

Mr. Thelwall Thomas, and the sections exhibited at the Liverpool Medical Institution, on Jan. 28th of the present year. The following is his report:—The breast shows a large amount of interstitial fibrous tissue, some of it in process of formation, distended gland spaces containing a central mass of caseous material without definite structure, surrounded by a few irregular rows of apparently proliferating acinous cells, the majority irregularly cubical in shape, others appearing more or less flattened. This description applies to every gland space examined with the exception of a few, in which only a small number of the cells remained, along with small fragments of the caseous material. The nodule at the outer corner is typical scirrhus, as well-marked a specimen as can be met with no cysts in this mass. The lymphatic glands on the way to the axilla contain numerous well-marked giant cells with nuclei at their periphery, placed in the centre of an irregular mass of small round cells, evidently nodules of tubercle, immediately adjoining which are found a well-marked alveolar stroma, containing small cubical cells of secondary carcinoma (from the breast). The caseous glands in the apex of the axilla are tubercular; many giant cells are found, and in a few sections are distinctly seen cells somewhat cutical in outline, with an indefinite alveolar stroma—most probably early nodules of secondary carcinoma.

Remarks.—In a large number of specimens from several cases of simple chronic interstitial mastitis (some of which had a carcinomatous nodule in them) we have been unable to find any marked caseating changes in the gland acini, which leads us to look on this one as probably tubercular, notwithstanding the absence of giant cells and bacilli of tubercle, which have been carefully sought for. The lymphatic glands have certainly tubercle and carcinoma intermixed.

Liverpool.

CASE OF CHOREA TREATED BY CHLORAL HYDRATE.

By B. BASKETT, M.R.C.S., L.R.C.P.

THE following is a case which recently occurred in the Bristol General Hospital, where I was physicians' assistant at that time, and which, as it may be of interest, I am allowed to publish by the kind permission of Dr. J. Mitchell Clarke.

A. Y—, a strong, well-nourished girl of fourteen years of age, engaged as a pupil teacher in a national school, was admitted on Aug. 24th for rheumatism accompanied with chorea. It was her first attack, was mainly right sided, and presented no unusual feature; it was attributed to excessive mental work. She improved with rest and treatment—viz., first salicylate of soda, and subsequently Fowler's solution—up till Sept. 3rd, when, under the agitation caused by the conduct of a patient in a neighbouring bed, she fell into a state of furious excitement. Her movements became incessant and maniacal in character, so violent that she was constantly being thrown out of bed, and had to be tied down with boards let in at the sides. She seemed conscious all the while, and to understand what was said; she obviously, for instance, tried to answer questions, but could not frame the words. She was at once isolated, and at night chloral, at first combined with bromide of potassium, was given in fifteen doses of each, the arsenic being continued during the day. On the night of Sept. 4th I gave her thirty grains of each without producing any sleep, and increased it to forty on the night of the 5th with equally little effect. On Sept. 6th, as she was becoming completely worn out, and had had no sleep since Sept. 3rd, while it was obvious that if the movements were not in some way checked she must, sooner or later, die, I administered chloroform. She was kept under for several hours, but when she came round was as bad as ever. It was then determined to make a systematic attempt to chloralise her, and for the next four days doses were administered at frequent intervals according to the results produced. It was given not so much with the intention of producing sleep as with that of checking the movements. She was, of course, under careful observation, special attention being paid to the temperature and the state of the pulse. The quantity given at each dose, and the intervals between the doses, were left to the judgment of the resident officer in charge at any given time; for instance, she was never roused from

sleep except to be fed, and if one dose was ineffectual, another was given within the hour. Acting on this method, within a few hours from the time that chloralisation was begun on the night of Sept. 6th, she was got under the influence of the drug and kept more or less so for the next four days, the quantity required to produce the effect being altogether about a hundred grains daily. She was fed by the mouth when possible, but enemata of milk, eggs, and brandy were frequently administered also. During the height of the attack her temperature rose to about 103°, and kept at that level with slight fluctuations. This was probably due to the waking up of the rheumatism she had suffered from in the beginning, because she exhibited signs of pain and tenderness in the ankles, though there was no swelling there, and because at this time, and not till then, a very loud systolic murmur was to be heard at the apex, which could be heard up to the date of her discharge. It is worthy of remark that the chloral had no perceptible effect on the temperature. By Sept. 11th the violent movements had entirely disappeared, and she would sleep for hours after the administration of one dose of ten grains. She had gained ground so far that the choreic movements were decidedly less marked than they were just before this acute exacerbation. The probability, indeed, is that if the chloral had been further pushed a few days more she would have been entirely cured of chorea. But, reduced as she was, in the absence of urgent symptoms, and bearing in mind the cardiac mischief, it was considered better to reduce the quantity of the drug and substitute tonic treatment as soon as possible. From the result of this case it seems probable that we could—at the expenditure, it is true, of considerable trouble—reduce very materially the length of time spent in the cure (or watching rather, for it is surely doubtful whether the patient recovers any the sooner for the exhibition of the drugs ordinarily used) of cases of chorea. Unfortunately I have had only once the chance of seeing it used in any other case—viz., that of a man of twenty-four. It was a rather severe case, but the chloral was not pushed. However, with fifteen-grain doses every four hours, he was certainly and considerably benefited, but he insisted on leaving hospital in a few days' time before any marked result could reasonably be expected.

