

second week the digestive organs rebelled somewhat. The patient suffered from gastric catarrh and lost one pound and he also felt generally less well. During the third week the gastric symptoms disappeared and two pounds in weight were superadded. After that time he gained, on an average, one pound per week up to Oct. 13th (about three and a half months from commencing treatment), when he found that he had gained an aggregate of 28 pounds, or an average on the whole time of about two pounds per week. His present weight (Jan. 1st, 1900), seven months after commencing treatment, is 10 st. 11 lb., an increase of 2½ st. in that time.

The total effect of the combined fresh air, the feeding, and the exercise was that, in addition to the gain of weight, the cough and expectoration rapidly and entirely disappeared, the night-sweats vanished, he had no return of the dyspepsia, the temperature kept within normal limits, the larynx returned to its normal condition, and the patient, on Oct. 13th (about two months after commencing the open-air treatment systematically), appeared both subjectively and objectively to be perfectly well. The condition of the lungs at this date was, no abnormal dulness at either apex, expansion good, breath sounds vesicular, and expiration not prolonged. The moist râles had quite vanished. Re-examinations of the sputum have failed to give any evidence of tubercle bacilli. The patient informs us that he spent one of the six months during which he was under treatment at Rhyl in North Wales. He wrote to us last at the end of December, 1899, and reported himself as being perfectly well.

The case described above appears to have been an acute tuberculous broncho-pneumonia, an instance of one of the commoner forms in which phthisis florida, or what is popularly known as "galloping consumption," is met with. The loss of flesh and strength in such patients is very striking, and frequently out of proportion to the physical signs. The temperature is high, the pulse is rapid, and the respirations are increased. There may be repeated chills, as in the instance of our patient; and we suspect that the symptoms noted early in May were attributable to the tubercle bacillus rather than to the organism of influenza. Three points greatly in favour of the method adopted were the incipency of the disease, the power which the patient enjoyed of securing abundant good food and favourable surroundings in the country, and the intense interest which both he himself and his friends took in the treatment. Perhaps the most serious indictment which has been brought against the home treatment of early phthisis is the absence of that discipline which prevails in sanatoria, and without which it would sometimes be impossible to enforce what may appear to the lay mind as unnecessarily drastic measures. The only remedy for this appears to be the substitution, in a measure, of the authority of the practitioner in attendance for that which would appertain to the director of a sanatorium, were the patient in such an institution, and the early settlement of the rival claims, on the one hand, of the patient's friends and, on the other hand, of the medical man, to conduct the treatment of the case. If the practitioner feels unequal to the task of breaking through the phalanx of lay ignorance and prejudice with which he may be confronted, it appears to us far better to advise that the patient be sent to a sanatorium.

It is possible for any phthisical patient living in the country and possessing a garden in which a small shelter can be erected to carry out the treatment; but he should be under the strict supervision of his medical man who takes the thermometer as his principal guide to the amount of exercise, &c., which the patient is to practise. Daily supervision of this kind was carried out in the case quoted above. The shelter, facing the south, should contain a couch or chair and be provided with moveable curtains or shutters to keep out the cold winds and driving rain. The open-air treatment ought not to be intermittent, but carried on throughout the 24 hours, the windows being widely opened when the patient cannot be out of doors.

But although the home treatment of consumption will in all probability yield the best results where the pinch of poverty is not felt, it does not follow that the poor are altogether debarred from its advantages. Osler,<sup>3</sup> in a recent paper, has advocated its employment for the benefit of this class of patient. And whilst he admits that the quality of fresh air in large cities may not be very good, he remarks that it is the best that a large proportion of our patients

have to breathe, and it is considerably superior to the atmosphere of the ill-ventilated, over-heated rooms in which the majority of them live. Even for those of the poorer classes who apply at a hospital for consumption when the disease is in its curable stage, there are many weary days of "waiting for beds" when effectual treatment is practically in abeyance, when valuable time is being lost, and the patient is slipping towards the boundary which delimits the possibility of cure. For such as these Osler gives the following directions:—Take the almanack and count off the hours of sunshine. In the winter cut off two hours in the morning and one hour in the evening, and for the rest of the day the patient must be out of doors. If there is no possible arrangement for life out of doors the patient must be put in a room with a southern exposure and the bed moved in the sunshine, with the windows wide open. If there is a balcony or verandah with a good outlook towards the south it should be arranged for the patient; if not, a shelter could be put up in the yard at a very moderate cost. On a well-padded lounge, covered with a couple of thicknesses of blankets, the patient sits or reclines all day. Only on blustering, stormy, or very rainy days is the patient to remain in the house. No degree of cold is a contra-indication.

