

10th.—The patient is much worse this morning; she is less conscious and very restless. The temperature is 103°. The wound was dressed and no suppuration was to be seen. The dura mater was punctured with an exploring syringe, but no pus was found. Fifteen grains of phenacetin were given.

11th.—The patient is decidedly worse and quite unconscious. Her temperature, which had been 104°, fell to 99° after twenty grains of phenacetin had been given. Later in the day she was quite comatose and died on the next day at 7.50 A.M., about five days and seven hours after the trephining. She had been operated on probably within four hours of the accident.

Necropsy.—The following is an abstract of the post-mortem examination notes made by Dr. T. Wardrop Griffith: There is a linear fracture of the skull extending from a point just to the right of the external occipital protuberance across the side of the skull to the right orbital plate of the frontal bone, and from this across the cribriform plate to the left orbital plate. The fracture did not involve the temporal bone or the great wing of the sphenoid. Some hæmorrhage was found external to the dura mater in the anterior fossa, especially the left, where also some orbital fat protruded through the fissured fracture. Some of the blood was firmly adherent to the dura mater. The anterior branch of the middle meningeal artery was found secured by a ligature passing round it, but not going quite through the dura mater. On removing the dura mater very extensive suppurative meningitis was found. The brain weighed 42 oz. There was considerable surface bruising of the anterior part of the brain; this was most marked on the under surface of the left frontal lobe. The trephine opening corresponded exactly to the middle of the Rolandic area. There was extensive ecchymosis of the eyelids, but no conjunctival extravasation. The heart showed slight hypertrophy of the left ventricle. The mitral valves were slightly thickened at their margins. The kidneys showed marked chronic interstitial changes.

CASE 2.—For the notes of this case and the opportunity of seeing the post-mortem examination I am indebted to Mr. C. J. Ireland of Tadcaster. A man aged thirty-five, a farmer, was seen by Mr. Ireland on Aug. 9th, 1893, at 11.30 P.M., and died forty minutes later. He was profoundly comatose, the breathing being difficult and stertorous. He was obviously dying. There was a contusion, with slight abrasion, on the left side of the head in the temporal region. The pupils were dilated. On inquiry the following history was obtained. Between 7.30 and 8 P.M. he was finding fault with one of the farm boys; the boy, standing five or six yards away, is alleged to have picked up an irregular stone about the size of a hen's egg and threw it at his master, hitting him on the left side of the head. The man staggered and fell against a wall near which he was standing. He soon recovered his balance and walked into the house, a distance of twenty-five yards. He apparently remained conscious for a time and then rapidly became unconscious, was completely comatose three hours and a half later, and died about four hours and a half after the injury.

Necropsy.—There was a slight abrasion, vertical in direction and about an inch in length, in the left temporal fossa, just anterior to the ear. A good deal of blood had become effused into the tissues of the scalp; this was most marked on the left side. On removing the soft structures from the bone a depressed fracture of the skull was found, triangular in shape, the sides of the triangle being about three-quarters of an inch in length; it was situated in the squamous portion of the left temporal bone, just in front of the ear. A linear fracture extended backwards for about two inches from this. On removing the calvaria a large mass of clot (a teacupful) was found between the dura mater and the bone on the left side, extending into the middle fossa. On removing the brain the depressed fracture could be readily seen, corresponding to the position already described; from the lower part of this a linear fracture was found extending to the base of the skull and going across the foramen spinosum. Very near this a laceration of the trunk of the middle meningeal artery was seen, from which apparently the bleeding had come. No tearing or laceration of the brain could be seen, and the other organs appeared to be healthy.

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A CASE OF "LOBSTER-CLAW" DEFORMITY OF THE FEET AND PARTIAL SUPPRESSION OF THE FINGERS, WITH REMARKABLE HEREDITARY HISTORY.

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THE case of a boy aged three years who was seen by me at the Evelina Hospital presented such points of interest that I send an account of it for publication. In so doing I must

FIG. 1.



FIG. 2.