Cotham, Bristol.

CASE OF PUERPERAL ECLAMPSIA; RECOVERY.

By WILLIAM ROBERTS, M.R.C.S. & L.R.C.P. LOND.,

AND

CHESMAN BARKER, M.R.C.S. & L.R.C.P.

THE following case may be worthy of record in THE LANCET:—

Mrs. H—, aged twenty-two, is a primipara, and had arrived at the thirty-eighth week of her pregnancy without any untoward symptom, when on the afternoon of March 14th, 1892, she was seized with nausea and vomiting, and at 7 P.M. with an epileptiform convulsion, which, although bilateral, was stronger and more violent on the right side; she then rapidly became unconscious. There was then slight oedema of the legs and feet and puffiness of the face, and the urine was scanty and turbid, and contained about half of albumen. The skin was dry and harsh, the temperature 101°, and the radial pulse 120, and the arterial tension decidedly raised. The breathing was frequent and stertorous. Chloral (20 grs.) and bromide of potassium (30 grs.) were prescribed every four hours, but seven more fits occurred at intervals of half an hour, the patient still remaining comatose. Feeling certain that unless something were done the patient would speedily die, we decided to empty the uterus, and at 9 P.M. passed a gum-elastic catheter between the membranes and the uterine wall for a length of six inches. We also administered two minims of croton oil, which soon produced several copious evacuations. At 3 A.M. on the 15th the patient began to show signs of irritation, so chloroform was administered, and at 4 A.M., the os being completely dilated, the catheter was removed, the membranes were ruptured, and the woman was delivered by the aid of the forceps of a living female child in about ten minutes from rupturing the membranes. The placenta came away without trouble, and there was but little hæmorrhage. The administration of chloroform was then discontinued, and the patient left, as she appeared to be no worse. At 12 A.M. we found her still comatose, and

were told that she had had four more convulsions. The skin being still very dry, and very little urine having been passed, and that into the bed, we gave her a hypodermic injection of a quarter of a grain of pilocarpine at 1.45 P.M. At 7 P.M. she was still unconscious, but was perspiring profusely, and had also retained some milk and soda-water, all previous attempts at feeding having been unsuccessful. On the morning of the 16th, forty-eight hours after the commencement of the coma, she became conscious, and then complained of severe headache and complete amaurosis. She was then put on twenty-grain doses of citrate of potash every four hours. In the course of the day she passed urine, which on examination contained one-sixth of albumen, which has since almost disappeared. She then made an uninterrupted recovery, regaining her sight in twenty-four hours, and at the present is up and attending to her household duties, and is suckling the infant, which is also quite well.

The interest attaching to the case lies in the success which attended the treatment, as regards both the child and the mother. Knowing, as everyone does, the almost uninterrupted fatality of cases occurring before labour, it is with the greatest pleasure that we put on record a case in which not only the mother completely recovered, but the child also survived. We wish to add our testimony to the advisability of immediate operative treatment in all cases occurring late in pregnancy, the nature of the procedure of course depending on the severity of the case. Inasmuch as in our case the convulsions themselves were not very frequent, we decided to bring on labour gradually; but, in a case in which the convulsions threatened to terminate life by their frequency and severity, we should not hesitate to empty the uterus by dilatation with Hegar's dilators.

Cambridge-gardens, W.

A CASE OF ENTERIC FEVER,

IN WHICH SYMPTOMS OF PYÆMIA APPEARED ON THE THIRTIETH AND DEATH OCCURRED ON THE THIRTY-SEVENTH DAY OF ILLNESS.

By IAIN CLERK, M.B.,

PHYSICIAN-SUPERINTENDENT TO THE JOINT BURGH'S FEVER HOSPITAL, KNIGHTSWOOD, GLASGOW.

THE formation of small abscesses in certain parts of the body is not unusual in enteric fever, especially if the case has been a long-drawn-out one, or when rapid emaciation has taken place. With regard to abscesses, Murchison has the following note: "I have met with many instances in which, during convalescence, abscesses have formed beneath the skin in different parts of the body. In rarer instances pus is deposited in the joints or in some of the internal organs, and then the case usually terminates fatally." The following short account of a case in which symptoms of pyæmia appeared on the thirtieth and death occurred on the thirty-seventh day of illness is, I think, worthy of record, seeing such a complication is somewhat unusual in this disease.

