

the free passage of the perspiration, and hence the cap does not give rise to any heat of the head. To its front the plate of the nose truss is secured by rivets. Any form of nose truss which may be thought advisable can in this way be applied, according to the nature of the deformity and the direction &c. in which it is desired to bring pressure to bear upon the nose. The form of truss shown in the accompanying woodcut was employed for correcting slight lateral deformity of the cartilages, the result of congenital dislocation of the anterior end of the septum from the superior maxillary crest. It consists of a spiral high-tempered spring, with a pressure pad fixed to its distal end. The spring is attached by a butterfly screw to the truss plate in such a manner that the amount of pressure can be accurately regulated. In this patient, a girl of nine years, the dislocated end of the septum, which formed an unsightly red prominence just within the nostril, was shaved away by a narrow-bladed scalpel, and the rest of the septum repositioned forcibly in the middle line previously to the poroplastic cap and truss being applied.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF A WORM IN THE STOMACH, CAUSING CHOLERAIC SYMPTOMS.

By S. W. SUTTON, M.D., B.S. LOND.

ON the 8th of October last I received an urgent message from a neighbour, asking me to see a man who had been taken ill very suddenly. The patient was a Mussulman, aged twenty-eight. I found him lying under a tree in the compound, cold, and with no perceptible pulse at the wrist, complaining of cramps in his feet and of constant vomiting and diarrhoea. This was at 11 A.M. He said he had been quite well till early the same morning, when he had been seized with diarrhoea at about 6 A.M., that he had managed to walk to a hospital (about a mile distant), but failing to get any attention from anyone had turned back again, and had with the greatest difficulty reached the compound. In answer to my questions, he said the bowels had acted "many, many times," he could not say really how many. As there was no stool for me to see, I asked what it was like, and the reply was, "white, like water." There was no suppression of urine. I gave a dose of laudanum and dilute sulphuric acid, had hot-water bottles put to the feet, and a poultice of linseed and mustard applied to the pit of the stomach. Ice could not be procured. For diet, I ordered nothing but milk and brandy at first. A few hours later I saw him again; the diarrhoea had then ceased, and the pulse, very weak, was 85. At my morning visit on Oct. 9th I found the vomiting was persistent; he had had two loose watery stools in the night, but (contrary to my orders) nothing had been kept for me to see; the extremities were still cold, but he had no pains or cramps. I gave another dose of laudanum and dilute sulphuric acid, and ordered champagne and essence of meat. In the evening the vomiting ceased for a while. On the 10th I found that vomiting had returned at 10 P.M. the previous evening, and was still continuing. Pulse stronger; no diarrhoea; no cold of extremities; no pain. The man was evidently better, but was greatly distressed by such incessant vomiting. I ordered carbonate of soda in ten-grain doses, with tincture of ginger. At 11.30 A.M. I was asked to call again, as the man had just "vomited up something solid." This was an ascaris lumbricoides, seven inches and a half long. The next morning the man assured me he felt quite well; he certainly had a very different aspect. Vomiting had entirely ceased after the worm had been ejected. I administered a dose of santolin, and later some castor oil, but no more worms appeared on the scene.

Cholera was in Quetta at the time of the occurrence of this case, and I had myself been attending a case in the next compound only the day previously, which had proved fatal within twenty-four hours. These circumstances, taken

in conjunction with the very sudden onset of uncontrollable vomiting and diarrhoea, with collapse and cramps, made me think at first that I had to deal with another case of cholera, though I was not unmindful that two facts were adverse to this diagnosis—viz., (1) that there was no suppression of urine; (2) that I had not myself seen the stools, and was therefore not sure of their character.

CASE OF ACUTE HYDROPS AMNII FOLLOWING SUDDEN DEATH OF A NEAR RELATIVE.

By F. R. HUMPHREYS, L.R.C.P. LOND., M.R.C.S., &c.

MRS. S—, aged thirty-three, in her ninth pregnancy, stated that she first felt the foetal movements on Oct. 5th. On the same day her mother was seized with a stroke of apoplexy in her house, dying the next day. The patient was first seen on Oct. 15th. The abdomen was then greatly distended with fluid, which had been gradually collecting since the 5th, and was very tender. She now appeared to be in the ninth or tenth month of pregnancy. There were considerable dyspnoea, some palpitation, and a small weak pulse; there was also considerable lumbar pain. The abdomen measured twenty-one inches between the superior spines of the ilium, and was very tense. Dr. Galabin saw her with me on the 17th at 9 P.M., and agreed with the diagnosis of hydrops amnii, recognising the presence of twins. The membranes were at once ruptured, nine pints of fluid escaping. The uterus contracted well, perhaps in consequence of a dose of ergot given earlier in the day. The twins were born the following morning, before my arrival at 9 A.M. There was only one placenta, there being one chorion and two amnions. There was free direct communication between the veins of the two cords. The half of the placenta which belonged to the second foetus had several apoplectic clots in it, and the fluid in the unbroken membranes was "very dark in colour, like blood."

CASE OF SCALD OF THE TONGUE AND FLOOR OF THE MOUTH BY THE BURSTING OF A ROAST CHESTNUT.

By P. J. THOMSON, L.R.C.P. LOND., M.R.C.S.

ROSIE H—, aged seventeen, a pupil at a school of music, was brought to me on Jan. 5th of the present year with the following history. On the previous afternoon she took a fancy to some roast chestnuts and put some in the oven, without, however, making a slit in them. When she thought they were cooked, she took one and placed it between her teeth with the intention of biting off the husk. As soon as she closed her teeth upon it, it burst into her mouth. The front half of the tongue and the floor of the mouth beneath it was covered with a hot white pultaceous mass, which burnt her severely. The mass was very tenacious, and she found great difficulty in getting it away. Her tongue immediately began to swell, and reached to such a size that she had great trouble in keeping it within her mouth; she could hardly swallow or talk, and felt as if she would be suffocated. In looking into the mouth, the first thing that struck one was the tongue swollen to about double its usual size, and covered apparently with a thick layer of white fur. When the tongue was raised, on part of its under surface and the whole of the floor of the mouth beneath it the mucous membrane was seen to be swollen and quite white. The odour of the breath was most offensive. She was told to suck ice and wash out her mouth at frequent intervals with a saturated solution of boric acid. On Jan. 8th, the tongue was swollen, but less so than at the previous visit, and the patient still complained of a good deal of difficulty in swallowing. Beneath the tongue, along the prominence formed by the sublingual glands as far back as the molar teeth, was a long, superficial, horseshoe-shaped slough, a large portion of which was easily removed with forceps. The remaining ulcer was found to be healing well. On the 11th the ulcer on the under part of the tongue was quite superficial. The floor of the mouth was still covered along its central portion with a narrow slough. The girl complained of the movements of the tongue being much impaired. I advised her to sing and use her tongue as much as possible,