

right ovary there was a bleeding point from a small adhesion, which had apparently held the ovary down to Douglas's pouch until the growing uterus had stretched it, and it then got torn some hours before the operation. I secured this adhesion with a ligature, and, there being no further bleeding point, the abdomen was closed. She made an uninterruptedly good recovery, and her pregnancy continued till the ninth month, when it was terminated by Dr. Houseman owing to accidental hæmorrhage. The child was born alive.

CASE 4.—On Aug. 29th Dr. Limont of Newcastle asked me to see with him a lady twenty-seven years of age, two months pregnant for the first time, who was suffering intense pain from a small ovarian tumour on her right side. I removed the tumour (about the size of a hen's egg), and the patient made an excellent recovery. At the end of a month she went for a fortnight to Bournemouth, where she unfortunately contracted a very severe attack of bronchitis, after which she suffered from albuminuria with considerable œdema of the legs, and on Feb. 15th she gave birth to a dead child. Since then the albumen has disappeared, and she is now quite well.

The above cases, being recent ones, are recorded to show that abdominal section can be safely done during pregnancy, a question which has been a good deal discussed in this country and in Germany during the past year. My own experience in a large number of cases of abdominal surgery and general surgery, such as amputations, removal of breasts, &c., is that it is very unusual for an operation to terminate pregnancy.

Sunderland.

NOTE ON THE TREATMENT OF DIPHTHERIA.

By G. HUNTER MACKENZIE, M.D. EDIN.,

SURGEON FOR DISEASES OF THE THROAT AND NOSE TO THE EYE, EAR, AND THROAT INFIRMARY, EDINBURGH.

THE marked success which apparently follows the treatment of diphtheria by antitoxin raises the question whether the action of this remedy can be expedited or assisted by any auxiliary treatment, and, if so, what are the means which can so assist? In cases in which the disease has extended to the larynx, with consequent more or less obstruction to the respiration, it appears to be essential to recovery that some mechanical means should be adopted to maintain the integrity of the respiratory passage until the antitoxin has had time, possibly by repeated injections, to act. Roux¹ affirms that under the influence of antitoxin the false membrane ceases to grow within twenty-four hours from the first injection, and detaches itself in from thirty-six to forty-eight hours, at the latest by the third day. The thesis I now wish to maintain is that in intubation or tubage the medical man has a safe, easy, and effective means of combating the conditions attendant upon impeded respiration, which the new system of treatment occasionally requires. In fifteen cases of intubation in diphtheria reported in detail by me² the average length of time during which the tube lay in the larynx was twenty-six hours, and several of the patients who died succumbed to other causes than respiratory impediment. If the patient can be tided over twenty-four hours by means of an operation which does not require the administration of an anæsthetic and is not accompanied or followed by hæmorrhage or shock, and if antitoxin be simultaneously administered, the remedy is allowed time to commence to act under the most favourable conditions. If, on the other hand, marked obstruction of the larynx has developed before the commencement of administration of the antitoxin, and if no special means be adopted to combat it, the patient may die, and, judging from some reports of cases which have appeared in the medical press, has died before he could be thoroughly brought under the influence of the remedy. From a fairly extensive experience of both tracheotomy and intubation in diphtheria I feel warranted in agreeing with Roux in the following expression of opinion. He says in the article previously referred to: "How many children may be spared tracheotomy if the serum were administered sooner? We can even say that with the use of serum

tracheotomy should, in the great majority of cases, be replaced by tubage. It is now no longer a question of leaving a tube in the larynx for days; it will suffice more frequently to retain it during twenty-four or forty-eight hours to prevent imminent asphyxia, and to gain time until the false membranes detach themselves. *Tubage is the complement of the serum treatment of the future*, tracheotomy will be the exception, and greatly to the benefit of the children." (The italics are mine.) But even if a longer period than from twenty-four to forty-eight hours be necessary to allow the therapeutic effect of the antitoxin to develop it can be afforded by intubation, as the following cases show.

CASE 1.—On April 19th, 1894, I was asked by Dr. Thyne of Edinburgh to meet him in consultation in the case of a boy aged six years, the subject of diphtheria. Membrane had been seen on the tonsils and adjoining parts of the pharynx, and had subsequently extended to the larynx. We found him *in extremis*, and as the boy's father positively refused to permit of tracheotomy being performed, it was suggested that intubation might be tried. This was accordingly done. The auxiliary treatment consisted in the administration of small hourly doses of mercury, and of a mixture of strophanthus and strychnine, with free alcoholic stimulation. The tube was permanently withdrawn on the fifteenth day. The patient recovered after a tedious convalescence.

