

cardiac sounds caused by the minute caverns of air in the tissues. 4. The diagnosis being made by the cutting out of the part played by the air by the various pressures of the stethoscope.

Camberwell, S.E.

AN ANALYSIS OF THE SYMPTOMS PRESENTED BY 132 CASES ASSOCIATED WITH THE PRESENCE OF ASCARIS LUMBRICOIDES.

BY WALTER H. HAW, M.R.C.S. ENG., L.S.A. LOND.

HAVING noticed a little time ago a correspondence in THE LANCET on "Fever due to Ascarides" I am led to hope that the following analysis of 132 cases, taken from my day-book and extending over a period of two years, may prove of interest to the profession. The symptoms refer to what was stated either by the parent or the patient or what was noted by myself. I do not wish it to be inferred that I ascribe every symptom to the presence of the worms; I merely am desirous of conveying that in 132 cases, where the ages ranged from eight months to 33 years, in which worms were present the accompanying symptoms were observed. They are put down in the order of frequency.

Fever was noticed 41 times (31 per cent.); vomiting, 38 times (28·8 per cent.); cough, 31 times (23·4 per cent.); abdominal pain, 29 times (21·9 per cent.); diarrhoea, 27 times (20·4 per cent.); anorexia, 22 times (16·6 per cent.); restlessness, fretfulness, sleeplessness, night frights, and sleep-talking, 19 times (14·3 per cent.); rigidity of recti abdominis, 16 times (12·1 per cent.); emaciation, 14 times (10·6 per cent.); convulsions and nasal discharge, each 11 times (8·3 per cent.); constipation, 10 times (7·5 per cent.); cephalalgia, stomatitis, and pains in the limbs, each 9 times (6·8 per cent.); syncope, 8 times (6 per cent.); pallor, debility, and swollen hands or feet, each 6 times (4·5 per cent.); swollen face and nausea without vomiting, each 5 times (3·7 per cent.); delirium, 4 times (3 per cent.); swelling of the abdomen, mappy tongue, drowsiness, head sweats, pain in the chest, asthmatic attacks, and cold hands or limbs, each three times (2·2 per cent.); sweats, urticaria, eczema of the face, palpitation, crying fits, enlarged tongue papillæ, obstruction of the bowels, masses felt in the abdomen, and increased appetite, each twice (1·5 per cent.); while the following conditions were each noticed once (0·7 per cent.): jaundice, ascites, difficult micturition, nocturnal enuresis, erection of penis at the end of micturition, pains in the neck, fluttering before the eyes, photophobia, open-eyed sleep, sunken eyes, dark rings around the eyes, hysteria, trembling red fingers, decubitus on the knees and the hands, decubitus curled up, rigidity during sleep, and clonic spasms of the arms.

Knysna, Cape Colony.

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.

HILLINGDON COTTAGE HOSPITAL.

A CASE OF TETANUS TREATED BY THE INJECTION OF ANTITOXIN.

(Under the care of Dr. A. CHARPENTIER.)

A MAN, aged 29 years, suffering from tetanus, was sent to the Hillingdon Cottage Hospital by Dr. P. J. A. Seccombe of West Drayton. On admission on the evening of May 21st the patient was found to be dull and apathetic; his pulse was 100 and his temperature was 101° F. He complained of pain and stiffness in the back and neck, all the limbs were rigid though not fixed, the mouth could only be opened about half an inch, and the risus sardonius was commencing to show itself. He was sweating profusely and

the perspiration smelt sour, resembling that of acute rheumatism. A wound of about the size of half-a-crown was seen over the left patella, with a black slough in the centre, which gave off the characteristic offensive smell of a tetanus culture. The pus from the wound, examined under the microscope, showed the bacilli of tetanus and large numbers of staphylococci. The patient stated that he had burnt himself three weeks ago but had been to work until two days before admission when he had begun to feel pain. Soon after admission the patient had a tetanic paroxysm and had difficulty in swallowing. He was given a mixture of chloral hydrate and bromide of potassium. The next day he was anæsthetised and the wound was freely excised, with all antiseptic precautions, and 70 cubic centimetres of antitoxin were injected under the skin of the abdomen. (As it was Sunday the special serum for intracerebral injection did not arrive until late.) In the evening there was still a good deal of rigidity and the patient had one other paroxysm but slept fairly well. Early in the morning of May 23rd the patient was anæsthetised and two cubic centimetres of antitoxin were injected into each side of the brain, according to the directions given by Dr. Borrel of Paris, Mr. H. Swithinbank of the Denham Research Laboratory having kindly lent Dr. Charpentier the trephine and syringe. 20 cubic centimetres more antitoxin were also injected under the skin of the abdomen. The patient recovered well from the anæsthetic. When seen in the afternoon the rigidity had passed off from the limbs and neck and the patient could open his mouth and put out his tongue when requested. At 7 P.M. the temperature was 102·4°, the pulse was 120, the respirations were 40, and he was evidently very ill, although he could answer questions and had free movements of his limbs. The knee reflex was normal. At 10 P.M. the temperature was 104·2°, the pulse was 120, and the respirations were 60. Cold sponging reduced the temperature to 102° again and he took nourishment well, but he died at 8.20 the next morning.

Remarks by Dr. CHARPENTIER.—The interest of this case lies in the fact that the tetanic symptoms entirely disappeared under the treatment. And I regard the case as one of "mixed infection"—that is, that he was infected with septicæmia as well as with tetanus at the same time. For (1) the film showed the presence of cocci as well as the bacilli of tetanus and (2) death was certainly not due to tetanus or to any interference with the brain by the operation. The statistics of tetanus treated without antitoxin give a fatality of 86 or 88 per cent., while Koehler states that cases treated by intracerebral injection of antitoxin show a fatality of only 30·4 per cent. There is reason to suppose that the early use of antitoxin in every case will ultimately give us results almost as good as those obtained by the early use of antitoxin in diphtheria; in any case there is no other treatment that has any effect on the disease and as the antitoxin does no harm it is certainly worth trying in all cases and if used early enough the results seem promising.

ROCHDALE INFIRMARY.

A CASE OF GASTROSTOMY FOR STRICTURE OF THE OESOPHAGUS.

(Under the care of Mr. WILLIAM POOLEY.)

In April, 1903, the following case came under the care of Mr. Pooley. The patient was a woman, aged 43 years, suffering from inability to swallow. Diagnosis was made of cancer of the oesophagus and probably of the thyroid gland, with secondary implication of the lymphatic glands. On May 15th she was taken into the infirmary for operation. She was then very emaciated and suffering acutely from hunger and had also a troublesome cough and much salivation. For four days she was fed on nutrient enemata and gained strength. On the 19th Frank's gastrostomy was performed in two stages, the stomach being opened on the 20th, when the tube was inserted and feeding commenced and was well borne. The patient made an uninterrupted recovery, the temperature never rose above 99° F., and the pulse kept more or less normal and of good volume. The abdominal wounds were healed on the 29th and she went home on June 9th.

On July 7th she was readmitted suffering from dyspnoea, due to the pressure of the growth on the trachea. On the 10th tracheotomy was performed (the lower operation). Again