poultices were applied to the chest. On Nov. 11th urine amounting to about four ounces was passed for the first time, the bowels also acting at the same time. The patient was easier, the cough was now only occasional, and the œdema of the lungs was found to be passing away. The pulse was 128, the respirations were 52, and the temperature 101°. The dose of strophanthus was increased to three minims every three hours. On Nov. 12th the pulse was 60, respirations 30, and the temperature 99°. The strophanthus was reduced to two minims every six hours. On the 13th the pulse was 76, respirations 28, and temperature 99°. On the 14th the pulse was 64, respirations 22, and temperature 100°. The first specimen of urine obtained for examination was found to contain numerous blood corpuscles, and blood and epithelial casts. The quantity passed daily continued to increase. On Nov. 16th twenty-nine ounces were passed; the specific gravity was 1014, and there was only a trace of albumin. The pulse-rate was then 60, and the strophanthus was discontinued. The patient made a rapid and complete recovery.

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