

less closely one published by Mr. Golding-Bird last year. It would appear that the symptoms in this case were due to pressure rather than to the presence of hæmorrhage inside the cord. It was evident at the time of the operation that there was no such considerable collection of blood inside the sheath of the dura mater as could produce symptoms of compression, and one was surprised that there was not more paralysis, since the cord appeared to be compressed within narrow limits by the displaced vertebræ.

St. Thomas's-street, S.E.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

CONVULSION TREATED BY COMPRESSION OF THE CAROTID.

BY T. GORDON KELLY, M.D. DUB.

IN the issue of THE LANCET of Jan. 2nd I read an account of Dr. Leopold Roheim's treatment of eclampsia by compression of the carotid, and in a subsequent number an account of a case of convulsion where this treatment was successfully tried by Mr. W. C. Hearnden. A similar case occurred in my practice a short time ago, the following notes of which may be of interest.

Mrs. H—, a married woman aged sixty-four, had been under my care for over two years, suffering from chronic rheumatism, renal troubles &c. I had not seen her for some months previously. I rode off immediately, and on my arrival found the patient in a fit which I was told had lasted one hour and a half. The pulse was full, respiration noisy and laboured, and the muscles of her face and body were convulsed. I determined to try Dr. Roheim's treatment. Except for the force with which the carotid was beating, I found this comparatively easy to do, the woman being very thin. Within a few moments from placing my thumb on the artery the convulsions of the face and body began to cease, the respiration gradually became slower and deeper, and in about two minutes and a half she came out of the fit, looked around in a dazed way, and when I asked her if she was better, nodded her head in reply. Since then she has had no return of the attack.

Desford, Leicester.

A CASE OF TETANUS WITH DOUBLE FACIAL PARALYSIS ; RECOVERY.

BY W. HUNTINGTON, M.R.C.S. ENG., L.R.C.P. LOND.

J. K—, aged fourteen, farm servant, fell and cut his head on Jan. 4th. The mother covered the wound with stamp plaster, which was allowed to remain adhering for a week. Pus was then observed coming from under the paper, so a poultice was applied and the dressing removed. A day or two after this he complained of stiffness in the jaws and neck, and this increased until the fifteenth day after the injury, when his jaws became firmly locked and he could scarcely swallow. I saw him for the first time on the sixteenth day after the injury. The wound, which had evidently been a badly contused one, was nearly healed, and rather more than an inch in length. It was situated on the forehead, running obliquely upwards and to the left from a little above the root of the nose. He was sitting in a chair and would not lie in a bed, since he found the latter position more irksome and caused worse exacerbations. He could not endure darkness or noise, and required a light all night. His jaws were close together and rigid; masseter, temporal and sterno-mastoid muscles firmly contracted; intellect clear; face expressionless; when asked to smile, he said he could not; nor could he properly close his eyes. There was complete paralysis of muscles of both sides of the face. The pupils reacted to light and accommodation and the movements of the eyes were normal. He suffered from frequent cramps in the legs and abdomen. His arms moved awkwardly, and the grip of the hands was feeble. Dysphagia was a prominent symptom.

There was a profuse flow of saliva, which ran out of his mouth; he suffered much from sleeplessness, for many days and nights only obtaining a few minutes' sleep at a time. He was given a mixture of chloral hydrate with bromide of potassium and tincture of hyoscyamus every three hours, and at night he had opium in addition. In a week's time the paralysis on the left side of the face began to subside, and in another week the right side did likewise, and he was then soon able to whistle, smile &c. At first he could not walk, but after a fortnight he could do so with assistance; and his action was peculiar, each leg being moved forward from the hip as if rigid through its length, the foot dragging along the ground. The symptoms gradually subsided, and in six weeks he was practically well and able to go away for a change. A short time ago (June) I saw him, and he was in perfect health.

This case reminds one of the form described by Rose of Zürich, and called by him "cephalic tetanus"; but, so far as I am aware, only one side of the face was paralysed in the cases mentioned. From the dysphagia and irritation caused by noise and movement the term "hydrophobic tetanus," already used to some cases of this disease, would here be an apt one.

St. Andrews, N.B.

THE IMPORTANCE OF OBSTRUCTION TO THE OUTFLOW OF URINE AS A CAUSE OF PUERPERAL ECLAMPSIA.

BY G. E. HALE, M.B., B.C. CANTAB.

THE following brief note concerning a necropsy which I performed a short time ago may be of value to those who, like myself, were interested in Mr. Gifford Nash's paper, published in THE LANCET of Aug. 27th, on the above subject. The girl had died of double pleurisy with a little pneumonia, which had commenced suddenly with a rigor six days before her death. She was pregnant for the first time with a six-months' foetus. Both ureters from the kidneys to the brim of the pelvis were dilated up to the size of the common iliac artery, while the kidneys were in a condition of slight hydronephrosis, with much congestion of their substance. No obstruction could be found within the canal of the ureters to account for this distension, and the whole condition strongly suggested that the ureters had been obstructed from without by the pressure of the pregnant uterus. The urine during her stay of four days in the hospital was highly albuminous and contained also a trace of deuterio-albumose.

St. George's Hospital.

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. BARTHOLOMEW'S HOSPITAL.

OSTEO-SARCOMA OF THE HUMERUS WEIGHING THIRTY-THREE POUNDS AND MEASURING THIRTY-ONE INCHES IN CIRCUMFERENCE; LIGATURE AT THE SUBCLAVIAN ARTERY AND AMPUTATION AT THE SHOULDER-JOINT; RECOVERY.

(Under the care of Mr. HOWARD MARSH.)

THIS case is worthy of being recorded, for the tumour must be one of the largest ever removed with the upper extremity. The history of the case points to the formation of a cartilaginous tumour in the first instance, and after some years the rapid development in that of sarcomatous tissue. Pollet¹ reported last year a case of large osteo-sarcoma of the femur, which was supposed to have been in existence for twenty-five years. The success of an operation for such a large growth as this depends very much on the efficient

¹ Journal des Sciences Médicales de Lille.