We have drawn attention to the case reported above with a view of stimulating the home treatment of consumption in those instances where treatment at a sanatorium—which is preferable if possible—is found to be, for some reason, impracticable; and also with the idea of counteracting the feeling which some of the profession entertain towards the sanatorium treatment, that in the management and cure of early phthisis the axiom *aut sanatorium aut nihil* practically sums up the whole position.

## 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.

### GUYS' HOSPITAL.

A CASE OF SEVERE INTRA-UTERINE HÆMORRHAGE FROM  
CYSTIC MOLAR PREGNANCY.

(Under the care of Mr. J. H. TARGETT.)

A WOMAN, aged 28 years, was admitted into Guy's Hospital on Sept. 29th, 1898, for swelling of the abdomen and vaginal hæmorrhage. She had had four full-term and normal parturitions and no miscarriages. Her last confinement was on July 15th, 1897, and she nursed the child for about a year. Menstruation returned during the latter part of her lactation and her last menstrual period began on July 1st, 1898. On August 15th she had a sudden hæmorrhage from the vagina and began to be sick, but she had no idea that she was pregnant. The bleeding occurred whilst the patient was at supper and was accompanied with sharp pain in the right iliac region and groin. It recurred at intervals during the night and the next day she was better, but on the third day the hæmorrhage became continuous and the vomiting was frequent. There was no abdominal enlargement at this time, but from the onset of the bleeding until the date of admission the abdomen had steadily increased in size. Micturition was frequent and the bowels were much confined.

When admitted to the hospital more than six weeks after the onset of the hæmorrhage the patient was decidedly blanched and much wasted. The temperature ranged between 99° and 100.5° F. The breasts were very small and lax; they contained no secretion and showed no recent pigmentation. The abdomen was occupied by a large central swelling of the size of a seven months' gestation. It was pyriform in shape, rising out of the pelvis to the level of the ninth costal cartilages, and had a uniform outline. The tumour had an elastic feel and gave a most distinct thrill in all directions, but it hardened on palpation like the

<sup>3</sup> Loc. cit.

pregnant uterus. The loins and epigastric region were resonant, and no foetal heart-sounds or uterine souffle was detected after repeated examinations. Per vaginam the cervix uteri was found to be softened and the external os patulous, and there was a constant but not profuse discharge of a dark-red sanguineous fluid. The abdominal tumour was directly continuous with the cervix uteri and was therefore without doubt the enlarged body of the uterus. In view of the large size of the uterus, the constant sanguineous discharge, and the absence of all signs of a foetus a diagnosis of vesicular mole was made.

On Oct. 1st the uterus was evacuated under an anæsthetic. The cervix was slowly dilated with Hegar's dilators and by degrees two fingers were inserted, but the dilatation was difficult owing to rigidity of the cervix. The body of the uterus felt like a large sac with lax walls and a small rigid orifice. It seemed to be filled with soft blood-clot. By pressure on the fundus the clot was brought within reach of the two fingers in the uterus and thus removed as rapidly as possible. But the uterus did not contract and the hæmorrhage at one time was very profuse and alarming. Much of the clot, however, was dark and had evidently existed in the uterus for some time. The last portion of the uterine contents consisted of typical vesicular mole, recent blood, and fluid. To control the hæmorrhage the flabby uterus was strongly anteflexed over the pubes by bimanual pressure and a hot douche was prepared. The combined effects of kneading, pressure, and heat induced uterine contraction and retraction, and two hypodermic injections of ergotin were then given. The quantity of blood lost could not be estimated, but it must have been very considerable as the uterus reached nearly to the ensiform cartilage and fully three-fourths of its contents consisted of old and recent blood-clot, the rest being cystic mole. It was afterwards found that the cervix had been split rather deeply into the right fornix, which must have occurred during the rapid digital evacuation of the uterus on account of the hæmorrhage, as no instruments were used for this purpose. The rigidity of the cervix greatly hampered the use of the fingers.

The subsequent progress of the case was slowly towards recovery, and during the greater part of a tedious convalescence the temperature ranged between 99° and 100·5°, but it only reached 101° on one occasion. A small cellulitic effusion formed on the right side of the cervix in connexion with the above-mentioned laceration, and this in turn appeared to cause a swelling in the right iliac region which gradually enlarged and extended back into the right loin. It felt distinctly elastic, like fluid, and could be grasped bimanually through the loin, suggesting a hydronephrosis on the right side, possibly due to pressure on the right ureter. The involution of the uterus was much delayed, and when the patient went to a convalescent home seven weeks after the operation the fundus uteri was still three inches above the pubes. The right iliac swelling had disappeared and the parametritis was much diminished but the patient was still decidedly anæmic. No suppuration occurred either in connexion with the iliac swelling or the cellulitis of the right broad ligament.

