

two inches in diameter, were seen extending from the ileo-cæcal valve to the lower part of the jejunum, those at the lower end of the ileum having a gangrenous appearance. The patches of Peyer in the upper half of the jejunum were prominent, congested, and surrounded with vascular rings, the mucous membrane over them being softened. The mucous membrane of the cæcum and ascending colon was deeply injected throughout, and presented several small ulcers (corresponding to the solitary glands), many of which had coalesced to form larger ones.

Remarks.—Both the above patients were soldiers, about the same age, living under the same conditions as regards food, surroundings, &c., and both came from the same barrack-room. It is interesting, therefore, to note (1) the marked similarity of the symptoms and the nearly identical course of the temperature; (2) the marked difference in degree of the intestinal lesions; and (3) the great disproportion between the temperatures and the intestinal lesions in the two cases. This last point bears out what Wunderlich says regarding the course of temperature in disease. "Even when the *course* of the temperature," he says, "is identical in two cases of fever, it by no means follows that both originate in the same way. It is, on the contrary, highly probable that the opposing circumstances of production and loss of heat in different cases, and even with an identical height of temperature, may vary very greatly."

Gibraltar.

ON A CASE OF SUPPURATION OF THE MASTOID CELLS SIMULATING INTRA-CRANIAL ABSCESS.

By EDWARD COTTERELL, M.R.C.S., L.R.C.P. LOND.

In the following case it will be seen that the history and symptoms pointed apparently to an intra-cranial abscess, so much so that the question of trephining, with a view to evacuating the confined matter, was discussed; but before proceeding to this somewhat hazardous operation, a free opening was made into the cells of the mastoid process, with the result of completely relieving the urgent symptoms and ultimately curing the middle ear disease. In using the words "hazardous operation," I do not mean to imply that the operation of trephining is *per se* hazardous, because, with all the resources of antiseptic surgery at our command, it is difficult to believe that there is any risk in the operation when carefully performed, but the hazardous nature of the proceeding in an intra-cranial abscess consists in hitting off the exact spot to trephine in order to evacuate the matter. The difficulty in diagnosing the exact locality of the abscess is admittedly very great, as the symptoms are in most cases vague and unreliable, whilst the differential diagnosis between a limited collection of pus in the cerebrum or cerebellum, and between a limited or diffuse meningitis, is beset with difficulties which in the present state of our knowledge it is impossible to overcome; but I think that most surgeons will be inclined to agree with the following statement made by Mr. Hulke in reference to these cases. He says:¹ "However, the fact that the clinician is not yet in the position to form a certain judgment concerning the precise nature of the local disorder does not, in the presence of the almost certainly fatal termination of the otitic intra-cranial abscess when left to take its natural course, exonerate him from further efforts; when his judgment attains a high degree of probability, the propriety of a surgical operation for the evacuation of the abscess should be faced."

H. F.—, a young lady aged fifteen, has the following history. Nine years ago, whilst playing one evening, she introduced a bead into her left external auditory meatus, and in trying to extract it only pushed it further in. The next morning she was taken to see a medical man, who made fruitless efforts to extract it. Two days after this she was taken to another surgeon, who endeavoured, whilst the child was under the influence of chloroform, to get the bead out; but he also failed. Nothing further appears to have been done, and chronic suppuration of the middle ear was naturally set up. Six months after its introduction the bead dropped out whilst she was having her ear syringed. But the

expulsion of the foreign body did not cure the middle ear disease, and since that time she has suffered from chronic otitis media purulenta, the discharge being most offensive, and often making her sick by trickling down the pharynx. In February, 1885, she began to complain of intense headache, accompanied with vertigo. Gradually she became very strange in her manner, getting very excited at times, screaming at the top of her voice, and biting her fingers, bed-clothes, or anything that came in her way. These symptoms became intensified at night, and her screams, or rather yells, quite disturbed the neighbours. Her head was shaved and ice applied to it. Large doses of bromide of potassium were administered in the day with chloral at night, but the symptoms rapidly became more severe and intensified; as photophobia came on the headache became very much worse, and about this time tenderness was noted over the mastoid process of the left side. The screaming fits now became much more severe and prolonged, and during her paroxysms she would jump up and throw herself about the bed, becoming very violent and attempting to bite anyone who touched her. The optic discs were normal.

