

CLINICAL MEMORANDA.

A CURIOUS CASE OF SUFFOCATION.

L. F. W., a plump, healthy-looking child, aged three years, was placed by the mother on a stool near the fire, to finish a cup of bread and milk which had been prepared for a baby. The child began to eat the food with a teaspoon, and the mother left the room. Within a minute, she heard the child cry out. She rushed back into the room, and, seeing that the child had become black in the face, she snatched her up, and ran with her to the shop of a chemist close by. The chemist thought the child was dead, and sent for Dr. J. W. Watson, my colleague, who attended immediately and pronounced life to be extinct. The child's face at that time had become pale; she had not been convulsed, nor had she vomited anything.

At a *post mortem* examination made twenty-six hours after death, the rigor mortis was well marked. There were no marks of external violence. The mouth and pharynx were empty, and there was a thick layer of subcutaneous fat. The heart, lungs, trachea, and cesophagus, were very carefully removed in one mass. The heart was healthy in substance; the right cavities were flaccid, and contained some fluid blood; those of the left side were contracted and empty; there were no clots. The lungs were healthy, with the exception of a patch of recent miliary tubercles at the left apex. Several bronchial glands were found to be much enlarged and filled with caseous matter. The cesophagus was empty throughout. On opening the larynx and trachea, a solid yellowish mass, of the size of a white haricot-bean, was found impacted in the glottis; and in the upper part of the trachea, another similar mass was found lying; these consisted of caseous matter. Just above the bifurcation of the windpipe, and on its right side, was an ulcerated opening half an inch long and a quarter of an inch in width; this communicated with the cavity of a diseased bronchial gland, as large as a walnut, which still contained some semi-solid caseous matter, and from which had come the mass that had caused sudden death from obstruction of the glottis. In the bronchi were found other smaller and softer portions of the same material. The abdominal organs were all in a healthy state.

The case is of considerable interest from its rarity; and the result of the *post mortem* examination was a comfort to the mother, who thought the child had been choked by some portion of the food, and blamed herself for want of care. It is curious, also, that so much disease of the bronchial glands, with so large an ulceration in the windpipe, should have caused no symptoms whatever in the child, and should have coexisted with such a well nourished condition of the body.

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OBSTETRIC MEMORANDA.

RAPID EVACUATION OF UTERINE CONTENTS BY
ERGOT.

A FEW days ago, I was called upon to treat a stubborn case of uterine hæmorrhage in a woman aged 36, who gave the following history. The catamenia commenced at thirteen; she was married when eighteen, and had nine children rapidly; the last was born about three years ago. This labour was more tedious than the others, and was complicated by placental adhesion. She had never had an abortion, to the best of her knowledge. Menstruation was regular till six months ago, when it ceased for nearly three months. She did not at this time fancy herself pregnant, and about three months ago had uterine hæmorrhage, which lasted about a fortnight; this returned about three weeks afterwards, and continued, with slight intermissions, up to the present time. She, moreover, complained of pain, and a sensation of weight about the pelvis. On examination, I first ascertained that the uterus was about double its normal size, but uniformly enlarged. The speculum then revealed the cervix to be in all respects healthy and firm; the os was not unduly patent, and from it there exuded a dark bloody discharge, not in any way offensive, and not in large quantity. The sound could not be passed further than about half an inch into the uterus; and the os only just admitted the entrance of the sound, it being so firmly closed. From these data, I inferred that there was some product of conception in the womb; but, as the patient insisted that she was not pregnant, I thought of the possibility of a fibroid tumour. However, I ordered her to keep in bed, and prescribed a dose of thirty minims of liquid extract of ergot, with four grains of carbonate of

ammonia, to be given every four hours. One hour after she had taken the first dose, "labour-pains" came on, which increased in severity; and, in a few hours, a mass was expelled which was about the size of a duck's egg, forming a complete cast of the uterine cavity, and, on examination, proved to be placental structure, which was considerably thickened by some fibrous tissue on the uterine surface. There was no trace of a fœtus. The whole mass was expelled from the uterus in about four hours after the ergot was taken, notwithstanding that the os was previously firmly contracted; and a second dose was not needed. From this time, she made an uninterrupted recovery.

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THERAPEUTIC MEMORANDA.

INTRAVENOUS INJECTION OF MILK.

I READ with much interest the account given by Dr. Austin Meldon, and related in the JOURNAL, page 228. At the end of 1871, I was suggesting the injection of "chyle", in cases of typhoid fever and other exhausting diseases, to some medical friends; and, the following year, I informed a colleague of mine (Dr. R. W. Tibbits) at the Bristol Royal Infirmary, of my idea; coupling it with the wish that, in cases of surgical collapse with hæmorrhage, ammonia in solution should be injected instead of transfusing blood. A short time afterwards (October 1872), a patient, whose leg had been amputated, was, on the third day, dying; and, at my desire, my colleague injected ammonia in solution, and it was marvellous to see the rapid improvement in his case; but, unfortunately, only for a few hours. But the experiment was not thrown away, and was not without good and practical results; for, subsequently, it was tried, and that successfully, in several cases of surgical collapse (one case a double amputation); and certainly, from experience in such cases, I feel sure that, in many cases of supposed collapse from hæmorrhage, the collapse is due, not so much to the loss of blood, as to nervous shock; and, therefore, ammonia is more likely to be beneficial than transfusion of blood. There are many cases of collapse from nervous shock in midwifery practice which would be benefited, if not saved, were the cause more thoroughly understood; there is not time for remedies to reach the system other than by being placed directly in the venous channels. I feel, therefore, thankful for Dr. A. Meldon's valuable and, I trust, practical paper.

