

lungs, liver, kidneys, and spleen were normal and there was not the slightest trace of organic nervous disease. The patient is a man of iron nerves, as may be gathered from the fact that he is a rifle shot of the first order and has won many prizes for shooting. He had suffered from occasional attacks of flatulent dyspepsia and it was to one of these attacks with its concomitant cardiac pain from distension of the diaphragm that I was indebted for an opportunity of observing a case of what I believe to be absolutely physiological bradycardia. I placed the patient on a careful dietary and a course of stomachic bitters with pepsine and the præcordial distress rapidly disappeared and, so far as I am aware, has not returned. He was under my immediate supervision for upwards of six months and I have heard from him at intervals since. The last Indian mail brought me a letter from him informing me that at the time of writing he was in excellent health and free from the præcordial discomfort but that the pulse-rate remains unaltered, so as the patient came under my observation nearly 18 months ago the condition may be safely considered to be permanent.

The case is, of course, not unique, as in addition to the case of Napoleon mentioned above, Roux, Sir William Broadbent and other observers have recorded somewhat similar ones, but it is, I think, sufficiently uncommon, especially in military practice, to merit being placed on record.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CONCERNING THE NATURE OF THE GREEN PIGMENTATION OF THE TISSUES IN CHLOROMA.

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IN describing a case of chloroma in THE LANCET of July 18th, 1903, p. 158, I stated that the brilliant green pigmentation of the affected organs faded rapidly after their removal from the body and that I had been unable to find any reagent that would bring back the colour. I now wish to record the observation that when such organs are treated with a solution of peroxide of hydrogen the green colouration becomes quickly restored. When removed from the peroxide bath the colour again fades away, but if after the tissues have been thus a second time bleached by exposure to air they be once more immersed in the peroxide solution the green colouration reappears.

I send this additional note on the case in the hope that the facts herein stated may enable those who are well versed in the subject of pigmentations to form some opinion as to the nature of the substance responsible for the manifestations described.

The kidneys, the ovaries, the uterus, and certain other tissues from this case had rested in formalin solution for rather more than two months and had entirely lost their greenness. When, however, one of the kidneys was placed in the peroxide solution the distribution of the original green pigmentation became, in the course of a few minutes, most faithfully reproduced. The whole of the subcapsular layer quickly regained its green colour and, in addition, all the small green islands originally described as occurring in the medullary portion of the gland again came into evidence.

Cheltenham.

HERNIOTOMY UNDER LOCAL ANÆSTHESIA.

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THE interesting lecture on Local Analgesia by Mr. A. E. J. Barker published in THE LANCET of July 25th, p. 203, leads me to submit the following brief note of a case of herniotomy under local anæsthesia.

The patient, who was a feeble woman, 77 years of age,

vomited on June 12th, 1903, and this continued until the next day (the 13th). When she came under my care I found her to be suffering from a right femoral hernia with absence of impulse on coughing. The vomit consisted of the contents of the upper intestine. The breath had a faecal smell. The specific gravity of the urine was 1023, it was acid, and contained a trace of albumin. On the same afternoon 40 minims of a 1 per cent. solution of beta eucaine were injected under the skin of the area selected for incision and a quarter of an hour later the incision was made, the patient feeling no pain. About 20 minims more of the same solution were dropped into the wound during the dissection so that only one drachm of the 1 per cent. solution of eucaine was used. On opening the sac the gut exposed was found to be deeply congested and some blood-stained fluid escaped. However, on examining the crural ring with the finger the hernia slipped back through it so that the hernia knife had not to be used. The sac was separated and tied with catgut. The patient retched a little during the night and had occasional hiccough, feeble pulse, and dryish tongue, but these symptoms quickly yielded to whisky and strychnine. Flatus was passed per anum on the next day but the bowels were only moved by an aperient four days later. The wound was apparently healed on the fifth day when it was dressed and the sutures were removed, but when it was dressed again on the 24th a small subcutaneous abscess had formed and this was drained with gauze. Possibly the eucaine solution was not quite sterile, though her temperature was never above 98° 8' F. By July 21st the wound was quite sound and a few days later the patient was up and about but, of course, wearing a truss.

Before, and for a few days after, the operation the condition of the patient was serious, the heart's action being feeble and irregular, and it is a question whether a general anæsthetic would not have added sufficient (drug) "shock" to have proved fatal.

St. George's-in-the-East Infirmary, 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., Proœmium.

WESTMINSTER HOSPITAL.

A CASE OF ŒSOPHAGOTOMY FOR THE REMOVAL OF A PORTION OF AN UPPER TOOTH-PLATE.

(Under the care of Mr. WALTER G. SPENCER.)

FOR the notes of the case we are indebted to Mr. G. Brittan Gill, house surgeon.

A female, aged 37 years, broke her upper tooth-plate but continued to make use of the two portions. On June 12th last, whilst at breakfast, the smaller fragment containing a bicuspid and two molars was carried into the pharynx. In trying to remove it the patient pushed it downwards out of reach. She was then seen by Dr. M. Sharman of Rickmansworth who made repeated attempts to extract the plate, in which he was assisted by Dr. E. A. Peters. The plate was several times grasped by forceps but could not be drawn upwards. For some days the patient refused but ultimately consented to go to hospital. Meanwhile she had marked dysphagia and pain in flexing the head but no dyspnoea. A skiagram showed the plate to be situated about the level of the seventh cervical and first dorsal vertebræ, a short distance below the cricoid cartilage.

On June 16th—i.e., on the fifth day from the accident—the plate was removed by Mr. W. G. Spencer, assisted by Mr. E. P. Paton, Dr. Sharman and Dr. Peters being present. The patient was anæsthetised without difficulty and then a fulness could be detected in the neck low down on the left side, but there was also a considerable enlargement of the thyroid gland. A No. 18 bougie was passed without meeting with any marked obstruction. An incision was made along the inner border of the left sterno-mastoid from the level of the thyroid cartilage for an inch