

increased by the fact that syphilitic diseases of the nervous system do not differ in appearance from those due to other causes. Dr. Ferrier very appropriately objected to Erb's paraplegia¹⁴ being raised to the rank of a disease *sui generis* as it is in symptoms identical with other cases of transverse myelitis. I have only to add that Erb himself, in his original communication, speaks with the greatest reserve on this point. Should we learn to discriminate between syphilitic nervous diseases and non-syphilitic nervous diseases in syphilitic subjects, the frequency of "tertiary" affections of the nervous system will shrink considerably, and the fact will stand out clearer still that nervous disease is an early manifestation of syphilis.

Welbeck-street, Cavendish-square, W.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF ANGIO-NEUROTIC OEDEMA (? GRAVES' DISEASE) ASSOCIATED WITH PREGNANCY.

By C. S. EVANS, M.B., B.C. CANTAB., M.R.C.S. ENG.

A PATIENT aged about thirty years, in easy circumstances, the mother of three children and expecting her next confinement in three months, complained in April, 1893, of increasing shortness of breath, and an enlargement of the neck which had been noticed only two months. There was no exophthalmos or tremor at any time. During previous pregnancies she had, she said, "always suffered in a similar way, and also from excessive swelling of the body, face and limbs. Each labour was succeeded by extreme collapse, followed, rather than caused by a tendency to flooding." Subsequent events fully justified this description. The condition of the abdomen in May suggested hydramnios, the feet and hands increased to nearly double their ordinary bulk—so that rings had to be cut from the finger—with a soft, vascular swelling and a visible distension of vessels, recalling the appearance of subcutaneous naevi, without tenseness or blanching of the skin, and without pitting on pressure. The face was so swollen and altered as to be unrecognisable. The extremities were constantly moist and clammy. The pulse varied between 86 and 120 per minute, more on the slightest exertion. No cardiac abnormality was detected. There was slight anaemia. The urine was pale and abundant, and contained no albumen. There was no history of any severe illness except a series of sharp attacks of pain for three or four years past, attributed to gall-stones, but there had been no jaundice, and no calculi had been recognised in the motions or in the gall-bladder. Calculi in the gall-bladder were, however, felt by Mr. Knowsley Thornton in February, 1894. The bowels were habitually very constipated. The patient when in her ordinary health is lightly built, spare rather than stout, and her usual habit of mind and body is active and bright. She was restless and irritable, but never in the least anxious, from May to July. About three weeks before the confinement she and all the other inmates of the house were attacked with mild influenza. The delivery of the child was very easy, the whole process from the onset of regular pains occupying only eight hours. Chloroform was administered during the descent of the head, about twenty minutes. Ergot was given after delivery, and the uterus contracted firmly. About fifteen minutes after the return of consciousness the anticipated phenomena occurred. Pallor, faintness, and profuse perspiration suggested sudden hæmorrhage, but the uterus only relaxed slightly and there was no exceptional loss of blood. Collapse such as described followed at intervals of twenty or thirty minutes with somewhat lessening intensity, and in about an hour and a half the patient was fairly easy, though the pulse was still rapid and there was an acute pain like cramp referred to the region of the right crus of the diaphragm, perhaps due to the six or seven five-minim doses of tincture of nux vomica which had been administered every two hours before delivery. Six hours after delivery there was a fresh and alarming attack of collapse, with considerable hæmorrhage, the pulse being 124 per minute and feeble. The uterus contracted on pressure ;

sal volatile and three or four enemata of hot coffee were given, and there was no return of hæmorrhage. Convalescence was interrupted by a septic condition of intra-uterine clot, facial neuritis, neuritis of the left musculo-spiral and median nerves, and influenza cough for two or three weeks. The temperature ranged from 101.8° to 99° F. She left her bed for the first time in the sixth week after confinement. Her legs swelled almost instantly to nearly the same size as before delivery and were very painful, but this was avoided the next time by bandaging and more gradually lowering the feet. The general vascular engorgement was present in some degree at the end of September. In January, 1894, the neck measured thirteen inches. The patient was still troubled with palpitations and the abdominal pain, but relief of the latter symptom was generally obtained by castor oil. There was no cough or any special sign of progressive disease. The bodily weight was maintained, but the patient looked worn. A course of arsenic and iron was given for two months, with considerable improvement. In August, 1894, there was still some weakness and the pulse ranged over 80, but there was no swelling nor was palpitation troublesome. The excitability, tachycardia, increased perspiration, altered vascularity and nutrition of the skin, enlarged thyroid gland, and active mental condition unite in showing the case to be a phase of Graves' disease, or what has been called by Dr. Ramsay Smith¹ angio-neurotic oedema. No doubt influenza seriously modified the condition after confinement ; but the most remarkable features of the case, vascular swelling and collapse, were repetitions of the history of former confinements. Since October, 1894, small patches of dry eczema have given trouble, but the general health and activity are as good as ever, anaemia is absent, and the goitre remains unchanged. I may add that none of the children present anything for remark. But in the district where this lady lived since 1891, and still lives, five women out of ten show some goitre.