CASE 2.—On June 15th, 1894, I was called by Dr. Hamilton Wylie of Pirig to see a girl aged seven years, reported to be suffering from diphtheria, with great difficulty in breathing. Intubation was performed. The auxiliary treatment was on similar lines to that of Case 1. The tube was withdrawn on the tenth day. The patient recovered, with post diphtheritic manifestations during convalescence.

I may observe that I have never witnessed a patient in a worse plight than the child was in Case 1 before the performance of intubation. What struck the attendant physicians and myself in regard to the results of intubation in these cases were: (1) the great and instantaneous relief which followed insertion, and in Case 1 re-insertion, of the tube; (2) the easy manner in which it was borne by the little patients, and the absence of annoyance to them from its use; (3) no difficulty in swallowing whilst the tube was *in situ* in the larynx; and (4) the tube in each instance could easily have been retained for a longer period if such had been considered necessary. There seem to be good grounds for believing that intubation or tubage is a valuable auxiliary in the antitoxin treatment of diphtheria, and that the day is fast approaching when it will supersede tracheotomy—"greatly," as Roux observes, "to the benefit of the children."

Edinburgh.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A FATAL CASE OF ANOREXIA NERVOSA.

By C. F. MARSHALL, M.D. VICT., F.R.C.S. ENG.,

LATE SURGICAL REGISTRAR AND ANÆSTHETIST TO THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET, W.C.

IN connexion with fatal cases of anorexia nervosa, an interesting example of which appeared in THE LANCET of Jan. 5th, 1895, it may be of interest to record another case of this affection which was under my care in 1890. The history is briefly as follows:—

A girl, said to be eleven years of age, but who looked nearly fourteen years old, was admitted to the North Eastern Children's Hospital on May 10th, 1890. The history was only of one week's loss of flesh, anorexia, and vomiting. Four years previously she was said to have had similar attacks. On examination she was found to be extremely emaciated, but there were no signs of organic disease. She had a wild, hysterical appearance, was very restless, and refused all food; her bodily strength, however, was greater than would be supposed from her extreme emaciation. (The abdomen was so sunken that the vertebral column and sacrum could be easily felt.) As she refused all food she was fed on enemata of peptonised milk beef tea, and brandy. In

¹ THE LANCET, Sept. 22nd, 1894.

² Edin. Med. Jour., Jan.-May, 1892.

two or three days peptonised milk and beef tea were taken by the mouth in small and frequent doses. In ten days she could take a moderate diet by the mouth, but suffered from diarrhoea. On the thirteenth day after admission she rapidly became worse, the temperature rose to 102° F., and on the fifteenth day she died. At the necropsy some old caseous foci were found at the base of the left lung; the stomach was congested with scattered ecchymoses; the other organs were normal. The case was diagnosed as probably one of anorexia nervosa, but in spite of the great emaciation no fatal issue was apprehended till two days before death. This diagnosis was, in the absence of any lesion to account for death and in the absence of diabetes, supported by the post-mortem examination. The presence of the old tuberculous foci in the lungs is of interest, in that this disease was supposed to originate from latent tuberculosis; but in the above case the tubercle was too small in extent and too localised to have been a factor in the cause of death, which was presumably due to the inanition having proceeded too far for recovery before systematic and regular treatment was begun. Dr. Laségue, writing on this disease in 1873,¹ states that death in such cases is never due primarily to the anorexia, but to some secondary disease such as tubercle occurring while the patient is in a lowered condition. Sir William Gull,² on the other hand, records a fatal case with no organic changes except thrombosis of the femoral veins.

London, W.C.

OBLITERATIVE ARTERITIS IN A BOY FOURTEEN YEARS OF AGE.

BY BERTRAM W. BOND, M.B., B.S. DURH., M.R.C.S.,
L.R.C.P. LOND., L.S.A.

WHILE acting as locum tenens to Dr. Easby of Peterborough a boy fourteen years of age came to me suffering from a sharp attack of "shingles" extending round the left side of the chest and back. He was evidently in bad health, and on taking his left wrist to feel his pulse I discovered that none could be felt. No pulse could be felt anywhere in the left upper extremity until the subclavian was reached. Here the beat was synchronous with that of the right subclavian, but much feeble. The radial and brachial arteries could be felt as cord-like bodies. On questioning the boy he said that beyond occasionally having "pins and needles" in the left arm and fingers he had felt no inconvenience whatever, and in fact he was unaware of the condition. He usually suffered from chilblains during the winter months, especially on the feet. The collateral circulation was evidently good, for beyond a slight blueness of the fingers there was no other visible sign of deficient nutrition. The temperature of the fingers was practically the same on both sides, and there was no anaesthesia. As regards cause, there was no sign of cervical rib or other pressure on vessels, the heart sounds were normal, and no specific or rheumatic history could be obtained. There were no signs of congenital syphilis elsewhere. The pulse in the right radial was normal, and no undue thickening of arterial walls could be felt. The interest of the case lies in the early age of the patient. I have seen a similar condition at the age of twenty-three and twenty-four years, but believe it to be rarely seen in a patient as young as fourteen years.

