

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

PURPURA ASSOCIATED WITH SCARLET FEVER.

By W. F. MACARTHUR, M.B., C.M. EDIN.

A MAN aged twenty-eight years was taken ill on Sept. 19th with a sore-throat and diarrhoea; he had been subject to periodic tonsillitis and did not seek advice till the 21st. I saw him about 9 A.M. on that day. He was in a collapsed condition. His fauces and soft palate were tremendously swollen and the right tonsil was evidently suppurating. The glands at the angle of the jaw on both sides were enlarged, and his temperature was 104° F. He could hardly swallow, so hot bran-bags were applied to his neck. On the 22nd the abscess burst, discharging a large quantity of pus. The next day his legs and body were covered with purpura, especially on the anterior aspect of the leg, where the skin was of a port-wine colour. On the 24th a scarlatinal rash came out on the chest, mingling with the purpura. Two of his children were sent to another house, but as they developed initiatory symptoms they were brought home, and after an invasion period of three days the rash came out. The father and the two children were removed to hospital on the 28th. By this time he was desquamating freely and the purpura had faded to a yellow colour. It seems to me that this case is of interest. The period of invasion in the father's case was five days, but it might be that the scarlet fever was merely intercurrent with one of his periodic attacks of tonsillitis. The presence of the purpura and the long invasion made the diagnosis somewhat difficult.

Port Glasgow, N.B.

A CASE OF RECOVERY TWELVE HOURS AFTER HAVING TAKEN ONE OUNCE OF CHLORODYNE.

By THOMAS MASSIE, M.B., C.M. ABERD.

I WAS called one Sunday morning at 11 o'clock to see a man who was said to be dying from the effects of poison. He was a mechanic, forty-five years of age, was muscular, and looked strong. The previous afternoon he sent for an ounce of chlorodyne, took a few drops of it for a cough, and then went out for the evening. He returned home about 11 P.M. the worse for drink, and before going to bed drank all the chlorodyne, the empty bottle being found at his bedside when his wife made a fruitless effort to wake him up next morning about 10 o'clock. I found him deeply narcotised. The pupils were much contracted, the breathing was slow, laboured, irregular, and noisy, and the pulse was thready and weak. The skin was clammy, the limbs were cold and the face cyanosed. I injected two-fifteenths of a grain of apomorphine hypodermically and applied strong solution of ammonia to the nose, but without any result. I then injected about one pint of strong hot coffee mixed with eight drops of solution of sulphate of atropia B.P. into the bowel. This produced a marked improvement in the colour of the face, the pulse, and the respiration. I now introduced the stomach syphon and washed out the stomach with a quart of strong hot coffee. I could detect the odour of chlorodyne in the washings. I repeated the process, using the same quantity of coffee. The patient by this time began to show signs of consciousness. Strong solution of ammonia was now assiduously applied to the nose with excellent results. Soon I was able to get him out of bed and, supported on either side, made him walk about the room for two hours, drinking large quantities of coffee meanwhile. At the

end of six hours, although drowsy, he was out of danger, and next morning he was nearly well.

Southwark-bridge-road, S.E.

A CASE OF HYPERPYREXIA.

By HERBERT W. NEWTON, M.R.C.S. ENG., L.R.C.P. LOND.

THE following case of hyperpyrexia will, I think, from its rarity be of interest.

A girl aged fourteen years, a pupil at a large institution, during the evening of Nov. 2nd complained of a general feeling of malaise. On awaking next morning she appeared to be very ill and was removed to the school hospital. Here the nurse was struck by her strange manner and appearance, and on taking her temperature was amazed to find that the thermometer registered 110° F. Thinking that there must be some mistake she shook the mercury down and again took the temperature in the mouth, and found that the instrument again registered 110°. Another thermometer was tried with the same result. The patient was put to bed and a large dose of antipyrin administered; and when I saw her, about three quarters of an hour later, the temperature was below 101°, and the delirium had nearly passed off. The nurse had, however, kept the thermometer for me to see. During the day the patient developed a slight attack of phlyctenular tonsillitis, and in forty-eight hours she was quite convalescent. About a month ago this same child was attacked with the same complaint, the temperature on that occasion reaching 107°.

Feltham.

COMPOUND DEPRESSED FRACTURE OF THE SKULL; TREPHINING; RECOVERY.

By J. S. SHARMAN, M.R.C.S. ENG., L.R.C.P. LOND.,

AND

D. d'ESTERRE, M.D., B.S. DURH., M.R.C.S. ENG.,
L.R.C.P. LOND.

THE reason for relating this case and the points of chief interest lie in the fact that it was encountered under circumstances scarcely advantageous to recovery in the course of private practice.

A strong, healthy male child aged two and a half years was, while playing in the street, kicked by a horse and sustained the following injuries: severe bruises about the legs and arms, a lacerated wound of the left arm, and a compound depressed fracture of the skull with much laceration of the skin and tissues around it. The skin wound over the skull extended from the glabella to about the left parietal eminence. There was much splintering of the bones, leaving many sharp edges, the periosteum was removed over a large surface, and there was depression of bone to the extent of an area of about three inches in diameter. When first seen the child was sensible and fairly quiet. We decided to trephine and elevate at once in the face of such depression. Chloroform was administered and the wound was washed with weak carbolic lotion. After enlarging the wound, removing sufficient periosteum from over the sound piece of the frontal bone nearest the depression, applying a three-quarter inch trephine and removing a circular piece of bone, an elevator was introduced and the depression raised. The circle of bone removed was not replaced, the wound being again washed and the skin over it brought together as accurately as the extensive laceration would admit. Healing occurred in the lower part of the wound by first intention under dressings of sal alembroth gauze. For nearly two months there was some discharge from the upper part and small fragments of bone were removed at intervals. Subsequently this closed well and the patient made a complete recovery. There was at no time any foul discharge from the wound or any important rise in temperature.

The operation was performed on a dressing-table in a bad light (the best obtainable), there were no assistants available, and the surroundings were anything but aseptic. The result may therefore be considered satisfactory.