

collapse, the skin was bathed in a cold sweat and the eyes sunken. The abdomen was tympanitic, the pulse 200, the temperature 103.5° F., and the infant was vomiting stercoraceous matter. Examination per rectum revealed nothing. Upon palpating the abdomen, however, a short, thick, sausage-shaped tumour could be distinguished over the cæcum. It was clearly a case of intussusception, and the child died four hours later. The post-mortem examination revealed an ileo-cæcal intussusception about four inches in length, which had again become invaginated in the bowel further on, thus forming five complete layers. It is only for me to add that the child was well nourished and otherwise healthy, and that, the symptoms setting in almost immediately after the fall, it would appear as though this must have had some direct influence in causing the double intussusception; but I leave this for the consideration of others more experienced than myself.

Earl's Court-gardens, S.W.

### HÆMATOMA AURIS.

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HAVING collected a few notes on hæmatoma auris or insane ear, I should be glad of their publication in THE LANCET, in the hope that they may be of some interest to medical men, especially those connected with lunacy. I will first take into consideration the class of case in which the insane ear is most common. I think that cases of acute mania and general paralytics in the maniacal stage produce most examples of this class; those of chronic mania with recurrent attacks are also at times sufferers. As to which ear is oftenest affected my own observations differ from most observers, in the fact that the right ear has been most often diseased. If this is really the case, the theory that the flow of blood from the heart to the left side is more direct, and that there are fewer ramifications of the branches of the carotid arteries on the left side, will not hold good, as it is. I believe, generally known that the arteries on the right side anastomose much more freely. The cause of the swelling of the ear or ears is often very difficult to elicit, but I have little doubt that violence of some kind is the usual cause, and this need only be a slight rub or knock to produce the swelling. As an element in prognosis it is very valuable, as no doubt cases in which it occurs generally, but not always, end fatally; this is especially the case in double insane ear. I have also noticed that a fatal termination is much more rapid in these than in other cases. The treatment by blistering is no doubt very valuable in many patients, but I have seen several upon whom it has had little effect either in decreasing the swelling or preventing the after disfigurement. Again, is the disease so uncommon in sane people as is generally believed? My own experience teaches me that it is not, as amongst athletes, especially football players of the Rugby game and boxing men, it is fairly common. I know eight cases in which it occurred; in one the patient had the remains of double insane ear. This also, I think, will assist to prove that violence in some form is the most common cause, as undoubtedly in athletes the swellings can be traced to a blow or rub of some sort. I have not been able in some to discover the degeneration of the arteries which has been stated to so frequently occur, but no doubt this is very often seen, and the rupture of these degenerated vessels is the immediate cause of the swelling. In conclusion I may say that patients of the upper classes are more prone to the disease than the lower classes, at least we generally see many more cases in private asylums than county asylums; but the cause of this is difficult to understand, and perhaps many with more experience than myself will doubt this last assertion.

Colney-hatch, N.

### METHOD OF FIXING PATIENTS FOR OPERATIONS UNDER ANÆSTHESIA IN THE SITTING POSTURE.

By DUNDAS GRANT, M.A., M.D., F.R.C.S. ENG.

FOR many of the shorter operations on the mouth, throat, nose and ear it is very desirable to have the patient in the position in relation to light, attitude &c., in which examinations are habitually made. At the same time the sitting posture has many inconveniences for the administra-

tion of anæsthetics, and chloroform is practically inadmissible. Ether, however, as Dr. Silk has said, may be given with comparative security, and nitrous oxide without any anxiety whatever. Several years ago I demonstrated at the Central London Throat and Ear Hospital the possibility of removal of tonsils or adenoids, or even both, during the administration of nitrous oxide, and my colleagues were not slow in adopting a practice which in that institution has now become a matter of daily routine. Hitherto one great difficulty has been the tendency of the patient to slip off the chair at the moment when the anæsthesia becomes complete, and to have recovered consciousness by the time he is "collected" and propped up again. To prevent this accident the following simple method of fixation is recommended. A short jack-towel with the seam unstitched is placed round the back of the patient's neck like a priest's stole, with the ends hanging down in front. Each of these ends has firmly attached to it about two feet of soft, thick cord or thin rope. He is then seated on a chair which has a very narrow, high back, on the posterior surface of which, and at about the height of the patient's head, there is a stout upright hook. The middle of the jack-towel is raised off the patient's neck, lifted over the back of the chair and laid on the hook. The two ends are then brought backwards under the armpits and round the back of the chair. The ropes are then crossed over the hook and tied in a bow. The patient is thus simply, securely and "unalarmedly" fixed so that he cannot slip down. A band may be placed round the forehead to keep the head fixed, but this is most effectively and pleasantly done by the hands of some one standing behind. At the same time the patient can be instantly released by the simple pulling of the ends of the ropes forming the bow.

Upper Wimpole-street, W.

### SUDDEN DEATH, WITH NECROPSY, SHOWING RUPTURE IN THE INTERNAL ILIAC ARTERY.

By J. A. EWAN, M.B. EDIN.

THIS case is interesting not only in itself, but also because it well illustrates the importance of holding a post-mortem examination in every case of sudden death before granting a certificate.

A man aged fifty-three was a patient in the Dorset County Asylum for twenty-two days, and previously for two months in the County Hospital. On admission into the asylum his case was at once diagnosed as one of general paralysis, with absolute dementia, tottering gait &c. For some days there was no change in his condition, but on the eighth day he had a series of epileptiform convulsions, which continued until the following morning. After these convulsions ceased he was in a very helpless state, but they did not return until the evening of the twenty-first day, when they again commenced and continued until three o'clock in the morning of the twenty-second day. At a quarter to four his breathing suddenly became stertorous and a quarter of an hour afterwards he was dead. Post mortem were found in the head, as was expected, the usual changes that occur in general paralysis—thickened and adherent membranes, cerebral degeneration &c. and atheromatous arteries. The thoracic and abdominal organs were fairly healthy, but on turning aside the small intestines a large mass of clotted blood was discovered lying in front of the psoas muscle. This clot was carefully removed, and on further examination there was found a rupture of the internal iliac artery close to where it gives off its ilio-lumbar branch. This, then, and not any cerebral lesion, was the immediate cause of death.

Dorset County Asylum.

**METROPOLITAN ASYLUMS BOARD.**—The number of patients in the various hospitals of the Metropolitan Asylums Board at midnight on Nov. 29th was as follows:—Eastern Hospital, 363 scarlet fever, 61 diphtheria and 39 enteric fever; North-Eastern Hospital, 554 scarlet fever; North-Western Hospital, 314 scarlet fever, 82 diphtheria and 23 enteric fever; Western Hospital, 291 scarlet fever, 31 diphtheria, 1 typhus fever and 16 enteric fever; South-Western Hospital, 285 scarlet fever, 59 diphtheria and 24 enteric fever; South-Eastern Hospital, 366 scarlet fever, 19 diphtheria and 16 enteric fever; Northern Hospital, 856 scarlet fever and 12 diphtheria; Gore Farm Hospital, 786 scarlet fever. On the hospital ship *Atlas* there were 16 cases of small-pox.