Shaftesbury.

A CASE OF PRIMARY SARCOMA OF THE KIDNEY IN A CHILD AGED ELEVEN MONTHS.

By M. MACKINTOSH, M.D. GLASG.

THE symptoms in this case were constipation, sickness, and gradually increasing weakness following in a few days the discovery by the child's mother of a small swelling in the left side of the abdomen. The previous history was negative and the family history uneventful. On examining the abdomen a smooth, painless swelling was found on the left side between the crest of the ilium and the floating ribs, freely movable, and easily grasped between the thumb and finger. The sensation conveyed was that of a firm, non-fluctuating globular body, apparently about the size of a small orange ; it was dull to percussion. There were no distended veins to be seen anywhere, and the skin over the tumour was freely movable. Owing to the difficulty of collecting the urine—the child being a female—the presence of blood was uncertain, though on one occasion the secretion was distinctly bloody. The spleen was enlarged, but not to any marked extent, and the other organs seemed healthy. The further progress of the illness may be summed up in a few words. Sickness continued whenever food was given, sleep was absent, and the child remained quite conscious until just before her death, which took place on the eleventh day after the commencement of the symptoms. On opening the abdomen it was found that the descending colon was firmly adherent to the front of the tumour, which came into view as soon as the adhesions were torn through. The tumour itself was in like manner bound down to the posterior abdominal wall, and considerable force was necessary for its removal. It was a smooth kidney-shaped swelling about the size of the closed fist ; the capsule was not adherent, and on its removal two or three dark blood-cysts were found on the surface of the organ. My friend, Dr. J. Lindsay Steven of Glasgow, kindly examined the tumour for me, and the following is his report: "On laying open the kidney you sent me the interior of the organ is found to be occupied by a large rounded tumour, which seems to have filled up the pelvis of the organ, and to have crushed the proper renal tissue aside,

¹⁴ Ibid., p. 100.

¹ THE LANCET, July 14th, 1894

so that it forms a ring round the growth. On examining a scraping microscopically the cells of the growth indicate that it has been a round-celled sarcoma."

Sister's-avenue, Clapham-common, S.W.

A CASE OF HERPES ZOSTER WITH LONG-PERSISTING NEURALGIC PAIN AND BELL'S PARALYSIS.

BY G. A. VAN SOMEREN, M.D. EDIN.

A MAN, married, with no family, in good circumstances, of good physique and hitherto in good health, came under my care at the latter end of September, 1894, complaining of an eruption on the right side of the face, which extended from the crown of the head on that side to the right shoulder and clavicle, a few spots also existing over the right first rib and over the deltoid of the right arm. The eruption was fully developed and had existed for three or four days before I saw him. He complained of no pain at the time. Neuralgic pains, however, soon occurred, and then in a week or ten days from the first appearance of the eruption he showed a well-marked Bell's paralysis of the affected side. The eruption soon healed soundly, leaving very distinct scarring all over the area affected. The neuralgic pains, however, persisted, and also the Bell's paralysis, though the latter became somewhat better. Bromides, iron, strychnine, sulphate of berberine, and chloride of ammonium were all exhibited, not to mention leeches and liniments. Two and a half months from the date of the primary observation the patient was still liable to recurrent spasmodic attacks of severe and agonising pain over the mastoid process behind the right ear, these pains interfering with sleep. The appetite was good, although very occasionally he refused a meal. The bowels, at first obstinate, acted regularly. The patient walked about and was fairly cheerful. The right side of the face was smooth relatively to the opposite side, but not absolutely so. He could not close the right eye, or whistle or frown on that side. The tongue was protruded straight. The right cheek hung limply, but he had not much difficulty in moving the food about on that side of the mouth. The application of the galvanic current, begun in the early stages and long patiently persisted in, had not resulted in any perceptible improvement. What has led to my seeking to put this case on record has been the occurrence of three notices of herpes zoster in THE LANCET¹ and repudiation of the cases of Dr. Darabseth² and Mr. H. A. Spencer,³ all of which seem to show an attitude of inquiry which I desire to emphasise by the above record. No doubt in all these cases there exists an inflammation of the nerves affected, but why should this manifest itself so differently in different cases, and why should recovery occur so soon in some cases, as in that of Dr. Darabseth, and be so intractable in mine, which I judge to be longest in duration of any as regards the persistence of the neuralgic pain? In reference to this point of the severe pain the patient at first located it as over the emergence of the occipital nerve, but later it was fixed at an area exactly represented by that uncovered by hair behind the ear. The pain came and went, but while it lasted it caused him to roll about and grind his teeth with agony. It appeared at no particular period during the twenty-four hours, and analgesics like opium, exalgine, antipyrin, quinine, and the salicylates had no more than a temporary influence. One point more may need mentioning, and that is that the patient seemed to be of a markedly neurotic temperament and had had domestic worry. This seems to have introduced a hysterical element into the case, and I have since tried valerian.

