

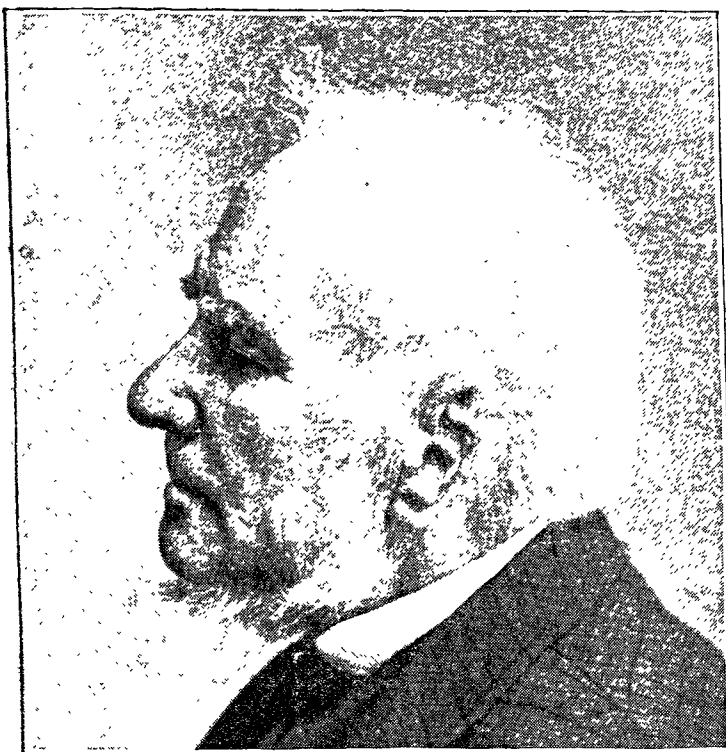
I used nitrite of amyl capsules with immediate benefit, and as the bowels had not acted I placed one minim of croton oil and five grains of calomel on the tongue. At 10 P.M. a great change was apparent. The purgatives had acted well, four or five liquid tarry motions had passed, the temperature had risen to 100°, the face was bright and clear, and the mind intelligent, the choreic movements had quite ceased and the masticatory almost, and the sense of oppression and dysprœa were gone. The next morning the man appeared to be quite well, but complained of slight weakness; two days after he was able to attend to his usual business.

Manchester.

#### AN ARTIFICIAL EAR.

BY H. N. GROVE, L.D.S.

A MAN sixty-three years of age was admitted into the Queen's Hospital, Birmingham, in April, 1893, with an epithelioma of the left auricle. The greater part of the



enamelled to harmonise with the complexion. No artificial contrivance (such as a spectacle frame) was made use of to support the artificial auricle, adhesion to the head being effected by means of a saturated solution of mastic in absolute alcohol.

Birmingham.

#### AN ATYPICAL ALBINO.

BY A. J. BALMANNO SQUIRE, M.B. LOND.,

SURGEON TO THE BRITISH HOSPITAL FOR DISEASES OF THE SKIN.

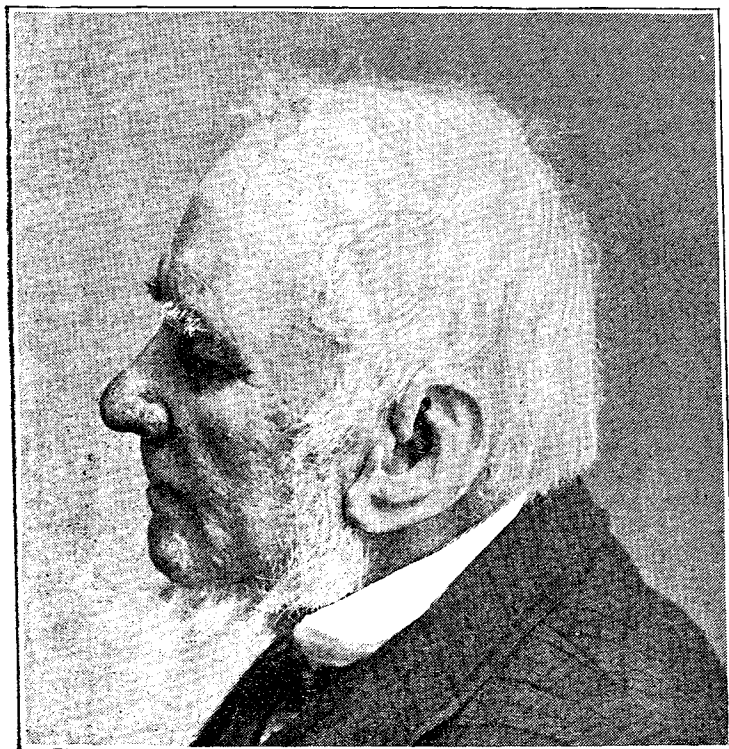
AN albino, although a rare, is nevertheless a familiar object, and, moreover, one of very undeviating type. Until the other day I thought that the type was absolutely without variation. I imagined that a person born with absolutely white hair and pigmentless skin (I am referring to those instances where the whole of the hair system and the whole of the skin are devoid of pigment) must necessarily have pink eyes and be unable to see clearly in bright sunlight, or, in other words, must needs be destitute of pigment in the iris and in the choroid; but, as it seems, it is not always so. A young man aged eighteen years, who has just come under my notice, is an albino. The whole of his hair system is white and the whole of his skin is pigmentless. He has presented this condition from his birth. However, the iris of each of his eyes is not pink, but, on the contrary, a very dark blue, and he can see as well in bright sunlight as he can at any other time. The glare of bright sunlight has never inconvenienced him in any way. In some instances of congenital complete albinism that I have met with more than one person in the same family has been affected. In one family a girl and two of her brothers were albinos. In this present case, however, there is but one albino in the family. He has four brothers and four sisters, one paternal uncle, three maternal aunts, and numerous cousins, but none of these relatives are albinos. His father has dark hair and his mother has flaxen hair. He presents a special condition, apparently in no way dependent on his albinism—which, however, is worthy of note, because I have met with it in at least one other albino,—and that is a constant oscillating movement of the eyeballs in the horizontal plane—that is to say, to and fro, from left to right and back again. The movement is so notable as to its range and so rapid as to its frequency that it is difficult to understand how he can acquire a clear idea of anything that he looks at; and he confesses that he does find it difficult to read print, but as to things in general he believes that he can see them as well as anybody else. I am not prepared to say whether this condition has or has not presented itself in every case of albinism that I have met with; for I had not taken account of the presence or absence of it (it not having arrested my attention) previously to the last two cases of albinism that I have seen—namely, this case and its immediate predecessor.

