

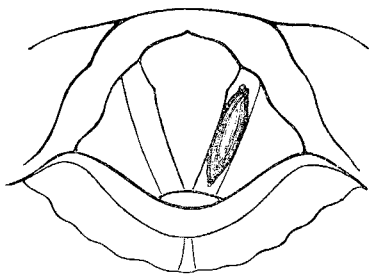
Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CYST OF VENTRICULAR BAND.

By CHARLES W. HAYWARD, M.B.

WHILE attending the cliniques of Professors Schrötter and Schnitzler in Vienna, I had the good fortune last December to have assigned to me for treatment a patient who had come to the clinique of the latter professor. She was about forty-three years of age and of healthy appearance, but her voice was markedly affected with a harsh hoarseness. This, she stated, had first commenced rather more than six months previously, and had gradually got worse. On examining the larynx, the parts were found normal with the exception of the left true cord, which showed a large cyst. (See woodcut.) This cyst occupied the middle three-fifths of



the cord for its entire breadth, and was rounded, sloping off at the ends, and at the middle being about one-eighth of an inch in thickness. It presented a translucent slightly striated appearance, and during phonation was seen to interfere seriously with the accommodation and vibration of the cord.

The treatment adopted was as follows. Having painted the throat with a 10 per cent. solution of cocaine, I incised the cyst with Schrötter's guarded intra-laryngeal knife. A clear mucus-like fluid exuded. I attempted to obtain some of this for microscopical examination. I introduced a brush and pressed the contents out of the cyst, but, owing to the gagging of the patient, the examination was not reliable, the specimen obtained consisting of ordinary mucous secretion and some blood. I then, by means of Schrötter's pincette, pulled away the cyst wall, and then touched the site of the cyst with solid nitrate of silver. On returning next day, the patient stated that the pain had been very slight, and that she felt the throat improved. The site of the cyst was occupied by a white eschar from the nitrate of silver. The larynx was pencilled with nitrate of silver solution (10 per cent.). The pencilling was repeated for a few days with a weaker solution (5 per cent.), and by about the fifth day the white eschar was gone and the cord getting to look normal again. For three or four days the pencilling was made with chloride of zinc (chloride of zinc, 16; distilled water and glycerine, of each 240) instead of the nitrate of silver, and in about a fortnight the patient returned to her home with the hoarseness almost entirely cured.

The case excited great interest among the English and American doctors attending the clinique, and they will no doubt remember it should they peruse these notes, as they watched its progress all through, and envied me the good fortune of securing such a case.

Liverpool.

A CASE OF OPIUM POISONING.

By WILLIAM EASBY, M.D.

ON Sept. 5th I was called to the police station in Peterborough to see A. B—, aged thirty-seven, a tailoress. I saw her at 1.30 P.M., and was told that she had swallowed half an ounce of tincture of opium an hour before I saw her. A two-drachm bottle was found in her possession, which she stated had been filled twice. This

was also verified by the druggists who sold it. She had been drinking during the morning, and had quarrelled with a man she had lived with for the last six years. When I saw her she was excited, face flushed, pulse quick, and pupils normal. I made her swallow half a pint of warm water, and then injected into the left arm ten minims of a solution of apomorphia, which contained one-tenth of a grain of the drug. She was violently sick in about two minutes, the vomited matter smelling of laudanum. The stomach was then well washed out with warm water introduced through a syphon tube, and she was kept moving about for several hours. My reason for reporting this case is to record the fact that a solution of apomorphia will keep good for some years. The solution I used was procured five years ago, and is as potent as ever. Some authorities appear to think that age decreases its powers, and when the solution becomes dark green it is inert. My solution is a deep green, and several hours after the drug was injected the site was plainly visible by a dark green stain under the skin. After washing out the stomach, I injected the 120th of a grain of atropine, and she was well walked about for some hours. At 7 P.M. she was giddy and drowsy, but able to walk about alone, and at 9.30 P.M. she was locked up for the night. The next morning she was complaining of some headache, and had been sick; with these exceptions she was quite well. From inquiry at the druggist's where the tincture was purchased, they informed me it was of pharmaceutical strength.

Peterborough.

REMOVAL OF HORNY GROWTH FROM THE DORSUM OF THE HAND.

By ERNEST H. ELLISON, M.R.C.S., L.R.C.P.

IT may possibly be of some interest to the readers of THE LANCET to have brought before them the case of Mr. S. W—, aged seventy-nine, resident in Castleton, Derbyshire, from whom on July 19th last I removed a growth entirely horny in consistence, presenting very much the appearance of a lamb's horn, measuring at the widest part of its base an inch and a half, and at its apex about three-quarters of an inch; the length of the horn being three inches, and curved from base to apex; the growth being freely movable with the integuments, and situated over the tendons of the extensor communis digitorum close to the metacarpo-phalangeal joints of the fore, middle, and ring fingers of the right hand. The patient stated that the horn originated from a small wart about six years ago, which had frequently been subjected to irritation. Prior to removing the growth the tissues beneath its base were injected in three places with five minims of a 10 per cent. solution of cocaine. The removal was effected by two oval-shaped incisions, the patient describing the operation as perfectly free from pain. The wound was dressed antiseptically until Aug. 29th last, at which date cicatrization was complete.

Should any other member of the profession have met with a similar growth on the same part of the human body, I shall be glad to be informed of it.

Castleton, near Sheffield.

INTERESTING CASE OF EMPYEMA.

By J. HORATIO DRAKE, L.R.C.P., L.R.C.S. Edin., &c.

J. B—, aged twenty-three, came under my care on May 13th, 1887, suffering from left-sided pleurisy, with effusion. Aspiration had been attempted three times previously, twice with partial success, but the last time unsuccessfully. The pain was severe; the temperature 103.5°. There was absolute dulness over the whole of the left side, and the apex beat could be seen and felt just to the right of the right mammary line. The pulse was very feeble and irregular, and beating about 120 times a minute. The breathing was considerably embarrassed, and the expression careworn. I attempted to aspirate, but without success, so an early operation was advised, which was agreed to. The next day chloroform was administered, and I made an incision in the fifth interspace, in the mid-axillary line, and penetrated to the depth of an inch without obtaining any fluid. I then inserted a director and carefully penetrated deeper, till at the depth of two inches fluid was