Orange, New South Wales.

¹ THE LANCET, Oct. 13th, 1894.

² THE LANCET, May 5th, 1894.

³ THE LANCET, June 9th, 1894.

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.

ST. THOMAS'S HOSPITAL.

A CASE OF OVARIAN CYST WEIGHING OVER EIGHTY POUNDS SUCCESSFULLY REMOVED FROM A GIRL UNDER SEVENTEEN YEARS OF AGE.

(Under the care of Dr. C. J. CULLINGWORTH.)

THE following account is chiefly of interest from the success which followed the attempt to remove so large a tumour, and from the other points so clearly indicated in the remarks. It also affords another lesson, if any were needed, as to the uselessness of tapping ovarian cysts, except to relieve urgent symptoms or to diminish shock by the removal of some of the fluid contents before the operation for the removal of very large cysts. Dr. Briddon¹ has recorded a case in which an attempt at removal of a very large multilocular cyst was unsuccessfully attempted; the cyst weighed 149 lb. In the case of a woman aged twenty-six a tumour which had been growing for three years, and weighed with the fluid contents 91 lb., was removed by Mr. J. E. Abbott;² here the case also terminated fatally. It is stated that Dr. Estes³ successfully removed a tumour which weighed 125 lb. Dr. Kelly⁴ has recorded two successful operations for tumours weighing 100 lb. and 116 lb. Dr. Goodell⁵ removed one of 112 lb., Dr. Ramsay⁶ one of 95 lb., and Sir Spencer Wells one of 125 lb., and in each instance the patient recovered. These cases prove that it is possible to successfully remove these large tumours of the ovaries, but the risk is, of course, very considerable, and such tumours are rarely seen at the present day, for the diagnosis is now made at an earlier stage than was the rule a year or two ago, and operations performed while the tumour is still small as a rule are very successful. For the notes of this case we are indebted to Dr. W. E. Tinley, senior obstetric house physician.

A girl aged sixteen years was admitted to St. Thomas's Hospital on April 30th, 1895. Until the illness under discussion commenced she had always been healthy. She had menstruated once only—viz., in March or April, 1893. In the latter month the patient noticed that she was getting larger, and from that time the enlargement had continued to increase. She was tapped at Christmas, 1893, and a large quantity of fluid removed. She was tapped again in February, 1894, and a third time in May, 1894, but on neither of these occasions with any useful result. She had had no symptoms in connexion with the bladder or rectum; her appetite had been fairly good, and she had only occasionally suffered from sickness. For the previous six months she had been almost entirely bedridden, owing to the great size of the tumour. In November, 1893, she was seen in consultation by the consulting surgeon to a provincial hospital, who strongly advised that no operation should be performed. This advice the friends had hitherto acted upon. On her admission into the hospital it was noted that the patient was much emaciated and anxious-looking; her eyes were sunken, and on her cheeks was a patchy redness which easily became livid. She was very weak and could only take a few steps with assistance; she was just able to turn over in bed unassisted. The chest was very thin, the lower ribs were much everted; the thoracic viscera were displaced upwards, so that the heart dulness began at the lower border of the third cartilage, and the apex beat was best felt in the third space. Below this there was a band of (stomach) resonance before the dulness of the tumour began. The liver dulness began at the lower border of the fourth rib cartilage, in the

¹ New York Medical Journal, Feb. 8th, 1890.

² American Journal of Obstetrics, New York, vol. i., 1890.

³ American Practitioner and News, Jan. 3rd, 1891, referred to by Cartledge.

⁴ Maryland Medical Journal, Baltimore, 1886.

⁵ Medical News, Philadelphia, 1883.

⁶ Sajous' Annual of the Universal Medical Sciences, vol. ii., 1892, G. 18.

FOREIGN UNIVERSITY INTELLIGENCE.—*Erlangen*: Dr. G. Hauser has been promoted to the chair of General and Anatomical Pathology, vacant by the retirement of Dr. von Zenker.—*Gratz*: Drs. Drasch and Jarisch have been promoted to Professorships of Histology and Dermatology respectively.—*Oporto*: Dr. I. do Valle, Professor of General Pathology, has been appointed to succeed Dr. Carlos Lopez in the chair of Materia Medica, Dr. Maximiano de Lemos taking the chair of General Pathology.