

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

INSTILLATION OF NITRATE OF SILVER INTO THE EAR.

BY F. W. BENNETT, M.D. LOND.

THE following case may be of interest on account of the unpleasant results occurring in consequence of the instillation of a solution of nitrate of silver into the ear. On referring to the best text-books on aural surgery, I find few words of caution with regard to its use; indeed, it is generally spoken of as being almost painless in its action.

Mr. F— consulted me in January, 1887. The right ear was the seat of acute inflammation, which rapidly recovered. The left ear was the seat of perforation of two years' duration. The posterior inferior segment had disappeared together with about half of the long process of the malleus. The membrane of the tympanic cavity was swollen and granular in appearance. I advised the use of solutions of zinc sulphate. Under this local treatment the hearing steadily improved, but the discharge did not stop. After trying other methods of treatment, I dropped into the ear a few drops of a warm 20 per cent. solution of nitrate of silver. Immediately there was intense pain. I lost no time in syringing the ear, but without relieving the pain. The patient suffered extremely for three days, in spite of instillations of cocaine, the insertion of ear cones of gelatine containing morphia, and the hypodermic injection of morphia on the second night. On the third day there was absolute deafness, even when the tuning fork was applied to the skull. The patient complained also of frequent transient attacks of giddiness. In consequence, I advised the use of leeches to the ear, and prescribed a mixture containing iodide of potassium. The pain now ceased, but for several days the hearing was almost *nil*, and the discharge continued as before. Two months later the patient consulted me again, and under the use of powdered alum the discharge rapidly stopped, the hearing improving considerably, and the hearing distance for the watch becoming $\frac{3}{8}$ in.

COMPLETE RUPTURE OF THE PERINEUM.

BY C. O. BIRCH, L.R.C.P. Lond., &c.

MRS. E—, aged thirty-nine years, primipara, a thin, small made, delicate little woman, with some contraction of the brim of the pelvis, was taken in labour at 3 A.M. on Nov. 23rd, 1887. On my arrival at 8 A.M., I found the os fully dilated and the head engaging the brim in the first position. The pains were frequent and forcing, but there was no progress. Hour after hour went on and the pains became few and far between. At 7 P.M. she was becoming gradually exhausted, so I decided to use forceps. The head being somewhat large, there was a little difficulty in bringing it through the brim, but very shortly after it had passed the brim labour pains came on with renewed vigour, and the remaining portion of labour was very precipitate. Every means was used to relax the perineum, which was very rigid, without effect. The head shot through, and the perineal structures gave way back to the rectum, rupturing that organ to the extent of two or three inches. The immediate operation for the restoration of the perineum was resorted to, the wound was cleansed, and the vagina washed out with a permanganate solution. The edges of the rectum were brought together with five fine carbolised catgut sutures, and four sutures were placed in the perineum. The perineal wound was dressed with lint soaked in carbolic oil (1 in 40), and the patient kept strictly on her side with knees tied for five or six days. The urine was drawn off twice in the twenty-four hours, dressings changed, and vaginal injection used. The bowels were kept from acting by a light diet of milk and beef-tea, with a one-grain opium pill every four hours. On the ninth day the patient had a natural action of the bowels, without the aid of an enema. There

was no smell or signs of faecal matter in the vaginal discharge from the first. On the twelfth day, the perineum and wound in the rectum being quite sound, the patient was allowed to get up for a few hours. She has now, three weeks after the operation, an evacuation of the bowels nearly every day, and has perfect control over an ordinary motion.

The successful result of this case may certainly be put down to the small amount of bruising of the parts, to the immediate operation for the repair of the perineum, and also to the strict cleanliness and care the patient had.

FIBROID OF THE UTERUS; HYSTERECTOMY; RECOVERY.

BY JAMES OLIVER, M.D., F.R.S. EDIN.

F. H.—, aged thirty-six, single, was admitted into the Hospital for Women, having been sent by Dr. Cresswell of Broadstairs. The patient complained of a swelling of the "stomach," occupying more especially the left side, which had been noticed for three years, but which apparently had increased but little until three months ago. She experienced pain close to the left groin of a cutting character, but none in the leg. Menstruation was established at the age of fifteen, and generally lasted four days. During the last six years the amount of the periodic discharge had gradually augmented. For the last three years it had been profuse, and large clots had been expelled. The inter-menstrual period was fourteen days. There was no bladder symptom. On examination, the abdomen was found to be occupied by a hard irregular tumour, somewhat median, reaching to the umbilicus. It extended more especially towards the left flank. It measured vertically six inches and a half, and transversely nine inches. On Sept. 6th, 1887, I opened the abdominal cavity by an incision long enough to allow of extrusion of the uterus in a state of fibroid change with its many outgrowths. The *serre-nœud* was applied, and the growth amputated in the usual way. The pedicle was extra-peritoneal. Much dragging pain was experienced during the four days following the operation, and this proved a troublesome symptom. The *serre-nœud* was removed on the 19th, and the wound rapidly healed thereafter. The patient left the hospital on Oct. 22nd, and travelled home to Margate, feeling perfectly well. The temperature on Sept. 10th and 11th reached 100.6° F. because of cystitis; otherwise the temperature and pulse were, so to speak, normal. On Jan. 1st I saw the patient again, and the vaginal examination then revealed the cervix in its wonted position. She is now able to do her usual work—that of domestic duties—with ease and comfort, feeling perfectly well. The operation was performed on Sept. 6th, and the patient was discharged from hospital forty-six days afterwards, with the wound perfectly healed, and without manifesting any trace of the pedicle.

FIBROID OF UTERUS, WITH LABOUR AT TERM.

BY RICHARD LAKE, L.R.C.P.L., &c.

THE child in this case was born before my arrival, and the labour appeared to have been of short duration, and had no untoward features. On palpating the abdomen, the uterus presented the appearance of containing another body, being about the size of one at the fifth month, and hard: vaginal examination, however, revealed a great thickening in the right side of the uterine wall; the examining finger passing with difficulty round a distinct corner, the lower edge of a large intramural fibroid, which prevented the proper contraction of the uterus. The size of the tumour was about three inches and a half in diameter, and two inches in thickness. As the patient's mother warned me that there had been flooding in two previous cases, ergotine was administered after completion of the third stage of labour, when what hæmorrhage there had been ceased, and the uterus contracted, lying high out of the pelvis, and feeling about three times its right size after delivery. The abdomen had been rather tender during labour, and prior to this the patient had drawn her mother's attention to two "lumps," which she supposed represented the heads of twins; the upper one was presumably the tumour. Ten days later the tumour was scarcely to be felt. The patient has made an uninterupted recovery.