

the obstacle to reduction was clearly this loose sling-like fold. The existence of membranous flaps like this and the manner in which they sometimes resist the return of the gut in operation for strangulated hernia have not of late received the attention they merit. Bands and flaps of this kind, which are not very rare, should invariably be divided whether they seem to compress the bowel or not, for if they do not actually prevent reduction it will be much more easily effected after their division. The history and mode of formation of these interesting folds may be conveniently reserved for consideration in another lecture.

## A CASE OF CEREBRO-SPINAL FEVER FOLLOWED BY RECOVERY.

BY WM. ARMSTRONG, L.R.C.P., L.R.C.S. EDIN., L.S.A.

I WAS called shortly after 6 A.M. on May 11th to see A. B.—, aged eleven years, who had been suddenly seized with intense pain in the head. The history of the case is as follows. On May 9th the patient was apparently well, and played football in a hot sun. After returning home he complained of feeling tired, and shortly after vomited bilious matter; he was hot and feverish. His mother, thinking he was bilious, administered a purgative draught. During the next day he remained in much the same condition, but on the following morning at 6 A.M. he was suddenly roused by a loud blast from a hooter, and at once complained of intense pain in the head, and became very restless and excited. I could obtain no history whatever of pain or discharge from either ear. On my seeing the patient he presented the following appearance. He lay on his back with his head on one side, the lower limbs being flexed on the abdomen. The face was flushed, conjunctivæ injected, pupils unequal, dilated, and sluggish, with great intolerance of light. Temperature  $103^{\circ}8'$ , pulse 120, very excited. On examining the chest, the heart was seen beating violently with a forcible impulse. The abdomen was rather retracted; no tenderness or pain on pressure; no tympanites. No other abdominal symptoms. Slight diarrhoea, which was probably due to the purgative which had been administered. Tongue very furred in the centre and red at the edges. The patient kept crying out "Oh, dear!" in a very distressed way, and did not seem to understand questions put to him. He said that the worst pain was over the temples. He vomited green matter whilst I was there. By way of treatment, I ordered the head to be shaved and an ice-bag applied and prescribed three grains of calomel and a mixture containing five-grain doses of bromide of potassium, the diet to be milk with soda-water or lime-water. During the first week the temperature ranged between  $101^{\circ}$  and  $104^{\circ}$  and the pulse between 108 and 120. The headache was much the same, but considerably relieved after each dose of medicine. The patient complained of pain in the back of the neck, down the spine, in the arms and at the pit of the stomach. The position he assumed was one of partial flexion; the head was thrown well back and there was marked stiffness of the neck. There was also marked hyperæsthesia all over the body. The tongue remained very furred; bowels rather constipated; there was no enlargement of the spleen. He continued very restless and delirious, at times being in a condition of stupor. There was great intolerance of light; sluggish pupils with strabismus of the left eye. A large quantity of pale urine was passed. The lower lobes of both lungs became congested. During the second week the patient improved a little and took nourishment well. There was now marked retraction of the abdomen. As he passed very wakeful restless nights I prescribed a draught containing fifteen grains of bromide of potassium and five grains of chloral hydrate with success. Temperature about  $102^{\circ}$ . At the end of the third week the temperature fell to normal; pulse 80; bowels constipated; there was a good deal of pain in the hips, down the spine, in each leg and also in the neck; a small mustard poultice placed behind the ear relieved the latter; general condition improving; diplopia and strabismus occasionally present. On May 30th the patient became very much worse. Temperature  $104^{\circ}8'$ ; pulse 120. Herpes round the mouth, with sordes on the teeth and tongue; the latter was very dirty looking. He vomited, complained of his head, and lay in a stupor. As an error in diet was traced I ordered a tablespoonful of castor-oil, and on June 1st he was much

better, with a normal temperature. After this the improvement continued. The appetite was very good. He occasionally complained of frontal headache, but there were no other pains. The intolerance of light gradually lessened, but diplopia of the left eye was present until June 8th. Ordered to have a farinaceous diet with a little fish.—June 10th: Patient very much improved; convalescence rapidly advanced.—July 9th: Went away to the seaside, apparently quite well.