Englefield Green.

CASE OF POISONING BY NUTMEGS.

BY T. G. SIMPSON, L.R.C.P. EDIN.

HAVING been in practice a great number of years without seeing, or even hearing, of a similar case, I think the following particulars of a case I had recently under my care may possibly interest some of the readers of THE LANCET.

On Sunday morning, Dec. 9th, 1894, during my absence, my assistant, Mr. E. Gibbs Smith, was called to see a woman twenty-six years of age. His report was as follows:—"I found the patient lying upon the bed in a drowsy condition and very delirious, the delirium taking the form of confusion and mistaking one person for another. There were fairly lucid intervals. She complained of a sensation of great tightness across the chest, of vertigo and faintness upon

attempting to stand. She had vomited several times, but unfortunately I was unable to see the vomited matter. The pulse was 75 per minute and rather feeble, as was also the heart's action. The pupils were normal. Inquiries of a person in the house elucidated the fact that the patient, a strong, healthy woman, had, being a week over her menstrual period, taken two nutmegs, bruised, in a small quantity of gin. I ordered her to be kept in bed and to be given a little strong coffee with a dessert-spoonful of brandy in it every half-hour. I also prescribed the following mixture every four hours: bromide of potassium, carbonate of ammonia, bicarbonate of soda, spirit of cajuput, and chloroform water." I saw the patient myself in the afternoon, and found her condition considerably improved, but still showing the symptoms described. I continued the same treatment, and the next day she was very much better, but still had some vertigo and was very weak. I discontinued the coffee and brandy, but kept on with the medicine, and by the following day she was able to get up, though still weak. The case has gone on favourably since. I may add that the nutmegs had no effect whatever in producing miscarriage.

Hackney-road, N.E.

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. Prooemium.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.

SLOUGHING OF URETHRA FROM PRESSURE BY A METALLIC RING; PLASTIC OPERATION; RECOVERY; REMARKS.

(Under the care of Mr. EDMUND OWEN.)

THIS case is an example of an injury by no means rare in children, usually in consequence of some act of their own in tying or twisting a ligature of some kind round the penis. A case, however, has been recently recorded in which the constriction was produced in an infant by a human hair, there being no evidence as to the manner in which it had been applied. The injury resulting does not often extend so far as it did in this patient, for, as Mr. Owen remarks, there is a probability that a traumatic stricture will yet develop, although the urinary fistula is closed by operation. Urinary fistulae in the penile portion of the urethra are difficult to close, and none of the recognised methods of operation introduced by Ricord, Nélaton, or Le Gros Clark were available here. Mr. Owen therefore performed a novel operation, as described below, with a successful result. For the notes of the case we are indebted to Mr. C. F. Marshall, surgical registrar.

On March 30th, 1894, a boy nearly twelve years of age was admitted to the Hospital for Sick Children for incontinence of urine. The boy's mother said that she first noticed a swelling of the penis about a month previously and applied fomentations to it. Latterly the boy had lost control over his urine. She knew nothing more. The prepuce and glans penis were greatly swollen. Behind the swelling there was a constriction caused by a metallic ring five-eighths of an inch in diameter. The ring, which originally surrounded the penis, had now ulcerated through for a considerable distance so as almost to amputate the organ, and there was a large urethral fistula at the seat of constriction, the result of an extensive sloughing. Chloroform was at once administered and the ring was cut through with bone forceps and removed. At the same time a large portion of the oedematous prepuce was taken away, and a catheter was passed down to the fistula, but it could not be got into the bladder. On May 2nd the oedema of the penis had gone down considerably, but there was still a great deal of swelling in front of the constriction. All urine was passed by the fistula. Ether having been administered, Mr. Owen cut down on the strictured part of the urethra and passed a grooved staff into the bladder; he then cut down upon the staff in the perineum and introduced a permanent drainage-tube into the bladder through the middle line. On June 13th, under ether, Mr. Owen dissected away all scar

¹ Archives Générales de Médecine.

² Journal of the Clinical Society, vol. vii., 1873.