At this stage I came to the conclusion that the case was either one of meningitis or of abscess within the cranium, as the symptoms seemed too severe for pus pent up in the mastoid cells. Having obtained permission of her friends to operate, I determined first of all to trephine the mastoid cells, and see if that would do any good, though I confess I had no faith that it would; and should no pent-up pus be found there, I was prepared to trephine over the temporo-sphenoidal lobe and explore that region for an abscess, or, if a limited meningitis were found, to wash out and drain—treating it, in fact, as an ordinary abscess. Accordingly, on March 9th, the patient being under the influence of chloroform, an incision was made over the left mastoid process, and the cells thoroughly opened up with a gouge. About a drachm of fetid pus was evacuated, and then a free communication was established between the external wound and the tympanum with a tooth elevator. A small drainage-tube having been inserted, iodoform powder was blown in and the wound dressed with iodoform wool. On recovering from the anæsthetic her headache was better and she had no more delirium or screaming fits. The wound healed by granulation, small scales of dead bone occasionally coming away. It is now over eighteen months since the external wound closed, and since then she has been completely free from all discharge and from pain in her ear and head, so that I think she may be looked upon as cured.

Bicester.

A CASE OF DIPHTHERIA OF THE VAGINA WITHOUT THE THROAT BEING AFFECTED.

By SURGEON JAS. B. CLIBBORN, R.N.

(Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

MRS. T—, the wife of a private in the Royal Marine Light Infantry, when attending her child, who was suffering from diphtheria, was scratched by him on her right wrist. Some days after (time uncertain) a few isolated, inflamed, vesicles that were very painful appeared on the wrist, which implicated the glands at the bend of the elbow and axilla. There was no pyrexia, and the throat was not affected. The wrist soon healed under treatment, and the inflammation in the glands subsided, when a fresh crop of vesicles appeared around the nipples of both breasts; there was still no rise in temperature, and the patient complained of little inconvenience beyond weakness and general malaise. The latter crop of vesicles went away as rapidly as those on the wrist, but the patient complained of weakness, daily increasing, accompanied by anorexia, with insomnia; she also stated that there was a fetid discharge from the vagina. On making a vaginal examination the mucous membrane was found to be greatly inflamed, discharging pus and covered in parts with well-developed shreds of false membrane. The constitutional symptoms now rapidly developed, asthenia increased, and the patient suffered at times from delirium and delusions, and had one well-marked epileptiform convulsion. The urine contained a small quantity of albumen. The highest temperature taken only

¹ THE LANCET, VOL. II. 1886, p. 3.

indicated 99.4°; the throat at no time presenting an inflamed appearance. The inflammation in the vagina daily increased, large shreds of false membrane, almost forming complete casts of the vagina, were discharged; asthenia was great; the pulse small and compressible; the pupils were frequently irregular, and responded feebly to light. About this period of the disease the patient (who was five months pregnant) was attacked with well-marked labour pains, occurring at regular intervals. As it was considered that, should a miscarriage take place, the disease would extend to the uterus, with a probably fatal issue, very large doses of opium were given with a view of stopping the uterine contractions, which had the desired result after the patient had taken about five grains of this drug. Under treatment the discharge from the vagina became less, and the development of false membrane decreased till about ten days after its first appearance, when it had entirely disappeared. Convalescence rapidly took place, and the patient, who was removed to the country, was subsequently delivered of a living child, with no bad results.

Treatment.—Carbolic acid combined with quinine was given internally every three hours (each dose containing one minim of carbolic acid, ten minims of glycerine, and one drachm of tincture of quinine, in an ounce of water), the urine being carefully watched during its administration. Iodoform was applied locally with vaseline (a drachm to the ounce). When the vagina became affected, it was frequently washed out with a solution of permanganate of potash. Strips of lint soaked in iodoform and vaseline were introduced into the vagina and changed every few hours. Stimulants and strong liquid food were given in large quantities when the asthenia was great.

Remarks.—This is one of several cases I have treated with carbolic acid and quinine given internally in this disease; the results so far have been more satisfactory than any other treatment I have seen tried. The cases in which it has been adopted have, however, been too few as yet to merit more than a suggestion that it is worthy of a more extended trial.

POISONING BY BENZOLINE VAPOUR.

By A. G. R. FOULERTON, M.R.C.S., L.R.C.P.,

RESIDENT MEDICAL OFFICER, ROYAL ISLE OF WIGHT INFIRMARY.

POISONING by benzoline is of sufficiently rare occurrence to warrant the recording of the following case, in which, however, as will be seen, the effects of the poison may have been complicated to some extent by the high temperature in which the patient was at the same time placed.