*Remarks.*—The patient is said to have lost a sister aged four years of acute meningitis, death taking place in twenty-six hours; the supposed cause was a chill. There is no tubercular history on either side of the family. During the whole of the present attack careful examination failed to detect any sign of pulmonary tuberculosis. The patient is an intelligent, precocious lad, very fond of books. Last December, whilst on a visit at Congleton, he had an attack of illness, in which the following symptoms were present: frontal headache, vomiting, constipation, fever, with loss of appetite for seven days. The case was diagnosed by the medical man as "slow fever." With respect to the term of "diplopia of the left eye" used in the description of the case, the following are the facts. When the left eye was closed vision was normal; when the right eye was closed the patient said he saw two doctors or two mothers with the left eye.

Pontesbury, Salop.

## THE CONDITION OF TWENTY-FOUR CASES OF EMPYEMA IN CHILDREN AFTER CURE BY RESECTION OF RIB.

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THE operation of resection of a portion of a rib, with free drainage of the pleural cavity, is one now generally performed in empyema after other treatment has failed; but the ultimate results of the operation as regards deformity, &c., are not well known, because the patients are not, as a rule, kept under observation after the wound has healed, although there are still abnormal physical signs in all cases. With the view of ascertaining what is the condition of cases of empyema in children after a considerable period has elapsed from the date of discharge from hospital, we have examined as many old patients of the East London Hospital for Children as were accessible. All the patients in the hospital books for the last eight years have been written for, but the great majority having changed their residences since leaving the hospital the letters addressed to them have been returned undelivered. In a few other cases no notice was taken, although the letters were apparently delivered. We have been able to examine 24 cases, all of whom had had a portion of one rib excised, and notes of their present condition are given below. The following figures show the periods which have elapsed since the operations were performed: Seven years in 2 cases, four to five in 4 cases, three to four in 2 cases, two to three in 7 cases, one to two in 6 cases, and less than one year in 3 cases. The ages of the patients at the time of operation were as follows: One year in 2 cases, two years in 6 cases, three in 2 cases, four in 3 cases, five in 3 cases, six in 3 cases, seven in 1 case, eight in 1 case, nine in 2 cases, thirteen in 1 case.

The causation of the empyema is in most of our cases doubtful, the patients having been brought to the hospital only when the disease had reached a more or less chronic stage; but it is stated to have been the result of pleuro-pneumonia in some of them, and it was probably a sequela of this disease in most cases. It is difficult to obtain an accurate account of symptoms, as most of the children are too young to give a statement of their own symptoms and their mothers are either unobservant or, being at work all day, ignorant of them. It is impossible to get an account of the symptoms without putting leading questions, and the description of them must therefore be taken with some reserve. There was pain in the affected side in two cases, but only occasionally. In eight there was a history of cough, but in only one was it stated that the cough was severe.

Four of these eight cases had slight bronchitis when examined, and another had granular pharyngitis, to which the cough was probably due. Two of the eight were said also to suffer from shortness of breath. One child was stated to be wasting. In her case the wound continued to discharge for nearly two years; the child had scarlet fever during this time, and the physical signs now suggest dilatation of bronchi. (*Vide* Case 24, A. T—.)

