

steep, the opacity extending some little distance into the retina and shading off gradually. Numerous fine vessels on the discs; veins moderately enlarged and winding; both veins and arteries hidden here and there. Opacity a little more marked in L. Near to the outer side of the swelling were several small, whitish spots in R; a few similar spots in L. Abnormal reflex in the macular region. No hæmorrhages. The boy's walk was a little unsteady, as he said, because he could not see. No staggering with eyes shut and feet together. Dr. Marion and I agreed in the diagnosis of meningitis.

For a few weeks headaches were less frequent; his appetite became good, and he began to gain flesh. Then he had severe intermittent pain in the temples and darting pains about the head, with frequent vomiting. Towards the end of July he had a slight epileptic attack, followed by severe pain in the distribution of the left facial nerve. Noise disturbed him much. The first part of August, Dr. Williams and Dr. Minot saw him, and agreed with the diagnosis already made. Sight failed, till he could not distinguish light from darkness. August 19th there was a circumscribed swelling over the anterior inferior angle of the right parietal bone, which yielded to pressure, and resumed its shape when pressure was removed. A week later a similar swelling on the left side. He had some hallucinations of sight. Hearing became defective. At times there was severe pain in the left mastoid region; later in cartilage of left ear.

By September 9th, his head had increased in size by measurement. He had occasional convulsive movements; the scalp was tender. By the first of October he could scarcely walk alone; at times much fever; almost complete paralysis of rectum; much difficulty in passing urine; appetite good, and he slept well.

From the last part of October till December 24th, when he died, he was under the care of a Spiritualist in another city. Dr. Marion first learned of his death shortly before the funeral, — too late to obtain an autopsy.

M. J. A., a girl, three and one half years of age, was sent to me by Dr. Howe, of Lawrence, April 29, 1880. Family history good; she fairly healthy. The last days of March she began to ail; the eruption of measles appeared on the seventh day. For two or three days before the eruption appeared there was high pulse and temperature, and some delirium at night. During the eruption she complained of headache for two or three days, not afterward. While the eruption was fading, marked convergent strabismus appeared, said by the parents to have been at first of both eyes, but more of the right. Shortly after the strabismus was noticed the mother observed that the child, when trying to pick up an object from the floor, would estimate its position wrongly. For a week or two longer there was anorexia, constipation, and cough; afterward she seemed as well as usual.

During the last few days before I saw her the strabismus had decidedly decreased. I found a moderate convergence of the right eye, and at least no marked deficiency of excursion. Vision could not be determined with any accuracy. The discs were blurred, striated, little swollen; the opacity was enough to hide the outline of the choroidal opening, even with the inverted image, but did not hide the central vessels. It extended over a space of some 2-2½ diameters of the disc. Central vessels of normal size. No hæmorrhages.

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The child continued well; slept well; gained in weight. When I saw her again, July 10th, her eyes were straight, and, the father said, had been so for six weeks. Every sign of neuritis had vanished; the discs were defined, bright, and of normal appearance. So far as could be determined in so young a child vision was not affected.

The complication of measles by meningitis does not appear to be a frequent one; much more infrequent is it to have meningitis come on after a period of apparently normal convalescence from measles. Given the meningitis, and the fact of neuritis has in it, of course, nothing peculiar.

In the first case the symptoms immediately preceding the outbreak of the eruption were hardly enough to have excited suspicion of serious cerebral disturbance; yet it may be that a meningitis existed from the first, becoming latent for a time, then bursting into activity, and again, after a second period of quiet, starting up with more violence than ever.

In the second case there is no history of cerebral symptoms with the attack of measles; only after a period of uninterrupted convalescence did such symptoms show themselves. The question might indeed be raised whether the meningitis was, properly speaking, a sequela of measles, and not rather an independent affection.

If the case stood alone, one might scarcely feel justified in asserting any intimate relation between the two diseases. Taken in connection with other cases, however, remembering that in the first case reported there was a fortnight of apparent good health after not very marked head symptoms, that this patient had been sick for several months before his history was obtained, and that very possibly some data may have been omitted by the parents, the assumption of direct connection between the measles and the meningitis does not seem unjustified.

The third case is chiefly remarkable for the almost total absence of symptoms of meningitis, except those to be observed in the eyes. But the occurrence of paralysis of the abducens, together with double optic neuritis, can hardly admit of a doubt as to this diagnosis.

Hospital Practice and Clinical Memoranda.

MASSACHUSETTS GENERAL HOSPITAL.

CASES OF TRACHEOTOMY PERFORMED BY DR. J. C. WARREN.

[REPORTED BY C. P. STRONG.]

CASE I. M. G., three years old, had been ill with diphtheria three weeks before entering the hospital, but for some time had been convalescent. Severe dyspnoea followed an imprudent exposure, for which tracheotomy was performed. Complete relief was obtained by the operation. A coarse, moist sponge was loosely tied over the tube by a gauze cravat. The inner tube was removed hourly and the outer tube daily. A disk of oil silk was kept between the tube and skin as a protection to the wound. The external tube was out a longer interval each day; but it was two weeks before it could be entirely dispensed with. A tin trumpet facilitated the return of air through the glottis.