W. S—, aged twenty-five, a well-made and healthy-looking German, entered a zinc tank used for the storage of benzoline, and then all but empty, at 9 A.M., and at 11 A.M. was found lying insensible at the bottom of it. The tank was some 5 ft. 6 in. high, with a small man-hole at the top, and exposed to the direct heat of a powerful sun, a thermometer inside registering 105° F. Shortly afterwards, when the man was brought to the infirmary, I found him in the following condition: Smelling strongly of benzoline; unable to stand, but capable of answering simple questions in an indistinct sort of way; moaning occasionally, and from time to time bursting into a hysterical laugh; face flushed; surface of body and limbs cold and clammy; muscular tremors and twitchings in the legs and arms; pupils widely dilated, reacting to a strong light stimulus; pulse 88, full and soft; respiration from 8 to 9 in the minute, deep and stertorous, irregular in rhythm, as much as fifteen seconds intervening between the separate inspirations; heart's action feeble; temperature in axilla 98.8°. Shortly after admission he vomited freely, the ejected matters being bile-coloured and smelling of benzoline.

The man was given at once twenty-five minims of solution of ammonia with half a drachm of ether and put to bed, wrapped up in blankets, and hot-water bottles used. He then had half a drachm more of ether with some brandy, and was given frequent half-drachm doses of aromatic spirit of ammonia. For about two hours the patient remained in much the same condition, becoming at times absolutely unconscious, his breathing also getting worse at intervals. At the end of that time he began to improve rapidly, and was soon afterwards able to give a rational account of himself, but could not say how long he had been in the tank before

he lost consciousness. His pupils were still dilated, and he complained of bad headache. He then had an attack of profuse sweating, and by the evening had completely recovered, no trace of his misadventure remaining beyond some slight headache. The temperature and respiration were normal, and the pulse 76. The urine passed presented nothing extraordinary, and a motion following the administration of half an ounce of castor oil was of a dark-green colour.

From these symptoms it will be seen that benzoline is a well-marked example of an inebriant poison. It was not thought necessary to give an emetic, as the man had merely been exposed to the vapour and had not swallowed any liquid benzoline; he settled the matter, however, by vomiting spontaneously. Theoretically, brandy and ether (being themselves inebriants) would seem to be contra-indicated, but the result was sufficiently satisfactory to justify their use. Looking back on the case, I cannot help thinking that the man might have been further benefited by a little blood-letting, for I regard the main symptoms as pointing to failure of the heart's action, diminished capillary tension, and consequent stagnation in the venous system, with over-distension of the right side of the heart. Were a similar case to occur to me again, I should be content, I think, with the application of external warmth and moderate bleeding and the free use of ammonia.

Ryde.

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.

UNIVERSITY COLLEGE HOSPITAL.

SARCOMA OF THE RECTUM; LITTRÉ'S COLOTOMY; RELIEF;
REMARKS.

(Under the care of Mr. ARTHUR E. BARKER.)

THE malignant growth met with in the rectum is almost always the adenoid or cylindrical epithelioma, sometimes undergoing colloid degeneration. Scirrhus and encephaloid are very rare, and it is probable that recorded cases of the latter will become fewer as the microscopical examination of these growths is more regularly conducted, many cases which would otherwise have been classed as encephaloid proving to be of sarcomatous nature when thus examined. The reasons which induced the operator to prefer Littré's operation to that of left lumbar colotomy, which is usually practised when local removal of the growth is impossible, will be found in the remarks appended to the case.

H. A—, aged thirty-eight, a labourer, was admitted into University College Hospital on July 29th, 1886, on account of diarrhoea alternating with obstruction of the rectum, and severe pain, the result of growth in the bowel. His sufferings began with violent diarrhoea in the previous March, which lasted about two months, and was followed in June by constipation. On straining blood was passed, but pain was not complained of until the end of June. It was then a well-marked symptom, especially at night and during efforts at defecation, which were usually fruitless.

On admission a large mass of growth could be felt in the rectum, almost completely surrounding the bowel. It was soft and lobulated, and completely blocked the passage. A portion of it, as large as a hen's egg, was broken off with the finger by Mr. Heath on July 30th, and was found on microscopical examination to consist of fibro-sarcoma. Profuse bleeding followed, but was checked by plugging of the rectum. As there seemed no prospect of benefit from any local operation and the patient's sufferings were severe, it was determined to open the colon and establish an artificial anus. This was done by Mr. Barker on Aug. 18th by Littré's method. All antiseptic precautions having been observed, an incision was made from a point just internal to the anterior superior spinous process of the ilium, downwards and inwards for about three inches, terminating about an inch above Poupart's