Coming now to the more certain ground of physical examination, we find that the results are better than the account given by the mothers would have led us to expect; the completeness of the recovery in the great majority of cases has indeed surprised us. The general nutrition was good in 19 cases, and fair in 5. Not one of them looked wasted or ill. In the majority of the cases inspection of the chest gave no indication of disease beyond the presence of the scar. The spine was straight in 19 cases, slightly curved in 3, and distinctly curved in the remaining 2. In 15 patients the shoulders were on the same level; in 7 the shoulder on the side on which the empyema had been was slightly lower, and in 2 the shoulder was distinctly lower. In no case was there distinct and obvious flattening of the chest wall; in 16 there was complete absence of flattening, and in the remaining 8 there was a slight degree of flattening. The gap made in the rib by the operation appeared to be closed with bone in all. No difference could be made out between the movements of the two sides in 14 cases; in 8 the expansion was slightly less on the diseased side, and in 2 there was a distinct deficiency of movement. The results from percussion were as follows: Complete absence of dulness was found in 8 cases; in 7 there was some dulness in the immediate neighbourhood of the scar, no doubt due to the inflammatory thickening and increased rigidity of the parts there; in 5 there was slight dulness over a more extensive area; and in the remaining 4 there was distinct dulness. The breath sounds were unaltered in character and equal on the two sides in 10 cases; in 2 they were rather weaker in the situation of the scar; in 10 there was weakness of breath sounds over a considerable area of the diseased side as compared with the breath sounds on the healthy side, the difference being only slight in 3 cases; in the remaining 2 the breath sounds were distinctly weak on the affected side. In only one case did we find any adventitious sounds limited to the affected side, and in this case only at the end of a deep inspiration; but four patients had slight general bronchitis when examined. The position of the heart's apex beat was noted in twenty of the cases equally divided between the right and left empyemata. It was found to be close to the left nipple line in 17 cases. In 2 cases of left empyema the apex beat was one inch and three-quarters of an inch respectively outside the left nipple line, probably from imperfect re-expansion of the left lung. In 1 case of right empyema the apex beat was three-quarters of an inch to the left of the left nipple line, presumably the result of adhesions formed before the pleura was drained, for imperfect re-expansion of the right lung would cause the position of the beat to be moved to the right. The altered position of the heart's apex and the scar left by the operation were the only abnormal physical signs that we could discover in the last-mentioned case. In 2 cases the impulse was noted to be in the fourth intercostal space, in 15 it was in the fifth interspace; in some the position could not be defined. The lowest and most external point at which the heart's pulsation could be felt has been taken as the position of the apex beat. The result points to good recovery of the lung in nearly all the cases. The completeness of the recovery is very surprising when we consider how severely ill a child generally is before operation, how profuse is the discharge of pus after operation, and to what an extent the physical signs are altered even when the wound has healed. When discharged from hospital deformity and impaired movement of the chest and dulness and weakness of breath sounds are generally quite distinct; but in the majority of our cases these physical signs of disease have become either very slight or quite absent with the lapse of time—in no fewer than seven the presence of the scar, with a slight alteration in the percussion note in its immediate neighbourhood, being the only remaining evidence of the disease. In many cases the healthy appearance of the children was very striking, especially when it is considered under what unfavourable hygienic conditions the poor of the East-end of London, who constitute the bulk of our cases, live; and hardly any of them could be described as unhealthy looking. In only one case were there any signs suggestive of

phthisis, and in this case the signs were not sufficient to warrant more than a suspicion of that disease, while the general condition of the patient was decidedly opposed to it. We did not discover any evidence of lardaceous disease, but the urine was examined in only a few cases. There was no œdema in any case. To save repetition we give full notes of only 3 cases, which may each be taken as a type of a group, although the divisions between the groups are not very sharply defined. The case of A. T— stands by itself as the least satisfactory of all. The terms "slight" and "slightly" are several times used in this paper. They have been applied only to conditions in which the alteration from the normal or the difference between the physical signs on the two sides was so little that careful examination was required to detect it, and that in ordinary clinical work it would hardly have been noticed.

*Case 1.*—W. C—, aged two years, admitted May 11th, 1889, with a history of three weeks' illness. Causation of empyema doubtful. A history of phthisis on mother's side. There were signs of a pleural effusion on the left side. May 14th, chest aspirated, and eight ounces of pus withdrawn. On May 17th the chest was opened, a portion of a rib being resected and the pleura drained. The patient left the hospital on June 4th. Condition on May 15th, 1891, two years after the operation:—Occasional cough, but not short of breath, and able to run well. He holds himself erect as he walks. Appetite good; well nourished. The spine is straight, and the shoulders are on the same level. Chest of good shape; no flattening. Movements equal on the two sides. Percussion note everywhere equal on the two sides, except in the neighbourhood of the scar, where it is slightly higher pitched. Breath sounds equally good on both sides; no adventitious sounds. Apices of lungs normal. Cardiac impulse felt in fifth space as far as a quarter of an inch outside the left nipple line. Liver felt just below the edge of the ribs; spleen not felt; fingers not clubbed; no œdema.

The following 6 cases closely resemble the above, and only the points in which they differ from it will be mentioned:—

*Case 2.*—W. W—, aged two years and eight months at time of operation. Examined sixteen months later. Chest rather barrel shaped; liver felt three fingers' breadth below the ribs.

*Case 3.*—P. B—, aged three years and six months at time of operation. Examined two years afterwards.

*Case 4.*—G. B—, aged seven years at time of operation. Examined four years and nine months afterwards. History of occasional pain in right side passing to umbilical region.

*Case 5.*—L. A—, aged eight years at date of operation. Examined seven years later.

*Case 6.*—J. J—, aged nine years at time of operation. Examined seven years later.