PRESENTATION.—On the 8th inst. the members of the ladies' nursing class which is held in connexion with the St. John Ambulance classes at Cowbridge, Glamorganshire, presented Mr. A. W. Sheperd with Quain's Dictionary of Medicine and a choice silver pen-rack in recognition of the value of his services as instructor of the class.

express my thanks to Mr. L. C. Burrell of Guy's Hospital for the great trouble he took in tracing the genealogical history

FIG. 3.



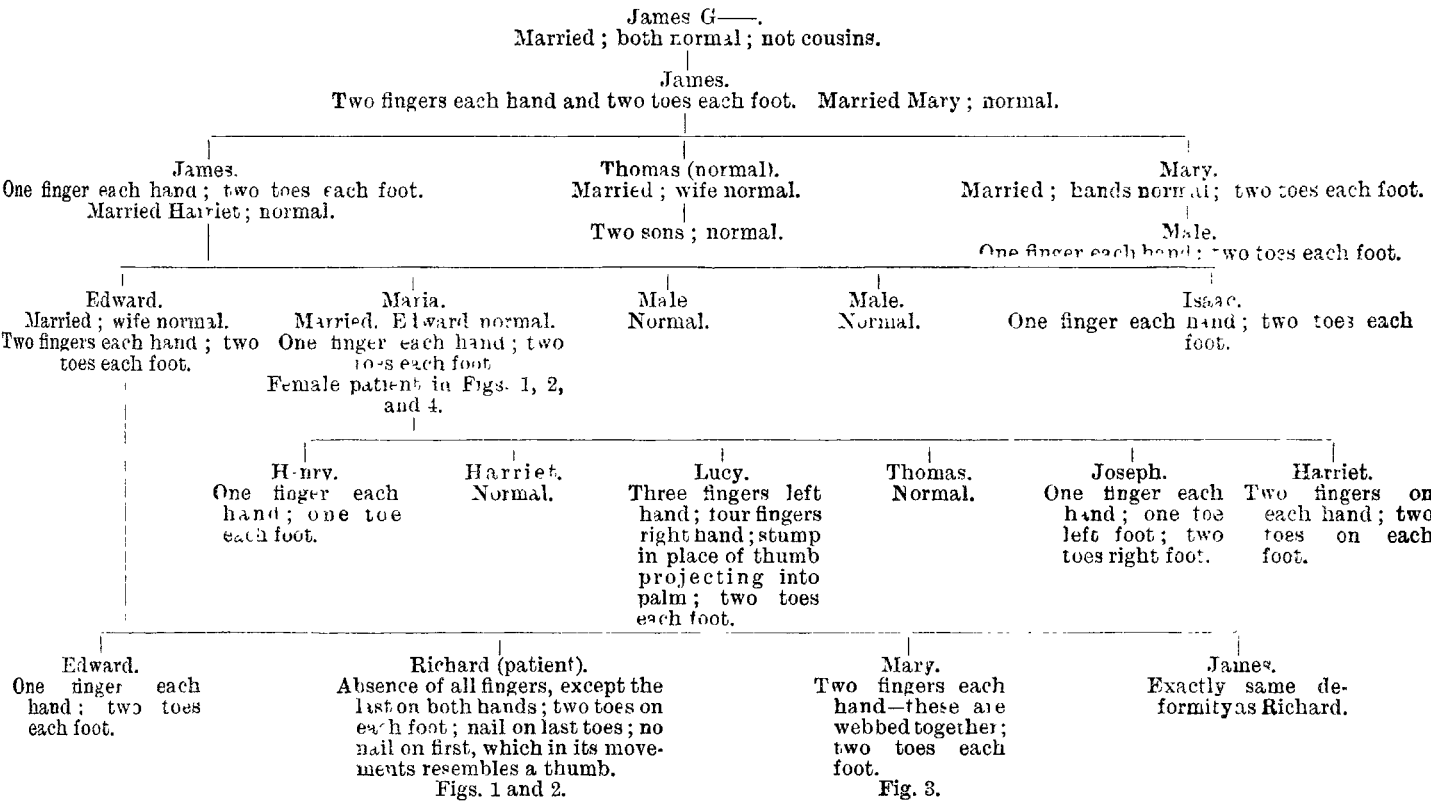
of the deformities, and for his kindness in taking photographs. The patient was one of a family all of whom

opposing toe of the quadrumana. (See Figs. 1 and 2.) With this severe deformity the feet were, however, perfectly useful for walking, and in so doing there was no sign of lameness. The hands had but one finger, corresponding in position to the fifth finger, the thumb, first, second, and ring fingers being entirely suppressed, while the metacarpus was normal. In the case of the younger child, a girl, the feet presented