J. K—, aged twenty-eight, labourer, was admitted to the Joint Burghs Hospital on Sept. 30th, 1891, certified as suffering from enteric fever. His illness began eight days before admission, with headache, shivering, vomiting, general weakness, &c. It is not necessary to follow the history of the case, as there was nothing special to note, with the exception, perhaps, that the crop of rose papules was very profuse over the abdomen and chest. The highest temperature recorded was 103.8° F. There was no looseness of the bowels, although from colour and odour the stools were characteristic enough. The temperature, which all through his illness was very steady, became variable after the twenty-sixth,¹ dropping on the twenty-ninth to 98° in the morning, but rising in the evening to 103°. Thirtieth day: Morning temperature 103°, evening 101.8°. Thirty-first: Morning temperature 102°, evening 104°; and after this it ranged between 102° and 104°, or sometimes slightly over.

On the thirtieth day of illness the right cheek was seen to bulge a little, and on the following day the right eye was completely closed, the upper and lower eyelids being largely swollen. On the thirty-third day the left eye became involved, both lids swollen enormously, and the eye closed.

¹ I mean day of illness, not day of the month, so much in vogue, but practically valueless.

On the thirty-fifth day a large swelling, not glandular, appeared in both sides of the neck at the angles of the jaws, and by this time the outer half of the right upper eyelid sloughed away, and there was considerable boggy in the right temporal fossa and over the right ear. In all of those places named collections of pus took place with alarming rapidity; and although openings and counter-openings were made freely and early, sloughings of portions of both upper eyelids took place, and the patient gradually sank, and died on the thirty-seventh day of illness. As the temperature did not drop at the end of three weeks, it is likely that inflammatory action was still going on in the lower part of the small bowel; and it is conceivable that some purulent matter from an ulcerating patch may have got into the circulation, and, possibly carrying the enteric poison with it, given rise to those abscesses of which I have spoken. From the absence of glandular enlargement, it seems to have passed by the blood circulatory rather than the lymphatic system.

Glasgow.

A CASE OF HYOSCINE POISONING TREATED BY PILOCARPINE.

By HERBERT L. EVANS, M.B., C.M. EDIN.

IN connexion with the case of poisoning by hyoscine and that of poisoning by pilocarpine mentioned on pages 328 and 329 respectively of THE LANCET of Feb. 6th, 1892, the following may be of interest:—

On Oct. 16th, 1890, I was called to J. B—, a case of delirium tremens, at 4.45 A.M. He had just had a fit. This, in his case, was no unusual occurrence, his first attack having begun on Sept. 20th of the same year with an epileptiform seizure. Chloral, bromides, and morphia had previously failed to produce sleep, so a two-minim injection of a 1 per cent. solution of hyoscine was given, but this also failed. Eight hours later he had nearly three minims by the mouth, with no better result. In the evening morphia and chloral were given without effect. Later on, as he could not be kept in bed and was quite unmanageable, a three-minim injection of hyoscine of presumably the same strength, but from a different bottle, was given. The patient rapidly became comatose with dilated pupils and arteries, rapid pulse, congested face, hot, dry skin, and rapid and deep breathing. Morphia was injected, but without any apparent improvement. Directing that the patient should be energetically stimulated by pinching, I hurried to the surgery, and on returning with pilocarpine found that, as before, the patient could not be roused. Unfortunately no record of the injections of this was kept. So urgent seemed the necessity of producing symptoms approaching those characteristic of the drug that injections were made in the thighs and arms at intervals of about five minutes. In a short time there was a faint reaction of the pupils to light, with a tendency to moistness of skin, whilst the breathing and pulse improved; and on my next holding the candle to the face I was gratified by seeing the patient knock it from my hand, after which rapid improvement took place, followed by complete recovery. Great soreness and itching were complained of next day, the latter relieved by alkaline washes and cocaine ointment. His thighs and arms showed marks of about eight punctures, and he had probably had about two grains of nitrate of pilocarpine. His general health improved under strychnine, red extract of cinchona, &c., so that in a short time he was able to indulge in shooting and billiards, and seemed to have no craving for liquor.

Goring-on-Thames.

HOSPITAL FOR SICK CHILDREN AND WOMEN, BRISTOL.—The year 1891 completed the twenty-fifth year of this institution, and the annual report just issued records some interesting details on the history and career of the charity covering that period. In 1866 the hospital opened with six cots. The beds now number 100. The medical statistics of the past year show that more patients were treated both in the hospital and as out-door patients than in any former twelve months. The average annual expenditure is estimated now at £3300. The year's income from all sources (except legacies) fell short of the expenditure by £151 6s. 10d. The deficit had, however, been discharged out of a legacy received of £2964 14s. 7d.; the current year consequently began freed of an adverse balance.