*Case 7.*—J. A—, aged two years and six months at time of operation. Examined three years and nine months later. Said to have pain occasionally and frequent cough.

In the following 13 cases the recovery is not quite so perfect, all showing either slight deformity, dulness, or weakness of breath sounds.

*Case 8.*—H. J—, aged three years when admitted on Feb. 13th, 1888, with signs of pleural effusion on the left side. "Very scrofulous-looking, with clubbed fingers." Feb. 17th: A part of seventh rib in posterior axillary line excised, and about six ounces of thick greenish pus removed.—April 29th: "Discharged with contraction of left side." Examined three years afterwards, and the following note made:—The mother says that the wound did not heal until two months after leaving the hospital, but child well now in every way. Looks very well; face a good colour; fingers not clubbed; no œdema. Spine a little curved, with convexity to the left in the dorsal region. Shoulders and scapulæ on the same level on the two sides. Some very slight flattening at the left anterior axillary base. Movements of chest equal on both sides behind, in front rather better on the right side. At extreme left base and near the scar the percussion note is very slightly higher pitched, with rather weak breath sounds; Elsewhere percussion note and breath sounds perfectly good. Apices normal. Cardiac impulse felt out as far as a quarter of an inch to the left of the left nipple line. Systolic murmur at apex. Liver and spleen not felt.

The following 12 cases resemble Case 8 and, as before, only the differences will be mentioned:—

*Case 9.*—A. E—, aged two years when admitted for operation. Examined four years and a half later. Systolic murmur at apex, probably hæmic; no flattening of chest.

*Case 10.*—B. F—, aged eight years when admitted for

operation. Examined nearly five years later. At right apex in front bronchial breathing and slight increase of vocal resonance; general condition very good; no flattening of chest walls.

*Case 11.*—A. M—, aged two years when admitted for operation. Wound continued to discharge for eight months according to mother. Examined two years later. Heart normal.

*Case 12.*—S. W—, aged two years when admitted for operation. Examined nearly two years later. Considerable prominence in left mammary region, but spine nearly straight; movements and percussion note the same on the two sides; heart normal.

*Case 13.*—C. A—, aged nine years when admitted for operation. Examined six months afterwards. No flattening of chest. Heart normal.

*Case 14.*—J. B—, aged seven years when admitted for operation. Examined ten months afterwards. No flattening of chest. Heart normal.

*Case 15.*—W. S—, aged four years and six months when admitted for operation. Examined seven months afterwards. No flattening of chest. Heart normal.

*Case 16.*—R. H—, aged two years when admitted for operation. Examined seven months later. Heart normal.

*Case 17.*—F. T—, aged six years when admitted for operation. Examined one year and nine months later. A few small râles are heard at the left base at the end of a deep inspiration. Heart normal.

*Case 18.*—A. P—, aged two years and six months when admitted for operation. Examined four years and three months later. No dulness. Liver three fingers' breadth below edge of ribs. Heart normal.

*Case 19.*—A. H—, aged five years and six months when admitted for operation. Examined eleven months later. Cough troublesome. Has enlarged tonsils and granular pharyngitis, which probably explain the cough. No flattening of chest. Heart normal.

*Case 20.*—C. D—, aged six years when admitted for operation. Examined one year and six months later. Said to be in better health than before illness. Front of chest rather flat. Small râles at both bases. Heart normal.

In the three cases which form the next group the permanent alteration in the physical signs is rather greater, although the general condition is good in all.

*Case 21.*—F. C—, aged thirteen years, was admitted on Nov. 5th, 1888, with a history of pain in the right side for two months, and signs of a pleural effusion on the right side. No family history of phthisis. On Nov. 12th aspiration was done and six ounces of straw-coloured fluid drawn off. On Dec. 17th twenty-seven ounces of pus were withdrawn. On Jan. 4th, 1889, the chest was opened, a portion of the seventh rib being resected at the angle of the scapula. On Feb. 12th the patient was sent to a convalescent home; there was still a fair amount of pus discharging from the wound. In June, 1890, the wound was still discharging, but, after scraping the sinus and removing a piece of necrosed bone from one of the cut ends of rib, it healed; it had been discharging about eighteen months. The patient in May, 1891, about two years and four months after operation, looked very well. Nutrition good. No cough, pain or dyspnoea. Hands and feet always cold, but said to have been the same before the illness; fingers not clubbed. Slight convexity of dorsal spine to left. Right scapula and shoulder rather lower than left. Respiratory movements better on left side than on right. Veins slightly dilated on right side. Slight flattening on right front. Percussion note dull, with increase of resistance, at right base from level of scar downwards; diminished resonance in right axilla; the same on the two sides in other situations. Breath sounds weaker over dull area and over whole right front. No adventitious sounds. Heart's apex in fifth space just internal to nipple line. No murmur.

