

way that "Academy" or "sightseers'" headache is occasioned by looking at pictures hung above the line or by the more prolonged use of the elevators nystagmus in miners is produced. On calling on me later he expressed himself as so considerably relieved that he was anxious to return to work and therefore desired my permission to accept a curacy in the south of England. He was able to read with much greater comfort than had been the case for a considerable time. He informed me also that he was satisfied as to the correctness of what I had told him about the strain caused to the elevator muscles in cycling, because, as a test, he had placed and kept his eyes in the position I had indicated and it had soon occasioned similar discomfort. I saw the patient again on Nov. 22nd. He expressed himself as better and more fit for full work than he had been at any time since he began his labours in the East. He was able to read with comfort for long periods, and felt confident of being able to fulfil his clerical duties which he was to enter upon the next day.

Instances of headache occasioned by errors of refraction are very frequent and are met with daily in one's practice. The relation between ocular conditions and headache has become well recognised by the profession, and the number of cases coming before one's notice in which the causal relation between the two has in the first instance been suggested by the family medical practitioner are always on the increase. There would, therefore, be nothing in an ordinary case worthy of bringing under notice. I merely mention this instance because the headache was severe and long-continued and the relief occasioned by correcting the ocular defect was speedy and well-marked. It may be stated that the error of refraction met with in these cases is often of a low degree; especially is this so with regard to astigmatism. In the present instance the astigmatism was only half a dioptré, but there was the additional factor that the axis of astigmatism was contrary to the rule—that is to say, the axis of the + cylinder was required horizontal instead of vertical. In the case related the muscle balance was normal, but in all such instances it is desirable to examine the muscles, for it has often happened in my experience that they are at fault, and the use of prisms, alone or in combination with the correcting glasses, has been of distinct benefit.

Another point worthy of remark is the relation of cycling to headache or discomfort in the eyes. If the cyclist sits upright and does not lean forward on the handle-bars he will look straight in front of him and the direction of his gaze will be rather below than above the horizontal line. My observations in miners, compositors, platelayers, and many other occupations show that prolonged use of the elevators tends to produce nystagmus or ocular discomfort. Especially in miners, nystagmus is the outcome of this continued strain upon the elevators. The same is met with in other trades, but there are many instances in which only discomfort and aching of the eyes are complained of. A like remark applies to visitors to the Academy or other picture galleries in whom in consequence of the eyes being directed above the horizontal line discomfort is occasioned, and thereby many sightseers suffer from what has been described as "Academy" or "sightseers'" headache. I am satisfied that this is, in many instances, the true explanation of this form of headache. Turn the eyes below the horizontal line and even prolonged effort does not produce discomfort; on the other hand, turn the gaze above the horizontal line and discomfort results. I have observed instances of this in cyclists who have been in the habit of stooping and leaning on the handle-bars. It follows, as they have to look forward, that their eyes must be directed above the horizontal line. This remark, of course, is much less true in many cases than in others. In the one I have related a return of the headache resulted from a rather long cycle ride. As already stated, on questioning the patient, it was found that he was in the habit of stooping and leaning on the handle-bars and looking in the direction I have suggested as occasioning the weariness of the elevators and consequent headache. The accuracy of this observation he was able to endorse from tests which he made himself. I mention this particularly because I think that it is an explanation of the headache or eyeache sometimes complained of by cyclists, and the cause once recognised admits of easy remedy.

Sheffield.

At a Chapter-General of the Order of the Hospital of St. John of Jerusalem held on Nov. 26th Mr. J. M. Carvell, M.R.C.S. Eng., L.S.A., was selected for enrolment as an Honorary Associate.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES ON SOME SKIN LESIONS.

BY EDWARD C. B. IBOTSON, L.S.A.

Epidemic acne varioliformis.—A healthy man, aged 20 years, consulted me on account of an extensive eruption which had come out on his skin in two days' time. There was no history of taking any drug and he had no syphilis past or present. He amused himself with photography and took his own portrait for me, showing, though imperfectly, the skin lesion. He informed me that he had noticed an exactly similar eruption to his own on three or four other young men in the works at which he was employed. The lesion commenced as a flat red papule and the size of the papules varied from one-third to a quarter of an inch in diameter. On the papule a minute vesicle next appeared containing clear fluid. I regret not having obtained some of this fluid for bacteriological examination. When the vesicle burst it left a sharply defined small pit behind. As regards the distribution of the lesions they were most copious on the forehead, next on the cheeks, next on the chest, and finally there were a very few papules on the arms and legs. I did not notice vesicles on the arms or legs. The man felt somewhat languid but was otherwise in good health. I prescribed five-minim doses of Fowler's solution after food, one-tenth of a grain of calcium sulphide in a pill thrice daily, and locally Hutchinson's paint—namely, equal parts of liquor carbonis detergens, rectified spirit, and liquor plumbi subacetatis. Under this treatment there has been marked and steady improvement.