THOMAS E. CLARK, M.D., late Surgeon Royal Infirmary, Bristol.
Weston-super-Mare, February 19th, 1881.

THE CROTON-OIL TREATMENT OF RINGWORM.

DR. MAGEE FINNY, in his communication in the JOURNAL of February 26th on the above subject, remarks, that I have advised the use of croton-oil in the form of a liniment. A reference to my first article on Ringworm (*Lancet*, January 24th, 1880), and to a letter (April 10th), will show that this is a mistake, as I strongly advised the use of the pure oil, as the alcoholic solution is more apt to run beyond the limits of the spot painted with it, and thus to cause pustulation where it is not required.

It has afforded me much pleasure to see that Dr. Liveing and Dr. Magee Finny both advocate the use of croton-oil in suitable cases, and that the rules advised by Dr. Liveing for its application are similar to those I published in the *Lancet* and BRITISH MEDICAL JOURNAL (June 12th, 1880), where I gave a list of the most suitable cases in which croton-oil might be applied, and which subsequent cases have confirmed; viz.:

1. Inveterate cases that have resisted all other treatment for months or years, if not very extensive; especially those where the inveterate parts of the patches have been marked out and reduced in size by other treatment, as by oleate of mercury.

2. Any small patch of ringworm, not larger, say, than half-a-crown, where time is of the utmost importance, and a cure is desired as quickly as possible.

3. Cases, for example, where ringworm has been detected and properly treated for a time, until the new hair has made its appearance; after which treatment has been discontinued, although many diseased stumps remained. Months, or even years, have passed, and the child is perhaps rejected at some public examination. One or more patches are to be seen where the hair is growing firmly; but, on close inspection with a lens, some scurfiness and broken hairs or stumps are observed scattered among the long hairs on the patches.

4. Pustulation, in minute spots, should also be attempted, as probably the only cure for disseminated ringworm.

I fully agree with Dr. Finny that kerion may be produced with safety

—in proper cases—in children under ten. I have myself frequently used the oil to children from five to ten years of age.

ALDER SMITH, M.B.Lond., F.R.C.S.,
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THIS treatment for obstinate attacks of ringworm is not new, as may be supposed. My uncle, the late Dr. Wm. Lane, of Limavady, Co. Derry, Ireland, employed it in very obstinate cases, to my knowledge, as far back as the year 1853. I have often had to make it up in the surgery in those days of my pupilage. I have used it since I came here, I think twice, and with success. His formula was: Croton-oil, three parts; castor-oil, five parts; spirit of turpentine, two parts; mix well in a bottle, and rub well in the affected parts, repeating application when required till cured. Afterwards have the parts often and regularly washed and rubbed over with mutton-suet.

JOHN WM. LANE, M.D., L.R.C.S.I., Bishop's Castle.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN AND IRELAND.

UNIVERSITY COLLEGE HOSPITAL.

HEMIPLEGIA, WITH MENTAL IMPAIRMENT; PARALYSIS MORE
MARKED IN LEG THAN IN ARM; AND INCONTINENCE
OF URINE. REMARKS.

(Under the care of Dr. H. CHARLTON BASTIAN, F.R.S.)

(For the use of the notes, we are indebted to Mr. HENRY MAUDSLEY,
M.R.C.S., House-physician.)

A. S., aged 49, male, was apprenticed to a plumber in his thirteenth year, and had followed that occupation ever since. The patient's father died, aged 65, of asthma; his mother, at 62, of "decay of nature". He had never had rheumatism, nor had he suffered from gonorrhoea or syphilis, though as a young man he was rather given to over-indulgence in drink, and excessive sexual intercourse. He was married at twenty-two; issue, four children, alive and well. He married for the second time at thirty-two; issue, one child, alive and well. For the last five months, he said, he had felt out of sorts, had lost flesh, and had been troubled by a "feeling of sinking at the heart".

On November 24th, the patient was sitting in a chair, reading, when he felt a sudden "giddiness", referred to the frontal region; he fell off the chair on to his left side. He found that he was unable to rise by his own efforts, and, when helped, said that the left leg dragged in walking, and that the left arm was powerless; on trying to move, he had "cramp-like" pains in the calves, and the muscles became "knotty". He was unable to retain his urine, the bladder emptying so soon as the desire to pass urine arose. Two or three days after the attack, he suffered, he said, from bronchitis. The bowels had been constipated; when relieved by purgatives, the stools were passed into the bed.

On December 1st, he was admitted. Left hemiplegia, with slight rigidity, and involuntary emptying of the bladder about every two hours, were noted. He was ordered to have an ounce of castor-oil.