*Case 22.*—M. B—, aged six years at the time of operation. Examined two years and three months afterwards. Spine straight; slight tendency to pigeon breast; some general bronchitis. In other respects the physical signs are much the same as in Case 22.

*Case 23.*—R. R—, aged seven years, when admitted for operation. Examined two years and six months later. Spine straight. Very slight flattening at right front. Dulness at extreme posterior base on right side with weak breath sounds; dulness at right axillary base, with weak breath sounds and prolonged expiration. Systolic murmur at apex and base of heart, probably hæmic.

*Case 24.*—A. T—, aged four years at time of operation. She had scarlet fever shortly after leaving the hospital, and the wound did not heal for about two years. Examined two years and nine months after operation. Coughs a great deal and brings up a large quantity of phlegm; no hæmoptysis, but sometimes epistaxis. Breath very short, and patient cannot walk fast. Losing flesh. General nutrition very fair. Spine straight. A little flattening at left anterior axillary base. Left shoulder rather lower than right. Movement of left side of chest a good deal diminished. At the left base the resonance is diminished and resistance increased from angle of scapula downwards; at extreme base quite dull. Respiration weak all over the left base, with râles. In the axilla the breath sounds are weak and bronchial, almost tubular; apices normal. Cardiac impulse in fifth space half an inch outside left nipple line; double thrill felt at apex; double murmur, loudest at apex, but heard all over the left side of the chest. No history of rheumatism or chorea could be obtained. Spleen one finger's breadth and liver two fingers' breadth below edge of ribs. No œdema. Fingers rather clubbed.

## PSYCHO-THERAPEUTICS.

A SCIENTIFIC FRAGMENT.

By WM. DALE, M.D. LOND.

"As the state of the mind is capable of producing a disease another state of it may effect a cure" (John Hunter). In this article I wish to consider, imperfectly though it must be, these questions—(1) The influence of the mind on the body in producing diseases; but especially (2) the influence of the mind in curing or removing diseases. The subject is doubtless beset by difficulties, among which perhaps the most formidable are, first, that we are obliged to depend for information on the subjective feelings of the sufferers themselves; secondly, on the often very garbled and misleading statements made respecting these feelings. The gist of our subject is contained in these lines of Churchill:—

"The safest way to health, say what you will,  
Is never to suppose we shall be ill;  
Most of those ills we poor mortals know  
From doctors and imagination flow."

The influence of the mind on the body is well burlesqued in the following story. Sir T. Moore being visited by Erasmus, the former endeavoured to convert him to a belief of the real presence in the Eucharist, and assured him that if he would *only believe* he would be satisfied of its truth by unquestionable evidence. On leaving Moore's home he borrowed his pony, and finding it useful did not incline to return it, but sent certain Latin stanzas as under:

"Quod mihi dixisti,  
De corpore Christi,  
Crede quod edis, et edis;  
Sic tibi rescribo  
De tuo palfride,  
Crede quod habes, et habes."

Which have been thus freely translated:—

"Remember you told me  
Believe and you'll see,  
Believe it a body and a body 'twill be;  
So should you tire walking  
This hot summer-tide,  
Believe your staff's Dobbin  
And straightway you'll ride."

Not only does the imagination play us strange tricks, but our affections and passions are liable to become inordinate and abnormal, and they lead to many bodily disorders. Not only may this be said of fear, anger, revenge, grief &c., but also of love, hope, joy, friendship &c.; so that even our enjoyments and duties as well as our vices may become "scorpions to whip and sting us." The poets have not overlooked these facts, as in the following examples:

"She never told her love,  
But let concealment, like a worm i' th' bud,  
Feed upon her damask cheek: she pined in thought,  
And, with a green and yellow melancholy,  
She sat, like Patience on a monument  
Smiling at grief."—*Shakespeare.*

"Dum spectant oculi læsos lædantur,  
Multique corporibus transiitio nocent."