FIG. 4.



the same appearances as in this patient's case, while there were two fingers on each hand webbed together. (See Fig. 3.) Two other children, who were males, were similarly deformed to my patient. An aunt, who brought the child to the hospital, was another example of precisely similar deformity. Her hands are shown in Fig. 4.



presented abnormalities of the hands and feet. In his case the abnormalities may thus be described. The feet, which were nearly symmetrical in appearance and size, gave one the idea of a lobster's claw. The second, third, and fourth toes were entirely suppressed; the great toe was much lengthened, there being two phalanges, but no nail. The fifth toe was also overgrown, and seemed to have three phalanges, while a well-grown nail was found in it. Between these digits a wide sulcus was present, closely similar to that found between the forefinger and the thumb in a normal hand; but the most remarkable point was that the well-developed first toe presented, in addition to the ordinary movements of flexion and extension, the power of opposing itself to the remaining toe, so that in its action and grasping movements it resembled the thumb of man and the

This table of family relationship is very interesting. The deformity has persisted nearly constantly through four generations, and in the later generations is more marked than in the earlier. The ancestors, J. G— and his wife, were perfectly formed in the hands and feet, while the abnormalities were transmitted indiscriminately through males and females, although in no instance was there any relationship between husband and wife in any one generation. It was not possible to trace any cousinship. The curious shape of the feet is much more persistent than the suppression of the fingers; of twenty-two descendants of J. G—, thirteen had but two toes on each foot, with the prehensile movements of the great toe; one had but one toe on each foot, and one had one toe on the left foot and two on the right foot.

Finsbury-circus, E.C.

ON THE REMOVAL OF FIBROUS OR NASO-PHARYNGEAL POLYPI.

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FURTHER experience in connexion with the treatment of these growths has convinced me that the number of cases in which they can be completely removed by the cautery wire is limited. Owing to their position and their strong and broad attachment to the bone an operation for removal by enucleation and evulsion is the only satisfactory method in the majority of cases. The serious hæmorrhage which usually takes place in such operations has led to the adoption of many proceedings for the exposure and removal of these tumours, but I am of opinion that by a modification of the operation described by me in THE LANCET,¹ the large majority of fibrous polypi can be rapidly and completely removed without serious loss of blood, as it is a well-known fact that as soon as these tumours have been completely torn away from their attachment all bleeding of consequence at once ceases. I have always employed chloroform as the anæsthetic in these operations, and by keeping the head in a dependent position²—namely, hanging well over one end of the operating table—I consider that the risk of blood passing into the air-passages is not great. As a result, then, of my experience I submit the following conclusions in connexion with this subject: 1. That unless the tumour is seriously interfering with the respiration during the administration of the anæsthetic, preliminary tracheotomy is not required. 2. That chloroform is the best anæsthetic. 3. That the position of the head should be dependent—that is, hanging well over one end of the operating table. 4. That the following method of operating allows the tumour to be sufficiently exposed and rapidly removed: (α) The anæsthetic (chloroform) having been administered and the head placed in the dependent position the mouth is kept open by an efficient gag. (β) A loop of strong silk is passed through each side of the soft palate, externally to and about one inch above the uvula. These loops are left long and are held by an assistant, so as to steady the soft palate. (γ) The soft palate is then rapidly divided in the middle line with a sharp knife along its whole extent, and through both its layers of mucous membrane, and its two halves are drawn apart by pulling upon the thread loops. (δ) The tumour is now quickly enucleated or separated from its surrounding connexions down to its attachment to the bone with a blunt periosteal elevator, assisted by the finger. (ε) Thereupon, the neck of the growth is seized with a pair of strong forceps close to its attachment to the bone and wrenched or twisted off. If the attachment passes up into the nasal passages this portion will be most readily separated by introducing the same strong forceps through one or other anterior nostril, the working of the forceps being assisted by the fingers of one hand passed up behind the soft palate. (ζ) When the tumour has been thus removed the nasal cavities should be plugged with iodoform gauze and the halves of the soft palate stitched together. The thread loops may be retained until this stitching has been done, as they are useful in steadying the palate; after this they should be removed.

