

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

PULSATILLA IN THE TREATMENT OF EPIDIDYMITIS.

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ACTING upon a suggestion made by Mr. Berkeley Hill, to whose kindness I am indebted for permission to publish the following results, for some time past patients at the Male Lock Hospital with gonorrhœal epididymitis have been treated by the internal administration of pulsatilla. The drug was exhibited in the form of the tincture, the doses given varying from five to thirty minims every four hours. One patient only complained of nausea after taking the drug. In the case of patients taking the larger dose the pulse-rate was perceptibly lowered, although in one case in which observations were made no diminution of temperature took place. Without going into the details of the cases, I find from a comparison with others treated by the usual methods that in no instance was the duration of the pain and tenderness less than the average; and, in fact, in several cases treated by pulsatilla alone, without local applications, the pain lasted rather longer than usual. The severity of the inflammatory process, as evidenced by the amount of plastic exudation thrown out, does not appear to be influenced at all by this drug. In fact, cases treated by it pursued the same course as when treated by simple rest in bed, attention to the emunctories, &c.; and, according to my experience of the drug, it is not even a useful adjunct to the treatment of epididymitis.

Dean-street, Soho, W.

TWO CASES OF ACUTE PNEUMONIA (BROTHERS).

BY E. H. HARE, F.R.C.S.

W—, a boy aged seven, was seized with severe vomiting on Jan. 23rd, and on the following day signs of acute pneumonia in the right lung declared themselves. He was treated by an expectorant mixture, and three grains of compound ipecacuanha powder at night to give him a little rest. A grain of calomel was given to clear the bowels at first, and subsequently enemata as required. As the boy was a member of a somewhat delicate family, and as the prolonged high fever was trying him severely, after consultation with Dr. Dingley, three grains of antifebrin were given him at noon on Jan. 30th. Two hours afterwards he appeared to his friends to be much better, and, as they said, sat up and took food eagerly, "just as if there was nothing the matter with him." This, I presume, was at a period when the antifebrin had reduced the temperature to the normal, and no lower. In a short time, however, the continued action of the drug reduced the temperature still more, his extremities became cold, and his respiration of a somewhat gasping character. In this state my friend Mr. French of Hornsey was kind enough to see him in my absence, who, knowing the boy had pneumonia, but being ignorant of the administration of the antifebrin, concluded that he was witnessing phenomena immediately following the crisis of the disease. The crisis, however, though closely simulated by the action of the antifebrin, had not yet arrived; for the temperature that evening went up to 102° again, and continued high till the following afternoon, when it went down by rapid strides to the normal, and the disease was at an end. Feeding was very difficult in this case; but the food taken when under the influence of the antipyretic must have gone to the patient's credit in combating the fever, and herein lies one justification for its employment.

F—, aged ten, a brother of the above, living in the same house and subjected to the same conditions, fell ill on Jan. 24th, and underwent an attack of a similar nature and in the same lung, but the disease was much less extensive in area and of shorter duration. It is only to an initial symptom—namely, that of stercoraceous vomiting—

to which I desire to draw attention in this case. When at the beginning of this boy's illness the mother showed me in a vessel a cylindrical mass about three inches long, having the shape, colour, consistence, and odour of fæces, which she told me the boy had vomited, I thought I had to do with a case of intestinal obstruction, and immediately explored the rectum with my finger and carefully examined the abdomen. I could find nothing abnormal, however. In the course of a few hours the vomiting ceased, and the bowels acted naturally. Signs of inflammation declared themselves in the right lung. This fæcal vomiting was therefore only an initial symptom of the pneumonia—and a very remarkable one, I imagine, as I can find no mention of such a thing in the ordinary text-books. I should like to ask from what part of the intestinal tract such a mass as above described can be supposed to have come. The contents of the end of the ileum are said to be as fluid as those of the duodenum under ordinary circumstances. Only two possible explanations occur to me—either that in consequence of the combined effects of the pressure of the abdominal muscles and the abstraction of water by the antecedent severe vomiting the contents of the small intestine had been so acted on as to become semi-solid, or that the mass actually came from below the ileo-cæcal valve, which is admitted as a possibility in the case of intestinal obstruction (See Fagge and Pye-Smith's "Medicine," second edition, vol. ii., p. 423.)

Crouch End, N.

CASE OF ACUTE ORCHITIS WITH ALARMING CONSTITUTIONAL SYMPTOMS; RAPID RECOVERY.

BY GERARD J. PIERSE, M.D., B.CH., B.A.O.

J. B—, a healthy country lad, aged fifteen, just recovered from an attack of whooping-cough, complained on June 26th of headache, loss of appetite, feverishness, general feeling of malaise, and pain and tenderness in the right testicle, which he observed to be somewhat swollen. The constitutional symptoms increased in severity, and became so alarming that I was sent for in haste early the following morning. I found him delirious, taking no notice of anything except when roughly shaken, and then quickly relapsing into unconsciousness. His face had a dull, stupid look; tongue furred; pulse 120, full and bounding; temperature 103.2°; chest sounds normal; enlargement of testicle uniform, and of but moderate extent. There was no history of a cause. I gave him a mixture containing sulphate of magnesia, tartrate of antimony, and tincture of hyoscyamus, a dose to be taken every four hours; the testicle to be supported on a pillow, fomented every couple of hours with hot water, and afterwards smeared with a lotion containing equal parts of glycerine and extract of belladonna. The testicular inflammation being moderate, I did not deem local bloodletting necessary. A marked improvement had taken place in the evening. He was quite conscious; his temperature had fallen to 101.6°, and the pulse to 104. As his bowels had not moved, I ordered a dose of castor oil. On the morning of the 28th, having slept well during the night, he seemed to be quite convalescent. His face had a bright, healthy look, his appetite had returned, all feverishness had disappeared, and his temperature and pulse were normal. From this date the enlargement of the testicle rapidly diminished, until on July 5th no trace of it remained.

Tralee.

TWO MIDWIFERY CASES.

BY T. J. HUDSON, M.D., L.R.C.P. LOND.

CASE 1. *Fœtal deformity*.—The first case is one of fœtal cranial tumour occupying the vertex, compressing greatly the two parietal and frontal bones, and giving a rather typical Chinese facial appearance, with slit-shaped orbits. The tumour arose from the scalp, was formed of vascular connective tissue, and had no communication within the cranium. At birth it consisted of three sessile lobes, each the size of a walnut, greatly engorged, and with a central depression between them. The mother (aged thirty-five) had had five healthy normal children, and there was no