Weymouth-street, W.

#### ANKYLOSIS OF THE JAW OF LONG STANDING TREATED BY OPERATION.

BY E. N. NASON, M.R.C.S. ENG.

THE patient, a man thirty-nine years of age, received a severe blow upon the right side of the face in 1882. It is not certain what the exact injury was, but it seems probable that the zygoma and condyle of the lower jaw on the right side were both a good deal damaged. No treatment was adopted, but after some little time the jaw could be moved freely without pain. It was not until two years and a half later that some restriction of movement began to be noticed. This slowly increased, and in two years' time the jaw became completely fixed, so that the teeth could not be separated at all. He remained in this condition for nearly seven years, living on liquids and sopped bread, as the power of mastication was completely lost. He came under my care in December, 1893, and was then more than half starved. After feeding him up for a week or so I operated upon the jaw on Jan. 7th, 1894. An incision was made along the posterior border of the ascending ramus of the lower jaw on the right side from half an inch below the zygoma to the angle of the jaw and carried down to the bone. Very considerable thickening, which seemed to be both bony and fibrous, was felt behind the



auricle was removed by Mr. F. Marsb. A plaster-of-Paris cast was taken of the side of the head. An artificial ear was built up in wax to match the healthy one on the right side, and was then made in vulcanite and aluminium, tinted and

zygoma and around the neck of the jaw. The ascending ramus was then cleared with a raspatory three-quarters of an inch above the angle of the jaw and divided, and a wedge-shaped piece of bone with the base of the wedge (half an inch) posterior removed. This was effected with some difficulty partly by a keyhole saw and partly by cutting pliers as the bone was more than usually dense. There was no trouble with the inferior dental artery. The patient made an excellent recovery without constitutional disturbance and was able to masticate with very little pain on the third day. The mouth could be opened to the extent of seven-eighths of an inch, and very good lateral movement was obtained. The patient kept up passive movements very assiduously, and was given a graduated wooden wedge on which to measure the extent of the interval between the teeth. This has not tended to lessen during the last year, and the patient has at present perfect masticatory power, with free and painless movement, both vertically and laterally. This operation, the risk of which is small and the chief difficulty of which is the division of the bone without splintering or unnecessary damage, seems much more generally successful than excision of the condyle. The latter, as shown by Mr. Paul Swain some time back in THE LANCET,<sup>1</sup> has many risks, and often a result which is by no means satisfactory.

Nuneaton.

## 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.

#### WESTMINSTER HOSPITAL.

ADDISON'S DISEASE OF VERY RAPID COURSE; REMARKS.

(Under the care of Dr. DONKIN.)