In illustration of the above I record a case recently treated according to these principles. A young man aged twenty-two was admitted into my wards on Jan. 11th of this year. He first began to suffer from obstruction in his left nostril about three and a half years before admission. The obstruction gradually increased and affected the right nostril. For three years he had had attacks of bleeding from the throat. This bleeding took place every two or three months, and on each occasion he lost from three to twelve ounces of blood. When admitted the patient was pale and anæmic owing to the loss of blood; both nostrils were completely obstructed, and when he lay down his breathing was stertorous. An examination discovered marked bulging forward of the soft palate, and when the finger was introduced behind it a lobulated firm tumour was felt occupying the upper part of the pharynx and passing into the posterior

nares, to which latter it was firmly attached. Owing to his weak state of health it was thought advisable to give him some tonic treatment, and as he had somewhat improved at the end of twelve days I decided to operate. On Jan. 24th I removed the growth rapidly, and with a loss of not more than a few ounces of blood, according to the method above described. The tumour when removed consisted of three principal lobules all connected at the base of attachment. The whole formed a mass quite as large as a hen's egg. The plug was removed on the second day after the operation, and the stitches in the soft palate were taken out on the thirteenth day, the wound being firmly healed. His recovery was perfect and rapid, and all obstruction in the nasal passage and pharynx was completely removed.

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CASE OF TUMOUR PRESSING ON THE SPINAL CORD; OPERATION; DEATH.

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A MAN twenty-four years of age was admitted to St. Thomas's Hospital on March 1st, 1893. Twelve months previously he had been in a carriage accident, in which he was thrown heavily and sustained an injury to his back. He recovered from this, but two months later he began to suffer from pain in his back, which at night shifted to his "stomach." A month before admission he noticed weakness of the left leg, followed shortly afterwards by a similar but slighter affection of the right leg. There was no history of syphilis or tubercle, either personal or hereditary. On admission he was found to be a stout, healthy looking young man, complaining of pain in the abdomen and lumbar region and of weakness in the legs. Both lower limbs appeared to be well nourished, though the muscles of the left calf felt somewhat flabbier than their fellows of the opposite side. The loss of power on the left side was moderate, but quite distinct, and affected all segments of the limb in an equal degree. The right leg was thought to be weaker than normal, but the change was so slight that its existence remained doubtful. No objective affection of sensation could be made out, but the patient described his left leg as feeling numb up to the knee. There was no alteration in the temperature of the limbs. Some difficulty was already experienced with micturition and constipation had existed throughout. The deep reflexes were markedly increased at both knee and ankle, the change being greater on the left side. Of the superficial reflexes the right plantar was found to be brisk, the left being absent. Examination of the spinal column revealed no sign of disease whatever, and in all other respects the patient appeared to be in perfect health. At this time, in spite of the lack of outward evidence of bone disease, the definite history of local injury, together with the character of the symptoms, suggested the diagnosis of caries, and on this supposition the patient was kept at perfect rest in the supine position, while at the same time iodide of potassium and mercury were given with an eye to possible syphilis. The pain was certainly relieved by the rest, but it soon became evident that in every other respect the patient's condition was somewhat rapidly becoming more serious. The loss of power in the legs increased until voluntary movement became impossible, and both limbs reached a condition of extreme spastic paralysis. The patient's rest was now constantly disturbed by involuntary movements of his lower limbs, and, though he was insensible to external stimuli applied to the paralysed parts, still he suffered much from pains referred principally to the left leg. On April 10th the condition was as follows. With certain exceptions there was absence of tactile sensation, with greatly diminished perception of pain, temperature and position below the level of the umbilicus; to speak more exactly, the upper limit on the left side was a line running round the body one inch below the umbilicus, while on the right side anæsthesia commenced an inch or more lower down. The border line between abnormal

¹ THE LANCET, Jan. 23th, 1889.

² See my paper in THE LANCET of Nov. 8th, 1879, on the Value of the Dependent Position of the Head in Operations upon the Mouth and Throat.