

FIG. 2.



Posterior view of the same.

large intestine had thus been produced, the constricting portion being the small intestine. The digestive tube had thrown itself into a slip-knot and it is difficult to imagine how this extraordinary state of affairs could have been produced. The attachments of the cæcum were probably loose in character, which may have accounted for two previous attacks of abdominal pain and tympanites which she had had in 1901, but the knot described must have been of recent formation, as no signs of plastic peritonitis were evident.

Chichester.

THE TREATMENT OF TETANUS BY INTRAVENOUS SALINE INFUSIONS.

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It seems to me worth while recording some fairly successful cases of tetanus treated by the above method inasmuch as the ordinary methods—viz., antitoxin, chloral, and bromide—are far from satisfactory, and though my cases are only three in number yet the immediate result was so striking that I feel encouraged to send them for publication.

CASE 1.—The patient was an Egyptian fellah who had had masseter spasm for 12 days before admission to the Kasr-el-Aini Hospital, Cairo. He was treated vigorously with antitoxin for the first two days in hospital, but as his condition seemed to me to get worse I on purely empirical grounds bled him 15 ounces and infused two kilogrammes of normal saline solution containing 75 grammes of brandy under complete surgical anæsthesia. Before his recovery from anæsthesia I gave him a dose of antitoxin and injected half a grain of morphine subcutaneously. After very profuse sweating he slept quietly and when I saw him next day had only very slight spasm of the masseters, which disappeared in a few days.

CASE 2.—This was a case of acute tetanus following

on a tramway accident in which the patient lost both leg in the neighbourhood of the knees. About a week after admission to hospital tetanic spasms came on and when these had lasted five days and the patient's condition was very serious I heard of the case and with the permission of Mr. F. C. Madden, to whom I am indebted for this case, infused him, bled him, and injected serum and morphine as in Case 1. This was followed by sleep for eight hours and a complete cessation of spasm until about 4 A.M. next morning, that is, 16 hours in all. Spasm, however, returned with great rapidity and so I infused him again with the same result, but death ensued 24 hours later. This case was rather a severe test, as the man was quite young and very poorly nourished and was recovering from a very severe accident. The origin in this case was thought to be in a stitch which suppurated for a few days and then healed under treatment.

CASE 3.—This case was very similar to the first one and as in that case, there was no history of wound. This absence of history is not to be wondered at as the fellahs, for the most part, do not know their own ages and have practically no powers of memory or observation. Seven days of increasing spasm was the history obtained and shortly after admission to hospital I infused him with two kilogrammes of saline solution and 75 grammes of brandy and gave him the same injections as in the other cases. With the exception of a very slight masseter spasm next day there was no return of symptoms and the patient was discharged after a short stay in hospital quite well.

Though not claiming that this treatment is a certain cure the record of the above cases shows that it undoubtedly exercises a profound influence on the condition of spasm and if added to the treatment of tetanus recommended in THE LANCET of August 6th, 1904, p. 386, will, I hope, help to reduce the present very heavy mortality that is quoted by the authorities.

Hony Bimbashi.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Causis Morb.*, lib. iv., Proœmium.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.

A CASE OF TRAUMATIC TETANUS WHICH RECOVERED UNDER TREATMENT BY HYPODERMIC INJECTIONS OF CURARE.

(Under the care of Mr. W. J. SYMES.)

FOR the notes of the case we are indebted to Dr. J. J. Connolly, house surgeon, and Dr. W. B. Cullen, assistant house surgeon.

On June 12th, 1904, a youth, aged 16 years, was admitted to the Chesterfield and North Derbyshire Hospital, with a history of having had his right leg crushed by the wheel of a wagon while at work in a coal-pit on June 3rd, causing a superficial ragged wound, about two by one and a half inch in the popliteal space. He was taken home and seen the same evening by Mr. J. A. Magee of Clowne, near Chesterfield, who dressed the wound which progressed satisfactorily until the 10th when the patient was seized with spasm of the muscles of the neck and jaw, followed by difficulty in swallowing. A diagnosis of tetanus was made and Mr. Magee gave two injections of antitetanic serum, ten cubic centimetres each, before sending him to the hospital on the 12th.

On admission at 2 P.M. there was found marked rigidity of the muscles of the jaw, neck, and abdomen. He was unable to separate the teeth, risus sardonicus was present to some extent, and he was sweating profusely. The temperature was 99.8° F., the pulse was 88, and the respirations were 32. He was put to bed, ten cubic centimetres of antitetanic serum were injected subcutaneously at 4.30 P.M. the same evening, the wound was thoroughly cleansed, and a carbolic compress, 1 in 40, was applied and changed every