THIS disease is one which has attracted the special attention of pathologists and physicians since it was first described by Dr. Addison. The communication by Drs. Alezais and Arnaud (summarised by Dr. Allen J. Smith<sup>1</sup>) is one of the most interesting recently published as a contribution to its pathology. They consider the process to be essentially one of tuberculous infiltration, the presence of tubercle bacilli having been repeatedly demonstrated in the affected supra-renal capsules. The process may begin in the cortex or in the medulla, and less often in the fibro-vascular zone about the capsule. Changes may be found in the neighbouring tissues as the result of such processes in the supra-renal capsules, as alterations in the abdominal sympathetic nerve, changes in the mesenteric glands, tuberculous disease of the spine and lungs, and alterations in the kidneys and urogenital organs. They regard as being near the truth the view that ascribes the phenomena of the disease—especially the prominent nervous symptoms, such as the sudden and complete asthenia, the vomiting, the lumbos- abdominal pains, and often the sudden death—to alterations in the abdominal sympathetics. They think, however, that the pathological facts thus far established are insufficient to base any theory upon, as in a number of instances the abdominal sympathetic has been found quite normal. Of forty-nine cases met with, the abdominal sympathetics were quite healthy in twelve instances. They believe, however, that the nervous symptoms arise directly within the capsules themselves, and have found undoubted nerve ganglia in the periphery of the organ as a constant element, and state that these bodies are always implicated in the capsular lesion of Addison's disease although heretofore overlooked. They cite three cases in support of their view. In one there was marked tuberculous change all about these ganglia, which were, however, intact, and no symptoms of Addison's disease were present; in the second the pericapsular ganglia, as well as the left semilunar ganglion and branches of the solar plexus, were involved, the symptoms of Addison's disease being present; in a third the pericapsular ganglia were

alone involved, the rest of the abdominal sympathetic system being intact, Addison's disease being manifest.

A man aged forty-seven years was admitted into Westminster Hospital on Nov. 12th, 1894, complaining of very frequent vomiting and great prostration, and died on Nov. 24th. He had been perfectly well, according to his own and his relatives' accounts, until five weeks before admission. He had had no previous serious illness, had not had syphilis, and was in all respects a temperate man. This illness began quite suddenly one day with pain in the epigastrium and vomiting about three minutes after a meal, since which time he had vomited after every meal and become steadily weaker. Three weeks before admission his legs began to feel numb, and he suffered from pains in the back and shoulders. On admission he was thin; his skin was generally of a dark, bronzed colour, most marked in the face, dorsum of hands, and axillæ, least marked in the lower limbs. There were a few dark patches on the soft palate and on the inside of each cheek and of the lower lip. In answer to inquiry he said that his friends had told him about a week or so before his admission that he was getting darker in appearance. He was very feeble and walked with difficulty; but there was no discoverable alteration of sensibility over the trunk or limbs, and no muscular paralysis. The pulse was very small and compressible, and the first sound of the heart markedly indistinct. The breathing over the front of the right lung was harsh, but the thoracic signs were otherwise natural. Nothing abnormal was discovered on abdominal examination, nor in the urine, which was, however, of rather dark colour. After his admission the vomiting ceased, and the man seemed to improve. On Nov. 20th, his bowels being constipated, he had a dose of senna mixture. His bowels acted, but he started vomiting again. The temperature, hitherto normal or sub-normal, rose to 102° 6' F. Next day the vomiting continued, and the temperature, after falling to normal, rose again to 104°, at which point it remained during the day following. The patient, however, then felt better, the vomiting having ceased. He talked cheerfully and said that but for weakness he felt quite well. On the night of the 23rd he slept well. On the 24th, at 6 A.M., he complained of cold feet, and shortly afterwards sat up in bed and "became quite rigid, while his breath was very short." Recovering from this condition, he seemed to be fairly well until 8 A.M., when his breathing became short again, and he died in a few minutes. There was a cloud of albumen in the urine on the last day.

*Necropsy on the afternoon of the day of death.*—The body was fairly nourished, rigor mortis being present; the blood was fluid and dark-coloured, drying quickly. There was general bronzing of the surface, least marked over the lower extremities. The larynx was normal, and the thyroid gland small. There were a few old adhesions over the upper lobe of the right lung, but elsewhere the pleura was quite natural. In both lungs were several discrete, large, and pigmented fibroid tubercles, but there was no breaking down. In other respects the lungs were normal, as also were the mediastinal glands. The heart's muscle was firm and very dark; all its structures were apparently normal. The abdominal organs were natural, with the following exceptions. There were a few large pre-vertebral lymphatic glands, with no tubercles discoverable by the naked eye. The adrenals were very large, and quite converted into fibro-caseous masses in which all traces of normal tissue were lost, though the general shape was fairly well preserved. (The semilunar ganglia were normal.) The kidneys weighed ten ounces. There was cortical atrophy of the upper half of the right kidney, the capsule around this portion being very thick and adherent to the subjacent areolar tissue. In other respects the kidneys were normal. The bladder was healthy, but in the centre of the prostate were numerous small and yellow caseous foci, clearly tuberculous. The prostate was not enlarged. The vesiculæ seminales were normal. The epididymis on both sides, especially the left, was much enlarged from tuberculous deposit, and there were tubercles in the body of the right testicle.

*Remarks by Dr. DONKIN.*—The most important clinical points in this case are the very definite onset of the first symptoms and the extremely rapid course of the expressed disease. After searching inquiry it was established that the man felt and looked perfectly well until a little under seven weeks before he died. The pigmentation, as is most often the case in the more protracted instances of the disease, was not observed until after the important symptoms of vomiting and prostration had been established for some time. The

<sup>1</sup> THE LANCET, July 28th, 1894.