CASE II. J. F., eighteen months old, as in other case, was convalescent from an attack of diphtheria of a week's duration, when he was thoughtlessly taken out-of-doors by his parents. During twenty-four hours previous to his entrance, the dyspnoea had been steadily increasing. Although statistics show that the recovery from this operation in children under two years of age hardly ever occurs, tracheotomy was performed to prevent death from suffocation, which was then imminent. Great relief followed, and he took nourishment greedily the next morning. Paroxysms of coughing set in and became more and more severe. A cast of the trachea one and one fourth inches in length was at one time coughed up. The disease continued to extend downwards. The neck became greatly swollen and oedematous, and the child died fifty hours after the operation.

CASE III. G. P., six years old, while eating some dry chestnuts, sucked one into the trachea. There were occasional paroxysms of cough, with dyspnoea, followed by intervals of complete relief. The only noticeable symptom at the time of her entrance to the hospital was a slight hoarseness and roughness of breathing. On examination with mirror by Dr. Langmaid a foreign body was seen lying beneath vocal cords. Ether having been administered, the first incisions were but completed when respiration ceased; the trachea was immediately opened, and at the most dependent portion of the wound a foreign body was observed, which, on an attempt being made to seize it, disappeared from view. On its becoming dislodged the breathing returned. It was finally coughed back to the opening, where it became wedged again, and was this time grasped by a pair of tracheal forceps and removed. Its average diameter was about one centimeter. A tube was left in, as it was thought possible that other fragments might appear subsequently, and was removed on the third day. A slight bronchitis complicated the convalescence, which was otherwise uninterrupted. The voice, however, continued to remain a hoarse whisper.

On examination since by Dr. Langmaid with the laryngoscope, a grayish-white glistening tumor, extending from the region of the cricoid, was seen occupying one third of the diameter of the trachea. This tumor had grown steadily smaller, and the last report, made some two months since patient left the hospital, states that the voice and the respiration have greatly improved, although the lumen of the trachea is somewhat narrowed by the growth. It is probably a granulation mass springing from the internal surface of the wound.

CASE IV. A. D., four years old, had been in the hospital five weeks with fractured femur, which had become stiff. On September 24th she caught a slight cold, the symptoms of which grew worse, until those of diphtheria became developed. There was not much membrane on the pharynx; but the dyspnoea showed a considerable formation in the larynx. The patient was isolated; a powerful spray of glycerine and chlorate potash was thrown on to the pharynx with a Lister steamer; supporting and stimulating diet ordered. Tracheotomy was performed the next day, with relief to breathing, which continued good until death, twenty-four hours later.

There was no diphtheria at the time in the hospital. The patient's bed was near an anteroom containing sink, water-closet, etc., the condition of which is such that a renovation has been for some time contemplated.

A child in the room overhead, in a bed bearing similar relations to a similar anteroom, broke out the same day with scarlet fever. Ether was given in this case, as in all the others, before opening the trachea. In those cases of diphtheria in which Dr. Warren has performed the operation with subsequent recovery of the patient, including two outside the hospital, the invasion of the larynx had developed slowly, the disease being much less acute than in the cases which have proved fatal in his experience.

Reports of Societies.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

J. B. SWIFT, M. D., SECRETARY PRO TEM.

NOVEMBER 27th, 1880. The meeting was called to order by DR. HODGES at 7.40, sixty-four members present.

DR. B. JOY JEFFRIES reported a case of removal of a piece of iron from the eye by the electro-magnet. He briefly spoke of two cases, previously reported, where the simple magnet had been used, and four where the electro-magnet was employed. These were where the foreign body was in the aqueous or vitreous chamber, but not bedded in any tough tissue of the eye. Without such a powerful magnet as he was enabled to use with Dr. Bradford's apparatus the piece of iron could not have been drawn out from the cornea. Hence the value of this form of the electro-magnet. No case of removal from the cornea has been hitherto reported.

September 29th, 1880, a man came to the Massachusetts Charitable Eye and Ear Infirmary with a piece of iron deep in the cornea at the outer angle, projecting into the anterior chamber just behind the sclero-corneal juncture. There was a cut towards the middle of the cornea through which the metal might have passed. There also was no distinct tract through the cornea over the foreign body. As the metal could not be approached on the outer side in the blood-bearing tissue, it was decided to cut down upon it on the corneal side, and attempt to keep it in place or from falling into the anterior chamber by the constant near presence of the strong electro-magnet. On the approach of the magnet the foreign body was seen to move, and by applying it against the cornea the metal was drawn to it and removed. As it seems quite impossible that the piece, although thin, could have been pulled through the cornea by the magnet (capable of lifting sixteen ounces), there must have been a track of original incision by the foreign body through which it was extracted.

DR. H. W. BRADFORD exhibited and explained the method of construction and the testing of electro-magnets, and showed those that had been used in the three cases spoken of by Dr. Jeffries, as occurring during the past year at the infirmary. He showed that with the improved electro-magnet, weighing but four ounces, a weight of more than twenty ounces was easily sustained at a distance of one inch from the end of the core of the magnet, by use of a single bichromate-of-potash cell.

DR. C. H. WILLIAMS said that Dr. Jeffries' case was the first one where a foreign body imbedded in the cornea had been successfully withdrawn by means of a