On December 2nd, he was ordered a draught at night, containing twenty grains of bromide of potassium, and the same quantity of chloral.

On December 3rd, an acid mixture containing two grains of quinine was ordered, and full diet.

On December 6th, he was carefully examined. He was a man of spare, slight build, looking older than his stated age—forty-nine. His hair was grey; head partially bald; no arcus senilis. The cranium was not symmetrical, the left side being fuller and rounder than the right, owing chiefly to a flattening of the right parietal bone. He appeared to be rather dull and heavy; there was no distinct affection of speech, but his utterance was slow; he sometimes paused a long time before answering a question. When his attention was aroused, ordinary questions were answered readily and quickly; but, if the question were a little out of the common, he seemed puzzled. He said his memory was not impaired. He was good-tempered, and easily made to smile. He had slept well since he had the draught, but before that, had been very restless at night. The sense of smell was, perhaps, a little more acute on the right side. He was found to be presbyopic; he read easily with suitable glasses. Ophthalmoscopic examination revealed

nothing abnormal. The left pupil was a little smaller than the right; both reacted well to light, and in accommodation. There was no ptosis; no strabismus. There was slight, but very definite, facial paralysis on the left side; the muscles about the mouth being more involved than those of the upper part of the face. He did not hear quite so well on the left side. He had no difficulty in swallowing. There was very little, if any, deviation of the tongue; the tip was inclined perhaps a little to the left. All the movements of the left upper limb were markedly slow and weak, and, during their execution, there was a marked expression of effort. With great slowness, uncertainty, and difficulty, he could raise his hand to touch the pulley which swung above the bed. The hand was semipronated; all the phalangeal joints were semiflexed, and could not be extended. His grasp was very weak (15, with the dynamometer). Passive movement of the elbow met with a little resistance, due chiefly to the triceps. The movements of the right upper limb were not affected, though the grasp on this side also was weak (58). The right lower limb was not affected, but, on the left side, the paralysis was very marked. At the hip-joint, there was a barely recognisable power of movement, and the toes could be feebly flexed. There was slight rigidity on passive movement at the knee; rather more at the ankle. The sensibility of the limbs did not appear to be at all affected. The plantar reflex was markedly diminished; ankle-clonus was easily obtainable (not present on December 1st). The patellar tendon phenomenon was exaggerated. Electric irritability was not altered, either quantitatively or qualitatively, in either upper or lower limbs. When the desire to pass urine arose, it was immediately voided, so that he was obliged to keep the slipper constantly applied, in order to prevent wetting of the bed. Since the attack, his bowels had operated three times, and each time after a purgative. He seemed to know when the stool was about to pass, and called for the bed-pan; but, before it could be brought, the evacuation had occurred. The arteries were visible, locomotor, tortuous, and rigid; pulse incompressible (98 to 106). The heart's apex-beat was in the fifth space, one inch outside the nipple-line. The impulse was heaving. The second sound at base was accentuated. No murmurs. Respirations 28; irregular in depth and frequency. This irregularity was rhythmic; there were three or four deep inspirations, followed by seven or eight more shallow, and then by three or four so shallow as to be only perceptible on close observation; then the cycle began again with a deep inspiration. A few subcrepitant rales were heard at both bases; no dulness. There was no distinct blue line on the gums, but, in the upper jaw, there was a dark discoloration along the margin of the gum. Tongue clean; bowels constipated. The urine was of specific gravity 1026, acid; a trace of albumen was found on December 2nd and 4th. The temperature, taken with an ordinary clinical thermometer in the two axillae, was never above 98°. Most of the observations showed readings considerably below the normal. There was no constant difference between the two sides.

December 10th. His mental condition was much the same, but perhaps he was more easily excited to tears. He was unable to do "simple multiplication". The power of moving the left arm had decidedly increased. There was no improvement in the lower limb.

On December 8th, the urine was free from albumen; but, on December 11th, a trace was again found. After this date, no trace of albumen was ever seen, though the urine was frequently and carefully tested.

December 17th. He could now flex the hip to an angle of about 100° with the abdomen; he had some power, also, over the knee, ankle, and toes. His urine passed less frequently; he never wetted the bed. His mental condition was about the same.

December 22nd. He was very gloomy; cried very easily; and was childish in his manner. The motor symptoms were not much altered. He passed his motions into the bed, as he was not able to retain them long enough to give the nurse time to get the bed-pan.

December 28th. He had slight tremor of the hand and forearm on movement. There was slight plantar reflex; the patellar reflex was about normal; there was no ankle-clonus. The temperature observations, made twice a-day in the two axillae, gave a temperature on the left side 1° to 2° above the right. It must be noted that he lay habitually on his left side, with the right shoulder exposed.

January 5th. His mental condition was worse; he cried more easily. He was difficult to manage; constantly asked for the bed-pan; when it was brought, he did not use it. He had complete control over the bladder and rectum. The power of moving the arm and leg was about the same.

January 9th. He cut the rope of his pulley the day before yesterday, because he thought it would be better if he had to reach higher. Today, he cried about it when reproved, and could not understand why he did it.