Dr. Sabouraud has recently found the lesions of acne varioliformis to contain the golden staphylococcus (*staphylococcus pyogenes aureus*). Is it not possible that, this organism being somehow present on a towel, these young men may have inoculated themselves with the germ by using the same towel to wipe their faces and so rubbed in the germs and thus produced this small epidemic? Had he been a hospital patient I should undoubtedly have restricted myself to local treatment only, as I think it doubtful whether the internal treatment should be regarded as the beneficial agent in his case. Morris praises iron and cod-liver oil and says that the duration of these cases may be long. It is noteworthy that this case made rapid improvement; also that the age is unusual, as most of these cases have occurred after 40 years of age. Theoretically one would suppose that the pyococci are allowed to develop owing to defective phagocytosis, and hence also the boils and carbuncles that occur in association with albuminuria and diabetes. Iron undoubtedly will improve the percentages of hæmoglobin and red cells, but I do not know whether the leucocytes have ever been seen to increase in number with iron. Arsenic is given frequently in leucocythæmia, presumably to diminish the number of leucocytes, and therefore theoretically one would have imagined arsenic to be a friend to pyococcal infection, whereas it has proved beneficial in this case, and, moreover, it has been shown by Mr. Hutchinson to be a specific in pemphigus.

Non-specific and specific pemphigus neonatorum.—I have lately seen a bullous eruption in a newly-born infant which appeared to me to be secondary to a pyococcus infection of the conjunctiva. The mother had a yellow discharge throughout pregnancy and a creamy discharge appeared on the child's conjunctiva on the second day after delivery. The pus contained staphylococci. There was no history of gonorrhœa in the father. Bullæ appeared on the chin first, about as large as a threepenny-piece—viz., one-third of an inch in diameter. When these bullæ ruptured a clear yellowish serum escaped and a flat greyish-yellow circular crust remained. The eruption invaded the cheeks, scalp, neck, chest, and hands. One bulla on the chest reached the size of a halfpenny. The legs and feet were not affected. There were none of the signs of syphilis. The case appeared to be one of those described by Crocker as non-syphilitic pemphigus neonatorum. It yielded to the following treatment. For the conjunctivæ a wash of perchloride of mercury (1 in 1000); to the skin a dusting

powder of zinc oleate, boric acid, starch, and thymol, and the inunction of weak ammonio-chloride of mercury ointment.

I have had under observation a true syphilitic pemphigus neonatorum—a female child, 20 months old, of foreign parents. The bullæ were numerous, deep-seated, and dark in colour. There was a distinct history of syphilis at an earlier age. The smell was very strong. The interesting point is that the palms and soles were not affected in the least. Treated with mercury and chalk, one grain three times a day, this child has completely recovered and is fat and strong.

Ashchurch-grove, W.

CASE OF SPONTANEOUS RUPTURE OF THE BOWEL.

BY T. CARWARDINE, M.S. LOND., F.R.C.S. ENG.

RUPTURE of the intestine from its own muscular action must be a rare event. It occurred, however, in a case of rectal cancer which was under my care in the Bristol Royal Infirmary.

The patient, a man, aged 50 years, was sent to me from Bridgwater in September, 1901, complaining of difficulty and straining in the passage of his motions, which were chiefly of a soft or liquid character. He looked well, and his abdomen was soft and lax. He was found to have an annular carcinomatous stricture of the rectum some two inches from the anus, the lumen of which would just admit the forefinger. It was intended to perform colostomy, and the patient was kept in bed for some days. Preparatory to the operation he was given a colocynth pill and he went to the closet twice the same night. The next morning he was observed to be rather cold and seemed in a good deal of pain. At 11.30 A.M. he "got a fearful spasm," as the nurse expressed it. The abdomen was hard and distended. He was cold, livid, and collapsed, and remained so till the early afternoon, when he died in great pain. At the necropsy the peritoneum was found to be full of soft, liquid fæces; and in the sigmoid flexure, some six inches from the stricture, there was a rent about one and a half inches long, having a longitudinal direction and situated opposite to the mesenteric attachment. Its edges were clean-cut and there was no sign of ulceration or inflammation in the bowel around. The intestine had evidently ruptured as a result of muscular action, although there was no complete obstruction. The appearances were strikingly different from those seen when an ulcer, resulting from obstruction, perforates.