*Remarks by Mr. TARGETT.*—The occurrence of severe intra-uterine hæmorrhage in cases of cystic mole and the resemblance between this condition and concealed accidental hæmorrhage are not mentioned in the text-books, but Dr. Herbert Williamson has recently drawn attention to the subject in a valuable paper read before the Obstetrical Society of London.<sup>1</sup> He records a case which in many points resembled mine, but the hæmorrhage was less severe. In regard to the differential diagnosis from concealed accidental hæmorrhage he thinks that the absence of the foetal heart-sounds and of the uterine souffle is very important. I have met with two other cases of cystic mole associated with abundant hæmorrhage into the uterine cavity and in one of these the abdominal tumour had been mistaken for an ovarian cyst, and ovariectomy was about to be performed. In the case mentioned above the thrill obtained from the large abdominal tumour was so perfect that the same mistake might have been made, but was prevented by the detection of intermittent uterine contractions. Though concealed accidental hæmorrhage is more likely to occur in the later months of pregnancy, yet it may be met with in the first half of the period of gestation, and then the clinical symptoms will more closely resemble those of a cystic

mole. A patient came under observation recently for severe vaginal hæmorrhage of three weeks' duration. She considered herself to be four months pregnant, but the uterus was fully of the size of a six months' gestation. No foetal heart-sounds were heard and no part of a foetus could be felt. The patient was decidedly anæmic. On exploration of the uterus the cavity was found to contain three pints of old and recent blood-clot with a dead foetus of about four months' development. The diagnosis of cystic mole had been made, but in reality the condition was concealed accidental hæmorrhage with intra-uterine death of the foetus. It is generally stated that dilatation of the cervix sufficient for the introduction of two fingers will enable the operator to evacuate the uterus; but in the above case the rigid cervix, though admitting two fingers, split rather than dilated on manipulation, and the same thing happened in one of Dr. Williamson's cases. Moreover, with a uterine cavity so greatly dilated and relaxed, the removal of its contents through such a narrow orifice was tedious and difficult and not without risk to the patient from inefficient control of the hæmorrhage. It would have been better if the cervix had been more fully dilated by hydrostatic bags before the operation was begun. As regards mortality I may note that out of six cases seen during the last three years none died directly from the disease, but one of them developed within a few months a typical deciduoma malignum, to which she speedily succumbed.

## LIVERPOOL NORTHERN HOSPITAL.

### TEN CASES OF MALIGNANT PUSTULE.

(Under the care of Mr. CHAUNCEY PUZEY, Mr. DAMER HARRISSON, and Mr. R. W. MURRAY.)

THE great value of excision in cases of malignant anthrax is amply demonstrated by this interesting series of seven cases, although it is possible that the ipecacuanha had some share in the results. The assistance in diagnosis which is afforded by the bacteriological examination of the fluid in the vesicles cannot be over-estimated, and it is, moreover, always advisable to examine the blood for the bacilli as the prognosis depends greatly on the question of the generalisation of the micro-organisms, though cases have been described in which recovery has followed excision even after the bacilli had been discovered in the blood. For the notes of the cases we are indebted to Dr. J. Mandall Coates, late senior house surgeon.

CASE 1.—A tanner, aged 27 years, was admitted into the Liverpool Northern Hospital on March 13th, 1899. The patient had a well-marked pustule, with the characteristic vesicle formation surrounding the central black eschar, situated at the left angle of the jaw. There was considerable swelling all round it extending down the neck and round under the chin. He complained of great difficulty in swallowing and felt very ill. The temperature was 101·8° F. It was stated that four days previously he had noticed in the above situation "a pimple," of which he had taken no notice, and that it had gradually got worse until the date of admission. The difficulty in swallowing had lasted some 12 hours before admission. The fluid from the vesicles on microscopical examination contained the typical bacilli of anthrax in great abundance. Shortly after admission the pustule was freely removed, a circular portion about one and a half inches in diameter being excised. Pure carbolic acid was applied to the cut surface and the wound was packed to prevent hæmorrhage, which was free. The temperature at the time of the operation was 104·2°, but it gradually fell, and on the following morning it was 102·4° and the patient felt very much better. Ipecacuanha powder (five grains every hour) was given and the powder was also dusted on the wound each time it was dressed. From this date onward the patient improved and on the 16th the temperature was normal; on the 22nd the surrounding oedema had almost disappeared and he was discharged on May 15th.

CASE 2.—A tanner, aged 19 years, was admitted into the hospital on April 25th, 1899. In this case the pustule was situated at the back of the neck in the middle line and displayed the same typical characters as that in Case 1. There was a considerable amount of swelling entirely obliterating the hollow behind the neck. The constitutional symptoms were slight and the patient complained only of some stiffness on moving the neck. The fluid from