Bristol.

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.

ST. GEORGE'S HOSPITAL.

A CASE OF ACUTE PARALYSIS CLOSELY RESEMBLING LANDRY'S PARALYSIS (SO-CALLED); RECOVERY.

(Under the care of Dr. ISAMBARD OWEN.)

It can hardly be doubted that under the name of Landry's paralysis many cases have been reported which are not of the same essential nature as those originally described by Landry. Although we know nothing definite of the etiology of these cases, yet there can be but little doubt that they are toxic in origin. In the following case there is one point mentioned in the account of the condition on admission to hospital which may perhaps suggest the origin of the disease. It is stated that the gums were swollen and inflamed and that pus exuded from their margins. It has recently been suggested that several obscure diseases are due to the absorption of toxins from suppuration in the mouth, and it is at least possible that in this case also the suppuration around the teeth may have had something to do with the

origin of the disease. For the notes of the case we are indebted to Dr. T. R. C. Whipham, medical registrar.

On Jan. 19th, 1901, a bricklayer, age 24 years, was admitted into St. George's Hospital under the care of Dr. Isambard Owen with a history of having been seized about eight weeks previously with pain in the head and sickness one morning after breakfast. No further symptoms developed till nine days before admission when he noticed "tingling pains" and loss of strength in the arms. On the following day he experienced pains in the calves of the legs on going up and down stairs. On Jan. 12th he vomited soon after drinking a glass of beer and gave up work owing to increasing weakness and difficulty in walking, the latter symptom being due to loss of power in the knees and not to any alteration in the gait. Prior to the onset of his illness the patient had been employed in building a tall chimney in which for the purpose of obtaining light several oil lamps were kept constantly burning, and from these very offensive fumes emanated. Subsequently to relinquishing work the general weakness became more marked, and on the 16th he was unable to walk, though he could maintain an erect position without support. At this time he was suffering from very severe headache in the frontal and occipital regions, especially at night and in the early morning, and he stated that everything which he ate tasted like mutton fat, that his mouth was "stiff" and swallowing difficult, and that water used for the purpose of washing caused a sensation of "pins and needles" down his back. He was taken to the hospital in a cab on the 19th, being then unable to stand. He had had no shooting pains, loss of sensation, or impairment of vision, and he denied having taken any drugs just previously to the onset of his symptoms. The amount of alcohol which he had consumed had been strictly moderate, being limited usually to one pint of beer a day, which was of no particular kind. No trace of arsenic was found in the urine, and nothing in the history of the patient suggested poisoning by that metal. Syphilis was denied, and there were no signs or history pointing to that disease. The bowels had acted regularly and his appetite was fair. Both parents died from cancer; otherwise the family history was good and the patient himself had had no previous illness of any importance.

The patient was a fair-complexioned, well-built man. There was no particular tenderness in the head. The teeth were in a very carious state and the gums were swollen and inflamed and exuding from their margins pus which yielded a short streptococcus on cultivation. The tongue could not be protruded far and was dirty and pushed slightly to the left side. The fauces were congested, and a copious secretion of very viscid mucus was continually being ejected from the mouth, but did not dribble away. There was slight, though distinct, paralysis of the left side of the face. In the upper extremities there was slight general wasting of the muscles from the hands to the deltoid and scapular regions, with considerable loss of power, especially in the right. When on his back the patient was unable to move either arm as a whole from off the bed. The legs when extended were almost powerless, though on passive flexion of the thighs the legs could be flexed and extended at the knee with some little force. The muscles were flabby, but were not markedly wasted. The muscles of the trunk were weak, the patient being unable to sit up in bed unless the legs were allowed to hang over the edge. There was no reaction of degeneration. The spinal column showed no abnormality and all the joints moved freely. The eyes and ocular muscles were normal in every respect, and there were no ophthalmoscopic changes. There was no impairment in any of the special senses beyond a slight "thickness" in the speech due to the facial paralysis and an oily taste with the food. Sensation was perfect everywhere to tactile, painful, and thermal impressions. The reflexes, both superficial and deep, were absent with the exception of the upper abdominal which was present to a slight degree. There were no cutaneous trophic changes and the sphincters were normal. The viscera were healthy and the urine was free from albumin. The temperature was normal.

For the first few days after admission the condition of the patient became worse. There was a further loss of power in the left arm with a "tightness" across the chest and aching in the hands. The secretion of saliva was increased and coryza appeared in the eyes. He vomited on several occasions and experienced slight difficulty in swallowing his food though there was no regurgitation through the nose. The facial paralysis became more marked and severe